Anuario de Psicología Clínica y de la Salud / Annuary of Clinical and Health Psychology, 4 (2008) 33-43

TEN NOTEWORTHY REFERENCES ABOUT IMMIGRATION:

A clinical psychology and health approach

María Luisa Avargues Navarro & Mª Carmen Orellana Ramírez

Departamento de Personalidad, Evaluación y Tratamiento Psicológicos. Universidad de Sevilla (España).

INTRODUCTION

From the 1970s onwards Spain stopped being a mainly migrating country and became a recipient of immigrants, which brought about a big increase in population over the last few years. So much so that, according to the Observatorio Permanente de la Inmigración (The Permanent Observatory of Immigration), 4,274,821 foreigners had a registered residence certificate or a residence card in September 2008 (*Ministerio de Trabajo e Inmigración*, 2008), to which one has to add the large number of foreign people in an illegal situation.

The increase of the migrant population demands of any receiving society an effort to adapt through political, economic, structural, cultural and/or educational changes. Furthermore, we should not forget about the adaptative task (including implicit psychological changes) for the immigrant, who faces a new situation which is sometimes traumatic or stressful. As stated by Moya and Puertas (2008), each migrating process implies putting at least two different cultures or subcultures in touch, which is known as "acculturation". Two levels can be distinguished in such a process, namely group acculturation, with changes in the political, demografic or educational fields, among others, and individual or 'psychological' acculturation, which refers to the psychological changes manifested by the individual as a result of the acculturation.

For this reason, it is hardly surprising that the migratory phenomenon has become an interesting object of study for professional psychologists, both for those engaged in psychosocial aspects, which deal with the study of prejudice, racism, xenophobia, integration or networks of social support, and for those interested in clinical perspectives, (studies on anxiety, stress, emotional control or self-control, etc). To be precise, the clinical focus advocates the need to acquire better knowledge of those processes implied in the relationship between health in general and immigration and mental health in particular. Even more so, if we bear in mind that these relationships are not always simple and unanimous, as is shown by the open debate about the association between the migration process and the development of some psychopathologies. The findings of the studies conducted in Europe and the United States do not come to categorical conclusions and so the direct relationship between migration and mental health is increasingly open to question. Where they do seem to coincide is in the role that some risk factors might play in the stress related to immigration, in cultural differences or in perceived discrimination, among other variables (see Collazos, Qureshi, Antonín and Tomás-Sábado, 2008). A number of studies make it evident that immigration itself does not increase the risk of suffering from some mental diseases, but they are rather linked, above all, to adaptative psychological experiences during the migration process (Achotegui, 2002).

In addition to this, we need to bear in mind that in spite of the interest that the study of immigration from a clinical perspective has aroused among professional psychologists over the last few years, there is still a long way to go. Bardají (2006) shows that there is an abundant bibliography about mental health and immigration in Spain and also about many issues associated to immigration in general. But many of those works are either studies revising existing literature, typically from international fields, or essays and other theoretical approaches for reflection and debate which, in spite of their relevance due to their clinical importance, since they often start from real therapeutical experiences with immigrants, show lack of empiric support and are very general. In the same way, Gimeno-Bayón (2007) reviews the national literature on psychotherapy with immigrants and denounces, first, the preponderance of studies conducted from a sociological or anthropological approach to the detriment of psychological and, even more so, from psychotherapeutical perspectives, and, second, for the lack of consensus and accuracy when dealing with the conceptual definition of the terms studied. In consequence, there are not many studies analyzing samples of immigrants living in Spain

beyond the descriptive studies of very specific groups who use some health centres or institutions which are interested in the population that they deal with. Studying the migration experience as the human experience that it is, implicitely entails the need to learn about the specific contextual dimension in which it develops, in order to understand it thoroughly, without being satisfied with the automatic translation of the phenomena found in other countries where migration is a tradition, such as the United States of America or France in Europe.

The need to increase research for purely academic reasons is evident. But what practical usefulness does this type of specific clinical research on immigrants provide and justify? Why study mental health specifically on immigrants? Should specific reflection on assessment, diagnosis, treatment and therapy and so on, be adapted to the immigrant population beyond the mere adaptation to the language of the user? These questions with obvious answers do not seem to be obvious if we look critically at the current scene. For example, Achotegui (2008) states that the World Health Organization itself has no mental health programmes for immigrants. Gimeno-Bayón (2007) hints that the psychological attention to the immigrant offered by her team (*Asociación Oasis de Ayuda Psicológica al Inmigrante*, The Oasis Association of Psychological Attention to the immigrant) was initially regarded by a number of institutions as an 'inopportune luxury to reject'. We believe that it is important to think over these and other difficulties to develop this field of research, which promotes a critical analysis not only of the current situation in Spain but also of the positive and negative aspects of the experience undergone in other countries with more expertise on the issue.

In order to support this project, it might not be banal to make, even briefly, the relationships between research interest and practical interest explicit. The lack of consideration for the psychological health of the immigrants may bring about consequences which surpass the internalization and externalization of some individual problems as are the emergencies of real social pathologies. An extreme case is illustrated by serious social conflicts which may be labelled as racist; and other forms of inter-group violence. Evidence of this are the *banlieu* riots in France (Achotegui, 2007) and other more present-day uprisings lead by the population of immigrant origin, especially by the second generation immigrants (immigrants' children born in the receiving country). According to this author, the heart of these violent phenomena can be found, amongst other factors, in interpersonal difficulties and psychological disturbance due directly to the lack of support to psychologically integrate cultural issues, as much from the culture of origin and from the receiving one. Please see the thoughts, illustrated with clinical cases, carried out by Marset (2008), which is not included in this paper, about mental health in second generation immigrants.

Socio-political causes such as discrimination have an important role in all of these conflicts of the masses and may even act as triggers, but we should not forget that the needs for mental (not only psychopathological) health of these communities lie in their own foundations, so specific attention to them is a very legitimate means of prevention.

From all the above comes the need to keep working in this field in order not only to understand causes and consequences better, but also to provide professionals with tools that allow them to carry out efficient intervention both in the immigrant group as a whole and in those people who receive them.

