Original Article

The “Ulysses syndrome”: An eponym identifies a psychosomatic disorder in modern migrants

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A B S T R A C T

Due to civil wars, violence and persecutions, between 2015 and 2016, more than 1.4 million people, from the Middle East and Africa, fled their counties and migrated to Europe. The vast majority of migrants, who have already experienced enormous level of stressors, are faced with dangerous, often lethal, migratory journeys. Those who survive are exposed to adaptation stressors such as different languages, isolation, lack of work opportunities, diminished social status and a sense of failure in the new countries of residence. These are stressors that go far beyond the usual adaptation stressors to new cultures and migrants experience permanent crises with an imminent risk of developing the “Ulysses syndrome”. As a consequence, many individuals often develop symptoms such as irritability, nervousness, migraine, tension headache, insomnia, tiredness, fear, loss of appetite and generalized ill-defined discomfort. If left untreated these symptoms, originally described by Hofer in the 17th century, may degenerate into a severe psychosomatic disorder leading to reactive depression. Here we expand the concept of Ulysses’ syndrome and illustrate new initiatives aimed at reducing the level of stressors in migrants and at promoting their successful integration in their new countries.

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1. Introduction

’t was now the hour that turneth back desire into... The day they’ve said to their sweet friends farew... [Dante, Purg. VIII, 1–3 (The Divine Comedy of Dante Alighieri translated by Henry Wadsworth Longfellow, London, G. Routledge 1867)]

The Swiss physician Johannes Hofer (1669–1752) coined the term nostalgia (nostos = return home and algos = pain) in 1688 [1]. This term remained unchanged for three centuries and was considered a neurological disease. In his doctoral dissertation [1], basing his reasoning on the concept of imaginatio lesa (injured imagination), Hofer postulated that nostalgia was a pathologic condition of imagination, a cerebral disease of essentially demonic cause whose origin had to be identified into the quite continuous vibration of animal spirits through those fibres of the middle brain in which impressed traces of ideas of the Fatherland still clung [1,2]. Nostalgia affected the Swiss mercenaries who were fighting in far-away lands and had lost the charms of the homeland, displaced students and domestic help and servants working abroad [1,2]. These individuals experienced an emotional lability ranging from despondency to bouts of weeping, anorexia, fever, insomnia and suicide attempts [1,2]. Also named by the French, “Mal du Pays”, the terms nostalgia/homesickness, which was attributed to brain dysfunctions, persisted in the 18th and 19th centuries [2]. Between the end of the 19th and the beginning of the 20th centuries, the clinical term “nostalgia” shifted from a neurological disease to a psychosomatic disorder. The concepts of nostalgia and homesickness became separated in the latter part of the 20th century [2,3]. The continuing Middle Eastern war has produced a migrant crisis not seen since the 1940ies with a resurgence of emotional problems as originally described by Hofer [1].
2. The syndrome of the extreme migratory duel or “Ulysses syndrome”

The existence of a severe psychosomatic disorder associated with complex population migrations was recognized and named “Syndrome of the Extreme Migratory Duel” in 1994. It was also named “Ulysses syndrome” by the Spanish psychiatrist Josèba Achotegui [4–8].

The eponym originates from the mythical Greek hero, Ulysses/Odysseus, the main character of the Homeric poem, the Odyssey. The relevance of the story of Ulysses is so compelling that it is now used to define an Odyssey that is “as a complex and treacherous journey in multiple languages and in many cultures around the world” [4].

Over the past two centuries, human populations were often displaced to improve their lives and each migration was characterized by levels of stressors responsible for “simple migratory duel”. This term describes a condition that encompasses both the fatigue of the journey and the effort to adapt to the new country [4–8]. By the end of the 19th century and during the 20th century, when working opportunities were available, most migrants overcame this psychological duel and integrated successfully into the new societies [4–8].

Surveys on migrations in Spain in the nineteenth eightieth (data collector: Fundación Vidal i Barraquer and the present day (data collector: Servicio de Atención Psicopatológica y Psicosocial a Inmigrantes y Refugiados) have shown that migrants have progressively experienced increased levels of stressor and the effects of the 21st century global economic crisis together with the armed conflicts, persecution and poverty have altered the migration patterns [4–8].

The vast majority of migrants have already experienced enormous level of stressors, mainly linked to violence traumas and poverty in their native countries. After forced separation from families and homeland, they are faced with dangerous and, often lethal, migratory journeys. Those who survive are exposed to adaptation stressors such as different languages, isolation, lack of work opportunities, diminished social status and diffuse sense of failure in the new countries of residence. These are stressors that go far beyond the usual adaptation stresses when encountering new cultures. The fight for survival (where will I sleep? where will I eat? what will I do with my life?), the dreadful migration journeys and the constant anguish of being jailed or repatriated (for those who have not applied for asylum) determine the development of the so-called “extreme migration duel”.

