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Migration and Crisis-

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THE ATHENA NETWORK
Network of psychological and psychosocial support for immigrants living in extreme situations. A global response to global problems www.laredatenea.com
The Athena Network is defined by 4 characteristics:

1. The Athena Network seeks to provide psychological and psychosocial support to immigrants in the areas of health and specifically in mental health.

2. The Network seeks to help those immigrants who experience extreme situations. The migratory process in today's world, for millions of people, is a process that brings with it a level of stress of such intensity that they exceed the human capacity of adaptation.

3. The Network aims to serve as a space for the exchange of information and experiences concerning activities and researches that aim to protect and improve the mental health of these immigrants.

4. The Athena Network is a non-profit entity and registration is free.

The name Athena evokes the figure of the Greek goddess who protected Ulysses in his long voyage, helping him overcome adversity and danger along the way. Athena is the goddess of knowledge and humanism, which are fundamental values of society.

The Network is made up of a group of health, mental health and psychosocial professionals. We have made a personal commitment to the often difficult and sometimes tragic fate of millions of immigrants in the 21st Century. We believe that global problems demands a global response.

The Network is an initiative of various institutions with a long history of experience in the work of immigrant mental health, which include the Ulysses Syndrome Programme of the University of Barcelona, the Health Initiative of the Americas of the School of Public Health at the University of California at Berkeley and the Minkowska Center linked to Paris V University.

The Athena Network was launched at the World Psychiatry Association Conference, “Migration, Mental Health and Multiculturalism” in the 21st Century, in Barcelona, October 30th to November 1st, 2010.

Joseba Achotegui
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School of Public Health
University of California at Berkeley
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University V Paris
The idea of editing a magazine that addresses the issue of migration and mental health is a project that has not just come about today, but has been a goal of many professionals who work in this area, as well as leaders of immigrant associations for several years now. The idea of editing this magazine has arisen from the need to have a means of expression for the research and experiences that are being developed and put into practice in this field.

The International Journal of Migration and Mental Health from Psychosocial and Communitarian Perspective is coming to the public with the desire to bring knowledge, ideas and experiences about the current state of mental health of immigrants in the world today. A world in which problems rapidly accumulate for people who emigrate.

In addition, the journal aims to fill a gap, since the scientific journals in this area rarely take into account the psychosocial and community perspective, focusing predominately on a psychiatric or cultural perspective.

The articles for the journal have followed a strict review process, as is the case for magazines of high scientific quality.

The journal is not only for academics and professionals in the field of mental health and migration, but also for immigrant associations, NGOs working in this area and all those interested in being up to date in a such an important reality in the world today, that of the mental health of immigrants.
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LOSING GOD...The inclusion of the loss of "religious experience" on the Ulysses Scale.
Interdisciplinary and transdisciplinary experiments

Luca Pandolfi

Brief Therapies and Art Therapies: Sychotherapeutic assistance of unaccompanied foreign minors.
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Leticia Marín

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Juan Pimienta

Displaced and refugees in Malaga (Spain)

Carolina Zanolla, Hrar Mouna, and David Ortiz

Migration and Crisis-

Liliana Gómez Téliz
In this second issue of The International Journal of Migration and Mental Health from Psychosocial and Communitarian Perspective we have the pleasure to present the following texts.

The first article is “LOSING GOD...The inclusion of the loss of “religious experience” on the Ulysses Scale. Interdisciplinary and transdisciplinary experiments” from Luca Pandolfi, PhD, Tenured Professor of the Urbaniana University of Vaticano, Roma. Pandolfi considers that migration process causes the human person to undergo various forms of stress and to experience a sense of loss (grief) with respect to his or her origins. In the Ulysses Scale, seven types of griefs are analysed focusing on different and complementary aspects of a person's life. In formulating a questionnaire dealing with the initial welcome of migrants, still under experimentation in Italy, we have added an eighth mourning: the “loss” of religious experience. The religious context and aspects of religious life in the country of origin become difficult or impossible to regain and to practise in the country of arrival. This impacts upon the migrants' psychosocial balance and their ability for adaptation and inclusion. Religious experiences are specific and form part of the symbolic, cultural and social sphere of the migrant. Their partial or total loss leads to disorientation, sociocultural deprivation, loneliness and stress. The item “religious experience” listed in the new questionnaire aims to
detect this stress, caused by the losses related to it, through indicators derived from religious psychology, cultural anthropology and the sociology of religion.

The second text is “Brief Therapies and Art Therapies: psychotherapeutic assistance of unaccompanied foreign minors” from Dr. Bonadies Simonetta, psychologist and psychotherapist, Associazione and Dr. Alberto Polito, psychologist, both members of Associazione A tu per tu,. In this text consider that psychotherapeutic work with unaccompanied foreign minors (UFM) presents different specificities (no explicit help requested from the child, difficulties in maintaining a regular location and conceiving long term therapies) that highly challenges the psychotherapist. The methodology is brief Therapies and Art Therapies represent an efficient method of psychotherapeutic assistance for unaccompanied foreign minors who often bare distress, whether minor or major. Brief Therapies help the patient solve his issues in a small number of meetings, through an approach centred on objectives and the completion of specific tasks. Art Therapies stimulate the patient to rethink his lived experiences and associate different meanings to them, through the use of imagination and personal resources that the individual rediscovers throughout the therapy, Case history: A. is a 17 years old Egyptian minor, guest at the community for UFM in the province of Cosenza. On advice of the hosting community, the minor undertakes therapy due to difficulties in managing anger, frustration and, more generally, his personal emotions, Intervention: Psychotherapeutic assistance of the minor has been carried out using Brief Therapy, of the Strategic approach, assisted with Art Therapies, of which specifically street performances and circus techniques (fakirism, acrobatics and juggling). The integrated therapies approach has alleviated the
patient's symptoms in a very short time. Specific techniques of strategic matrix have been involved, among which the modulation of emotions, that have promoted the re-narration of his story and personal identity.

The third article is “Migrant reunited families with minors with a backpack full of desprotection, negligence and other miseries”, from Silvia Peñas Martín, Psychologist, Phd Professor University of Deusto. Bilbao (Sapin) . Director of Psychosocial and immigration area of Egintza Association and Ana Martínez Pampliega. Tenured Professor Deusto University. Bilbo (Spain) . This article will offer tools to be understood from a psychosocial approach the situation of reunited minors. Minors who arrived very damaged from their countries of origin protagonists of situations of social and familiar risk. These minors land to our countries with a load of symptomatology that should be considered in our intervention. We find that they often are advocated to enter in spirals of social exclusion and marginalization in our societies. Another objective will be present which factors characterize these life histories in order to offer from our professional work new opportunities and horizons.

The fourth article is “Migratory process stress questionnaire, mp-mpsq Mackground and construction based on the griefs of the “ulysses syndrome” and on the “scheme therapy” from Leticia Marin Dr Leticia Marin, Transcultural and Migration Psychologist, Associazione Solidarietà con l'America Latina Onlus - Rome (Italy) . This article aims to explain the background and the construction of the Questionnaire on stress on the Migratory Process—(MP-MPSQ) that examines the seven griefs of migrating (family and loved ones, language, culture,
country, social status, group membership, and physical risks) and an eighth grief added “religious experience” proposed by Pandolfi, but it also inquires the psychological ill-being of the migrant in different areas (psychological, cultural, social) based off the theoretical approach of Schemas Theory created by the psychotherapist, Jeffrey Young. In the context of migration, especially with the presence of the Ulysses Syndrome symptoms, the schemas could prevent someone from adequately and rapidly developing the 7 plus 1 griefs of the migratory process. This makes the migrant's integration even more difficult in the welcoming culture. The MP-MPSQ aims to identify the schemas that the migrant has developed within the 7 plus 1 griefs. On the other hand, the questionnaire is simple in its application. It could help in forming social operators to mature their attention and awareness on the existing stress in the migratory experience. If the migrant learns to be more precise in perceiving and interpreting a situation, especially on acculturative stress, it will help him or her feel better in the new environment in which he or she lives.

The fifth article is “Walking Statues during Treatment and Recovery”, from Juan Pimienta, from Asociación Latinoamericana de inmigrantes. In this article The adventure of Pinocchio is used as a tool in educating children on basic manners. These have also been employed in entertaining children and adults through him as a puppet in a puppet show story which also assist children therapeutically. PC Bob opened his show together with Pinocchio. Pinocchio asked: “Why do people bully?” “Well, they bully because they want to pretend they are strong. PC Bob responded: (PC Bob makes gestures of a strong person); they try to get others to like them, to hide that they are scared too, (because people are scared too) they are unhappy.”
The sixth article is “Migratory grief characteristics in migrants, displaced and refugees in Malaga (Spain)” from Carolina Zanolla, Hrar Mouna, and David Ortiz. The present study developed as a consequence of the clinical and psychosocial practice with migrants, displaced and asylum seekers in Malaga city and province. Multiple factors intervening in mental health and migratory process contribute to severe psychological and psychosocial sequels as a consequence of traumatic situations, leading to reactive symptomatology as an outcome to the exposure to rootless stress. At a psychotherapeutic level, migratory grief is a common feature in most migrants, independently of the subjective experience. However, the level of intensity of the migratory grief highly depends on the personal history and context, and thus the need to analyze and characterize it emerges. The main goal is using these results to orientate the therapeutic practice, given that migratory grief is different to other types of mourning.

For this matter, we used the Ulysses scale and inquired how gender, age, the country of origin and the amount of time at the hosting country affect the level of intensity of the seven types of mourning that integrate the migratory grief. The main goal of the present study is, through the implementation of the scale, to improve and adapt the therapeutic interventions at individual, family and group level with our patients and also, to contribute the common knowledge in this field. The examination of three hundred and fifty cases from forty three countries enabled us to reveal how the different mourning of the migratory grief are significantly influenced by the parameters considered. The Country of Origin appears as the most affecting parameter, followed by Sex and Age to a lesser extent. People from Syria,
Ivory Coast, Cameroon and Ukraine had greater affectation in almost all types of grief, indicating the strong relationship that may exist between migratory grief and the extreme limitations related to armed conflict contexts. Regarding the family mourning, Women presents higher affectation than Men and Transsexuals. People from Venezuela and Colombia presents more affectation in the social status mourning than the rest of countries. Africans appears as more affected to the cultural and belonging group mourning than the rest of countrie`s sample. In sight of the obtained results, a change in the paradigm`s approach of the migratory grief was experienced in the Psychological Care Service of Immigrants and Refugees from Red Cross Malaga.

And the seventh article is “Migration and Crisis” from Liliana Gómez Téliz. The article considers that the migrations of the XXI century share aspects with former migrations: they constitute a crisis, it produces a diversity of losses that implicates the elaboration of a grief, it dissolves the support net in the country they were born in and rebuilt new ones in the new country they settle in. The political, economic and social changes goes throughout the events and the living experience of the individuals. This article will analyze how the detachment affects the inmigrants, starting with the concept that we all are historical, cultural, and psychical individuals. It will be focalized in the first moment of the migration and the anxieties produced by the loss of the internal and external structure. It shall examine the repercussions in the family group.
LOSING GOD...
The inclusion of the loss of “religious experience” on the Ulysses Scale.

Interdisciplinary and transdisciplinary experiments

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Abstract

The migration process causes the human person to undergo various forms of stress and to experience a sense of loss (grief) with respect to his or her origins. In the Ulysses Scale, seven types of griefs are analysed focusing on different and complementary aspects of a person's life. In formulating a questionnaire dealing with the initial welcome of migrants, still under experimentation in Italy, we have added an eighth mourning: the “loss” of religious experience. The religious context and aspects of religious life in the country of origin become difficult or impossible to regain and to practise in the country of arrival. This impacts upon the migrants' psychosocial balance and their ability for adaptation and inclusion. Religious experiences are specific and form part of the symbolic, cultural and social sphere of the migrant. Their partial or total loss leads to disorientation, sociocultural deprivation, loneliness and stress. The item “religious experience” listed in the new questionnaire aims to detect this stress, caused by the losses related to it, through indicators derived from religious psychology, cultural anthropology and the sociology of religion.
1. - Seven griefs plus one.

The migration process considers the human person as being subject to multiple forms of stress and loss (mourning) due to the voluntary, necessary or forced abandonment of his or her country of origin. The Ulysses Syndrome (Achotegui 2009) analyses a set of symptoms and clinical signs linked to seven losses (griefs) relating to different and complementary aspects of a person's life and which are lived in varying intensity during the migration process. They concern the loss of family, language, culture, homeland, social status, group membership, and physical security.

Through his research and publications, Joseba Achotegui describes these griefs, indicating their correlation but also the specific nature of each one. The stress experienced by the migrant or refugee, as a result of the loss and the alien situation lived in the context of arrival, may vary in intensity according to the person's vulnerability, the harshness of the migration process, and the lack of psychophysical, relational and socio-cultural integration in the context of arrival. Apart from the series of indicators proposed in the relevant Ulysses Scale (Achotegui, 2010), we are designing, in conjunction with Dr Leticia Marin, a Transcultural and Migration Psychologist, and a team from Rome, a new questionnaire/interview for the purpose of collecting data (for the initial survey) on the degree of stress caused by migration in fairly recent times, especially by people from the Latin American
subcontinent. The questionnaire aims to interact with the Ulysses Scale and the Therapy Scheme elaborated by Jeffrey Young and his collaborators (Young, Klosko, Weishaar, 2003). This aspect of experimental interaction is closely followed by Dr Marin. Instead, my main contribution is its implementation. In formulating the questionnaire, I have elaborated an eighth item in addition to the classic seven griefs of the Ulysses Scale: the “loss” of religious experience.

The religious context and forms of religiosity experienced in the country of origin are, for the migrant, difficult or impossible to find and practice in the country of arrival, with consequences related to psychosocial equilibrium and adaptation and integration skills. Religious experience is specific; it is not generically tied to one's own culture and is part of the symbolic, psychological and social universe of the migrant: its partial or total loss leads to forms of disorientation, sociocultural deprivation, loneliness and stress. In the new questionnaire, the item “religious experience”, listed alongside the previous items, seeks to detect this stress due to the relative loss through indicators derived from religious psychology, cultural anthropology, and the sociology of religion.

2. - Religious experience and mental health.

Religious practice, the sense of belonging, the beliefs and knowledge of the religious subject (Glock, Stark, 1965), together with the related community dynamics, regard a specific field of existence studied in a phenomenological sense by human sciences. At the same time, they don't constitute something separate and, in most cases, they are not disconnected activities which contrast with other activities relating to the human person, but they are placed on a horizontal plane of totality and integrity which constitutes a “unifying philosophy of life” (Allport, 1977). At least this is what was lived in European matrix societies until the spread of secularization in the 20th century, now globalised. Other peoples and cultures, however, have different forms of secularisation and “secularised laity” and religiousness, lived in a variety of ways and, in most cases, are still part of everyday life. in many cases it is customary to apply the traditional causality
principle and western rationalistic orientations without clarifying the plural concept of religion, spirituality, culture, and mental health (Rhy 2001). It is probable that the faithful attribute religious significance to all their activities and put into a religious framework the choices that they make, the projects they elaborate, their expectations for the future. Even in contemporary migratory contexts, where there is a globalised approach in an absent, dissociated and secularised religion, creeds and religious traditions emerge (or may re-emerge) as a way of rebuilding identity, as a form of ethnic socialisation dynamics and aggregation found in a foreign context.

In this sense, the loss of the symbolic, social, and cultural context of the dimension, or of the specific practice of one's religiosity, is credibly a source of discomfort, disorientation, loss and psychosocial stress. I reiterate that this discomfort could exist whether the persons live their religious experience in an active, participatory and normative way, or whether they live it in a dissociated and secular way (i.e. strong on the private and sentimental front, but totally lacking in the social and existential vision and in the ethical orientation of the public sphere), or whether they live it sporadically and only as a social and devotional perspective and/or in view of a cultural belonging.

It is no coincidence that Christian churches (Catholics, Orthodox and Protestant), but also other faiths and religious experiences, organise special forms of aggregation and socialisation for their own migrant faithful, especially in those countries which rank highly in migrant intake. So, alongside the “migrant chaplains” of the Catholic world, divided into language or nationality, and in line with similar experiences of religious communities within the Protestant or Orthodox churches, there are Muslim mosques and places of worship frequently by people from migratory flows (first or second generation), Sikh communities and temples, etc. The religious incidence is thus interwoven with the migratory process, with the opportunities that this presents and/or with the stresses it produces. We need to enhance the dialogue between psychiatry and religion. During this time, religion and spirituality have
become more prominent in mainstream psychiatry in a number of areas of study and clinical care, including refugee and immigrant health, trauma and loss, psychotherapy, collaboration with clergy, bioethics, and psychiatric research (Boehnlein 2006). But religion is never just a cultural or social horizon pertaining to the individual. It is also an individual dimension that has to do with stability, existential and social consistency, and with the mental health of the person.

3. - Religions, religious practice and other.

Anthropological research, and especially the studies in the sociology of religions, ranging from the foundational experiences of Durkheim and Weber, to the analysis of religiosity found in Glock, clearly demonstrate to us the intensely pluralistic and diverse ways that the religious experience within the same confession or faith is lived (see the concept of polyphony and heteroglossia in Bachtin). Common and shared elements of belief usually go hand in hand with typical expressions and traditions of local communities, and are no less present alongside extremely subjective forms of living and in the interpretation of contents, rites and beliefs. The psychology of religion studies, through very different approaches (Fizzotti, Salustri 2001), the various forms and the psychological and individual implications of religious attitudes and the dynamics of “belief”. Then there is the context of religious syncretism, forms of globalization and contamination due to the history of every religion, the personal stories, and the current pluralistic context. This plural context, if present in most geographic areas, is surely prevalent in countries or regions which have a high migrant population.

Taking into consideration the complexity of socio-cultural dynamics and subjective dynamics, for the migrant, the “grief” due to the loss or the difficulty of practising one's religion can thus have multiple levels. The first one is clearly of a cultural nature: the migrant, while experiencing the loss of places and symbolic spaces, has to confront diverse cosmovisions and different ways of dealing with life and thinking about life, passing the time and living relationships; in the end, it is often impossible for the
migrant to rediscover the rites he is accustomed to and the mother tongue to express them. The relationship between language and religious expression is not semantically irrelevant. But this would require a more in-depth study. A second aspect of this “mourning” is related to the loss of religious socialisation and its associated relational dynamics. A third, and perhaps more subtle and insightful aspect, relates to a potential lessening of the individual's cognitive and interpretative capacities, and a sense of disorientation caused when a person's habitual ways of interacting with an interpretative system of the world are lacking. The absence of religion can undermine the psychological identity and the ability to connect with the social relationship and the cultural horizon. Every religious system is reinforced by a social and dialogical network of people and by a succession of shared, renowned, and repeated content which have an impact on personal identity. There is therefore a psychological discomfort, both social and cultural, which can cause stress to the migrant (in addition to the other stresses analysed by the Ulysses Scale): this can explicitly or implicitly relate to the loss or fragmentation of religious experience. Such stress, like the others in the Ulysses Scale, should be associated, and must be interpreted together with any pre-existing elements of psychophysical vulnerability and social discomfort, as well as elements of fatigue, aggression and non-inclusion during and after the migration process. How to interpret, analyse and become aware of this series of stresses?

4. - *A brief and dialogic questionnaire.*

The questionnaire we are working on, and that we will soon test and distribute to selected centres, aims to be a tool to interpret, to analyse, to create self-awareness of stresses and to give them a name, a dignity and to try to manage them. It wants to enable dialogical skills and knowledge both in the migrant and in the operator (whether specialised or not) who is the first point of contact at the hospitality centre, at the social services offices providing listening and psychological guidance. It is therefore not thought of as a complex and high-level empirical tool; it is not a psychometric or sociometric test. Its main objective is that of helping both parties (the operator and the migrant) to focus on
individual mild or acute stresses, to highlight the presence or absence of more severe post-traumatic depression, to initiate steps for further analysis and awareness as well as facilitating follow-up and networking.

In other words, the responses given to the questions (the respondents specify their level of agreement or disagreement on a Likert-type scale) and the data processing of responses aims to lead the one who listens, and the one who has been listened to, towards a greater analytical perception of the stress caused by the migration process. It expands the knowledge of the factors involved: both external (exogenous stress factors) and personal (from pre-existing fragility and vulnerability in the migration process, dysfunctional cognitive patterns, to a healthy relationship with oneself, with one's own history, with the people with whom one lives). Finally, it opens up avenues of a possible networking effort in view of an effective accompaniment.

As discussed in paragraph 1, the questionnaire tries to interact with the Ulysses Scale and the Therapy Scheme elaborated by Jeffrey Young. In fact, each specific stress triggers more or less complex reaction patterns - memories, emotions, and sensations that are elaborated throughout their own lifetimes – and these can generate more or less dysfunctional behaviours. A deep understanding of stress and its causes, together with an analysis of adaptation and coding dynamics in personal history, can lead a psychologist or psychotherapist and patient to activate more effective knowledge and management pathways. But even a social worker who is not a psychologist or psychotherapist can use the questionnaire in order to obtain a clearer picture of the discomfort, to understand some cognitive patterns that work in managing the stresses of the migration process, and to initiate appropriate ways of accompaniment and networking with professionals and social services networks.