This review seeks to show ten references from scientific literature which can be useful for clinical psychology and health professionals. It has been carried out starting from national and international databases of psychology and health sciences (Psycodoc, PsycInfo, Medline) as well as from on-line scientific literature available to any professional. The selection of the ten references shown here has been carried out on the basis of the following criteria:

- *Current.* We have intended to select current up-to-date works. For this reason, most of them are studies published over the last five years, except for two of them, which are earlier but are classical works on still current themes which may contribute very important thoughtful ideas, given the situation of present-day Spanish research.
- *Context.* From our point of view, as previously stated, immigration in Spain has enough of weight in itself to be dealt with as a single subject theme (besides the importance of studying it in its environmental context). However, our work has also selected three international studies for two reasons. First, as mentioned above, because there are still few empirical studies carried out from a clinical approach which meets the parametres required by the scientific community. Second, because international literature widens the perspective of the main research lines associated with immigration currently being developed in the field of psychology of health and, precisely, in its clinical aspect, even though they do not exhaust the wide range of research lines or studies.

In any case, we seek to represent a collection of works which provide relevant concepts concerning migration which are especially useful for professional psychologists interested in the subject matter. In particular, we have intended to collect works representive of the following lines of study and thought that are open today, both in the national and international spheres, with the aim of providing possible answers to the reader.

The first block includes just one work, which reviews and summarizes the main present- day national and international findings on immigration and mental health. It is a general overview to this field of study.

The second block provides an overview of current studies on the mental health of the native Spanish population and immigrants living in Spain. It is further subdivided into three well differentiated subject matters on health.

1. The characteristics and measurements of a phenomenon with its own identity. Originally named by Spanish authors as the Ulysses syndrome, it has great environmental value and is dealt with by two of the ten included articles.
2. Spanish transcultural studies which follow the tradition of international research on the mental health of adult, child or youth immigrants, which compare a same diagnostic or problematic category, such as acculturation or body image, of a population from different cultures who live in the

same geographical area, with a high immigration rate, in search of modulating cultural differences, risk and protection factors, and so on. The content of this block is further developed in another two articles.

3. Descriptive studies of the immigrant population which are used as indicators of the clinical attention offered; for example, the following of treatment given to the immigrant population who use specific health centres or institutions, which is the subject matter of the article described here.

The third block focuses on an important study of transcultural clinical psychology carried out in the international area with probably the most experience in immigration (The United States). It is a cross study on the prevalence of mental disorders not only in its Hispanic immigrant population ("first order" immigrants), but also in the American population descending from Hispanic immigrants ("second order" immigrants). The work represents what could be called a mental health study of a "second order" which brilliantly isolates relevant cultural variables and, in spite of its cross design, studies the long-term effects of the migration experience on mental health. All of these reasons make it a necessary work for this review, as it can give direction as to where research efforts should be made in order to show the true Spanish immigrant reality and its effects.

Finally, the fourth block reflects on the role of the mental health professional who is dealing or will shortly deal with the reality of immigration in Spain. As has been stated above, given the fact that our country does not have such long experience on attention to immigrants as other countries do, some of the works described here collect reflections of public health professionals from foreign countries but which, from our point of view, set out issues necessarily applicable to the present Spanish reality. In particular, this block shows three fundamental subject matters which are developed in three different articles.

In a first experimental work framed in the British context, the alleged objectivity of the professional of psychology, in this case a psychiatrist, is questioned at the time of attending to, diagnosing and treating a patient with foreign traits. It is a classical social psychology study of prejudices but applied to the role of the mental health professional. We understand that it may lead to adequate enough self-criticism, as it deals with factors associated to psychological attention and at least establishes the relevance of immigration studies to improve the psychological attention offered.

A second subject matter is marked by strong criticism, coming from anthropology, towards the field of transcultural research on mental health, which is linked to the ethics of the researcher on the phenomenon of migration. The conceptualization and, especially, the assessment of concepts accepted by the whole literature, such as the concept of acculturation, are questioned, but again in the research context of immigrant health in the United States. Nevertheless, from our point of view, this reading fulfills a central function, namely to learn from the mistakes that health experts typically make, which helps to prevent bias in the research to be developed here in Spain and calls for caution in the findings and in the need for methodological rigor.

The last subject matter, which ends this block on the role of the mental health professional in face of migration and is the last of the ten readings described, is based on the reflection that Spanish experts make on the psychotherapeutical cultural competence of the mental health professional. It makes use of the same comparison and criticism of the positive and negative aspects of the priviledged model afforded by the United States context.

Now each of the works selected is analyzed following the order shown above.

Block I. A brief survey on national and international knowledge about the mental health of immigrants

García, J. & Alda, M. (2005). *Salud mental e inmigración*. Barcelona: Edicamed.

First we describe the work by García and Alda (2005), which is a good representative of the handbooks that in summary collect and organize all the known scientific information about the mental health of immigrants. Even though the work is written from the approach of cultural psychiatry, it offers very relevant information about the national and international mental research scene to the psychologist who is close to this world. The clear and brief information makes it a good reference book. It starts with general concepts associated with immigration, moves on to the origin of its study and the specific epidemiological issues which describe the migration flow to Spain. These basic notions establish the framework in which the authors introduce other more specific concepts which directly address the field of immigrant mental health, such as measuring immigrant grief processes, acculturation processes etc. This work collects evidence associated to pathologies derived from the migration process and the mental health problems typical of this population (irrespective of how long they have stayed in our country) according to a number of variables, such as geographical origin.. In other words, it shows the main psychiatric pathologies of the immigrant population in general. It describes epidemiologic, measurement and diagnostic aspects associated to their disorders and emphatically highlights all the cultural aspects that may have an influence on and modulate them, (questions relevant for translating and validating the instruments to measure them, etc)

Furthermore, it comments on relevant issues about the relationship between the doctor and the patient to be necessarily borne in mind by the professional psychologist in cross-cultural therapy, which the authors call 'cultural countertransference' and is manifested both by the professional (as, for example when running the risk of denying the cultural aspects that differentiate him/her from the patient), and by the immigrant patient (for example, the attitudes of psychological acculturation such as cultural separation, marginalization which imply rejection of the receiving culture and which are reflected in hostility to the professional), etc.

Finally, this work, in summary form, collects from scientific literature, the most relevant issues on treatment which is appropriate to the mental health of immigrants, whether it be psychopharmacological, welfare, etc. Given the huge amount and variety of information provided by this book, we will not spend too much time on its description but will only remark on the evidence that quite a number of mainly

international research studies provide verifying the need for professionals to bear in mind those cultural factors influencing the mental health of this group. As stated above, this fact perfectly justifies the existence of single subject manuals like this one and also the need to complement them with research conducted in Spain.

