



Socio-demographic characteristics, migration experiences and mental health in a psychological support unit for immigrants

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ABSTRACT

This descriptive study aims to find out about the social, demographic, migratory and psychopathological characteristics of a sample of 23 immigrants who received psychological treatment in a programme of psychological support for immigrants. The programme attempts to palliate the Ulysses syndrome, that is to say, the anxiety, depressive, somatic and confused state manifestations derived from migratory stress. The findings demonstrate the existence of a large number of women, mainly of Latin American origin, who are in an illegal situation and who suffer from high levels of psychopathology and psychological distress. These illegal immigrants show high levels of fright and fear and experience difficulties in getting by. Furthermore, they experience feelings of failure and vulnerability.

Key words: immigrants, migratory distress, Ulysses syndrome, mental health, descriptive study.

INTRODUCTION

Migration movements are part of the history of mankind. Yet, it is at the beginning of the twenty-first century that society comes up against the phenomenon of immigration on a global scale. According to the Official Association of Spanish Psychologists, the term immigrant is used to refer to all those foreign people who enter the national territory with the purpose of improving or changing a situation caused by political, religious or ethnic reasons (refugees or exiles), or economic reasons. Their intention is to escape persecution or to improve their quality of life within the framework of a job or one of family regrouping. (*Colegio Oficial de Psicólogos*, 1994).

According to the provisional preview published by the Administrative Register of the Spanish Statistical Institute (Padrón Municipal del Instituto Nacional de Estadística, www.ine.es) on 1 January 2008, out of the total number of people registered, 40.8 million are people with Spanish nationality and 5.22 million are foreigners. The proportion of foreign citizens is 11.3%. As for foreigners, 53.2% are men and 46.8% are women. The majority, 63.9%, are between 16 and 45 years old. Out of all the foreigners living in Spain, 2.1 million belong to the European Union-27, most of them are Rumanian, British and German. Among those coming from outside the European Union, Moroccans stand out, followed by the Ecuadorians

and the Colombians. Citizens coming from South America amount to 29.5% of all the foreigners, with a greater number of women than men. According to the Basque Observatory of Immigration, 4.6% of the population in the Autonomous Community of the Basque Country are foreigners, and in the province of Guipuzcoa the number amounts to 4.2%

From a psychological point of view, migration involves facing three main tasks. First, mourning and missing all that was left behind in the country of origin (Salvador Sánchez, 2001); second, facing a variety of stressful survival situations (Hovey, 2001), and third, adapting into a new culture and creating a new identity (Villar, 2002).

From the point of view of identity, immigration puts into doubt the long-term consciousness of self, the consistency between the self and the external world, and the reassertion of one's identity in interaction with the environment, which is a challenge to coherence, trust and self-control (Garza-Guerrero, 1974). Immigration puts into doubt the answers to the question "Who am I?", which we all put to ourselves (Walsh, Shulman, Feldman and Maurer, 2005), since immigrants suffer from instability and a great many contradictions during their lives which lead them to rebuilding their sense of self and to creating new meanings (Mallona, 1999).

According to Achotegui (2000) and García-Campayo (2000), the migration process entails pain due to the loss of important elements in people's lives, such as the loss of the social network (friends and family), of identity (the language, the culture, the land, the membership group), social status, the

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contact with the ethnic group and physical integrity (due to the physical risks associated with migration). This pain is characterised by the fact that it is non definitive and that it gets reawakened periodically.

So, emigrating implies an acculturation process that has been studied from the perspective of social psychology and gives rise to four principal processes (Berry, 2001). These are derived, on the one hand, from the wish to relate to the new culture and, on the other, from the wish to maintain the original identity and culture, namely, *a) marginalisation* or separation from the original culture and the receptive one; *b) separation* or maintenance of one's own culture and avoidance of the receptive one; *c) assimilation* or abandonment of one's own culture in favour of the receptive one, and *d) integration or biculturalism* or maintenance of one's own identity and with a relationship with the receptive culture. The last process correlates with a better psychological state but it requires effort both from the immigrant and from the receptive country, which is not always ready to respect and create multiethnic identities and a multicultural society. Acculturation is a process of psychological and cultural change which takes place in groups and individuals and implies modifications in social structures, in institutions and in cultural practice. From an individual point of view, acculturation brings about changes in the behavioural repertoire of people (Berry 2005).