The questionnaire in fact provides a short, semi-structured interview with nine open-ended questions which help the operator and the user to examine the issues – a kind of open-ended dialogical interview. This section of the interview envisages the annotation, particularly by the operator, of any significant
elements, and is intended both as a linguistic and semantic clarification of the terms contained in the questionnaire and as a first approach to the 7 griefs (+1) of the Ulysses Syndrome (Achotegui 2009). Following the interview, the questionnaire is consigned with 60 responses, in line with the agreement/disagreement index (Likert scale), which can be submitted in anonymity.

After testing the questionnaire on a restricted number of users, we have planned training courses, before and during its widespread distribution, for operators at the migrants' listening centres and at the second stage assistance centres based precisely on the knowledge and use of the said questionnaire. The knowledge and understanding of the 7 griefs +1, together with a first introduction of the theory of patterns applied to migration, will help non-specialized practitioners and trained psychologists and social workers above all in their analysis and in-depth reading of the migration process, according to its various components and the probable intensity of the various causes of stress.

The questionnaire can also be considered as a working paper for a focus group of migrants with the help of a facilitator. It can also be working material for a self-help group (always accompanied by a facilitator in the initial stages).

5. - A questionnaire designed for a deeper analysis.

Stress has a psychosocial and socio-cultural dimension that cannot be underestimated or minimized. This refers to both the individual diagnosis as well as the various forms of accompaniment and therapy. On the other hand, the stress of the migratory process cannot be viewed solely as oscillating between two extremes: the substantial health of the person who eventually suffers from some stress, and a post-traumatic stress disorder. It is plausible, however, that Achotegui's intuition identifies intermediate forms of severe and acute stress which, while not yet manifesting a mental illness, do not absolutely identify a sustainable state of psychological, social, and cultural well-being.
The questionnaire, as already mentioned, is constructed in a structured format (statements relating to an index of agreement/disagreement) and uses a Likert Scale where (1) corresponds to Strongly disagree, (2) Mildly disagree, (3) Mildly agree, (4). Strongly agree. In order to understand the migrant's stress deeply, the questionnaire proposes ten items, containing 6 statements each, giving a total of 60 statements. Each item points to different (though related) areas of personal experience: personal psychological (PSI), symbolic cultural (CULT) and social and relational (SOC). Two statements are provided for each case. We will therefore have two referring to the discomfort relating to personal dynamics with a psychological and existential perspective, two mostly affecting the loss of the symbolic and cultural reference context, and finally two relating to the breakdown in social relations and the socio-cultural status. Clearly, each statement includes cross-sectional elements, and only the overall reading of the questionnaire (which is short) and the previous interview notes, can assist in the correct interpretation of the individual's personal story or the issues that are statistically more critical.

Furthermore, the 7 “griefs” of the Ulysses Scale (concerning family, language, culture, homeland, social status, group membership, physical security) divide the first item into three subordinate dimensions relating to the various stress areas: the family which has remained in the country of origin, the family which has been reunited or is in the phase of reunion, the multicultural family consisting of mixed couples. The item concerning the loss related to the practice of one's religious experience has been inserted. We have 3 groups of statements regarding the family, one for the other six “griefs” and one for the religious experience: ten in all.

Since in this communication there is only space to focus on the incorporation of religious experience, I have set out in this summarised format the relative 6 statements, with indicators from each reference area (PSI, CULT or SOC):
In the previous interview there is the opportunity to understand whether the person who has been welcomed or accompanied has (recognises, claims to have) some religious experience and if this is somewhat significant to the person's life. If the person does give it importance, the tenth part of the questionnaire can be completed. Otherwise it can be skipped for further questioning.

There is therefore an initial discomfort (statement 55) concerning the outright loss of God. It is a way of detecting the sense of profound disorientation that migration brings about within the religious and symbolic-spiritual experience as a whole. Often religious practice is linked to traditions, contexts, friendships, family, and celebrations lived in a certain way. The loss of context brings with it the abandonment of something that perhaps was only a situational scenario or something that was part of a socio-cultural and symbolic background: the efforts endured

<table>
<thead>
<tr>
<th>PSI</th>
<th>55. Ever since I came to this country I feel that I have lost God in my life.</th>
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<tbody>
<tr>
<td>CULT</td>
<td>56. I want to be part of a religious community but worship/religious services are not in my language and this does not help me.</td>
</tr>
<tr>
<td>SOC</td>
<td>57. I'm unable to find people here in Italy (priests, pastors, spiritual counsellors) with whom to have in-depth talks (they're very different, unable to speak my language, and can't comprehend my culture).</td>
</tr>
<tr>
<td>PSI</td>
<td>58. I can no longer live my religious life and this causes me an overwhelming sense of sadness, loneliness and disorientation.</td>
</tr>
<tr>
<td>CULT</td>
<td>59. The procedure of worship/weekly services and religious festivals (traditions, songs, religious practices) here in Italy is different from what I was used to.</td>
</tr>
<tr>
<td>SOC</td>
<td>60. I don't like going to religious services attended only by people from my homeland. I would like to go to celebrations where there are also Italians or people from other parts of the world.</td>
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</tbody>
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in the migratory process relegate to second place those religious beliefs and practices the migrant was seemingly indifferent to. However, by losing them, the person starts to feel the lack. For the migrant, if beforehand “God” was perceived to be there, all around them, and perhaps even with them, and in them, due to the changes brought about through migration, “God” seems to have disappeared altogether, without and therefore also within. But the opposite might also happen. If the questionnaire detects low levels of distress, then religious practice might well have been a companion in the journey, and a source of strength in the stressful migratory experience; additionally, religious socialization may have been a valid source of support in integrating and being well-adjusted in the country of arrival. Low levels achieved in all the responses to this item, and in particular to items 55, 56, 57 and 59, would indicate strengths and opportunities in the subsequent SWOT analysis which the migrant, operator or therapist could work with in order to manage other issues. Item number 60 deals with an interesting stress: it is not related to a feeling of exclusion or self-marginalisation but on the contrary there is the desire to integrate with diversity. Presumably it means not wanting to be confined to a religious socialization that is just “ethnic” or national but wanting to be open and to overcome one's linguistic or cultural diversity. Or else, not wanting to be recalled by others to an ethnic definition and thus having to overcome a stigma. This point would also require a more in-depth study into the intercultural and transcultural dynamics of people and certain religions.

7. - Possible ways to read and interpret the questionnaire.

Keeping in mind that we are not putting forward a complex psychological or sociometric detection, the questionnaire serves to suggest topics of reflection as well as deeper elements of self-analysis. But one important thing to point out is its possible interpretation at different levels.

A first reading could be done by the migrants themselves because in this way they can come across an indicator that is
particularly relevant to them, suggesting problems of a profound nature which perhaps were not focussed on beforehand. A second reading could be undertaken by the operator insofar as stress loads show up in data that detect a high percentage of agreement with the situations that generated stress in their life. There is also a connection between stress assessment and the detection of Young's cognitive behavioural patterns, which is dealt with in the study by Dr Marin. But statistical reports can also be produced based on a limited number of representative questionnaires through analysing the data results and highlighting significant elements, occurrences, and co-variances. In this way, the questionnaire could indicate particular traumas caused by the exertions of the migratory process. Through the knowledge of the psychologist or psychotherapist, who is experienced in the counselling of grief caused by the migratory process, and possibly through the theory of patterns, other struggles and discomfort may emerge, both in the single case analysis and in the prevailing recurrent statistics.

The far-ranging aim of this work is to build an appropriate tool for an initial analytical understanding which is mindful of the different dimensions of stress that are perceived and/or suffered by the migrant, in view of further psychometric and psychotherapeutic discernments and a multidisciplinary perspective approach to accompany and to give support. Only a systemic accompaniment, and networking, in addition to the monodisciplinary intervention (psychiatrist, psychologist, social or community health worker), can in fact open up possible ways of human therapy and pathways, not “for” the migrants, but with the migrants and with their psychological, cultural and sociolinguistic resources (Pandolfi 2010). We are taking some steps in this regard.
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Brief Therapies and Art Therapies: psychotherapeutic assistance of unaccompanied foreign minors

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**Keywords**

**Forward:** Psychotherapeutic work with unaccompanied foreign minors (UFM) presents different specificities (no explicit help requested from the child, difficulties in maintaining a regular location and conceiving long term therapies) that highly challenges the psychotherapist.

**Methodology:** Brief Therapies and Art Therapies represent an efficient method of psychotherapeutic assistance for unaccompanied foreign minors who often bare distress, whether minor or major. Brief Therapies help the patient solve his issues in a small number of meetings, through an approach centred on objectives and the completion of specific tasks. Art Therapies stimulate the patient to rethink his lived experiences and associate different meanings to them, through the use of imagination and personal resources that the individual rediscovers throughout the therapy.
**Case history:** A. is a 17 years old Egyptian minor, guest at the community for UFM in the province of Cosenza. On advice of the hosting community, the minor undertakes therapy due to difficulties in managing anger, frustration and, more generally, his personal emotions.

**Intervention:** Psychotherapeutic assistance of the minor has been carried out using Brief Therapy, of the Strategic approach, assisted with Art Therapies, of which specifically street performances and circus techniques (fakirism, acrobatics and juggling). The integrated therapies approach has alleviated the patient's symptoms in a very short time. Specific techniques of strategic matrix have been involved, among which the modulation of emotions, that have promoted the re-narration of his story and personal identity.

**Introduction:** The UNHCR 2016 report mentions 65,3 millions as the number of forced migrants in the world at the end of 2015 (UNHCR, Global Trends, Forced Displacement 2015), an increase of 9,7% compared to 2014, one of the highest ever registered. Unaccompanied foreign minors, which have always been the most vulnerable target amongst migrants, today represent close to 15% of the migrants arrived in Italy (Data UNHCR, 30 nov. 2016). The primary nationalities amongst these minors, usually aged between 15 and 17 years, are Egyptian, Gambian, Eritrean and Nigerian.

A wide and varied scientific literature has revealed and confirmed how the migrating experience is strictly linked to the psycho-physic health of a person. If on one hand, migrating represents the evolution of an individual and contributes to increasing their opportunities for personal choice and action, on the other, migrating exposes the individual to multiple factors of strain and risk (Cantor-Graee E, Selten JP, 2005). As is well-known, unaccompanied minors represent the most complex section out of the migrant population, especially regarding psychotherapeutic assistance, because they demand special care and particular protection. The migrating experience of minors goes with feelings of loss and important privations on top of
which, experiences of violence, bereavement and multiple traumas that typically characterise the journey to safe lands.

The premature separation from a context of native belonging is processed by the minor as the complete loss of familiarity, in terms of a home, language, social network, role model figures and systems of support. The latter aspects, in addition to cultural barriers, the uncertainty of the future and the presence of discriminatory behaviour in the countries of arrival, define minor migrants as fragile individuals and bearers of particular needs, that if gone unnoticed, may deepen their vulnerability and pave the way to all forms of mental issues (Aragonà M et al, 2017). Adolescence is without a doubt the best and worst of ages for any experience, also when it comes to immigration. One has to keep into consideration that at this age the primary concern is the search for identity and the consolidation of such sentiment. An event of the likes of migrating can severely disrupt the search and aggravate on the sentiment.

The moment an individual who has grown in a specific setting immigrates in a country majorly different from their own, in terms of language, culture, values, religion and style of life, he or she adapts and implements identity strategies, in other terms mental procedures, more or less conscious or elaborated, initiated in order to cope with acceptance, recognition and valorisation in the new environment.

A wide range of therapeutic strategies addressed to the migrant population exist at present and are specific to various social contexts and to the different phases of migration. Nonetheless, it doesn't seem feasible to identify leanings of psychotherapeutic work that are apt and adaptable in an exclusive way. Moreover, studies and interventions on populations of forced migrants and asylum seekers are focused on the cure of trauma and tend to attribute any manifestation of distress in the individual as the result of his or her exposure to trauma, more or less extended. This is particularly true when one thinks that psychologists that operate in contexts of migration and asylum are called to cope even with non pathological cases, ie. with requests that seek improvement in the overall psychic behaviour and improvement in adapting to the
social and cultural environment of the hosting country. So far the techniques most implemented in the immigration field are of cognitive-behavioural orientation (such as the narrative exposure therapy or the cognitive processing therapy), at times incorporating medication and EMDR. Nevertheless, many studies demonstrate that in extremely few cases therapies that are exclusively focused on trauma succeed in overcoming the symptomatology - ie. the addressed disturbs that constitute the object of analysis. As for what regards the improvement, more generally, of the psychological condition of a subject, there is a lack of commonly accepted measures among experts (Palic S, Elklit A, 2001: 18-23).

The methodology: This work aims at supplying a contribution in the field of psychotherapeutic treatment of migrants, with specific reference to unaccompanied foreign minors, through a methodology that integrates Brief Therapy of Strategic approach and Art Therapy. When working in the context of migration and asylum the specialist will never be certain of how much available time he or she has to conceive a therapy aimed at stimulating a significant change in the patient. Limited time essentially depends on the fact that sites of migrant reception are often sites of transit where individuals spend a brief period of time.

For this reason, there is an urging necessity to respond to a raising need in the most efficient and brief way possible. Adopting a strategic way of intervention allows to maximise the effectiveness of every single meeting as if it were the only available. The individual walks away with something concrete every time. The lack of quantifiable time available to realize a change in the patient urges the specialist to adopt an approach centred on the 'now and here'. Therefore depth analysis is substituted with the analysis of the problematic condition at present and of the patient's relations, constituting in an immediate modification in the dysfunctional behaviour. The foreign patient's resistance to communicating due to language difficulties are bypassed through tactics (either complicated 'rituals' or simple actions that have apparently nothing to do with the patient's
problem and are constructed with inventive and uprightness by the therapist). The appointment of tasks and exercises is particularly useful for migrants in the context of reception because these represent an instrument that can be used by the patient form the very first session.

The brief clinical intervention with the migrant population moreover aims at valorising the uniqueness of the single individual, reducing to a minimum the doctor-therapist paradigm that induces patients to consider him or herself as individuals needy of care while underestimating the substantial level of resilience manifested in the situation of risk they escaped from and during the journey of escape (Mela A, 2015). Such mode of looking at a migrant focuses on the dysfunctional and pathological aspects of the patient, thus underestimating personal resources; the same resources that enabled the migrant to tackle the extenuating journey and survive extreme conditions.

In line with the principles of Brief Therapy, Art Therapies (intended as the set of modes and instruments that stimulate the growth of the specialist-patient bond via creative activities) aim at reinitiating the expressive processes of the individual. Creativity and expressivism allow the individual to get in contact again with his or her personal resources and rethink their lived experiences with new meanings.

Art Therapies, more specifically circus arts such as fakirism, acrobatics and juggling, act as an instrument that promotes psychological well-being and social inclusion because it allows for self rediscovery and the recognition of being capable of doing and realizing in harmony with oneself and others around. Aroused feelings of realization dispel beliefs of personal ineffectiveness which is a typical felt condition of migrants who come in contact with the differences of the hosting territory.

In the context of migration and asylum, using art represents a therapeutic instrument transversal to every language as well as a way of giving voice to the diversities of each culture. It is possible via creative expression to represent not only the “visible” traits but also those not immediately perceivable, such as myths, beliefs
and visions of the outside world. Interpreting a role or an action can allow the individual to instigate parts of the self at times completely unknown. The “character” becomes a protected dimension through which the individual can temporarily suspend the consequences of his or her actions while being nevertheless tuned in with his or her emotional experiences that are in this way re-lived more easily. Finally, Art Therapy allows to accept parts of one's personal story or oneself. The unaccepted parts can be placed in a fictual scene and subsequently relocated, with new meanings, in one's inside world.

Case History: A. is an unaccompanied foreign minor of Egyptian nationality and Muslim religion. After landing along the coast of the southern Italian region of Puglia in September 2015, he is sent to a reception centre in Aversa (in the province of Salerno) where he stays for about 8 months. In May 2016 he is transferred to a reception centre for unaccompanied foreign minors in the province of Cosenza. On arrival at the structure the minor is 17 years old, he has a satisfactory level of Italian, despite his mother tongue being Arabic, and he stands out for his interpersonal skills and his resourcefulness. Such qualities help the minor adapt and often seek for relational closeness and support from the operators.

During the entry meeting, by definition the first and foremost step in the course of a migrant's reception procedure, the minor is asked to recount his personal story and more specifically the journey and the reasons that have driven him to leave his country of origin.

A. says he has come to Italy in the hope of building a better future and finding an occupation that could guarantee his livelihood and that of his family (mother, father and younger brother) who live in Egypt. A. is initially scared and at times distrustful but it is clear from his words that he would have never wanted to leave his country and that his father obliged him to migrate with the intent of earning enough money to send to Egypt. In the days following the entry meeting, A. manifests restlessness and frequent rage outbursts after which the centre request the intervention of a psychologist.
**Intervention:** When A. arrives at our meeting and I ask him how he is doing he replies that it's been days that his father calls him tirelessly: “he keeps on repeating that I have to look for a job and send him and my family money. He doesn't understand that I'm still a minor, that in Italy the laws are different from Egypt and that I can't work yet”. The continuous phone calls generate extreme vulnerability and provoke a state of generalized anxiety in the boy, which is manifest through tachycardia, sweating, loss of control and extreme rage. Such conditions translate in evident somatic reactions the likes of redness in the face and muscle stiffening, which lead him to tighten his fists. A. describes these feelings as pervasive and disabling because he feels hindered from carrying out his daily dos and activities: going to school, socio-cultural integration workshops and relating with others.

His life is marked by strong events: exploitation of child labour, domestic violence, negligence and violation of children's rights in Egypt, while his life in Italy is characterized by loneliness and guilt towards his family. We come to define the objective of the therapy and A. affirms using simple but incisive words “I want this rage to go away from me, far away! I don't want to feel my heart bursting out my chest anymore, warm and trembling in my hands. I want to live just like any 17 years old”. When A. speaks about himself he often uses metaphorical language. “I'm a broken branch”, he says while expressing how he feels. Moreover he uses “there is fire in my chest” to indicate the strong feeling of rage; “I'm crushed by a stone” to describe the fatigue, “my eyes sting” to describe the difficulty in falling asleep. Every metaphor is dense of cultural and anthropological connotations and constitutes a photograph that A. uses to recount his story; a story which would have been difficult for to narrate if done in a different way or in a longer period of time.

The figurative-symbolic-imaginative language activates the universal dimension of communication, which brings people together, places them in dialogue with one another, eases understanding and creates empathic communication. Where cultural differences are particularly marked the such language seems to exemplify what is complex and concretize what is
abstract (Anagnostopoulos E, et al, 2017). The statement “I feel like a broken branch” corresponds to a non verbal behaviour that says a lot on A.'s emotional state at the moment. He is often crouched on himself, his eyes gloomy and looking down, he walks swinging from side to side as if lacking energy, and his slim legs seem unable to hold his body. Before such figurative representation of his feelings, I assert “I can see very well the broken branch. The way you can resemble a broken branch is incredible. Before meeting you today I would have never believed that someone could portray a broken brunch through their body this well. What you can do is exceptional! You have such a unique way of expressing what you feel and you do it without having to use words! Congratulations! I find this ability of yours really incredible!”. A. is surprised. We start to reflect on the fact that a broken brunch is not however a fallen branch. On top of which, we reflect on how strong and tenacious a broken branch would have to be in order to obstinately stay attached to his tree, to his life. We raise attention on resources and personal abilities, the same that have allowed A. to face and survive the migrating journey. When there's only a few minutes left til the end of our session I ask A. to listen very carefully because I have a big task to give him: “I have a very important thing to ask you so for this reason I'd like you to listen carefully to every single word that I'm about to tell you. I'll try to speak slowly so that you can understand clearly. Next time you speak to your father I'd like you to tell him that due to your numerous commitments in the reception centre you will not have the possibility of replying to his phone call and that, for this reason, you will have to call him. You will call him every day, but at 15:00 only, before going to school, and you can speak to him five minutes only. When five minutes have passed, you will have to interrupt the phone call and dedicate yourself to the many commitments that imply living in Italy. Do you think you can do it?”. We have called this task “Appointment with anxiety”.

Through this task, A. has experienced the possibility of controlling his personal emotions, mainly anger and frustration combined with all somatic symptoms, and in a short period of time he managed to feel better. “When I realized that I was feeling
better then I understood I was on the right path”, “my heart went back to beating as normal”, he commented in the next meeting. The boy was feeling better because he managed for the first time in his life to perceive his own rage differently from how he had always perceived it. He didn't perceive himself as a passive viewer anymore, often disarmed before an uncontrollably strong flood of emotions, but as an individual who, despite a few difficulties, was able to manage his own moods.

Throughout the following weeks A.'s state of psychological health continues to improve, our meetings are appointed increasingly less and, in agreement with the center's staff, the boy is introduced to an Art Therapy workshop, within which he experiments with techniques of street performances such as fakirism, acrobatics and games of skills that involve fire. By confronting himself with elements such as fire, nails and glass, A. manages to connect with his own emotions in a different way, an alternative way that does not entail words. The art of fakirism and fire-eating continued to endorse a therapeutic value through which A. has exercised the ability to distance himself from negative emotions. Instead of repressing such emotions and manifesting them as symptoms, he learned how to literally spit them out. Not to mention, being able to deal with his rage was exactly what A. had prefixed himself to do at the beginning of therapy: “I want this rage to go away from me”. The objective has been accomplished, outside and inside the classical context of psychotherapy. Fire-eating has therefore represented a cathartic experience through which A has metaphorically learnt to spit his own rage out of his body.

