The Ulysses Syndrome in immigrant minors

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Child and Adolescent Migration. Characteristics in Spain
Change and Migratory Mourning

- Migration is a change in the life, a “life event”.
- All changes have a part which is grievous
- Migration is not a cause of mental illness, but a risk factor.
The Model of the Seven Mournings

- Loss of contact with family and friends
- Loss of mother language
- Loss of culture
- Loss of homeland
- Loss of social status
- Loss of contact with the origin ethnic group
- Existence of serious physical risks

(Achotegui, 1999)
Migration is a social phenomenon that affects not only those who emigrate. Also to the natives and those who remain in the country of origin. Current phenomena of grouping and ungrouping families as an "accordion", destabilizes them even more heavily.
The children of immigrants have more psychological distress than their parents: affective, anxiety, drug dependence

(Vega et al., 1998)
The migratory mourning is not just finished in the emigrant. Continues in the children and grandchildren of immigrants. If is not possible social integration, they will become minority group.
Child adjustment to the new environment
Characteristics of the Migratory Project

- The migratory project must be well-prepared (is very important to prepare the children for the change)

- The young people have less previous mourning, less failures (facilitating effect)

- If expectations are very high it is easier to fail.
Difficulties in Ch.-Ad. Migration

- Social life fragmentation (school-home).
- Socio-economical deficiencies
- Secondary family changes (overloaded parents, investment of family roles, sharing housing with other families, even diverse ethnic groups, etc.)
- Linguistic difficulties (familiar, social language)
The symptoms in young population are more unspecific, widespread and will vary depending of age group: eating disfunctions, sphyncter disfunctions, insomnia, nightmares, gastrointestinal disfunctions, anxiety, fear, suffocation, palpitations, fear of separation from primary caregiver, behavior problems, school rejection, isolation, confusional symptoms…
Alterations linked to Child-Adolescent Migration

- Detention of maturation processes – regression (lose sphincter’s control, language abilities)
- Losses – suffering
- Anxiety
- Self-perception-self-confidence
- Conflict-confusion
With respect to Age

- The pre-school stage: deficitary pathology, both somatic and psychological.
- Period of latency: school difficulties (very high school failure rates)
- Adolescence: identity conflicts (amplified by bicultural reality)
Pre-school stage

Repeated absences of the mother in home, changes in living conditions, educational chaos, mother multiple images, depressive mother, inadequate relation mother - baby. (in relation with socio-economical factors)
Eating disorders

- No to eat adequately, not neither for medical disease nor for food absence
- Are good indicators of problems on the psychosocial situation or not satisfied needs, carelessness or marginalization: bulimia, anorexia, pica disorder, to cud food
Anxiety disorders

- **Separation anxiety**: fear that the parents can be deported or imprisoned during the absence. It is possible that they will never see them again (in case of immigrants without papers, irregulars, refugees).

- **School rejections**

- **PTSD**
Behavior disorders

- Irritable, anxious, impulsive, aggressive
- The irritability is very frequent in children as a defense against stress
DEPRESSION

- Up to half of the children with depression have a primary keeper with depressive alterations.
LEARNING DISORDERS

- Complex relation of biological, emotional, cultural and behavioral factors.
Social vulnerability

- Fail in the school
- Lacking network of contacts, institutions, persons, sectors of work.
- The failures have a multiple effect in young adjustment to the new environment
ADOLESCENTS
Disorders tied to the identity, for being a teenager and for being an immigrant
YOUNG GANGS
“banlieu”, Latin kings, ñetas, masters, rancutas, maras salvatruchas…

Phenomenon associated with "2ª generation" of immigrants, in urban zones of Europe and USA

Physical or symbolic absence of the father (work in precariously, illiterate, does not gain sufficiently) Failure of communication with the adults. Moral fracture, without ethical references, without worthy social role. Lost of cultural identity, without receiving another one in exchange (marginalization).

