

# The Immigrant's Grief Process

Giulia Abreu Setim, Cloves Antonio de Amissis Amorim

Department of Psychology, School of Life Sciences, Pontifical Catholic University of Paraná (PUC-PR), Curitiba, Brazil.

**Abstract**— Immigration has become increasingly common around the world. When an expatriate leaves their country, they also leave their family, culture, language, home, etc., that makes them go through a grief process that can be categorized as simple, complicated, or extreme. If the person is going through an extreme grief process, they may develop Ulysses Syndrome. Some factors shape how somebody experiences the process such as social and emotional vulnerability and stressors, besides issues that affect the grief such as cultural protectors, worsening's, and subjective. This project intended to verify and map the mourning process of expats who live in Curitiba and the metropolitan area of the city experience. Method: To collect data, a social demographic survey, a half-open interview, and an adapted version of the Ulysses scale were used. Those tools were applied to 24 immigrants, from different countries. Results and debate: The most common vulnerability and stressor levels during the research were simple. As an outcome 22 of the respondents were suffering from simple mourning, while 2 of the respondents had their grief classified as complicated and none of them were classified as extreme. Final considerations: Having those results in mind it was possible to conclude that most of the immigrants who are living in Curitiba and the metropolitan area of the city are being able to cope with their grieves and the ones that are struggling more are going through worsening factors. Although some of the surveyed expatriates are experiencing extreme stressors.

**Keywords**— Thanatology, Grief, Ulysses Syndrome.

## I. INTRODUCTION

Thousands of people leave their cities and countries every day to escape violence, war, stalking, or to improve their financial and psychosocial status. To immigrate is a natural and inevitable process [21].

After Brazil became detached from Portugal, there was a strong encouragement for immigrants to come to the country to fulfill the country's needs of free labor force, inflicted by the abolition of slavery and prohibition of slave traffic. Also, to create settlements in different places and boost the economy. This strategy turned Brazil into an immigration country [21].

Between the years of 2010 and 2017, 449.174 immigrants were registered in Brazil, mainly from Haiti, Bolivia, Colombia, Argentina, Cuba, and China. As a matter of settlement, the immigrants are living mostly in the states of São Paulo, Santa Catarina, Paraná, and Rio Grande do Sul [9].

Contemplating the migratory flow around the world and also in Brazil, it is possible to consider that currently we are experiencing an immigratory crisis, however, beyond that, we are also undergoing through a humanitarian crisis, bearing in mind the exhaustive walks,

shipwrecks, deaths, people who are homeless, racial and cultural prejudice, violence, etc. [21].

The immigration process has been studied and debated around the world regarding economic, psychological, political, work, and social aspects. Due to the lack of research about this kind of process in Brazil and the rising number of expatriates who arrive daily in the country, the study about the grief of the immigrants, it's worsening factors, and protector aspects becomes a necessity

According to Freud [13]: "Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on" (p.243). It is essential to remember that death means a loss to those who survive and that the grief established from this loss might embrace: a moment, person, landscape, place, habits, and situations. [19] There was a relation between migration and psychic suffering. The migratory loss may be felt by the: land separation (landscapes, weather, oneness symbols), social references, duties, and interactions [10].

When synthesizing the concept of grief as an emotional answer when facing loss, Camacho [8] states:

El duelo se define como la reacción adaptativa normal en el ser humano ante la pérdida de un ser

querido (GARCÍA-GARCÍA, LANDA PETRALANDA, TRIGUEROS MANZANO e GAMINDE INDA, 2001). El término duelo proviene del latín “dolus” y significa “dolor”. Para Freud (1967), el duelo hace referencia a la pérdida del objeto amado. Bowlby (1980) utiliza el término duelo para referirse a los procesos psicológicos, conscientes o inconscientes, que una pérdida pone en marcha. Para Payás (2010), el duelo es la respuesta natural a la pérdida de una persona, cosa o valor con la que se ha construido un vínculo afectivo.” (p.30)

Harder and Zwinger, in the 17<sup>th</sup> century, had already observed the process of grief in two populations: soldiers that after a long time on the battlefield would come to their country and in peasants that moved to the cities, being named as “Dysthymic disorder”, “Somatic manifestation depression” or “Disorder by somatization”. Nowadays to refer to migratory grief there are different denominations: “Duelo Migratorio”, “Mal del Inmigrante”, “Immigrant Syndrome” [14].

