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Migration as a risk and opportunity: Terrenuove's experience

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Abstract

The authors examine migration as an experience of breaking ties and as a loss of emotional, geographical and contextual points of reference. Displacement, particularly when it is involuntary, is a severing of the existing balance between individuals and their environment and involves seeking a new balance. The transition from one culture to another, from one reference group to another, can be an opportunity for a renewal and expansion of one's capabilities; yet, can also contain the risk of losing a sense of self, orientation, and freedoms and choices. This article delves into the impact of migration and paths of care and integration in Italy, in the context of the work of social cooperative Terrenuove. The authors examine the assumptions of ethno-psychiatry (Nathan, Sironi) and various influential authors (De Martino, Mellina, Papadopoulos) and connect them to Eric Berne's transactional analysis. The history of Terrenuove and the services that it has offered migrants over 20 years is described.

KEYWORDS
ethno-psychiatry, group, migration, refugees, resilience, Terrenuove, transactional analysis, trauma

1 | INTRODUCTION

Immigration is an experience that severs ties and is an often traumatic event that exposes individuals to a state of fragility. Immigrating from one country to another breaks bonds with loved ones and means losing points of reference including geographical, family, social and daily life. It also means losing the ability to understand and be understood in a language. The migratory process involves the potential features of a traumatic discontinuity of

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experience and exposes individuals to resulting difficulties. Life in a host country, which is often experienced with no witnesses to testify to one's history or past, means that individuals experience periods of disorientation and uncertainty. The migratory experience is the experience of reaching one's limits and creates vulnerability.

The processes and experiences related to immigration are amplified when the decision to immigrate becomes a necessity due to political, ethnic or religious reasons. In these cases, the inability to imagine a return, at times accompanied by guilt or the sensation of having betrayed those who stayed behind, can deepen the sense of disorientation and uncertainty, fuelling depression and denial. Thus, the migratory process is one of disruption, disorientation, suffering and risk. Yet, at the same time, it also represents a prospect, an occasion and an opportunity. Immigration is when the existing balance between individuals and their environment is severed, entailing a search for a new equilibrium. Transitioning from one culture and reference group to another can be an opportunity to renew and expand one's abilities; yet, also harbours the risk of losing one's way and capacity to find one's bearings and one's freedoms and choices.

Italy first began seeing significant numbers of immigrants arrive just over 20 years ago. Politically and socially there was a strong reaction, often of rejection, closure and hostility against foreigners, who were seen as taking employment opportunities away from Italians. Non-profit associations, social cooperatives and third-sector organisations, usually of Catholic origin, rallied to welcome and integrate these new members of society. Initially, immigrants arrived from former Yugoslavia, which had experienced a bloody civil war, northern Africa and Sub-Saharan Africa, and immediately from Latin America. They also began arriving in gradually increasing numbers from Eastern Europe. It was against these social and political backdrops that social cooperative Terrenuove was created in 1998.

2 | TERRENUOVE SOCIAL COOPERATIVE HISTORY

Terrenuove was created by a group of fellow transactional analysts from the Psychology and Transactional Analysis Centre in Milan, all of them associated with the European Association for Transactional Analysis (EATA). All founding members are physicians, psychologists, and counsellors and EATA certified (CTA, PTSTA, TSTA).

Terrenuove was created based on a social mission that is at the heart of the organisation's core values. The cooperative's articles of incorporation describe this mission: to assist those in marginalised areas of society and foster their social and psychological inclusion. The members of the cooperative work closely with local public social, educational and health services, offering their specialist skills in psychotherapy and counselling. Terrenuove's services include psychological and ethno-psychiatric counselling service for immigrants, with working groups that assist foreign minors, families, refugees and asylum seekers.

When Italy began experiencing a boom in immigration, there was a radical shift in perspective in Italian culture. In just a short period of time, Italy—which had always been a country of emigrants, many to America, Germany, Switzerland—had become a top destination for immigrants. And as the immigration process continued and became a sweeping phenomenon, it became clear that it would have irreversible historical effects. Along with the flows of immigrants came structural issues, geopolitical problems and the matter of difficult integration into European society.

Italy began experiencing immigration later than other European countries (it also had less experience with colonialism compared to Britain or France) and experienced difficulty and deep cultural and political clashes within. In Terrenuove's first few years after opening its doors, it became a place for exchange and discussion on the various aspects of the migratory phenomenon.

Terrenuove's *Libera Università* (a space where we propose free meetings, discussion and conferences) brings together groups, cooperatives and services that in various capacities assist immigrants. It also hosts fellow anthropologists and ethno-psychiatrists from the 'Centre Georges Devereux' in Paris. This exchange and spread of culture has been important to better understanding how Terrenuove could offer and grow its services.

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3 | PSYCHOLOGICAL AND ETHNO-PSYCHIATRIC COUNSELLING SERVICE FOR IMMIGRANTS

Terrenuove began offering its psychological and ethno-psychiatric counselling services for immigrants ('Services') in 1999. The office is located near the centre of Milan and consists of various rooms that are furnished as a home would be. Immigrants learn of Terrenuove and begin to spend time there, knowing that they will be welcomed, listened to and can bring family members. They know that they can temporarily leave significant objects there if necessary, and that they will still be there when they come back.

