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SWEDEN'S MYSTERY ILLNESS: RESIGNATION SYNDROME

An Analysis of the impact on Human Rights of Asylum- Seeking children in Sweden

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TABLE OF ABBREVIATIONS

ACEs: Adverse Childhood Experiences

ADL: Activities of Daily Living

DE APATISKA: Apathetic Child in Swedish

DD: Depressive Devitalization

DSM: Diagnostic and Statistical Manual of Mental Disorders

CRC: Convention on the Right of the Child

EU: European Union

EUAA: European Union Agency For Asylum

ECHR: European Convention on Human Rights

ECtHR: European Court of Human Rights

GAD: Generalized Anxiety Disorder

GRC: Gevena Refugee Convention

HRVs : Human Rights Violations

ICD: International Classification of Diseases

PAWS: Pervasive Arousal- Withdrawal Syndrome

PRS: Pervasive Refusal Syndrome

PTSD: Post-traumatic Stress Disorder

SPs: States Parties

UDHR: Universal Declaration of Human Rights

UNHCR: United Nations High Commissioner for Refugees

UNCRC: United Nations Convention on the Rights of the Child

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ABSTRACT

This thesis examines the phenomenon of Resignation Syndrome (Uppgivenhetssyndrom) affecting asylum- seeking children in Sweden, focusing on understanding its prevalence manifestations, and impacts in accordance with the Convention on the Right of the Child (CRC). This syndrome is characterized by a complete disconnection from life, often leading to a catatonic state. Refugee children who have experienced traumatic events in their home countries and face uncertainty in Sweden are disproportionately affected by this syndrome.

The study highlights the urgent need to address the mental health needs of asylum- seeking children, which are often overlooked on discussions about the health and well- being of refugees. It is also emphasizing the importance of ensuring the right and dignity of all children, especially those suffering from Resignation Syndrome. By proposing specific prevention and intervention strategies based on the principles of the CRC, this research aims to contribute to the development of more comprehensive and rights- oriented approaches to supporting asylum- seeking children in Sweden and beyond.

The structure of the thesis includes an overview of the asylum process and children's rights under the CRC, analysis of Resignation Syndrome, and an examination of the legal and ethical dimensions of the issue. The conclusion presents finding and recommendations for future research and actions. This study is significant as it highlights the need for a swift asylum process and the provision of psychological support to children arriving in Sweden with their families. It recommends immediate education of parents about the syndrome, access to family counselors and psychologists, and the creation of campaigns and activities in schools to reduce children's anxiety.

Chapter 1.

INTRODUCTION

“When her father picks her up from her wheelchair, nine-year-old Sophie is lifeless. In contrast, her hair is thick and shiny - like a healthy child's. But Sophie's eyes are closed. And under her tracksuit bottoms she wears a nappy. A transparent feeding tube runs into Sophie's nose - this is how she has been nourished for the past 20 months.”

BBC News,2017

This is an everyday life nearly for two decades for many asylum seekers families in Sweden. In recent years, in Sweden many asylum seekers children suffer from a mysterious illness. This alarming phenomenon is the resignation syndrome or the uppgivenhtessyndrom. The emergence of mysterious illness afflicting asylum- seeking children, rendering them unresponsive, withdrawn and seeming disconnected from the world around them. Specifically, it is important to mention that this syndrome affects the girls more than the boys. This enigmatic condition has sparked widespread concern among healthcare professionals, phycologists, and the public alike. Asylum- seeking children and their families’, already vulnerable due to the trauma of displacement and uncertainty of the circumstances, are disproportionately affected by this debilitating syndrome because these children are very young, and they had already experienced very traumatic experiments.

First and foremost, in Sweden in 2016, the rates of immigrants skyrocketed to 163,005 (Statista, 2024). During this year, a dramatic increase was observed in the resignation syndrome as well, because within these immigrant rates, families belonging to ethnic minorities immigrated. Specifically, a large percentage of these families included children who had experienced traumatic experiences before reaching Sweden. However, this significant increase decreases significantly over the years, resulting in Sweden having fewer 94,514 immigrants by 2023. Also, most of these immigrant families applied for asylum in order to secure a better way of life. Today, in 2024, the asylum application rates from January to March are 2,634, with only 978 being granted (Migrationsverket, 2024).

Additionally, it is important to mention that the asylum is a form protection available to anyone at risk of serious harm in their home country who must leave in search of safety in other country. The first step for a person seeking asylum is to leave one’s home, one of the most difficult decisions a person will ever make. In feeing their home country, they must leave behind everything (UNHR,2022). It is granted by a state to a foreign citizen against their own state, typically due to political or other reasons.

Even after an asylum seeker reaches their destination, safety is not guaranteed until they can secure refugees status. Asylum claims can take months to year to process, and even longer when the right to seek asylum is suspended during times of crisis. This was the reality for hundreds of thousands of asylum seekers as the UNHCR report told us.

Specifically, the definition for the asylum provides refuge for individuals facing persecution, violence, or serious harms in their home country. Asylum Seekers are leaving behind everything they have ever known friend, family, home, job and personal belongings- in pursuit of safety elsewhere. Also, another definition from the Cambridge Dictionary is the protection of safety, especially that given by a government to people who have been forced to leave their own countries for their safety or because of war.

In addition, it is very important to understand the difference between a refugee and an asylum seeker, because sometimes there is often a confusion around the terms. On the one hand, a refugee is defined as someone who has been forced to flee persecution, war or violence and has crossed an international border to find safety in another country. They have a well- founded fear of persecution because of their race, religion or nationality and sometimes political opinion. Also, refugees are afforded international protection by other countries because it is too dangerous for them to return to their country. On the other hand, asylum seeker is someone whose request for sanctuary has yet to be processed. Once asylum seekers are recognized as refugees, they can receive legal and material assistance from the host country government (UNHCR, 2022).

This thesis aims to focus more on the rights of the children, examining how the phenomenon of the asylum application affects children experiencing this process through their families. For this reason and for the purposes of this research, I consider it important to mention the definition of "child'' according to the UNCRC is "every human being below the age of eighteen years'' (United Nations, CRC, 1989, art.1, p 2). This is the legal parameter currently used among other in Europe, to determine what constitutes a child. Moreover, children are holders of rights and not merely objects of protection. They enjoy the full range of human/ fundamental rights and receive special regulatory treatment due to their particular characteristics (CADRE, 2022, p.8). Care for migrant children: the need for alternatives instead of detention. International Commission of Jurists.

Also, it is important to note that different countries may use different definitions for a child in their national legislation. Some National Laws may also define different age limits for adulthood. However, under the EU law there is no single official definition of "child" in any of the treaties, legislation derived from them, or case law. The definition of the child may vary significantly within the framework of EU law depending on the regulatory context. For example, in EU legislation governing rights of free movement circulation of EU citizens and their family members "children" are defined as "direct descendants who are under the age of 21 or are dependent". Thus, favoring the biological and economic dimension over the dimensions based on the minor's best interests.

In some EU legislative acts, different rights are attributed to children depending on their age. For example, in Directive 94/33/EC on the protection of young people at work (Young Workers Directive) which regulates access to education and the conditions of employment for children un EU Member States, a distinction is made between " young persons" a general term for all individuals under 18 years of age, " adolescents" any young person aged at least 15 and under 18 who is no longer subject to full- time compulsory schooling and " children", any young persons who has not yet reached the age of 15 and who in the most cases is not allowed to undertake regular employment. Also, other areas of EU law, especially those where EU action complements that of Member States, such as social security, migration, and education, differentiate in terms of which individuals are considered children compared to national law. In these cases, the definition of the CRC is generally adopted (FRA, 2016, p. 19).

In the ECHR, there is no definition for a child provided. However, article 1 stipulates that member states must recognize the rights of the Convention "all persons within their jurisdiction". Article 14 of the ECHR states that exercise of the rights guarantees by the Convention must be ensure "without discrimination" for any reason, including age. The ECtHR has accepted the definition of a child as formulated in the CRC, accepting the notion of "every human being below the age of eighteen years" (FRA, 2016, p. 18-20).

Most European initiatives regarding children's rights adopt the definition of a child contained in UNCRC. Examples include article 4(d) of the Convention on Action against Trafficking in Human Beings and article 3(a) of Council of Europe Convention on Protection of Children against Sexual Exploitation and Sexual Abuse.

Against this backdrop, this thesis seeks to explore the phenomenon of resignation syndrome among asylum- seeking children in Sweden, with a particular focus on understanding its prevalence, manifestations, and implications from the perspective of the Convention on the Right of the Child (CRC). Firstly, Children's rights under the CRC are commonly divided into three categories, and protection rights are one of those, beside provision rights and participation rights. By examining the intersection of migration, trauma and child rights, this study aims to shed light on the experiences of these vulnerable children and base on the best interest for the child examine the violation of children's rights.

In Sweden, apathy has been the colloquial term for a condition characterized by loos of function affecting children and adolescents seeking asylum or undergoing migration process. Typically, prodromal anxiousness and depressive symptoms, in particular lethargy, progresses into stupor and finally complete lack of any response behavior even to painful stimulus. At this stage patients are seemingly unconscious and tube feeding life sustaining. After months to years remission ensues with gradual return to what appears to be normal function (Sallin K., Lagercrantz H., Evers K., Engstrom I., Hijern A.& Predrag P. ,2019, p.1-2).

Resignation syndrome manifests as a profound withdrawal from life, often characterized by a catatonic state. Specifically, the documentary "life overtakes me". It is a documentary and bases on the resignation syndrome or uppgivenhetssyndrom and shows different cases of children that have this syndrome even if for twelve months. Specifically, this syndrome is very well known in Sweden, it was first described in 1990s only in the group of refugee children. For many scientists this syndrome is the effect of a traumatic experience that asylum seekers children face. For instance, these children escaped from dangerous circumstances in their home countries, sometimes these children have seen shocked scenes such as their mother raped, or a member of their families killed in front of their eyes. In the end their families find a safe country for them such as Sweden, and they apply for asylum believing they will be redeemed, and they will have a better future. However, everything starts with the waiting for an asylum decision be approved and the asylum rejected, and the children feel the estimate of uncertain and their family. This syndrome is the refusal first to go to school and socialize with their classmates, to eat, to drink and a complete cessation of verbal and physical interaction. Despite extensive medical investigations, the etiology of resignation syndrome remains elusive, with no definitive biological cause identified. Instead, researchers have increasingly turned their attention to the psychological and socio-cultural factors that may underpin this complex condition. Another very interesting part of this syndrome is the recovery process. Many scientists try to understand that these children have a powerful and strong bond with their family, and they understand their feelings and the uncertainty they feel about returning to their country. For this reason, when the family is happy, and these children feel the happiness and they start recover.

The research question is based on "which rights of the child are violated by resignation syndrome based on the principle of the best interest of the child?" Specifically, the research question guiding this inquiry is as follows, bases on principles outlined in the CRC, how can the occurrence of resignation syndrome among asylum- seeking children in Sweden be prevented and mitigated?. To address this question, this thesis will undertake a multi-faceted analysis, drawing on insights from legal frameworks for the

children's rights and from historical contexts and case studies, and the psychological approach for the resignation syndrome.

This research approach I will follow in this study to collect data will comprehensively present the right to asylum and the resignation syndrome, I will use bibliographic research spanning from 2005 to the present day to study all the scientific articles written about the asylum phenomenon and resignation syndrome in Sweden. Initially, I will study the UDHR (Universal Declaration for Human Rights), which states in article 14 that people have the right to seek asylum. Later, I will outline the asylum process for all individuals, and then specifically examine the CRC, referencing which rights are violated by the time-consuming asylum process and by resignation syndrome. In more detail, I will use articles from the United Nation and the Refugee Agency, as well as important manuals such as FRA, European Union and the Fundamental Rights for children's rights, to better present this social phenomenon that affects many asylum seekers. Later, I will study the resignation syndrome, for my research a beneficial book was the Bodegard's book to understand better the resignation syndrome. In addition, referring to the first cases and the response of scientists. Then, I will present the steps that follow for a child to reach the final stage of resignation. At this point, I will also refer to cases, I found such as those of Sophie and Georgi, to clarify the difference between the first and the final stages. Furthermore, I will study psychological impact on children, as well as the process of their resignation syndrome into society. I will rely on defense mechanisms mentioned by Freud, articles discussing PTSD, and on the resignation syndrome book "Children Adolescent Psychopathology"," Resignation Syndrome: Sweden's Mystery illness". Finally, after presenting all the above elements, I will present which articles are violated base on CRC for children who have the resignation syndrome, and I will attempt to formulate ways to address this syndrome. For instance, it would be psychological support for the children arriving in Sweden with their parents seeking asylum to help them cope with the PTSD. Moreover, asylum application offices, when they know there is a minor in the family, should expedite the process to avoid it being time- consuming and overly stressful for the children.

This study is significant for several reasons. Firstly, it underscores the urgency of protecting the rights of asylum-seeking children who are victims of resignation syndrome and overlooked in discussions of refugee health and wellbeing. Secondly, it highlights the importance of upholding the rights and dignity of all children specifically the children with the resignation syndrome. It is very important to mention that after my literature review, I understood that all the books and articles for resignation syndrome examine the issue only from psychological, medical, and social perspectives and do not analyze the violation of these children's rights. In this part I would like to mention that from 2015 there were not enough studies to analyze this phenomenon. Finally, by proposing concrete strategies for prevention and intervention informed by the CRC, this research aim to contribute to the development of more holistic and right- based approaches to supporting asylum- seeking children in Sweden and beyond.