Along with other guests in the reception center's community A. takes part in a street performance and in December 2016 he performs at Politeama Theatre in Catanzaro, baring naked his true emotions and facing fears of archaic nature and typically felt by any foreigner, like stage fright. Most importantly, for the first time A. visualizes a theatre not from the outside, not as a viewer but as the main actor of an incredible story called life.
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Migrant reunited families with minors with a backpack full of desprotection, negligence and other miseries...

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This article will offer tools to be understood from a psychosocial approach the situation of reunited minors. Minors who arrived very damaged from their countries of origin protagonists of situations of social and familiar risk.

These minors land to our countries with a load of symptomatology that should be considered in our intervention. We find that they often are advocated to enter in spirals of social exclusion and marginalization in our societies.

Another objective will be present which factors characterize these life histories in order to offer from our profesional work new opportunities and horizons.

Inmigrant minors.

Reunification.

Psychological intervention.

Vulnerability.
1.- INTRODUCTION

A psychosocial approach with regrouped families must take into consideration the effects of the immigration process in both the individuals and the family dynamics of those involved. In addition to this, the circumstances of social exclusion present in the country of origin influence the minors who arrive in our societies after their reunification. That is why professionals face situations that require a specialized approach due to the complexity involved.

It will be very important how we can accompany people so that an affective reconnection can happen despite the wounds left by the immigration process.

Likewise the most common problems in a family for which a professional intervention is needed will be made explicit. These problems are a consequence of a prolonged absence. We will also approach some of the psychosocial challenges linked to intergenerational conflict, acculturative dissonances, discriminative attitudes and accommodating work and family life in the new place.

Many studies on migration issues have focused mainly on from an “economic" perspective, that is, migration motivated by labour-related reasons or other instrumental opportunities. This priority for this approach to migration has left aside research on other aspects of migration with a social and emotional impact.

And, in addition, it is necessary to emphasize that a large part of the works have focused their study area on the individual subject, disregarding, in general, family variables (Bertino, Arnaiz & Pereda, 2006).

It must be borne in mind that any intervention adopts a paradigm or system of implicit assumptions about reality. These assumptions can range from the beliefs and prejudices held about the nature of the reality of migrant families in contexts of extreme vulnerability, configuring a specific ontological framework, to the way of cognitive relation with that reality, constituting its epistemological framework. Likewise, it can affect the concrete
way of being interested and responding to the demands of the people involved and especially of minors who arrive damaged from migration.

The objective of this article is to develop the impact that the migratory process has on the family functioning of migrant families regrouped with minors who have experienced situations of risk and lack of protection. To this end, an exhaustive documentary review was carried out on this subject and a conceptual proposal was put forward based on a review of the most outstanding theoretical models of acculturation, cultural shock and intervention, relating to the psychosocial adjustment of migrants. All this in order to highlight the aspects on which we should focus our psychosocial approach with migrant families after a process of regrouping with minors from risk contexts.

Intervening with members of migrant families with a vulnerable experiential past entails developing a contextualisation of the migratory phenomenon, analysing, firstly, the nature of the family project that, in most cases, entails the migratory journey and, secondly, the changes that this causes in family structures without forgetting the risk factors that have been part of their lives.

The family system must begin the search for a new identity, with all the members that must adapt to the new situation and, sometimes, also "re-link" affectively with the experiences of attachment and detachment.

2. - APPROACHING THE REGROUPED FAMILY.

Migrations, different in each period, have been characterized by complex processes of territorial displacement (Portes & Börck, 1998) and have been diverse in the causes that motivate them, in the main modalities that influence, in which consequences they have, in the meaning that is given and the emotions aroused.

Social mobility is still one of the characteristics of our time, both a cause and a consequence of a globalized planet with
serious inequalities in different factors, such as economic, laboral, history, politics, language, etc. Globalisation and, in particular, changes in migration flows modify the nature and meaning of contemporary migration. The increase in transnational activities and the configuration of the ethnic group (Ariño, 2009) are aggravated by the political and economic crises in the countries of origin of migrant families (Ramírez, 1998).

In this sense, it is the family that suffers most from the consequences of the vicious circles of underdevelopment and hyperdevelopment in an increasingly evident contrast: the poor and low living conditions of a large majority and the very high living conditions of an unsupportive minority (Escobar, 2006).

This mobility causes a restructuring of family relationships. Among immigrant families, there is a wide variety of social, educational and work trajectories. This variety implicit in the projects, expectations and in the way of interpreting reality, is opposite to the supposed homogeneity of the migratory processes (Arellano, 2004). Emigration has as many faces as countries of departure, as migrant families, as people and as moments of each of the life stories (Gimeno & Lafuente, 2010) and it is originating a multicultural society with elements that are not easily approached (Colectivo IOE, 2008 Salaberria, De Corral, Sánchez & Larrea, 2008).

This recent phenomenon has to be socially known in its most diverse facets, to eliminate prejudices and stereotypes, encouraging mutual enrichment and respect for the different (Giménez, 2003). Every professional must carry out an analysis of attitudes when working with migrant families and individuals who have different cultures from ours. The purpose is to be aware of how we position ourselves in specific moments or constantly in the intervention. Following the scheme of Milton Bennet (1993) would be: denial, defense, minimization, acceptance and integration.

Family changes, sometimes, are the cause of emigration and others are its consequence (Escobar, 2008a; Solé & Parella, 2005).
In the same way, the research carried out by Moscoso (2010), explains that the responsibility of migrant parents with their children implies:

- First, assume the commitment to guarantee their basic needs.
- Second, their desire to give them the opportunity to integrate into a better educational system.
- And finally, offer them a better life than they saw.

Families perform a hegemonic and central role in the integration process, since it is the point of reference for migrants in the host country.

3. - THE REGROUPING OF THE FAMILY IN THE NEW SOCIETY

3.1. Transnational previous stage

The processes of globalization and transnationality inevitably lead to family disintegration and a dispersion of residential spaces with different consequences on the family structure of the families involved.

As a result, families develop strategies to maintain and strengthen their bonds. Family networks are built and/or rebuilt by pursuing the physical and emotional care of children who remain in their countries of origin. The purpose of these actions would be to maintain their parental functions despite the distance.

Zapata (2009) emphasizes how "the processes of international migration bring about the redefinition of roles and the establishment of new parental figures, where uncles, aunts, grandmothers, brothers and older sisters are responsible for the tasks of care, domestic chores and decisions financial. " This dynamic often brings with it a precocious parentalization of minors, where gender is decisive.

These family systems establish common life projects and favor the development of new forms of socialization and family structuring (Puyana, 2009), however, and, in spite of fighting for the preservation of their identity as a system, their members must
also face permanent generational conflicts due to the separation of the contexts of family reproduction and production (Levitt, 2001)

3.2. Changes in family organisation.

The family group throughout the migration process goes through different stages. It is important to know how the family cycle and the relationships between its members have come together, in order to analyze the family functioning of these regrouped families (García, 2004).

Migration modifies and transforms family organization. The departure of the father or mother does not symbolize a break in the family, but a reorganization of the family. A family reconfiguration takes place in terms of relationships, structures and roles of its members (Moscoso, 2010). However, sometimes, a disintegration can occur, generating family vulnerability (Carlson-Aburto & Ballabriga, 2001)

The migratory context also involves a superposition of roles: own roles that are common to any family and others, as a consequence of the process of adaptation to the new context in the destination society.

Children can become "progenitors" of their parents. Rumbaut & Portes (2001) show that the change of roles comes when the acculturation of children is faster than that of their family. In this way, the key decisions begin to depend on the knowledge of the children. Due to the lack of mastery of the new culture, migrant parents sometimes have to rely on minors for cultural explanations (Rodríguez, 2010).

In conclusion, we can say that the migratory project of Latin American migrant families is no longer clear and is gradually confused with a more diffuse family and life project. At that time, the parents begin to develop strategies designed to achieve similar objectives to any family in the country of destination, with the specific characteristics of their migrant status (Gadea, García & Pedreño, 2009).
4.- MINORS REGROUPED

4.1. Parental presence again.

Minors describe the departure of the mother or father as a time when they had to get used to his absence. The children of regrouped families may have experienced, on the one hand, feelings of sadness and emotion of abandonment, and on the other, pride in the sacrifice their parents have made for them. The reunion is also interpreted as a new moment of familiarization with his parents, and they may have previously fantasized about it (Moscoso, 2010).

The first moment of reunion can be experienced in the following way. Parents can have both feelings of joy and strangeness. Also in many cases they may feel distant to their children. They are impacted by the physical changes produced in them and the change in their attitudes and behaviors (Micolta, 2007).

In the same way, children can feel that their parents have changed over time. This perception slows down the phase of emotional reunion and reconnection (Moscoso, 2010).

4.2. Integrating "here" and "there".

The child lives this change with great nostalgia, must make an effort to get used to and integrate into a new world (Barudy, 1992).

Initially the children live a moment that has been described as "astonishment" by the world around them. Subsequently, they have to discover it so that it acquires meaning. It is also common for children of migrant families to feel imprisoned in the new context. They often have to live in small houses, sometimes shared with other people, opposing the idea of freedom pursued by many of these minors (Moscoso, 2010).

It is common that in the first phases they present feelings of fear and uncertainty about how they will act. It can happen that children have childish behaviors, violent, explosive and nervous
attitudes. These behaviors help them to manage frustration, fear, anxiety and insecurity in a world they do not have clues. With the regressive behaviors of children, the regrouped children are expressing or demanding attention, affection, security, recognition and support (Albert, Navarro, Rodríguez, Sanahuja, & Santoja, 2010).

An important aspect to consider is the order in which the members of the family have emigrated. When the parents emigrate first, the children live several duels for the separation: first, the separation of the parents and then the separation of the caregivers and the group of equals in their origin country. They suffer the absence of the extended family group (grandparents, cousins, nephews ...) and the people who raised them. These experiences have a high emotional cost, and feelings of frustration and difficulties may arise during the reunion (Albert et al., 2010).

The absence of what was left behind is confronted by the regrouped minors through strategies aimed at maintaining relations at a distance, through the production of transnational links (Moscoso, 2010).

Sometimes, in the initial stages, "reactive ethnicity" can be given to express the exacerbation of the identities and defensive solidarities of migrant minors, to counteract the impact of the cultural values of the destination country (Rumbaut & Portes, 2001), being the return of these minors a wish (Franzé, Moscoso & Calvo, 2010).

There are many regrouped children who have the feeling of being stuck in a dead-end street. On the one hand, they are developing in the host country and, on the other, they are strongly internalizing the culture of the parents. They do not feel completely neither "here" or "there". Therefore, inclusion is not complete in the host country, however, neither is it in the origin country (Suárez, 2012; Suárez-Navaz & Jiménez, 2010).

This symbolic tension between the two societies governs the lives of migrant families, being very present not only in their perceptions but also in the identifications with territories,
experiences and people (Moscoso, 2010).

4.3. **Parentalisation of children in the receiving society.**

As happened in the origin society another of the usual phenomena after family reunification is the care of minor children by their older brothers or sisters.

Parentalization of older children is more frequent in single-parent reunited families, where mothers take care of their children alone, and have more difficulties to spend time with them, compared to families with both parents in charge of children or families with a solid support network (Bear, 2010, Micolta, 2007).

4.4. **Regrouped teenagers.**

Adolescence is usually defined as a period of "evolutionary transition", with physical, emotional and social changes, oriented to growth and transformation from childhood immaturity to the physical, psychosocial and sexual maturity of adulthood. This stage has among its main tasks the formation of a sense of own identity (Erickson, 1968, Kimmel & Weiner, 1998, Medina, 2006).

This process of adaptation for many regrouped adolescent children means choosing between continuing affiliation with their culture of origin or adopting the new culture of the host country (Carlson-Aburto & Billabriga, 2001, Guarmaccia & López, 1998).

Among the regrouped adolescents, it is also common the appearance of problems of coexistence and conflicts of authority generated by feelings of abandonment, resentment, and spite towards their parents (García, 2007).

The adolescent can live the two losses indicated above, one of the family environment and another is his equal group, in a differential way. The first loss is related to the family environment of their childhood, located in the society of origin. There the influence of families and family networks was higher than in the host society. This produces that they idealize or reconstruct their family experiences in origin, so that the past is
constituted as the referent on which comparisons are established. The link (emotional and structural) with its original family context is maintained and reinforced (Feixa, Porzio & Recio, 2006; Giró, 2003).

The second loss is the adolescent's peer group in their origin society. Regrouped adolescents may feel that their separation upon emigration entails a loss of their reference group and the need to build their new group of peers in a new environment in which they still do not master the codes.

5.- PSYCHOSOCIAL INTERVENTION WITH REGROUPED MINORS FROM HIGHLY VULNERABLE BACKGROUNDS IN THEIR ORIGIN SOCIETIES.

The migration project can cause damage that is difficult to repair in the life history of many children from vulnerable backgrounds. Inevitably, situations occur from the departure and in the transnational period that damage the development and psycho-emotional stability of the minor protagonists of these stories.

It is evident how the members of these "staying" families, as well as the "going" ones, pay a high emotional cost that is reflected in the way they interact and in the alteration of their mental health.

The following variables predominate in the lives of these migrant minors and in their psycho-affective and social development:

• Deprivation and devaluation, present in the whole environment. The social model that is transmitted through the images of failure, degradation, low self-esteem, limits the vision of future expectations and what one can become.

• External danger. They are daily witnesses of violent situations and of the organisation and behaviour of adults around survival activities, which revolve around illegality, drugs and sex. Children are constantly on guard, so that they can recognize the danger signs of their environment.
• Provisionality and immediacy of situations, attitudes and behaviours. The response of adults to their needs depends on the environmental and family tension, and varies between explosive attitudes and behaviour, or between passive and disproportionate.

• Especially tense and stressful social and family environment. They are the children who should be accommodated to the environment, not the environment to the children. This leads to a lack of foresight and understanding of the impact of their actions on others.

In the face of all these material, social and personal difficulties, situations of risk, mistreatment and neglect begin to develop around the interactions of caregiving members in the transnational stage with the child, in relation to basic care and attention, the transmission of affection, control and supervision and the child's autonomy or independence.

Parental separation impacts on children because it implies, according to Howell (1999), the impoverishment of the self, projected in insecurity and instability in the face of the loss of such an important emotional support. All this provokes the experience of an unresolved grief with constant reactions of guilt on the part of the mothers and fathers face the loss of the emotional bonds that linked them with their children before they left. If we add to all this the fact that we are immersed in a context of risk and social exclusion, it is not difficult to imagine the complexity and seriousness of the situation of these children.

After family reunification, there are many cases of serious family and emotional conflicts, identity problems, feelings of abandonment and failure at school.

We observe in our daily work how the wounds remain for a long time and despite the return to everyday life and coexistence are strange and distant people under one roof and minors cannot avoid resentment towards their parents.

The pain of abandonment affects the mental health balance of the children of these families, adding to the sadness of these children because they have been able to see their lives in danger related to situations of neglect of care.
León Grinberg (2001) describes that the effects of migration favour emotional wear because they generate too many conflicts.

In addition, these children experience the migration of their parents as a stressful situation, with fears, distrust, intense worries and constant mournings, feeling alone without parental presence at home.

As an organizing scheme in the psychosocial intervention with migrant minors coming from contexts of great vulnerability and risk, I propose six descriptive axes, which, although they are intertwined in practice, are useful to distinguish conceptually: (1) Social level. (2) Polysymptomatology and recurrent crises (multiple paranormal events); (3) Life cycle of family life; (4) Communication and affective system; (5) Conjugality; and (6) Parentality.

This article also aims to highlight that migrant minors who are regrouped and they are in highly vulnerable contexts present problems in various areas of their psychosocial development, usually linked to certain attachment disorders.

The separation time between minors and their parents sometimes has drastic consequences. The importance of attachment theory with respect to the early emotional attachments that are generated in childhood with primary caregivers has been demonstrated, materializing in relationships of stimulation, care and protection.

Migrant children from contexts of exclusion often have an insecure attachment, usually of a disorganised type.

In the phase of affective reconnection of these migrant families we must consider the incorporation of attachment theory as one of the compasses that will guide our approach. The bonds that these children establish with parents or reference persons in the transnational stage determine their subsequent social, affective, behavioural and cognitive development. Evaluating their life histories, we find that they are not characterized by the experience of a secure attachment where these children have seen their needs for affection and security of the caregivers not being able to differentiate and respond to socio-affective signals to them.
It has been noted that children have been separated from their families of origin for various reasons (related to a serious violation), and that there is a background of basic mistrust that hinders the arrival of subsequent caregivers and professionals. Add to this the characteristics of disorganized attachment, such as affective deregulation, and there is a much higher risk of failure of intervention (Hughes, 2004).

The departure of their parents and the replacement of multiple caregivers who are not always adequate places these children at increased risk of attachment disorders due to the loss of references (Timmer, Urquiza, Herschell, McGrath, Zebell, Porter & Vargas, 2006).

Within the programs that seek to stimulate secure attachment or improve the existing style of attachment applicable to working with migrant families with children who have been present in contexts of social exclusion, we could apply three central lines in our work: interventions aimed at stimulating the behavioral sensitivity or responsiveness of parents, interventions that focus on mental representations of attachment or internal operating models of parents, and interventions that attempt to stimulate or provide social support to parents (O’Connor & Zeanah, 2003).

We can incorporate into the interventions play spaces that allow the minors to express a series of experiences in which different feelings are recognized, identified and promoted. It would also be about creating an environment in the intervention incorporating the parental figures where through certain playful proposals promotes play and talk to understand and manage their conflicts, feelings and behaviors not. This proposal would also encourage the pain of feeling "strange" despite the family bond that unites them.

6. - CONCLUSIONS

Migrant children have a totally different maternal and paternal support from those who have never been separated from their parents.
The feeling of abandonment and the guilt of having experienced situations of risk in their societies of origin does not easily allow for an affective reunion and the presence in the destination country rekindles the suffering. Every day we as professionals see that physical distance generates emotional distance and wounds that are difficult to heal and heal.

La labor profesional de inicio con menores migrantes tan dañados perseguirá la construcción de un vínculo de confianza que promueva futuras relaciones de apego seguro en niños con mucho daño emocional a sus espaldas. El relato de vida de estos menores vislumbra el impacto psicológico que produce la partida de sus padres y sus resentimientos convertidos en rabia, tristeza, soledad que muchas veces no pueden ser hablados con su grupo referente en origen.

The initial professional work with such damaged migrant minors will seek to build a bond of trust that will promote future secure attachments in children with a lot of emotional damage to their backs. The life story of these minors glimpses the psychological impact produced by their parents' departure and their resentments turned into anger, sadness, loneliness that often cannot be spoken of with their peer group in the origen country.

The impact of migration on these children will depend on their psychological structure, on the protective factors of their environment and on their vital moment in other variables.

The professional work must have a series of specific and focal approaches integrated with each other. A system of regular support and reinforcement should also exist to analyse changes and achievements in such interventions.

The place of such interventions should be understood in the context of a comprehensive approach that considers first and foremost aspects related to the formal and informal network of the migrant minor. Secondly, the satisfaction of their basic needs or of the relational resources that may be found in their referential context.

It is key to carry out psychosocial interventions that empower and activate their protective resources by promoting their
resilient mechanisms. Likewise, to look for ways to treat the reparation of sequelae and violations and the prevention of the development of major damages in these children.

Interventions developed within the conceptual framework of attachment theory are appropriate for intervening with migrant minors from vulnerable and at-risk backgrounds in their origin societies.

In spite of so much damage, these systems have their own compensation factors, since they are not families that present themselves as emotional deserts. The strength of their bonds is very important and they often surprise us with outstanding records of flexibility throughout the intervention process.

In the intervention with these damaged children and their families it will be key in our work to consider a constructivist perspective of human reality and an ecosystemic vision of family processes based on the concepts of circular causality, seeking connections and relationships beyond reductionist understandings.

7- REFERENCES


Abstract

This article aims to explain the background and the construction of the Questionnaire on stress on the Migratory Process—(MP-MPSQ) that examines the seven griefs of migrating (family and loved ones, language, culture, country, social status, group membership, and physical risks) and an eighth grief added “religious experience” proposed by Pandolfi, but it also inquires the psychological ill-being of the migrant in different areas (psychological, cultural, social) based off the theoretical approach of Schemas Theory created by the psychotherapist, Jeffrey Young. In the context of migration, especially with the presence of the Ulysses Syndrome symptoms, the schemas could prevent someone from
adequately and rapidly developing the 7 plus 1 griefs of the migratory process. This makes the migrant's integration even more difficult in the welcoming culture. The MP-MPSQ aims to identify the schemas that the migrant has developed within the 7 plus 1 griefs. On the other hand, the questionnaire is simple in its application. It could help in forming social operators to mature their attention and awareness on the existing stress in the migratory experience. If the migrant learns to be more precise in perceiving and interpreting a situation, especially on acculturative stress, it will help him or her feel better in the new environment in which he or she lives.

**Keywords**
Maladaptive schemas, irrational (dysfunctional) beliefs, depression, immigrant women, stress & migratory grief (Ulysses syndrome), migratory process, schema therapy

**Recommended Citation**
Introduction

This article aims to explain the background and the construction of the Questionnaire on stress on the Migratory Process—(MP-MPSQ), it can be considered as an extension of the “Ulysses Scale”, based on the specific characteristics of stress and the griefs of migrating (Achotegui 2009). Although the migratory phenomenon has always existed, there are few tools that help understand the migrant's way of perceiving and coping with the situation of acculturative stress that he/she experiences during his/her migratory process (Marin 2010a; Pandolfi 2010). There is no tool capable of identifying the maladaptive schemas of the migrant person that evaluates the different situations in the country of arrival. Together with the anthropologist Luca Pandolfi, professor of Cultural Anthropology at the Pontifical Urban University, we built a questionnaire based on the scale of the seven pains of Achotegui. With the addition of an eighth "loss" (religious experience) proposed for Pandolfi and explained in detail in this same volume, together with the organization chart of the questionnaire.

