The Ulysses Syndrome and Ministry

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Overview

1. Migrations
2. The Migrant Stress
3. The Self-in-Migration
4. Healing Ministry
MIGRATION

• In 2017, 247 million people, or 3.4 % of the world's population, lived outside their country of origin. The majority of migrants cross borders in search of better economic and social opportunities. Others are forced to flee crises – the current mass movement of refugees and displaced persons has given rise to xenophobia and calls for tightening borders. Internal migration within countries is also on the rise.

• Migration is an important force in development and a high-priority issue for both developing and developed countries. In addition, almost half of all migrants are women, and most are of reproductive age. They have specific needs and human rights concerns.
Migration is a Natural Phenomenon

Reconstruction of Human Migration
After Cavalli-Sforza, et al., History of Human Genes, p. 156
Specifics of Migration Today

- High pace, large distances
- Radical change of culture
- Broken Families
- Social Exclusion
- Criminalization of migrants

Chronic, Multiple, Unescapable Migrant Stress
Of the 7.5 billion people in the world in 2017, 247 mln are international migrants; Out of this, 59 mln were migrants into the US and their first–born children, that is, people immediately affected by the migrant stress.
Types of Migrants and Causes

- Regular and irregular situations
- Trafficked (up to 20%)
- Regular or displaced persons (65.3 min)
- Refugees (65 mln)
- Temporary or permanent
- Authorized or non-authorized (11 mln in the US)
- Economic

- Environmental Change
  - Natural disasters-biologic, geophysical, climate-related (hydrologic, meteorological)

- Political Change (refugees)

- Demographic and Economic Disparities
Experts Predict 50 Million Environmental Refugees by 2020

Huffington Post, 2/22/2011
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Groups on the go (2013)

- International migrants: 232 million
- Internal migrants: 763 million
- International visitors: 1,035 million

The UN High Commissioner for Refugees estimates there were 40 million refugees and IDP worldwide in 2012.
UN Estimates 65 Million Refugees Worldwide – 2017
Global Migration

- Demographics makes increased migration inevitable
  - 342 candidates for every 100 jobs in developing countries

In the US

Every 7th or even 6th american is foreign born

- Counting the first generation children born in the US, it is 80 mln people, i.e. every 3d american.
Immigrants in the U.S. have the 3D jobs:

**Dangerous**

**Dirty**

**Demeaning**
Why do immigrants hold riskier jobs than natives?

- Work in more hazardous industries
- Different perceptions or knowledge of job risk
- Lower level of education, social capita, English ability
  - They have few alternatives
  - Undocumented status:
    - Unwilling to complain
    - Risk taking
January 1, 2016 minimum wage in CA is $10.00, rate varies in agriculture.

Work in Oaxaca earns $1.50 USD/hr.

Work in California earns $10.00 USD/hr.

1 hour in CA = 1 day in Mexico
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Key Factors in the Present Day Migration

- Stress
  - Normative Migrant Identity Change
  - Trauma
Key Factors in the Present Day Migration

STRESS

NORMATIVE MIGRANT IDENTITY CHANGE

TRAUMA
Migrant Stress

- **Stress** generally refers to two things: the psychological perception of pressure, on the one hand, and the body's response to it, on the other, which involves multiple systems, from metabolism to muscles to memory.

- Lifesaving as the stress response is, it was meant to solve short-term, life-threatening problems, not extended difficulties such as daily traffic jams or marital problems. Prolonged or repeated arousal of the stress response, a characteristic of modern life, can have harmful physical and psychological effects, including heart disease and depression.

https://www.psychologytoday.com/basics/stress

- Migrant stress has specific features; it extends human capacity of adaptation
Specifics of Migrant Stress (Achotegui, 2015)

• Multiplicity
• Chronicity
• Absence of control over stressors
• Great intensity and relevance
• Absence of social support networks
• Classic forms of acculturative mourning
• Loss of one’s health capital
• Banalization and erroneous treatments from the medical system
Each Stressor Acts Separately and in a System

- Health system
- Loneliness and enforced separation
- Physical dangers
- Cycles of Failure
- Survival
### Stressors and Symptoms

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<th>Stressors</th>
<th>Symptoms</th>
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<td>Loneliness and enforced separation</td>
<td>Symptoms in the area of depression: sadness and crying, guilt,</td>
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<td>Cycles of failure</td>
<td>Symptoms in the area of anxiety: rumination, nervousness, irritability,</td>
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<tr>
<td>Need to survive</td>
<td>Symptoms in the area of somatization: insomnia, headache, fatigue</td>
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<td>Physical dangers</td>
<td>Symptoms in the area of confusion: confusion, cognitive overload</td>
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<td>Health system</td>
<td>Cultural Interpretations of the symptoms</td>
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And now we know more...