Based on studies about people who were relocated (transferred from their houses for some reason), the researchers noticed that these people were attempting to minimize and postpone the consciousness of the loss, trying to avoid the thoughts about it. It was also observed that the intensity of the grief was related to the number of neighbors the respondent knew. Two patterns of reaction were revealed by the surveys that the respondents answered to: those who weren't involved with the neighborhood overreacted, going through a deep grief state afterward and needed a lot of support from the public service; the ones that became strongly evolved with the neighborhood showed minimal grief but manifested physical and psychosomatic symptoms [18].

The mourner may deny the loss caused by the immigration, ignoring the forfeit and injury this process caused. One of the reasons may be the pain that follows the whole process, and even though its initial function being some kind of protection, this could result in problems for the immigrant. If the loss caused by the migration is denied the expatriate might only adapt artificially [15].

Some authors state that there are three phases of which people go through when experiencing the migratory loss: 1) protest, 2) despair and chaos, and 3) reorganization or relocation [10]. However, some authors affirm that the migration process usually happens within four main steps: 1) preparation, 2) departure and arrival in the new country, 3) awareness about their feelings, and lastly, 4) acceptance [23].

It is possible to create a list of characteristics to distinguish migratory grief from other types of grief: 1) It is a partial mourning; 2) It is recurrent; 3) It is linked to deep-seated childhood issues; 4) It is multifaceted; 5) Results in an identity change; 6) Gives space to psychological regression; 7) Happens in phases; 8) Embraces the establishment of defense mechanisms; 9) It is followed by an ambivalence feeling; 10) It is experienced also by those who stay in the origin country and 11) It is a cross-generation phenomenon [3, 5, 14, 17].

The immigrants end up losing values, traditions, local songs, and even family recipes. They also may lose their social status, meaningful relationships, and some of them may lose even their financial security [15]. Therefore, the seven types of grief that happen during immigration are [1,2,4]:

**1. Family and loved ones:** the loneliness and separation from their loved ones that they couldn't bring to the new country or visit. The critical moments are mainly at night when memories, emotions, and fears appear. Stress also can be noticed when adapting to build new relationships.

**2. Language:** to leave your native language to learn and adapt to the new language. It can be more stressful if there is some kind of deficit such as dyslexia, dysgraphia, and illiteracy.

**3. Culture:** as well as the language aspect, it would be to adapt to new values, habits, life meanings, but without excluding elements of their original culture. Trying to find a balance between both.

**4. Land:** The luminance, colors, smells, landscapes, and weather are aspects that affect the person.

**5. Social status:** It is related to the social roles, work, life experiences, access to opportunities, apart from the expectations overcome: the refugees often had better jobs or financial conditions than the ones that they are going to have in their chosen country, or they move hoping that they will have better-living conditions in their chosen country.

**6. Contact with the identity group:** concerning the feeling of belonging to a human group, with that being a common characteristic of the culture, history, language, etc. That way the immigrant should look for a group to identify with in their chosen country.

**7. Physical integrity risks:** that would be the risks that the migrant goes through to get into the country, as well as the risks they go through inside the country such as mistreatment, the fear of being deported, diseases, hygiene conditions, etc.

The grief process can appear in several shapes and terms, and so there would be three different kinds of grief constructions existing in the migratory process [6,16]:

**1. The simple mourning:** can be redressed and happens in good conditions. The migration is free-willed, the host society receives the person without any problems and the lone psychological tools fit. In this case, the benefits of the migration surpass the loss.

**2. The complicated mourning:** in this type of grief, there are several stressors within the migratory experience. The migration decision wasn't necessarily free-willed, the host society is hostile to migration and the emotional or psychological aspects of the person aren't appropriate for migration. There is a lot of loss and only a few benefits.

**3. The extreme mourning:** this can't be redressed; it surpasses one's ability to adapt and is the kind of grief where the Immigrant Syndrome is established. There are so many losses and suffering that it becomes hard to maintain the migration project.