Unemployment, poverty, failure
The ingredients for the psychosocial risk factor for the mental health of young immigrants are:
- the family desestructuration
- the school failure
- to live in social environments of exclusion
THE SYNDROME OF THE IMMIGRANT WITH
CHRONIC AND MULTIPLE STRESS
(The Ulysses Syndrome)

Achotegui, 2002
The Ulysses Syndrome in children and young population
- Refers to the extreme conditions experienced by immigrant children, population already fragile, in the XXI century.
- May be forced to endure experiences of uprooting and social exclusion over the years. They suffer the consequences of the status of their parents.
- There is an increase of illegal migration unaccompanied children, with a trend towards greater infantilization.
Unaccompanied Foreign Minors

- A new migratory phenomenon (beginning in the mid-90’s)
- All over Europe
- In Spain these migrants come mainly from Morocco (39% of the Moroccan population are under 18 years old)
- The majority enter in an irregular manner (risk for their physical integrity and life)
Unaccompanied Foreing Minors

The majority **flee** from:

- **Their socio-economical situation** (poverty, misery, marginalisation).
- **Wars, socio-political conflicts** (potential asylum seekers)
TYPES

- With **families of reference** (the disappearance of the child is experienced with anxiousness, sadness or possibility of rescue in front of family problems)

- **From rural environment**, they spend a long time in Tangier, preparing the travel to Spain

- These which **usually live in streets in Spain**. The street is not an option, it is a consequence.

- Already rootless in Morocco, **the street is their habitual place**. Too linked to daily survival to cross the Straits of Gibraltar.
According to the Period of Stay

- The recent arrivals

- Those who have suffered institutional mistreatment, returned without documents, marginalised, without social links, without families of reference, in the street: lost generation
SOS Racismo denuncia que los menores retornados a Marruecos vuelven a emigrar

INMIGRACIÓN
- Una investigación a 28 menores retornados el año pasado asegura que los procesos de expulsión se hacen sin las debidas garantías

CARLA FIBLA
Servicio especial

RABAT. — “El 100% de los menores fueron retornados sin garantías y en contra de su voluntad. Todos están intentando volver a emigrar. Todos”. Así comienza el informe de la Fiscalía de los mismos. El juzgado por la ley de Extranjería marroquí (que no distingue entre adulto y menor), que hizo que el 75% tuviera que pagar una multa.

El informe se pregunta qué garantías de retorno pueden aportar las comunidades autónomas cuando la situación escolar, con un elevado absentismo, en Marruecos es muy alarmante. La antropóloga Mercedes Jiménez, coordinadora de la investigación, añadió: “Lo que se practica es una expulsión, porque no se protege el retorno. Para que se haga con garantías se debe proteger el interés superior del menor y se debe demostrar que ese menor está mejor en su casa, con su familia, que en España”. Junto a Jiménez, la abogada Elena Arce, miembro de la subcomisión de extranjería del Consejo General de la Abogacía, ha señalado que en el informe se hace hincapié en que el menor no está siendo juzgado como adulto. El informe ha sido presentado en el juzgado de la Fiscalía de los mismos.
Stressors of the Ulysses Syndrom

- loneliness
- failure
- struggle for survival
- fear, terror
CHARACTERISTICS OF THE STRESSORS OF THE ULYSSES SYNDROME

- Multiplicity
- Chronicity
- Lack of control over the stressors
- High intensity and relevance: affects all the basic vital spheres.
- Lack of social support networks
- The classic mournings of migration are added to these stressors: language, culture, homeland, xenophobia, etc.
Normal Stress/Pathogenic Stress

- Stress forms part of the normal functioning of human beings. Problems arise when there is too much stress or when stress overcomes us.
Significant Differences between PTSD and Chronic Stress

- Events which are severe, infrequent, or singular, may be assimilated as aberrations, unlike chronic adversities.
The Cumulative Risk Model

- The accumulation of risk factors make the child more vulnerable to psychopathology and other negative outcomes, often meaning a duplication or triplication of the vulnerability.

