When Broken Relationships become the norm

Social patterns in socioeconomic disadvantageous families with a parent with multiple diagnoses.

Themed seminar - Promoting health and welfare
14.15-15.45, 29th of May 2017.
"Every Child has the right to…"
2nd International Young carers Conference

Introduction

* Elisabeth Søndergaard, PhD student and anthropologist

* *Social relationships' influence on children's health. An anthropological mixed method study of social relationships and network in families with young children and a parent with multiple diagnose from poor socioeconomic areas on Lolland-Falster.*

* Industrial PhD project
    * Quality and Development, Region Zealand
    * The Research Unit for General Practice and Section of General Practice, University of Copenhagen.

Aim of presentation

* Two main goals:

1. Introduce you to a consistent pattern in my data –> broken relationships

2. Present analytic perspectives on how we can understand this and what it might mean for the children

Background – my project

* Poor socioeconomic childhood conditions -> developing diseases later

* Adult patients with multimorbidity -> *experienced* one's childhood as difficult

* Children of parents with a bad health -> more ill + lonelier

* Children's relationships -> experience of their childhood + health profile

Aim of PhD

* *To gain a greater understanding of how social relationships, partly to other children, partly to adults, affect the health of children 6-12 years of age, who grow up in socio-economically disadvantaged families with a multimorbid parent on Lolland-Falster .*

Three research questions

* 1) How do children of multimorbid parents in socio-economically disadvantaged families experience their social relationships, and which social relations are most important to them?

* 2) What impact do social relationships have on health-related activities among children in socioeconomically disadvantaged families with multimorbid parents?

* 3) How are children's health and their use of health services affected by 1) parental multimorbidity, 2) family's socio-economic conditions, and 3) children's social relationships?

Three research questions

* 1) How do children of multimorbid parents in socio-economically disadvantaged families experience their social relationships, and which social relations are most important to them?

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* 3) How are children's health and their use of health services affected by 1) parental multimorbidity, 2) family's socio-economic conditions, and 3) children's social relationships?

An anthropological mixed methods design

* The qualitative part:
  * Methods: Participant observations, interviews, 'draw-and talk' (Fieldwork)
  * Data: Texts and drawings

* The quantitative part:
  * Methods: Extract register data from Statistics Denmark + data from LOFUS (Population study on Lolland-Falster)
  * Data: Numbers

Lolland-Falster as field site
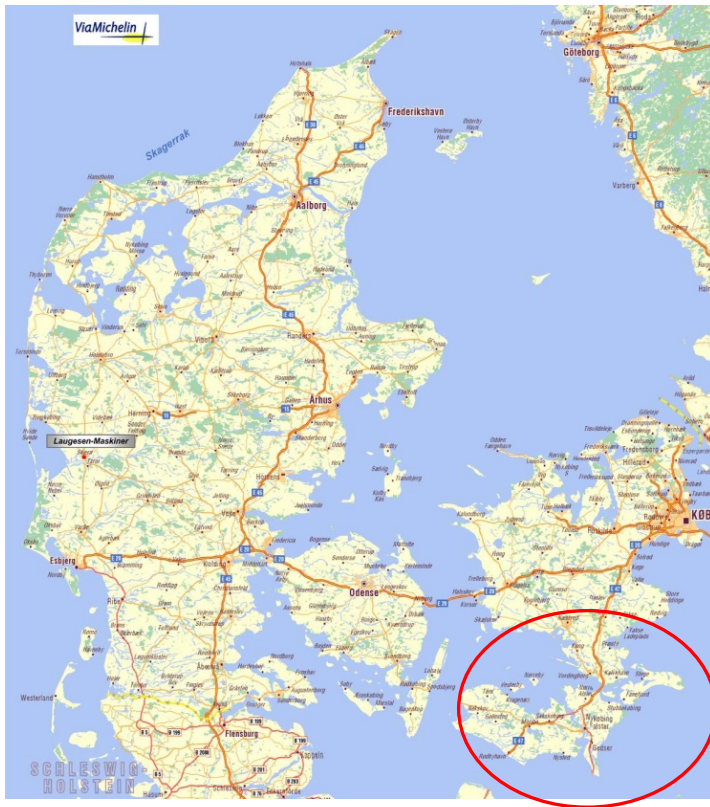
'Udkants-Danmark'

Ethnographic Fieldwork

* 4 months + 1.5 months follow-up

* 6 case families + Extended network
  * socio-economically disadvantaged families with children between the age of 6 and 12 and a parent with multimorbidity

* Recruitment
  * General practice
  * Municipality
  * Snowball effect

Entrance and Methods

* Applied methods
    * Participant observation
    * Interviews
    * Draw-and-talk sessions

* Focus points
    * Parent's illness story, family life, social relationships, network

* Other perspectives to broaden + deepen my understanding

Analyses

* Different levels of analysis
    * Recorded, transcribed interviews
    * Written field notes
    * Coding
        * -> Texts analysis
        * -> Thematic analysis

Themes in the material

* Conflicts

* Inclusion and exclusion

* Broken ties

Themes in the material

* Conflicts

* Inclusion and exclusion

* Broken ties

Broken relationships among close kin

Conflics

"Yes, it has been... Very much. And he has moved away... He did that just after William's confirmation ... He did call and would like to talk to them in the beginning, but now they don't want to talk to him (...) In the beginning they visited him, but now it has just stopped. Every time we had agreed on something he changed his mind and we agued.. We argued all the time".

Inclusion/exclusion

"When she left them... When Susan left Søren.. I have not heard from him since ... Because he called me that night and expected me to just drop everything and help him solve that crisis ... No, I wouldn't ... Because, like I say, I also need energy for the two youngest ones (…) So yeah.. Since then we have not been in contact. For me, now, he doesn't exists. And the others feel the same way.."

Broken ties

"Well, both my father and my siblings (...) And they have more or less, after all my disease and all the admissions, they have turned their back on me. Because I... I do not know if they haven't been able to tackle it or if they haven't been able to put themselves in my place or something.. but yeah, I have felt that, when I needed them the most, they were not there ... So I've just chosen to say that that's fine ... So, stay away then... "

Explanation

* Few resources

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* Few resources
  * Severe, chronic Illness
  * Socio-economic disadvantageous
  * Young families

Explanation

* Few resources
  * Severe, chronic Illness
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More to the story

Theoretical perspectives to better understand this?

* Better understand the phenomena

* Provides us with explanations to the general social interaction in the families
    * Within the families
    * Between the families and their network

Traditional interest in kinship/family

* Anthropologies' traditional interest in kinship

* Scholars tend to concentrate on the positive aspects

* Kinship often carries ambivalent or even negative qualities as well

New perspectives

* Janet Carsten, Professor of Social and Cultural Anthropology, University of Edinburg

* 'Relatedness'
    * 'Relatedness' in opposition to 'kinship'
    * A distinction between biological and social 'kinship'

* 'Situated relatedness'?

Remembering the background section

* Supportive and stabile relationships affect our health in a positive way

→

* How do children learn to form these if even the closest relationships can be described as potential break-ups?

Returning to the aim of presentation

* Two main goals:

1. Introduce you to a consistent pattern in my data –> broken relationships

2. Analytic perspectives to better understand the phenomena and what it means for the children
   - 'relatedness' -> 'situated relatedness'

My suggestions

* Two preliminary suggestions when working with children:

    * A focus on conflict management
    * Attention towards a possible lack of stabile grown-up relations

Thank you for your time!

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