Vulnerability and stressors are factors that can shape the redressing of the grief, the vulnerability could be defined as the "baggage" of limitation that one brings from their homeland, and it can be assorted as: simple, and that would be small inhibitions that can be redressed; complicated, with relevant limitations that can be redressed but only with some effort and extreme, when major inhibitions block the redressing. It is possible to address the vulnerability degrees by 3 standards: physical (e.g. diabetes, heart attacks), psychological (e.g. depression, dementia), and personal history (e.g. physical, sexual, psychological abuse). The stressors are the external struggles that the immigrant had been through during the past 6 months, being: simple, when there are small troubles that suppress the grief redressing; complicated, when the struggle is relevant but it is possible to overcome it and extreme when there is a major struggle that blocks the redressing [4].

Some singular factors can also impact the grief process: protector factors (social support, religion, political association), cultural factors (due to the different cultures existing in the world there are diverse ways to live and face struggle), worsening factors (stressors that are experienced since one's birth) and subjective factors (personality, personal history, emotions, fantasies, ideas) [4]. Struggle happens during the migration progress in different degrees; therefore, some people are likely to suffer from the Ulysses Syndrome. [2, 14]

### 1.1. Ulysses Syndrome

The name is related to the Greek god, Ulysses, who by being far from his loved ones and his motherland presented discomfort, hopelessness, discouragement, depression, suffering, and nostalgia [2, 14]. The factors are so hard that there aren't possibilities to redress the suffering left. The Ulysses Syndrome can be considered as a gateway between mental health and mental disorders. It's a reactive stress disturb; thus, it isn't included in the psychopathology field. It's one's answer to a stressful situation, that exceeds their adaptation capacity. [2, 5]

Going through such intense and long periods of stress is something that ends up changing one psychically and physiologically, affecting the hypothalamic axis - the pituitary-adrenal medulla, the hormonal system, muscular, etc. Which can lead to depressive symptoms (particularly sadness and crying), anxiety symptoms (tension, insomnia, recurring and intrusive thoughts, irritability), and somatization symptoms (such as fatigue, osteoarticular discomfort, headaches, migraines) [5]

At a diagnosis level, the Immigrant Syndrome isn't categorized as a common depressive condition, since the symptoms are related to extreme grieves, but not desolation. It is also needed to distinguish the syndrome from Post-traumatic stress disorder (PTSD), frequently diagnosed in the migrating population. PTSD is a disorder that is linked to torture and repression circumstances, whereas Ulysses Syndrome to the grief experienced [4, 7, 11]. The awareness about the Ulysses Syndrome helps to avoid the immigrants from being wrongly identified as depressive or Post-traumatic stress disorder patients. The psycho-social prevention of the syndrome should be given more importance than the treatment and it must be contemplated by psychologists, doctors, social assistants, nurses, social educators, and other health workers [4]. Based on the revision of the reading the general objective of the study was to verify the process of grief that the immigrants interviewed had been through in Curitiba and the metropolitan region. And as specific goals established were the analysis of the influence the culture of the mother country has in the process of grief redressing and to identify the Ulysses Syndrome.

## II. METHODOLOGY

### 2.1 Participants

24 immigrants, from different countries, 18 men and 6 women, being between 19 and 66 years old. Concerning their nationalities 8 were from Venezuela, 7 from Haiti, 3 from Argentina, 2 from Uruguai, 1 from Colombia, 1 from Nigeria, 1 México, and 1 from Peru.

### 2.2 Material

During the research 3 tools were used. A social-demographic survey for the interviewer’s profiling with questions about age, gender, marital status, origin country, and if they had children. A half-open interview to verify the vulnerability and stressors degrees by the 7 migration grieves. Considering the protector factors, the worsening factors, and the subjective factors beyond other factors and remarks that may appear throughout the interview. Lastly, an adapted version of the Ulysses Scale aims to identify the immigrants’ grieving experience, and therefore the presence of the Ulysses Syndrome.