There are currently some works which share this philosophy of bringing the professional closer to the findings of scientific literature (mostly international) about immigrant mental health. Those readers who are interested in getting information about this topic can look up some of the following works: The *Manual de atención sanitaria a inmigrantes* (The manual of public health attention to immigrants), which includes a section on mental health, published by the Consejería de Salud de Andalucía (The Andalusian Regional Health Ministry) (García, 2007); the work entitled *Los problemas de salud mental en el paciente inmigrante* (Immigrant mental health problems), by González and González (2004), or the article on child and youth immigrant mental health *Salud mental infantojuvenil en inmigrantes* (Carlson-Aburto and Jané, 2001), among others.

There are other studies that although focussing on specific aspects such as social support also provide useful bibliographical reviews, such as the one published by the *Consejería de Servicios Sociales* (2003) (The Andalusian Regional Social Affairs Ministry). All of these works generally have approaches that make them different from each other as regards greater emphasis on psychological, medical or psychosocial aspects, in the detailed presentation of information, according to the professional intervention or research group that it is addressed to, usually more concise in the case of the former and more developed and better referenced in the latter case.

However, a very relevant issue to bear in mind is that the majority of the data on the immigrant population included in this study and in the first references we pointed out in the first instance come from research carried out in the United States of America or in other countries of the European Union. This makes it essential to use the information provided with care, since, even though it is basic and necessary, it is insufficient to find out about the specific reality of the immigrant population living in Spain and this group requires a lot more further study.

Block II. The mental health of the immigrant population residing in Spain

II.1. The Usysses syndrome

Achotegui, J. (2008). Migración y crisis: El síndrome del Inmigrante con estrés crónico y múltiple (Síndrome de Ulises). *Avances en Salud Mental Relacional, 7(1),* 1-22.

Secondly, we have a close look at Achotegui's (2008) original contribution to the specific diagnosis of the symtoms associated to migration stress or acculturation stress, the so-called Ulysses syndrome. The psychiatrist and professor at the University of Barcelona, Joseba Achotegui, has for years been advocating for the need to adapt the diagnosis criteria for immigrants who consult doctor's offices or mental health offices to their reality. He specifically defends the existence of what he has called the Ulysses sindrome, also known as Immigrant Syndrome with Chronic and Multiple Stress. According to this author, because the current social and political reality is worsening immigration conditions, which can be seen in the difficulty to cross borders, to legalize the situation, or to regroup the family, among other things, the emigrating experience itself is becoming one which may often surpass the capacity of the human beings who undergo it, to adjust to it.

This syndrome is not applied to the conditions of whatever type of immigrant, but to those who start from a disadvantaged situation, usually financial; who occasionally emigrates under terribly dangerous and marginal conditions, very close to the traditional concept of 'refugee', (although the reasons are not necessarily political), and who typically, though not necessarily, comes from countries outside the European Union, which implies greater culture shock. All of this may affect the immigrant with a number of different problems, such as depression, anxiety, somatic and confusion symptoms that characterize the syndrome.

The four conditions below are regarded as fundamental for the emergence and proper definition of the syndrome:

1. Loneliness, due to the forced separation from the family and loved ones and to their impossible regrouping.
2. Feeling of failure in the migration project.
3. Struggle for survival, which includes food and housing.
4. Fear, above all, during and after the migration, which is especially associated to the possible loss of physical condition, which may be caused by the trip, by the lack of safety because of living in an underpriviledged area or by living on the street, etc.

Describing these stress factors is essential to define the syndrome adequately, as they mark the differences with mental disease itself, as it is not regarded as a real disease, but as suffering from extreme conditions which may culminate in mental disease if it is not treated in time. It is worth noting, though, that social measures need to be included in this 'treatment'.

According to Achotegui, it is important to bear this in mind in order to prevent and avoid the mistaken diagnosis that is frequently applied to these people, which sometimes also entails inadequate medical treatment.He specifically defends the idea that the syndrome is different from and should not be mistaken with the following mental disorders, as is often the case. 1. Depressive disorders. (Achotegui finds the atypical depression symptoms unspecific and so does not find them useful. 2. Adaptative disorders. 3. Post-traumatic stress disorder. 4. Severe stress disorder. 5. Psychosis.

In order to find out about the criteria to differentiate such diagnosis, the reader is invited to read the work being described here, which is not included due to lack of space.

Therefore, Achotegui recovers personal identity or history as a mental health modulator and, more than a pathology of the immigrant, he points to a pathology of migrating, which is a further pathological reflection of the system, which leaves aside some people so that, according to his hypothesis, the world automatically becomes a huge refugee camp. In a world in which it seems to be necessary to catalogue psychological suffering into diagnoses in order to be

attended to (or in this case, confused), we understand that Achotegui presents a compromise solution. The solution lies in using a category halfway between disorder and mental health, which he systematically observes in the emigrating population whom he attends to. Needless to say, this concept must be made operative by reliable measurements in order to be really borne in mind at least in the research context, beyond the therapeutical context (an example of which can be seen in the next article to be analysed). This fact does not diminish the importance of his proposal, whose clinical value is inmense and which implicitely entails a whole cultural psychological or psychiatrical perspective which is really serious and which, on the basis of deep professional respect for the clinical circumstances of immigrants, we believe needs to be considered by any health professional.

However, probably because it is a new idea, we have not been able to find any study on this syndrome in any international database. In fact, what is commonly collected in international literature, mainly in the field of medicine, is another concept with the same name, "*another*" *Ulysses Syndrome*. which refers to the *trip* that needs to undertaken by the patient and that is understood as being falsely positive (given that it deals with physical or psychological disorders) up to the moment when the error is detected (Rang, 1972). We do not know whether this first sense of the term lies at the origin of the concept proposed by Achotegui. In any case, the Spanish concept could also be interpreted as the 'immigrant's syndrome of the falsely positive', as its defence stems from the need not to pathologize them with mistaken mental diagnoses. This special polysemy needs to be taken into account.

