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MANIFESTATIONS OF STRESS AND EMOTIONAL TENSION IN THE CONTEXT OF LABOR MIGRATION

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Abstract: Labor migration represents a complex phenomenon driven by economic necessities but accompanied by profound psychological challenges. This article examines the manifestations of stress and emotional tension among labor migrants, focusing on pre-migration, during-migration, and post-migration phases. Migrants frequently encounter separation from family, precarious employment, discrimination, legal uncertainties, and cultural adaptation difficulties, which contribute to heightened risks of anxiety, depression, post-traumatic stress disorder (PTSD), somatic symptoms, and emotional exhaustion. Drawing on global evidence and region-specific studies from Central Asia, including Uzbekistan, the paper highlights how these stressors manifest physically (e.g., sleep disturbances, headaches, fatigue) and psychologically (e.g., irritability, hopelessness, social withdrawal). It discusses protective factors such as social support networks and coping mechanisms, while proposing policy recommendations for mental health support. The analysis underscores the need for holistic interventions to mitigate the mental health burden on this vulnerable population, ultimately aiming to improve well-being and integration outcomes.

Keywords: Labor migration, stress manifestations, emotional tension, migrant mental health, anxiety and depression, post-migration stressors, Central Asian migrants, Uzbekistan, psychological adaptation, occupational stress.

Introduction: In an era of globalization, labor migration has become a key livelihood strategy for millions, particularly from developing regions like Central Asia. Uzbekistan, with its significant outflow of workers primarily to Russia, Kazakhstan, Turkey, and increasingly Europe, exemplifies this trend. Economic push factors such as limited domestic opportunities drive migration, yet the process exacts a heavy psychological toll.

Stress and emotional tension arise across migration stages. Pre-migration anxiety stems from uncertainty and family separation decisions. During migration, migrants face exploitative working conditions, language barriers, xenophobia, and isolation. Post-migration or upon return, reintegration challenges, including stigma and altered family dynamics, compound these issues. Studies indicate that migrants experience higher rates of common mental disorders compared to host or non-migrant populations, with depression prevalence often ranging from 20-39% and anxiety around 21-27%.

This article synthesizes international literature with Central Asian and Uzbek-focused research to provide a comprehensive overview. It emphasizes empirical manifestations, underlying mechanisms, and actionable solutions, expanding on prior works by incorporating sociocultural contexts specific to Uzbek migrants.

Main Part: Manifestations of stress in labor migration are multifaceted, affecting cognitive, emotional, behavioral, and physiological domains.

Pre-Migration Stressors: Anticipatory stress often begins at home. Potential migrants worry about journey risks, job security, and family welfare. In Uzbekistan, decisions to migrate frequently correlate with low life satisfaction and unemployment, triggering initial emotional tension. Left-behind families, especially children, experience separation anxiety, emotional deprivation, and increased household responsibilities, leading to depression-like symptoms and academic declines.

UNICEF-related studies in Uzbekistan note that around 33% of affected children report unhappiness and 21% anxiety following parental departure.

During-Migration Stressors and Manifestations: Upon arrival, migrants encounter a barrage of challenges. Precarious employment in construction, agriculture, or services often involves long hours, unsafe conditions, and low pay. Discrimination, police harassment, and fear of deportation amplify chronic stress.

Common manifestations include:

- **Emotional and Psychological:** Anxiety, sadness, hopelessness, irritability, anger, and feelings of powerlessness. Many report emotional exhaustion and burnout.
- **Cognitive:** Difficulty concentrating, rumination on family issues, and diminished self-esteem due to status loss.
- **Behavioral:** Social withdrawal, substance abuse (e.g., alcohol), or risky coping behaviors. In Central Asian studies, alcohol abuse rates reached 8.7% among migrants.
- **Physical/Somatic:** Sleep disturbances, fatigue, headaches, digestive problems, back pain, and appetite loss. These often co-occur with mental distress and fluctuate with stress levels.

A systematic review of migrant workers highlighted increased incidences of anxiety, depressive syndromes, PTSD, and psychotic disorders linked to discrimination, family separation, and marginalization. In Gulf countries and Russia, similar patterns emerge among Central Asian workers, including Tajik and Uzbek migrants exposed to violence, lack of shelter, and health access barriers.

Gender differences are notable: Female migrants may face additional vulnerabilities like exploitation or pregnancy-related strains, while males in heavy labor report higher physical-mental health intersections.

Post-Migration and Return Stressors: Returnees often struggle with reintegration. In Uzbekistan and neighboring Tajikistan, returned migrants exhibit elevated stress, potential depression, and PTSD symptoms due to unresolved traumas and economic reintegration failures. Limited mental health services exacerbate the treatment gap. Family dynamics shift; returnees may feel alienated, contributing to ongoing emotional tension.

Discussion: The mechanisms linking labor migration to stress involve the stress-diathesis model and socioecological frameworks. Pre-existing vulnerabilities (e.g., poverty) interact with migration-specific stressors (e.g., acculturative stress, legal precarity) to produce adverse outcomes. Chronic activation of the hypothalamic-pituitary-adrenal (HPA) axis leads to allostatic load, explaining somatic manifestations and long-term health risks like cardiovascular issues.

Uzbek-specific contexts reveal unique elements: Cultural expectations of masculinity may discourage help-seeking among male migrants, while extended family systems offer some protection for left-behind children but are strained by prolonged absences. Discrimination in host countries like Russia, intensified by events such as the Crocus City Hall attack, heightens xenophobia and mental strain.

Protective factors include strong social networks, remittances' positive economic effects on households, resilience-building through religion or community ties, and formal support programs. However, access to mental health care remains inadequate, with many migrants internalizing problems or turning to informal coping.

Comparisons with global data show consistency: Migrants universally face higher CMD prevalence, but contextual factors (e.g., kafala-like systems or regional geopolitics) modulate severity.

Conclusion and Suggestions: Labor migration, while economically beneficial, manifests significant stress and emotional tension that undermine individual and family well-being. Untreated, these can lead to chronic mental disorders, reduced productivity, and intergenerational impacts.

References:

1. **Policy Level:** Governments in sending (e.g., Uzbekistan) and receiving countries should integrate mental health screening into pre-departure and return programs. Expand bilateral agreements for migrant protections.
2. **Community and Support:** Develop accessible, culturally sensitive psychosocial services, hotlines, and peer support groups. Train community health workers in migrant-heavy areas.
3. **Prevention and Resilience:** Pre-migration counseling, family support programs for left-behind relatives, and anti-discrimination campaigns in host societies. Promote digital tools for maintaining family connections.
4. **Research:** More longitudinal studies on Uzbek migrants, including gendered and returnee perspectives, to inform targeted interventions.
5. **Occupational Health:** Employers and occupational medicine should address work-related stressors through better conditions and wellness programs.