In a recent study carried out with 182 immigrants residing in Spain (Ramos and León, 2007), the majority of the subjects in the sample tended to favour integration in the host society. That was their aspiration. The same results show in a study conducted in the Basque Autonomous Community in the year 2004, in which 74% of the immigrants chose integration (Basabe, Zlobina and Pérez, 2004).

According to Tizón (1994), in order to develop a satisfactory immigration process, a series of phases need to occur, namely, a first period of settlement, followed by one of adaptation, finally arriving at one of integration. Each one of the phases includes numerous and diverse tasks that the immigrants need to carry out. In the settlement phase they need to find and keep a job, find housing, fulfil economic and legal obligations (such as obtaining the necessary legal or administrative documents) here and with the family left behind in the country of origin (Alma, 1986). In order to face all these tasks, the main tool that immigrants count on is their physical and mental health and their psychological resources.

Several studies have found that stress increases in immigrants within the first three and five years, especially due to the shortage of social support (Flaherty, Kohn, Levav and Birz, 1988), and later on, years after settlement, when family problems with children emerge (due to family regrouping or to a birth in the host country), when there are bad health conditions and when economic difficulties persist (Lerner, Kertes and Zilber, 2005); Pernice and Brook, 1996; Ritsner and Ponizovsky, 1999; Ritsner, Ponizovsky and Ginath, 1997). The study conducted by Martínez-Taboada, Arnoso and Elorriaga (2006) describes three stages in the migration process, first, one of acceptance during which the immigrants

manifest a need for a large amount of social assistance; second, one of social and work adaptation, and finally one of social autonomy. It is during the first stage, when the immigrants have spent less than five years in the host country, that the highest number of anxiety, somatic and depressive symptoms arise.

From the point of view of mental health and during the first phase of settlement, the acculturation processes and the effort for adaptation increase stress and anxiety-depression symptomatology (Hovey and Magaña, 2000). In Spain there are a number of studies about the health of immigrants, such as the one by Jansá and García Olalla (2004), who point out in a study conducted in Barcelona in 1997 that 48% of immigrant men and 65.7% of immigrant women declared to be in a not too good, bad or very bad state of health. In the study carried out by Valiente, Sandín, Chorot, Santed and González de Rivera (1996) immigrants show a higher psychopathological level than non immigrants after having been evaluated by the SCL-90-R (Derogatis, 1983). These results are also evident in recent studies conducted in Germany, according to which immigrants suffer from anxiety more than the Germans and in addition do not resort to health institutions (Wittig, Lindert, Merbach and Brähler, 2008). Similar results come from studies conducted in Belgium (Levecque, Lodewyckx and Vranken, 2007), where the immigrants coming from Turkey and Morocco display more depression and anxiety symptoms than the European population.

García-Campayo and Sanz (2002) point out that the most frequent problem that the immigrant population has to deal with, in the case of refugees and exiles, is post-traumatic stress disorder, as well as anxiety, depression, somatisation disorders and, in the most serious cases, schizophrenia and paranoia. Achotegui (2002, 2003) has made reference to the term Ulysses Syndrome to bring together the symptomatology of the immigrants characterised by depression, anxiety, confusion and somatisation disorders, such as headaches, abdominal pain, intense fatigue and sleep disorders. This symptomatology is directly related to the level of chronic, multiple and intense stress, the lack of social support, as well as the legal situation that immigrants need to cope with in order to move on. Other authors point out the possibility that immigrants manifest more adaptation problems (Matamala and Crespo, 2004) and higher rates of domestic violence and pathological gambling (Petry, Armentano, Kuoch, Norinth y Smith, 2003; Steele, Lemieux-Charles, Clark y Glazier, 2002).

