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Reducing psychological distress in immigrants living in Spain through the practice of flow meditation

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This study analyzes the effects of a meditation program on levels of psychological distress in a group of immigrants of different nationalities who live in Spain. An experimental group received the meditation intervention and a control group did not. A quasi-experimental design was used, comparing the groups with pre- and post-test measurements. Levels of psychological distress in the two groups were assessed using Derogatis' SCL-90-R questionnaire. Statistical analyses showed significant differences between the experimental and control groups on all dimensions and general measures assessed through the SCL-90-R questionnaire, with participants in the meditation program achieving significant reductions in these dimensions and measures as compared to the control group. We therefore consider that meditation techniques can be a suitable therapeutic recourse in the care and prevention of psychological problems which the immigrant population is at risk for.

Key words: Meditation, mindfulness, psychological distress, immigrants, culture clash.

Reducción del malestar psicológico en inmigrantes residentes en España mediante la práctica de la meditación fluir. En este estudio se analizan los efectos de un programa de meditación sobre los niveles de malestar psicológico de un grupo de inmigrantes de diversas nacionalidades residentes en España. Para ello se contó con la participación de un grupo experimental que recibió dicha intervención en meditación, y un grupo control que no fue sometido a dicha intervención. Los niveles de malestar psicológico de ambos grupos fueron evaluados mediante el cuestionario SCL-90-R de Derogatis. Los análisis estadísticos realizados muestran la existencia de diferencias significativas entre el grupo experimental y el grupo control en todas las dimensiones y las medidas generales de malestar psicológico evaluadas mediante el cuestionario SCL-90-R.

Palabras clave: Meditación, conciencia plena, malestar psicológico, inmigrantes, choque cultural.

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There are currently more than 170 million persons living outside their home country, which is to say, different cultural groups from different places find themselves sharing the same space and time.

Migrations themselves play a key role in today's social transformations. On one hand, they are the result of global change, and on the other hand, they are a powerful force for future change, both in their home societies and in the societies that receive them (Castles, 2002). The first impact of globalization and of migratory processes is economic, but it does not end there. Changes in social relations, in culture, in national policies and in international relations are other effects that can be expected.

Migratory movements also result in what many experts call a culture clash (García-Caclini, 2001), where people groups are struggling to establish their identity in a commercial world which has fewer and fewer borders. Thus migrations are linked to processes of exclusion and/or inclusion.

One consequence of migration is what some authors have called expatriation, a concept closely related to culture clash (Gibson, Ivancevich & Donnelly, 1997). The essence of expatriation is that by, leaving my own country, I become a foreigner.

Expatriation requires the ability to act in an increasingly global world, while simultaneously keeping in mind local differences, and being open minded as far as one needs to; these are not easy issues to distinguish, to adopt or to fulfill. One must undergo a preparation process for interculturality, and strengthen capacities for learning, communicating, doing and participating. This process enables a person to consider "others as legitimate others" in order to carry out effective communication and to feel comfortable personally and socially, and to be treated with reciprocity (Maturana & Varela, 1990). When foreigners do not experience these situations and feelings of well-being (Rodrigo, 1999), and their needs are not met, there is a clash with the receiving cultural group.

Guaripe (2002) indicates the following examples of symptoms that characterize culture clash: sadness, loneliness, melancholy; health disorders; insomnia; identity confusion; lack of self-confidence; feelings of mistrust; changes of temperament, depression, vulnerability; anger, irritability, rejection, etc.

In addition to developing these symptoms as a consequence of conflict with the culture of the receiving country, the immigrant population is also exposed to a number of stressors such as financial problems, social marginalization and lack of educational opportunities, making them especially vulnerable to suffering from mental illness (Maira, 1998).

Achotegui (2002) establishes that a high percentage of immigrants are at risk for suffering what is called "immigrant syndrome with chronic and multiple stress", characterized by the appearance of depression and anxiety symptoms, loss of

self-esteem, guilt feelings, sleep disturbances, irritability, de-personalization, and physical problems like headaches and fatigue.

Based on her research on the prevalence of depression symptoms in the population, Shin (1994) establishes that there is a greater ratio of depression symptoms in the immigrant population than in the general population, with one of the underlying factors being lack of social support (Lakey, Tardiff & Drew, 1994; Martínez, García & Maya, 2001).

Elsewhere, Pardo, Engel & Agudo (2007) indicate that, although the prevalence of depression symptoms in the immigrant population in Spain has not surpassed that of the native population, we are beginning to observe an increase of depression symptoms in this population in recent years. These authors indicate that this may be due to the current economic situation, with more and more scarcity and uncertainty; if this continues over time it may become a chronic stress factor. These authors conclude that both economic factors and the lack of integration in social and health networks are producing an increase in mental pathologies among the immigrant population.