### 2.3 Procedure

After the approval of the ethics commission, the sample was selected by convenience, using Pontifical Catholic University of Paraná (PUC-PR), as the data collecting site, whereas the university offers Portuguese classes for immigrants, in coffee shops and cafeterias near the interviewer’s workplace or college, and in Tiradentes square accompanying the “Médicos de Rua”, a program that provides medical, psychological and dental services to homeless people. The program ends up providing services also for immigrants, bearing in mind that some of them are living on the streets, not having the required documents or spare time to be attended by SUS (Brazil's free health system), and/or don’t have money to go after particular services.

## III. RESULTS

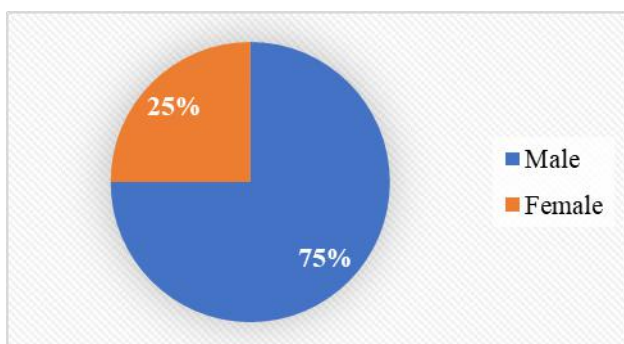


Fig. 1: Participants’ gender (The author, 2019).

Based on figure 1 it is possible to observe that 18 of the surveyed were men (75%) and 6 were women (25%).

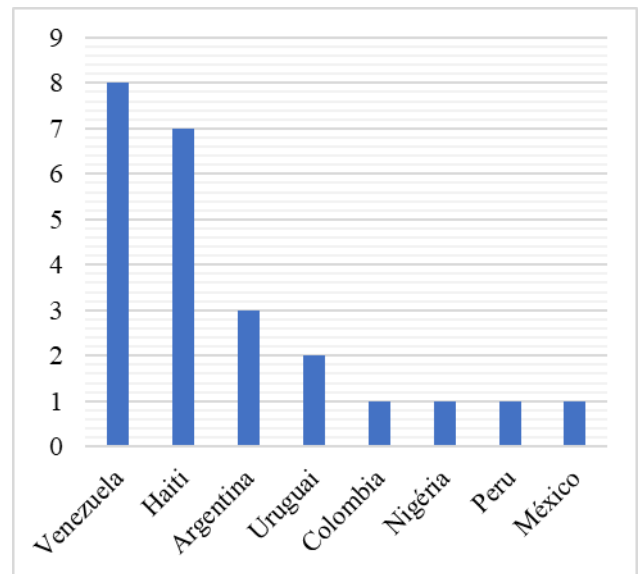


Fig. 2: Participants’ origin country (The author, 2019).

Figure number 2 refers to the nationality of the surveyed, in which 8 are from Venezuela (33%), 7 from Haiti (29%), 3 from Argentina (13%), 2 from Uruguay (8%), 1 from Colombia (4%), 1 from Nigeria (4%), 1 from Mexico (4%), and 1 from Peru (4%).

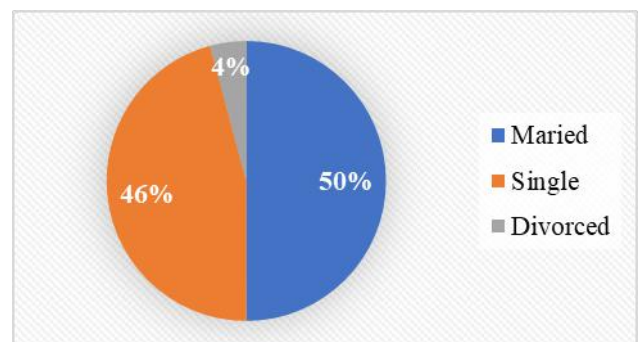


Fig. 3: Participants’ marital status (The author, 2019).

Figure number 3 reveals that 12 of the participants were married (50%), 11 were single (46%), and 1 is divorced (4%).

