

Understanding the Ulysses Syndrome, Effective Engagement, and Ways to Heal

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ABSTRACT

As a director of a community-based organization who works predominantly with immigrants and refugees, Lucy Morse Roberts noticed immigrant clients and colleagues were often experiencing ill-defined malaise, headaches, and insomnia. After visiting doctors, the immigrant clients and colleagues were still unwell. She and her team sought to understand and address this suffering and seek ways to heal. Research on migratory mournings by Joseba Achotegui offered her team one lens through which to understand and better respond to the physical and psychological ailments experienced by immigrant and refugee clients. Achotegui's research, including that on the Ulysses Syndrome and cultural and situational responsiveness, directly changed the programming and priorities at Hui International under Lucy Morse Roberts' leadership. This article first defines migratory mournings and the Ulysses Syndrome. Second, the article offers community partners' personal and professional insight as to how and why this research is relevant and transformative. Lastly, the article offers an organizational framework for effective application and intentional community engagement.

I have long loved what one can carry.

*I have long left all that can be left
behind in the burning cities and lost*

*even loss – not cared much
or learned to. I turned and looked
and not even salt did I become.*

From Solmaz Sharif's poem, "Without Which"

Sharif's poem continues, "I am-even when inside the kingdom-without" (Sharif, 2022). As an immigrant herself having been born in Turkey and raised in Iran and in California, her poems often speak to the challenges faced by the world's diaspora. Hers is a single voice that speaks to the experiences of many. According to UNHCR, over 100 million people are currently "without" (displaced) worldwide (UNHCR, 2022). Those displaced find themselves labelled by their plight of absentia from their land of origin and often struggle to create new lives in new places. Many of those who find themselves new to our communities feel without, without a sense of place and with a sense of mourning for what was once a part of their lives and is no more.

According to Dr. Joseba Achotegui, from the University of Barcelona, this sense of “without” experienced in the extreme can lead to physical and psychological symptoms and can adversely affect one’s health and well-being. These symptoms caused by migratory mournings in difficult situations are often referred to as the Ulysses Syndrome (Achotegui, 2002). Dr. Joseba Achotegui first wrote of the Ulysses Syndrome, named after the Greek mythological hero Ulysses, in 2002 and the migratory mournings in 1995. The Ulysses Syndrome is not a mental disorder but extreme migratory grief. “Today, migration is becoming for millions of people, a process that has such intense stress levels that they can exceed the adaptive capacity of human beings” (Achotegui, 2015).

The most important stressors of Ulysses Syndrome as pointed out by Achotegui (2002) are:

1. Loneliness and the enforced separation, especially in the case when an immigrant leaves behind his or her spouse or young children.
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 even manage to muster together the very minimum conditions to make a go of it.
3. The fight merely to survive: to feed themselves, to find a roof to sleep under.
4. The fear, the afflictions caused by the physical dangers of the migratory journey, the criminalization of the migration, helplessness.

The harmful effects caused by the adversities and dangers that the immigrant must face are greatly increased by a whole series of unfavorable characteristics associated with stressful situations, which, as Achotegui (2002) points out, are the following:

- Multiplicity (the greater the number of adversities and dangers, the greater is the risk to the mental health).
- Chronicity. 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 helplessness, Seligman, 1975).
- 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, absence of social capital (Coleman, 1984).
- The symptoms themselves (sadness, weariness, insomnia, etc.) become an additional handicap that hinders the immigrant in his attempts to survive.

To all this, we need 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 extreme stressors. What’s more, the health system often does not provide adequately for individuals suffering from physical and psychological symptoms associated with the Ulysses Syndrome: 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. Their psychosomatic symptoms are not seen as connected to psychological issues and they are therefore subjected to a series of tests (such as colonoscopies, biopsies, etc.) and given inadequate, costly treatment. The health system, though intended to be a solution, then can become a new stressor for an immigrant.

Migrations and misunderstandings related to the migrant experience have coexisted for a very long time. Migration is ancient, as old as humankind. Physically, we are designed to move. We have feet and have evolved to move as needed. Migration is one of the three evolutionary pillars along with mutation and natural selection. Culturally, we evolved to recognize migration as part of our human experience. All three of the Abrahamic religions include welcoming the stranger as inherent to being an adherent. Our literature also reflects the strengths and sorrows of the immigrant. The Odyssey by Homer is a classic example of the “displaced” from which Dr. Achotegui drew his reference for the Ulysses Syndrome.

