

## IMMIGRANTS LIVING IN EXTREME SITUATION: IMMIGRANT SYNDROME WITH CHRONIC AND MULTIPLE STRESS (THE ULYSSES SYNDROME)

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"But the days found him sitting on the rocks or sands, torturing himself with tears, groans and heartache, and looking out with streaming eyes across the watery wilderness...." (Odyssey, Song V, 150,)

"You ask me my name. I shall tell you. My name is nobody and nobody is what everyone calls me". (Odyssey, Song IX, 360)

Human migrations have been frequent phenomena throughout history; however, each migration usually presents its own specific characteristics. Today, the circumstances in which many immigrants come to Spain and Europe are characterised by their extreme conditions. For millions of individuals, emigration presents stress levels of such intensity that they exceed the human capacity of adaptation. These persons are, therefore, highly vulnerable to Immigrant Syndrome with Chronic and Multiple Stress, known as the Ulysses Syndrome (in reference to the Greek hero who suffered countless adversities and dangers in lands far from his loved ones). This Syndrome is an emerging health problem in our societies, making itself manifest in the current context of globalisation, in which the living conditions of a large majority of immigrants have deteriorated dramatically.

### Stressors

Immigrant Syndrome with Chronic and Multiple Stress is characterised, on the one hand, by the fact that the individual suffers certain stressors or afflictions and, on the other, by the fact that he presents a series of symptoms from several areas of psychopathology. The most important stressors are:

-Firstly, loneliness and the enforced separation from one's loved ones, especially in the case when an immigrant leaves behind his or her spouse or young children. -Secondly, the sense of despair and failure that is felt when the immigrant, despite having invested enormously in the emigration (economically, emotionally, etc), does not even manage to muster together the very minimum conditions to make a go of it. -Thirdly, in addition to these difficulties, the immigrant has to fight merely to survive: to feed himself, to find a roof to sleep under. And, -Fourthly, the fear, the afflictions caused by the physical dangers of the journey undertaken (sailing on the *pateras* - light, precarious boats, hiding away in lorries, etc), and the typical coercive acts associated with journeys that are "organised" by the mafia and other groups that extort and threaten the immigrants. It is known that physical fear has a much greater de-structuring effect at the psychopathological level than psychological fear, because there are fewer ways of escaping it. It is also known that chronic stress increases the conditioning power of this fear, sensorial as well as conceptual. Furthermore, in all cases, the immigrant lives in fear of detention and deportation.

This combination of loneliness, the failure to achieve one's objectives, the experiencing of extreme hardships and terror forms the psychological and psychosocial basis of Immigrant Syndrome with Chronic and Multiple Stress (the Ulysses Syndrome).

Yet, the harmful effects caused by the adversities and dangers that the immigrant must face are increased enormously by a whole series of unfavourable characteristics associated with stressful situations: the fact that the stressors are multiple (the greater the number of adversities and dangers, the greater is the risk to the mental health) and chronic. These situations of extreme hardship can affect immigrants for months on end, even years - the feeling that whatever the individual does he will not be able to change his situation (learnt defencelessness), the enormous intensity of the stressors (quite unlike the stress associated with being stuck in a traffic jam or sitting an examination), the marked absence of any network of social support, the symptoms themselves (sadness, weariness, insomnia, etc.) become an additional handicap that hinders the immigrant in his attempts to survive. To all this, we have to add the classic shocks the immigrant must come through (coming to terms with a new language, culture, environment), And, to these shocks, we must now add the severity of the present stressors. What's more, the health system often does not provide adequately for these patients: either because this problem is dismissed as being trivial (out of ignorance, a lack of sensitivity, prejudice and, even, racism, etc.) or because this condition is not adequately diagnosed and immigrants are treated as being depressive or psychotic, thereby giving the immigrant even more stressors to face. Neither are their somatic symptoms seen as being psychological problems and so they are subjected to a series of tests (such as colonoscopies, biopsies, etc.) and given inadequate, costly treatment.

## Symptomatology

The clinical expression of Immigrant Syndrome with Chronic and Multiple Stress is a specific combination of symptoms: 1) symptoms of the area of depression include, fundamentally, sadness and crying, but do not include other basic symptoms such as apathy, low self-esteem, guilt, thoughts of death, so that we are not dealing with a standard depressive disorder, 2) it also includes symptoms of the area of anxiety-related disorders, such as tension, insomnia, recurrent and intrusive thoughts, irritability, 3) somatic symptoms, above all migraines, fatigue, osteoarticular complaints, etc., 4) symptoms of confusion (tempo-spatial disorientation, depersonalisation, derealisation etc), 5) to this symptomatology is often added an interpretation made from the perspective of the subject's own culture. Thus, it is typical to hear: it's not possible that things can have turned out so badly for me, I'm suffering such bad luck, I must be cursed, I'm the victim of witchcraft, etc. It should be borne in mind that this symptomatology occurs in relation with the culture of the immigrant, since it is his culture that channels the expression of the symptoms and we find differences in the clinical conditions of migraines, tiredness, etc, as Gailly (1991), Bennegadi (2005), Obiols (2005), Wintrop (2006) ) Varma (2006) have pointed out.

## Discussion on Differential Diagnosis. Relocating the Ulysses Syndrome from Psychopathology to the wider area of mental health

We consider that taking into account environmental factors, situations of chronic stress, (as are being made at present with other manifestations such as burn-out, mobbing, etc.) are highly positive because stress is without doubt one of the basic problems in mental health, although it is still not highly considered. Despite the fact that it is almost commonplace to make reference to bio-psychosocial approaches in the various official discussions of psychiatry, at the moment of truth, the social aspect is still the dog's body of psychopathology. We consider, as we have commented in the introduction, that a direct and unequivocal relationship exists between the stress limits which these immigrants experience and the symptomatology of the Ulysses Syndrome. In addition the aetiological diagnosis of causes, (a typical medical diagnosis for example), is of a much higher quality than of a diagnosis from symptoms, as generally the latter are non-specific and common in numerous alterations.