The structure of this thesis is as follows: chapter one provides an overview about the asylum and the process of asylum, and after it will examine the violation of asylum- seekers children rights and their families based on the CRC. Chapter two explore the resignation syndrome firstly it explores the background history of the resignation syndrome and the first experiences of doctors and scientists. Also, chapter two will examine the manifestations and impacts of resignation syndrome on asylum- seeking children and their families. Additionally, it is very important to examine the recovery process because many children are in coma for more than six months and I will explore if this phenomenon has negative consequences to their health and their bodies. Specifically, it is very important to examine the psychological approach because these children face many problems with stress and anxiety. Moreover,

it is very interesting that the children can feel and understand when their parents are happy and more optimist for their future it is the only solution to recover. Finally, chapter three examines the legal and ethical dimensions of the issue within the framework of the CRC, and the final chapter will present the conclusion and the recommendations for future research and actions such as the World Health Organization recognize as a psychiatric condition and to decrease this phenomenon because doctors and scientists believe that the resignation syndrome has similar process of anorexia nervosa or anxiety disorder. As a result, it will be very helpful and beneficial for the asylum seekers children because doctors and scientists will know how to protect and prevent the resignation syndrome.

In conclusion, this thesis seeks to illuminate the plight of asylum-seeking children affected by resignation syndrome, highlighting the imperative of addressing their unique needs and safeguarding their rights. By engaging with the complexities of this issue through a multidisciplinary lens, this research endeavors to contribute to a more compassionate and inclusive response to the challenges faced by asylum- seeking children in Sweden and beyond.

Chapter 2.

ASYLUM: THE DIFFICULT PROCESS FOR MANY ASYLUM SEEKERS AND CHILDREN

2.1 RIGHT TO ASYLUM

By subscribing to the Gevena Refugee Convention (GRC) of 1951, and its 1967 New York protocol, European states have recognized a duty to protect those suffering persecutions on grounds of race, religion, political opinion or social group. The right to protection includes the right to seek asylum. Other types of 'subsidiary protection' have also emerged for those who do not qualify for refugee status. The GRC as well as the ECHR prohibit the return of refugees or asylum seekers to a country in which they are likely to be subjected to torture or to inhuman or degrading treatment or punishment. The state's right to control borders and to exclude is limited by its duty to protect and adherence to its human rights commitments (Hadj Abdou L. & Kollar E., 2024, p.4).

In Europe, asylum is referred to as international protection. Seeking asylum in another country because it is dangerous for the individual to return to their country of origin is a fundamental right. Men, women, and children all have the right to live in safety and with respect for their fundamental freedoms (European Union Agency for Asylum,2022, p.3). Specifically, the EUAA report mentions the definition of asylum, the situation in which you fear you may find yourself must be considered a serious violation of your basis human rights. All these risks can affect men, women, and children in various ways. These dangers may be caused by the state, through its officials, or by other individuals not belonging to the state authorities. Asylum is granted only if the state or other authorities of your country are unable or unwilling to protect you from the danger you are facing (European Union Agency for Asylum,2022, p.4).

Moreover, something that is very important is that from the UDHR reports that all people have the right to asylum. Specifically, article 14, "everyone has the right to seek and to enjoy in other countries asylum from persecution. This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts country to the purpose and principles of the United Nations" (UDHR,1948). Additionally, the right to seek asylum is not unfettered. Article 14 makes it clear people cannot be granted asylum simply to avoid prosecution for "non-political crimes or acts contrary to the purposes and principles of United Nations". So, war criminals, and those guilty of crime against the peace a crime against humanity, do not qualify for asylum.

In addition, according to the article 18 of the Charter of Fundamental Rights of EU refers for first time at European level the right to asylum. Specifically, the article it is an enhanced right: "the right to asylum shall be guaranteed with due respect for the rules of Geneva Convention […]and in accordance with the Treaty on EU and the Treaty on the Functioning of the EU […]. Also, the article 19 of the Charter provided for a prohibition on returning a person to a situation where there is a well- found fear of persecution or s a real risk of exposure to torture on inhuman or degrading treatment or punishment (principle of non- refoulement) (European Union Agency for Fundamental Rights, FRA.,2014 p. 26).

Additionally, other provisions of the Charter regarding the protection provided to individuals also seem to be of interest in the context of migration. The article 47 of the Charter establishes the right an effective remedy and determines the principles of a fair trial. The principle of judicial review enshrined the article 47 provides for the examination by a court. This ensures broader protection compared to article 13 of the ECHR, which guarantees the right to effective remedy before a national authority, which is not necessarily a court. Moreover, the article 52 of the Charter of Fundamental Rights of the EU states that

the protection provided by the provisions of the Charter must be at least equivalent to that provided by the ECHR. However, the EU may apply a broader interpretation of firths compared to that proposed by the ECHR (European Union Agency for Fundamental Rights, FRA.,2014 p. 27).

2.2 RIGHT TO ASYLUM AND THE PROCESS

The core idea is that refugeehood is foreseeable system failure in the international state system that allocates individual rights protection to particular states. Refugeehood is conceived as the disruption of the political bond between the citizen and the state. It puts into question the legitimacy of the state system, which requires legitimacy repair. When the sate fails, then the state system ads a whole must assume joint responsibility and fairly allocate the burdens of protection to restore the legitimacy of the system a whole (Hadj Abdou L. & Kollar E., 2024, p.7). Asylum seekers seek international protection based on the inability to return to their country of origin due to a well-founded fear of persecution or risk of suffering mistreatment or other serious harm. Under the EU law, asylum seekers are referred as "applicants for international protection". Their situation is regulated based on EU asylum acquis.

Additionally, EU legislation prohibits the removal of an asylum seeker until a decision is made regarding their application. The article 9 paragraph 1 of the Directive on Asylum Procedures(2013/32/EU) states that the presence of the asylum seeker on the territory of an EU member state is legal. This article stipulates that asylum seekers "shall be allowed to remain in the member state" for the purpose of the procedure, until a decision is made by competent authority, although there are some exceptions, particularly for subsequent applications (European Union Agency for Fundamental Rights, FRA, 2014, p.51-52).

The right to be issued official documents for asylum seekers under EU law is determined by the Reception Conditions Directive (2013/33/ EU, Annex for the EU member states bound by the directive). Also, the article 6 of the directive states that all asylum seekers must be provided, within three days, with a document certifying their status as asylum seekers or that they can remain in the territory of the member state for the duration of their application review. According to the article 6 paragraph 2, states may not do so when the applicant is in detention or at the border.

Under the ECHR, there is no corresponding provision governing the status of the asylum seekers during the examination of their applications for protection. Therefore, it is important to consider whether, under national legislation, asylum seekers can remain on the territory of the member state for the duration of their application review.

Under both EU and ECHR law, asylum seekers must have access to effective asylum procedures, including legal remedies capable of suspending a removal during the asylum proceedings. The Asylum Procedures Directive (2013/32/EU) sets out detailed rules on the procedures for granting and withdrawing international protection. The article 3 mentions that the directive applies to asylum application submitted on the territory of EU member states bound by it, including at borders, territorial waters, and transit zones (European Union Agency for Fundamental Rights, FRA, 2014, p.113).

Additionally, as the EUAA mentions within Europe, the asylum seekers cannot choose the country in which they submit their asylum application (European Union Agency for Asylum,2022, p.5). The instructions from the EUAA mention when they apply for asylum, it is expected to do so as soon as possible in the first county they reach. Authorities will determine which country is responsible for examining their application. This process is known as the Dublin procedure. It is important to inform the

authorities if any member of their family is in Europe. The Dublin procedure can be used for family reunification with that member, provided that member is in one of the countries applying these rules (European Union Agency for Asylum, 2022, p.6). In the EU law, the initial stage of the asylum application process is the interview, as stated. During this interview, asylum seekers have the opportunity to present their case and argue their need for protection. This interview is crucial for assessing their credibility and reliability as asylum seekers and determining the further examination process of their application. The asylum process can take a relatively long period of time, as authorities will first examine all the details of their application and then decide about it. The regular procedure can last from six to twenty-one months at maximum (European Union Agency for Asylum,2022, p.6).

The Directive on Asylum Procedures (2013/32/EU) sets out detailed rules regarding the procedures for granting and withdrawing international protection European Union Agency for Fundamental Rights, FRA, 2014, p.113). From the article 3, the directive applies to asylum application submitted on territory of EU member states bound by it, including at borders, territorial waters, and transit zones (EUR-Lex, 2013, Document 32023L0032). Later, applicants are provided with the right to a personal interview. This interview must be conducted under conditions that ensure confidentiality. Based on the article 17 paragraph 3, for each personal interview, a written report must be prepared and brought to the attention of the applicant. Member states must provide the applicant with the opportunity to make any comments on report before the competent authority decides on the application (EUR-Lex, 2013, Document 32023L0032).

Furthermore, asylum seekers have the right to remain in the receiving country until their asylum application is completed. The asylum examination should be conducted based on the requirements and guidelines of asylum procedures, as well as for the examination of evidence according to the Directive on Recognition Procedures under the Article 4 (EUR-Lex, 2013, Document 32023L0032). Another process that must be carried out for submitting an asylum application is the collection of fingerprints for both the applicant and family members over the age of fourteen. The fingerprints will be entered into the European Central Database (EURODAC). As a result, this process examines if the asylum seeker has submitted an application for international protection in another EU country the applies the Dublin III Regulation, they may be transferred there for their application to be examined. The Dublin III Regulation determines which EU countries bound by it are responsible for examining the application. The criteria used are as follows, in hierarchical order: family ties, recent possession of an entry visa or residence permit in a Member State and whether the applicant entered the EU legally or illegally. According to the EU law, the Dublin Regulation sets deadlines within which states must comply with requests for re-examination or readmission of asylum seekers articles 21,22,25 (EUR-Lex ,2013 No 604/2013). Also, it mandates that states collect certain information before transferring the applicant ensure the confidentiality of personal data and inform the applicant about the Dublin Regulation as a whole. This includes specific information in the transfer process under the Dublin Regulation and available legal remedies. There are specific requirements regarding evidence for administrative cooperation as the article 34 mentions in the Dublin Regulation and guarantees concerning the cessation of responsibility (European Union Agency for Fundamental Rights, FRA, 2014, p.124). It is also important to emphasize that applicants have the right to have their own lawyer. Lawyer are individuals who provide legal assistance, advice, support and represent the applicants before the authorities. Lawyers operate independently from State Authorities, and it is right of the asylum seeker to consult them if desired. As this point, it should be emphasized that the asylum seeker wishes to have a personal lawyer or translator,

the costs are solely their responsibility. If this occurs, the asylum seekers must immediately inform the authorities and provide the personal detail of other lawyer to the authorities (European Union Agency for Asylum, 2022, p. 9).

Additionally, according to the Article 10 of the Asylum Procedures Directive, applications must not be automatically rejected by any judicial or administrative body responsible for decision- making at first instance due to non-submission of the application as soon as possible (EUR-Lex, 2013, Document 32023L0032). Also, according to the Article 12 of the Asylum Procedures Directive stipulates that asylum seekers must be informed about the procedure followed and the deadlines in a language they understand or reasonable assumed to understand; they must be provided with interpreter services when necessary (European Union Agency for Asylum,2022, p.114). Furthermore, it is crucial that asylum seekers have the right to be informed about the procedure under the Article 12, in a language they understand or a reasonably assumed to understand. Additionally, asylum seekers have the right to have an interpreter present during interviews, when necessary, under the supervision of UNHCR or organizations providing legal support (European Union Agency for Fundamental Rights, FRA, 2014, p.115).

It should also be mentioned that in case of asylum rejection (European Union Agency for Fundamental Rights, FRA, 2014, p.115), asylum seekers have the right to withdraw their applications. The withdrawal procedures must also comply with the relevant notification requirements, including written notifications based on Asylum Procedures Directive specifically article 44 and 45 (EUR-Lex,2013, Document 32023L0032).

Also, the competent authority should make a decision on the asylum application as soon as possible and no late than six months, except in the case listed in the Asylum Procedures Directive on the Article 31 paragraphs 3 and 4 (European Union Agency for Fundamental Rights, FRA, 2014p.115), where the deadline may extend up to 21 months. If the decision cannot be made within six months, the applicant must be informed about the delay and request, receive information about the expected time frame for the decision on their application article 31 paragraph 6.

Asylum seekers are expected to cooperate with authorities in order to establish a good collaboration. Furthermore, asylum seekers should respond to the requirements and requests of the authorities and follow all the steps of the process. This ultimately enables authorities to thoroughly assess the application (European Union Agency for Asylum,2022, p. 10). The asylum seeker should appear in person before the authorities if requested. Additionally, if the asylum seeker is summoned to an appointment regarding their application, they should attend all appointments each time they receive notification from the authorities or a letter. Lastly, something very important and helpful in the asylum application process is that the asylum seeker must tell the truth, which is crucial for the credibility of the application. For this reason, the asylum seeker should be honest and provide accurate and correct information, including correct identity and a proper description of their family situation, circumstances of establishment, reasons for leaving their country, and why they cannot return to their country. Moreover, if the asylum seeker does not remember something due to the turmoil they experience, it is preferable for the individual to mention that they do not remember rather than invent additional information (European Union Agency for Asylum, 2022, p. 10).

2.3 RIGHT TO ASYLUM BASED ON CRC

The UNCRC is the most ratified human rights treaty in history, with 196 States Parties. The CRC provides a framework of 54 articles outlining government responsibilities to ensure the protection, promotion and fulfillment of rights of all children within their jurisdictions (Vaghri,Z, Tessier,Z. & Whalen C., 2019, p.1). Additionally, the UNCRC is the first human rights treaty that has considered a series of unique human rights specifically for children. The CRC has recognized this important phase of life as being a period of accelerated growth and development as well as a time of great vulnerability (Vaghri,Z, Tessier,Z. & Whalen C., 2019, p.1).

