Ulysses Syndrome: Predisposition in Latin American Immigrants

According to the International Organization for Migration (IOM) (2019), migration is defined as a movement of people (migrants) from their normal place of residence, through international borders or in their own country. Migration today represents a topic of interest in all countries, especially for developed and developing countries, since developed countries are the main receivers of migrants and developing countries are the main senders.

Ulysses Syndrome, also known as the Limited Stress Syndrome or Immigrant Syndrome with Chronic and Multiple Stress, is a reactive and multiple condition that a migrant suffers upon arriving to their destination country. It is composed of four areas: depressive, anxious, somatic and dissociative (Fernández et al., 2020). Additionally, Achotegui (2017) mentions that grief before, during and after the migration process is inevitable as it signifies a relevant life change. It is important to mention that migration presents the seven types of grief: family, language, culture, land, social status, belonging group and physical risks.

Each type of these griefs can be present in different degrees and thus favor the predisposition and/or exacerbation of Ulysses Syndrome. An optimal migration process will not produce too much stress, and the grief will be much simpler and manageable. However, migrating in unfavorable or critical situations will produce more severe grief, potentially becoming unmanageable, which causes permanent grief that leads to developing this syndrome (Fernández et al., 2020).

It is important to stress that people from Latin American countries have a higher predisposition to develop this syndrome. This is because, additional to the factors mentioned before, they can also present social and cultural adaptation stress even in countries of the same region (Salvador et al., 2010). The reason why this happens is unknown, but experts infer that it is because of the strong cultural shock between countries, even if they are North American ones.

Following Elkheir (2014), the gravity of Ulysses Syndrome can result in the person having severe anxiety disorders, excessive worrying, irritability, tension and severe insomnia. In more severe cases it can cause headaches, excessive fatigue, stomach and bone pain, confusion, guilt and a predisposition to diseases caused by high levels of stress. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association (APA), 2018) does not classify Ulysses Syndrome as a depression or anxiety disorder, as it presents characteristics of both. By itself, Ulysses Syndrome does not present self-harming or suicidal tendencies, so it can be classified as a depression disorder. However, it can provoke profound sadness due to abandonment issues, which could be aggravated if the migrant is alone in a new country.

Currently the number of international migrants is over 280 million, of which 26% is in the American continent. In Mexico there are 1.2 million international migrants, a number that has exponentially increased since the 90s (World Health Organization (UN), 2020).

The main problem of Ulysses Syndrome is that it predisposes people to have depression and/or anxiety problems later. Also, the stress created by this syndrome is a risk factor for chronic-degenerative

diseases. Therefore, we can infer that Ulysses Syndrome decimates the quality of life of those who endure it and could lead to disabilities and temporary or permanent loss of physical and/or mental faculties (Botella et al., 2018). These are reasons for concern for all countries, but especially for those that receive large quantities of migrants, as they are the people who can prevent and treat this ailment.

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