Several risk factors and health safe-guards have been detected which can help or hamper adaptation to the new culture and society. Thus, the greater the cultural distance, legal irregularity, dysfunctional characteristics of the family of origin, previous psychological disorders, low self esteem, physical health problems, the older the age, lower educational level, the lower the religious feeling and the lack of a of social support network all make it difficult to adapt to the new culture and society, and facilitate the appearance of psychological problems and disorders (García-Campayo and Sanz, 2002; Hovey and Magaña, 2000; Jarvis, Kirmayer, Weinfeld and Lasry, 2005; Martínez, García and Maya, 1999; Pumariaga, Rothe and Pumariaga, 2005; Scott and Scott, 1985).

OBJECTIVES AND HIPOTHESES

The general objective of this study is to investigate the social, demographic, migratory and psychopathological characteristics of those first generation immigrants who turn to the programme of psychological assistance to immigrants provided by the School of Psychology at the University of the Basque Country. Furthermore, more specific objectives are set, such as to analyse and find out whether differences may arise depending on the fact that the immigrant is legal or illegal; and to find out which therapeutic objectives are established when they apply for psychological assistance.

As for the study hypotheses, the following are established: 1) those immigrants who turn to the programme will do so especially during the first phase of settlement, that is to say, when their residence period amounts to less than five years; 2) immigrants will show higher levels of psychopathological symptoms than the general population, and 3) illegal immigrants will manifest more psychopathological symptoms and a higher level of stress than legal immigrants.

This study is a part of a wider research project, now in progress, dealing with the efficiency of a cognitive-behaviour programme of psychological assistance to immigrants.

MÉTHOD

Participants

The sample is made up of 23 immigrants out of the total amount of 52 who applied for an appointment in the Programme of Psychological Support for Immigrants at the University of the Basque Country. All of them were residents in Guipúzcoa. The programme of psychological support for immigrants was disseminated among the institutions dealing with immigration, such as Cáritas, the Red Cross, SOS-Racism, HELDU, a legal consultancy of the Basque Government for immigrants, and social workers; as well as in phone booths. Table 1 shows the process of how the sample was obtained.

Fifty-two immigrants got in touch with the psychological support programme from May 2007 to May 2008:

- 9 people applied for an appointment but did not come to it.
- 3 people came to ask for information about the programme.
- 2 people did not complete the pre-treatment assessment
- 2 people refused to participate in the programme after having been informed about it.
- 1 person was not considered for the programme due to the impossibility of setting up appointments and attending them.
- 12 people did not meet the admission criteria:
 - 2 were illiterate
 - 2 did not speak any Spanish
 - 1 did not speak any Spanish and was a humanitarian refugee.
 - 1 was a victim of harassment at work
 - 3 were going through pathological grief
 - 2 people made the voluntary decision to go back to their countries of origin.
 - 1 person suffered from pathological gambling
- 23 people were assessed and admitted according to the admission criteria.

Table 1. Development of the sample collection process

The admission criteria for this study were the patient's age, older than eighteen years old, their wish to voluntarily participate in the programme after having been informed about it, their capacity to fill in the questionnaires and a minimum communicative competence in Spanish. From the psychopathological point of view, it has been borne in mind that they should not suffer from a serious psychotic disorder, an addiction disorder, a serious affective disorder, an eating disorder or a serious chronic disease.

According to the admission criteria, 23 subjects were evaluated and started to participate in the programme of psychological support for immigrants. All the participants were first generation immigrants.

Among the 12 people who did not meet the admission criteria, three were referred to a general practitioner and one to Ekintza-Dasalud, the Guipuzcoa association of assistance to compulsive gamblers. The rest of the applicants were psychologically treated together with the subjects of this study, although their data were not included with those of the study sample.