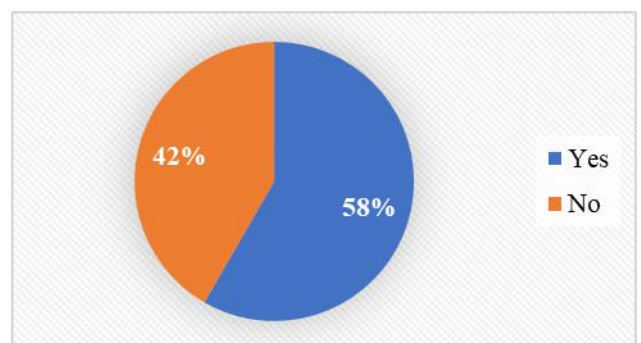


Fig. 4: How many of them have children (The author, 2019).



On figure number 4 it is possible to see that 10 people of the surveyed group didn't have children (42%) while 14 had at least 1 child (58%).

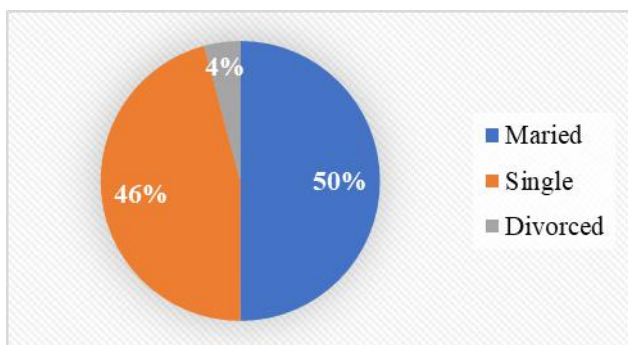


Fig. 5: Absence or Presence of the children in Brazil. (The author, 2019).

On figure 5 it is possible to notice that 7 of the parents interviewed had their children living in Brazil (50%), 6 of them didn't (43%) and 1 had their child being born in Brazil (7%).

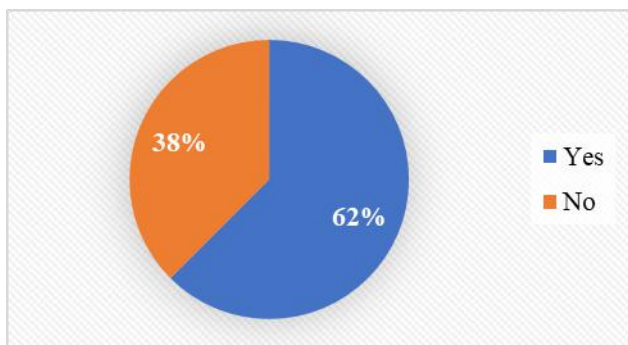


Fig. 6: Employment (The author, 2019).

Based on Figure 6 it is possible to see that 15 individuals of the interviewed group had jobs (63%) while 9 were unemployed (37%).

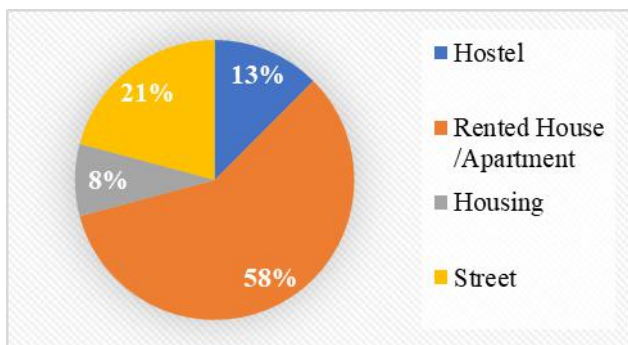


Fig. 7: Housing (The author, 2019).

Figure number 7 refers to the participants' housing, 14 people lived in houses or rented apartments (58%), 5 were homeless (21%), 3 were living in hostels (13%), and 2 were living in households (8%).