When a person is forced to cope with exceptionally stressful living condition, he/she becomes unfit to elaborate the “duel” and experiences a permanent crisis. The concomitant presence of several pre- and post-migration stressors increases the burden of each stressor exponentially. If the stress factors persist over months or even years, then, the risk of developing the “Ulysses syndrome” becomes imminent. Living in dreadful conditions leads alteration in people’s personality and affects their normal physiological processes, with activation of the hypothalamic–pituitary–adrenal (HPA) axis, altered secretion of hormones and of neurotransmitters, as originally postulated by Hans Seyle in 1936 [9]. As a consequence, many individuals often develop symptoms such as irritability, nervousness, migraine, tension headache, insomnia, tiredness, fear, loss of appetite and generalized ill-defined discomfort.

If left untreated these symptoms, originally described by Hofer in the 17th century [1], may degenerate into a severe psychosomatic disorder leading to reactive depression. The effectiveness of antidepressants in the treatment of reactive depression in migrants suggests that Hofer was correct in attributing Ulysses’ syndrome to midbrain dysfunction.

3. Current trends and future initiatives

Different surveys have been carried out throughout Europe in the last decade to assess the risk of development of psychosomatic disorders and other mental disorders in migrants and refugees [10–14]. Meta-analyses of studies performed in northern European countries have shown that both first- and second-generation migrants were at greater risk of developing mental disorders such as schizophrenia than non-migrants and that those from developing countries were more at risk than those from developed ones [12]. The same study showed that black migrants, in a prevalently white population, had an almost fivefold increased risk of psychotic behaviour. And the risk is even higher for migrants living in neighbourhoods with a low proportion of residents from their own ethnic group compared with those surrounded by many of their own ethnicity [12].

A large cohort study published in March 2016 examined 1.3 million people who had arrived in Sweden before 2011 [13]. Refugees had a threefold higher incidence of schizophrenia and other psychotic disorders than native-born Swedes, and a 66% higher incidence than migrants who were not refugees. However, the overall risk for refugees and migrants still remains comparatively low, at perhaps 2–3%. A more recent analysis of UK migration data suggests that the level of increased risk of psychotic disorders may depend on how old people were when they migrated, with children potentially at greater risk [10].

Between the second half of 2015 and the first half of 2016, more than 1.4 million refugees (mainly from the Middle East and Africa) have fled armed conflicts and poverty and have applied for asylum in Europe. Germany (641,535), Sweden (142,560), Hungary (130,695), Italy (103,430), Austria (83,080) and France (76,900) were the countries that have received the highest number of migrants. Apparently there is, at least, another half million of migrants, who reached the European Community, and did not apply for asylum [10,11].

A local survey was performed in 2015 at Konstanz University on refugees who had applied for asylum in Germany; this showed that a quarter of refugees had a post-traumatic stress disorder, sleeplessness, anxiety or depression and half of them showed severe signs of mental disorder [10,11].

Similar surveys have been carried out in Italy. In 2015, 150,000 migrants and refugees (especially from Somalia, Nigeria and Eritrea) reached Sicily by sea following the Libyan route and over 3700 perished during the journey [15].

The Italian Ministry of the Interior estimated that, in 2014, the percentage of disabled migrants including those suffering from mental disorders was around 7.8%. However, it appears that the overall estimate of individuals affected by psychosomatic disorders and admitted to health assistance centres was, at least, double (15–16%) [16].

At the beginning of 2015, 5,014,000 non-Italian citizens were living in Italy as determined by the Institute for the Study of the Multiethnicity (ISMU) and, in March 2016, 80% of migrants entering Italy were illegal and were living in extremely poor conditions [17].

A local survey was carried out at the STP Centre (Centre for the assistance of foreigners temporary living in Italy) of the Galliera Hospital (Genoa, Liguria) on one hundred and sixty individuals (legal and illegal migrants). Fifty-nine percent of the interviewed reported a worsening of their living conditions since their arrival in Italy and the causes of their malaise was attributed by 32.3% to stress, anxiety and worries; 16.8% complained of osteo-muscular pathologies linked to emotional unexpressed distress. [18].

A “Migrant First Aid Centre” for migrants was established at the Galliera Hospital in 2015. All 3000 migrants who transited through Genoa were identified and hosted in 1300 reception centres. A pilot project, whose aim is to screen the physical and psychological conditions of migrants, was initiated [17] and people affected by different kinds of infectious and transmittable illnesses (HIV, hepatitis B, gonorrhoea, syphilis, TB, pediculosis) received assistance. Help was also given to pregnant women until the delivery and care to the newborn was provided. Specific psychological and psychiatric support was provided to those in need. As a result, traumatized individuals felt that the quality of their lives had improved and that they were experiencing a more positive attitude towards the new environment. These data shows that the well-being of each person, especially those who are frail and socially isolated, can lead to improvements in their lives thus facilitating the process of adaptation [18].

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