The Services were created with the aim of providing specialised assistance—integrated with local social, welfare, health, educational, job placement and other services—to immigrants suffering from mental and psychological distress. Today, the Services have grown and are recognised by the Municipality of Milan and by the Lombardy region. We have agreements in place on a municipal level and with the greater Milan healthcare infrastructure Azienda Sanitaria Locale (ASL) as well as with hospital neuropsychiatry departments. The Services are offered free of charge and are open for meetings and consultations 4 days a week. Over the years, our Services have received over 2000 requests that are passed to our various working groups. These requests are made by singles, couples, families, adolescents arriving alone and those reuniting with their families, refugees and asylum seekers. Experimentation, supervision and comparison between various experiences have allowed Terrenuove's multi-professional teams of doctors, psychotherapists and counsellors to build on and integrate their skills in transactional analysis and to develop a broad network of collaboration with local public services. Terrenuove's commitment and policy has been to promote dialogue and to collaborate with the public and private services available to immigrants, with this commitment unfolding through training activities, seminars, conferences and publications. We seek to solicit social engagement that develops into conscious cultural evolution. Terrenuove's collaboration with local services and construction of local networks (held on the territory) is a characteristic of the ethno-psychiatric intervention model that we have developed within our Services (Rotondo, 2009). When speaking of ethno-psychiatry, we mean this to be akin to the community ethno-psychiatry that Etsianatt Ondongh-Essalt speaks of in the book '*La Curadeglialtri*' (Caring for Others), published in 2005 and edited by Salvo Inglese et al. At Terrenuove, we refer to our form of ethno-psychiatry as 'territorial ethno-psychiatry'. In his book '*Trapsiche eCculture*' (Amidst Psyche and Culture), Coppo (2002) discussed synergies between an ethno-psychiatric model and 'community psychology'. Later, will expound upon the parallels and differences between Tobie Nathan's ethno-psychiatry and our approach to ethno-psychiatry in our Services. In addition to conducting team meetings that serve as spaces for dialogue, research and verification regarding our work with our patients, Terrenuove organises yearly supervision sessions that are open to professionals from local services and that are conducted by internationally renowned experts. These experts have included Françoise Sironi, former director of the Centre Georges Devereux in Paris and professor at University of Paris VIII; Salvo Inglese, psychiatrist and coordinator for the transcultural psychiatry course at the Department of Mental Health of the Catanzaro ASL and supervisor at the Centre Georges Devereux; and Renos K. Papadopoulos, professor and director of the Center for Trauma, Asylum and Refugees at the University of Essex and clinical psychologist at Tavistock Clinic in London.

4 | WHO WE WORK WITH

As we began offering our Services, we have received increasing requests from immigrants arriving from all over the world. To date, immigrants from 50 nations have sought out our Services. Over the first few years, the majority of patients were refugees and asylum seekers arriving primarily from Central Africa (Congo, Burundi, Ghana, Sierra Leone, Senegal, Ivory Coast, Togo) and the former Yugoslavia. These individuals have included single men and women as well as families fleeing from persecution and war and who had experienced deeply traumatic experiences. Young women, victims of trafficking from Nigeria and Eastern Europe—who have a special protection under

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Italian legislation—have been referred to the Services by the organisations that host them. Over the following years, those seeking out our services have increased in number and become more diversified—arriving also from Angola, Cameroon, Kurdistan, Chechnya, Armenia and Iran.

Terrenuove also assists youth who are sent to us by their group homes and by local social and educational services. These youth are often from Morocco, Egypt, Albania and Romania, while many from Latin America have been in the midst of the difficult process of reuniting with their families. Others who have committed crimes and have been put on probation have been sent by the Ministry of Justice's social services for minors.

In recent years, Terrenuovehas also received an increasing number of families—that have been either reunited with their children after separation or whose children have been born in Italy—that were reported to the juvenile courts and sent by child protection services, given their difficulties in raising and caring for their children. These children are often caught up in their parents' difficulties as a couple, exacerbated by the process of integration into a society whose habits, customs, values and laws regarding family are often difficult to understand and adapt to.

5 | METHOD OF INTERVENTION

Terrenuove's Services are intended as a transitional space between past and present, between one's culture of origin and host culture, and as a middle ground between a clinical approach and social intervention, and between intrapsychic processes and interpersonal relationships. Support is provided on both an individual basis and in group settings through the network group (*gruppo rete*). Individual meetings, which are normally held weekly with a psychotherapist and social worker present, go hand-in-hand with group meetings. Group meetings or network group meetings bring together the patient and the professionals who are engaged in assisting the individual; these meetings are generally held at the beginning and at the end of the process and every 2–3 months. The psychological counselling process begins following requests that, in the majority of cases, are made by local social services, neuropsychiatrists, group homes, schools and the like with which Terrenuove collaborates. We continue to see increasing requests from immigrants themselves thanks to word-of-mouth within various ethnic groups that know Terrenuove and appreciate our work.