The "child" and "refugee" labels together to identify a minority category; "refugee child" with a special basis protection. Although the 1951 Convention does not explicitly mention children, the CRC Preamble identifies being a child warranting special "safeguards", "care", and "legal protection" article 22 makes further stipulations related refugee children, who are to be treated in a similar way to any other citizen child. According to the article 22 is the only provision in any human right treaty that deals expressly with the situation of refugee children and children seeking refugee status (CRC, 1989). That it was included in the face of disagreement by some states wanting to restrict rights to citizens children makes this article a strong international rights-based approach to refugee children (Lawrence, Dodds, Kaplan & Tucci, 2019, p. 4).

The EU has clear authority to legislate in the field of migration and asylum. The provisions covering migrant children govern a wide range of migratory situations, including long- term labor- related migration, asylum, and subsidiary protection, while also covering cases of migrant in irregular situations. Beyond the right of migrant children to protection under article 24 of the Charter of Fundamental Rights of the EU, article 18 and 19 of the Charter address the right to asylum and protection in cases of removal, expulsion, and extradition (FRA, 2016).

In general, refugees, and more specifically children, should have some form of smooth integration into host country where they can gradually build their future and their lives. As for the rights of an asylum seeker, it causes many dilemmas for the host country because of the uncertainty of the outcome. Furthermore, during the adjudication phase, it is not yet known whether an asylum seeker will meet the criteria for refugee status, refugee seeking shelter, or if they have no moral right to international protection at all such as the rejection of asylum which is very difficult for all the member of the family especially the children (Hadj Abdou L. & Kollar E., 2024, p.8).

The right of asylum seekers is morally equivalent to those of refugees seeking shelter and who need temporary but strong protection. Refugees seeking shelter require international protection until their country undergoes a positive regime change and it is safe for them to return, rendering the reason for their protection void. Despite their limited time in the territory, their resettlement requires a sufficiently robust set of social and economic rights including the right to work, access to education, and media care. They may not need new citizenship with a full package of political right, but they need to experience themselves as effective social agents in their immediate environment (Hadj Abdou L. & Kollar E., 2024, p.8).

Moreover, asylum seekers awaiting the adjudication of their claims can belong to any category. The asylum seekers should be considered morally equivalent to temporary refugees in need of shelter. The issue is that they may or may not have a valid claim, but it is something that they do not know yet. The

default moral stance of a liberal state is to err on the side of caution. Providing asylum seekers with what they may or may not be entitled to. Therefore, all asylum seekers should be treated morally as if they need shelter for the period they are waiting for their claims to de adjudicated, that is, until proven otherwise.

Under article 22 of the CRC, a child or young person who leaves her or his country of origin to escape war, persecution, or natural disaster, has the right to appropriate protection and provisions, such as health, education, and housing. The rights under the CRC govern all children regardless of where in the world they are located; thus, refugee and asylum-seeking children do not lose any of their rights simply because they have moved from one country to another. However, in reality, this is not the case and many of these children, depending on where in the world they move to, are denied many of their rights. Often, the host States, who have clear set of obligations under the CRC, fail to fulfill their responsibilities for refugee and asylum- seeking children and by doing so, subject children to a discriminatory treatment. Such discrimination can not only adversely impact children's health and development, but also violate their human rights under the CRC (Vaghri,Z, Tessier,Z. & Whalen C., 2019, p.2).

2.4 VIOLATION OF CHILDREN'S RIGHTS BASED ON CRC

As evident from the above, the syndrome of resignation is the main reason why a large percentage of children with asylum- seeking families lose their childhood and the carefree attitude that should characterized children between the age of six of eleven. This happens because they must cope with various emotions that overwhelm them and struggle with the thousand memories, they may have from the day they left their country. The CRC is divided into three categories, and protection rights are one of these commonly divided into three categories, and protection rights are one of those, beside provision rights and participation rights (Sandberg K.,2018, p.15).

Childhood is a period of rapid growth and development in all physical, and mental, spiritual, and social domains. For this reason, the right the best interest of the child mention that the emotional and physical safety is an important factor and the children should feel safe and have an emotional stability. Despite their importance, protection and promotion of rights during this stage are seriously compromised when it comes to refugee asylum seeker children. Prolonged exposure to unfavorable conditions such as abuse, violence, and exploitation has lasting effects on a child's ability to thrive. These experiences can be considered as Adverse Childhood Experiences (ACEs). The accumulation of ACEs results in increased negative health outcomes and can have lasting impacts later life (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.3). For instance, the resignation syndrome which is the result of all traumatic experiences that a child asylum seeker has gone through. Also, this phenomenon is associated with mental health problems and PTSD (Post Traumatic Stress Disorder). Subsequently lifelong adverse health outcomes in different domains of development, are experienced by children undergoing these circumstances before, during and after seeking asylum.

In addition, the article 24 from the CRC talks about the right to health. The health care and the facilities for treatment of illness and rehabilitation of health. Also, to the general duties regarding healthcare established under the article 24 of the CRC, and article 39 of the CRC requires to appropriate measures be taken to promote the physical and psychological recovery and social reintegration of child victim of any form of neglect, exploitation, or abuse. Such recovery and reintegration are to take place in an environment which fosters the health, self-respect and dignity (FRA,2011).

Also, something important for asylum- seeking children is the physical and the mental health. Firstly, the physical health of asylum-seeking children is negatively affected by living conditions, malnutrition, lack of medicals services. For example, there is an increased prevalence of infectious diseases, such as tuberculosis, hepatitis, B, HIV. As a result, of lack of access in health services. Additionally, refugee children and asylum- seeking children suffer from vaccine- preventable diseases due to the sub-optimal immunization coverage in their country-of-origin pf missing follow-up does of vaccination while they are not the move (Vaghri,Z, Tessier,Z. & Whalen C., 2019, p.3). Furthermore, based on article two paragraph two on CRC "States Parties undertake to ensure the child such protection and care as is necessary for his or her well- being, taking into account the right and duties of his or her parents" (UNCRC, 1989). However, it is important to mention that children of asylum seekers are exposed and there is no prevention in place for them. In migrant camps, people live all together, which results in children becoming victims of mistreatment by adults. For instance, while their family members are working or away from the camps, the children may fall victim to sexual exploitation, violence, or witness scenes that are too harsh for their age. This happens because a large number of people are concentrated in these migrant camps, and most of the time, there is no proper care or oversight for them. These treats have negative consequences for physical and mental health, and lead to other problematic repercussions such as increased the levels of stress.

Another very important phenomenon is the trauma; trauma is the common experience of all refugee and asylum- seeking children. Many witness the death of family member or a friend or acts of violence to self and others, and experience traumatic events when fleeing their country of origin. Children can also be victim of sexual violence, various types of abuse, neglect, human trafficking and military recruitment. Damaging personal experiences can traumatize a child and deeply affect their mental health, which can have direct and indirect negative impact on children's well-being and development (Vaghri,Z, Tessier,Z. & Whalen C., 2019, p.4).

Stress and trauma experienced during the risky journey to asylum can later manifest into various long-lasting physical and psychological effects. The presentation of trauma in children can sometimes be difficult to detect but often include symptoms, such as anxiety, mood disorders, depression, flashbacks, and interpersonal difficulties. Also, according to article 19 children have the right to protected from physical and mental violence, neglect, sexual abuse and exploitation, while they are in the care of parents or any other person (Sandberg K., 2018, p.2). The Committee has published a general comment on article 19 on the right of the child protection forms of violence which is informative in explaining the content of this right and the obligations of Staties Parties in this regard.

In the first paragraph of the article 19 lists all the various forms of maltreatment that the child shall be protected from. The Committee in GC No. 13 uses the term 'violence' to cover everything listed in article 19 paragraph 1: the word 'all forms' indicates that there are no expectations, which is deemed necessary as the slightest possibility of any form of acceptable maltreatment easily will be misused (Sandberg K., 2018, p.19). On the contrary, the children of asylum seekers are not protected from these forms of violence at all. These children experience psychological violence internally and often never express it externally. As a result, they struggle alone to overcome what they experienced in their home countries. Additionally, article 19 States Parties should also assist in their treatment. However, children with resignation syndrome cannot receive any medical treatment, as I will mention below, the only therapy for these children is to feel safety and optimism within their family. So, as it becomes clear, these children

are at the mercy of this syndrome since it is something relatively new, and scientists and doctors are still researching it and they try to understand more about the resignation syndrome.

Also, Article 3 paragraph 2 gives the child the right to such protection and care as is necessary for his or her well-being. The later is formulated in a positive way, and especially the right to good care goes further than the right to be protected against various forms of maltreatment, which illustrates the blurred boundary between protection and provision. In addition, article 37 contains a prohibition against torture and other cruel, inhuman or degrading treatment or punishment, similar to what applies to everybody under article 7 the ECHR.

Even when not separated, parents themselves experience trauma and its corresponding consequences because of being displaced and on the move. Parents' suffering from a psychological disorder can also influence the child's mental, emotional, and behavioral well- being, a phenomenon called transgenerational transmission of trauma. Both parents' and child's exposure to trauma disrupts the dynamic of the child- caregiver dyad, negatively affecting attachment and generating expectations of harm, distrust, and poor emotional and social connectivity (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.4).

Also, an important role plays the social determinants of health, inadequate and material deprivation are constant components of the predicament of these children. It is important to consider the relationship between socioeconomic status and pre and post migration factors. Financial resources affect how efficiently individuals can escape their country of origin, and the food, shelter and transportation that is accessible during the journey to asylum. Upon arrival, the high-income countries often have the necessary resources to provide refugee children with basic material needs, although other existing challenges affect development and ability to thrive. For example, in Sweden the States have the ability to offer to the asylum seekers houses to stay till the process asylum to end.

Moreover, according to the Asylum Procedures Directive the duration of the examination of the asylum application should be as soon as possible and no later than six months, (European Union Agency for Fundamental Rights, FRA, 2014, p.116). Conversely, however the examination of these applications takes much longer because the volume of applications makes it difficult to process them quickly and issue results. In some cases, additional information may be pending, causing certain applications to stall in the examination process. This entire procedure exacerbates the existing stress of asylum- seeking parents and children, further deteriorating their psychological and mental health.

Additionally, for all children education plays a crucial role, children being displaced, and the corresponding loss of education has perhaps the most significant impact when considering human capital. The right to education article 28 CRC, and it is importance is emphasized in a number of international treaties, agreements, and universal goals. Although primary education is critical for development, countless, children are denied this right in refugee camps or in the cities of the country to which they fled. About 7.4 million refugee and asylum- seeking children are considered under the UNHCR as school aged. In 2017, only 61% and 23% of refugee children were enrolled in primary and secondary education, respectively, compared to 92% and 84% of children globally (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.5). Specifically, for the children who suffer from resignation syndrome do not have the ability to attend the school and socialize with their classmates and live a normal life as other children.

Low- income countries have the highest proportions of school- aged refugee and asylum- seeking children who are not in school due to limited resources and a disproportionate influx of these children to

their countries compared to develop countries. The girls are the vulnerable group because they are often required to assist with domestic activities, such as preparing the meal because all the other members of the family working. Overall, significant social and cultural barriers, as well as gender- based discrimination, threaten girls' ability to fulfil their right to education (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.5).

Optimal outcomes are experienced when refugee children are included and integrated in the host country's mainstream education system rather than in segregated learning environments. The right to inclusive education setting guarantee to disable children under the article 24 of the Convention on the Rights of Person with Disabilities is extended to all children, including refugee and asylum seeking children, under the CRC through the joint application of article 2,22,28 and 29. This equal opportunity standard in education places these children on a level playing field with their peer and also accelerates their integration into their host culture. Last but not least the literature on school and community- bases interventions aimed at reducing psychological disorders in refugee and asylum – seeking children indicates that interventions delivered at school setting can successfully support children in overcoming a great deal of the difficulties associated with forced migration (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.5).

Moreover, something which is very important is that refugee and asylum – seeker refugees face problem with the acculturation. In their new home, refugee and asylum- seeker children must learn the host country's langue and culture and begin social integration. In the first days this adaptation is something unfamiliar for them and sometimes might fail victims of discrimination, marginalization, bulling, xenophobia and acculturation. Integration into society can be an ongoing process, and participation can be limited by language barriers, cultural differences, and lack of cultural competencies among professionals and general public (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.6). The CRC not only recognizes childhood as critical state of growth and development, but it also underlines the particular vulnerability of refugee children and asylum – seeking children due to the shortfalls outline above. Therefore, to provide special measures of protection and safeguard the development of these children, it puts forth article 22 and obligates the SPs to uphold these provisions (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.6).

According to article 10 of CRC, it is evident that the asylum process is a straightforward and summary procedure. Specifically, it states that in accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by State Parties in a positive, humane, and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family (CRC, 1989, p. 3). On the contrary, this procedure is quite time- consuming and stressful for children, in particular, and they express it through resignation syndrome. Also, the states do not have any phycological help for the asylum-seeking children to help them.

Also, according to the article 22 of the CRC, the refugee, and asylum-seeking children, similarly to all other children, are entitled to their right under the CRC and do not forget any right by virtue moving between borders. The hosting government as SPs to the CRC, are the primary duty bearers to fulfill these rights for the children entering their country (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.1). The CRC not only recognizes childhood as a critical state of growth and development, it also underlines the particular

vulnerability of refugee children and asylum- seeking children due to all of the shortfalls outlined above. Therefore, to provide special measures of protection and safeguard the development of these children, it puts forth Article 22 and obligates the SPs to uphold these provisions (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.5).