Design

The research has made use of a descriptive cross study with one group of subjects who were evaluated before taking part in sessions of psychological support.

Evaluation measures

a) Socio-demographic and migration variables

An initial interview was carried out. The data obtained referred, first, to demographic variables and, second, to the migration variables analysed in this study, namely age, sex, marital status, housing, origin and date of departure, family situation, education, work and financial conditions, legal situation, and state of health, such as former psychiatric history, diseases and possession of the public health card. The interview was specifically elaborated for this study by bearing in mind the most relevant variables cited in studies on immigration and mental health.

b) Variables of migratory stress

In order to measure the level of migratory stress, the Ulysses scale was used, which refers to extreme migration sorrow (Achoategui, 2005) and is used in the context of interviews. The scale is divided into eight sections which collect data about the level of stress that an immigrant may suffer from in different environments. Each item is valued between 0 and 3. These are the different sections:

- The level of family stress (value 0-60) evaluates the existence of relatives, friends or institutions who are close enough to ask for help from, having left the children and elderly or ill parents in the country of origin, separation or divorce from partner, possible danger for the family in the country of origin, and so on.
- The level of acculturative stress (value 0-24) evaluates the differences between the language, the culture, the land and the ethnic identity of the country of origin and the host country.
- The level of failure (value 0-48) collects information about the legal situation, work, debts,

expectations and possible return, the existence of diseases and disabilities or school difficulties of the children.

- The level of survival (value 0-9) evaluates whether the immigrant has housing, is going hungry or has unattended health problems.
- The level of fear (value 0-15) evaluates the situations of danger to life experienced during the migratory journey and in the country of origin.
- The level of epidemiologic factors (value 0-6) evaluates the stress entailed by age and sex in the migratory process.
- The level of other variables (value 0-9) collects information about child history, the decision to emigrate and the presence of psychological symptoms.
- The level of vulnerability (value 0-18) collects information about the immigrant's self-perception in relation to personality characteristics (shyness, dependency, mistrust, and so on.)

The maximum score that can be obtained in the scale is 189. Between 0-30, the stress level is considered slight; from 30 to 60, moderate, and extreme if over 60.

c) *Psychopathological variables, personality variables and treatment-related variables*

The scale SCL-90-R (Derogatis, 1983; Spanish version by González de Rivera, 2002) was used to evaluate the presence of general psychopathological symptoms. The scale consists of 90 items with five choices for response in a Likert-type scale which range between 0 (no) and 4 (a lot). The scale evaluates nine symptom dimensions, namely somatisation disorders, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation and psychotism. Furthermore, it offers three global rates which show the subject's discomfort, namely the Global Severity Index (GSI), the Positive Symptom Total (PST) and the Positive Symptom Distress Index (PSDI). The internal consistency of the questionnaire ranges between 0,81 and 0,90, and the time stability ranges between 0,78 and 0,90.

The objective of the Self-Esteem Scale (Rosenberg, 1965) is to evaluate the satisfaction that one person feels towards himself or herself. This instrument consists of 10 general items scoring 1 to 4 in a Likert-type scale. The value of the questionnaire is 10-40. The higher the score, the higher the self esteem. The test-retest reliability is 0,85 and the alpha quotient of internal consistency is 0,92.

The scale of target behaviours (Echeburúa and Corral, 1987) is a self-report designed for patients to give a list of five behaviours that they would like to improve and that would provide important benefits to their everyday life. These five behaviours are measured according to their 1 to 10 degree of difficulty.

Procedure

The programme of psychological support for immigrants was distributed among the institutions that directly deal with this population (SOS-Racism, Caritas, the Red Cross, HELDU, the legal consultancy of the Basque Government, for

immigrants, the San Sebastian Town Hall immigration social workers) and in phone booths between April and June 2007. During its distribution, book markers with an address and telephone number were given to the immigrants that they could call to ask for the assistance. When an immigrant called, he or she was given an appointment for the first interview during which the programme and its objectives were explained. They were also provided with information about the intervention programme and a letter of consent. If the immigrant agreed, the pre-treatment evaluation was carried out, which could take between two and three sessions to develop.