In this first part, I present the entire background of the research that has led us to justify the need for a useful and basic tool for any operator dealing with today's migration as for the health professional or community. Much of our work has been done with groups of Latin American migrants. According to ISTAT statistics, the Latin American migrant population with the greatest presence in Italy comes from Peru, and it is predominantly composed of women. In these researches, migrant women from 8 countries from Latin America participate, with Peru in first place. Most Latin American women work in domestic environments as caregivers. They were initially separated from their children, but now most of the children have moved to Italy through the family reunion. During the various meetings with migrant women, the presence of significant emotional distress was confirmed. The latter caused by multiple factors related to the condition of being a migrant woman, including the remoteness of family members left in the country of origin; especially, the consequences of the previous separation
Two concepts are central to any psychological stress theory: appraisal, i.e., individuals' evaluation of the significance of what is happening for their well-being, and coping, i.e., individuals' efforts in thought and action to manage specific demands (Lazarus 1993). Most approaches in coping research follow Folkman and Lazarus (1980: 223), who define coping as 'the cognitive and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts among them'. A migrant during his/her migration process, or before his departure, if he/she lives in conditions of war or under a threatening and risky environment, even at the family level, will develop special coping mechanisms either during the trip, mostly if this is also dangerous, as during the cultural shock upon his arrival at the new society - phases described in the W-Curve Hypothesis Model by Gullahorn & Gullahorn - (Hoffenburger, Mosier, Stokes, 1999). When the threat is either not always resolved, nor the loss is avoided, or the damage is dissipated, they simply manage to a certain extent, "negotiate" with reality, reduced and mitigated as far as possible (Fierro 1996). Sadness is a neutral and adaptable. It is only sometimes an illness. Beck's (1987) cognitive model of depression provides the vulnerability-stress framework for assessing the relationship between self-schemas, recent negative life events, and depressed moods. It is evident that among the most frequent psychological problems generated by stress associated with migration, the presence of depressive pictures is noted.

The cognitive and emotional disestablishment acts as a vicious circle since it gives rise to confusions and errors and to maladaptive behaviours that add new griefs along with those that the migrant already suffers (Achotegui 2018).

**Previous researches**

The MP-MPSQ questionnaire represents the continuation of a previous research (started 2006) about the migratory phenomenon in Italy. This study took shape based on another research made on a group of 250 Latin American immigrants in
Rome. In this study, we observed that the biggest difficulties were loneliness and sadness, and they ranked first place (Ciurlo 2006; Marin 2007, 2008a). The level of difficulties was linked to the physical separation between immigrant and their children left behind in their country of origin, the inability to participate in Italian social life, how long they been living in Rome, and the type of work they did.

In other results, in the same community, low levels of depression have been found in the migrant in the productive age, both male and female (Marin, et.al 2008b,c). Based on the cognitivist model, in one of these researches, we tried to understand the relationship between the level of depression and the cognitive system of migrant women. In the results obtained, an analysis of the frequencies of irrational beliefs was carried out where the most recurrent was the belief of "having to find a perfect solution" at any cost in front of any eventuality. Second, there was a widespread fear of making mistakes that threatened their status as immigrants and caused a continuous "fear of making mistakes". Third, the dependence on a superior force was shown, demonstrating how the immigrant, feeling helpless before the multiple obstacles arising from the migratory process, needs someone stronger than himself/herself to whom he can rely on and be helped and supported. From this it can be hypothesized that this is one of the possible reasons why many immigrants, who in their country of origin are not active members of their religion of belonging, suddenly approach it (Marin 2009, 2010b, 2011). The religiosity has always been one of the categories in coping strategies. However, the religiosity of believing, either lost or gained during the migratory process, is a factor not very well known that has been considered - beyond the seven griefs of the Ulysses syndrome. One of the griefs during this process, therefore, the grief appointed by Pandolfi "religious experience" (that he describes in detail in this volume by entitled “Losing God”), has been important to include in the MP-MPSQ questionnaire. After these observations, we wanted to deepen this topic with another study in order to probe the relation between with the Ulysses Syndrome, the depression level and the
cognitive system of the immigrants in Italy. Using a quantitative methodology of research studying 170 Latin-American immigrant women, it applied the “Beck Depression Inventory”, “Scale in Migratory Stress and Grief (Ulysses Scale)” (Achotegui 2010), and the “Irrational Beliefs Test for Immigrants of Marin” - modified version from the IBT of Jones - (Marin, et.al 2008b). In the results it's possible to note the presence of several dysfunctional beliefs, the main irrational beliefs are: “There is invariably a right, precise, and perfect solution to human problems and it is awful if this perfect solution is not found”, “one absolutely must be competent and capable in achieving all important respects or else one is an worthless person”, “one must be very dependent on others and must need them because one cannot mainly run one's own life”, “my unhappiness depends on external reasons so I cannot do much or nothing to handle the difficulties like an immigrant woman”. Despite this group of irrational beliefs, the cognitive system provokes the insurgence of low-level depression (Chart 1) and early stage Ulysses Syndrome symptoms.

![Chart 1](https://www.italiaora.org/)

(1) With the acronym ISTAT we mean National Institute of Statistics, or the Italian public research entity that deals with censuses and statistical surveys in various sectors. According to ISTAT as of 1 January 2017, non-EU citizens regularly present in Italy are 3,714,137.

(2) The 7.7% are Latin American. Peru is in the lead. According to the updated statistics as of 6 May 2018, it is estimated that the Italian population amounts to 60 million 452 thousand residents, of whom 7,306 are immigrants (https://www.italiaora.org/).
Last research

In all previous researches, based on the cognitivist model, researches are carried out in the field of migration and transcultural psychology where we observe the insurgence of relevant clinical symptoms connected to the migratory phenomenon. This has induced us to put into practice a last research, before the elaboration of the questionnaire we want to propose in this work probing the relation between syndrome with chronic and multiple stress (Ulysses syndrome), and the cognitive system (irrational beliefs & maladaptive schemas) of immigrants using Ellis'REBT (Ellis, 1994; De Silvestri, 1999; Marin 2001) & Young'YST (Young, et.al 2003) as a theoretical model. We have use as a base research the irrational beliefs and maladaptive schemas (LeLeux-LaBarge; Farrell & Shaw 2018), as an indicator of the cognitive system. It used a quantitative methodology of research applying three measuring instruments: Ulysses Scale; Marin Irrational Beliefs Test for Immigrants; Young Schema Questionnaire, 250 immigrant women from eleven Latin American countries participated (Peru, Ecuador, Mexico, Colombia, Dominical Republic, Venezuela, El Salvador, Argentina, Bolivia, Cuba, Brazil). Most of them work as caregivers and housewives (Chart 2). In the results, it is possible to note the presence of several irrational beliefs and maladaptive schema (migratory life traps) inside the sample considered. For example, one of the main irrational beliefs we found was: “Like immigrant woman, one must be quite dependent on others and need them and you cannot mainly run one's own life” and “dependent on others and need them… depend on force majeure”.

Place

1. Housewife & caregiver
2. Prof. Technician
3. Employee
4. Student
5. Graduated
6. Merchant
7. Unemployed

Chart 2 Women in the Work Place
On the other hand, a constant belief that we have noticed in different research pertains to perfectionism: “It is awful if the perfect solution is not found.” However, it is important to observe that it does not manifest itself in a dysfunctional way in the migrant woman, but rather serves as a coping skill in situations of stress, especially in the work environment which creates tranquillity and low levels of anxiety and depression. However, a dysfunctional profile manifested in the other beliefs is observed. It is interesting to observe in the results that the cognitive system is similar between the youngest and the oldest groups of women (Chart 3).

On the other hand, the main early maladaptive schemas (migratory life traps) we found are in this last research. All the schemas are grouped into five broad categories (Young calls "schema domains") of unmet emotional needs in migrant women. We can observe the predominant schemas (Chart 4): disconnection and rejection (abandonment/instability; mistrust/abuse; emotional deprivation; defectiveness/shame; social isolation/alienation) excessive attention and need of others (subjugation; self-sacrifice). This type of maladaptive schemes facilitates the performance of migrant women in the field of domestic work or caregivers. It's important to observe the grief on family in migrants from 30-40 years old who showed low levels in the Ulysses scale having higher the vulnerability level in this grief.
**Maladaptive Schemas**

1. Disconnection and rejection (maladaptive schema number: 1, 2, 3, 4, 5)
2. Excessive attention and need of others (maladaptive schema number: 12, 13, 14).
3. Impaired Limits (maladaptive schema number: 10, 11)
4. Impaired Autonomy and Performance (maladaptive schema number: 6, 7, 8, 9)
5. Overvigilance and inhibition (maladaptive schema number: 15, 16, 17, 18)

It means that prior to the migration, the family rapport of this group was not good, but with the migration, it is better (Chart 5). In the results we observed irrational beliefs and schemas that reduce the capacity of coping with stress perceived by the migrant with greater intensity, causing the insurgence of significant stressors of Ulysses Syndrome.

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(3) REBT (Rational Emotive Behaviour Therapy) - YST (Schema Therapy di Young).
(4) One of the relevant elements of Young's proposal is the maladaptive content (in the form of a life trap) of the schemas. These schemas could remain in someone's life as a shield against future experiences, like what happens in the migratory experience. The maladaptive content (life trap) of the schemas forces us to wrongly perceive situations to the point of readapting our cognitive style, in other words, our way of seeing and interpreting the world. Schemas may remain dormant until they are activated by situations relevant to that particular schema which could affect the migratory process.
(5) The maladaptive schemas perpetuate anxiety pathology by hindering the individual's ability to alter behaviours, thoughts, emotions, and overall approach to adverse events (LeLeux-LaBarge).

[https://digitalcommons.georgiasouthern.edu/etd/1376](https://digitalcommons.georgiasouthern.edu/etd/1376)

(6) In the migratory context, I consider it important to add a migrant connotation to Young's “lifetrap”. Therefore, we will call it the “immmigrant lifetrap” in the Marin & Pandolfi Questionnaire (MP-MPSQ).
Conclusions of the Previous Researches

Summarizing the previous researches to the MP-MPSQ questionnaire, we can conclude that there is a cognitive system in Latin American migrant women in Italy with the following characteristics:

- It is possible to note the presence of several irrational beliefs, the main one is: “As an immigrant woman, there is a need to be a perfectionist in everything and it is awful if a perfect solution to everything is not found”

- It is possible to note the presence of several maladaptive schemas (immigrant life trap); the main ones are: disconnection and rejection; excessive attention and the need for others.

- In the last two researches, we observed a dysfunctional cognitive system (irrational beliefs & maladaptive schemas) that has caused the insurgency of important stressors of Ulysses syndrome in its early stages: struggle to survive, feeling of loneliness due to separation from the family, helplessness, failure of the migratory project.
This cognitive system provokes the insurgence of significant stressors but low-level depression in BDI-II, although over time can worsen and badly impede the progress of a socio-affective integration within the new society. The higher the scores of the cognitive system, the higher the stressors perception of the Ulysses syndrome.

If the person experiences dehumanization on a daily basis in the new society, this implies a damage in the integration process; it means more difficulties to developing coping strategies vs stress situations, and then, the probability of an increase in the scale of the Ulysses syndrome. In order to prevent the development of the Ulysses syndrome and to lower the values in the results of its scale, it is important to be able to process all griefs during its own migratory process, especially in a situation of acculturation stress. To achieve this goal, it is important that the migrant person is aware of their strategies of coping with the stressors of Ulysses Syndrome as well as being able to manage them. The cognitive system plays an important role in achieving this goal; with our researches we have observed that there are irrational beliefs and maladaptive schemas that lead to the migrant to develop a dysfunctional mode in every grief of his migratory process. Therefore, we considered it important to create a questionnaire that allows deepening the irrational beliefs and maladaptive schemas that present themselves in the form of “migratory life trap” in front of the stressors that are perceived by the migrant as a threat in every grief of the Ulysses' syndrome. This prevents the migrant from having a healthy path in its migratory process (Graphic1).

Furthermore, we have come to the conclusion that the presented findings need to be replicated by future research that could validate these conclusions. In addition, it would be of particular interest to research to implement interventions helping the immigrant person develop his or her capacity to cope stressful acculturation situations in the best possible way. The evidence in this direction would help to clarify the nature of the relation between the 7 plus 1 griefs and the cognitive system, particularly
cognitions and schemas related to secondary appraisal mechanisms. Precisely for this reason, the questionnaire that we present here, has the function, as a first step, of an accompaniment instrument for the person in his migratory process, and claims at a later time, to be validated and to be used also as an instrument in a therapeutic context.

**Questionnaire (MP-MPSQ)**

*(Please refer to the questionnaire at the end of this article).*

After those researches, it was necessary the construction of a measurement questionnaire to know the cognitive schemas (irrational beliefs & maladaptive schemas) and the stress perception for each Ulysses syndrome grief, specifically on the migratory process. This questionnaire can be considered as an extension of the “Ulysses Scale” created by professor Joseba Achotegui, based on the specific characteristics of stress and the migratory griefs (Achotegui 2009).

The Questionnaire of Cognitive Schemas on the Migratory Process—(MP-MPSQ) examines the 7 migratory griefs (family and loved ones, language, culture, homeland, social status, membership group, and physical security), but it adds a last grief (+1) not contemplated in the Ulysses Scale, “religion experience”, meaning the loss of possibly living one's own religious experience. This last grief has been developed with the collaboration of the anthropologist and partner Luca Pandolfi from the Pontifical Urbaniana University of Rome. In this way, the MP-MPSQ surveys the psychological ill-being of the migrant in different areas, psychological, cultural and social, based off the theoretical approach of Schemas Theory created by the psychotherapist Jeffrey Young. On the context of migration, especially with the presence of the Ulysses Syndrome symptoms, these schemas could prevent someone from adequately and rapidly developing the griefs of the migratory process. This makes their integration even more difficult in the welcoming culture. The MP-MPSQ aims to identify the schemas that the migrant has developed within the griefs (7+1). On the other hand, the questionnaire is simple in its application. It could help in forming social operators to mature
their attention and awareness of the existing stress in the migratory experience. If the migrant learns to be more precise in perceiving and interpreting a situation, it will help him or her feel better in the new environment in which he or she lives. Even if it means distancing oneself from their expectations created from their departure of one's country of origin.

If a migrant presents low levels of functionality of the schemes that are evaluated in the questionnaire, the professional can help by accompanying him in his migratory process improving the perception of himself and of the stressors or stressful situations improving his capacity to coping them.

The Marin & Pandolfi Questionnaire (MP-MPSQ) contains 11 open-ended questions and 60 beliefs rated on a four-point Likert scale, these items are divided into three different areas (psychological, cultural, social). This measure contains 7+1 griefs of the Ulysses scale and the maladaptive schemas (migratory life trap); as a result, one can observe the degree of perceived stress during the migratory process in all griefs and its relation to the level of dysfunctionality of maladaptive schemas from a psycho-socio-cultural point of view. Pandolfi, in this same volume, gives an in-depth look at the format of the questionnaire. Besides the perception of the acculturative stress situations that the migrant lives, in the MP-MPSQ we can observe the 18 different maladaptive schemes of Young (Table 1), with which we can know the cognitive system in the migratory process that the person is experiencing at the time of administration. The administration of the Ulysses scale is suggested together with this questionnaire and other tools if it is necessary to obtain more information according to the migratory case we are dealing with. We can conclude by saying that a dysfunctional cognitive system prevents an adequate processing of griefs during the migration process. The MP-MPSQ is an effective tool to help the migrant person know what are his irrational (dysfunctional) beliefs and his maladaptive schemas that occur in the form of a trap during this process. It is also necessary to develop coping strategies to learn how to manage them avoiding the development of emotional disorders.
### TABLE 1

The schemes proposed by Young on which the Marin & Pandolfi Questionnaire (MPSQ) is based:

<table>
<thead>
<tr>
<th>Maladaptive Schemas (Migratory Life Tramp)</th>
<th>Marin &amp; Pandolfi Questionnaire (MPSQ) Beliefs item number</th>
<th>Environment</th>
<th>Mourning</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abandonment/Instability i.e. the belief that close relationships with others will terminate.</td>
<td>46. I'm worried that the people I love will find other people to be friends with, and will eventually abandon me.</td>
<td>Psychological</td>
<td>Membership</td>
</tr>
<tr>
<td>2. Mistrust/Abuse i.e. the belief that others will take advantage of the person.</td>
<td>18. I agree with my family members when they suggest not to trust friends that I make in Italy because they could hurt me.</td>
<td>Social</td>
<td>Family 3</td>
</tr>
<tr>
<td>3. Emotional Deprivation i.e. the belief that one's needs are never met by others.</td>
<td>4. I don't receive any support, affection, or attention from my family that stayed in my country of origin.</td>
<td>Psychological</td>
<td>Family 1</td>
</tr>
<tr>
<td>4. Defectiveness/Shame i.e. the belief that one is inferior or unattractive.</td>
<td>36. I miss my country, but I'm ashamed of where I come from and I don't talk about it with other people.</td>
<td>Social</td>
<td>Homeland</td>
</tr>
<tr>
<td>5. Social isolation/Alienation i.e. the belief that one is different from other people, feeling of not belonging.</td>
<td>41. I feel discriminated in Italy. I can't even be considered and accepted as a regular citizen.</td>
<td>Cultural</td>
<td>Social Status</td>
</tr>
<tr>
<td>6. Dependence/Incompetence i.e. one is not capable of handling well everyday responsibilities.</td>
<td>33. Unlike when I hung out with people from my country, here in Italy I'm not able to make it on my own during everyday life. I always need someone else's help to get by.</td>
<td>Social</td>
<td>Homeland</td>
</tr>
<tr>
<td>7. Vulnerability to Harm or Illness i.e. some external or internal disaster may occur at any time.</td>
<td>53. I'm worried that in Italy a terrorist attack can occur (and that I maybe a victim of).</td>
<td>Cultural</td>
<td>Physical Risks</td>
</tr>
<tr>
<td>8. Enmeshment/Undeveloped Self i.e. one cannot survive or be happy without the constant support of the other.</td>
<td>15. Some of my family members don't like that I make friends with people from my country, and I respect that because I don't want them to get mad at me.</td>
<td>Social</td>
<td>Family 3</td>
</tr>
<tr>
<td>9. Failure to achieve i.e. one is incapable of performing well relative to others.</td>
<td>56. I want to be part of a religious community but worship/religious services are not available in my language and this does not help me.</td>
<td>Cultural</td>
<td>Religious Experience Language</td>
</tr>
<tr>
<td>10. Entitlement/Grandiosity i.e. the belief that one is entitled to act without regard of others.</td>
<td>5. If my family who stayed in my country of origin finds it difficult to understand Italian culture, I don't feel obliged to explain it to them.</td>
<td>Cultural</td>
<td>Family 1</td>
</tr>
<tr>
<td>11. Insufficient Self-Control/Self-Discipline i.e. the belief that one would not tolerate any barrier or rejection.</td>
<td>9. Now that we have reunited, my family wants to spend our free time together, so I have decided I can't hang out with my friends anymore.</td>
<td>Social</td>
<td>Family 2</td>
</tr>
<tr>
<td>12. Subjugation i.e. one must submit to the will of others in order to avoid negative consequences.</td>
<td>51. As migrants, we have to engage in any type of work, even if it endangers our health.</td>
<td>Social</td>
<td>Physical Risks</td>
</tr>
<tr>
<td>13. Self-Sacrifice i.e. one should postpone his or her needs to help others.</td>
<td>3. Since I emigrated, I have given to my family more than I have received from them.</td>
<td>Social</td>
<td>Family 1</td>
</tr>
<tr>
<td>14. Approval-Seeking/Recognition-Seeking i.e. one's sense of esteem is dependence primarily on the reactions of others rather than on one's own natural inclinations.</td>
<td>29. I like to work well and being to show how I would normally do it in my country, but my efforts and my suggestions are never appreciated.</td>
<td>Cultural</td>
<td>Culture</td>
</tr>
<tr>
<td>15. Negativity/Pessimism i.e. one's life that seems to be going well will ultimately fall apart.</td>
<td>38. Since I am a foreigner, I can't live according to the &quot;Italian standards</td>
<td>Cultural</td>
<td>Social Status</td>
</tr>
<tr>
<td>16. Emotional Inhibition i.e. one must inhibit one's emotions.</td>
<td>31. It's difficult being myself, cheerful, and spontaneous with other people like I would in my country.</td>
<td>Psychological</td>
<td>Homeland</td>
</tr>
<tr>
<td>17. Unrelenting Standards/Hypercriticalness i.e. one must meet unrealistically high standards.</td>
<td>37. I must work a lot and make sacrifices in order to keep an acceptable social status.</td>
<td>Psychological</td>
<td>Social Status</td>
</tr>
<tr>
<td>18. Punitiveness The belief the people should be harshly punished for making mistakes.</td>
<td>10. I think it's my fault if I don't receive much support or attention from my family here in Italy.</td>
<td>Psychological</td>
<td>Family 2</td>
</tr>
</tbody>
</table>
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Stress in the Migratory Process Questionnaire – MP-SMPQ

based on the grieves of the “Ulysses Syndrome” (Achotegui) and on the “Schema Therapy” (Young)

L. Marin – L. Pandolfi
Associazione Solidarietà con l'America Latina Onlus

INTERVIEW BEFORE THE QUESTIONNAIRE

Observations:

1. **It is important to establish a relationship based on respect, trust and confidence with the interlocutor.** (Pay attention to the operator's previous impressions, to the non-verbal language, to the setting of the interview in a welcoming and non-judgmental context).