Additionally, the article 22 of the CRC obligates all SPs to "… take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall … or humanitarian instruments to which the said States are Parties" (CRC, 1989). Therefore, this article talks about the provision under this article captures the broad international consensus that, firstly refugee children are owed appropriate protection and international assistance. Secondly, all of their rights under the CRC as well as other international human rights treaties and humanitarian law must be upheld. Thirdly, SPs must cooperate with the UN and related agencies in order to protect and assist such children, and finally, family reunification is a priority obligation of governments serving the best interest of children, having particular regard for unaccompanied and separated children (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.6).

Additionally, the main attributes of articles were identified for each substantive right of the child the CRC. These attributes were determined through an exhaustive and critical appraisal of legal standards within the major guiding document of the CRC. The attributes were identified for each CRC right in order to make it is normative content and assist with the task of identifying the relevant indicators to monitors that right. In general, through this thorough analysis of relevant document, the attributes should be able to present the essence and standards of it is corresponding right. Four attributes have been identified for article 22 of the CRC (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.7).

Under this article, refugee and asylum- seeking children are neither granted a special status nor any lesser than children of the host country. They are to be treated as children first and foremost and not as migrants per se, and national immigration policy cannot undermine their rights to education, health, protection, under the CRC (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.7).. The criterion of humanitarian assistance strengthens the notion of "appropriate protection". For instance, these children may require therapy to assist with Humanitarian assistance should avoid discriminatory consequences such as differential treatment between categories of entrants in family reunifications cases, prohibit detention of children and possibility their parents for immigration purposes, help defend the principle of non-deportation of children, and reinforce the child's right to preserve family life. In addition, as a general rule, articulated under article 2, all CRC rights apply to all children in every situation, regardless of their background. This general rule governs article 22 as well, where refugee and asylum-seeking children are entitled to exact same rights as any other child. Article 22 refrains from preserve both their CRC rights and uphold the provisions and protection of other international human rights of humanitarian instruments binding on the relevant SP (State Parties). Such as documents provide much more extensive guidelines for SPs as to how these children are not be protected and describes, in further detail, each right and responsibility (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.8).

While governments are the primary duty bearers, all parts of society can play a part in supporting the implementation of children's article 22 rights by coming forward. For instance, provision of the right information at the right time can be critical in trancing family members and family reunification. The obligation to protect also contains a clear instruction for all duty bearers to provide children with appropriate due process- process that do not infringe their rights to be heard and to participate in

decisions- making that impacts them. Such processes may require providing children with interpreters, a free legal representative, and other means in order to facilitate their meaningful participation. All the processes must be conducted in a child- friendly manner. All professionals involved must be trained in child rights and be familiar with work in culturally sensitive multidisciplinary teams including psychologists, social workers, and trauma informed care providers, to name a few (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.8). This reference is very important for the article 22, especially for the children of asylum seekers arriving in the host country, especially in Sweden. The interviews that may need to be conducted should be carried out by appropriately trained individuals to help these children relive the traumatic event as gently as possible. This way, specialists can obtain the necessary information they need for the asylum application. This unfortunately, does not happen because the volume of applications is very large, and as a result, these procedures are carried out impersonally. However, in this specific case, this should not happen, knowing that these children could be the next victims or resignation syndrome.

Moreover, two basic principles should guide every activity related to the refugee and asylum-seeking children: the principles of the best interests of the child and the principles of family unit. After extensive field- testing, UNCHR adopted, in May 2008, it is Guidelines on Determining the Best Interests of the Child. As for family reunification, it should be based on robust assessment that uphold the child's best interest as the primary consideration. Family reunification should not be delayed because of a BID procedure; however, it also cannot trump the child's best interests and would minimally require a sustainable reintegration plan avoiding any harm to the child in the country of reunification and insisting upon the child's opportunity to participate in the process. BID procedure requires a holistic child rights-bases approach that considers human and financial resources, training in children's rights and inter-institutional coordination, drawing upon the cooperation and evidence available from countries of origin, transit, and destination few (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.8).

The principle of the best interests of child, based on article 3 (CRC, 1989) should always remain the overarching consideration in implementation of child refugee claims under article 22. The principle ought to be respected during all stages of the displacement cycle and decisions at any of this stage, must be appropriately documented through a formal and thorough best interest determination for each child. Also, the principle of the child's right to maximum survival and development article 6 and violations to this right are also, more often than not, a root cause of migration (Vaghri,Z, Tessier,Z. & Whalen C., 2019,p.6) .

2.5 UNDERSTANDING RESIGNATION SYNDROME: PSYCHOLOGICAL AND SOCIOPOLITICAL PERSPECTIVE

This thesis talks about the resignation syndrome in Sweden. These children are exposed to a traumatic event and this event affect them with a traumatic experience which is call PTSD. As was posited in the 1980s by Terr and confirmed many times since then, posttraumatic stress occurs not only in adult but also in children. Children can suffer from PTSD for many years which affects their well-being and development in emotional, social, academic, as well as physical domains (Alisic, Jingmans, Wesel& Kleber, 2011, p. 737). Fortunately, most children who have been exposed to trauma do not develop PTSD.

Although several theories have been proposed to explain the development of PTSD in adults these cannot readily be applied to children. Children are thought to respond to traumatic events in a somewhat different

way from how adults react. For instance, children have more limited knowledge base than adults. The result, in the failure to appraise an experience accurately, potentially influencing the memory of experience and children's emotional response to it, in a different way than it would influence adults (Alisic, Jingmans ,Wesel& Kleber, 2011, p.737). Also, children's ability to use various coping strategies to regulate emotion is likely to be influenced by their advances in development, such as their understanding of emotion. In addition, young children appear to rely heavily on how their parents deal with stress. Therefore, their adjustment to trauma is influences differently by their environment than adults' adjustment (Alisic, Jingmans ,Wesel& Kleber, 2011, p.737).

In addition, there is a meta- analysis for the PTSD and the stress for the children. From the Clinical Pchycological Review, 26 studies in young people who had accidental injuries or illness. They found large to very large effect sizes fir internalizing symptoms, depressive symptoms, symptoms of anxiety, dissociation and acute stress disorder, small effects for socioeconomic status social impairment and social support and mixed results for age, gender, appraisal of trauma or illness severity and life threat. The strongest and the most robust predictive factors accounted only a small to moderate effects. These factors were pretrauma psychophathology, female gender, life threat, and post-trauma parental distress (Alisic, Jingmans ,Wesel& Kleber, 2011, p.738).

The current immigration and asylum policy in Sweden allows any foreigners to apply for asylum. If denied permission to stay, appeals may be made claiming new circumstances. The procedure may be considerably time consuming without a clear time frame, and poor communication can create a growing sense of alienation in the people involved. People considered refugees, coming from a country at war, may still have leave Sweden and return to the first EU country entered on the way to Sweden. Sweden is the EU country ranked the lowest regarding provision of general human rights to refugees (Bodegard G.,2005, p. 350).

Also, resignation syndrome is not only to sociocultural mimesis and psychosocial impact of stereotypes but also to a socially imposed absence that the stereotype simultaneously conceals and reveals. Resignation syndrome is considered the (dis) embodiment of this socially imposed absence. The studies for the resignation syndrome talk only for families and children comes from Soviet Republic, Kosovo and other countries and these families belong to the ethnic minorities. However, there are families belong to Central Asian ethnic minorities, all these families' severe traumas suffered in their homelands. Specifically, all five families had fled from Soviet Republics. Three of the families fled from Central Asian and all five were reeling suffered from trauma. While Bodegard highlights trauma in formulation, he is circumspect about the events that might produce such an extreme clinical picture noting "there was no single from of violation that all the children had experienced" (Bodegard G.,2005, p.339). Furthermore, while children with resignation syndrome seemingly relinquish their will to live succumbing to stupor and descending into a state of abject dependence must of the recent scholarships on de apatiska turns to some variant of biopsychosocial theory that downplays if not dismisses the social and metapsychological implications of these children's infantile helplessness (Butler D. G., 2020, p.335). The Swedish refer to the children with resignation syndrome as de apatiska, the apathetic. Contra such tendencies, I will attempt here offer a psychoanalytic and psychpolitical theory of resignation syndrome. Also, the helpless, apathetic child functions as an apathetic child function as an abject thing adjacent to which the object world of individual and nation is produced.

The psychoanalytical and critical theory that considers how certain phenomena come to represent that which psychically and politically exceed representation. Within the critical theory captures this type of paradox when Mbembe (2003) writes that " politics is …death that lives a human life" (Butler D. G., 2020, p. 335). Which is means is that the sovereign, governmental right to kill abject people, either psychically or physically, is what founds civil society as the site of politics and yet this instrumentalized death is representable within civil society only as an absence, or as that which is not. Mbeme's necro politics troubles the notion that violence is irrational and therefore pre-political, suggesting instead that violence is the foundation of resignation syndrome might be thought of as necropolitical casualties, or the (dis) embodiments of a social abjection without which the social is inconceivable (Butler D, G., 2020, p. 336).

Like other socially abject figures children with resignation syndrome threaten to expose the enigmatic and contingent in social and political life. This makes them a target for stereotypes that would dispel their enigmatic quality. The apathetic child embodies this enigma, the international world of which remains uncertain.

Translating metapsychological constructs like the drive, the thing and primal repression into psychosocial processes and vice versa is a move indebted to phycopolitical thought and specifically for the sociognecy. A sociogeny of the refuge child considers how the production of a nation as a "natural" a prior phenomenon in fact relies on the necropolitical exclusion of refugee, as well as on fantasies of national future that the child as a politicized object represents (Butler G. D., 2020, p.337) In contrast, the child with the resignation syndrome cannot perform the work of such representation. This is a child who does not smile, speak, a child who cannot represent the nation, let alone any future. Such a child who reveals the absence, the child as one who suffers from an unspeakability by neither identifying nor disidentifying with any of our projections. This child is not an object but is an infant as Butler mention or abject who, rather than symbolically promising some group, familial, or national future, uncannily demands a reckoning with the limits of psyche, soma and existence itself (Butler G. D.,2020, p. 338). Furthermore, one of the representations is of Sweden as a humanitarian country without a colonial past. Commonly thought to be liberal and extraordinary welcoming country, Sweden's history reveals a more complicated picture. Swedish colonialism and capitalization on the slave trade is less well known than it is historically very liberal immigration policies, but Sweden has long propagated it is own brand of ethno-nationalism and white supremacy, a forerunner of which was doubtlessly (Butler G. D.,2020, p. 338).

Another explanation from Bodegard for the resignation syndrome is that also many parents suffered from psychotic and physical incapacitation. Especially, one of the family members suffer more and it is the mother of the family because she might be rape or she might be victim of sexual harassment or sexual abuse because this woman been forcibly expelled from her country, it may be because there is war or political instability in her country. In the new country (Sweden) she tries to find the psychological and mental balance to continue to leave and take care her children. Here become understanding the discrimination between gender because a women try to survive without any help form the society and from the new country to have a better way of life. However, the children of the family can understand the feeling of their mother because children are like a sponge, and they deserve all the feelings of their families with the combination of all the previous experience that might have, they try to protect themselves and "they fall asleep" resignation syndrome. Bodegard observed that the child's decline was often hastened by the mother's "attitude or behavior" which resembled "that of a mother caring for a

dying child" (Bodegard G., 2005, p.340). The parents were convinced their child, conjuring "the atmosphere of a 'wake' around the child" (Bodegard G., 2005, p.340).

It is important to mention an etymology for resignation syndrome from Bodegard, the resignation syndrome could be understood as the incorporation of bad objects via a normative- tube- malignant projective identification: what appeared to be expectable maternal care by the mothers of de apatiska- fear and sadness over losing their children- reverses into a negative container- contained dynamic of " lethal mothering" (Bodegard G., 2005, p.343). At first glance, the mother's attitude appeared completely adequate and fully understandable in relation to the distressing state of the child, but then, in a twist that Bodegard likens to Munchausen by proxy.

Moreover, by foregrounding the family's "limbo" as an etiological factor in depressive devitalization limbo meaning the time endured before applications for asylum accepted or rejected, or even reviewed, by the Swedish Migration Board charts a path to considering the state's "care" as an example of lethal mothering. The period takes 40 and 29 months, during which time the families were 'in limbo', without residence permits (Bodegard G.,2005, p.339).

In addition, these children incorporate the state's lethality, which in turn devitalizes them into resignation. Such force would suggest that the mental object's lethality is an epiphenomenon of a lethality already immanent in the state. The state's disposition, however, is not simply lethal indeed up until 2015, which was the period with many instances of resignation syndrome, when the border regulation become more restrictive (European Migration Network, 2016). Sweden had one of the most generous immigration policies in the EU. Still, even when refugees are granted permanent asylum, a petrifying and psychically lethal stigma remains. At least in Stockholm, of placing sometimes large refugee families in single- room occupancy buildings where guards inspect residents'' bags every time they return to their temporary housing (Butler G. D. 2020, p. 341). Thus, in Sweden, tendencies toward care and lethality, attraction and repulsion, gather around the refugee, and this alternately centripetal and centrifugal ambivalence is what characterizes the effective response that link to one's encounter with the abject. Such ambivalence impedes signification, let alone any stable meaning, for it bewilderingly confronts us with a Real toward which we repulsed and attracted at once (Butler G.D., 2020,p.341). In contrast, something very important to mention is if refugees are abject by virtue of being alien and lacking citizenship, they are not capacitated or enfranchised enough to "exclude the abject things" and so they embody the abject or thing itself and if the social contact of collective existence is founded on such exclusion.