Villagrasa, P. J. & García-Izquierdo, A. L. (2007). La medida del Síndrome de Ulises (Measuring the Ulysses syndrome). ***Ansiedad y Estrés, 13 (2-3),*** **253-268.**

Thirdly, this review describes an empirical study on the abovementioned Ulysses syndrome with a Spanish sample carried out by Villagrasa and García-Izquierdo (2007). This represents a further step in the building up of useful knowledge with clinical and therapeutic relevance in the field of immigrant health. The study makes an effort to make the definition and assessment of the Ulysses syndrome operative and this is its major contribution. It is oriented towards the working immigrant population and, even though it has been carried out from a social psychological focus, from our point of view it starts from the fundamental clinical objective of finding out about the risk and protection factors of vulnerable groups. The authors carry out an assessment of the Ulysses syndrome by identifying the fundamental variables which, according to them, characterize it, namely stress due to acculturation, anxiety or depression, emotional exhaustion, social disfunction and loss of confidence. These variables are assessed by means of a number of scales. The authors bear in mind the relationship between the Ulysses syndrome and immigrant acculturation strategies, that is, those phenomena which take place when, in general terms, individuals of a majority culture and a minority culture come into contact. Furthermore, they study other associated socio-demographic protective or risk variables.

They study 182 immigrant workers in Asturias coming from Latin America, Africa and other places, who belong to different work sectors, have stayed in Spain over different lengths of time, and have a diverse previous knowledge of Spanish culture, among other factors.

The measuring instruments are: the *Acculturation Stress Scale*, developed by the Center for Multicultural Mental Health Research (Alegría et al. 2004); the *Scale of Emotional Exhaustion*, carried out by the Maslach Burnout Inventory-MBI (Maslach and Jackson, 1986); *The General Health Questionnaire*, developed by Goldberg and Williams (1996); two questions posed by Navas *et al*. (2006) to assess acculturation strategies, and a questionnaire of biographical type created on an *ad hoc* basis.

The fundamental results draw attention to that, even though the association strength varies in relation to the measuring instrument used, the analysis of the set of tests produces a value which supports the adequacy of the Ulysses syndrome as a diagnostic category and the appropriateness of its assessment by means of these scales. This study provides relevant information to strengthen the theory proposed by Achotegui (2002) and it is also very relevant because it supplies valuable information about the characteristics of immigrants in the Spanish context, even though the findings are not explicitely compared to those of non immigrant people. From the interesting findings, it is worth emphasising the need to carry out studies which go deeper into the potential and limitations of these concepts, which is fundamental for the adequate development of this field of study in particular and, in general, for the development of studies into the clinical psychology of immigrants.

II.2. Adult, child and youth transcultural clinical psychology

Sánchez, G. y López, M. J. (2008). Ansiedad y modos de aculturación en la población inmigrante. (Immigrant anxiety and acculturation methods in the immigrant population) ***Apuntes de Psicología, 26 (3),*** **399-410.**

This work concentrates on two fundamental concepts in what could be called 'cross-cultural clinical psychology' in adults. Acculturation and psychopathology.

The concept of acculturation, mentioned before in this study, has been studied at length in the immigrant Spanish population, by Navas *et al.* (2006) from the field of social psychology, especially in the context of Almería. However, it is necessary to widen the concept to the field of clinical psychology, precisely to test the limits of its efficiency as a explanatory and/or descriptive term. The authors start from the findings by Navas *et al.* (206) and study the possible relationship of acculturation (especially considering 'acculturation stress'), with a variable, anxiety, with which its association is quite predictible if one starts from the traditional effects of stress. In this way, they establish the hypothesis that the most integrated immigrants will manifest lower levels of anxiety.

The authors study both the symptoms of anxiety and the acculturation methods of 43 immigrants living in Seville, they were chosen from a random sample in various immigrant associations. They gathered personal and social information as well as data on acculturation and anxiety levels. Specifically, they

used the State and Characteristics of Anxiety Questionnaire (STAI; Spielberger, Gorsuch y Lushene, 1988) and an adaptation of the questionnaire on acculturation strategies and attitudes created by Navas *et al.* (2004) The latter questionnaire distinguishes four possible ways of acculturation according to classical literature (Berry *et al.*, 1989), namely integration, assimilation, separation or segregation and margination or exclusion. It also looks at descriptive variables for the reasons to emigrate, or the legal or illegal situation of the immigrant.

This study provides attention getting findings which contrast with traditional ones, as there is no significant relationship between the anxiety variables (state and characteristics) and the different methods of acculturation. Nevertheless, tendencies can be observed which follow the line of their general hypothesis, such as the higher level of a state of anxiety in the Moroccan sample versus Latin American subjects, which might support the thesis that the highest level of stress is produced by the greater cultural shock.

This study makes a good start in the exhaustive description of the cultural aspects of the immigrant Spanish population, in this case attitudes to the exogenous and endogenous cultures, as well as risk factors and/or health protection factors. It is worth remarking that this work widens the study on the immigrant population in Spain, living here both legally and illegaly. In addition to this, it is a starting point to continue widening and strengthening cross-cultural studies from a clinical psychological point of view, by using, for example, bigger samples of immigrants, from various cultural origins, on wider Spanish contexts which are paradigmatic due to their immigrant size, in order to compare them to the non-immigrant Spanish population.

This study is a good representative of transcultural studies in the Spanish population and social reality, which implies a fundamental advance in not only epidemiological research but also in scientific psychological research on the richness of cultural diversity and its implications in order to intervene and prevent possible conflicts between groups as well as individual mental health problems. This field of study represents a very promising area of research.

Rodríguez, S. & Cruz, S. (2008). Insatisfacción corporal en adolescentes latinoamericanas y españolas (Body shape dissatisfaction in female Latin American and Spanish teenagers). *Psicothema, 20 (1)*, 131-137.

In the fifth review, we look at the work undertaken by Rodríguez and Cruz (2008), which shows symptoms of teenage psychological discomfort, specifically body shape dissatisfaction. It clearly shows characteristics associated to the mental health of the child or youth immigrant, on which there is rather little research in spite of its clinical or social relevance.

This study examines the clinical concept of teenage body shape dissatisfaction together with the body mass variable, in a framework of cross-cultural psychology. It specifically compares the body shape dissatisfaction of Spanish female teenagers with that of their Latin American counterparts, both groups living in the Basque Country autonomous region.

The Latin American female teenage group is not explicitely identified as a group of immigrants 'at risk', but rather the focus of attention lies in 'cultural factors' in general, comparing these girls allows for describing this population and, especially, bridging cross-cultural clinical concepts.