Along these lines, Hovey (2001) establishes five different types of stressors in the immigrant population which increase the likelihood of suffering psychological problems. Some of these factors are the migratory process itself, communication problems due to language barriers, sociocultural changes, economic and poverty stressors, and finally the lack of social and family support.

Even though eliminating these triggering factors is one of the most effective ways to avoid psychological distress, this is only possible in limited circumstances. Therefore, if it is not possible for us to modify the environment which produces the aggression, we may at least control the response to the stressing stimulus, thus seeking to avoid its harmful physical and psychological effects (Thera, 2003). García-Higuera (2004, 2007) describes how the human being is immersed in a continuous, ongoing struggle against psychological distress throughout his or her life, producing the paradoxical situation that the struggle itself, rather than eliminating the distress, actually worsens and increases it. In fact, according to information currently available, it can be claimed that thoughts, feelings and emotions follow laws which do not allow for direct, voluntary control: rather than trying to modify the negative or painful ones, we should let them flow, accepting their presence instead of confronting them directly (Hayes & Berens, 2004; Hayes & Strosahl, 2004; Hayes, Strosahl & Wilson, 1999; Hayes & Wilson, 1994; Luciano, 1999; Wilson & Luciano, 2002). From this perspective, several authors have pointed to meditational techniques that encourage development of full awareness (León, 2008) as a possible therapeutic recourse (Hayes, 2002; Kabat-Zinn, 1994; Kumar, 2002; Lau & McMain, 2005; Marlatt, 1994, 2002; Robins, 2002). Through

the practice of such techniques, the subject learns to observe and accept the thoughts, sensations and emotions that he or she experiences, without doing anything to try to modify, change or alter them.

The objective of the present study, therefore, is to verify whether a certain type of meditation training can bring about improvement, reducing the psychological distress experienced by a group of immigrants living in Spain.

METHOD

Design

In order to analyze the effects of the meditation program (independent variable) on the different components of psychological distress (dependent variables), a quasi-experimental, longitudinal design was used, comparing the experimental group to the control group with pre- and post-test measures.

Participants

58 immigrants of different nationalities, now living in Spain, were participants in the study. 18 were men (31%) and 40 were women (69%). The experimental group comprised 29 subjects, with 9 men and 20 women, while the control group was made up of the remaining 29 subjects, 9 men and 20 women. 25% were immigrants native to Africa, 18% were Asian by birth, 10% were from Eastern European countries, and the remaining 47% were immigrants from Latin America. Participant ages ranged from 29 to 58 years (M= 38.3; $S.D.$= 17.5).

Instruments

To assess the levels of psychological distress in the immigrants participating in this study, the SCL-90-R questionnaire was used (Derogatis, 1983). This is a multidimensional, self-applied questionnaire composed of 90 items which assess psychological distress along nine dimensions: somatization, obsession-compulsion, interpersonal sensitivity, depression, phobic anxiety, hostility, phobia, paranoid ideation, psychoticism.

Based on these nine dimensions, three global distress indices are obtained: the Global Severity Index, an indicator of the current level of severity of psychological distress, combining the number of symptoms perceived to be present with the intensity of the perceived distress; Total of Positive Symptoms, referring to the total number of items marked with some degree of distress; and the Index of Positive Symptom Distress, an indicator of the symptomatic intensity that was measured.

Each item on the questionnaire is rated according to a Likert scale from 0 (never) to 4 (always).

This questionnaire was selected for being an instrument which is sensitive to change after a therapeutic intervention (Bech, Maier, Albus & Allerup, 1992; Carrasco, Sánchez, Ciccotelli & del Barrio, 2003; Schauenberg, 1999), as well as for possessing high internal consistency, with alpha values ranging from 0.81 to 0.9 for the different scales.

Procedure

First, the subject sample for the study was obtained. To do so, a training course for immigrants, under the title of "Stress prevention and treatment", was offered through several non-profit organizations. A total of 58 immigrants enrolled, and were assigned randomly to the control and experimental groups. The gender variable was controlled in order to not interfere with research results, since several studies have found that women score higher on most of the SCL-90-R scales than do men (Carrasco *et al.*, 2003; Hafkenscheid, 1999).

Once the study sample was obtained, they were given a pre-test assessment, consisting of an initial measurement of levels of psychological distress present across the two groups of participants at the start of the investigation. Each participant was required to complete the SCL-R-90 questionnaire for this purpose.