After many rejections from the Migration Border the refuge children feel uncertain and feel not only do the child confront the indelible stain of stereotypes. De apatiska are among the antisocial and nonhuman, in that their capacity for contractual relations – or the self who complies and the subject and of that compliance- has lapsed. Thus, the apathetic child become a paw of the state and this child do not want to be a part of collective life relies not only on the repressive production of stereotypes but also on the repressive production of an absence within the stereotype, or a " real fantasy" (Butler G.C.,2020, p.342). Another important thing to mention is that Marriot compare the refugee and the asylum seeker with the colonized because from the social structure they have the minor position. This situation encourages the children to the resignation syndrome. The stereotypes nominate and interpellated, obliging the subject's response. By the extension, one's stereotyped position of a refuge, of a migrant or colonized affects whatever psych political relationship to such absence one will have. Some stereotypes might contain that absence more effectively than others. Thus understanding of the refugees as stereotype is necessary for

delineating how de apatiska eventually come to (dis) embody the abject. Given their marginality, refugees may be unable to contest of refuse the imposition of stereotypes. Like the colonial people, even in the refugees. Thus, if de apastika's refusal gives way to resignation, perhaps it is because of social abjection that always already dictates the futility of their refusal.

Despite any similarities between refugees and colonized, there are also considerable differences, unlike the black colonial subject, whose skin is the sing of transgressing par excellence, the refugee who seeks asylum is condemned to thinghood for having committed a transgression, namely migration (Butler G.D.,2020, 346).

Additionally, the hope generated in the refugee child creates an as- if situation, wherein the thing the child was in migration is granted provisional selfhood by way of the potential for asylum. But after repeated rejections of the application for asylum, and after surviving a torture limbo the migration board's decision is awaited, that selfhood or symbolization of the thing falters, and the child embodies the thing itself. Not only does the child confront the indelible stain of stereotypes like blackhead or immigrant, but those stereotypes " become a provocation to substitute… the thing itself as an instrument to take place of representations … thus actual murder is sought instead of the thought represented by the word " murder" … such procedures… contribute to states approximating stupor, fear of stupor, and fear of megalomania (Butler G.D, 2020, p. 348 (Bion 1965,p.82)). Encountering absence in the stereotypes is tantamount to substituting the child as representation for the child as the thing itself.

Chapter 3.

RESIGNATION SYNDROME (UPPGINENHETSSYNDROM) AND CHILDHOOD DEPRIVATION

3.1 BACKGROUND

Numerous conditions resembling Resignation Syndrome have been reported before - among Nazi concentration camp inmates. The first victims of the resignation syndrome were solders because many of them suffer from PTSD because they had seen images that haunted them and caused them trauma. This happened because the people and children who have been in concentration camps were confronted with very traumatic images that was very difficult for the human brain to forget. Additionally, the torture they endure combined with the hardships they experienced daily resulted in the PTS increasing rather than decreasing. Thus, to protect themselves, many children and adults subconsciously withdrew from life to shield themselves. Moreover, in the UK, a similar condition - Pervasive Refusal Syndrome - was identified in children in the early 1990s, but there have been only a tiny handful of cases, and none of them among asylum seekers (Pressly L.,2017). Specifically, is a complex condition that affects young people leading to social withdrawal, inability or refusal to eat, to drink and speak (Otasowie J., Paraiso A.& Bates G., 2020). Additionally, this syndrome affects more young females aged 7- 15 years and has recovery rate of 78% if diagnosed and treated early but the duration of inpatient treatment may last up to 9.44 months (Otasowie J., Paraiso A. & Bates G., 2020). It is important to mention that PRS present with a constellation of symptoms that do not easily match a specific DSM or ICD diagnostic category.

Also, another example is in 1991 the British psychiatrist Bryan Lask identified pervasive refusal syndrome or resignation syndrome, which become a blueprint for Bodegard and others in their early research on de apatiska. Specifically, Lask's introduction of PRS proved him a pioneering diagnostician of the most extreme eating-disordered behavior in children. Since, his 1991 article, reports of the condition remain rare, with only elven more cases documented in clinical literatures. Lask, Nunn and Owen revisited the concept of resignation syndrome, noting that while few cases of resignation syndrome itself have appeared since 1991, similar symptoms profiles have been reported in "large numbers". Such a claim no doubt bolsters their appeal to include the resignation syndrome in the future editions such as the DSM and the ICD which are psychology books and they include different psychological diseases. As well as their reformulation or resignation syndrome as Pervasive Arousal- Withdrawal Syndrome, which relies less in clinical data (Butler G. D.,2020, p.338). An eating disorder specialist, Lask formulated resignation syndrome as a diagnosis after working children whose anorexic behavior would take an inordinately extreme turn, going from an initial refusal to eat, to refusal to speak, walk, or function at all. Sclerotic and inured to most stimuli, these children embodied a learned helplessness and hopelessness, their passivity and withdrawal a response to the trial of post-traumatic life (Butler, 2020, p. 338-339).

Furthermore, isolated in a culture that cannot relate to their traumas, refugees have often of unique forms of psychological expression. In the nineteen- eighties, in the United Staes, healthy refugees from Laos went to bed, cried out in their sleep, and never woke up; doctors concluded that their nightmares had scared them to death, around the same time in California, a hundred and fifty Cambodian women, who have seen family members tortured during the Pol Pot regime, lost the ability to see. The apathetic children embody psychic wounds in a similarly literal way: they feel totally helpless, and they become totally helpless (Aviv R., 2018, p. 13).

Many medical studies describe the typical patient as "totally passive, immobile, lacks tonus, withdrawn, mute, unable to eat and to drink, incontinent and not reacting to physical stimuli or pain". In further studies, doctors noticed that periods of panicky refusal and anxiety can proceed or intervene with the stuporous state and that secondary symptoms may appear, such as tachycardia, rise in temperature, weight gain, oedema, profuse sweating, reaction of latent viral infection, skin ulcers and muscular atrophy (Sallin K., Lagercrantz H., Evers K., Engstrom I., Hijern A.& Predrag P.,2019, p.2). Later reports and current observations find less evidence of "panicky refusal" and "secondary symptoms". The persisting impression is that of symptoms progressing on continuum from introversion and lethargy to stupor, lack of response and seeming unconsciousness.

Typically, non-negotiable symptoms, such as inability to ingest, elicit contact with the health care system. Sometimes a possible trigger incident, such as negative asylum decision, can be identified. Patients may be admitted after a few days marked by rapid deterioration and stupor. On other occasions a more gradual presentation of anxiety, dysphoria, sleeping disturbances, social withdrawal and other symptoms are subsequently supplemented by mutism, failure to participate in activities. For instance, go to school and play with their friends, difficulty of communication altogether. Finally, to initiate motor activity and respond to stimulus leaving the patient in a supine position seemingly unconscious and generally with eyes closed. At this stage, resignation syndrome prompts tube feeding, and full ADL-support.

Specifically, the routine work-up includes toxic screening and anamnestic interviewing via interpreter. Neuroradiology, neurophysiological examinations, and lumbar puncture are considered optional. Electroencephalogram and computed tomography of the skull have generally been unimpressive as well as laboratory screening. Also, magnetic resonance tomography is recommended, however rarely performed.

Once stabilized, stomatic illness excluded and the parents comfortable administering tube feeding, the patient is discharged, and subsequent treatment given in a home setting with regular ambulatory visits to the clinic. In previous years long term hospitalization was common and there is still lacking consensus regarding level of care. Although the research find support for hospitalization un one report out-patient care aiming for family involvement is presently the preferred model (Sallin K., Lagercrantz H., Evers K., Engstrom I., Hijern A.& Predrag P.,2019, p.2).

3.2 TRAUMATIC EXPERIENCE FOR ETHNIC MINORITIES

Based on special rapporteurs (United Nations Human Rights Office of the High Commissioner, 2005). The outcome document of the 2005 World Summit of State Government, approved by the General Assembly, notes that "the promotion and protection of the rights of persons belonging to national or ethnic, religious and linguistic minorities contributes to political and social stability and peace and enriches the cultural diversity and heritage society". Also, the concept of minority, mandate definition, an ethnic, religious, or linguistic minority is any group of persons which constitutes less than half of the population in the entire territory of a State whose members share common characteristics of culture, religion or language, or a combination of any of these. A person can freely belong to ethnic, religious, or linguistic minority without any requirement of citizenship, residence, official recognition, or any other status (United Nations Human Rights Office of the High Commissioner, 2005).

By 2005, more than four hundred children, most between the ages of eight and fifteen, had fallen into the condition of resignation syndrome (Aviv R., 2018). In the medical journal Acta Padiatriaca, Bodegard described the typical patient as "totally passive, immobile, lack tonus, withdrawn, mute unable to eat and drink, incontinent and reacting to physical stimuli or pain". Nearly, all the children had emigrated from

former Soviet and Yugoslavs States, and a disproportionate number were Roma or Uyghur. Sweden has been a haven for refugees since the seventies, accepting more asylum seekers per capita than any other European Nation, but the country's definition of political refugees had recently narrowed. Families fleeing that were not at war were often denied asylum (Aviv R.,2018, p.4).

The families who apply for asylum are usually individuals who have fled their home countries under extreme circumstances, and most often, their children become witnesses to these actions. For instance, in the case of Sophie and her family are asylum seekers from the former USSR. They arrived in December 2015 and live in accommodation allocated to refugees in a small town in central Sweden (Pressly L.,2017). For instance, Sophie's case mentions the problems that children face to leave their country and they had a terrible memory, and they had a terrible memory to remember. Sophie's parents have a terrifying story of extortion and persecution by local mafia. In September 2015 their car was stopped by men in police uniform. The men let Sophie's mother go and she grabbed her daughter and ran. However, Sophie's father did not escape. As a result, Sophie left her country with uncertainty and anxiety about her father.

Furthermore, another case is the Georgi case, his father had helped found a pacifist religious set in North Ossetia, a Russian province that borders Georgia. Solsan said that in 2007 security forces demanded that he disband the sect, which rejected the entanglement of the Russian Orthodox Church with the state and threated to kill him if he refused. He fled to Sweden with his wife, and their other two children, and applied for asylum, but his claim was denied because the Swedish Migration Board said that he had not proved that he would be persecuted if he returned to Russia (Aviv R.,2018, p.2).

Sweden permits refugees to reapply for asylum and in 2014, having lived in hiding in central Sweden for six years, the family tried again. So, the host country did not provide a place to live and Georgi's family did have a place to feel safe after all the troubles they had . They argued that there were now "particularly distressing circumstances" a provision that allowed the board to consider how deportation will affect a child's psychological health. "it would be devastating if Georgi were forced to leave his community, his friends, and his school" the headmaster of Georgi's school wrote. However, in the summer of 2015 before he entered seventh grade, the Migration Boarder had rejected his family's application again (Aviv R., 2018, p.2).

Additionally, all families had escaped from their native countries due to harassment, lack of protection and/or sexual violence, as well as cruelty, killing, intimidation, persecution of the family and relatives and threat of kidnapping, there was no single form of violation that all children had experience. The time between the ending of traumatic experiences and the child's falling Ill before the onset of the 'devitalization' syndrome and again it presented in Sweden but is varied greatly (Bodegard G.,2005, p. 339). Also, it is very important to mention how the resignation syndrome affect the member of the family.

Specifically, the siblings reacted with normal degrees of worry and concern to the situation but maintained their zest for life. The parents though them to be psychotically more stable, and as having been better protected from the experiences to which the older child had been exposed. Sometimes the siblings expressed great responsibility for their 'sick' sister or brother and did not trust the staff to care for their sister or bother (Bodegard G.,2005, p. 341). However, sometimes this heavy atmosphere within the family also affects the siblings of the family, who gradually cannot endure the mournful atmosphere of their family and slowly withdraw into their rooms, losing their zest for life. As a result, they too fall into lethargy. This is a greater blow to the family and especially to the two parents.

The most important is the feeling of the refugee mother because she had a very bad experience before she left from her country and now, she has to face the mysterious illness. The relation between the refugee mother and her ill child had same quality of grief, despondency and protectiveness as is present when a mother keeping watch over her dying child. In addition, the dynamic creates an atmosphere of grief and protectiveness, where the child's presence is barely perceptible, lying motionless in bed. The mother's behavior, resistant to medical explanations and rehabilitation efforts, reflects their traumatized state and a delusional fantasy of their child's condition. This coping mechanism, termed "lethal mothering'', projects the mothers' own needs for care and attention onto their children, maintaining their distress. The mothers' traumatic experiences and unresolved traumas contribute to this behavior, further complicated by past sexual abuse fears of their children's health. Overall, mothers' actions distort reality and hinder their children's recovery, reflecting their own psychological struggles and need for support (Bodegard G.,2005, p. 343-345).

Moreover, the heavy mood and atmosphere in the sick room had a powerful effect on everyone. Some of the father seemed to react with depression. Even small complications could provoke acute states of anxiety and feelings of inadequacy in the parents. Most of the father seemed to bear a paralysing guilt for the situation in which they had put their families by taking the initiative to flee and then not being able to manage or control the situation in which they found themselves, in the mother without exception, there was a corresponding hostility towards the husbands for what they had bought about. The conflicts between the parents were not openly expressed or worked though, and the health- preserving potential of the father was not spontaneously released (Bodegard G.,2005, p. 346).

3.3 RESINGATION SYNDROME AND THE PROCESS

Resignation syndrome affects the children who are from ethnic minorities, specifically immigrants from Balkans, Former Soviet Union, and Southern Russia. These people had a very bad experience from their country such as violent actions, beatings and rapes and their children were the witness of these actions. Consequently, seeking asylum in a safer country becomes the only viable option for them to escape such turmoil and build a better life (Bodegard G.,2005, p. 338).