Counselling begins with a first meeting or set or meetings with the patient, two members of the Terrenuove team and the individual who sent the patient (e.g., the director/coordinator of or social worker at a group home or a teacher). This small group remains as a point of reference throughout the counselling process and is the core of the network group, which at times gradually opens up to include other individuals or professionals who assist the individual. The network group meets periodically to discuss important aspects of the counselling relationship and to resolve issues that arise. At times counselling also continues individually, especially in situations in which confidentiality is essential, including when this involves former victims of trafficking or prisoners or young women who are grappling with the cultural and religious customs of their families. Each of these journeys bring with it a different experience of trauma, displacement, legal safety issues and from a clinical treatment perspective leave us working in very different way with quite different clinical and social approach and considerations with these populations. At times, for various reasons, patients themselves request individual meetings. In our experience, there are no 'methodological' reasons for a rigid counselling setting. Over the years, we have chosen to be flexible and attentive to patients' requests based on their personal migratory experiences and integration into their new society. We use preliminary meetings to understand the reasons patients and those who send them have come to Terrenuove (or their story as they recount it to us) and to evaluate together whether to involve a cultural mediator, family members or friends from their cultural context. In these first meetings, we often are able to intuitively grasp to what extent patients' difficulties have affected their ability to be present in the here and now and to have a relationship with themselves and with the world.

Over the years, we have learned to embrace grey areas in the stories that patients recount and the often muddled chronology or geography involved in those stories. Above all, we have learned to respect hesitancy,

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difficulty in creating bonds and distrust. After the initial meeting, we decide on timeframe, location and methodology along with the patient and the network group. This 'contractual' meeting to decide on the overall counselling process involves the therapists who will coordinate the situation in terms of counselling the network group. We are also aware of the language problem (Inglese, 2009) that means how to consider and respect the cultural identity of each one, together with the need to communicate and to foster a process of melting and integration in the new country's reality. We are also questioning—particularly considering the unaccompanied foreigner minors' experiences—as to how today to look at the language and identity issues in action within a geopolitical perspective.

6 | THEORETICAL FRAMEWORK

In our work, we draw upon the framework of transactional analysis, enriched by contributions by Ernesto De Martino, Sergio Mellina, and Tobie Nathan and Francoise Sironi's ethno-psychiatry. Over the last 10 years, Renos K. Papadopoulos has also been a trainer and supervisor at Terrenuove.

Although all Terrenuove professionals have a solid background in diagnostics, we have rarely felt the need to use diagnostic methods such as psychiatric diagnoses. It is part of the culture that we foster in our Services to draw upon our experience, have discussions amongst ourselves and conduct supervisions as an opportunity to explore our relationships with our patients. Counselling immigrants is a patient 'mending' between past and present. It means paying attention, as Sergio Mellina says, to picking up on the 'threads' that patients unwittingly offer, helping them to once again gain possession of something that they were forced to pause in their life experience. We assist them in rebuilding pieces of their history to put back together ostensibly insignificant fragments and begin a potential narration that can once again give life to what had become lifeless, all part of a continuum that recomposes existence and a project for the future. There are certain methods that we have used to aid in this process, for example, by creating genograms (Montanari, 2009) creating, especially with teenagers, CDs with fragments of one's life story (Maggiora, 2009) or the use of the network group.

7 | THE CONTRIBUTION OF ETHNO-PSYCHIATRY: TOBIE NATHAN AND FRANCOISE SIRONI WORKING AS A GROUP

Nathan (1996) dedicated to the ethno-psychiatric group Chapter 5 '*Modificazion Idellatecnica*' [Modifications of Technique] of his book *Principi di Etnopsicoanalisi* [Principles of Ethnopsychoanalysis], with an introduction by Salvatore Inglese. The modifications that Nathan highlighted concern both language and the group. In the chapter, Nathan demonstrates the therapeutic functions of the ethno-psychiatric group, distinguishing them as having static and dynamic functions. Among the static functions that Nathan highlights, is the basic characteristic of the group in its being a middle ground, a place that is in the middle between the chatter in African 'town squares' and the process of acculturation. The group also mediates the relationship between the primary therapist and the patient. Nathan (2001) also discussed the concept of this field-in-the-middle in hisbook '*La Folie Desautres*' (Others's Madness) citing Winnicott, speaking both of a patient's individual history as an intermediate space between the patient and their culture, and of the intermediate space between the therapist's culture and the culture of the patient, a potential seed for a common culture.

The book *Principi di Etnopsicoanalisi* discusses three dynamic functions of a group. First, the group allows for dialogue concerning the patient, without placing the patient into a single diagnostic box and opening up to wider views of the individual. Second, exchanges within the group offer the patient psychological and cultural support, allowing for multiple models of experiences and cultural stories. Finally, the group as an 'active subject', deconstructs the representation that patients wish to offer of their difficulties, through a *polemos* (war) of meanings

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'of great emotional value'. What is gained is a reorganisation of the starting points, restructured based on the experience lived in the group.

The ethno-psychiatric group, as approached by Tobie Nathan, in addition to involving family members and social workers, includes co-therapists with different cultural origins who are able to speak their native languages, use their traditional systems of interpretation, and who graduated from French universities (psychologists, psychiatrists, social workers, and anthropologists, all trained in psychoanalysis). The group sits in a circular formation, with no place being different from the others. The space is, therefore, that of a collective project that begins with the patient's words and those of the individuals who accompany the patient, and if they wish, the patient's family members.