2. **This is neither an interrogation nor a psychometric or sociological questionnaire.** It is a re-expression and reconstruction accompanied by one's own situation, useful both to the operator (professional or voluntary) and to the person who self-analyzes. It is carried out in two stages: a prior individual interview and the Likert scale questionnaire (see below). The questionnaire is not designed for self-administration without the operator who should accompany the participant's autonomous compilation.

3. **It is important that, with the help of the operator, the participant should consider his/her current situation while also looking at his/her condition prior to their migratory process.** It is also important to pay attention to the family history (including migration) of the participant, accompanied by the operator, when completing the questionnaire.
<table>
<thead>
<tr>
<th><strong>PERSONAL INFORMATION</strong></th>
<th>identity code ______</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country of origin:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
</tr>
<tr>
<td>(a) single / unmarried</td>
<td>(b) married</td>
</tr>
<tr>
<td>(c) separated</td>
<td>(d) divorced</td>
</tr>
<tr>
<td>(e) remarried</td>
<td>(f) non marital cohabitation</td>
</tr>
<tr>
<td>(g) widower</td>
<td></td>
</tr>
<tr>
<td><strong>Date of arrival to the first country of migration:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><em>(if it is different from Italy)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Date of arrival in Italy:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Residence permit (in Italy):</strong></td>
<td>______________________</td>
</tr>
<tr>
<td>(1) residence permit (maximum 2 years):</td>
<td>(a) regular</td>
</tr>
<tr>
<td>(b) through</td>
<td></td>
</tr>
<tr>
<td>(2) residence permit waiting for work (1 year)</td>
<td></td>
</tr>
<tr>
<td>(3) long-term EU residence permit - 5 years (former residence card)</td>
<td></td>
</tr>
<tr>
<td>(4) citizenship (naturalized Italian)</td>
<td>(5) refugee status</td>
</tr>
<tr>
<td>(6) asylum seeker</td>
<td>(7) without documents</td>
</tr>
<tr>
<td>(8) humanitarian aid</td>
<td>(9) other (specify)</td>
</tr>
<tr>
<td><strong>Level of study:</strong></td>
<td></td>
</tr>
<tr>
<td>(a) primary school</td>
<td>(b) middle school</td>
</tr>
<tr>
<td>(c) high school</td>
<td>(d) university</td>
</tr>
<tr>
<td>(s) master</td>
<td>(f) PhD</td>
</tr>
<tr>
<td>(g) other</td>
<td></td>
</tr>
<tr>
<td><strong>Job in the country of origin:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>First job upon arrival in Italy:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Current job:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Important members of the family who remain in their country of origin:</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Important family members who have emigrated and are now present in another country (which?):</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Are there any other family members in Italy? (no)</strong></td>
<td>______________________</td>
</tr>
<tr>
<td>(yes) <em>Where do they live?</em></td>
<td>______________________</td>
</tr>
<tr>
<td><em>Who are they? parents, children, brothers, sisters, etc.</em></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>People with whom you currently live in Italy?</strong></td>
<td>______________________</td>
</tr>
<tr>
<td><strong>Religion:</strong></td>
<td></td>
</tr>
<tr>
<td>(a) very practicing</td>
<td>(b) little practicing</td>
</tr>
<tr>
<td>(c) non-practicing</td>
<td>(d) non-believer or agnostic</td>
</tr>
</tbody>
</table>

---

**Note:** The document is a form for personal information, including but not limited to: personal identification, date of birth, marital status, date of arrival in Italy, residence permits, level of study, job history, family members, etc.
1) In my culture, what is referred to when we speak about family?

2) What is my family's state at the moment?

3) What does “a person's culture” mean to me? (State which ones are most important to you. You can choose a maximum of 5 choices).
   a) the way of thinking
   b) the way of looking at the world
   c) the way of dealing with life experiences
   d) food and the way of eating it
   e) language
   f) religion
   g) the way of being with other people
   h) the way of living with the family
   i) the way of perceiving the man/woman relationship
   j) the way of perceiving public, civic and political life

4) What does “my country” mean to me?

5) Did I have a group I used to belong to in my country of origin? (Yes) (No)
   (If the answer is “yes”, state by who it was represented)
   a) relatives   b) neighborhood/town friends   c) friends from work   d) other

6) The Status is my social standing (including the economic and professional level). What was my social standing in my country of origin? And what about here in Italy?

7) What does “being healthy” mean in my culture? (Generally, psychologically, physically and socially speaking)

8) Did I suffer from any serious illnesses before coming to Italy? (Serious diseases, underwent surgeries, long term hospitalization …)

9) Did I suffer from any recurring illness before coming to Italy? (Headaches, stomach aches, anxiety psychological discomfort …)
Instruction for the questionnaire

This questionnaire consists of 10 sets of 6 sentences, read each of them carefully and choose the number of the answer that best reflects the way you have been thinking in the last few weeks.

1. - STRONGLY DISAGREE 2. - MILDLY DISAGREE
3. - MILDLY AGREE 4. - STRONGLY AGREE

For questions with the word "family"
specify who I mean by my family

a. partner  b. partner and children

For questions with the word "family"
specify who I mean by my family

c. partner, children, brothers and sisters, father and mother

d. partner, children, brothers and sisters, father and mother,
other relatives and close friends

e. brothers and sisters, father and mother  f. other (specify)_______

FAMILY / 1

About the family remained in the country of origin

1. Since I emigrated, I feel as if I'm losing contact with my family.
2. When I go back to my country for the holidays, my family thinks
   I have lost our traditions. They look at me in a different way.
3. Since I emigrated, I have given to my family more than
   I have received from them.
4. I don't receive any support, affection, or attentions from my
   family that stayed in my country of origin.
5. If my family who stayed in my country of origin finds it difficult
   to understand Italian culture, I don't feel obliged to explain it to them.
6. My friends and my family's relatives are annoyed by the fact that
   I can't host them in Italy.

FAMILY / 2

About reunited family

7. I thought that by reuniting we would've been fine and loved each other,
   but this "being a close family" project is failing.
8. I find it difficult to follow Italian traditions because I feel as if I'm
   betraying the traditions of my original family.
9. Now that we have reunited, my family wants to spend our free time
   together, so I have decided I can't hang out with my friends anymore.
10. I think it's my fault if I don't receive much support or attention
    from my family here in Italy.
11. When my family finds it difficult to follow Italian traditions or reviving
    the traditions from our country of origin, I'm free to behave differently.
12. Since we have been back together, there isn't enough space to invite
    my friends over.
### FAMILY / 3

*About mixed couple and multicultural families*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>I feel that since I'm a foreigner, I'm misunderstood by my family (relatives, children, Italian or foreign partner).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>14.</td>
<td>I find it difficult to follow Italian traditions, because I feel like I'm betraying my family of origin who doesn't appreciate them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Some of my family members don't like that I make friends with people from my country, and I respect that because I don't want them to get mad at me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I don't receive any support, affection, or attention from my family (relatives, children, Italian or foreign partner).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I agree with my family members when they suggest not to trust friends that I make in Italy because they could hurt me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I agree with my family members when they suggest not to trust friends that I make in Italy because they could hurt me.</td>
<td></td>
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</tbody>
</table>

### LANGUAGE

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>I can't find work in Italy because I don't know how to express myself correctly in Italian.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Since I don't speak the language, I often feel lost and out of place because I don't understand Italian customs and expressions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Since I don't speak Italian well, my social interactions are limited, therefore, I can't express my abilities to others.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>I think I'll never be able to speak Italian correctly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>I'm not able to explain in Italian culture aspects from my country of origin.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>When I make a mistake while speaking Italian, some people criticize or make fun of me.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CULTURE

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>I feel that if I share my culture with Italian people (habits, expressions, food preferences, dances, traditions), they will judge me and they won't want to deal with me anymore.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>I miss my country of origin's food and the way of eating it, so I try to buy products from there and eat it according to our customs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>I find it difficult to enjoy my country of origin's traditions with my friends (Italians or foreigners).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Even though I would like to, I find it difficult to blend in with the Italian culture: I feel different and lonely.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>I like to work well and being to show how I would normally do it in my country, but my efforts and my suggestions are never appreciated.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>I don't like celebrating Italian holidays because I feel like they don't belong to me.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOMELAND

31. It's difficult being myself, cheerful, and spontaneous with other people like I would in my country.
32. I miss the colors, the scents, and the views of my country.
33. Unlike when I hung out with people from my country, here in Italy I'm not able to make it on my own during everyday life. I always need someone else's help to get by.
34. Italian climate doesn't allow me to feel well or comfortable.
35. I miss hanging out, talking, and interacting with people from my country.
36. I miss my country, but I'm ashamed of where I come from and I don't talk about it with other people.

SOCIAL STATUS

37. I must work a lot and make sacrifices in order to keep an acceptable social status.
38. Since I am a foreigner, I can't live according to the "Italian standards".
39. I fear that because of my social status I can't have a good relationship with the Italian people I care about.
40. I suffer from not having the social status I used to have in my country.
41. I feel discriminated in Italy. I can't even be considered and accepted as a regular citizen.
42. Because of my social status, I don't feel part of any social group.

MEMBERSHIP

43. I feel that I can't be myself around Italian people and that I can't bond with them.
44. Since I've been living in Italy, I lost touch with my country's group of friends. We barely talk now.
45. When it comes to social life, I don't feel accepted by Italian people because I am a migrant.
46. I'm worried that the people I love will find other people to be friends with and will eventually abandon me.
47. I still haven't found people to be comfortable with and that understand my ways of being, thinking and doing.
48. In my country I left the people I used to open up to and I can't do that with anyone here.
PHYSICAL RISKS

49. Since I moved to Italy I get sick more often.
50. It bothers me that the Italian society sees me as a menace (thief, terrorist, enemy).
51. As migrants, we have to engage in any type of work, even if it endangers our health.
52. I've been a victim of physical or verbal aggression in Italy.
53. I'm worried that in Italy a terrorist attack can occur (and that I maybe a victim of).
54. I'm worried I could be physically or verbally assaulted for not having the proper documentation.

RELIGIOUS EXPERIENCE
(If one has defined himself as "non-believer or agnostic" he may not fill in the statements from 55 to 60)

55. Ever since I came to this country I feel that I have lost God in my life.
56. I want to be part of a religious community but worship/religious services are not available in my language and this does not help me.
57. I'm unable to find people here in Italy (priests, pastors, spiritual counsellors) with whom to have in-depth talks (they're very different, unable to speak my language, and can't comprehend my culture).
58. I can no longer live my religious life and this causes me an overwhelming sense of sadness, loneliness and disorientation.
59. The procedure of worship/weekly services and religious festivals (traditions, songs, religious practices) here in Italy is different from what I was used to.
60. I don't like going to religious services attended only by people from my homeland. I would like to go to celebrations where there are also Italians or people from other parts of the world.
10) **What is the positive aspect of my migration?**
(State which ones are most important to you. You can choose a maximum of 5 choices)

a) I learnt a new language
b) My finances are better
c) My family finances are better
d) I met good people in this country
e) I feel part of a bigger and multicultural world
f) I discovered new places by travelling
g) My level of studies is better
h) I acquired a new culture
i) I feel more free
j) I feel more capable and stronger at dealing with life
k) Other (provide details)

11) **What is the positive aspect of Italian people in my migratory experience?**
(State which ones are most important to you. You can choose a maximum of 5 choices)

a) I have helped them knowing and practicing a new language
b) Birth rate increase
c) I help the Italian economy by living, buying and paying taxes
d) I'm a reference point for my country's culture (food, literature, music, movies)
e) My financial support helps the pension system
f) I make Italy a better and more multicultural place
g) I brought a more professional and better work ethic
h) I brought my culture's values in Italy
i) Other (provide details)
Walking Statues during Treatment and Recovery

By Juan Pimienta

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“Mortal cosa son io
Il Tempo ch'affretta, Fortuna ch'alletta,
Amor che saetta.. Pietate non ha!
Fragile, misero, turbido quest'uom sarà”
Il Retorno d' Ulisses in patria by Claudio Monteverdi (1)
Introduction

Puppets have been used for centuries to animate and communicate the ideas and needs of human society. Puppets and masks were used by Greeks in religious rituals and dramas as well as in Africa and Egypt in healings and hunting ceremonies. But with the continuous development in medicine, especially in psychotherapy, puppets are now being used during play therapy (Treatment and Recovery) with children. (Maricel Cuerdo)

Walking Statues (Puppets) found in Egyptian tombs have served as mediators between the spirit and the material world, echoing the miracle of creation. (Ryu 2008) Puppets enables children to work out feelings, traumatic situations or attitudes “who do not have the vocabulary or the concepts to help therapists understand what their trauma has been and what it has meant to them” (Jean Beolan Gascoigne) facilitating healing from past stressful or traumatic experiences; allowing the expression of feelings; encouraging creatives thoughts and new ideas; allowing the development of healthy decision-making skills; enabling the communication of problems and concerns to others; supporting the learning of new ways of thinking and behaving. (Kathy Eugster 2007)

India and China have a history in puppetry that dates back 3000 years. Puppets have had a long history in entertainment. Puppet shows are accompanied by drums, tambourines and flutes together with special effects like smoke, fire, thunders, rattles, squeaks and trumpets for the storytelling.

Play Therapy

The history of play therapy dates back more than 80 years. Early psychoanalysts: Sigmund Freud, Anna Freud (1928, 1964, 1965), Margaret Lowenfeld (1935, 1970) and Melanie Klein (1961, 1987) were the first to develop play therapy theories when working with children rather than the free association used within
adult psychoanalysis. Countries including United States, United Kingdom, Germany, the Netherlands, and Russia focused on puppet plays to “help children to overcome stammer and recover from various neurotic stresses using puppets.” (Burneikaite, 2009, p.114)

The Ulysses Syndrome and Puppets Play Therapy

Puppet play therapy serves as a doorway to encourage the child to play in an open-ended manner. According to Erikson, E.H. (1964, “Childhood and Society” p.222) Play as a therapeutic tool can be beneficial for many traumatised children. Dr. Joseba Achotegui had presented a new illness of the XXI century: (Ulysses like any immigrant had mirror the virtues of courage, love, loyalty, strength, perseverance, leadership and self-reliance when he was held hostage by Calypso.) “The Ulysses Syndrome” (also called The Syndrome of the Immigrant with Chronic and Multiple Stress); Dr Achotegui has said that Immigration is not itself a cause of mental illness but it is a high-risk factor if the following circumstances apply:

i). there is vulnerability: the immigrant suffers an illness or is physically disabled

ii). the level of factors is very high: for example, the environment of acceptance is hostile

iii). both conditions given take place

Ulysses spends 7 year of his 10 years' journey home in Ogygia (Known as Gozo Island in Malta) with Calypso. She fell in love with him and decided to keep him as her immortal husband and give him eternal youth. Ulysses' longing for his homeland Ithaca and Penelope, his wife, grew so strong that he could bear it no more. Calypso bore Ulysses a son, Latinus. Zeus persuaded Calypso to let Ulysses go. In the end, Calypso agreed and helped Ulysses to build a new boat and supplied him with food and fresh water for his voyage. She bade him farewell. Stories like Ulysses and Calypso re-created with puppets can also provide an excellent arena for intervention and communication.
Children of immigrants are also affected by the 'Ulysses Syndrome' and puppet play therapy assist children to participate in certain activities that would address the child's current problems. (Kathy Eugster 2007) Dr. Dori Esposo stated that children tend to suffer more mental health disorders than their parents such an anxiety and depression. (Vega et al., 1998) Research by Edgar-Bailey and Kress (2010) found that traumatised children are often inhibited from progressing to a state of mental health due to the symptoms and disturbing images remembered from the trauma.

Trauma that occurs in childhood can have a long-lasting emotional and psychological consequences. (Novotny 2012) Crittenden (1999) broadly defines a childhood traumatic experience as any life event that threatens a child's health. An example of emotional trauma is that of children who witness abuse of another person: mother, father, sibling, friend, etc. Emotional abuse also includes “verbal abuse, neglect, humiliation, relationship breakup or the death of a love one.” (Cohen, 2007) A puppet represents a human being without being a human; allowing children to play without the necessity to talk about their problems to feel better. Play therapy is an excellent therapeutic avenue when working with children. (Novotny 2012)

Some of the signs of traumatised children include self-blame, aggressive anger, guilt, physical aggression, academic problems, low self-esteem, bed-wedding, shortened attention span, an inability to control anger (Kot, Landreth, and Giordano, 1998) and a sense of loss control (Edgar-Bailey and Kress, 2010).

**Superheroes and Play Therapy**

**Captain America**

Engaging with puppet play therapy encourage interaction with the topic of superheroes with the power of a good mental health. Some children may be able to adequately cope with the assistance of superheroes as role models, a family member or another supportive adult. Captain America, created by Jack Kirby
and Joe Simon in 1940, (Steve Rogers was born in the 1920's and was the son of poor Irish immigrants.) He is an American soldier in World War II who was given a serum that transformed him into a physically perfect human and fights for liberty and justice. Captain America has no superhuman powers, but he is transformed and his strength, endurance, agility, speed, reflexes, durability, and healing are at the zenith of natural human potential. The super-soldier serum; does not wear off.

Taken from Marvel's database
There is always a cultural need to create role models. Puppet play therapy provides a role model through characters like PC Bob or Pinocchio.

**Power of collective mind**

**The 99**

In some ways superhero groups like the Justice League of America capture the feeling that groups were more effective than individuals. On the other hand, powerful superheroes like Superman and Batman led into notions that powerful individual could effect change. (Professor Ian Gordon, National University of Singapore) Good is represented by the 99 superheroes. *The 99* is a comic book, created by Dr. Naif Al-Mutawa, featuring a team of superheroes with special abilities based on the 99 attributes of Allah in Islam but some are virtues encouraged by a number of faiths.
The Ulysses syndrome novel written by Santiago Gamboa in 2005 presents an immigrant in Paris, 'Sebastian,' a superhero that works as a washing-up and who is worried about his friend 'Nestor' the invisible man. Sebastian “understood his words in the busy and at the same time city of sorrow, in which we do not exist.” (page 217)

Immigration is a crime in the XXI century and people like Sebastian are immigrating to mega cities (such Rome, New York, London, Paris, Berlin, Barcelona, Kong-Kong, Sidney, and others) for better life. Parents travel with their children to provide a better future without acknowledging the traumas that this can bring with it. Some of those traumas can be caused by bullying.

**Bullying and Superheroes**

**PC Bob's Adventures**

PC Bob's ABC Constabulary is an anti-bullying puppet play therapy show. “It's not every day that schoolchildren get to benefit from the wisdom of a 70-year-old police officer. But there are strings attached to this story: PC Bob, who has been touring primary schools to speak out against bullying, is actually a marionette-style puppet. He visits the schools with his latest partner, the more youthful PC Juan Pimienta of the Metropolitan Police Ibero-American Association (MPIAA), working in
partnership with the Anti-Bullying Alliance. The duo performs a 20-minute conversation about bullying, talking about what it looks like, why people bully and how it makes the victim feel. Near the end, PC Bob encourages the children to say to bullies: “Stop it, I don't like it!” Among other things, the course aims to teach the children leadership, and to promote emotional wellbeing, and to develop a strong partnership with parents and teachers to support the needs of the children. “I bought the PC Bob puppet 10 years ago in an antiques shop,” says PC Pimienta, saying he got the idea to use it in a presentation when his daughter Isabella asked him to talk about bullying at her school. He's been doing it ever since.” (Quoted from the JOB Met Magazine, January 2013, page 9). PC Bob's ABC is a project of empowerment, to help children in the prevention of bullying and make others aware of its effects.

According to the National Society for the Prevention of Cruelty to Children (NSPCC) based in the United Kingdom, there are no official statistics on the number of children who are bullied. But from research studies and from what children had told them, bullying is an issue that affects almost all children in some way. (See annexes A and B) There were over 24,000 Childline counselling sessions with children about bullying in 2016/17 (a). Over half of lesbian, gay and bisexual young people have experienced homophobic bullying at school (b). More than 16,000 young people are absent from school due to bullying (c).

PC Bob with puppet play therapy could assist children that may develop conflict thoughts and feelings by connecting their emotions to trust police/an adult enough to express painful emotions when a child may had developed a distrust of persons of authority for being unable to keep the child safe because of a traumatic situation.