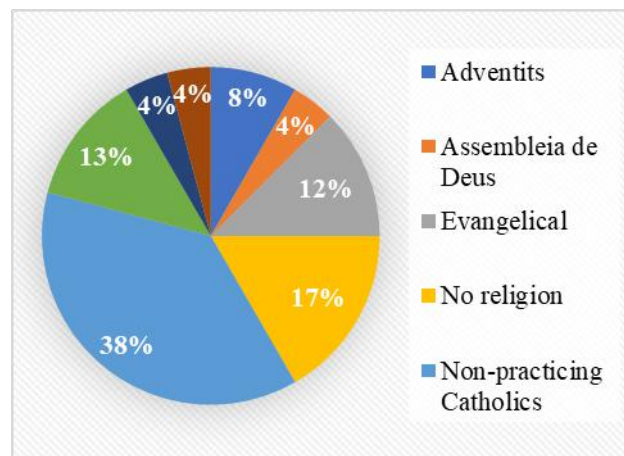


Fig. 8: Participants' religion (The author, 2019).

On Figure number 8 it is possible to comprehend that 9 individuals of the interviewed group were practicing Catholics (38%), 4 didn't follow any religion (17%), 3 were non-practicing Catholics (13%), 3 were evangelical (13%), 2 were Adventists (8%), 1 frequented the Assembléia de Deus (4%), 1 was a Presbyterian (4%), and 1 was an agnostic.

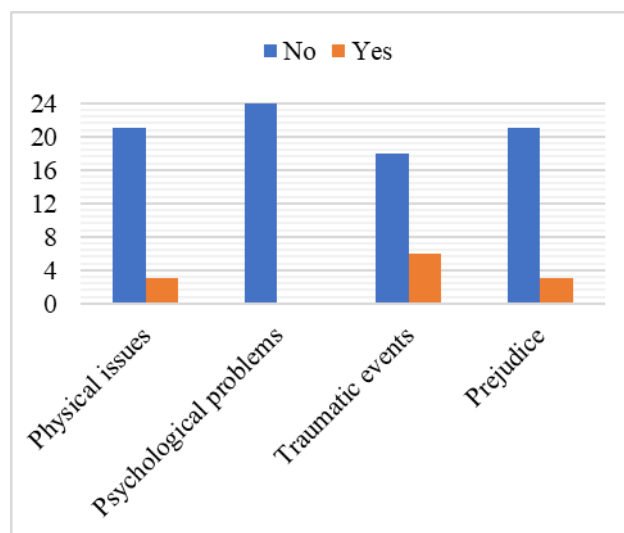


Fig. 9: Presence of physical or psychological issues, traumatic events, and/or prejudice. (The author, 2019).

Based on figure 9 it is possible to realize that 3 people of the interviewed group showed physical issues (12%), while 21 didn't (88%). However, none of the participants reported psychological problems. Also, it is possible to see that 18 of them didn't report traumatic events (75%) and 6

did (25%). Lastly, it is shown that 21 of the interviewed immigrants haven't been submitted to prejudice (88%), while 3 of them have (12%).

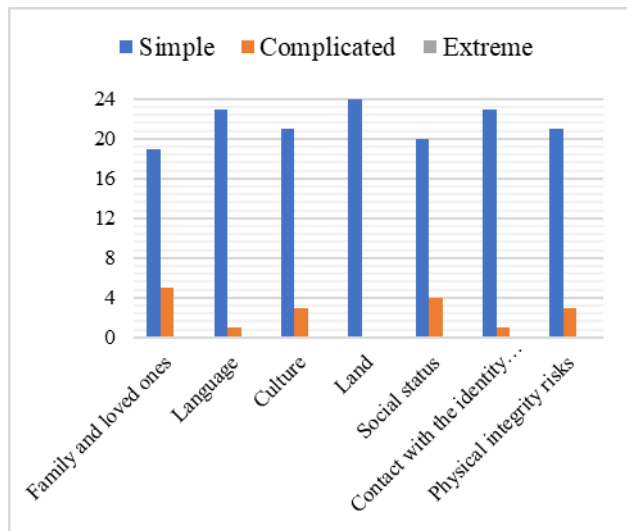


Fig. 10: Vulnerability degrees (The author, 2019).