Terrenuove's psychological counselling services include an extended group, namely the 'network group'. The network group is made up of all those individuals, family, friends and social workers who in various capacities are connected with the patient and are part of their path to survival and inclusion in society. The network group is the patient's reference place at that stage of the process of migrating to a foreign land. In certain situations, the extended group functions as a sort of temporary family pending more definitive life decisions by the patient.

The extended group meets every 2–3 months on average. Within the group, all those involved in the relationship with the patient are precious 'co-therapists' who contribute their skills to the counselling process. Network group participants express and discuss their opinions concerning what the patients say about themselves, their difficulties and their needs, thus broadening patients' views of their situations and offering different perspectives. It is an invitation not to think in terms of definitions or labels but to act as 'researchers', including the patient, to resolve the issues that are posed.

Network groups combine clinical work with the different social and educational needs of patients, accompanying them in the search for solutions from an active point of view and facilitating their inclusion within their social and geographical contexts. This process allows patients to emerge from a space of impasse and blockage and to shake off labels, taking action to find their own words and to choose and select the most useful of the various contributions offered. Patients thus regain power both in defining their difficulties as well as in activating resources and skills to manage these difficulties in their new country. Whoever leads the extended group—normally one of the therapists—has the role of circulating the various positions that emerge, facilitating the search for meanings, reformulating and restructuring problems by taking into account the different approaches and ushering in the possibility of translating all of this into action. This person makes it possible to create a substantially democratic group. Although inspired by Tobie Nathan's concept of the group, in Terrenuove's ethno-psychiatric system, the group is a space that gives concrete meaning to a social dimension that confirms individual patients' identity. This helps restore continuity for patients, giving meaning to multiple 'dis-identities' encountered in the immigration process, allowing them to include them in a common life experience and reconstruct a story that makes complete sense. Within the group, patients' histories are conveyable in a social and public space. Their individual stories are part of a collective and social context and resume narration alongside other stories. A story inserted in the history of all mankind. The relationship between the psychological history of the individual and collective history, the history of the group they belong to, is underlined by Françoise Sironi, who maintained that therapists must contextualise therapy, adjusting their treatment of patients.

> *It often happens that the therapist as well loses access to the things that, in their individual histories, links them the collective history of their countries. Contemporary therapists must thus re-invent treatment systems, creating a new method suitable for contemporary clinical reality*. (Sironi, 2001, pp. 90–91, own translation).

Doherty (1995), while not diverging from an ethical point of view despite being part of a different theoretical framework, identifies the qualities of the morally sensitive therapist, which include an attention to the social dimensions of problems, and the collective as a potential bridge between what is private and a responsibility towards the collective.

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8 | ERNESTO DE MARTINO: THE CRISIS OF PRESENCE

Above all, Ernesto De Martino helps us to understand the suffering connected with detachment and with the loss of oneself and one's abilities, to assess its intensity and to connect it to a person's individual and social context. De Martino, an anthropologist, offered us his reflections on presence and the crisis of presence, originating from his research on magic, shamanism and the connections between ethnological studies, history of religions and psychology. De Martino addressed matters in the mid-20th century that would later influence psychiatry's approach to immigration and the interconnections between cultures and treatment models, namely ethnopsychiatry and transcultural psychiatry. It is to him that we at Terrenuove owe our working and research methods in interdisciplinary teams, and it is thanks to him that we place attention on human beings as subjects capable of choices and decisions, a vision that De Martino developed taking inspiration from Heidegger's existential phenomenology.

De Martino (1972) speaks of 'presence' and 'crisis' or loss of presence, drawing on the description of these categories from the universe of philosophy. In 1948, De Martino published his book '*The World of Magic*'. He re-evaluated the cultural world of the magic of traditional societies. The world of magic, so important for primitive societies, documents, according to De Martino, a primordial depiction of the world that arises from the need to 'guarantee presence'. Religious magic rituals are intended as a technique to overcome crisis and the 'anguish of history'.

In 1959, in '*Magic: A Theory from the South*', De Martino (2015) addresses the concepts of crisis of presence and magic protection, applying them to the society of Lucania, in southern Italy. He stated that precariousness involving the basic needs in life, the uncertainty of prospects concerning the future, the pressure exerted on individuals by uncontrollable natural and social forces, and the lack of forms of social assistance all foster the continuation of magic practices as a form of protection.

The crisis of presence indicates a condition of risk and possible disorientation. A situation in which individuals fear losing their familiar points of reference and a sense of meaning. Crisis of presence is a condition in which, faced with specific events (e.g., illness, death, moral conflict, migration), individuals experience uncertainty and a radical crisis of *being-there*, discovering themselves unable to act and make decisions. 'Presence' means *being-there*, being in the world and being present in the situation as a subject, central to decision and choice.