• Effects of Stressor 1: Loneliness and enforced separation from the family
  • increased cardiovascular co morbidity and mortality (Cruz et al. 2016)
  • Negative effect on cognitive function and connection with increased prevalence of psychosis (Badcock et al. 2015)
  • Increased risk of depression (Jinhui et al. 2015, Gan et al. 2015) – notice interdependent self-construal
Stressor 2

• The sense of despair and failure that is felt when the immigrant, despite having invested enormously in the emigration (economically, emotionally, etc.), does not succeed in bringing together minimal conditions necessary to succeed.

• Culturally constituted factor produces feelings which themselves become endogenous stressors
• Sleep disruption (Nota et al., 2016)
• Failure of defense mechanisms such as counter-actual thinking etc.
• Rumination (Daches et al. 2015)
Stressor 3

• In addition to these difficulties, the immigrant has to fight merely to survive: to feed himself, to find a roof to sleep under

• “We will always be in the shadows” (Mendez-Shannon 2011)

• It is NOT intercultural trauma -

Stressor 4

• 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 (Reeve 2002). Furthermore, in all cases, the immigrant lives in fear of detention and deportation.
The Vicious Cycle of Immigrant Stress

the marked absence of any network of social support, absence of social capital (Coleman 1984)

the classic shocks the immigrant must come through (coming to terms with a new language, culture, environment....the acculturative stress), And, to these shocks, we must now add the severity of the present extreme stressors.

the symptoms themselves (sadness, weariness, insomnia, etc.) become an additional handicap that hinders the immigrant in his attempts to survive.
Stressor 5

The health system often does not provide adequately for these patients either because the 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. The health system is a new stressor.
Specific Qualities of Immigrant Stress, again

- Multiple (the greater the number of adversities and dangers, the greater is the risk to the mental health)
- Chronic. These situations of extreme hardship can affect immigrants for months on end, even years
- The enormous intensity of the stressors (quite unlike the stress associated with being stuck in a traffic jam or sitting an examination),

This is a condition exceeding human capacity of adaptation
“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)

Area of Depression -1 (confirmed in research):

Sadness and crying, but NO other basic symptoms such as apathy, low self-esteem, guilt, thoughts of death, so that we are not dealing with a depressive disorder, but rather, a deep existential grief

[Shows negative on the Hamilton Depression Scale]
Degrees of Grief (Achotegui 2002)

1. **Simple grief**: grief which occurs in good conditions and which may be resolved in a satisfactory manner.

2. **Complicated grief**: when serious difficulties exist for the resolution of the grief, but it is possible to complete the process.

1. **Extreme grief**: when the situation is so problematic, so difficult that the grief cannot be resolved. This is the case of The Ulysses Syndrome.
Seven Griefs of Migration, All Extreme

1. Loss of family and loved ones
2. Loss and change of language
3. Loss of culture: customs, sense of time, religion, values etc.
4. Loss of homeland: landscape, light, temperature, colours, smells, humidity
5. Loss of social status: legality, working conditions, housing, etc..
6. Relationship to the peer group: prejudices, xenophobia, racism.
7. Risks in physical integrity: dangers in the migratory journey, dangerous jobs (accidents, professional illness, etc), changes in diet, etc.
Area of anxiety-related disorders (confirmed in research):

- Tension, insomnia, recurrent and intrusive thoughts, irritability
- Non-stop, persistent fear attached to many “non-rational” thoughts that the migrant herself can cenzor
Area of somatoform disorders (confirmed in research):

- Above all migraines and fatigue
- Osteoarthritic complaints
- Severe digestive problems
- Cardiovascular symptoms (BP)
- Fibromialgia
- Chronic fatigue
Cognitive symptoms

- Confusion
- Temporal-spatial disorientation
- Depersonalization
- Derealization
- Sense of cognitive overload

Existential-Phenomenological Findings

- Loss of the body-sense
- Sense of being uprooted

“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’s typical to hear:

“how could things can have turned out so badly for me” “I'm suffering such bad luck”, “I must be cursed”, “I'm a victim of witchcraft”, etc. This symptomatology occurs in relation with the culture of the immigrant, we find differences in interpretations of migraines, tiredness, etc, as in Gailly (1991), Bennegadi (2005), Obiols (2005), Wintrop (2006), Varma (2006).