The participants of the study were 403 compulsory secondary education teenage students who were not currently suffering from any known illness or receiving psychotherapy; 191 of them were Spanish and 212 from a Latin American origin. The following instruments used for the study:

1. An *ad hoc* questionnaire on socio-demographic variables.
2. The *Body Shape Questionnaire* (Cooper, Taylor, Cooper, & Fairburn, 1987).
3. The *CIMEC-26 Questionnaire*, a questionnaire on the influence of body shape aesthetic models (Toro, Salamero & Martínez, 1995).
4. The body mass index, applied in relation to various categories, such as underweight, normal weight or overweight, etc.

The findings mainly show that female Latin American teenagers are significantly more dissatisfied with their bodies than their Spanish peers and, even though in general, the lack of satisfaction is directly related to body mass index, this variable does not apply to Latin American girls, which points even more to possible socio-cultural factors.

No other cultural variables other than the country of origin or the time spent in Spain were assessed. This fact makes it possible to choose from a wide range of cultural reasons to account for the differences found. In spite of this, the study is a good example of methodological design for clinical transcultural research on child and youth first and second generation immigrants.

II.3. The immigrant patient

Sanz, L. J.; Elustondo, I.; Valverde, M.; Montilla, J. F. & Miralles, M. (2007). Salud mental e inmigración: adhesión al tratamiento ambulatorio (Mental health and migration. Access to outpatient treatment). *Revista de la Asociación Española de Neuropsiquiatría, 27 (100)*, 281-291.

For the sixth review, we have chosen the work undertaken by Sanz, Elustondo, Valverde, Montilla and Miralles (2007). It gives relevant information on the therapeutical process itself, such as adherence to treatment, beyond the mere cross-cultural comparison of the pathology to be found in the immigrant population, using public mental health centres. The study is carried out in typical contexts for clinical intervention, such as various centres from the Autonomous Region of Madrid, and it displays a practical effort to learn about the immigrant population being attended to. To be precise, it seeks to assess the degree of adherence to treatment and diverse socio-demographic and psychopathological characteristics, in a search for the specific difficulties of the users.

The sample consists of 190 users. The target group evaluated consists of 95 immigrant users of different ages, nationalities, length of residence, competence in Spanish, diagnosis (CIE-9 diagnostic groupings) and adherence to treatment, self-assessed. A control group consists of the same number of non-immigrant users whose sex and diagnosis, among other characteristics, are comparable.

The findings provide statistics that show that an immigrant population's lack of adherence is not significantly associated to origin, diagnosis or sex, but are inversely proportional to language competence, which stands out as being paradoxical. Therefore, the authors conclude that a full multi-causal approach is neccesary to address immigration and lack of adherence to treatment. The most coherent alternative seems to be, to insist on it during the reception phase and first contacts in order to achieve the so- called hooking or therapeutic alliance.

As stated above, this study makes an effort to understand the reality of the users by focussing on improving the attention offered, which needs to be systematic and with an adequate design. This attention, understood as the degree of adherence to the treatment, can be used as a quality indicator. The access to these centres is easy and the contact with this population is priviledged. For these reasons, we think that this intervention offers fundamental epidemiologic, inter-cultural clinical and practical information, as the improvement factors in attention are improved by means of specific indicators adjusted to cultural differences. All in all, the intervention shows the advantage of concentrating research in real intervention contexts, which offers information both on the population assisted and on the service offered, so that it reflects the new social reality.

Block III. Cross-cultural international mental health and immigration

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R. & Caraveo-Anduaga, J. (1998). Lifetime Prevalence of DSM-III-R Psychiatric disorders among urban and rural Mexican Americans in California. ***Archives of General Psychiatry, 55,*** **771-778.**

The seventh review presents a classical American study conducted by Vega and collaborators in 1998 which specifies and isolates the cultural factors associated with mental health. It starts from a study on the prevalence of disorders suffered by first and second generation immigrant population, in other words, Mexican adult immigrants and Mexican American adults, the children and grandchildren of Mexican immigrants, in comparison to with non immigrant groups of peers, living both in their country of origin, Mexico, and in their present country, the United States of America.

To be precise, a sample of 3,012 adults of Mexican origin between 19 and 59 years old is used to study the prevalence of 14 DSM-II-R disorders (American Psychiatric Association, 1987): mood disorders, (for example, major depression episodes, maniac episodes or disthymia); anxiety disorders, (for example, panic disorders, agoraphobia, social phobia or simple phobia); disorders stemming from drug and alcohol abuse and dependence; non affective psychosis; somatization and personality disorders.

This is studied in relation to social and demographic variables such as sex; age; length of residence in America (less than 13 years, more than 13 years and born in America); place of residence in the Californian Central Valley (urban areas, suburbs with less population, and rural areas); educational level; labour position; marital status, and language in which the interview was given, English or Spanish.

A very careful random sampling, to assure a sample range proportional to the size of the Hispanic population, was used to assess the subjects. For the assessment of all the subjects, the semi-structured interview model CIDI (Composite International Diagnostic Interview) was used (Robins *et al.*, 1988) but in this case with computer support.

The findings show that the disorder prevalence rates shown by Mexican immigrants are similar to those in Mexico City. Whilst the rates for the Mexican Americans are similar to those of the population in the USA, they are significantly higher, in the majority, than those considered the 'exo-group' (subjects from Mexico and new immigrants).

All the above leads to necessarily think over the preventive measures to be applied in order to improve mental health, which is worsened by the immigrant's acculturation process. For this reason, it is essential to assess the risk and protection factors that may mark the limits of the good and bad mental health states of immigrant and native groups (at least the perceived one). The main contribution of this study, as we see it, is the verification that this research needs to be focused not only on the person who emmigrates, but also on their interpersonal world, especially their descendants.

Previous to that, the study also suggests the need to develop complex research designs that include the majority of the variables that can be implied in processes as difficult to assess as the long-term influence of culture on mental health, in order to avoid spurious or too generic relations stemming from biased or reductionist research. It should not be forgotten that cross-cultural epidemiologic research needs to begin from a deep respect of the processes being assessed, by means of reliable instruments of assessment etc. It should imply a serious effort to learn about and not stereotype new or old populations with different cultural origins.

The good model that this study represents may be very useful in carrying out this task with groups living in Spain, as its results not only describe but could also lay out the lines for preventive action and to plan treatment programmes potentially necessary for such populations.