Upon completion of the pre-test measure, the intervention program was applied to the immigrants in the experimental group; 10 sessions were given over a period of 10 weeks, with each session lasting from 1.5 to 2 hours. The intervention program consisted of learning and practicing 40 minutes of flow meditation daily (Franco, 2007, 2009), where the main objective is not to try to control thoughts, sensations or feelings, nor for others to modify or change them; on the contrary, to let these flow freely, accepting any thought, image or sensation that might appear or arise spontaneously.

The objective of flow meditation, therefore, is not to try to stop thinking or to leave the mind blank, but to channel thoughts, sensations and emotions so that they do not affect us negatively or upset the balance of our body or mind.

In order to eliminate the influence of unspecific factors on the results, such as the presence of therapeutic activity, social support and positive expectation, subjects in the control group participated in a psychomotricity program. At the end of these sessions, subjects participated in a period of supposed meditation, where in fact all they did was close their eyes for 20 minutes while relaxation music was playing, but no specific instructions were given as to what they should do. This program also lasted for 10 weeks, with a weekly one-and-a-half hour session.

After applying the meditation program, post-test scores were obtained in order to verify whether any variation in the psychological distress variables had occurred. The SCL-90-R was administered to all subjects from the sample under the same conditions as in the pre-test phase.

After completion of the study, all subjects who participated were informed about the research objective, and their permission was requested in writing in order to make use of the data obtained, with guaranteed confidentiality and anonymity. With the research results in, the meditation course was offered and delivered to the control group.

RESULTS

The Student t test for related samples was used in order to analyze for any significant differences between pre-test and post-test measures in both the experimental and control groups. Similarly, the Student t test for independent samples was used for an inter-group analysis between the experimental and control groups, using the differences between pre-test and post-test scores for each group. All analyses were performed using the SPSS statistical package version 15.0.

Table 1. Pre-test and post-test means and standard deviations corresponding to the control and experimental groups for the different dimensions and general measures of psychological distress

	Pre-Test				**Post-Test**			
	Control		**Experimental**		**Control**		**Experimental**	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Somatization	1.07	.708	1.17	.502	1.02	.786	.491	403
Obs. Compuls.	1.64	.783	1.58	.657	1.72	.627	.636	.363
Interpers. Sens.	.988	.736	1.11	.508	1.06	.653	.473	.357
Depression	1.08	.776	1.33	.707	1.17	.614	.513	.381
Anxiety	.998	.669	1.08	.530	1.06	.636	.427	.303
Hostility	.820	.639	.912	.573	.852	.534	.375	.211
Phobic Anxiety	.624	.522	.669	.415	.619	.354	.280	.370
Paranoid Ideation	1.04	.744	1.22	.676	1.12	.620	.437	.324
Psychoticism	.876	.670	.913	.596	.908	.503	.340	.136
Symptom Distress Index	1.04	.780	1.32	.461	1.13	.787	.451	.300
Total Symptoms	48.6	29.3	47.1	24.8	50.8	23.5	27.3	12.8
Global Severity Index	1.65	.561	1.84	.626	1.73	.520	1.14	.339

The Student *t* test for independent samples was used to analyze for statistically significant differences between the two groups on their pre- or post-test measures (see table 2). Table 2 shows no statistically significant differences between the two groups on the pre-test measures for any variable analyzed before the intervention. However, statistically significant differences between the two groups are observed on the post-test measures for the three general indices of psychological distress: Global severity index (t=5.06; p=<.001), Positive Symptoms Distress Index (t=4.64; p<.001), and Total of Positive Symptoms (t=4.18; p<.001). Significant differences were also obtained on all the dimensions that assess psychological distress: somatization (t=2.78; p=.046),

obsession-compulsion (t=3.93; p=.001), interpersonal sensitivity (t=3.30; p<.005), depression (t=5.86; p<.001), anxiety (t=6.61; p<.001), hostility (t=3.10; p<.005), phobic anxiety (t=3.24; p<.005), paranoid ideation (t=3.91; p=.001) and psychoticism (t=3.74; p=.001) (see table 2).