For migrants from the industrial cultures, psychologization and à la psychodynamic self-pathologization
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• For migrants from industrial cultures, psychologization and à la psychodynamic self-pathologization
USyn can partially mimic:

- Psychotic Disorders
- Bipolar and related disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-compulsive Disorders
- Trauma and Stressor-Related Disorders
- Dissociative Disorders
- Somatoform Disorders
- Sleep-Wake Disorders
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders
- Neurocog disorders
- Personality disorders
The Ulysses Syndrome 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.
Key Factors in the Present Day Migration

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- Trauma
- Normative Migrant Identity Change
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Normal (normative) Self: We ARE the world
Normative Loss and Reconstitution of the Self in Migration

- Migrants report the loss of embodied sense of self; this “loss” of the sense of self happens around 3d month after relocation, and lasts for 3-6 months.

- This loss of self is necessary for the reconstitution of identity (and selfhood), to match a new cultural continuum.

- The loss and reconstitution of the adult self in migration is crucial for revitalization and socio-behavioral evolution of human communities.
The catastrophic intersubjectivity of migration
Consequences for the family system

• Broken families
• Reversal or destruction of the traditional gender roles
• Child neglect
• Intergeneration conflict in which parents, especially mothers, are blamed for the deficits in care; as a result, children break down the relationship with their parents.
• Destruction of traditional family, and family in general
The migration of a family member, is an event that is accompanied by many changes for who migrates as well as for the family.
Consequences for the personality formation

• Dependent on what stage in child’s development the migration happened, there may be breaches to different developmental stages of personality

• Failure of empathic rapport with a primary caretaker and narcissistic deficits in personality formation
Social protections in health are reduced for the majority of immigrants

- Less workplace protection
- Less preventive (public) health care
- Migrants have less financial resources
- Migrants are usually excluded from health care access
Social Aspects of the Ulysses Syndrome

- Health care access
- Poverty
- Education
- Employment
- Language
- Violence/safety
- Discrimination
- Fear of authorities (for undocumented)
- Access to healthy foods
- Housing and environment
Challenges for migrants' health

Pre-migration experiences, e.g. conflict, disasters, epidemiological profile

Return
Loss of previous ties, exposure to risk factors at place of origin (VFR)

Origin

Transit
Violence, detention

Destination

Linguistic, cultural, legal barriers to access health services, social exclusion, discrimination, isolation, exploitation, dangerous working conditions, no social
The Migrant Self on Crossroads

Migration

Dissolution of old self

Autopoietic and Creative New Humanness

Distorted and Hurting Self
WE ARE WORKERS NOT SLAVES
Ministry and Healing of the Migrant Stress
Resources and Resilience

Migration

Stressful life events perceived as either positive or negative

New information, knowledge and learning

Grieving process

Adaptation and adjustment to physical and social environment
Avoid demotivation

• Meaning of migration has a protective function in helping migrant workers withstand the stress of migration

Teach Stress Monitoring

• Practices such as mindfulness of sensations, mindfulness of breath, mindfulness of thoughts and, especially, emotions, help to monitor the level of stress
Organize Programs which Help Stress Reduction and Teach the Stress Reduction Skills

See the Handout. Connected breathing, walking, somatic focusing, relaxation, MBSR, Yoga etc, help to reduce the level of stress.

Train Healthy Coping Strategies
Cognitive work.
Journaling, arts, gender groups, group prayer, anti-addiction groups, all kinds of group work, including family groups.
Meditation. Athletics. Social engagement – remember, it is stress which is the reason for deviant behaviors among migrant youth.
Heal the Family System

• Emotional awareness
• Staying in touch no matter what
• Ancestry work

Focus on Sustaining Healthy Parent-Child Relationship
Contemplative Practices Rebuilding the Self

• Focus on “I”-sense
• Prayer of the Heart
• Breathing Techniques
• Emotional Awareness and Release
• Introspective Prayer
• Group Prayer

SUPPORT CREATIVITY
We need to re-humanize migration

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10 minutes video
https://www.youtube.com/watch?v=Ph43im0lTEE&feature=youtu.be

28 min video
https://www.youtube.com/watch?v=_vj_1Dl3tRc&feature=youtu.be