**Spiderman and the concept of bullying**

Spiderman written by Stan Lee is about the life of a young adult known as Peter Parker who has expertise in the fields of applied science, chemistry, physics, biology, engineering, mathematics and mechanics. With his talents, he sews his own costume to conceal his identity and he constructs many devices
that complement his powers, most notably mechanical web-shooters. (Gresh, Lois H., and Robert Weinberg. "The Science of Superheroes" 2002) Parker has been bullied by many of the students. Top on the list of his tormentors was football star, Flash Thompson, who gave him the nickname "Puny Parker". Parker does not like bullies for this reason he rescued children from bullies and advised them.
The Adventures of Pinocchio

The adventures of Pinocchio written by Carlo Collodi in 1883, is about a wooden puppet carved by a carpenter known as Geppetto and the size of his nose changing due to his lies or stress. (2) Some literary analysts have described Pinocchio as an epic hero. Pinocchio was alone, “But he defended himself like a hero. His hard-wooden feet kept his enemies at a respectful distance, ... The puppet had sharp eyes....” (Chapter XXVII) Like many Western literary heroes, such as Odysseus, Pinocchio descends into hell; “All around him it was very dark: the darkness was so thick and deep that he felt as if he had dived head first into a bottle full of ink. He listened, but he heard nothing...” (Chapter XXXIV) he also experiences rebirth through metamorphosis, (from a puppet into a donkey and from a puppet into a real boy) a common motif in fantasy literature. (3) Furthermore, he survived a stabbing because “he was made of the hardest wood, and the knives broke into thousand pieces. Only the handles remained in the assassins’ hands, who stood staring at each other.” (Chapter XV) Pinocchio said, “I am made of very hard wood, ... that is why, when you hauled in the rope. You found a live puppet and not a dead donkey.” (Chapter XXXIV)

Michael Morpurgo started his book of “Pinocchio” published in 2013 with the following words: “But the truth is I'm not just a puppet, I'm more than just bits of wood and string. I'm me. So actually I'm quite like you. I mean you're not just skin and hair and flesh and bones, are you? You're you.” (Page 12)

Pinocchio appear to lie due to children's curiosity and difficulty to resist temptation, most children tend to disobey the adult's instructions. Pinocchio disobeys Geppetto and ignores the cricket “Il grillo parlante” which has lived in Geppetto's house over a century and is Pinocchio's conscience, it advised Pinocchio: “Disobedient children never do any good in this world.” (Chapter XII) “Remember that children who do as they please and want to have their own way, are sorry for it sooner or later.” (Chapter XIII) According to psychologist Kang Lee from
Toronto University, children who have transgressed by disobeying an adult's instruction can decide either to lie or to tell the truth about their transgression. His findings suggest that social and cognitive factors may play an important role in children's lie-telling abilities. Furthermore, Dr. Lee stated that they show better intellectual development because they can cover up their tracks.

Pinocchio wishes to be a real boy but he needs to be a good boy and he turned and looked at him for a moment, and then said to himself, “*How ridiculous I was when I was a puppet! And how happy he is to have become a real boy! Pinocchio had become a respectful, kind, sincere and brave boy.*” …” I will study, I will work, I will be obedient, ... I will work harder.” (Chapter XXV) Before, Pinocchio had changed from a puppet into a real boy, we heard Pinocchio called Geppetto: “*Polendina*, “*Blockhead*”, “*Donkey*” and “*Ugly monkey*” making Geppetto angry (Chapter II). He takes Geppetto's wig to play with it, he is disobedient, does not obeys Geppetto instructions, he sells his own school books to attend a puppet show, he does not go to school. In other words, he was a bully, and was a victim of bullying too by school boys:
“One took his cap away, another pulled his jacket behind. One of the boys tried to make a big moustache under his nose with ink and another again tried to tie strings to his hands and feet to make him dance.” (Chapter XXVI)

The current study's results by Kang Lee suggest that lying is associated positively with children's cognitive development in terms of their understanding of others' minds and executive functioning. For instance, children's general intellectual ability, parenting styles, disciplinary styles, and cultural contexts may be also related to the development of lie-telling behavior (Achenbach & Edelbrock, 1981; Cole & Mitchell, 1998; Lee et al., 1997; Lewis, 1993; Crossman & Lewis, 2006; Stouthamer-Loeber & Loeber, 1986)

As Pinocchio gets older is mental process of listening, planning and auto control gets sharper. He is awarded five gold-coins to give to his father Geppetto because he put himself first to save the Harlequin's life: “You are a good brave boy” said the “Fire-eater/Mangiafuoco.” (Chapter XI); He did it again: “If I save your life, do you promise not to bother me anymore, or run after me?” Then, he saved Alidoro's life, pulling him by the tail with both hands to the dry sandy beach (Chapter XXVIII).

Pinocchio is changing from a child into a young adult and say, “But from now on I shall lead a different life, and become an obedient boy. I have learnt the lesson that disobedient children never prosper, and never gain anything.” (Chapter XX) Before Pinocchio goes to bed, Geppetto say to him: “You are a good puppet” because he worked harder: “Pinocchio worked until midnight; and instead of making eight baskets, he made sixteen.” and the Blue fairy said in his dreams: “Brave Pinocchio! In return for your good heart, I forgive you all your past misdeeds. Children who love their parents, and help them when they are sick and poor, are worthy of praise and love, even if there are not models of obedience and good behaviour. Be good in future, and you will be happy.” The next morning, Pinocchio wake up saying: “I am a real boy at last.” (Chapter XXXVI)
Conclusion

The adventure of Pinocchio is used as a tool in educating children on basic manners. These have also been employed in entertaining children and adults through him as a puppet in a puppet show story which also assist children therapeutically.

PC Bob opened his show together with Pinocchio. Pinocchio asked: “Why do people bully?” “Well, they bully because they want to pretend they are strong. PC Bob responded: (PC Bob makes gestures of a strong person); they try to get others to like them, to hide that they are scared too, (because people are scared too) they are unhappy.”

Both puppets are acting out a situation that children fear and are reassuring them that there is no reason to fear such a situation. This will help the child understand that there is no reason to fear the presence of a police officer or teacher which are there to help. The NSPCC has urged members of the public and professionals to play a role in preventing child sexual abuse in the U.K. (See Annexes A and B “On line abuse, Sexual abuse and physical &
Pinocchio and PC Bob allow children to become more opened to their surroundings and become tools for encouraging emotional release; the children's thoughts and behaviour. According to Kathy Eugster, it is a way to help children recover and heal from stressful or traumatic experiences. Axline (1947) and Webb (1991) noted that puppets were easy for children to identify with regarding projecting their own feelings and concerns. They also noted that children felt safe acting out new and different behavior with the puppets.

PC Bob's show helps children in the following ways by:

- Facilitating healing from past stressful or traumatic experiences
- Allowing the expression of feelings
- Encourage creative thoughts and new ideas
- Allowing the development of healthy decision-making skills
- Enabling the communication of problems and concerns to others

It will increase parent involvement in their child's education. According to Bromfield; “puppets offer physical and psychological safety that, in turn, invites greater self expression” (p.435). The puppets are a safe avenue for communication because a child is aware that he or she “cannot be assaulted or abandoned by a puppet” (Bromfield, 1995, p.436). In addition to the safety that a puppet has to offer, puppets are also a natural avenue by which children can play out conflicts, whether those conflicts be with peers or family. As concrete objects, puppets allow the child physical action and non-verbal abilities that may not be offered through verbal communication due to disabilities or developmental stage of the child. (quoted from Bromfield, R. (1995) “The use of puppets in play therapy.” Child and Adolescent Social Work Journal, 12(6), 435-444.
Notes
1. “I am human. From Time, ever fleeting, from Fortune's caresses, from Love and its arrows...No mercy from me! They will render man "weak, wretched, and bewildered."
2. Linda Falcone. Italian, It's All Greek to Me: Everything You Don't Know About Italian ... Retrieved 2013-06-17.

Bibliography

Axline's Basic Principles of Non-Directive Play Therapy

The therapist:

- Must develop a warm and friendly relationship with the child.
- Accepts the child as she or he is.
- Establishes a feeling of permission in the relationship so that the child feels free to express his or her feelings completely.
- Is alert to recognise the feelings the child is expressing and reflects these feelings back in such a manner that the child gains insight into his/her behaviour.
- Maintains a deep respect for the child's ability to solve his/her problems and gives the child the opportunity to do so. The responsibility to make choices and to institute change is the child's.
- Does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows.
Does not hurry the therapy along. It is a gradual process and must be recognised as such by the therapist.

Only establishes those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship.

These principles emphasise the importance of a practitioner being able to use a comprehensive Play Therapy Tool-kit, which will enable the therapist to follow the child's lead.

Virginia Axline is recognised as the originator of non-directive Play Therapy. Her well known book 'Dibs: In Search of Self' written in 1964 which describes how she worked with Dibs and how he was able to heal himself over a period of time is an excellent introduction to the subject. Axline in turn influenced Violet Oaklander who added a gestalt therapy approach to play therapy and extended the 'tool-kit' concept as described in her book 'Windows to Our Children'. (Quoted from Play Therapy.org.uk)

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Bullying

Bullying is behaviour that hurts someone else – such as name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at home or online. It's usually repeated over a long period of time and can hurt a child both physically and emotionally.

Bullying includes:

- verbal abuse, such as name calling and gossiping
- non-verbal abuse, such as hand signs or text messages
- emotional abuse
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual or homophobic bullying
- physical assaults, such as hitting and pushing
- making silent, hoax or abusive calls
- online or cyberbullying.

There are no official statistics on the number of children who are bullied. But from research studies and from what children tell us, we know that bullying is an issue that affects almost all children in some way.

There were over 25,700 Childline counselling sessions with children about bullying last year. (1) Over half of lesbian, gay and bisexual young people have experienced homophobic bullying at school. (2) More than 16,000 young people are absent from school due to bullying. (3) There were over 11,000 counselling sessions with young people who talked to Childline about online issues last year. (4)

Signs, symptoms and effects

It can be hard for adults, including parents, to know whether or not a child is being bullied. A child might not tell anyone because
they're scared the bullying will get worse. They might think that they deserve to be bullied, or that it's their fault.

You can't always see the signs of bullying. And no one sign indicates for certain that a child's being bullied. But you should look out for:

- belongings getting “lost” or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill’ each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

Bullying can have devastating effects which can last into adulthood. At its worst, bullying has driven children and young people to self-harm and even suicide.

All children who are affected by bullying can suffer harm – whether they are bullied, they bully others or they witness bullying.

**Mental health problems**

Children and young people who are bullied are more at risk of developing mental health problems, including depression and anxiety. Children at the highest risk are those who are both bullied, and who bully others *(Victoria Department of Education and Early Childhood Development, 2013; NICHD, 2012)*.

Children who are bullied also:

- have fewer friendships
- aren't accepted by their peers
- are wary and suspicious of others
- have problems adjusting to school, and don't do as well.
Effects on children who bully others
Children and young people who bully are at increased risk of:
• substance misuse
• academic problems
• violent behaviour in later life.

Effects on children who witness bullying
Children who witness bullying may show similar signs as children who are being bullied. They may:
• become reluctant to go to school
• be frightened or unable to act
• feel guilty for not doing anything to help.

Sources

On line abuse (Cyber-bullying)
Bullying that happens online, using social networks, games and mobile phones, is often called cyberbullying. A child can feel like there's no escape because it can happen wherever they are, at any time of day or night.

One in five 8 to 11 year olds and seven in ten 12 to 15 year olds has a social media profile. (1) 1 in 4 children have experienced something upsetting on a social networking site. (2) There were over 11,000 counselling sessions with young people who talked to Childline about online issues last year. (3) 1 in 3 children have been a victim of cyberbullying. (4) Almost 1 in 4 young people
have come across racist or hate messages online. (5) Three-quarters of parents have looked for or received information or advice about how to help their child manage online risks. (6) Around 1 in 7 young people have taken a semi-naked/naked picture of themselves. Over half went on to share the picture with someone else. (7) There were over 3,700 counselling sessions with young people who talked to Childline last year about online sexual abuse. (8) In 2015, the Internet Watch Foundation identified over 68,000 URLs containing child sexual abuse images. (9)

Anex B

Sources
4. McAfee survey of children and parents as reported in the Guardian (14 November 2014) “Number of children who are victims of cyberbullying doubles in a year”
7. Martellozzo, et al (2016) 'I wasnt sure it was normal to watch it.
Sexual abuse

But official statistics do tell us how many children have been identified as needing support or protection. (1) Over 390,000 children received support from children's services in England last year. (2) Over 49,000 children in England were identified as needing protection from abuse last year. (3) Reports of sexual offences against children have increased sharply in England. (4) There are over 69,000 children in care in England. (5) More than half of children are taken into care because of abuse or neglect in England. (6) Neglect is the main concern in 45% of child protection plans in England. (7)

Sources

1. ONS (2014) Table MYE2 in Population estimates for UK, England and Wales, Scotland and Northern Ireland, mid-2014 Explanation: There were an estimated 11,591,701 people under 18 years in England in 2014.


Physical abuse

1 in 14 children have been physically abused. (1) 19% of contacts to the NSPCC's helpline last year were concerns about physical abuse. (2) Disabled children are over 3 times more likely to be abused than non-disabled children. (3) Over 6,000 children were identified as needing protection from physical abuse last year. (4) The NSPCC's helpline responded to over 10,000 contacts about physical abuse last year. (5) Over 9,000 children and young people contacted Childline about physical abuse last year. (6) 21% of the concerns that the NSPCC's helpline referred to police or children's services related to physical abuse. (7)

Sources


ABSTRACT

The present study developed as a consequence of the clinical and psychosocial practice with migrants, displaced and asylum seekers in Malaga city and province.

Multiple factors intervening in mental health and migratory process contribute to severe psychological and psychosocial sequels as a consequence of traumatic situations, leading to reactive symptomatology as an outcome to the exposure to rootless stress.

At a psychotherapeutic level, migratory grief is a common feature in most migrants, independently of the subjective experience.

However, the level of intensity of the migratory grief highly depends on the personal history and context, and thus the need to analyze and characterize it emerges. The main goal is using these results to orientate the therapeutic practice, given that migratory grief is different to other types of mourning.

For this matter, we used the Ulysses scale and inquired how gender, age, the country of origin and the amount of time at the
hosting country affect the level of intensity of the seven types of mourning that integrate the migratory grief.

The main goal of the present study is, through the implementation of the scale, to improve and adapt the therapeutic interventions at individual, family and group level with our patients and also, to contribute the common knowledge in this field.

The examination of three hundred and fifty cases from forty three countries enabled us to reveal how the different mournings of the migratory grief are significantly influenced by the parameters considered. The Country of Origin appears as the most affecting parameter, followed by Sex and Age to a lesser extent. People from Syria, Ivory Coast, Cameroon and Ukraine had greater affectation in almost all types of grief, indicating the strong relationship that may exist between migratory grief and the extreme limitations related to armed conflict contexts. Regarding the family mourning, Women presents higher affectation than Men and Transsexuals. People from Venezuela and Colombia presents more affectation in the social status mourning than the rest of countries. Africans appears as more affected to the cultural and belonging group mourning than the rest of countrie`s sample.

In sight of the obtained results, a change in the paradigm´s approach of the migratory grief was experienced in the Psychological Care Service of Immigrants and Refugees from Red Cross Malaga.
INTRODUCTION  

*Mental Health, Psychosocial support and Migration*

Migrants, displaced and refugees experience persecution, wars and extreme difficulties at their countries of origin. Many of them face forced displacement and countless obstacles during the migratory transit and dangerous journeys, that imply a high risk for their physical and mental health (Doctors of the World Spain, 2016).

From **Venezuela** to **Tunisia**, we witnessed the growth of a formidable social discontent, as people were denied access to their fundamental human rights like food, clean water, healthcare and shelter. And from the US to the European Union and Australia, leaders of wealthy countries continued to approach the global refugee crisis with outright callousness, regarding refugees not as human beings with rights but as problems to be deflected.

In this climate, state-sponsored hate threatens to normalize discrimination against minority groups. Xenophobic slogans at a nationalist march in Warsaw, Poland and sweeping crackdowns on LGBTQIA communities from Chechnya to Egypt showed how the open advocacy of intolerance is increasing. (Amnesty, 2017/18).

In this context, the stress suffered by migrants is permanent, having frequent feelings like uncertainty for the near future, the lack of information, and cultural, religious, and gender identity crashes experienced at the hosting country, all which increases their emotional discomfort.

Migration process involves multiple adaptations in short periods of time, due to numerous changes and constant exposure to different stressors. In this scenario, previous social and mental health problems could become more pronounced in person, while other difficulties can appear. Furthermore, coping with stress is strongly affected by the conditions of the migratory traffic and the reception of the place of destination, among others (Achotegui, 2009).
It is important to keep in mind that many of the stress responses and reactions are natural-normal reactions to abnormal situations- considering the extreme circumstances that not only confront migrants, refugees and displaced population, but also their families, friends and the people who work directly with this population (Zanolla, C. et al. 2018).

In recent years the situation of these people has worsened, monopolizing public and political attention (UNHCR 2016). Lately, the amount of people having to move away from their homes to other countries is continuously increasing. The most common nationalities arriving to Europe are Syrian, Venezuelan, Ukrainian, and Palestinian. The main hosting countries are Greece, Italy, Spain and Cyprus (CEAR 2017).

The Geneva Convention on the Status of Refugees of 1951 of UNHCR stated, in its Article 1.a., that a refugee is a person who "due to a well-founded fear of being persecuted for reasons of race, religion, nationality, belonging to a certain social group or political opinion, is outside the country of his nationality and cannot or, because of such fears, do not want to avail themselves of the protection of such a country.” These forms of persecution are explicitly included in Law 12/2009, October 30th; that regulates the right of asylum and subsidiary protection in chapter I article 6.1.a.

Following this criteria, (Tizón et al. 1993) established the distinction between voluntary and forced migrations. While voluntary emigration involves full freedom in the decision of transferring, forced migrations has a total lack of that freedom. Although forced displacements of individuals have occurred throughout the history of mankind, according to the current global economic crisis situation, many of the voluntary economic migrants accept very harsh conditions in the country of destiny, hoping to improve, with time, the terrible situation of poverty and hunger lived in their countries of origin.

The analysis of the different current legislations at all levels, from the international to the local, reveals an important lack of consideration of mental health aspects related to the migration process experienced by migrants.
Achotegui (2018) considered this disinterest, highlighting how immigrants face disinterest towards their mental health by public organism and NGOs, either as a consequence of lack of knowledge of the situation they live in, lack of awareness to the issue of migration or directly being objects of racism and xenophobia.

The refugees' situation is a humanitarian emergency and demands a coordinated and integrated response worldwide. However, despite the progress made in this area, there is still a pronounced vulnerability of human rights, like hot returns, arrests, and a general lack of skills when dealing with minority groups such as unaccompanied minors, victims of human trafficking, LGBTIQ population, etc.

Additionally, one of the main focuses of attention is the double victimization faced by women, not only because of the war consequence, but also because they suffer physical and mental aggressions, sexual harassment and violence, forced or premature marriages, denial to their right to sexual and reproductive health, as well as reduction of the economic opportunities (CEAR 2017).

Migration under these limiting conditions poses a relevant risk factor for mental health. Although the analysis of stress and mourning in all migrations is important, it is even more in contexts of migration in these extreme conditions, as seen in recent times. Migrating is becoming today, for millions of people, a process with such intense stress levels that overcome the adaptation ability of human beings (Achotegui et al. 2018).

**Arrivals to Spain, Andalusia and Malaga: a constantly increasing trend.**

The number of maritime entries to Europe has tripled during 2017, reaching 178,547 displacements, which poses important challenges (CEAR 2017). The Spanish border, alongside the Italian and the Greek, are the southern border of the European Union.
Spain has become, since last June, the main route of migrants and refugees by sea to Europe, with more than 20,000 arrivals so far this year due to the decreasing entries through Italy and Greece. Currently, arrivals to Spain are about 40% of the total to EU, which has been reduced by more than half compared to last year, from 102,800 to 54,500 in the same period of the year, according to UNHCR data.

Ports closing policies by the governments of Italy and Malta, and the continuous obstacles to rescue ships from central Mediterranean is causing people to search for alternative routes to save their lives. As a consequence of these policies, the percentage of deaths due to arrivals through central Mediterranean has tripled, since 6 out of 100 people have died this year. This situation makes many of the people choose the route between Morocco and Spain, despite the fact that more than 300 people had already lost their lives on this route so far this year and 3,119 people who disappeared or died in transit to Europe in 2017. In that sense, there is no so-called “chain migration” effect, but rather an "escape effect facing the risk of death". CEAR (2018).

The number of arrivals across land borders has also increased compared to 2016 by 13%, with people coming mostly from Syria. The mass exodus of Venezuelans has become a humanitarian emergency. Among the countries that receive asylum requests from Venezuelan people, Spain occupies the fourth place according to Eurostat data.

In the Spanish coasts, the arrest followed by the entry to an Immigration Detention Center (CIE) with the delivery of an order of return, is used as systematic approach to avoid the "chain migration" effect.

The Spanish Red Cross has responded to this phenomenon by attending 24,000 people in 2017 and 1,400 in the first quarter of 2018. For this purpose, 2,321 temporary shelters have been built in 44 provinces, as well as voluntary and technical personnel who coordinate and execute the program for asylum seekers in all phases: welcoming and temporary shelter, integration and autonomy (Spanish Red Cross 2018).
Andalusia, because of its geographical location, is an entry hotspot, and therefore it must have and apply a framework that guarantees comprehensive attention to this population, aimed to reduce the impact of human rights violations.

In Málaga, the Red Cross has prepared an emergency response team that includes a first Health Social Care (HSC) for migrants. Once these first needs are covered, Psychological first aid and Psychosocial support care is taken as a comprehensive approach to the migrants needs in this critical vital moment of their lives. (Pérez, A 2018).

**Migratory Grief in migrants, displaced and refugees at Malaga city and province.**

Migratory grief can be defined as the summatory of all the losses and gains that come with migration (Achotegui 1999). This experience of change induce the person to work in two directions: on one hand, the adaptation to the unknown and new environment, and on the other, the elaboration of the loss of past experiences.