Block IV. The role of the mental health professional in face of immigration

IV. 1. Difficulties in the level applied

Lewis, G., Croft-Jeffreys, C. & Davis, A. (1990). Are British Psychiatrists Racist? ***British Journal of Psychiatry, 157,*** **410-415.**

The eighth review of this paper presents data from a classical British study conducted by Lewis, Croft-Jeffreys and Davis (1990) which explores the implications of the prejudices (commonally called 'racist factors'), of professionals in mental health in general, in the attention given to patients. This study is representative of all the traditional research dedicated to analysing the dimension of prejudice, but it is focused on the clinical field and specifically assesses psychiatrists. From our point of view, it can also be applied to our field of interest, psychology.

The study focuses on 139 randomly chosen British psychiatrists who provide data on their sex, age,

previous experience, medical grade, place of work (general hospital, mental hospital community, and so on), their general vision about mental health within a socio-biological continuum, and their position in community care. These psychiatrists gave the most likely diagnosis (within a closed range of possibilities) for the same clinical clase of a hypothetical patient.

The procedure was based on providing each psychiatrist with the same clinical description, but according to the case they were assigned. Some received the real case and others the same case but with the sex and the 'race' of the patient changed (white versus African Caribbean patients). It also includes a questionnaire with 23 semantic differences with a six-point scale designed to elicit an aspect of the assessment or treatment of the case that specifically reflect the racist attitudes of the professionals. For example, the need (according to their opinion) for a greater or lesser degree of pharmacological or psychotherapeutical treatment, or simple vigilance of the patient, etc, all of which suggest a better or worse prognosis for the patient with possible future problems with the law, and so on.

The findings show paradigmatically that what characterises the "race" of a patient influences the clinical predictions and attitudes of the health professional in their diagnostic work. Specifically African Caribbean patients are diagnosed with a shorter term disease which requires fewer neuroleptics than in the case of their white counterparts. They are also diagnosed with potentially more aggressive behaviour features that will probably make it necessary to take sterner legal measures against them, such as depriving them of their freedom. In a word, their pathology is played down, criminalising their behaviour. When dealing with gender differences, different attitudes are also shown in line with traditional prejudices (the cases considered less violent and with the need of more neuroleptics deal with women).

We don't know how this study may influence the current Spanish reality, as there are huge significant differences: the epoch is different, as the study was carried out almost 20 years ago; the professional role deals with the attitudes of psychiatrists, not of psychologists; the social and cultural context is different too (British). All of this makes it necessary to take the findings of this study with a lot of caution. But it is a real if specific example of the prejudices that, unfortunately, we professionals are often not aware of. At any rate, we should not forget that the study is one step forward, illustrating the real possible consequences which such implicit beliefs may bring about. At least, it may make us think about the need for cross-cultural studies which provide real data on present day immigrants, and which soften and 'control' our possible prejudical perceptions, as a way to improve our professional work.

IV. 2. Difficulties for the researcher

Hunt, L. M., Schneider, S. & Comer, B. (2004). Should "acculturation" be a variable in health research? A critical review of research on US Hispanics. *Social Science & Medicine, 59,* 973-986.

The ninth review in this paper deals with the work in which Hunt, Schneider and Comer (2004) question the limitations of a number of concepts which nowadays dominate cross-cultural mental health psychological research, specifically the ones in Anglosaxon literature. The authors call for calm and reflection over the ethical aspects implicit in cultural research. In order to make a critical analysis about the reliability and adequacy of the concept of acculturation, this theoretical study analyses the possibilities and limitations of using cultural concepts as operational variables as an object of study. It specifically criticizes those studies on the health of Americans of Hispanic descent which study culture and acculturation processes out of context, as independent and static variables or attributes of the subjects. According to the authors, this fact brings with it risky conclusions which somehow perpetuate racial stereotypes and prejudice in spite of coming from highly sophisticated research from a methodological point of view.

In order to set out such questioning, the article starts from conclusions derived from the systematic revision of scientific literature on Hispanic health and acculturation published in the United States between 1996 and 2002. From their point of view, the main problems with the concept of acculturation come from its complexity and the difficulty of defining and studying what the concept of culture itself presents. From this point, the difficulties of the issue never stop arising.

The traditional definition of acculturation starts from those processes of change that a subject or a group goes through as a result of the contact between cultures, one of which is dominating and the other a minority one. According to the authors, accepting this fact implies four basic assumptions which may themselves be subject to criticism, at least, such as they have traditionally been taken. Firstly, cultural differences, as intergroup heterogeneity is assumed, when it is difficult to clearly differentiate one culture from the other. Secondly, the groups to identify, as intragroup homogeneity is presupposed when the very members of the same culture are very different to one another and it is difficult to know what group identity consists of. Thirdly, cultural contact, as the process is supposed to be a specific one limited in time, when it is difficult for two cultures not to have historically influenced each other in one way or another, especially in the case of Hispanics and US Americans, who have been sharing social and cultural influences for centuries. And, finally, cultural change, it is assumed that the change itself, which cannot be registered given its logical complexity, has to be made from 'traditional' positions which are less evolved, to the more evolved positions represented by the majority cultures, which is a prejudiced idea in itself. Apart from this, according to the authors, it is worth mentioning that a full analysis of socio-economic factors has been systematically ignored (as opposed to those of purely ethnical aspects), in spite of their relevance to define the actual context in which the cultures develop.

of this leads to an excessive consideration of the most superficial cultural factors, for example, country of origin, competence in the language, phenotypical traits and so on, as being the causal factors in the results about health in these 'different' populations, namely Hispanic and US American. To the authors, in order to correct the tendency to quantify cultural representations in a simple way, it would really be of great help to incorporate the advances provided by

current anthropology in order to increase knowledge about the mental health of cultures, given the fact that it is actually present-day anthropology that has generated the largest amount of knowledge about cultures. Furthermore, the authors suggest giving up the attempt to reduce cultures and their processes to mere variables (acculturation, for example), at least until the predictive power of their ambiguous definitions may be overcome.

This article deserves a special mention because it raises the alarm as to scientific literature itself being a perpetrator of stereotypes and cultural prejudices. As the authors state, an illustrative fact that makes us reflect is that while studies keep being conducted on contrasting American subjects of African origin with the white population (which makes us implicitly understand that they are very different and that the latter is the more 'American'), when not only is the present-day American 'mixed' up but a representative of the said supposedly immigrant or minority population has just assumed the presidency of the United States. Knowing about the findings and conclusions offered by scientific literature about such a close culture to ours as the Hispanic one may keep us from making the same mistakes in studies and interpretations of cultures that we are now receiving and are rather unfamiliar to us.