Because migration is part of human history, many now and in the past have experienced the Ulysses Syndrome. Unfortunately, however, few have heard of it. For those focused on engaging the newcomer in their land and those who are the newcomer, understanding the Ulysses Syndrome and ways to heal is essential. This understanding is foundational to empathy and empathy is foundational to effective engagement. Because information on the Ulysses Syndrome is key to effective immigrant and refugee outreach, the challenge facing agencies and individuals was/is how to translate Dr. Achotegui’s research and present it in a way that is accessible to all.

Community partners, Martha Lopez, Arezoo Pamiry, and Muzhgan Fakhri helped create the solution. Together with Hui International, they developed info sheets and videos as tools to share information on the Ulysses Syndrome and ways to heal. The goal of the info sheets and videos is to help disseminate Dr. Achotegui’s research in a way that is accessible to agencies and individuals. Lopez, Pamiry, and Muzhgan are from Mexico and Afghanistan, respectively. Their experiences and input helped Hui International not only see the relevance of Achotegui’s research but also the need to share it more widely.

Martha: I heard about the Ulysses Syndrome during

a seminar I attended for work. The moment I heard about it, I wanted more people to be aware of Ulysses Syndrome and the physical and psychological symptoms associated with the stress of migrating from one place to another. Hearing about the Ulysses Syndrome also made me reflect on my own personal experiences when I came to the United States at age 10 from Mexico. My dad had been working here and acquired the green cards for the rest of our family and me. I still remember feeling sad, rejected, and unsupported when I started school and hurt by other students who made fun of me for not speaking English.

After attending the seminar, I began to wonder what others experiencing the Ulysses Syndrome would need to do/have to become more resilient and thrive in new places. I work with other immigrants and know some people who have gone to the doctor to get medicated for different reasons like those associated with the syndrome. Often the medication eased their symptoms but did not address the cause of these symptoms. That’s when I realized that the work that I do can help heal the root cause of the suffering many new to our country experience. I love working with families to help, support, and empower them by providing educational information, resources, and new techniques that teach them about the importance of adapting the Five Protective Factors into their lives and communities.

Immigrants and refugees need to know they are not alone in their suffering, and it is okay to seek help, support, or advice. Having just one person they trust to guide them, support, and uplift them when they might feel like giving up can make a positive difference in a life and each of us can be that person. For me when I was new to this country, that one person was my teacher.

Muzhgan: As an immigrant myself during these six years of my life, I had all the mixed feelings and sad emotions that were mentioned in Dr. Achotegui’s research. I was a human rights attorney in Kabul and was forced to leave when my life was at risk. When

I first arrived in the United States, I felt useless and hopeless. Life where everything was different from my home country, where none of my beloved ones were with me seemed unmanageable. I feared becoming homeless. At that time, I needed someone to calm me and say everything would be alright one day. That is why I feel this topic is important to me and other immigrants. We and others are with them, and our work, videos, and info sheets offer tips and ideas on how immigrants and refugees can heal, accept change, and feel accepted in their new environment. We hope the information will reassure those who struggle, and they find a new life here filled not just with problems but also positive possibilities.

The United States is one of the top countries that welcomes thousands of immigrants yearly. Therefore, we must talk about the Ulysses Syndrome and share the information among immigrant communities, so they don't feel alone. Every immigrant should know that feelings of sadness and emptiness are normal for

many and, knowing this, immigrants should not feel embarrassed for seeking help. By creating the Ulysses Syndrome info sheets and videos, we are raising our voices and engaging others so that those who are struggling with their adjustment to a new land do not feel alone. Arezoo, Martha, and I helped design info sheets and videos in a way we believe acknowledges shared suffering and helps fortify individuals and families.

The info sheets and videos mentioned by Muzhgan aim to validate migrant experiences and prevent dismissal of suffering and marginalization. The videos and info sheets can be found at <https://www.calgalsmedia.io/ava/the-ulysses-syndrome-project>. The following graphics on the seven migratory mournings, physical and psychological symptoms associated with the Ulysses Syndrome, and the graphic on ways to heal are based on the info sheets and videos.