The initial interview and the pre-treatment evaluation were carried out by a clinical psychologist with over ten year's experience.

FINDINGS

Below are the findings related firstly, to social, demographic and migratory variables; secondly, to migratory stress variables, and thirdly, those referring to psychopathological and personality variables in relation to treatment. Finally, a comparison of the variables under study is carried out between legal and illegal immigrants. In order to analyse the data, the statistical pack SPSS 14:0 was used.

Social, demographic and migratory variables

The social and demographic characteristics of the sample are described in Tables 2 and 3.

The sample consists mainly of women (87%) who have an average age of 30, an average

Gender	Women: 20 (87%)	Men: 3 (13%)
Age (range 18-47)	M 30.26	TD 8.53
Number of children (range 0-4)	M 1.39	TD 1.155
Debt (range 0-€9000)	M 1320.43	TD 2347.71
Months away from their homeland (range 5-72)	M 28.22	TD 20.68

Table 2. Sociodemographic variables and migratory variables.

Marital status	
Married	9 (39,1%)
With a partner	3 (13%)
Divorced	2 (8,7%)
Widow(er)	1 (4,3%)
Single a	8 (34,8%)
Children	
No	7 (30,4%)
Yes	16 (69,6%)
Children here	
No	10 (43,5%)
Yes	6 (26,1%)
Childless	7 (30,4%)
Education	
Primary	4 (17,4%)
Secondary	10 (43,5%)
Vocational training	5 (21,7%)
University	4 (17,4%)
Working in	
Home service/care of elderly people or children	13 (56,5%)
Cleaning	2 (8,7%)
Hotel or catering trade/business	2 (8,7%)
Unemployed	6 (26,1%)
Incomes	
Less than €1000 a month	21 (91,3%)

More than €1000 a month	2 (8,7%)
Housing	
Flat shared by several people	12 (52,2%)
Flat assistance (Cáritas, Red Cross)	2 (8,7%)
Family unit	4 (17,4%)
Internal	5 (21,7%)
Sharing a room	
2 people	6 (26,1%)
3 people s	1 (4,3%)
Parents and children	2 (8,7%)
Not sharing a room with anybody	14 (60,9%)
Psychiatric antecedents	
No	20 (87%)
Yes	3 (13%)
Victim of maltreatment or abuse in the country of origin	
No	17 (73,9%)
Sí	6 (26,1%)
Victim of physical aggression in the host country	
No	19 (82,6%)
Yes	4 (17,4%)

Tabla 3. Variables sociodemográficas y migratorias

number of 1.39 children, who have been nearly two and a half years away from their countries of origin, and who, when attending the programme, had an average debt of €1.320 with the wide range of between €0 and €9.000. The reason for leaving their countries is mainly economic, that is to say, searching to improve their lives and those of their families. They turn to the programme during the first phase, the settlement phase, during the first three years after having left their countries.

Except for one person from Mali (Africa), the rest of the subjects in the sample come from Latin America. The majority come from Honduras (6 people; 26.1%) and Colombia (5 people; 21.7%), and are followed by people from Bolivia, Nicaragua, Ecuador and Peru (two people from each country; 8.7%). Finally, there are people from Chile, Cuba and Venezuela (one person from each country).

Half the participants are married (39.1%) or have partners (13%) and only one person is the partner of a Basque. Single people make up 34.8% of the sample.

Sixteen people (69.6%) have children. In

these circumstances, 10 people (62.5% of those with children) do not have their children here with them, but they reside in their countries of origin with other relatives, usually maternal grandparents. People with secondary education predominate (43.5%). 56.5% of them mainly do domestic service and take care of elderly people. There is also a percentage of people in the psychological support programme who are unemployed (26.1%). The income of the majority of them amounts to less than €1.000 a month. In general terms, the participants share a flat (52.2%) and 21.7% live in, as they take care of elderly people who very often depend on them.