IV. 3. Psychotherapeutic cultural competence under discussion

Qureshi, A. & Collazos, F. (2006). El modelo americano de competencia cultural psicoterapéutica y su aplicabilidad en nuestro medio (The American model of psychotherapeutic cultural competence and its applicability to our area). *Papeles del Psicólogo, 27(1)*, 50-57.

Finally, this paper reviews some reflections by Oureshi and Collazos (2006) about the cultural competences that psychotherapists need to develop in order to provide quality attention to new immigrant populations, that may potentially mean patients with special characteristics. We are referring to issues which to a greater or lesser degree arose in the rest of the works reviewed, but which are here clearly stated as applicable to our current professional context.

The model taken is the one offered by the American guideline, as a starting point for building models of therapeutic competence adapted to the reality of Spain. This article provides a necessary reflection on quality standards as regards attending to immigrants and recommendations that should be followed in order to achieve them. It starts from the critical review of the competences outlined by the A.P.A. in the article entitled *Multicultural Counseling Competences ethical practice* (American Psychological Association, 2003). After some brief reflections on concepts associated to culture, immigrant race, and ethnic background and identity, it outlines the main characteristics of the medical models of cultural competence, which draw the framework within which the practice of counselling multicultural competences should fit.

These competences are primarily developed on the basis of specific descriptions of therapeutic procedures revolving around three basic areas with the following implications: firstly, counsellors need to be aware of their own cultural values, rejections and prejudices; secondly, they need to understand the patient's perspective, and finally, they need to use culturally appropriate intervention strategies.

The authors make it clear that these competences do not substitute counselling abilities, but contribute to widening the role of the therapist, which the American model usefully represents to highlight its pros and cons and the aspects to improve.

It is understood that reflecting and agreeing on a collegial setting to frame the new challenges created by immigration is useful and necessary. Such fundamental issues as the need to adapt assistance to the users, far from being demagogic, help to provide certainty and coherence both to the individual practice of each psychologist and to the general professional image of psychology.

However, this type of study should be followed up by research that may put into practice the interest in learning about and adapting to the new realities of the immigrant users of psychotherapy. All the works analysed provide useful information in this direction.

CONCLUSIONS

The phenomenon of migration may nowadays be regarded as a full-scale reality that has awoken the interest of national and international researchers from an enormous variety of theoretical approaches.

This paper has reviewed ten relevant works dealing with current research on immigration, clinical psycology and health and the following ideas stand out:

1. The need to find out what is known from the scientific ambit about immigrants and mental health in order to provide the clinical and research fields with new perspectives and lines of thought.
2. The need to bear in mind the characteristic reactions and illnesses of immigrants, such as the Ulysses sydrome, as a result of living through stressing experiences which can be forgotten because they represent a 'constant variable' tending to be ignored.
3. The need for the professionals close to these groups to transfer and evaluate in practice these phenomena or clinical intuitions as they build them up (such as the Ulysses syndrome, which is a separate entity from other disorders, through its measurement) with the intention of classifying and disseminating them throughout the scientific community.
4. The need to contrast these particular phenomena with the majority population of a community, whether native or not, in order to reinforce or question their general existence and validity. The same applies to their limits and similiarities that would allow us to manage these people in specific human groups in order to improve prevention measures by assessing risk and protection factors (such as the acculturation processes that can be observed in areas with a large number of immigrants and that of the native population, etc.
5. The need to extend all of these clinical and health cross-cultural psychological studies to the child and youth immigrant population.
6. The importance to know in depth about the reality and characteristics of the immigrant population with mental health problems, which is already being attended to by Spanish mental health centres with the specific aim of reorienting and/or maintaining palliative efforts.
7. The need to learn from cross-cultural clinical

psychology and health studies that have internationally been shown to have special research and practical interest because of their appropriate design and important results, which, in themselves demonstrate (without falling into a tautology) the relevance of the study and attention to the health needs of the immigrant population.

8. The need to demonstrate the questionable myth of the professional therapist's objectivity when psychologically attending to the immigrant population, in order to connect the professional with their own cultural baggage and to work on this myth to achieve better quality psychological attention.

9. The need to show the questionable myth of the professional researcher's objectivity in order to foster the ethical study of human groups by encouraging rigour, wisdom and respect for designs, findings, conclusions and so on.

10. The need that all Spanish professionals of clinical psychology and health reflect on the abilities and demands required by our own training for closer attention to the reality of immigrants.

In the field of psychology, specifically clinical psychology and health, one could summarize the following central idea related to migration: studying it in the Spanish context is necessary. The reasons lie in the fact that the social and individual changes provoked by the migration process can be regarded as risk factors in developing clinical syndromes.

The current situation shows that immigration and scientific mental health research still has a long way to go. This fact could be justified in Spain by the fact that immigration figures have increased dramatically only over the last few years, since, according to García and Alda (2005), Spanish migration rates had been lower than 3 percent up to the year 2000.

In order to cope with such a limited immigration experience, there are guide books available to professionals which give them relevant information about immigrant mental health and help them adjust their attention to the characteristics of such recommendations, which, no matter how useful they may be, the fact is, they do not always reflect the dynamic evolution of research on the problems under study. For this reason, this work of bibliographic review has sought to be a support to those professionals of clinical psychology and health who are interested in having access to updated and rigorous information on the immigrant population's health.

Whether these interests emerge from the field of clinical practice or from the researcher, we are confident that the studies described here may encourage further research which will actually improve the attention given to the immigrant population. At least that is what we hope, after having analysed the advances and potentialities of the research and development contained in each of these ten references.

REFERENCIAS

Achotegui, J. (2002). *La depresión en los inmigrantes: una perspectiva transcultural*. Barcelona: Ediciones Mayo.

Achotegui, J. (2007). El síndrome del inmigrante con estrés crónico y múltiple: el Síndrome de Ulises. En A. Talarn (comp.) *Globalización y salud mental*. Barcelona: Herder, 487-524.

Achotegui, J. (2008). Migración y crisis: El síndrome del Inmigrante con estrés crónico y múltiple (Síndrome de Ulises). *Avances en Salud Mental Relacional, 7 (1)*, 1-22. Descargado el 26 de enero de 2009 desde: http://www.bibliopsiquis.com/asmr/0701/achotegui.pdf

Alegría, M., Takeuchi, D., Caninon, G.; Duan, N., Shrout, P., Meng, X. L., Vega, W.; Zane, N., Vila, D., Woo, M., Vera, M., Guanaccia, P., Aguilar-Gaxiola, S., Sue, S. & Escobar, J. (2004). Considering context, place and culture: the Nacional Latino and Asian American Study. *International Journal of Methods in Psychiatric Research, 13(4)*, 208-220.