7 Migratory Mournings that can trigger physical and psychological symptoms are...

7 Migratory Mournings



Missing loved ones

The uncertainty of not knowing when or if one will see loved ones again may cause migrants to experience a sense of loss and anxiety.



Homeland and geographic change

The landscape and the climate can be different and, in some cases, requires new knowledge to navigate and adaptation and resources to survive.



Challenges with a new language

Struggles with learning a new language affect daily life; the ability to find a job, navigate public spaces, shop, receive medical care, and adapt to a new community.



Change in social status

Highly trained professionals may lose their qualifications and need to work in jobs far different from their experience and credentials. Access to opportunities such as housing and healthcare may be limited, too.



Adapting to a new culture

Values, habits, ways of relating may differ in the new community and be difficult to adapt to and/or understand all the while a person may be missing the music, food, scenery, sounds and smells of a left behind place.



Lost sense of belonging

Sometimes migrants face rejection because they are different while at the same time feeling the loss of belonging to the community and the culture he/she/they left behind.



Exposure to physical and psychological risk

Migrants may have been subject to physical and psychological harm during their journey to their new homeland. Though migrating to a new place isn't easy and is often a choice forced upon people due to circumstances beyond their control such as war and famine, there is hope ...

The Ulysses Syndrome, the physical and psychological symptoms associated with migratory mournings, can adversely impact our health and well-being and our relationships with others including our families.

Ulysses Syndrome



NERVOUSNESS



INSOMNIA



FATIGUE



HEADACHES



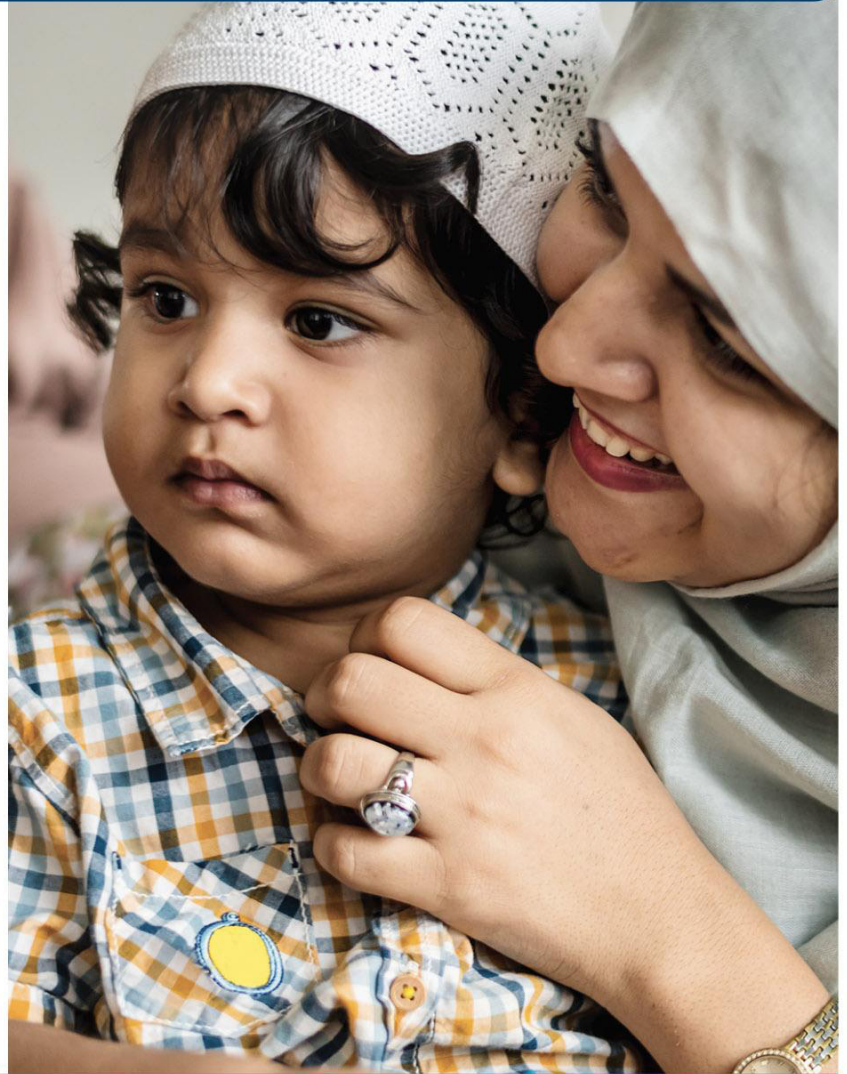
MIGRAINES



APPETITE LOSS



ILL-DEFINED



Source: Hui International, 2022

The good news is there are many ways to heal, build resilience, and strengthen ourselves and our families. The Strengthening Families™ Five Protective Factors offer a framework for and strategies to address stress in healthy ways.