> *The critical moment of existence is critical because it imposes a decision and a choice, a ready adaptation to reality, behavior full of highly demanding effects for presence… Critical moments are characterized by a high commitment of presence: but it is precisely for this reason that they are traumatizing, and instead of being accepted, decided and overcome, they are simply rejected (suppressed, lost).* (De Martino, 1995, p. 113, own translation)

De Martino's words were visionary, and today we apply them with ease to the world of immigration. We believe they can be applied both to those who leave for a new destination and to individuals who welcome those who arrive. The immigration process is both a risk and an opportunity, a traumatic experience and a pause in existence, and a repetition and opportunity for resilience, development and use of resources. When the traumatic experience is not overcome, it becomes a critical element for the individual and a narrowing of the experience that involves both the individual and the community. Trauma is a wound that damages a person's shell and paves the way for crisis, disorder and disease.

Throughout our experience at Terrenuove's Services, we have seen those who have lost a part of their being 'subjects' and '*being-there*' as individuals who have a say in their own stories. At times, in adolescents, disorientation produces a deceleration and difficulty in the learning process. In adults, a sense of temporariness and insecurity can produce blockages in their ability to hold down a job, find a home or plan for the future. As transactional analysts,

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these confusing behaviours (both in space and time) can be traced back to areas of contamination and to inactive Adult thinking.

At times, we also see attitudes of hesitation, stalling, repetition and the unacknowledged expectation that someone else will take charge of things or that an external structure (e.g., prison, for teenagers) will act to contain internal disorientation. These passive behaviours lead us back to Adult thinking that is not free and contaminated. In these situations, the crisis emerges as a risk of losing oneself in one's past, losing one's past or losing one's relationship with the world, as if the shadow of past experiences conceals the meaning of life.

9 | SERGIO MELLINA: BIOGRAPHICAL PSYCHOTHERAPY OF THE MIGRATORY EXPERIENCE

Sergio Mellina, psychiatrist and professor at Cà Foscari University of Venice, was among the first in Italy to deal with immigration. The first immigration stories that Mellina addressed concerned Italians hospitalised at Villa Clara psychiatric hospital in Sardinia. These individuals had been hospitalised upon returning from the United States following unsuccessful attempts to immigrate there.

Mellina (2001) also coordinated a project in Rome that involved foreign immigrants and was managed by the Roma B local health service (ASL). The project, which began in 1997 and was supposed to end in 2000, yet terminated a year early due to a lack of funds, was dedicated to Michele Risso. This was the first Italian project that involved a public service aimed at immigrants. Mellina discusses this project with pride but also disappointment regarding its premature end, recounting the experiences and methods of intervention used by the Roma B ASL over the 2 years in which the project was ongoing and shows us the data they collected.

Sergio Mellina also tells of himself and his own immigration history, as well as his work as a psychiatrist. He speaks of his affinity with the Basaglia movement and anti-institutional psychiatry in Italy, his phenomenological choices and his hermeneutic vision of relationships with patients.

> *I cannot deny certain fundamental key concepts of human existence, such as commitment, responsibility, risk, choice, finitude, individuality, and subjectivity that a physician, in his or her work (existing among those who exist), must face each day on the treacherous ground of the suffering of the solitude of anguish.* (Mellina, 2001, p. 20, own translation)

This way of approaching relationships with patients, with an attitude of listening and with a willingness to retrieve parts of their stories to be narrated was new for the approach to psychiatry in Mellina's day. He emphasised that he encountered completely new situations, where new solutions had to be invented to promote the protection of mental health.

Sergio Mellina also described some of the aspects of therapeutic intervention implemented in the Michele Risso project in Rome. He talked about setting and meetings in the head physician's office that friends and family members could attend along with the patient. Additionally, these meetings involved the doctors, nurses and social workers, with the group being attentive and involved despite the difficulties that there were in the public service. Starting with the patient's plight, the group embraces the patient's story, linked to his or her migratory experience. When patients tell their stories, Mellina says, important changes take place. Listening to a story is a delicate task of mending, akin to embroidery. It is a task of using fragments to reconstruct a larger piece of a patient's existence and experience that was lost in their immigration. By listening attentively to patients and talking with them, we discover that they themselves provide the threads for that mending. In that work of recounting and listening, a sort of 'patch' is slowly created, and the interrupted continuum of the experience is reconstructed.

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10 | ERIC BERNE'S THEORY AS A COMMON BACKGROUND

We at Terrenuove discover links, in our thinking and actions, with Sergio Mellina's vision and experience. These aspects of thought and experience are now consolidated for us as the foundation of our Services. Many of us have backgrounds in transactional analysis and are well acquainted with Eric Berne. We welcome an intersubjective vision of the therapy relationship and relational OKness; we appreciate a deep attention to the individual as a subject of his or her own experience, and we are committed to a contractual relationship that develops dialogue and reciprocity. Despite being part of the North American cultural context that witnessed the birth of humanistic psychotherapies in the United States, Eric Berne was aware of the existentialist movement that developed in those same years in Europe and knew of Binswanger and the new 'Copernican revolution' of which May (1959) speaks.

Berne's (1961) transactional analysis developed a phenomenological and intersubjective vision of the patient–therapist relationship through the use of a psychological language that is comprehensible, functional and practical for everyone—not just by the medical or technical elite. Throughout his professional career as the head of a psychiatric ward, he supported open group meetings that patients and providers could attend. He was convinced that what cannot be said or discussed with a patient should not be said in other contexts and invited his fellow psychiatrists to speak *with* the patient and not *about* the patient.