Figure number 10 portrays the vulnerability degrees. Regarding grief due to family, 19 people of the interviewed group showed simple vulnerability, and 5 of them presented complicated vulnerability. About the grief due to language 23 people of the interviewed demonstrated simple vulnerability and 1 of them complicated vulnerability. Concerning grief due to culture, 21 people of the group presented simple vulnerability, while 3 presented complicated vulnerability. Now when it comes to grief due to land all group presented simple vulnerability. About the grief due to social status, 20 people presented simple vulnerability and 4 complicated vulnerabilities. Regarding the grief due to the belonging group, 23 people of the interviewed demonstrated simple vulnerability while 1 presented complicated vulnerability. Lastly, about the grief due to physical risks, 21 people of the group presented simple vulnerability while 3 presented complicated vulnerability.

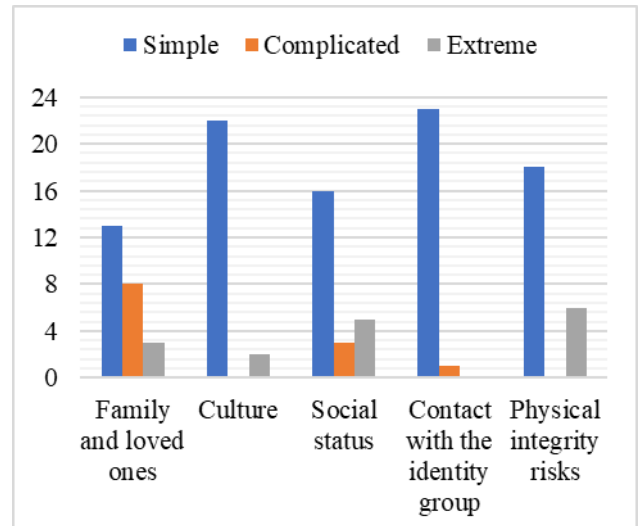


Fig. 11: Stressors levels index (The author, 2019).

Figure number 13 presents stressor levels. Regarding the grief due to family, 13 people of the group presented simple stressors, 8 complicated stressors, and 3 extreme stressors. About the grief due to culture, 22 of them presented simple stressors and 2 extreme stressors. About grief due to social status, 16 of them presented simple stressors, 3 showed complicated stressors, and 5 extreme stressors. Now when it comes to grief due to the belonging group, 23 people showed simple stressors, and 1 person presented complicated stressors. Lastly, about the grief due to physical risks, 18 people of the interviewed group showed simple stressors while 6 presented extreme stressors.

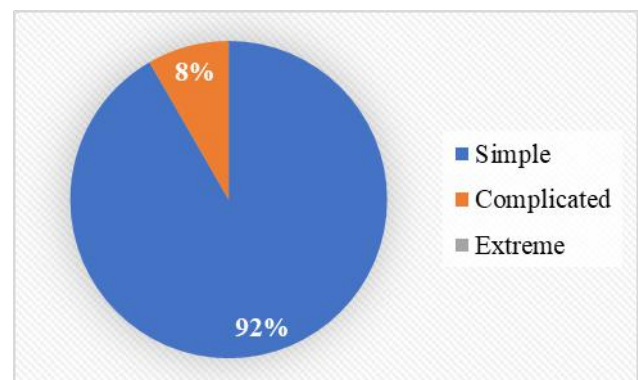


Fig. 12: Incidence of the grief types (The author, 2019).

Figure number 12 says that 22 of the people interviewed presented simple mourning (92%), while 2 presented complicated mourning and none of them showed extreme mourning.

#### IV. DISCUSSIONS

It was possible to identify that the most common nationality in the surveys was the Venezuelan, and that relates to the Policia Federal's data that 199.365 Venezuelans came to Brazil between 2017 and 2018, of which 100.928 left and 98.437 stayed in the country [20]. It is believed that the great evasion from Venezuela is happening due to Human Rights violations, lack of medicaments, and medical teams that are inserted in a political, economical, and social crisis that is happening in the country. [21].

The second most common nationality interviewed were the Haitians, that according to the Policia Federal is the most regularized nationality in Brazil, with 95.497 legalized immigrants between 2010 and 2017 regularizes in Brazil, com 95.497 entre 2010 e 2017 [20]. And that migration might be a consequence of the earthquake that happened in 2010 in Haiti [22].