5 Ways to Heal



Build resilience

See strength and resilience in your own migration story. Relieve stress by connecting with others, spending time in nature, seeking mental health care, eating and sleeping well, exercising, breathing deeply, meditating, and having a spiritual practice/community.



Develop knowledge of parenting and child development

Parenting can be stressful anywhere and especially in a new place and a different culture. Seek out parenting classes and resources. Parenting support groups and resources can be found in-person and online. Check out Hui International parenting programs.



Create social connections

Build relationships with those nearby through activities and maintain relationships with those far away with social media, phone calls, and letters.



Develop social and emotional competence

Model healthy actions and reactions. "What parents do... children will do." As parents-caregivers, we must not only teach our children social and emotional skills. We must model them, too. Be warm and responsive to a child's needs. Listen and respond. Set clear expectations and limits. Seek and find the good.



Connect with support in times of need

Seek community support and resources through resource centers and community programs.

Source: Hui International, 2022

We can help increase protective factors in our communities by offering programs and resources that support and fortify immigrants and refugees, that support and fortify anyone. We can help build the five protective factors through relationships, too. Social connections are one of the five protective factors and transformative relationships (as opposed to transactional relationships) are essential to effective engagement and building resilience. Transformative relationships offer practitioners and community partners an opportunity to come together and identify and cocreate essential resources. The Ulysses Syndrome videos and info sheets are an outcome of an effective collaboration with community partners. This kind of collaboration was only possible through meaningful engagement and the creation of safe, stable, nurturing relationships and environments. For this reason, how we engage is as essential as the programming we offer. How we engage and receive those new to our communities can be either a risk factor or a protective factor (Achotegui, 2015). Receiving someone with a welcoming heart into a welcoming community helps lay a foundation for healing, thriving, and effective community partnerships

Transformative relationships offer practitioners and community partners an opportunity to come together and identify and cocreate essential resources.

The following steps and tools can help organizations and individuals effectively welcome/engage immigrants and refugees and build relationships of trust and transformation.

Step 1: Identify Intention

“What” we do is secondary to “how” we do it. Therefore, it is important to reflect on where we are as organizations and individuals in relation to trauma-

informed principles. Do these principles inform your work? Your program design? Mission? Values? The simple matrix below is designed to assist organizations and individuals with assessing their current approach to work and plan for where they want to be.

SAMSHA's Trauma Informed Principles	What are we doing well and how are we doing it?	What can we do better and how can we do it?	What should we stop doing and why?
Safety, trustworthiness, and transparency			
Peer support			
Collaboration and mutuality			
Empowerment, voice, and choice			
Cultural, historic, and gender issues			

Source: Family Hui 2020

The same type of matrix can be used to reflect on where we are individually and organizationally in relation to being healing-centered. The healing-centered categories in the following matrix are based on work by Dr. Ken Epstein.

Healing Informed Practices	What are we doing well and how are we doing it?	What can we do better and how can we do it?	What should we stop doing and why?
Reflection			
Collaboration			
A Culture of Learning/Curiosity			
Understanding historical context			
Growth Mindset			
Relational Leadership			

Source: Family Hui 2020.

It is essential to incorporate trauma-informed principles and healing-informed practices internally before a group/organization can effectively apply the principles externally and effectively engage others. Deep sincere reflection often requires wrestling with difficult truths about ourselves and our institutions. Please remember, as you explore the following ideas, give and receive grace and avoid blame and shame. Everyone (colleagues and clients) needs to feel welcome and valued.