For Berne (1966), the group is a privileged place for experience where the group's movements solicit participation and broaden the social relationships of the individuals involved. Thus, a transactional analysis aimed at intercultural contexts was born and spread rapidly around the world, challenging those who held onto that power that excluded participation and co-responsibility (as probably was the case for psychoanalysis—from which Berne comes from—that had assumed a role of power at that time and cultural context).

It comes natural to us at Terrenuove to use our theoretical and technical knowledge as transactional analysts and build upon them, creating new connections between theory and practice. We also appeal to transactional analysis when we reflect on the narrative that individuals develop over the course of their lives and that encompasses the evolution of their ties with others (primary relational dyad and family) and with their context (language, religion, culture they own). In Berne's (1972) language, this is a 'script' that Rotondo (2001), defined as a system of attachments, affected by the quality of primary bonds and their changes, including traumatic ones throughout the course of development.

Each script manifests itself in recognisable ways (Parent, Adult and Child ego states) and is the outcome of the internalisation of meaningful bonds. Scripts contain limiting aspects and areas of resources (Ligabue, 2007). We will not go deeper here in these theoretical aspects, expounding on some of them later when describing a specific case and certain aspects of traumatic experiences and their elaboration.

11 | FORCED MIGRATION AS INVOLUNTARY DISLOCATION: RENOS PAPADOPOULOS' PERSPECTIVE

We can consider the immigration experience as a condition amid normality and pathology. It is essential to underscore the importance of both pathological and traumatic aspects of immigration as well as an immigrant's normality and capacity for resilience, different aspects that coexist in the same person (Cyrulnick, 1999; Walsh, 2006).

Papadopoulos (2007, 2014) devised his *Trauma Grid* to illustrate the various effects of traumatic experiences: negative effects, including psychiatric disorders (post-traumatic stress disorder; distressful psychological reactions and ordinary human suffering; neutral effects, including resilience, which for Papadopoulos means preserving the abilities that existed prior to the traumatic event); and positive effects, including adversity-activated development, which creates new abilities. These various effects are not sequential or mutually exclusive; they can coexist, are part of a person's identity, and can be applied at individual, family, community and societal levels. We can also refer

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here to Cornell's (1988, 2016) script definition, keeping in mind how survival strategies are reactivated and reorganised during traumatic events (Stuthridge, 2006, 2012).

Immigration is never a neutral event, as Rotondo (2014) reminded us in her reflections on her clinical and research experience with immigrant families. Rather, immigration is a critical situation, a disruption of the mechanisms that regulate individuals and groups and a possibly traumatic experience. It is the breaking up of an existing balance that leads to the need to seek a new equilibrium. The outcome of this process depends on an individual's personal history, on his or her resources, and on the possibilities offered by the individual's surroundings.

Individual stories are in a continuous dialectical relationship with social, political and collective contexts. It is, therefore, important to understand whether immigration was an individual's choice (often to improve living conditions). If so, there was a migratory project at stake, with the individual being motivated to reach a specific place or person? These aspects protect and propel the immigrant both during the journey and on arrival at their destination. A migratory project offers a better possibility for directing one's own choices and not becoming a victim but an active participant, integrating and modifying the person's various ego states. The immigrant is able to have a realistic vision (Adult), consider aspects of protection (Parent), and fuel drive, curiosity and motivation for immigrating (Child).

These elements have allowed us at Terrenuove to create guidelines in our work with immigrant parents who have long been in Italy and wish to bring their children to their new country. The goal is to allow children to participate in the immigration process rather than to just undergo it (Ligabue, 2011; Ranci, 2011). Designed to prevent crises later, this means turning forced immigration into participatory immigration and helping parents to become aware of the psychological difficulties associated with their children re-joining them.

Forced immigration is discussed using various terms, some of which put greater emphasis on the legal status of the individual (e.g., asylum seeker and refugee) and others of which highlight social and psychological conditions (immigrant or displaced person). Papadopoulos (2014) instead used the term 'involuntary dislocation'. That phrase can also refer to the displacement of a shoulder or a hip—a sudden, painful experience—and is well suited to describing the painful and startling experience of leaving behind one's country, loved ones, home and environment, all parts of an individual's core identity.

However, the term 'dislocation' also implies relocation (e.g., a shoulder again moving into its natural and functional space). This is the case with integration into an individual's host country with all the connected difficulties: residence permits, recognition of status and searching for a home and job, all fundamental to the processes of acculturation and assimilation in the host country.

The story of a young African woman with whom we had the opportunity to work closely at Terrenuove illustrates the various aspects of dislocation and relocation (names and other identifying details in this case have been changed). In discussing this case, we consider the steps suggested by Papadopoulos (2014): from feeling insecure at home (push factor for dislocation) to the decision to leave, the escape, and seeking security and a new home. The arrival in a new country can be re-traumatising (e.g., when immigrants are not welcomed and are seen as a threat or left in limbo for a long time without papers, etc.) or, conversely, relocation can promote growing and a process of acculturation/integration.

12 | INVOLUNTARY DISLOCATION AND THE IMPACT OF A NEW COUNTRY: A CASE STUDY

To unite theory and practice, we would like to recount the story of a woman whom we will call Saba. Her story is similar to many others we are dealing with in this period, particularly those arriving from Africa. A previous report of this story and of the following considerations on treatment was discussed in Ligabue (2018).