The naming of the Ulysses Syndrome (Achoategui 2002), has been based on the definition of a syndrome as a series of symptoms. It is not necessary to refer to the classic definition of the W.H.O. of health as "a state of physical, mental and social wellbeing", in order to understand that these immigrants in extreme situations and with a large number of symptoms are far removed from a state in which they enjoy a healthy life. However with the recognition of the psychological problems suffered by immigrants, a situation similar to that which occurs with women's disorders or minority problems arises: a prejudiced and devalued vision is adopted of this symptomatology by certain sectors in psychiatry which lack sensitivity with respect to these social occurrences. At a general level there is a clear discrimination towards women which devalues manifestations such as fibromalgia and chronic fatigue, etc. As Foucault (1973, 2003) noted, psychiatric diagnosis is not something objective or neutral but something which is found linked to power structures, and which forms part of "bio-politics"

One objection which could be made to our approach is that giving the name syndrome to this manifestation could be seen as a pathologising of this segment of society. Our response (as indicated above) is that the term syndrome is first and foremost descriptive (as a series of symptoms). The assertion that these immigrants suffer from a mental illness is not being made. These immigrants give a negative result in the Hamilton Questionnaire for both anxiety and depression. The term indicates that they suffer a series of symptoms which pertain to the mental health sector, which is a wider area than that of psychopathology.

On the contrary however, we believe that on establishing the delimitation and denomination of the Ulysses Syndrome we are contributing to the avoidance of the incorrect diagnosis of these persons as depressive or psychotic, etc. As there is no name for their suffering (thus converting these diagnostic errors into new stressors for the immigrants, to which one has to add the adverse effects of treatments, health care, expenses, etc). On the other hand neither do we agree with the idea that at a psychological level, there is nothing wrong with these people: supporting this idea would be to reject their numerous symptoms and discriminate against the immigrants once more. That is to say, we believe that the attempt to name a reality which no one denies is positive (another matter is that our assertion, as with everything scientific, is subject to discussion and open to improvement). However what does appear to be pathologising, and which occurs with great frequency in clinical analysis, are the adaptive disorders which immigrants experiencing Ulysses stressors are diagnosed as having: this latter approach considers that it is the immigrants who are failing, and who have deficits (only in this way can a disorder be considered) - when the reality is quite different: they are experiencing inhuman stress factors to which there is no possible capacity of adaptation.

We believe that the Ulysses Syndrome is at one and the same time a syndrome and a prodrome; it forms a gateway between mental health and mental disorder. This syndrome is a subject response when faced with a situation of inhuman stress, stress of such a character that it is superior to the adaptation capacities of the individual (living permanently alone, with no way out, with fear etc.). However if this situation is not resolved there is a great risk that it finally crosses the limits of illness. It is as if the temperature of a room were raised to 100 degrees. One would suffer dizziness, cramps and illness would ensue from these symptoms, they would correspond to an attempt at temporary physical adaptation to an increased temperature previous to the failure of thermo-regulatory capacity, giving rise to a series of symptoms deriving from the attempt to compensate for and reduce the physiological effects of the temperature increase. If the temperature decreased the symptoms would disappear. But if the situation persisted indefinitely the risk of illness would continue to increase. The same occurs with the symptoms in the Ulysses Syndrome. The Ulysses Syndrome is found in the area of preventative health care and the psychosocial sector more than in the area of the treatment. The objective of intervention would be avoiding the worsening condition of those who suffer from this manifestation so that they do not suffer a standard mental disorder (which means that work on the syndrome not only involves psychologists or psychiatrists, but social workers, etc). It is obvious that with the situations of stress which these immigrants have to face, a greater risk of alcoholism, psychosis, etc. is foreseeable. Treating a psychotic immigrant lacking in social support, with linguistic communication and cultural difficulties etc. is very difficult, which means that prevention is fundamental for those suffering in extreme situations.

We postulate that there is a direct, causal relationship between the enormous stress that these illegal immigrants are under in the XXI century and their symptomatology, and that this goes much further than typical acculturative stress (related to language, culture, nostalgia, etc.). Rather we are confronted, unfortunately, with the worst possible nightmare: individuals in danger, alone, without the means to resolve their problems, feeling sick, without being able to see any way out of their situation and, furthermore, when they seek help it is either not forthcoming or it is inadequate.

Loneliness, fear, despair ... the migrations of this new millennium remind us increasingly of Homers' verses " ... But the days found him sitting on the rocks or sands, torturing himself with tears, groans and heartache, and looking out with streaming eyes across the watery wilderness..." (Odyssey, Song V, 150,) and the part of the text in which Ulysses tells Polyphem: "You ask me my name. I shall tell you. My name is nobody and nobody is what everyone calls me". (Odyssey, Song IX, 360) It is clear that if a man has to become a nobody in order to survive, if he has to remain permanently invisible, he will have no identity, will never become socially integrated, nor will he enjoy mental health.

We live in bad times if mere mortals have to behave like heroes in order to survive. Ulysses was a demigod who, despite this, barely survived the terrible adversities and dangers he had to face, but the people who are arriving at our borders today are creatures of flesh and blood who, nevertheless, must suffer episodes that are as dramatic as, or even more so than, those described in the Odyssey.

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