The following practices developed by Parker Palmer and further refined by the Peace and Justice Institute at Valencia College in Orlando, Florida, can help create an organizational culture conducive to respectful dialogue and community building. *The Principles for How We*

Treat Each Other are practices that develop a trauma-sensitive environment by inviting participants to slow down, suspend judgment, check assumptions, and speak one's truth among other practices. When used consistently, the Principles support honest and open spaces for authentic dialogue, as well as a foundation for skillful conflict navigation. The Principles move individuals and organizations toward a trauma-informed,

healing-centered culture where all individuals are welcome. Organizations can create their own set of principles and read them at the start of each meeting, post them in common spaces, and return to them when conflicts arise and tensions seep into discourse and relations. The following principles are from Valencia College's Peace and Justice Institute.

With intentions set and a framework for engagement

PRINCIPLES FOR HOW WE TREAT EACH OTHER

Our Practice of Respect and Community Building

- 1. Create a hospitable and accountable community.**
We all arrive in isolation and need the generosity of friendly welcomes. Bring all of yourself to the work in this community. Welcome others to this place and this work, and presume that you are welcomed as well. Hospitality is the essence of restoring community.
- 2. Listen deeply.** Listen intently to what is said; listen to the feelings beneath the words. Strive to achieve a balance between listening and reflecting, speaking and acting.
- 3. Create an advice free zone.** Replace advice with curiosity as we work together for peace and justice. Each of us is here to discover our own truths. We are not here to set someone else straight, to "fix" what we perceive as broken in another member of the group.
- 4. Practice asking honest and open questions.** A great question is ambiguous, personal and provokes anxiety.
- 5. Give space for unpopular answers.** Answer questions honestly even if the answer seems unpopular. Be present to listen not debate, correct or interpret.
- 6. Respect silence.** Silence is a rare gift in our busy world. After someone has spoken, take time to reflect without immediately filling the space with words. This applies to the speaker, as well – be comfortable leaving your words to resound in the silence, without refining or elaborating on what you have said.
- 7. Suspend judgment.** Set aside your judgments. By creating a space between judgments and reactions, we can listen to the other, and to ourselves, more fully.
- 8. Identify assumptions.** Our assumptions are usually invisible to us, yet they undergird our worldview. By identifying our assumptions, we can then set them aside and open our viewpoints to greater possibilities.
- 9. Speak your truth.** You are invited to say what is in your heart, trusting that your voice will be heard and your contribution respected. Own your truth by remembering to speak only for yourself. Using the first person "I" rather than "you" or "everyone" clearly communicates the personal nature of your expression.
- 10. When things get difficult, turn to wonder.** If you find yourself disagreeing with another, becoming judgmental, or shutting down in defense, try turning to wonder: "I wonder what brought her to this place?" "I wonder what my reaction teaches me?" "I wonder what he's feeling right now?"
- 11. Practice slowing down.** Simply the speed of modern life can cause violent damage to the soul. By intentionally practicing slowing down we strengthen our ability to extend nonviolence to others—and to ourselves.
- 12. All voices have value.** Hold these moments when a person speaks as precious because these are the moments when a person is willing to stand for something, trust the group and offer something they see as valuable.
- 13. Maintain confidentiality.** Create a safe space by respecting the confidential nature and content of discussions held in the group. Allow what is said in the group to remain there.

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agreed upon, it is easier to delve deeper into our ideas, attitudes, and work and address possible barriers to effective engagement with immigrants and refugees in our communities.

STEP 2: REFLECT ON...

The Principles for How We Treat Each Other are practices that develop a trauma-sensitive environment by inviting participants to slow down, suspend judgment, check assumptions, and speak one's truth among other practices. When used consistently, the Principles support honest and open spaces for authentic dialogue, as well as a foundation for skillful conflict navigation.

BIASES

“The word welcome confronts us; it asks us to temporarily suspend our usual rush to judgment and to simply be open to what is happening. Our task is to give our careful attention to what is showing up at our front door. To receive it in the spirit of hospitality.”

— Frank Ostaseski, *The Five Invitations*.

Everyone has biases. To have a bias is part of human nature. Though natural, biases can be harmful and can perpetuate individual, systemic, historic, and institutional trauma and create barriers to helpful, healing engagement. To effectively engage others in a trauma/healing informed way, we need to better understand the lens/biases through which we see the world and others and examine the impact of our lens/biases on our relationships and interactions.