American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders. Revised Third Edition.* Washington, DC: American Psychiatric Association.

American Psychiatric Association. (2007). *DSM-IV-TR: manual diagnóstico y estadístico de los trastornos mentales: texto revisado*. Barcelona: Elsevier Masson.

American Psychological Association (2003). Guidelines on Multicultural Education, Training, Research, Practice and Organizacional Change for Psychologists. *American Psychologist, 58 (5*), 377-402.

Bardají, F. (2006). *Literatura sobre inmigrantes en España*. Madrid: Observatorio permanente de la inmigración.

Berry, J. W.; Kim, U.; Power, S.; Young, M. & Bujaki, M. (1989). Acculturation attitudes in plural societies. *Applied Psychology, 38*, 185-2006.

Collazos, F., Qureshi, A., Antonín, M. & Tomás-Sábado, J. (2008). Estrés aculturativo y salud mental en la población inmigrante. *Papeles del Psicólogo, 29 (3)*, 307-315.

Consejería de Servicios Sociales (2003). *Apoyo social y salud mental en inmigrantes: Sus efectos sobre la integración*. Madrid: Consejería de Servicios Sociales.

Cooper, P. J., Taylor, J. J., Cooper, Z. & Fairburn, C. G. (1987). The development and validation of the Body Shape Questionnaire. *International Journal of Eating Disorders, 6 (4)*, 485-494.

García, R. (coord.) (2007). *Manual de atención sanitaria a inmigrantes: guía para profesionales de la salud*. Sevilla: Consejería de Salud.

García, J. & Alda, M. (2005). *Salud mental e inmigración*. Barcelona: Edicamed.

Gimeno-Bayón, A. (2007). Aprendizajes sobre psicoterapia transcultural, obtenidos desde la asociación Oasis de ayuda psicológica al inmigrante. *Revista de Psicoterapia, 17 (70-71)*, 27-64.

Goldberg, D. & Williams, P. (1996). *Cuestionario de salud general GHQ*. Barcelona: Masson.

Hunt, L. M.; Schneider, S. & Comer, B. (2004). Should

"acculturation" be a variable in health research? A critical review of research on US Hispanics. *Social Science & Medicine, 59, 973-986.*
Lewis, G.; Croft-Jeffreys, C. & Davis, A. (1990). Are British Psychiatrists Racist? *British Journal of Psychiatry, 157, 410-415.*

Maslach, C. & Jackson, S. E. (1986). *Maslach Burnout Inventory*. California: Consulting Psychologist Press.
Marset, M. (2008). La salud mental en las segundas generaciones de emigrantes. *Norte de Salud Mental, 30,* 22-31.

Ministerio de Trabajo e Inmigración. (2008). *Estadística de extranjeros con certificado de registro o tarjeta de residencia en vigor y extranjeros con autorización de estancia por estudios*. Observatorio Permanente de la Inmigración. Ministerio de Trabajo e inmigración.

Moya, M. & Puertas, S. (2008). Estereotipos, inmigración y trabajo. *Papeles del Psicólogo, 29 (1), 6-15.*

Navas, M., Pumares, P., Sánchez, J., García, M. C., Rojas, A., Cuadrado, I., Asensio, M. y Fernández, J. S. (2004). Estrategias y actitudes de aculturación: la perspectiva de los inmigrantes y de los autóctonos en Almería. Sevilla: Dirección General de Coordinación de Políticas Migratorias, Consejería de Gobernación, Junta de Andalucía.

Navas, M., García, M. C., Rojas, A. J.; Pumares, P. & Cuadrado, I. (2006). Actitudes de aculturación y prejuicio: la perspectiva de autóctonos e inmigrantes. *Psicothema, 18 (2) ,187-193.*

Qureshi, A. & Collazos, F. (2006). El modelo americano de competencia cultural psicoterapéutica y su aplicabilidad en nuestro medio. *Papeles del Psicólogo, 27 (1), 50-57.*

Rang, M. (1972). The Ulysses Syndrome. *Canadian Medical Association Journal, 106 (22),* 121-122.

Robins, L. N., Witchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., Farmer, A., Jablenski, A., Pickens, R., Regler, D. A., Sartorius, N. & Towle, L. H. (1988), The Composite International Diagnostic Interview: an epidemiologic Instrument suitable for use in conjuction with different diagnostic systems and in different cultures. *Archives General of Psychiatry, 45,* 1069-1077.

Rodríguez, S. & Cruz, S. (2008). Insatisfacción corporal en adolescentes latinoamericanas y españolas. *Psicothema, 20 (1), 131-137.*

Rueda, J. F. & Navas, M. (1996). Hacia una evaluación de las nuevas formas del prejuicio racial: las actitudes sutiles del racismo. *Revista de Psicología Social, 11(2*), 131-149.
Sánchez, G. y López, M. J. (2008). Ansiedad y modos de aculturación en la población inmigrante. *Apuntes de Psicología, 26 (3),* 399-410.
Sanz, L. J.; Elustondo, I.; Valverde, M.; Montilla, J. F. & Miralles, M. (2007). Salud mental e inmigración: adhesión al tratamiento ambulatorio. *Revista de la Asociación Española de Neuropsiquiatría, 27 (100), 281-291.*

Spielberger, C. D.: Gorsuch, R. L. y Lushene, R. E. (1998). STAI. Cuestionario de Ansiedad Estado/Rasgo. Madrid: TEA.

Toro, J.; Salamero, J. & Martínez, E. (1995). Evaluación de las influencias socioculturales sobre el modelo estético corporal en la anorexia nerviosa. *Revista de Psiquiatría Facultad de Medicina de Barcelona, 22 (7*), 205-214.

Vega, W. A.; Kolody, B.; Aguilar-Gaxiola, S.; Alderete, E.; Catalano, R. & Caraveo-Anduaga, J. (1998). Lifetime Prevalence of DSM-III-R Psychiatric disorders among urban and rural mexican americans in California. *Archives of General Psychiatry, 55,771-778.*
Villagrasa, P. J. & García-Izquierdo, A. L. (2007). La medida del Síndrome de Ulises. *Ansiedad y Estrés, 13 (2-3), 253-268.*