Saba—slim and dark-skinned, with eyes revealing a mixture of pride, fear and curiosity—was just over 20 years old when we first met her. She was referred to Terrenuove by social services almost 2 years after her arrival in Italy.

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Despite that much time in her host country, she still did not speak Italian and her body was suffering: she was anxious, agitated and had insomnia. She had left her extended family and two older sisters in Eritrea, the country of her birth. Saba, whose mother had been abandoned when her father had decided to start another family, was a practicing Orthodox Christian, and hope and prayer were resources for her.

Saba was still a teenager when she began military service, an obligation that in her country comes early in life and continues for many years. She learned how to fight, use guns and face fear in a context in which living conditions were difficult. She had suffered from the fatigue and oppression of military life. She no longer sensed that she could master her own life and felt she was in danger and without future prospects. Saba decided to leave Eritrea, and when the opportunity arose, she ran away with a higher-ranking soldier. They wanted to start a family and go to Canada or perhaps Europe. They had acquaintances in Germany and Sweden and decided to cross the border. The choice was irreversible.

The loss of security—typical of the phase that precedes the departure—provides the driving force to flee, in search of better living conditions. The journey begins the process of leaving the land of origin—the first phase of the dislocation—losing points of reference, including loved ones, familiar smells and geography.

It took Saba more than 2 years to reach Europe. The first part of the journey, with her companion, was in Ethiopia. They stayed in a refugee camp for over a year, and during that time, Saba became pregnant with her son (who was 4 years old when we met them). They then decided to escape to Sudan, where they stayed for several months. At that time, they had trouble, were imprisoned and her companion disappeared. The circumstances surrounding his disappearance are unclear and often change in Saba's story, like her time line of events. He is still missing today.

Despite her companion's disappearance, Saba decided to continue on alone and face the long journey on a lorry through the desert to Libya, arriving in a highly politically unstable country, a barbaric land. The final part of the trip was the crossing of the Mediterranean Sea to Italy. The voyage from Libya to Italy, which lasted an interminable 5 days, took place on a small boat in which those aboard were piled in layers. Many died at sea or were crushed to death.

Saba's son witnessed these events, which Saba finally began recounting without emotion. She carried traumatic experiences inside, but her reaction in order to survive was to 'stay strong' and become hard with emotional freezing. During her journey, she was detained twice for a total of a month, but she was unable to recount those experiences in detail, instead saying that she was carrying a 'dark sack' full of heavier things that she was unable and not ready to speak of. Having a small child to protect was extremely important in making Saba persist and continue forward. It bolstered her resilience and fed her hope.

During the second phase of dislocation—the escape journey—there is an accumulation of many experiences that individuals usually struggle to speak of: some experience solidarity, others violence. Shame, disbelief, guilt and an inability to think back to the incidents make it difficult to put words to those experiences. Many times people will say, 'It's best to forget; I want to erase those terrible experiences, even though they come back every time I close my eyes to sleep. Why should I remember? Here all I have to do is start over again'.

Only later, and very quickly, did Saba tell me about how she and her son were rescued at sea by a ship 'as high as a mountain and crowded with people'. They eventually landed in Sicily, where their arrival in that much-anticipated place was unwelcoming. She recounted that for a few days she stayed under a massive sun-drenched canopy packed with terrified people. She said that there were 'many white hands pushing everywhere'. She found strength in the solidarity of several women travelling with her.

At the arrival in the host country, another stage begins and the impact of reality tends to seriously test individuals' ability to resist and to adapt their expectations to their destination and new conditions as refugees. Saba's story of the time after she arrived in Europe was confused. She remembered another long train ride and arriving in a north European country where she stayed in a reception centre for 6 months. Later, under European rules, she was sent back to Italy where she moved from reception centre to reception centre.

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In the first phase of relocation, there are several difficulties to face: the first encounter with a new language, geography, climate, habits, laws, rules and bureaucracy. The lengthy wait for proper documents, the bureaucracy and being forced to live with other people in unsuitable environments reactivate a sense of helplessness and are combined with previous traumas. The choice is now whether to belong to the new host country and, if so, how to adjust one's life project.

When we first meet Saba, she had continuous headaches, was very angry at Italy and was unable to learn Italian. She was also angry with her son, whom she had difficulty controlling, and was constantly worried about his health. She saw him as being too thin (which in her country meant being at risk of death), too restless and too demanding. He constantly asked about his father, and she did not know what to tell him.

After our initial meeting with Saba and the social workers who referred her to Terrenuove, as is usual for us, we maintained frequent contact with the network to coordinate different aspects of her settling here and to foster her relocation. Over the following year, Saba's situation slowly improved. She went to school to learn Italian, her son was placed in preschool, and after various check-ups, she was finally reassured about his health. Her son attended separate sessions with a colleague who works with children to assess their difficulties and provide them with a space in which they can express their emotions and find new potential for growth. In sand play (Chiesa, 2012), Saba's son created scenes with soldiers and fortifications around a queen in danger, his position as his mother's protector clearly emerging. The question of 'Where is my father?' remained unanswered.