The great majority of cases (87%) do not have psychiatric antecedents. In the remaining 13%, the antecedents are related to teenage depression. In addition to this, 26.1% of the samples suffered maltreatment or sexual abuse during their childhood or teens or during their relationship with partners in the countries of origin. Out of the subjects who came to the programme, 17.4% have suffered some physical aggression coming from their partners or from some other relative here in Spain.

The majority of the subjects do not take any medication, except for 17.4% who take painkillers for headaches and, occasionally, sleeping pills.

From the legal perspective, the majority of the subjects in the sample (14 people; 60.9%) do not have residence or work permits, and out of the people who do have them, in no case is it permanent. Yet, 78.6% of the samples are registered and, out of them, 16 people (69.6%) have a public health card and thus, they have access to the public health system.

Stress migratory variables

Below is Table 4, which shows the scores obtained by the 23 subjects of the sample in the Ulysses stress migratory scale.

The stress degree of the sample is moderate-high, since this is the way a score higher than 60 is regarded. This score points out that the degree of stress that immigrants face is very high.

Ulysses scale	M	DT
Total (range 0-189)	64,78	14,56 range 40-94
Scale of family stress (range 0-60)	23,04	4,31 range 15-29
Scale of acculturative stress (rango 0-24)	7,22	3,01 range 2-15
Scale of failure (rango 0-48)	16,85	5,51 range 4-26
Scale of survival (rango 0-9)	1,83	2,30 range 0-7
Scale of fear (0-15)	2,65	1,69 range 0-6
Scale of epidemiologic factors (0-6)	1,52	1,23 range 0-4
Scale of other variables (0-9)	6,26	1,95 range 3-9
Scale of vulnerability (0-18)	5,91	3,76 range 0-13

Table 4. Migratory stress

As a consequence, the possible suffering from psychological symptoms is very high. The family scale, which measures the distance from the loved ones, and the scale of failure, which shows the difficulties the immigrant has to get through, also show moderately high scores.

Psychopathological variables, personality variables and treatment-related variables

The next Table shows scores in the SCL-90-R Scale,

in the Self-Esteem Scale and in the Target Behaviour Scale.

According to the SCL-90-R scale, the degree of psychological upset in the sample is very high. With respect to the yardstick for the general population, the percentiles of the sample are above the 95th percentile in all subscales except for the somatisation disorder scale and the PSDI, in which they are very high as well. Therefore, the sample is characterized by high levels of depression,

SCALES	M	DT
Escala SCL-90-R		
GSI	1,61	0,47
PST	61,82	13,01
PSDI	2,34	0,47
Somatization disorder	1,51	0,87
Obsession-compulsion	1,61	0,62
Interpersonal sensitivity	1,85	0,67
Depression	2,38	0,54
Anxiety	1,65	0,60
Hostility	1,32	1
Phobic anxiety	1,04	0,87
Paranoid ideation	1,60	0,58
Psychotic	1,03	0,54
Self-esteem scale (rango 10-40)	27,7	4,28
Target behaviour scale (rango5-50)	41,1	7,77

Table 5. Psychopathological variables, personality variables and treatment-related variables

interpersonal sensitivity, anxiety, worries and psychological suffering.

In the Self-Esteem Scale the scores appear at a moderate level and in the Target Behaviour Scale they show a high level of difficulty.

Table 6 briefly shows some of the target behaviours pointed out by the subjects in the sample to work on during the sessions of the psychological support programme. Generally speaking, the target behaviours are related to the symptomatology defined in the Ulysses syndrome, above all to anxiety, depression and confusion. Furthermore, other aspects are included, such as the improvement of social relationships, the reduction of anger and perfectionism, and the achievement of vital objectives, such as having access to education and legalising their situation.