(Rutter, 1985 – Cumulative Risk Model)
Chronic Stress in childhood

- What is important here is the **penetrating and long-lasting character of the stressors**: social exclusion, racism, poverty, frequent geographical mobility when searching for work which accentuates rootlessness, more frequent domestic accidents, failure at school, overcrowding, hunger, cold, illnesses, etc.
Pathologies Associated with Chronic Stress

- **Immune-suppression**: an inhibiting effect on the thymus. This would diminish the formation of antibodies, the response to infectious agents and the capacity to combat abnormal cells. In humans, the increase of upper respiratory tract infections has been demonstrated in addition to poor wound healing. Results in relation to cancer are still contradictory.

- **Cardiovascular Disorders**: Hypertension and coronary disease. The renin–angiotensin system would produce peripheral vasoconstriction, but also increases salt retention. Individual vulnerability is important and therefore an increased ingestion of salt in the diet. The risk increases in the case of prolonged stress.

- **Diabetes**: Type 1 has a greater relationship with the auto-immune mechanism, but Type 2 has a definite relationship with stress.

- **Inflammation**: repeated episodes of stress are linked to chronic inflammatory processes, fever and atherosclerotic processes (C reactive protein is increased and other proteins linked to coagulation.)

- **Metabolic Syndrome X**: dyslipidemia, obesity.

- **Aging**: due to the growth of free radicals. There is a close relationship between chronic emotional stress and the telomerase activity of the leucocytes which is fundamental in the process of aging.
In relation to the lack of a social support network, administrative irregularity, social uncertainty, fear, isolation, racism, poverty, difficulties related with housing, poor health and environmental conditions, overcrowding, exhausting working days of parents, neglecting the care of owns children, failure at school, conflicts in social relationships, difficulties related to verbal and non-verbal language, with difficulties to understand and be understood, difficulties in access to information, difficulties to claim, to develop skills into another environment etc.
The Symptoms
The Physiopathology of Chronic Stress.

- Progressive lessening of the activation of the stress system is observed when exposure to the situation is repeated.

- If the situation persists the body pays the price.

  The indicators of chronic stress: reduction of growth, hypertrophy of the adrenal gland, atrophy of the thymus, inhibition of the reproductive functions and suppression of the immune system.
Disorder levels (physiologic)

The chronic hyperactivation of the system hypothalamus - hypofisis-suprarrenal, which regulates the response of the body to the stress, leads to a loss of modulation of the above mentioned response (Hart et al., 1996): increased perspiration, irritability, lack of control, excitability when facing unimportant things, edginess, sensation of cold, quakes, irrational fear.
Disorder levels (emotional)

- The chronic adversities diminish in the child his emotional safety and alter his relations of attachment.
- This favors the hopelessness, the depression, the fear of the loneliness, the emotional stable relations, the sensation of failure, of rejection.
Distortion of his moral representations, of his cognitive, ethical valuations. This facilitates the moral fracture: psychopathies, disorders of personality, behavior dysfunctions, marginal, rooted out.
Stress as a Paradigm of the Body-Mind Union

- Stress demonstrates a complex mesh of links between the body and the mind.
At the other extreme of vulnerability we could on occasions, observe adequate social and cognitive ability in some children, still in the contexts of risk, which would have been gained by previous experiences of affection, low conflict and cohesion in the primary family, and that would act as a facilitating element.

(Resilience capacity, Garmezy & Rutter, 1983, Cyrulnik)
But no one is resilient to all varieties of traumas, and cannot be sure of being always resilient to something which he overcame in the past.