Regarding gender, 75% of the immigrants interviewed were men, and this data also endorses the literature on which most of the immigrants are men, with a portion of 170 men to every 100 women group [9]. Focusing on the prejudice episodes, 12% of the interviewed group reported going through an episode. It is possible to notice that a portion of the immigrants in Brazil suffers from some kind of discrimination, whether because they "take the jobs", "overload the country" etc. [12]. It's worth highlighting that living explicit discrimination situations is considered a complicated stressor by the belonging group [4].

The vulnerability degree is characterized by three criteria previous to the migration: physical, psychological, and personal history [4]. During the research the most frequent degree of vulnerability was simple, and that can be explained by the fact that 88% of the interviewed didn't show physical problems, none of them presented psychological disorders, and 75% of the group hasn't gone through traumatic events. The other vulnerability levels are since 12% of the surveyed group presented physical problems, 12% had suffered from some sort of prejudice and one of them was more than 65 years old.

The stressors are the external struggles that the immigrant went through during the last 6 months [4], most of the people from the interviewed group had simple stressors because they went through bland difficulties. The ones who presented complicated stressors had relevant difficulties such as significant illness in the family, major economical difficulties, and not being able to go to the funeral of a close family member. Those who presented extreme stressors went through situations such as: being

apart from their underage children, starvation and being homeless.

It is conceivable to assume that the reason for the simple mourning predominance - 22 people from the group presented this degree of grief - is because most of the participants from the survey presented simple vulnerability and simple stressors. The other 2 people who were interviewed, P22, and P15, who presented complicated mourning, had been through significant struggles redressing the grief. Those difficulties are due to the fact that P22 is 66 years old, which is a complicated vulnerability factor, and also that P15 informed to have epilepsy, a major physical issue [4].

An interesting matter to be approached is the vulnerability degree of the participants who were homeless and presented simple mourning: P12, P13, P16, and P19. To be homeless is classified as an extreme stressor [4], which made them score extreme stressor on grief due to social status and grief due to physical risks. However, all of them scored simple vulnerability on the 7 migration grieves. That is to say that even though the struggles that they were going through by living on the streets, they didn't show relevant or major blockage about the grief redressing. Another important point is the fact that P10 and P13 reported that they haven't made friendship bonds yet, which is a complicated stressor regarding the grief due to culture, whereas the immigrant doesn't have relationships with the local people [4].

Based on this reality it is possible to identify that none of the participants were experiencing extreme mourning, and this scenery may be due to the vulnerability and stressors punctuation. It is worth highlighting that some elements might as well have influenced the results, such as protective, cultural, aggravating, and subjective factors. With that in mind, there is a possibility that the protective factors [4], especially the religion, may have influenced, bearing in mind that 79% of the participants followed some religion.

#### V. CONCLUSION

The migration process is becoming increasingly frequent, and in some cases, it is needed. Due to its history and features, Brazil has become one of the chosen places for migration. Therefore, there is a major diversity when it comes to people from different nationalities living in the country, especially Venezuelans and Haitians. It was possible to realize that the different migration nationalities and its numbers change every year, however, these changes can be justified by the other countries' social and political contexts.

Based on the data found, it was possible to determine that 22 people from the interviewed group showed simple mourning, while 2 presented complicated mourning and none extreme mourning, which can be justified by their vulnerability and stressors levels. Thus, it can be said that most of the immigrants who are living in Curitiba and the metropolitan region are being able to redress their grieves well, and those who are presenting difficulties are going through worsening factors.

The survey showed that some of the participants presented extreme stressors, due to the fact that they were homeless or didn't bond with anyone in Brazil. However, most of them presented simple vulnerability, a factor that shapes the degree of grief directly.

None of the people from the surveyed group had symptoms of the Ulysses Syndrome, bearing in mind the absence of extreme mourning on the results of the research, therefore, related to the nonappearance of the syndrome. It was also not possible to observe if there is an influence of the culture of their origin country over the redressing of their grieves since most of the immigrants were experiencing simple mourning.

Daily, immigrants register themselves in Brazil and some aspects should be accounted for when registering those people such as public services and creation of projects, whether they are governmental or not, vulnerability, the stressors, cultural factors, and worsening's because those factors could help in a better understanding of the immigrants' needs and therefore stronger prevention to the Ulysses Syndrome.

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