Human migration, like any other complex phenomenon, is a change that affects several areas in the individual and familiar level and requires a huge effort of adaptation. Each grieving process is different, and the achievement of goals will be influenced by personal characteristics, characteristics of the country of origin and destination, age, social support, migration conditions, etc. Vulnerability factors gains importance in this process due to the influence in the migration project of a person, always keeping in mind that migratory grief is a complex and individual process (Achotegui 2009).

The motivation for the present study emerges from the clinical and psychosocial practice and in the search for instruments that help us to delimit and characterize the migratory grief and above all, to guide field personnel in the psychotherapeutic interventions at the individual, family and group level.
Therefore, the goals for the present study were:

1. To characterize the migratory grief of the people attended through the application of the Ulysses Scale.
2. To know how the age, sex, country of origin and time of permanence in the current country affects the measured parameters.
3. To extract qualitative information that guides us in the therapeutic plan of intervention of all the mourning that integrate the migration process.

MATERIAL AND METHODS

We used the Ulysses scale (Achotegui 2009) that allows the delimitation of the risk factors in mental health and psychosocial aspects related to migratory grief. The scale functions essentially as a screening tool to differentiate the intensity of risk factors of the immigrants from a mental health perspective.

The scale is etic (Pike 1967) meaning that it evaluates the facts from a conceptual framework that is external to the own perception of the immigrants for their situations.

The scale offers a qualitative assessment of the subjects' inherent limitations prior to the departure from their country of origin and also during the migratory transit (Vulnerability) and the barriers/difficulties once they arrive to the host country (Stressors).

These two conditions are linked to the seven variables involved in migratory grief: Family, Language, Culture, Homeland, Social Status, Belonging Group and Physical Risks. These are evaluated according to the intensity with which those grieves occur in three categories: Simple, Complicated and Extreme (Achotegui 2005).

The scale was administered to the participants as part of the initial assessment in Mental Health and Psychosocial Support (MHPSS) in the consultation rooms of the Psychological Care Service (SAP) for Immigrants and Refugees of the Spanish Red
Cross in Málaga. Those responsible for the administration of the scale were the team of psychologists who previously received specific training on the scale to unify the evaluation criteria and avoid interpretation biases of the dimensions that could affect future results.

The data obtained from the Ulysses Scale were analyzed by the Kruskal Wallis Test for independent samples to elucidate how the age, sex, country of origin and time of permanence at the current country could affect the migratory grief in the different areas (Family, Language, Culture, Homeland, Social Status, Belonging Group and Physical Risks, before and during (Vulnerability) and after (Stressors) the migration process. Also, the relationship between all the variables was analyzed through a correlation analysis. All statistical analysis were performed using the SPSS program (IBM Statistics, version 24)

RESULTS

Two criteria were established for the study sample: being over eighteen years and having spend at least six months in the current host country. The descriptors of the sample were: Country of origin (grouped in continents for a better visualization of the results), Sex (woman, man, transsexual), Age (three categories: 18 to 30, 31 to 45, and more than 45 years) and Number of Years in current country (Less than one year, between one and three years and more than three years).

Of the 350 people studied, 162 were women, 185 men and 3 transsexuals (Table 1). Regarding the Age Group, the participants between 18 and 30 years old were the majority, giving information of how young the sample is, supporting the generalized criteria of the migratory profile. Participants older than 45 years constituted a minority, many of them being people who arrived to the current country accompanied by their families composed of more of three members (Table 1).

The people who participated in this study came from 43 different countries, and were grouped into four continents
The majority came from South America (Venezuela) coinciding with the huge exodus of Venezuelans during 2017, followed by Europe (Ukraine), Asia (Syria) and Africa (Table 1, Supplementary Material 1)

Finally, in relation to the time they have spent in Spain, the vast majority have been staying in the host country for less than a year, and only 10 have been in the country for more than three years (Table 1).

Tables 2 and 3 reflect the relationship between the Vulnerability and Stressors of the different types of mourning involved in the migratory grief of our study.

Statistically significant differences were found in the Vulnerability indicators affected by Family and Sex (Table 2), presenting the women extreme or complicated vulnerability and higher score than men and transsexuals (Supplementary Material 2).

Regarding the Continent of Origin (Table 2), there are significant differences in the Vulnerability to almost all types of grief. In the vulnerability to Family mourning, people from Asia (represented mostly in our sample by people from Syria) are the ones who present higher score at extreme and complicated intensity, followed by Europe (Ukraine), Africa (Cameroon and Ivory Coast ) and America (Venezuela and Colombia, Supplementary Material 2).

Regarding the Vulnerability to the mourning of Language and Culture, people from Asia and Africa were more affected than the rest of countries (Supplementary Material 2).

As to Vulnerability to the mourning of Homeland, people of African origin have the highest score in the complicated and extreme categories, followed by people of Syrian origin and to a lesser extent, Europe and America.

In relation to the Belonging Group mourning Vulnerability, people of African origin are those who present extreme and complicated scores to a greater extent, followed by people from the Middle East and to a lesser extent and with similar values between each other, the rest of continents (Europe and America).
To conclude with this condition, a significant difference in the Vulnerability over mourning due to Physical Risks was detected, presenting extreme and complicated score to a greater extent people of African origin, followed by Asia, Europe and America. Note that the overall scores on vulnerability to Physical Risks mourning is higher than in the rest of mournings on every continent.

People between thirty and forty-five years old were mostly vulnerable to grief due to Language and Culture with extreme and complicated scores to a greater extent than the other age groups (Table 2, Supplementary Material 2).

We did not find significant relationships about the Vulnerability to all seven types of grief according to the Number of years in the present country, supporting the criteria of the scale about assessing in this aspect the limitations of the people prior to their arrival to the current country.

Table 3 shows the significant differences according to the areas and Stressors (difficulties, barriers) that have arisen upon arrival to Spain.

With respect to Sex, women are more prone than men and transsexuals to the mourning for the Language, and men have greater score than women and transsexuals in mourning for Physical Risks (Table 3, Supplementary Material 3).

In regard of Country of Origin there are significant differences in almost all areas considered.

Concerning the family mourning, people from America have the highest score in the extreme and complicated categories, followed by Asia and the rest of the continents (Table 3, Supplementary Material 3).

About the stressor of mourning for Language, people from Europe (Ukraine) are those with higher extreme and complicated scores followed by Asia (Syria) and Africa. People from Asia were the most affected by the stressor Culture, followed by Africa (Table 3, Supplementary Material 3). The social status stressor was characterized by Americans, which scored the highest,
before Asia and Africa. Finally, people from Africa and later Asia presented the highest score on the stressor Physical Risks.

The relationship between the types of mounings of both conditions (Vulnerability and Stressors) reflect significant differences between the Time of Permanence in the current country and the stressor related to the Language, being the period of less than a year the most notoriously affected, followed by the period from one to three years.

Except for the Vulnerability related to Culture and Physical Risks, all vulnerabilities related to each other, when one increases and presents greater affectation the rest is affected in the same way (Table 4). Regarding the stressors upon arrival to Spain, especially those related to Language, Culture and Social Status show more correlation with each other than the rest of the variables (Table 4).

DISCUSSION

According to the results of the present study, we can conclude that the Country of Origin is the most affecting parameter in the migratory grief, followed by Sex and Age to a lesser extent.

In general, the scores of the different groups in the different Vulnerabilities are similar, except for the Country of Origin that reflects higher scores in almost all types of grief. It is worthwhile mention that the results of the scale obtained are in good correlation with clinical practice. For example, we have no evidence pointing at any individual elements (vulnerabilities) to lead us to think of a concomitant etiopathogenesis of mental health related to the migratory process, but Immigrant Syndrome with chronic and multiple stress or Ulysses Syndrome is presented by the majority of the people, regardless of age, sex or country of origin.

Taking into account these general premises, it is meaningful the significant relationship between Sex and Vulnerability due to Family mourning, presenting women greater affectation than men and transsexuals. This type of grief implies emotional
separations related to the attachment instinct and maternal deprivation (Bowlby 1986) that may be linked to the maternal role and the great cultural influence on motherhood, the caring roles and the social imaginary that positions women as the nucleus of the affective support of the family unit. The fact that this aspect can be captured in the scale is a key finding, highlighting the connection of Sex and mourning for the Family (gender bases related) but actually does not present a factor of vulnerability for the elaboration of other types of mourning for language, culture, land, social status, group of belonging and physical risks.

The youngest people of the study had the greatest impact on vulnerability related to language and culture. In this sense, we think that this can be related to the illiteracy index and/or low education level for learning processes of the new language, as well as the limitations, tightly related to the type of culture, derived from the overprotection from the family unit.

As said, the country of origin seemed to determine the level of vulnerability affection in all types of mourning. According to our study, people from Syria, Ivory Coast, Cameroon and Ukraine had greater affectation in almost all types of grief, indicating the strong relationship that may exist between migratory grief and the extreme limitations related to armed conflict contexts.

We also find very interesting the link taken on the vulnerability for the grief related to the belonging group and the people from Africa (represented mostly in our sample by people from Cameroon, Ivory Coast and Guinea Conakry). The context where they have grown and lived is characterized by the coexistence of a multitude of highly organized ethnic groups, with systems of functioning, hierarchy, affective and social bonding, rituals and ceremonies which are radically different from the western culture, so this data supports clinic observations of the limitations that they show to elaborate the grief on their group and the acute feeling of loneliness, even finding other similar groups in the host country and having in any case preference for "brothers" and "sisters" from their own country or continent.
Finally, the general scores on the vulnerability for the mourning to physical risks is higher than in the rest of mournings in all continents. This type of grieving refers to the risk of those who have to leave their environment and emigrate to face endless highly hostile obstacles, where physical integrity is in danger. Many of the subjects of this study have not only faced the imminent risk of losing their lives in their countries, but also the risks of the migratory journey in unhuman conditions. This data also supports the therapeutic intervention since the perception and/or the experience of the fear of losing physical integrity is one of the most important difficulties in being able to elaborate the grief, but is however maintained despite the time of permanence in a secure environment.

Regarding the analysis of the stressors Age or the time spent at the hosting country seems to influence only in the acquisition of the language of the new country, being indifferent to the rest of the stressors related to the migratory grief.

We could observe in the results that Sex is affected by the difficulties or barriers in relation to the acquisition of the language of the host country and loss of contact with the mother tongue. Being a woman appears again as a vulnerable condition. In this case we associate it not only with the lack of resources adapted for family conciliation, but also with the strong incidence of masculinity and manliness sense (machismo) of both countries (origin and host) that often influence in advantage to the man who chooses or benefit from the resources while the woman remain as stayathome mom or house wives. We see at the clinic many couples who have the same time of permanence in the country and their level of Spanish is notoriously unequal being the majority of the men who speak the language better, offering themselves and their children to act as interpreters of the woman.

Men and transsexuals present a higher level of affection to the mourning of physical risks than women in the sample. We cannot help but wonder if it has to do with the fact that many of the men from the sample have traveled alone, facing inhuman and dangerous journeys, so that, once they arrived, they begin the dream of family reunification. We do not mean by this that there
are no women traveling alone and/or pregnant and with minor children, but that the data makes us think about the gender difference in this sense. Regarding transsexual people, the results support the clinical observation of these cases, since they suffered multiple and prolonged experiences of attacks on their physical and moral integrity as a consequence of the violation of human rights of sexual and gender diversity in their countries of origin.

Our most notorious conclusions are those linked to the analysis of the Country of origin and the different stressors related to migrant grief. The people from America, represented in our sample mainly by Venezuela, Honduras and Colombia, presented higher scores in the stressor of grief for the family. This matter is no doubt related to the forced family separations (most of the families cannot travel together for vital and economic reasons) and sense of family belonging, so rooted culturally in that context. We see in the clinical intervention the migratory process by phases in the family unit. Most of these families are composed up to three generations, that in these countries is much more frequent than in the rest of the countries of the sample.

Another direct link with clinical practice is the stressor of mourning for the language. The people from Europe, represented in the sample by Ukraine, are those who present extreme and complicated score to a greater extent than the rest of the countries, supporting the clinical observation of the self-imposed barriers by this population in the learning of the Spanish language, preferring in all cases to communicate in their mother tongue and maintain links and networks with people from the same nationality.

It is also meaningful the relationship between the stressor of mourning for the culture and people from Asia (mostly from Syria) being the ones who present extreme or complicated scores to a greater extent than the rest of countries. We link this to the barriers and difficulties at the cultural integration level because of the notorious difference that exists with respect to religion, gender, subjective freedom among others, between the country of origin and the hosting country.
Regarding the stressor of mourning for social status, those with the highest score are from America, being related to the highly specialized profiles of the people, who worked in their country of origin in qualified positions and are currently working at in lower qualification positions, which makes them feel disappointed by the new situation. The tolerance to frustration due to the anonymity that implies starting from zero in a new country is affected in these profiles to a greater extent than people in the rest of the countries in the sample.

The rest of the parameters of study such as Age and Time of permanence in the host country appear less related to the affectation and elaboration of the migratory mourning.

The youngest population in the sample (18 to 30 years old) presented lower values in vulnerability to all types of grief. Age, in this case, may act as a protection factor, as we observed in the clinic the predominant perception of courage, strong sense of survival, for having fled from the horror of their countries and have now new opportunities ahead in a friendlier and safer environment.

This data can also be related to the limitations of the study, since it did not include people under 18 years of age, many of them unaccompanied by their families, who would undoubtedly change their perception in comparison with those of the study sample. The same goes for the other age groups. They do not show significant differences among themselves in any of the stressors related to the migratory grief. What happens with young people and those over 45 years old and the barriers found in the host country? Can the family unit operate as a protection factor? The majority of the people in the sample are young and to a lesser extent over 45 years of age, who in many of the cases they have migrated with the family unit or have been "rescued" afterall.

Finally, the influence of the Time of Stay in the stressor for the language clearly presents the highest score for people who have been less than a year in Spain compared to the rest of the time intervals. Undoubtedly, the permanence in the current country, represents an advantage for the linguistic integration of the people studied.
We also noted the consistency between the variables that are especially relevant in Language, Culture, Homeland and Belonging Group. (Table 4) as has been proven in other studies (Achotegui et al. 2017).

As limitations for the study, we believe that it would be interesting to also explore how the vulnerability and stressors involved impact young people (10 to 18 years old). Note that we also focus our therapeutic efforts in this population despite not using the scale.

Otherwise, we understand as a limitation that the people in the sample are receiving some type of service, resource and benefit from Malaga Red Cross Program, so including homeless migrants in a situation of extreme vulnerability could clearly impact in the results as it has been seen in other studies (González Ferreras 2017).

As pointed out, the type of extreme migratory grief leads the subject to a situation of permanent crisis, that experienced in a chronic situation ends up in the appearance of symptoms but not always to illness.

Post-Traumatic Stress Disorder (APA 2013) is only one of the possible ways to understand the damage that extreme experiences generate in the affected subject. Grief is seen by psychology or psychiatry as a reaction of adaptation to loss and as a response to adversity (Pérez-Sales 2015) so it is important to allow time for adaptation and recovery and not to medicalize the natural response of the human being.

We have also seen how in the affectation of grief in our case studies, elements like country of origin are extremely important, hence our support of salutogenic approach to post-traumatic growth and resilience, appealing to positive psychological changes and personal growth after a traumatic experience, beyond previous levels of functioning (Acero 2012) giving another sense, free of disease, to adversity.

Therefore, from all previous information, we understand that migratory grief, even if it is complicated or extreme, should not
be understood as a pathology, establishing in all cases a differential diagnosis. Vulnerability factors have more etiopathogenic impact than stressors, (Achotegui 2009) so we considered necessary for a future study to assess the concomitance of the Immigrant Syndrome with chronic and multiple stress – Ulises Syndrome (2004) with other disorders of mental health, with a special emphasis on protective factors and on the pre-existing resilience of the migratory process.

In this way we believe that we can continue the contribution to the specialization in psychology and transcultural psychiatry (Pérez-Sales 2004) to prevent pathological diagnosis effects for affected people, bearing always in mind that many of the clinical and psychosocial manifestations are expected, and normal, human reactions to surreal and overwhelming situations like current global migration.
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Migration and Crisis

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Migration and crisis

The migrations of the XXI century share aspects with former migrations: they constitute a crisis, it produces a diversity of losses that implicates the elaboration of a grief, it dissolves the support net in the country they were born in and rebuilt new ones in the new country they settle in.

The political, economic and social changes goes throughout the events and the living experience of the individuals.

This article will analyze how the detachment affects the immigrants, starting with the concept that we all are historical, cultural, and psychical individuals.

It will be focalized in the first moment of the migration and the anxieties produced by the loss of the internal and external structure.

It shall examine the repercussions in the family group.

Key words:
Migration, crisis, family, illegality trans zone
1. Introduction

The migrations of the XXI century share aspects with former migrations: they constitute a crisis producing a diversity of losses that implicate the elaboration of a grief, it dissolves the support net in the country they were born in and rebuilt new ones in the new country they are settle in, etcetera. The political, economic and social changes goes throughout the events and the living experience of the individuals.

This article parts from as my experience as an illegal inmigrant in the beginning of the XXI and from my work as a psychotherapist with inmigrants in Uruguay – country were they were born- and in Spain- the receiving country.

In the first part of this article, it will be analyzed how the detachment influences in the individuals, beginning from the concept that we all are historical, cultural, and psychical individuals. This reflection will be influenced by from the work concepts of Joaquín Rodriguez Nebot and the concept of crisis of René Kaës.

Afterwards, it will focalize in the early beginnings of migration and the extreme anxieties that are mobilized by it.

To think about this first moment of transition, it will take part an analysis of quotes from patients, novel paragraphs and inmigrants testimonies, from the work of León and Rebecca Grinberg.

In a third part, it will examined the situations in which the inmigrant gets caught in a crisis, in a space between rupture and suture.

It shall followed closely the thoughts of Àngels Vives Belmonte, who uses the concept of Trans zone, a space involving mental disorders in connection with the migration situation.

Later on, it will examine the impact that the migratory process has on partners and the family system, taking as a reference the theoretical notions of Carlos Sluzki.

Finally, it will analyze the situation of the illegal inmigrant,
who enters the country without a green card or citizenship. For the analysis of this situation, it will be used a clinical case.

2. Migration and Crisis

Migrate carries within multiple separations of internal and external referents that constitute the human being: culture, family and friends, country, mother tongue, the status that had in their native land, social context and their individuals.

At the same time, it produces an encounter with a background with codes that are unknown for the person that migrates, who will be a stranger in this new context.

The simultaneity of this two situations will create a crisis. This crisis, according to René Kaës (1979), is a rupture of an experience in the continuity of things, of oneself and the relations within the environment.

A first moment to take into consideration is to think the migratory crisis as an experience that will officiate as a trigger for a grieving process.

These losses constitute partial losses because the country, family and friends aren’t deprived from the person, if not, it produces a meaningful temporal space that gives them a loss status in an affectional level.

The absence of external objects that are lost are interiorized, which will produce a deprivation of parts of oneself which will have a consequence, weakening the concept of self.

The result of these losses will lead into a grieving process, in the first period it could be postponed or obviated as a consequence of a priority necessity of the readjustment in the recipient country.

A second moment to take into consideration is to consider that is not only the geographic movement of the people, if not also, there is a displacement of identities.
The migrants carry the symbolic representation of their territory, they can physically abandon a country, but they don`t miss the symbolic representation of their home country.

This symbolic reference will function as an anchor and support, in a first moment it will face multiples changes that shall come (Rodríguez Nebot, 2017).

The movement of a group from one country to another implicates to the person a break of a previous code- the one that belongs to the native country- and, at the same time, the impossibility to dominate the code of the new country (Kaës, 1977).

Each group, territory, possess their own symbolic codes which will have a psychological translation in each individual.

Kaës (1977) sustained that groups and institutions stablish a double function: the external regulation and internal support of what Bleger (1977) calls —structure or frame— .

The theoretical structure is the receptacle and the container of the indifference parts of our identity that controls the primary anxieties of the individual. The importance of the ambience and the structure will be reflected by migration situations by its absence.

In these situations there is no support context that assures the existence, and it loses the support of the structure that contains the internalization of the group and support of the native country. This frame, that it´s invisible, becomes visible in crisis situations because they emerge from those primary anxieties that were contained by it.

Therefore, the transition will implicate for the inmigrant the elaboration of a grieving process which will debilitate the self, affecting its identity. The loss of external attitudinal referents that are interiorized through the structure will develop into primary anxieties.

In a first moment, there is no relation between mind and body; the body goes ahead, but the mind doesn´t connect with the events. These situation carries within a non-synchronization which will lead into a significant psychic pain, a crisis.
The body is transplanted in one prime instance into a new reality, but the mind will attached to the codes of the native country.

These non-synchronization between mind and body puts the immigrant into an uncertain existential territory since there is a perception of a continuous time that gives the individual an existential continuity.

The feeling of belonging into a territory, of selflessness and individuality that connects the feeling of the identity of the person, will be altercated.

Each migration encounters a particular story, consequently they exist various ways to go through the process the migratory process.

According with Rodríguez Nebot (2017), the migratory process implicates the elaboration of what is lost through a grieving process, the questioning of the country codes and the openness to the receiving country and its codes. This can be translated in several ways:

- Some immigrants over adapt and reject the culture of their native land. They stand in the present is if the past doesn’t exist, reflecting denial mechanisms or manic disorders, hiding several times depressive anxieties.