A definition for the resignation syndrome is the diagnosis resignation syndrome (in Swedish: uppgivenhetssyndrom) since 1991 called e.g. pervasive suffering from in the scientific literature, has been used to describe children suffering from symptoms such as an inability to eat, drink, walk, talk, or care for themselves. In 2014 the diagnosis was included in the Swedish version of the International Classification of Diseases and related health problems (Swedish Agency for Health Technology Assessment and Assessment of Social Service,2020).

From this phenomenon, most of these children suffer from PTSD. PTSD in children who have experienced a traumatic event typically involves persistent efforts to avoid their thoughts and feelings, as well as discussions related to the traumatic event, along with activities that trigger the recall of that event. This often results in reduced interest in practicing in significant activities and exacerbates feelings of detachment and alienation from others (Kakouros E., Maniadaki K, 2006.p.182). The traumatic event can be re-experienced by the individual in various ways, such as recurring distressing dreams that exist in the subconscious, and the next day, children may not remember them. Additionally, emotions associated with this event can resurface, along with repeated intrusive reallocations of the event.

Initially, medical professionals may have been skeptical of these children's condition, dismissing their symptoms as pretense due to widespread misconceptions and propaganda. However, as the time progressed, the reality of their experience became increasingly evident. Resignation syndrome can persist when children grapple with uncertainty regarding their future and experience heightened stress significantly impacts the psychological well – being of these children. The duration of the comma is from some months till years. It happens because the process of asylum takes months or years. This process is very stressful and affects the psychological health of the children.

In contrast, something very important is that these children are very sociable, they try their best to be a part of class and have a lot of friends, and they learn to speak the new language very fast. Also, they are very good at sports, and they have strong memory to learn the techniques (Samuelson K., 2019). This happens because children have another way of thinking. They are trying their best to show to others that they are powerful, and they can do everything like a God. This happens, because they are very young, and they believe that they have the power to change the situation and to build a social support network in their new country. This phenomenon is observed because children and they think differently, whereas when they reach adolescence, they begin to understand that they cannot change the whole world, which leads to conflicts with their parents. This results in the resignation syndrome affecting children up to early adolescences. Additionally, these children unconsciously have a lot of stress and anxiety problems. Specifically, this phenomenon is called Generalized Anxiety Disorder (GAD). According to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) the GAD includes panic disorders, which is the third disorder of childhood in DSM-II-R (Kakouros E., Maniadaki K.,2006, p.174). Children with this disorder often feel like they are in as state of tension and frequently struggle to relax to excessive anxiety. They may often worry excessively about their performance at school, their relationship with other children, and many times give the impression of being perfectionists (Kakouros E., Maniadaki K., 2006, p.175).

Everything starts with the rejection of asylum. It is the culmination because any dream that the new country will offer the security, they and their family are looking for is shattered. It is important to mention how these children understand and feel many things. Specifically, when the lawyer of the family or the employee from Swedish Migration Border comes to the house to announce the rejection of asylum they first read the official document in Swedish, and then the interpreter translates it. However, the children already understand from the tone of voice of the lawyer and the expressions on their face what the outcome will likely be.

The children's initial reaction is often crying and shouting, expressing a relocation to return, and the fear of death for their family members if they return to their country. Despite the family's efforts to calm them down. This difficulty in soothing the children indicate the first step of the syndrome. Because the child bursts out about everything that happened to them in the past, up to the present, they see that their efforts to integrate into the new country have in vain.

The second stage of the syndrome is that gradually children withdraw from their social activities such as having the desire to go to school or socialize with their classmates. This result in them becoming more and more isolated. Subsequently, they lose their appetite and gradually their eyelids become heavy, unable to keep them open. Despite all the efforts made by the parents and all the stimuli they try to provide to the child, the situation is irreversible. This happens because the children understand and feel that their parents, who are also immersed in their own thoughts about how they will survive in the new

country and how they will appeal the rejected asylum application, are overwhelmed by their own concerns. All these are observed keenly by the children. To protect themselves from this, they decide to distance themselves from the real world so as not to experience this anxiety and insecurity. Specifically, in the case of Sophie in 2017, Dr. Elisabeth Hultcrantz, who travels to various areas in Sweden, provides free advice and assistance to the families of these children. She mentions that "when I explain to the parents what has happened, I tell the world has been so terrible that Sophie has gone into herself and disconnected the conscious part of her brain" (Pressly L.,2017).

Another case is Georgi from, Rusia. He read the letter from the Migration Board rejected their final appeal. Georgi read the letter silently, dropped it in the floor, went upstairs to his room and lay down on the bed. He said that his body began to feel as if were entirely liquid. Finally, he closed his eyes, he felt a deep pressure in his brain and his ears. In the next morning, he refused to get out of the bed or to eat (Aviv R.,2018, p.2).

Most children lose a significant amount of weight abruptly during the first month, which is unhealthy. Firstly, because they are very young, sudden weight loss can cause problems in their bodies. For example, the drop in insulin level in the blood may occur abruptly due to lack of food intake. Although such observations have not been made, doctors promptly ensure that a tube is inserted into the children's nose, leading directly to their stomachs, so that they can receive food prevention and other fluids from there. As it is understood, this tube helps children to receive the appropriate amount of food to meet their needs.

In the previous stages mentioned, it has been observed that when doctors applied something cold to the child's abdomen or another part of the body, the child reacted by increasing their heart rate or the blood pressure. However, in the final stage where the child is deeply immersed as if in a coma, they show no reaction. Even their eyers are completely closed. Furthermore, if doctors were to open their eyes, they would notice that they are completely white, indicating that the cornea has turned completely backward, thus protecting the eyes.

3.4 PSYCHOLOGICAL AND HEALTH PROBLEMS ASSOCIATED WITH THE RESIGNATION SYNDROME

Firstly, Suzanne O' Sullivan believes that the resignation syndrome was a social disorder masquerading as a medical one. When the children display their need through physical symptoms, and others conceptualize it through neurotransmitters and brain connections, their suffering is given some substance. Physical disability attracts more help than psychological or social distress. There are children seeking asylum all over the world but until they wash up on beaches or become so overwhelmed that they withdraw into a coma, they are easy to neglect (Sullivan S., 2021). Specifically, to understand better the feelings of asylum seekers children the fear is an unpleasant emotional state that arises in response to an external real danger or threat that is consciously perceived. The intensity and duration of fear are proportional to the perceived danger, and fear subsides when the individual takes cation that leads to escape or avoidance. However, the anxiety is the unpleasant emotional state characterized by feelings of worry or even fear and terror in response to a perceived threat, the source of which may be largely unknown or uncontrollable (Manou N., 1997, p. 252). All these emotions are the result of the events they have experienced, but they have also been recorded in their minds.

Additionally, when she met many children with the resignation syndrome, she understands that the Swedish children's plight would not be solved by a neurologist or brain scan. Resignation syndrome is a language of distress (Bodegard G., 2005). Moreover, for the Sweden doctors the patients have no underlying physical or

neurological disease, but they seem to have lost the will to live. The Swedish refer to them as de apatiska, the apathetic (Aviv R.,2018, p.3)

The new pathogenic entity, considering both current epidemiological data and historical accounts of similar symptom patterns. It references a characterization of apathy by Jaspers in 1913 and introduces terms like Depressive Devitalization (DD) and Pervasive Refusal Syndrome (PRS), which describe children exhibiting dramatic social withdrawal and refusal to engage in basic activities (Sallin K., Lagercrantz H., Evers K., Engstrom I., Hijern A.& Predrag P.,2019, p.3). The similarities and differences between DD and PRS are discussed, with DD potentially manifesting flaccid paralysis and sensory loss while PRS involves active refusal. Another term, Pervasive Arousal- Withdrawal Syndrome (PAWS), is introduced, hypothesized to involve hyper-arousal in the autonomic nervous system leading to extreme anxiety avoidance and behavioral paralysis. The contrasts with established diagnoses like posttraumatic stress disorder, which some authors consider but ultimately find inadequate to describe the observed symptoms. Additionally, the experts' opinions suggesting severing depression or conversion disorder as alternative diagnoses, with RS classified as severe major depressive disorder or severe depressive episode with psychotic symptoms. Finally, the recognition of resignation syndrome by the Swedish National Board of Health and Welfare for epidemiological purposes, although debate persists reading its diagnostics classification, with some arguing that it should be classified among depressive entities.

It is very important to highlight that, this resignation syndrome is a part of defense mechanism because children unconsciously do not want to have their everyday life and prefer withdrawal from the reality. There are numerous defense mechanisms. The more normal the person is, the fewer unconscious conflicts of childhood age that have not been resolved, so the less need for mobilization of defense mechanisms. The more nervous or personality- disordered the person is, the more unresolved unconscious conflicts there are, which continuously mobilize defense mechanisms that create symptoms and impair interpersonal, social or professional functioning (Manou N., 1997, p. 38).

According to Sigmund Freud's Psychoanalytic theory, defense mechanisms are automatic acts or techniques executed unconsciously to cope with stressful situations and stimuli that we cannot manage psychologically. More specifically, it is the method by which Ego regulates conflicts that arise between the impulses of the id and values of the Superego. The Ego aims to avoid to anxiety and internal conflicts. Its primary role is to control reality to determine if we can pursue or desires or if we need to consider alternative actions. In action could be described as a mediator between our spontaneous desires (the part of ourselves named by Freud "Id") and the "should" set by and commanded by society (that part of ourselves called "Supergo") (Phycology Now Team,2008).

Additionally, the Defense mechanisms are repression, various desires, feelings, thoughts that are unacceptable (cause anxiety) are pushed into the unconscious. They are out of memory. Characteristics, what is repressed maintains its energy and tries to come to consciousness. Opposite action is needed to keep it in the unconscious (dynamic relationship). It continues to influence. Very basic mechanism. Common in neuroses. Moreover, identification the qualities of another become part of individua's personality. The causes lie mainly in feeling of love and fear of separation. Hostile feeling and fear. It is a fundamental mechanism for development, individual, and personality differentiation. Also, reaction formation, with this mechanism, a desire or thought that is repressed into unconscious as unacceptable appears in consciousness as the opposite. For instance, very kind feeling may cover hostile feeling. Overcompensation, certain qualities are greatly exaggerated to caver feelings of inferiority. Furthermore,

substitution the feelings or impulses are transferred from the original object (person, object, or situation) to a substitute. Other defense mechanisms are projection, symbolization, humor, and regression, denial, undoing or reversal, isolation and finally intellectualization is the excessive intellectual analysis of a situation robs it of emotional charge. It is very important to mention that DSM-IV also talks about the defense mechanisms. According to the DSM-IV the defense mechanisms or coping styles are automatic psychological processes that protect the individual from anxiety and the awareness of internal of external dangers or stressors. Individuals are often unaware of these processes. Defensive mechanisms mediate the individual's response to emotional conflicts and to internal and external stress- inducing factors (Manou N.,1997, p.43).

More specifically for the resignation syndrome is a combination of two defense mechanisms, denial and withdrawal or refusal, because these children have experienced a traumatic event. The defense mechanism of withdrawal, as described by Freud, is a way of coping with reality where an individual reacts to unpleasant emotions or situations by withdrawing from them. This can manifest in various way, such as isolating oneself from social activities or distancing oneself from specific individuals or situations that cause anxiety. During withdrawal, the individual removes themselves from the reality that causes insecurity or dissatisfaction. They may isolate themselves in an inner world, avoid social interactions, or even immerse themselves in fantasies or dreamlike states as a way to avoid facing reality as we can understand from the immigrant children.

Freud believes that withdrawal is one of the primary defense mechanisms and serves the ego's goal of reducing the anxiety caused by the conflict with the reality. However, this withdrawal can lead to isolation and detachment from significant relationships and social opportunities, thereby reducing the individual's ability to effectively cope with life's challenges. Additionally, the repression is also the primary defense mechanism that underlies all the other mechanisms. It resembles forgetting because it is function is to push unacceptable mental elements, fantasies, emotions and perception of the individual (Manou N., 1997, p. 39)

Furthermore, all these mechanisms are a result from a post-traumatic stress disorder (PTSD). PSTD develops in individuals who have experienced an extreme traumatic event, which may involve experiencing, witnessing or comforting actual or threatened death (Manou N., 1997, p.285). For children at the age of seven, this group of age is very common for the resignation syndrome, above include four clusters of symptoms that emerge or worsen after exposure to a traumatic event. These symptoms persist for more than one months, are associated with clinical distress and result in decreased functionality (Soukera A, 2016 p, 10). PTSD symptoms are generally grouped into four types: intrusive memories, avoidance, negative changes in thinking and mood and changes in physical and emotional reactions. These symptoms of autonomic nervous system arousal such as irritability and increased startle response (Manou N., 1997, p.285). Symptoms can vary over time or vary from person to person. More specifically, the changes in physical and emotional reactions, also called arousal symptoms, include some characteristics for children six years old and younger might be similar to the resignation syndrome at the first steps such as re-enacting the traumatic event or aspects of the traumatic event through play or frightening dream that may or may not include aspects of the traumatic event.

Based on the DSM-IV criteria for PTSD there are certain criteria, including the exposure to traumatic event, initially, the individual must have been exposed to a traumatic event in which they were either a witness or experienced it themselves. Also, the persistent through various ways, including persistent

recollections of the event, causing disturbance to the individual, recurring dreams, and a feeling as if the event is happening again, such as experiencing flashback. In addition, persistent avoidance of stimuli associated with trauma, there is persistent avoidance of stimuli associated with the trauma, such as avoiding thoughts, discussions or activities related that remind them the trauma, including avoiding interactions with others. Finally, persistent symptoms of increased arousal, there are persistent symptoms of increase arousal, such as hypervigilance, irritability, difficulty sleeping, and exaggerate startle response (Manou N., 1977, p.286-287).