Children with a “secure attachment”, may slide towards an “insecure attachment” if they are confronted with repeated traumas or particularly serious traumas during a prolonged period (Weifeld et al. 2000 y Lewis et al. 2000)
The Ulysses Syndrome forms part of the "reactions to stress", on the limit between health and illness. That is why it is so important the prevention
Mental health → Stress Syndromes - Ulysses Syndrome → Mental illness
Vulnerability–Resilience Model

Important to take care about the importance of our therapeutic interventions as facilitating elements in the life circumstances of these children (acceptation, proximity, affection, support, orientation, clarification, coherency, etc.)
### 9.3. APLICACIÓN DE LA ESCALA DE EVALUACIÓN DE ESTRESORES Y DUELOS COMO FACTORES DE RIESGO EN LA MIGRACIÓN (ESCALA ULISES) AL CASO JUAN

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<thead>
<tr>
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<tr>
<td>Duelo por la familia</td>
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<td>Extremos</td>
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<td>Duelo por el estatus social</td>
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<td>Extremo</td>
<td>Extremos</td>
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### Observaciones
- **Factores protectores**: Va a una parroquia, donde le ayudan
- **Factores culturales**
- **Factores agravantes**: Lleva 2 años sin papeles en España
- **Factores subjetivos**

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INTERVENTIONS

- The moment of the reception is very important and that will mark the later interventions.
- Work with the families in the medium and long term. That is a process.
- It is important stimulated the participation but to be patient.
- Show the positive models, for example, immigrant leaders.
- Importance of the spaces of leisure, the street to establish relations of proximity.
- To be conscious of our own prejudices.
- To analyze the conditions that we offer them for the adaptation.
- To look for our own expectations towards them (prophecies of auto fulfillment).
Props of our intervention

- Health promotion
- To look for positive aspects
- To lessen the vulnerability factors
- Not only to base the intervention in the person. It is necessarily to influence in the social, cultural, economic, psychological and spiritual aspects (ecological environment)
If we give hygienic - therapeutic guidelines to the mothers, it is necessary to have special tact not to accuse them directly that they don´t know to attend correctly to theirs children.
La Red Atena | Inicio

LA RED ATENA: Red de apoyo psicológico y psicosocial a inmigrantes en situaciones extremas

La Red Atena (RA), tiene por finalidad proporcionar ayuda en el área de la salud, y muy especialmente en el de la salud mental, a los inmigrantes que se hallan en situaciones extremas, una problemática que se está agravando en los últimos años y en la que hemos detectado grandes déficits en las redes de ayuda.

La primera característica específica de RA es que la intervención de ayuda es en el área de la salud, especialmente en el área de la salud mental, abarcando los aspectos psicológicos y psicosociales dadas las situaciones de riesgo que viven estos inmigrantes.

La segunda característica específica de la Red Atena (RA), es que la intervención se realiza con inmigrantes que se hallan en situaciones extremas. Emigrar se está convirtiendo hoy para millones de personas un proceso que posee unos niveles de estrés tan intensos que llegar a suponer la capacidad de adaptación de los seres humanos. Es una red de ayuda específica a inmigrantes indocumentados, o que se encuentran en situaciones de indefensión y no reconocimiento de sus derechos.

La red pretende ser un espacio de intercambio de experiencias de ayuda, de investigaciones, de iniciativas, que tienen como objetivo mejorar la protección de la salud mental de estas personas.

La Red Atena es una entidad sin ánimo de lucro.

El nombre “Atena” evoca la figura de la diosa griega que protegió a Tíbicides en su largo viaje, ayudándole en las adversidades y peligros que padeció. Atena es la diosa del conocimiento y del humanismo, valores que consideramos fundamentales.

La Red Atena es un grupo de profesionales del área de la salud, fundamentalmente del área de la salud mental, que nos sentimos personalmente comprometidos con la suerte, especialmente difícil, incluso trágica, de millones de inmigrantes del siglo XXI.
Congreso WPA ,Barcelona 2011
Acto en Homenaje a los que dejaron su vida en el mar buscando una vida más digna
doriespeso@gmail.com
Thanks for your attention!!
### Dados socio-demográficos

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### Síntomatología

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### Evaluación siete duelos

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<td>2. Lengua</td>
<td>5. Status</td>
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**FIGURE 9.1.** Pyramid of empirically based assessment levels. Copyright T. M. Achenbach. Reprinted by permission.