- Others try to reproduce the lifestyle that they know. It’s a defense conduct in which prevails denial and dissociation. There is a intent to preserve the everyday lifestyle experienced in their native country and through it, the data and daily events of it. There is in no openness to the new country or its codes.

- There are hybrid immigrants which their identity reforms itself by blending both cultures. They make a synthesis that demands a reformulation of their daily life in their native country, which demands the work restructuration of the psychic. This movement makes them be opened to the new culture, it enables the new, allowing them to create a life project towards their desires
2.1. The first moments. The appearance of anxieties

As we expressed before, the act of migration produces a massive experience of loss and an encounter with an environment which codes are unknown for the inmigrant. The commotion of this experience is associated to the loss of the \textit{structure}, mobilizing intense anxieties as Grinberg y Grinberg suggest (1996).

The multiple losses result in depressive anxieties. This generates the work of the grieving process acquiring multiples times pathologic characteristics.

Facing the demands of a new environment that can turn overwhelming: getting a place to live, work, school for the children and documentation, establishing a social network, learning a new language and codes of behavior. Within this elements it can appear paranoid anxieties.

Confusion anxieties can appear as a result of the cultural impact. Another way of living daily life implicates the inmigrant’s routine before they move to the foreign country. Places, people, memories, living experiences, perception of the world and the way of interaction with other individuals overlap, mixing one to another.

The inmigrant has to resign, at least, temporarily to a part of its individuality in order to integrate into the new country. (Grinberg y Grinberg, 1996).

A young woman tells a dream she had shortly after she migrated, showing the rising of depressive and persecution depression:

I asked if they can deliver my computer to Uruguay. I was very excited because the hard drive there had a lot of capacity and it costed me a lot of sacrifice to set up all the parts of the computer: I managed to get the hard drive and the battery […]. They informed me that it was lost along the way, the Spanish people were telling it with contempt and impunity. I was yelling at them, I couldn´t believe such injustice
The young women transmits the feeling of helplessness through the loss of external objects that will lead to the parts of a resilient self that was built with a lot of effort inside the foreign country.

In the same way, the reference to the loss of her computer could reflect the damage of her internal order, an structure gave her a familiar context in the native country. The capacity of the hard drive refers maybe to the symbolic universe that the dreamer carries from her native country. It also shows the loss and fear of her primary memories, to the loss of herself and the libidinal energy- battery- which occurs during this process.

It appears the perception of a new environment with hostile habitants that take away part of her individuality.

In this dream, the persecutions and depressive anxieties are mixed together.

The confusing anxieties appear during these first moments and many times they can last several periods and are shown in dreams:

The paragraph of the novel titled: La ignorancia of Milan Kundera (2000), is a clear demonstration of this:

In her firsts weeks as an inmigrant, Irena had strange dreams: she appears on a plane that changes its direction and lands in an unknown airport; men wearing uniforms are waiting for her at the end of the runway [...]. In another occasion, she walks in a little city in France where she sees a curious group of women, each one with a jar of beer in their heads, they questioned her in Czech, they laugh with a malicious politeness. (p. 19).

It appears two country with their own scenarios, Prague and France, they blend, making confusions, mixing people, situations and perceptions. In this particular dream we observe the aggressive feelings towards her native country, confusing the dreamer. The perception that Irena had of her native country was idealized in those firsts moments; meanwhile, in the dream appears hostile feelings concerning these. Dreams, nightmares, that demands and confuses her.
It has been observed that these dreams in which people, affections, places and events, are shared with most of the people that migrate.

This anxieties can lead to pathologies, depending on the previous personality of the person and the conditions of the receiving country. There are people that have structures with a wide content of symbolization than enables them to handle better the impact, but if the symbolic range is not properly installed, it can produce a massive psychical disorganization.

A labile personality, with a non-contained or banned context, it's a fertile background for the depressive, confused and paranoid anxieties that emerge into deliriums, obstructing the productive process and turning the migration into a traumatic situation.

2.2. Traumatic situations

A first stage of this transition is most likely to produce anxieties, it exists a possibility that the migrant get placed into the transition, but not staying inside it —native country or outside— receiving country—, in a non-place.

Fanny Schkolnik (2005) points out how the migration is a «psychic disintegration of such magnitude that they always leave unfixed traumatic marks, even in individuals with a previous history who would supposed to have more resources to massively stop these traumas» (p. 76).

It refers that some social impacts in the individual have demolished the effects in the person’s subjectivity and generates destructive life experiences.

An example of this are apathetic children in Swiss. The apathy is also denominated as the resign syndrome.

Between two thousand 2003 and 2004, 424 refugee minors, arrived with their families on their own from the ancient Soviet Union and the Balkans, waiting for political assailment. These situation could last years. The children, at the time, started showing a particular symptomatology: in communication —empty looks or closed eyes—, loss of cognitive functions and the inability to eat. They were maintained alive through tubes in an almost vegetative state.
It was a very debatable theme during 2005 (Hellgren, 2007). Some expressed that this syndrome was faked by the parents in order to obtain assailment. This was criticized by others presenting studies that showed physical changes in children. Besides this, the inmigrants were stuck in and administrative limbo, neither inside or outside.

This is an example of people who are trapped in the transition: the migrant stays in a non-place, in a space between past and future, among the new and native country.

It is possible that these children, that they have been running from extreme situations in their countries, have a tendency to develop a crisis. The uncontained and excretory ambient triggers a trauma that unable the living experience of the person´s psychic structure, that moves towards the body, experiencing an internal fragmentation.

The migration, that constitutes a transition process, can´t be elaborated and the inmigrant gets caught in the process, such as what happened with the children. Ángels Vives (2008) defines this trapped as a non-place denominated Trans Zone, a space between the past and the future, the native country and the new country, what has been lost and the new.

Is not being inside or outside, sleep or awake. Is a state of mind in which isn´t possible the integration of one's self, therefore, identity is not possible.

The author tries to express the state of mind of the person who is trapped in these transition:

It has special sensorial quality. The perceptive limit is modified in a way that the sensorial perceptions are amplified and distorted.

[...]

A space, a «non-place», which will be approximately «nor inside or outside», neither sleep or awake [...]. The things in this space happens in a particular way. The perception of time is alternated, is something else. The memory of these moments will have a oneiric character, or better said, nightmare. (Vives, 2008, p. 42).
The events that occurred in Swiss are an example of how these children were caught in what the author calls *Trans Zone*.

This state of mind can also appear in the first moments of migration. It is a state of psychical disorganization in which there is no point to attribute it, as it happens given its level of intensity.

In the movie *El hombre de acero* (2013) tells the story of an illegal inmigrate who lives in the United States under a false identity: he is known as Superman. The movie tells Superman’s place of birth in Krypton all through his childhood and adolescence in Arkansas. In the first scenes of the movie, this alien named Clark after his parents is in school and in one moment his sensations irrupt don’t knowing what is happening: his perceptive threshold is amplified, many number of stimulus take over him and they are amplified. He started to see through people, their muscles, bones and organs, like X-rays. He listens everything around him, even the most unnoticed things. These spurs terrified him, not being able to control them.

In a chaotic state, more likely to insanity, the child is scared, he doesn't know what is happening and the others look at him with a look of weirdness; he has no control of what he is feeling. Then, he runs across the classroom and locks himself in the bathroom until the teacher calls his mother, who manages to calm him down. Clark tells her mother that the world is too big; she tells him to concentrate and make it smaller, imagining that he is alone in a desert island. Clark comes out, hugs her, asking her what is happening. The child calms down.

This over-stimulation is very similar to what an inmigrant could feel in the moment of his arrival: the perceptive threshold is amplified feeling overwhelmed over a totally different and unknown reality and they appear feelings of extreme loneliness as not having the possibility to identify with another. Just as this *alien*—foreigner—, the migrant needs another to take over the functions of motherhood, someone that supports and officiates as someone who can contain in these first stages, as it happens at the scene of the movie. Someone, person or group, that in the new country takes over and neutralize these unknown anxieties.
(Grinberg y Grinberg, 1996). Another person that speculates, a figure that represents safeness, support and serenity. This allows us to acquire some part of our own identity, a chance to be someone throughout an activity. The activity gives a feeling of power (Bleichmar, 2017).

In this first stage of transition, it is possible to get caught up in this non-place, which constitutes a traumatic crisis for those who experience it; an intervention officiates as a great help to find a way to leave the Trans Zone.

It has been emphasized these first stages of migration due that they constitute a solid ground for them to cause traumatic situations, although they can happen in other stages.

The most effective way of an intervention is prevention, it is considered a moment of great vulnerability. Nevertheless, and intervention is highly recommended at this stage.

3. The affects over the family group

As a social phenomenon, migration configures a collective problem, it not only affects one individual, it also disturbs the family or pair group.

Regarding partners, Sluzki (1996) expresses that the lack of a safety net that is conforms by people with different roles, produces a load in each of the spouses, due that many times the net that configures each of the functions of the partnership becomes empty and each member expects that the other fulfills them.

The author perceives a tendency to wait for the other spouse to turn into an emotional support in a time in which the other doesn`t have enough resources to offer support.

In their native country, those functions were possibly have been satisfied by other components of safety net, friends or family. The necessary abilities to accomplish these functions have not been properly developed in an efficient way inside the couple. This unsatisfied need can be consider by the other as incompetence, betray or abandonment.
The other, equally needed, experience not only the amount of unsatisfied necessities, burden and abandonment, if not also the complaints and lack of agreements to the other partner. The result is a vicious circle inside the relationship.

According to the author: « The re location is highly associate with an increase frequency of psychosomatic and interpersonal disturbances» (Sluzki, 1996, p. 93). At the same time points out: « The personal stress and family conflicts are an inevitable sub consequence of the migration and the return into the native country, as also the increment of somatically and interpersonal disturbances» (p. 93).

Inside the origin migration, as the ones in which people return into their countries, separations can been produced between them, some of them depart and others stay in their native countries and it´s very hard to sustain the parental roles from a distance when the children are in different geographical places.

As in families, different situations can happen.

There are families that migrate in two different times producing a space-time gap which will be a struggle between parents and children. Several times one of the parents travels, as it usually happens in Latin-America and United States and leave their children in charge of other family members.

The family reunification is a type of residence that can be given to the direct family members: parents, children or a person`s spouse who resides legally into the country, as long as the family member is out of the country.

It´s a process that takes a lot of time, consequently, when the parents and children meet again, a lot of time has passes and the recognition turns into something difficult.

For the children, this carries a double separation: the original departure of their parents. Then, when they are able to be reunited with them, it comes the original parting of the country and of the family members who they stay in charge, which they have establish a meaningful relationship.

This situation entails the elaboration of several grieving processes.
The children had to elaborate, in a first moment, the separation of one or both parents and then the separation of their attachment figures of their native country and the relocation into the new country: the re-encounter with their parents after a long time, implies an elaboration work after the separation.

The bond with the biological parents during an absence of time have been partial, ghostly, virtual, built through Skype, telephone and other IT medias of communication.

The new technologies promote the contacts of those who are far away, but is still misses space dimension of the individuals for the real connection to take place.

In the moment they meet again, the absence of knowledge from both parts is produced and an elaboration process has taken place to process what happened during the time they were apart.

Another kind of situation takes place when children and teenagers travel with their parents.

When kids migrate, they lose an important security resource: it produces a separation from their group of friends or classmates with whom they shared their development stages and which they have stablished relations of mutual trust.

Teenagers go through a vital crisis in were they develop the grieving of their lost bodies, their childhood parents and their infant identity. They can blame their parents for being torn of their own lives without being asked. In these cases, it’s suggested to create a common strategy to recreate the teenager’s group of pairs in the new country and make them involved in the migration planning.

In teenagers the vital crisis is amplified due to the migratory process, many times the young ones are the receptacle for others people problems.

This situations of looseness happens when the parents are less approachable as a support system, as same as their children are going through the grieving process and integration. (Sluzki, 1996).

The migration from a foreign country, like the return to the native country, the small children are not implicated in the decision
making process and can be disagreements with their parent`s decision. This is the case of R, a nineteen year-old teenager that went back four years ago to his native country after living ten years in a foreign country and which their parents separated when they arrived. He says:

Every time I like less this country and I´m truly sick of it… I didn't decide anything, it always get annoyed by decisions that aren´t mine… My friends are fine there, they live in their houses […]. If I was still living there, my mother will have a better job… I´m angry with decisions that I cannot make… I want to live well. I will leave, maybe I´m used to be from one place to another

R is unhappy since their parent´s separation, decision that was made by one of the couple members. The resolution of this new translation to the innate country wasn't programmed, neither was the original migration, and he couldn't intervene in neither of both.

The parents with tendencies to act directly with previous elaboration aren’t a secure reference for R.

The young man expresses his confusion and sadness due to the lack of support during the process. The evolution crisis-adolescence- increases with the migratory crisis.

The parents frustration to contrast the reality with the expectations generated ultra-family conflicts. Like this example, the decision of returning can be again questioned, and not all the family members of the family disagree nor hadn't have a saying in the matter.

Outside the native country, the family as belonging reference, works as a support system of their members. For those kids that have spent most of their lives in the receiving country, like the case of R, going back to the new country implies that they don't feel their parents country as their own.

This situation produce conflicts between parents and children, in spite of their parents, the kids have lived most part of their lives in the external country. This often produce a
confrontation between both parts: the children incorporate the inborn country mother’s tongue and several times they officiate as the parent’s teacher. It produces the rethinking of the roles that distorts the family dynamics.

Another conflict is the discrepancy between parents and children expectations. Numerous times the parents future project is returning back into their native country and the kids feel the external country as their won.

Another situations take place in those children that are born in another country, they are citizens of the nation, they never migrate and are called the second generations of immigrants. It is constructed a classification that equals the inmigrant’s children with the parents, pre-opposing to the native ones.

It is observed that, while the first generations keep maintaining cultural aspects that relates them with the innate country, the second and third generations don’t share their parent’s culture. The parents stop being the role models and a generational crisis is produced, being aggravated for not finding referents about how to combine the parent´s culture with the one they are in.

The migrant stigma persists on meaning that is attributed to the meaning of the second generation of. Last names and race gives notice of an origin; although they are citizens, born and raised in the innate country, they are opposed to the natives and their rights are reduced in front of others.

That the inmigrants are still being identified as children of leads to the question about how the societies have the need to highlight their immigrant origin.

In France, in the so called the urban riots in 2005, inmigrants sons and grandchildren with French citizenships that lived in the outsides of France started a fire of hundreds of vehicles. The parents or grandparents of the youngest were born in countries that were colonized by France (Vasallo, 2005). Possibly, the young people reacted with the same violence that was practiced over their ancestors and in the present time.
According to Sluzki (2017), if the rules of affiliation aren't acquired in the first generation, the second one will act in a more violent way. In the example, it shows themes of cultural identity, racism, stories of young people and their colonized ancestors come together, possibly emerging in a grudge without words. It's about a case that reveals that the migratory grief is transgenerational and maybe these young ones are the voice of the unfinished grief that was not resolved in former generations.

4. Living in an illegal way

I don't exist […]. We are shadows that keep away from the light […].

Maybe one day we can come out into the light and we don't have to hide behind the stage.

Henning MANKELL

Categorizing an inmigrant as illegal acts as a vulnerability enhance because there is no context that supports and empowers them.

An inmigrant without papers due to a financial situation has to face the disorganization of its own psyche, the absence of a place to return once again to the restructure of oneself and another person that legitimates it as an individual.

Next, I extract a piece of material of a clinical case because I consider that expresses the effect of what being illegal affects in a person. It’s about A, a thirty-three year-old woman that lived over more than three years in a European country and still could not get her residency; she could leave the country, but she wasn’t allowed to return back in. I extract this quote from a session:

«I don’t fit in my own body, I don't have any strength… I have a backache, insomnia, my head hurts... I really want to do a lot of things but I can’t, I want to start studying, I subscribe in a gym».

Emotionally, she feels:

… useless, you are not a person, you are nobody, you are a kind of person without any papers […]. This affects me even in my diet… I’m clenching my teeth during my sleep, when a
wake up my head and neck really hurts, it seems that I sleep with a lot of tension.

Her self-perception has changed: «I am useless, I'm one without papers, I'm a nobody». A has a good ability for elaboration and we can see the effects that she has in a non-structure environment. In these migration category it appears the biggest attack towards the identity, suggested by being and feeling like a “nobody” by A.

Something that have changed for me since I came was the alert state with the policeman, but most of all men with their suits that rushed quickly into the subway, like the bus inspectors; once I didn't ride it because I didn't know that they only asked for the ticket, I thought that they were from Immigration. Then, I spent almost three months walking to places or riding a bike. The perception of time changed a lot for me.

I don´t drink “mate” outside the house for them not to identify me with my native country. The hair loss was terrible, I thought I will end up bold and that panic me; a lot of my skin has stained since I am here.

As not being able to accede to the residency, this enables to enter into a secrecy circle, due that, if the person acquires work, it will be outside the legal requirements, without rights, and will put the person in a situation of extreme vulnerability.

In my country I worked in the University, I take decisions. Now I look after an old man with alcoholism problems, he has a bad temper and he insults you for everything[...]. If I could choose, I will work in another thing, in social aspects. I very much want to do things and I can't: study, learning a language; I go to the gym, the club is a support, it's a place when you feel equal.

[...]

I miss a lot... There are times, there are key moments: Sunday and by night, giving hugs. The feelings of those days are much stronger. The emotions don´t fit in your body, they overflow. I talk with all my family once a week [...]. My
mother is old and I can't see her, I don't have any resources to fly her in. I have helped my family with money[...]. I don't have any documentation, I am anxious, I keep on thinking when the letter of expulsion will arrive, I live it with a lot of nerves. Until today I want to ask for a green card because it has been three years since I am here. They don't make me a contract to get the residency permission; if the law doesn´t change I don't know what is going to happen, it`s exhausting.

Let's think for a moment in three years of our life without documentation in a foreign country that forces to work in poor conditions, outside the margins of the law and were labor and social rights are not present, where it exists the possibility of being deported or incarcerated in a facilities centers for foreigners. Living in this way, the possibilities to interact with the natives of the foreign countries are reduced and therefore, the chances of learning a language and creating nets of support.

The risk of being deported predisposed to live with fear, as the patients A shows. The ego functions are weakened and the situation of continuous alert predisposes to pathologies. A presents a symptomatology that maintains itself through time—loss of hair, muscle spasms, headaches, tension, exhaustion, between others—.

The patient manifests the desire to study, to make things, and tells the unsafety conditions in where she works. The need for support is shown in this quote were she mentions her mother and the impossibility of seeing her, referring the club as a support, were she can feel as an equal.

There is a vision towards the illegal immigrants that criminalizes them, turning into the perfect scapegoat of a society that explains the lack of stability due to the state of vulnerability that implies the situation of the illegal immigrant.

The migrant figure and specially the illegal immigrant, expresses and questions the illusion of safety of those who lives in an apparently safe system, but in which it exists the real possibility of losing everything in any moment: work, home, how, etcetera.
«The migrants are the messengers that transports the bad news from the other side of the world to our doors» (Bauman, 2016, p. 21).

The author expresses: «This nomads (which are not by their own choice [...] ) reminds us in an irritated, infuriating and even horrified way the vulnerability of our own position and the endemic fragility of that wellbeing that costs us so much to achieve» (Bauman, 2016 p. 21).

It is possible that the migrants are the receivers of different kinds of projection fantasies: they are the ones that take away the native's jobs, steal the places in health services, their children are placed in their schools, etcetera. Possibly they are the es that are the receivers of those rejected parts of the natives that displaced their most hateful parts towards the most vulnerable.

Castoriadis (1990) reflects about that the hate concerning another will be an unconscious hate towards oneself, through psychical displacement over those who the «the person can keep affection changing the object». (Castoriadis, 1990, p. 32).

To Finalize:

I believe that, as mental health professionals, we must try to build a proposal to help the people from here. It will be useful the creation interdisciplinary work groups taking conscience that the migratory process implies an important construction and that several cases can have the tendency for pathologies without taking into account the situations that the individuals and families go through.

Modified article from “Migrantes: el continente móvil”, written by the author and published in Topía Magazine, Argentina, February 2018.


RODRÍGUEZ NEBOT, Joaquín (2017), Comunicación personal con la autora.


The Athena Network is defined by 4 characteristics:

1. The Athena Network seeks to provide psychological and psychosocial support to immigrants in the areas of health and specifically in mental health.

2. The Network seeks to help those immigrants who experience extreme situations. The migratory process in today’s world, for millions of people, is a process that brings with it a level of stress of such intensity that they exceed the human capacity of adaptation.

3. The Network aims to serve as a space for the exchange of information and experiences concerning activities and researches that aim to protect and improve the mental health of these immigrants.

4. The Athena Network is a non-profit entity and registration is free.

The name Athena evokes the figure of the Greek goddess who protected Ulysses in his long voyage, helping him overcome adversity and danger along the way. Athena is the goddess of knowledge and humanism, which are fundamental values of society.

The Network is made up of a group of health, mental health and psychosocial professionals. We have made a personal commitment to the often difficult and sometimes tragic fate of millions of immigrants in the 21st Century. We believe that global problems demand a global response.

The Network is an initiative of various institutions with a long history of experience in the work of immigrant mental health, which include the Ulysses Syndrome Programme of the University of Barcelona, the Health Initiative of the Americas of the School of Public Health at the University of California at Berkeley and the Minkowska Center linked to Paris V University.

The Athena Network was launched at the World Psychiatry Association Conference, “Migration, Mental Health and Multiculturalism” in the 21st Century, in Barcelona, October 30th to November 1st, 2010.