Regarding the child's body development during the coma-like state, the muscles atrophy because the children remain immobile for months or even years. Therefore, doctors recommend that parents perform exercises. This way, the child's limbs can move, and they do not remain inactive. Furthermore, doctors' advice parents to try to show their children the change in the day so that they have the sense that time is passing, and they continue to have contact with other family members. This reason, doctors recommend that parents encourage their child to follow the family's daily routine, such as sitting together at the table with the family or going outside in the morning with the child, so that they understand it is morning. This helps the child to accept stimuli that then in engaging with life and not sinking into lethargy (Samuelson, K.,2019). For instance, a physiotherapist at the hospital advised Georgi's parents to turn the light on in his bedroom every morning, and to immerse him the daily routine of the household. Georgi was rolled to the dinner table in a wheelchair; a cushioned headrest propped us his head, though his eyes remained closed. He was fed four hundred and fifty mellites of nutrients five times a day, through a tube.

3.5 RECOVERY PROCESS AND THE TREATMENT

Based on the process of a child's recovery, scientists have observed that children gradually regain their well- being only where there is an optimistic atmosphere in the family. More specifically, this occurs the asylum application is accepted by the Swedish Migration Board. Thus, the family, particularly the parents start feeling optimistic about the future. This feeling is transmitted to the children who are experiencing resignation syndrome. For example, children perceive from the tone of their parents' voice and the parents' touches on the children become more affection. As a result, children gradually returning to their daily lives. However, this rehabilitation process is equally time-consuming until the child fully reintegrates into their daily routine.

Initially, the child shows signs of being able to swallow liquids such as water and gradually, food in liquid form. In contrast, the feeding tube is not removed yet. Subsequently, the child's eyes begin to flutter as if they want to open them. Gradually, the children return to their diet, and the feeding tube is removed. Interestingly, they do not remember anything from their past. They may ask their family how it happened, or some may have gaps in their memory from this incident. Another, remarkable aspect is that these children return to their daily lives normally, even at school, without experiencing any health problems.

Furthermore, one form of interaction that has been highly scrutinized is that between the parents and children with resignation syndrome. it is often the parents of these children who are both blame for their child's sickness and credited with their recovery (McElhone Yates A.,2019). Also, scientist conclude that the mental health of mothers is a determining factor in the heath of children and that improvements of the children were not noticed until the mothers gave up this lethal mothering. Yet not every analysis of resignation syndrome blames the parents (Bodegard G.,2005). "The recovery of these children is dependent on rebuilding hope" mention the pediatrician Henry Ascher, M.D. (Samuelson K.,2019). Also,

it seems that the parents are persons transmitting this hope and the influence of the parents on children with resignation syndrome is therefore clear but not decisively negative or positive.

Furthermore, the medical examinations, neurological and other investigations did not yield any findings of physical illness as the cause of the resignation syndrome. Also, the children seemed to maintain their diurnal rhythm and it was easy to assess whether the child sleeping normally or was in a “shielded state’. When recovering they were able to recount that they had heard everything that was being said in their presence during the whole period of the syndrome. Consequently, they had no amnesia for the periods when they had appeared to be beyond contact.

Also, the treatment starts as we mention is when the families received their permanent residency permits. The duration of this stage of the condition is crucial. The time between this news and the start of the child’s genuine cooperation on the direction of recovery varied from just over one week to thirty days. There seemed to be a direct relation between this period and the time it took for the mother to start feelings of hopelessness and change her attitude toward the child. The ability to speak returned slowly, with relapse into mutism in four children (Bodegard G.,2005, p. 342).

In many cases, the tube feeding was terminated on the ward. In one family, the parents had been able to take over their child’s care, including the tube feeding , so the treatment could be continued and then completed outside of the hospital. This phenomenon also happens in the documentary “life overtakes me” many of the parents prefer to have their children in to their homes and the doctor visit the families many times to see the process (Samuelson K., 2019).

The children recovered their normal functions after varying lengths of time, the longest being six months after discharge (Bodegard G.,2005, p. 342). The length of hospital stay seems also to have been influenced by the timing of the handing of the cases by the Migration Board and the Aliens Appeals Board, as well as the activation of the help form social services.

Also, it proved to be a mistake to leave the family to set it is own pace towards increased activity, while merely providing a safe and protective environment and restricting the professional intervention to structure therapeutic sessions around key topics. Such an approach furthered resignation, passivity, depression, and lack of confidence. The parents were chaotic, and oscillated between, desperate attempts to force-feed the child and resignation. At night, the mothers would sit by the child’s bedside and stare into darkness, unable to sleep or to do anything. The staff’s naturally respectful and expectant attitude toward people who have obviously suffered from past unbearable life experiences, and who showed all sings of not waiting to be disturbed, was completely unsuccessful in bringing about change (Bodegard G.,2005, p. 346).

Implementing the principles for treatment of resignation syndrome, as presented by Thompson and Nunn (1997) and Nun et al. (1998), however, was immediately effective. The aim was to reach an agreement with the parents. The parents’ anxiety and distrust were met- not contested- on this concrete level. It was necessary to take over, temporarily, the responsibility for the child’s life through tube feeding and other general care, but the time stimulate parent’s participation and responsibility taking in these tasks. It was absolutely crucial to resolve the state of starvation, so the child stopped being a dying child. The parents were greatly concerned about the risk for new occasions of abuse. For example, in tube feeding, and they protest against these necessary measures (Bodegard G.,2005, p. 346). The parents were then told to interfere and actively protect the child if in the fact they really disclosed any abuse. This supported the

normal parental identity and adult self- esteem and improved their reality testing. They were then explicitly asked to take over the child's physical care and re-establish normal daily routines and develop a more normal attitude toward a child in convalescence. An interpreter had been present in all daily treatment routines, so that all questions and misunderstandings could be dealt with immediately. The families were supported to get in touch.

Additionally, it is very beneficial for the families that they were given therapeutic sessions and always they have the help of interpreter, centered on everyday problems as well as their past traumatic experiences. Their formal rights as refugees in as Sweden, and the process of handing of their applications for permits, were clarified. Total neutrality regarding immigration politics was essential on the part of staff. However, the families should know or informed that the hospital is not formal authority and could only be helpful in these matters by writing truthful reports to the migration board about the medical and psychiatric of the family.

Furthermore, a great help for the treatment were the healthy siblings in illustrating this. Some secrets - the traumas of sexual abuse and rape- could not overcome in this way, feelings of shame made it necessary to leave these experiences unexplored in the family at this stage. One mother, however, did reveal her horrible experiences to her husband. Contrary to her fears, she was not rejected by him, but instead consoled by him and received greater help for him in her ambivalence toward the child (Bodegard G., 2005, p. 347). The gains of the activating treatment outlined here were due to the way the treatment counteracted the ' helplessness' of the delusion about the child's state. A real breakthrough was seen when the families obtained their permits for permanent residence in Sweden. This profound change in the reality of their situation was accepted as a truth only slowly, especially by the mothers. The child's return to life directly related to the pace at which the mother distance herself from the 'lethal mothering' and started to nourish the child with her own reawaking lust for life. Her ability to illustrate that life is worth living was unmistakable from the change in her facial expression. A mother who could withstand her child's aggression now appeared in the daytime and offered comfort to the child during anxiety dreams at night (Bodegard G.,2005, p. 347).

3.6 THE SPREAD OF RESIGNATION SYNDROME

The are some reports of resignation syndrome in Australia, although they are less frequent and well-documented compared to Sweden. In Australia, similar symptoms have been observed in asylum seeking children, especially in detention centers and under conditions of prolonged uncertainty regarding their asylum status (Médecins Sans Frontières, Economist, 2018). As noted in a report by Doctors Without Borders, this mysterious illness, which affects only asylum- seeking children and later impacts the entire family, has started to appear in Australia, specifically on small island called Nauru. Approximately 800 "boat people" as they call them live on the tiny Pacific Island of Nauru as a part of "Operation Sovereign Boarders", Australia's policy of exiling asylum- seekers who attempt to reach the country by boat to offshore processing centers (Médecins Sans Frontières, Economist, 2018). Additionally, something that we should highlight is that the Doctors Without Borders strongly reiterate their urgent call to the Australian government to end this policy and immediately remove all refugees and asylum seekers- men, women, and children – form Nauru to prevent further deterioration of their health (Médecins Sans Frontières, 2018). Moreover, Australia intercepts all asylum seekers and refugees who try to reach its shores by boat. It insists they will never be able to resettle in Australia, so over the years has sent many to privately run "processing centers" it funds on Nauru and in Papua New Guinea. Groups working whit

families on Nauru paint a brutal picture of life for children on the island. Many have lived most of their life in detention, with no idea of what their future will be (Harrison V.,2018). The trauma they have endured, coupled with poor- and often dangerous conditions- contribute to a sense of hopelessness. The island Nauru is a tiny island Pacific nation (Ritchie H., 2023). Additionally, many organization such as Médecins Sans Frontières and Human Rights Watch visit the Nauru island which is a thorn in the side of Australia's human rights record (Ritchie H.,2023). Yet offshore processing- which involves detaining people in the Pacific while they await resettlement in a third country – remains one of Australia's most enduring policies. Also, something important to mention is that citizens accuse the ministers that they have argued for it is role in protecting the nation's borders and "breaking the business model" of human traffickers (Ritchie H., 2023).

Doctors and scientists have observed that this syndrome is a reaction to the stress and despair that children and adults face daily. Over eleven months, they recorded 78 asylum seekers or migrants who attempted of considered suicide of self- harm (Médecins Sans Frontières, Economist, 2018). Also, in another article by Doctors Without Borders, among the 208 refugees and asylum seekers we treated, 60 percent had suicidal thoughts and 30 percent had attempted suicide (Médecins Sans Frontières, 2018). Australia refuses to accept even those whose asylum applications have been approved, instead seeking to place them in other countries. Doctors Without Borders decline to specify how many children on Nauru might suffering from traumatic withdrawal syndrome. a report published in August indicated there were at least 30 cases. The National Justice Project, a legal center, brought 35 children from Nauru this year. It estimates that seven suffered from "traumatic Withdrawal" another term for resignation syndrome. Three, it says, were psychotic (Médecins Sans Frontières, Economist, 2018).

Researchers there hypothesize that illness is fueled by cultural conditions: children can learn that disconnection is a way to cope with trauma. The hospital in Nauru is not well-equipped to handle the litany of mental health problems already affecting asylum seekers. It has only one psychiatrist, who does not speak English, and there are no available beds for suicidal patients (Médecins Sans Frontières, Economist, 2018). As is known, in Australia, resignation syndrome is still in its early stages, and there is not adequate care to address it promptly, not are their proper facilities to provide the necessary psychological support. Medical services including a hospital are available on Nauru but experts say that they are inadequate. If a person needs more complex treatment, a referral must be made to the Nauruan government to have them transferred overseas for care (Harrison V.,2018).

Furthermore, Prof Newman, a former advisor to the Australian government on the mental health of asylum seekers (Harrison V.,2018), says the outbreak of this very serious condition is particularly concerning. Another physician assisting with children's cases is GP Barri Phatarfod. Her organization Doctors 4 Refugees has not been allowed to visit Nauru but receives referrals from advocates for assessment and advice. She says of the 60 cases referred to her organization, every child has some mental health impairment (Harrison V., 2018).

Still, many argue the system of referrals is failing children in Nauru. Advocates say the process is too slow, and they are overwhelmed by the volume of children experiencing mental health problems. Jennifer Kanis, head of the social justice practice at law firm Maurice Blackburn, is leading several cases to bring urgent medical care to young people on the island. She believed that even though these children have never entered Australian territory, the Australian government has a duty of care (Harrison V., 2018).

Additionally, as is known, the children exhibit exactly the same symptoms. Scientist report that it is a gradual process that can become life-threatening for child. The stages, as they mention initially, include the refusal to go to school or participate in social activities, and the final stage is withdrawal, rendering the child unable to eat or to drink anything. The treatment and recovery of support from the family, which plays a significant role (Harrison V., 2018).

Moreover, the many asylum seeker groups are children from Iran, as well as kinds from Iraq, Lebanon and Rohingya. As the children's health crisis worsen a coalition of human rights groups has demanded in Australian government remove the 119 asylum seeker children off Nauru and resettled them elsewhere (Harrison V.,2018). In a statement, the Australian government said it "takes seriously its role in supporting the Government of Nauru to ensure that children are protected from abuse, neglect or exploitation" (Harrison V., 2018). Additionally, cases of children entering the shutdown state have not been limited to the detention centers of Australia. These asylum seekers children with their families come from ethnic minorities and there are children with a traumatic experience in the past such as war or political unrest.

Chapter 4.

CONCLUSION

4.1 CONCLUSION

In this thesis, we examined the phenomenon of the mysterious illness which is call Resignation Syndrome as I mentioned before this syndrome affect specifically children from ethnic minorities before the age of eleven. However, some scientists mentioned this syndrome appeared in Nazi concentration camp inmates. Also, unfortunately the spread of resignation syndrome continues in other countries such as Australia, Italy and Norway. Additionally, the phenomenon of resignation syndrome in asylum- seeking children in Sweden and analyzed how principles of CRC based on best interest of the child can contribute to it is prevention and management, because the group of ethnic minorities have witnessed and experienced many traumatic events. Specifically, children have the seen image that they have scarred their childhood. Therefore, these children continue to live with the fear even in the new country such as Sweden, they have reached, reliving the same images from their past. Moreover, the parents of these families are often physically or mentally exhausted, having suffered from torture or some kind of threat.