Variables	Legal (N=9)		Illegal (N=14)		t
	M	DT	M	DT	
SCL-90-R					
Phobic anxiety	0,64	0,46	1,32	0,99	2,12*
Self esteem	30	4,83	26,46	3,55	-1,87+
Migratory stress Ulysses scale Total	54,56	9,58	71,36	13,55	3,22 **
Scale of failure	13,33	5,59	18,29	4,68	2,29 *
Scale of survival	0,56	1,13	2,64	2,53	2,69 *
Scale of fear	1,56	1,50	3,36	1,44	2,86 **
Vulnerability	3,44	1,50	7,50	3,95	3,46 **
Months away from their countries	38,22	24,15	21,79	15,84	-1,98 +

+Tendency * p<0.05; ** p<0.01; *** p<0.001 **Table 7.** Comparison between legal and illegal immigrants

From the psychopathological point of view, illegal immigrants show more fears, have a higher degree of migratory stress, feel to be more of a failure and more vulnerable (e.g. they have more self-doubts, are distrustful, and feel indecisive and dependent) and have to cope with more difficulties for survival.

CONCLUSIONS

Migration implies a psychological impact in the host country, in the immigrant and in the family left in the country of origin, who experience sorrow as well (Oztek, 1986; Rodríguez, 1982). Migration always implies frustration, sorrow or suffering, but also expectations of a better future for those who leave their countries of origin.

- Feel stronger, less fearful and able to cope with problematic situations.
- Acquire more self confidence and better self esteem.
- Deal with fewer worries and focus on subjects in greater detail.
- Manage anxiety and nervousness.
- Manage shyness and embarrassment.
- Cope with sadness, boost spirits and feel less guilty.
- Reduce perfectionism.
- Improve personal relationships with partner, family and society. Enter into and take part in conversations.
- Know how to say *no*, defend rights and make requests.
- Avoid shouting, cope with anger and frustration.
- Be able to study.
- Be able to have legal papers, that is to say, work and residence permits.

Table 6. Examples of target behaviours to work on during the programme.

Comparisons between legal and illegal immigrants

A comparison was carried out between legal immigrants (nine people) and illegal immigrants (14 people), that is to say, between those with residence and work permits and those who do not have one in any of the variables included in the study, by means of the *t*-test for independent samples and the chi-square test. Table 7 shows the variables with statistically significant differences or with differences in the tendency.

As the table shows, legal immigrants have been away from their countries for a longer time (about three years) and tend to enjoy better degrees of self esteem.

Migration is regarded as a psychosomatic and psychopathological risk factor. For this reason, it should be borne in mind from the health and psychosocial points of view (Tizón, Salamero, Pellegrero, San-José, Sáinz and Atxotegi, 1992).

The immigrants who have turned to this programme for help have left their countries of origin over the last three years. Therefore, they can be regarded to still be in the first phase of adaptation to the new home and to a new life, coping with all the difficulties that the process brings about (Martínez-Taboada, Arnoso and Elgorriaga, 2006). After the initial phases are overcome, and in spite of their nostalgia, they may be able to integrate and develop a normal life (Bravo, 1989). The first hypothesis, therefore, gets confirmed.

Most of these immigrants are young women coming from Latin America (with an average age of 30) who are married or with a partner. In general terms, they carry out jobs with lower qualification than their educational level. This fact brings about frustration and reduction in their social status. Thus, the income of 91% of the sample is less than €1.000, and they have an average debt of €1.320 which they incurred in the migration period in order to be able to travel to Spain, or also which they incurred in their countries and which helped push them to leave. This implies a stressful additional burden since, in addition to earning money to be able to live in the host country, they need to save in order to pay for the debt and to send money to their families in the country of origin, where their children are living.

Over half of them live in flats which they share with other people or sleep in a room with someone who is often unknown, which brings about high stress and can lead to personal and group conflicts (Molero, Fernández, Martín, Pelayo y Vázquez, 2004).