Table 2. Student t test for independent samples of the pre- and post-test differences between the control and experimental group, for the different dimensions and general measures of psychological distress

	Pre-Test		**Post-Test**	
Variable	*t*	*p*	*t*	*p*
Somatization	.478	.636	2.78	.046****
Obs. Compuls.	.594	.557	3.93	.001**
Interpers. Sens.	1.64	.111	3.30	.002***
Depression	.954	.348	5.86	.000*
Anxiety	.770	.448	6.61	.000*
Hostility	1.41	.168	3.10	.004***
Phobic Anxiety	.268	.790	3.24	.002***
Paranoid Ideation	.593	.558	3.91	.001**
Psychoticism	.960	.345	3.74	.001**
Symp. Dist. Ind.	1.21	.233	4.64	.000*
Total Symptoms	.161	.873	4.18	.000*
Global Sev. Ind.	.916	.367	5.06	.000*

Note: **p*<.001; ***p*=.001; ****p*<.005; *****p*<.05

Table 3. Student t test for related samples of the pre- and post-test differences in the control and experimental groups, for the different dimensions and general measures of psychological distress

	Control		**Experimental**	
Variable	*t*	*p*	*t*	*p*
Somatization	.483	.636	3.78	.001**
Obs. Compuls.	1.08	.299	3.45	.001**
Interpers. Sens.	1.76	.105	2.94	.031*****
Depression	1.49	.143	3.79	.001**
Anxiety	1.55	.128	3.95	.001**
Hostility	1.09	.183	3.03	.014*****
Phobic Anxiety	1.29	.174	3.25	.009****
Paranoid Ideation	.425	.693	4.75	.000*
Psychoticism	.701	.347	3.28	.002***
Symp. Dist. Ind.	1.48	.229	4.74	.000*
Total Symptoms	.473	.670	5.52	.000*
Global Sev. Ind.	.787	.315	4.11	.000*

Note: **p*<.001; ***p*=.001; ****p*<.005; *****p*<.01; ******p*<.05

In order to analyze for statistically significant differences and to assess the extent that the intervention affected each of the dimensions and the general measures of psychological distress, post-test and pre-test measures were compared using the Student *t* for related samples (see table 3). Table 3 shows that there are no significant differences on any of the variables in the control group. However, for the experimental group, significant differences are observed between the scores before and after the meditation intervention for the three general measures of psychological distress: Global Severity Index (t=4.11; p<.001), Positive Symptoms Distress Index (t=4.74; p<.001), and Total of Positive Symptoms (t=5.52; p<.001). Significant differences were also obtained between scores before and after the treatment on all dimensions that assess psychological distress:

somatization (t=3.78; p=.001), obsession-compulsion (t=3.45; p=.001), interpersonal sensitivity (t=2.94; p<.05), depression (t=3.79; p=.001), anxiety (t=3.95; p=.001), hostility (t=3.03; p<.05), phobic anxiety (t=3.25; p<.01), paranoid ideation (t=4.75; p<.001) and psychoticism (t=3.28; p<.005) (see table 3).

DISCUSSION

After analyzing the results of this study, we can conclude that the initial hypothesis we set out to verify has been confirmed; a significant reduction in levels of psychological distress was obtained in the immigrants who made up the experimental group, as compared to immigrants in the control group.

Before starting the meditation training, no significant differences were seen between the control group and the experimental group for any of the variables or general measures. But once the intervention with the experimental group was finalized, a significant decrease was verified for this group, as compared to the control group, for all variables and general measures that assess the degree of psychological distress. Later, after performing the Student *t* test for related samples, significant decreases were obtained on all the variables and on the three general measures of psychological distress when comparing the post-test scores with pre-test scores for the experimental group. However, no reduction was obtained for any of the variables or general measures of psychological distress for the control group.

These results confirm the effectiveness of meditation techniques on reducing psychological distress, and concur with data found in research carried out by Martín-Asuero, García & Benito (2005), who obtained a 49% reduction in psychological distress and a 44% reduction in medical symptoms in a group of health professionals by using a stress reduction technique based on full awareness (MBSR). Our results also concur with research data from Martín-Asuero & García de la Banda (2007), who obtained significant reductions in levels of psychological distress through applying MBSR in a group of persons with high scores on the variables and general measures assessed through the SCL-90-R. Finally, they concur with reductions seen in psychological distress levels in the study by Grosman, Niemann, Schmidt & Walach (2004), achieved through a training program in mindfulness.

We consider that, by including an active control group, we have greatly reduced possible interference in the results of the study from unspecific factors, such as receiving therapeutic attention, social support and positive expectations.

With due restraint, we can assert that meditation techniques, and in this particular case, flow meditation, are useful, effective techniques in interventions that

seek the reduction of psychological distress and its different components in the immigrant population.

As Zarza & Sobrino (2007) point out, there is a growing need to carry out research and preventive intervention programs aimed at the immigrant population, to help them respond to the causes of sociocultural adaptation problems and their effects on their mental health. We consider that meditation techniques can be a suitable therapeutic and preventive care recourse for psychological distress problems that the immigrant population is exposed to, due to their demonstrated effectiveness, economy and good adhesion.

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