Specifically, the resignation syndrome can be a very tragic event, but many scientists, doctors and psychologists have tried to raise awareness about this phenomenon and protect these children who are victims of this voluntary death. Specifically, in an open letter to the Swedish minister of migration, forty-two psychiatrists asserted that the new restrictions of asylum seekers and the time it took the Migration Board to process their application children could be in limbo for years- were causing the disease. They accused the government of "systematic public abuse". Opinion within the medical community converged on the theory that the illness was a reaction to two traumas: harassment in the children's home country, and the dread, after acclimating to Swedish society, of returning. Sweden's leading medical journal, Lakartidningen, devoted dozens of articles, and several poems, to the syndrome. For instance, "your eyes had seen it all/ aged with an old man's weariness without any hope of life in the future" Mildred Oudin, the chief of psychiatry in Skovde. In addition, Magnus Kihlbom, the director of an institute for child psychiatry in Stockholm, proposed in the journal that the disorder represented a kind of willed dying. Kihlbom in Stockholm, proposed in the journal that the disorder represented a kind of willed dying. Kihlbom cited the psychiatrist Bruno Bettelheim, a Holocaust survivor, who wrote that some prisoners in the concertation camps were "so totally exhausted, both physically and emotionally, that they had given the environment total power over them. "They stopped eating, sat mute and motionless in concerns, expired" (Aviv R., 2018, p.5).

At this point, we must mention the dynamic role of the family specifically the role of women and mother within the family. In this specific case, when they arrive in Sweden, they have been violently displaced from their country, which may have happened because they have been victims of rape or sexual harassment. These women and every woman in this case try to find the balance between the past and the future to find a way to have a better life in the new country. In contrast, the memories from the past are very difficult to forget. As a result, the children of the family understand these feelings and lose the courage for life. Specifically, as we know from Freud there is a strong contention between the child and the mother. The attachment theory is something that can make as to understand better this connection and relationship which is starts from the first day of the birth. As Bodegard also, mentions, if the children of these women present resignations syndrome, the mother often refuse to accept it. It is observed that they lose their patience when it comes to feeding their child through a feeding tube. Instead of gently administering the tube, they forcefully push it to feed their child

more. When they see that the child cannot tolerate, it their world collapses around them because they refuse to accept the new reality, that their once healthy child can no longer speak to them and enjoy their carefree childhood. There are still women who are deeply melancholic, often starting into the void, having lost all hope. All these emotions are inevitably sensed by the children, resulting in them also losing their energy, as their driving force in this situation is their family, and more specifically, the figure of their mother.

The findings and the under source the need for immediate psychological support for affected children and the importance of faster and less stressful asylum process. Freud afforded a central role to the mother in the child's development, starting that the child's relationship with it is mother was "… unique without parallel, established unalterably for a whole lifetime as the first and strongest love object and as the protype of al later love relations- for both sexes (Sigmund F., 1963). Freud's view of the importance of the mother in the development and by extension the importance of the therapist (as -mother – like) in psychoanalysis still resonates strongly within current psychoanalytic theorizing and practice, including in the attachment- informed psychotherapy (Kenny D., 2014).

Moreover, from the research question "which rights of the child are violated by resignation syndrome based on the principle of the best interest of the child?" which is a legal principle that guides decisions affecting children, ensuring their well-being, safety and development. There are many things that I can mention, because this syndrome is often a response to severe trauma, hopelessness and anxiety. To prevent the syndrome, we must address both the psychological and environmental factors and based on the principles of CRC. Firstly, it is very important to protect the basic needs and the basic rights of every child such as a safe place to leave and access to health and medical care. Also, in Sweden the stakeholders and the government with the help of NGOs could organize some strategies to identify the specific needs and challenges of the refugee community especially for the children asylum seekers. With this way, they will develop a comprehensive action plan that outline specific interventions, timelines and responsibilities. In addition, they can establish monitoring mechanisms to have an implementation and effectiveness of interventions.

It is important to highlight that in general the SPs are struggling to manage safe migration of children due to insufficient resources, capacity and political will, for this reason based on the best interest of the child asylum-seekers children do not feel the emotional and physical safety in the host country. Lengthy and difficult processes for rendering appropriate permits, visas and documentation. Professionals who interact with the refugees and asylum seekers need to be trained in child rights but this rarely the case. For instance, from research about the refugee and asylum- seeking children rights (Vaghri Z., Tessier Z.& Whalen C., 2019, p. 10) in the countries such as Denmark, Finland, Iceland, Norway and Sweden, many border guards and police officers do not have necessary competencies to deal with these children in a rights-based manner. This is an imbalance in the ways in which refugee and asylum- seeking children's right are upheld and lower standards is tolerated compares to the host country's children. Often, interpreters and border security officials are not trained in child- friendly communication, which negatively influences initial contact of the children with the State representatives. For these reasons Finland, Sweden and Norway provide States officials with training for identifying children who may be victims of violent actions in the past and protocols require the immediate contact of child protection services for refugee and asylum- seeking children.

As is evident from the thesis, the asylum application process is a lengthy procedure that affects all family members. Specifically, in Sweden, this uncertainty and anxiety are manifested through the resignation syndrome. As the thesis indicates, children absorb the emotions of their parents, resulting in the feeling more intensely the emotions and behaviors of their parents. Consequently, they can no longer endure this

situation and seek protection. They choose to withdraw from what they experience daily, and the only way to do this is through resignation syndrome. The external appearance of these children might seem as if a healthy child sleeping, but the child is suffering psychologically. Based on emotional and physical safety from the best interest of the child, there is a violation of this right because these children do not feel safe in the new host country.

For all the above reasons, I would recommend that asylum procedures be carried out more quickly, so that most asylum seekers do not have to wait twenty months or even a year. These delays their hopes for the future and their attempts to build a new life in the host country. Specifically, when there is nothing pending to complete the application, the process can proceed faster. Additionally, during the interview process, if an asylum seeker mentions that their children have been exposed to a violent scene, it would be appropriate for the state to provide psychological support to these children. Also, based on article 3 form CRC and the best interest of the child, the policies can ensure that decisions regarding asylum and refugee status prioritize.

Moreover, for this reason, it is very important to mention that it should be the responsibility of child psychiatric and pediatric teams to know of the risks for traumatized refugee children of developing massive loss function and assess whether a state devitalization is developing. The child's clinical status should serve as a guide for the choice of treatment. There is an urgent need to provide early preventive measures while it is still possible to fight the effects of the hopelessness and helplessness of a refugee family's circumstances (Bodegard G.,2005, p. 348). The collaboration with the 'asylum families' showed the strong connection of the family, especially the mother's connection between the parents' state of health and mental integrity and the child's well-being. The parents' interpretation of the surrounding world is of greater importance for the child than factual information from other sources. This wide-ranging child psychiatric knowledge is of utmost practical and political importance in the reception and treatment of asylum families (Bodegard G., 2005, p. 348). It is important to highlight that based on article 24 CRC the right to health, the SPs should provide the opportunity for children and their families suffering from resignation syndrome to receive financial support for physiotherapy or to ensure the special nutrition the child receives through a feeding tube, something which is very costly for the asylum seeking- families.

In addition, there are other violations from the CRC based on the best interest of the child. The article 28 the right to education children with resignation syndrome often cannot attend school due to their condition and sometimes they might lose one year of school because the resignation syndrome takes months or a year. Consequently, these children lose their educational opportunities. Furthermore, the right to development article 6 CRC, the resignation syndrome affects the overall development of the child, including physical, psychological and social development. This happen because these children at least for six months they do not have a connection with the everyday life because they "sleep". So, they isolate from the social activities, and they have lack of opportunities for personal growth.

Furthermore, as indicate by the thesis, children are greatly influenced by the emotions and atmosphere within the family. Therefore, it would be very important for parents seeking asylum to be informed about the causes and consequences of resignation syndrome, to reduce the high incidence rates in Sweden. For instance, one way to address this issue would be parents to have access to family counselors who are adequately trained in dealing with the syndrome, or to have access to psychologists who can advise them on how their children feel and what they can do to alleviate their pain and anxiety. Additionally, knowing

that the psyche of a child is different from that of an adult, it would be beneficial for schools to create campaigns or even activities that help combat anxiety. This would improve the overall atmosphere in the classroom since many students have concerns about their performance as students and it would be a good opportunity for them to learn ways to reduce various anxiety issues. Specifically, asylum- seeking children who might be in the early stages of resignation syndrome could feel safer and be able to express their concerns or even apply the practices they learned though these campaigns, thus preventing them progressing to complete withdrawal and resignation. Moreover, it is very important to highlight that the schools that have migrant students should have a psychotherapist because they have the knowledge to prevent the resignation syndrome. Also, the government of Sweden should organize seminars to inform teachers about the resignation syndrome. For instance, teachers should have free access to these seminars to understand the importance of the syndrome and how affect the students socially and psychologically. Therefore, teachers will have the knowledge to understand the first and the second stage of resignation syndrome and they can talk about that to the psychologist of the school. Other ways to help these is with psychological treatment. Specially, the introduction exposure, there have been numerous innovations in contemporary intervention frameworks to address themes such as those outlined in this model. For example, cognitive processing therapy directly targets themes such as shame and guilt, which may be key sequelae impacting on individual and group identity following persecution or torture. This intervention has demonstrated efficacy in reducing PTSD symptoms in Western groups and more recently, has been adapted for refugees and torture survivors. Similarly, a cognitive model of PTSD posited by Ehlers and Clark and the associated intervention, highlights the primacy of trauma appraisals relating to the self and external world, which may relate to interpersonal violations, perceptions of control, and individual and group identity. (Nickerson, Bryant, Rosebrock& Litz, 2014, p. 183).

However, while themes relating to shame, guilt and redress have been considered in psychological interventions, disruptions in interpersonal processes, control, or identity are not the primary focus of best-practice interventions thar center on memory integration, elaboration, or processing. The challenges in effectively treating individuals exposed to human rights violations are well known. There is a need to evaluate the effectiveness of current intervention approaches in addressing these maintaining factors; this may require new ways of conceptualizing targets of change in addition to examine the capacity of these treatments to reduce symptoms and improve functioning in the context of HRVs (Nickerson, Bryant, Rosebrock& Litz, 2014, p. 184).

Additionally, the World Health Organization, and disorders of extreme stress not otherwise specified has yielded mixed findings, with these disorders being criticized for inadequate coherence of criteria, lack of specificity, and poor stability across populations. Consequently, to date, not universally accepted, comprehensive, and unified construct has been developed that adequately encapsulates the wide-ranging effects of exposure to HRVs (Nickerson, Bryant, Rosebrock& Litz, 2014, p. 173). Furthermore, the resignation syndrome is not recognized by the World Health Organization as a valid psychiatric condition. Also, this happens because according to the National Council for Health and Wellness mention that there are clear similarities between Resignation Syndrome and other unexplained illnesses notably Chronic Fatigue Syndrome, Anorexia nervosa and perhaps some patients with severe constipation- predominant Irritable Bowel Syndrome all of which may be instigated by trauma (Santiago I. et al. , 2019, p.81).This phenomenon might happen because there is lack of consistent diagnostic criteria because there is no universally accepted definition or diagnostic criteria of Resignation Syndrome. This happens because each child in unique and has a different psychological makeup. As a result, scientists

do not know how each child will react after the traumatic events they have experienced in past in their previous country. Additionally, the geographical limitation is an important reason because the syndrome has been predominantly observed in asylum- seeking children in Sweden, raising questions about it is broader applicability and whether it is a culture- bound syndrome. Also, there is ongoing debate about the underlying causes of resignation syndrome. Some experts argue it is a severe response, while others suggest it may be a form of severe depression or dissociative disorder. The lack of consensus on it is etymology contributes to it is controversial status. Moreover, the limited research is one obstacle for the resignation syndrome. There is a scarcity of comprehensive, peer reviewed research on resignation syndrome. Without robust scientific studies, it is challenging to validate the condition and gain official recognition. Furthermore, the symptoms of resignation syndrome such as withdrawal and unresponsiveness, overlap with other psychiatric conditions, making it difficult to distinguish as a separate entity. All these factors contribute to the reluctance of major health organizations like the World Health Organization to officially recognize resignation syndrome as a distinct psychiatric condition.

For this reason, I would suggest that the World Health Organization further recognize the resignation syndrome, as a psychiatric disease because many children suffer from this syndrome and as since 2015 it has shown rapid progression and unfortunately is spreading it other countries. By acknowledging resignation syndrome as a mental illness, it will become more widely known, leading to increased awareness among people. This, in turn, will prevent these children from facing racism and experiencing social exclusion from the other people or their classmates. This is a well know example from the film " wake me up on March" and this film talks about one girl who was from Kosovo and she felt victim of bulling in her new school as a refuge. Furthermore. More scientist, particularly psychologists, will become aware of resignation syndrome. Additionally, scientists will be adequately informed to provide appropriate support to the family and effectively manage all members of the family because it is also difficult for all the members of the family.

To sum up, resignation syndrome is a mysterious illness. Initially, scientists and doctors compared it to other conditions such as catatonia and withdrawal. Even today, it remains puzzling, despite our understanding of its progression and the steps leading to complete resignation. We still do not know the past of these children and how they managed to reach the new country with their families. For all these reasons, I understand, it is very important to provide psychological monitoring and support, especially for the children, so that they can have smooth integration into society. Everyone has the right to dream of better life a brighter future, particularly these children who have experienced significant hardships and traumas.

Chapter 5.

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