In general terms, they are a healthy population. Eighty-seven percent do not have psychiatric antecedents, so it is coping with a number of stressful situations that makes them fall ill, as it is pointed out by Achotegui's studies (2002, 2003, 2004). The sample scores in migratory stress point out that immigrants need to cope with many difficult situations, such as the distance from their loved ones, the difficulties to find and keep a job and to have decent housing, the feeling of powerlessness and failure, the daily struggle for survival, and so on.

Thus, in general terms, the immigrants' discomfort is intense, but they do not turn to psychological assistance because of their everyday situation, but when a new cumulative stress factor appears, such as losing their job, suffering an aggression, having to change rooms one more time, the tiredness of having to work with a dependent old person, the death of one of the people that they take care of, a problem from their children, facing an expulsion order, having to renew permissions once again, and so on. Immigrants resist many stressful situations and struggle for a long time before looking for assistance. Their psychological strength is very high, but it occasionally breaks.

According to the SCL-90-R scale, the immigrants who attend the programme show high levels of psychopathological alteration—*anxiety, fear, depression, somatisation disorders, difficulties in interpersonal relationships*—in comparison to the standards of the general population. These data are in tune with those of other studies which have used the same instrument (Plante, Manuel, Menéndez and Marcotte, 1995; Valiente et al., 1996) and confirm the second hypothesis of the study.

Immigrants face are many stressful situations, jobs with no contracts and paid by the hour, a lot of jobs, job dismissals and financial needs, changes of room, regularization of legal papers, and so on. These situations are highly stressful, spread over time for years and often need to be coped with alone and without any family support.

The illegal immigrants in the study show a higher degree of stress and psychological vulnerability than legal immigrants, so the third

hypothesis is confirmed. As pointed out in other works, having a residence permit and a work permit imply a better situation, more probabilities of integration, and better life conditions and well-being (Aierdi, Basabe, Blanco and Oleaga, 2008; Basabe, Zlobina and Páez, 2004; Finch, 2003). Illegal immigrants experience a real risk of expulsion or arrest, with high levels of insecurity and uncertainty which extend with time (Villar, 2002). As a matter of fact, they face a number of administrative tasks (with long waits and queues) and other legal, work and survival tasks under the shadow of possible labour abuse. If, besides, their health breaks, they are more likely to suffer from disorders (Cuellar, 2002; Huang y Spurgeon, 2006). Furthermore, because they are recent immigrants and have spent less time in the host country, they do not know the rhythms and costumes that they will need to get used to.

The findings of the study allow us to learn more about the social and demographic profiles of the immigrants who apply for assistance, about their migratory experiences and about the psychological states that they manifest. This knowledge helps to adjust the help and therapy, above all during the first phase, of settlement, during which the stress levels are higher. Furthermore, the scores reveal the need to bear in mind the legal situation of the immigrants in order to make assistance available to them.

Physical and psychological health are fundamental in order to integrate into a society (Ingleby, 2004) since non assumed and under treated mental health problems may negatively affect the adaptation and further functioning of immigrants (Pumariega, Rothe and Pumariega, 2005). For this reason, a psychological support programme was created to strengthen and assist immigrants in their migratory processes. The programme is a preventive health measure for the first adaptation phases of immigrants. It provides them with some listening space and strengthens their psychological abilities.

This study has several weaknesses, namely the size of the sample, the lack of a control group which proves useful for comparison, and the use of non-contrasted instruments for the evaluation of migration stress. Yet, this study implies a first approach to the psychological state of those immigrants who ask for help in the province of Guipuzcoa and to their psychological problems. In a second phase it will be possible to elaborate more sophisticated instruments for measuring migratory stress and for comparing the findings with those of a control group. Learning about immigration problems for socio-cultural adaptation and survival, about their consequences in the mental health of immigrants and about their risk and protection factors is a challenge for the future (Zarza and Sobrino, 2007).

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