Implicit Bias: Attitudes, stereotypes, assumptions that

affect decisions in an unconsciously.

Confirmation Bias: Ideas that confirm our existing beliefs and impair our ability to see another side of a story.

Fundamental Attribution Bias: Creating contextual excuses for our failures and seeing failures in others as inherent to their race, gender, culture, etc.

How might these biases impact your work? How can you address biases and increase a sense of welcome?

INTERSECTIONALITY

Intersectionality is a phrase coined by Professor of Law, Kimberle Crenshaw to explain the interplay of “isms” that create and perpetuate systemic, historic, institutional, and individual trauma. Understanding the interplay of “isms” will help organizations more deeply engage parents/caregivers, address and dismantle systems of oppression, and build systems of well-being

Is your organization aware of and responsive to the intersection of “isms”? If so, how is this awareness reflected in your community engagement work? If not, how can you and your organization be more mindful of and responsive to the complexity of trauma experienced by individuals and communities?.

Social Identity Categories	Privileged Social Groups	Border Social Groups	Targeted Social Groups	Ism
Race	White People	Biracial People (White/Latinx, Black, Asian)	Asian, Black, Latinx, Native Americans	Racism
Sex	Bio Men	Transexual, Intersex People	Bio Women	Sexism
Gender	Gender Conforming Bio Men and Women	Gender Ambiguous Bio Men and Women	Transgender, Genderqueer, Intersex People	Transgender Oppression
Sexual Orientation	Heterosexual People	Bisexual People	Lesbians, Gay Men	Heterosexism
Class	Rich, Upper-Class People	Middle-Class People	Working-Class, Poor People	Classism
Ability/Disability	Temporarily/Abled-Bodied People	People with Temporary Disabilities	People with Disabilities	Ableism
Religion	Protestants	Roman Catholic (Historically)	Jews, Muslims, Hindus	Religious Oppression
Age	Adults	Young Adults	Elders, Young People	Ageism/Adultism

ATTITUDES

Transformative or Transactional?

Is your organization transactional (compliance driven) or transformative (relationship driven)? Transactional organizations engage bureaucratically, policies, not people, are the priority. In transformative organizations, people/relationships are the priority. A transformative/relational driven aim can be both policy and people focused but it is difficult for a purely transaction driven motive to be transformative.

Invitational or Institutional?

This question is very much related to the aforementioned question of transformation vs. transaction. The former invites people into programming and opportunities and the latter is based on a more impersonal, institutional process. “I have learnt that when people feel supported by strong human relationships, change happens. And when we design new systems that make this sort of collaboration and connection feel simple and easy, people want to join in” (Cottam, 2018).

Collection or Inclusion?

Is your organization’s goal a collection of diverse people/voices or the inclusion of diverse people/voices? The former simply brings people to the table. The latter brings people to the table and creates an environment where diverse ideas and opinions are valued and sought. To demonstrate a voice is valued, listen and acknowledge and, if needed, act. To demonstrate a voice is sought, ask.

STEP 3: ENGAGE

Effective engagement is responsive to changing circumstances and needs. As opportunities emerge to respond to needs of refugee and immigrants in meaningful ways, utilizing the aforementioned tools and framework can provide a foundation for culturally and situationally responsive, trauma/healing informed engagement and transformative work. Research indicates being provided with positive social

connections and resources can mitigate the harmful effects of violence and improve the mental health of immigrant and refugee adults and children (Fazel et al., 2011). For Hui International, effective engagement has led to creative collaborations like the Hui International’s Ulysses Syndrome Project.

FINAL THOUGHT

As we search for solutions to help those who hurt heal, to assist those who feel lost find and fuel themselves, and to work toward untangling the systems of oppression in this world, we can start simple. Engage with intention and reflection, smile and listen. Kindness reminds everyone they matter, they are somebody, they are valued within our communities and are not, as Sharif described, “without.” Intentional engagement can mitigate stress experienced by refugees and immigrants, address migratory mournings, and the Ulysses Syndrome, offer ways to heal and, as Muzhgan, Martha, and Arezoo’s ideas and efforts demonstrate, our best ideas for engagement and solutions for healing often come from partnering with those in the communities we serve.

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Ping-pong tourney raises funds for resettled Afghans

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