Saba's son's unruliness slowly transformed into curiosity toward what was new. At school, he made friends and learned Italian much faster than his mother. She, too, slowly came to terms with her need to stay in Italy. Only very recently did she admit, 'Perhaps Italy is better than Germany'. She began building relationships and attending work training. As of this writing, Saba is still in a reception centre but, after a long wait, she has finally been given refugee status. Obtaining the proper documents that guarantee legal protection has greatly increased, her sense of security and is a gateway to a normal life. Despite this, she knows that the fate of her missing companion is still an area of pain and silence within her. Her son frequently looks at planes in the sky, asking, 'Is my father up there?'

In the second phase of the relocation, there is a progressive definition of the immigrants' life project in the host country. In this phase, immigrants must take account of their own cultural belonging and negotiate with the culture of their new country. This negotiation (rules, language, ways of leaving) implies a reorganisation of a person's identity. John Berry (Berry et al. 2011) was among the first to consider the relationship between these two variables and identified four different acculturation strategies: assimilation, separation, integration and marginalisation:

> *Assimilation is the strategy when individuals do not wish to maintain the identity of their heritage culture, seek close interaction with other cultures, and adopt the cultural values, norms and traditions of the new society. When individuals place a high value on holding onto their original culture, and at the same time avoid interaction with members of the new society, the Separation strategy is defined. When there is an interest in maintaining one's original culture, while also having daily interactions with other groups, this is called Integration. The strategy of Marginalization arises when there is little possibility or a lack of interest in cultural maintenance (often for reasons of enforced cultural loss), as well as little interest in having relations with others (often for reasons of exclusion or discrimination). The four strategies are neither static, nor end-outcomes in themselves.* (Berry et al., 2011, p. 321)

We could say that Saba went from initial resistance and separation to progressive integration. Her son went from a phase of assimilation (facilitated by increate socialisation through school) to progressive integration of the two cultures: a process useful to build a sort of bi-located identity. Following Nathan (2001), we can consider this transforming identity process as a personal creative process 'in-the-middle-field' between two (and sometimes more) cultures.

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13 | SOME REFLECTIONS CONSIDERING SABA'S TREATMENT

To provide a secure place for Saba, for 18 months we held individual meetings with her every 2 weeks and network group meetings approximately every 2 months. One of the first issues needing attention with immigrants is language, which is the door to a new world and identity. The delicate matter of using a linguistic mediator must involve someone who, in addition to knowing the source and target languages, must also be compatible with the individual, with special attention paid to gender, religion, history and political parties to avoid putting trust at risk. At Terrenuove, we cooperate with a cultural association that selects and provides trained translators from/to native languages, generally immigrants who have been in Italy for many years, who are now resources in our country and for the new arrived people, resources in language and in being a living witnessing of a possible cultural transition.

For Saba, it was essential in the beginning for her to be able to speak Tigrinya, her native language and to experience importance given to it (Inglese, 2009; Ligabue, 2004). In speaking, she opened up and became more lively. Italian was difficult for her: 'I can't remember anything, but when I start working I'll learn the language, so first provide me with a job!' It was clear that despite her difficulty in learning Italian (partly due to her modest education), she was also expressing a sort of protest. She wanted a job that would make her independent.

In our relationship with Saba, we felt caring and admiration for her courage and determination, but also experienced moments of helplessness, frustration and anger, as did she. There are numerous transference processes to which we as therapists must be sensitive, including being aware of symbiotic processes (Schiff, 1975) as well as the risk of acting as Rescuer or Persecutor and enacting traumatic experiences (Clarkson, 1992). During my work with Saba, we paid attention to our thoughts and feeling, taking into account reveries and dreams and discussing them in supervision sessions at Terrenuove.

In working with Saba, the network of social workers, instructors and lawyers involved was paramount: proper papers, a home, learning the language, finding a job and health care are the indispensable base for creating psychological support, the mending and weaving (Mellina, 2001) of a new identity. What is most important in connecting these various levels is a participatory attitude and practice. It was equally important to simply be with Saba, to listen to the fragments of her story and to build, from the outset, a safe place in which we could think together to reconstruct lost passages of her story and help her continue to narrate it. This safe place is one in which the body's anxiety can be soothed and particular attention can be paid to tracking gestures and small somatic changes in the person, with a respectful, contracted sensorimotor approach when possible (Cornell, 2015; Ligabue, 1991). This allows some aspects of the traumatic experience to emerge, thereby providing an opportunity to look at those experiences from a different perspective (e.g., one night policemen with guns performed an inspection that triggered past experiences for Saba). In this process, the therapist is a witness, a compassionate partner who thinks together with the patient.

Making room first for Saba's anger, sorrow and demands was necessary in order to reach the point of being able to discuss a direction for her life. Many questions remained for Saba, but today, apart from her 'heavy dark sack' (from which she occasionally pulls something), there are daily moments of serenity with her son: retiring to their own room in the evening, visiting a nearby pool where they can learn to play with water instead of fearing it, talking to her son's grandmother on the phone, going to Church on Sunday, inviting friends over. Saba is seeking a new plan for her future. Having lost hope of finding her companion, she would like to bring her mother to Italy to help her raise her son. A happy reunion is still far off, but that desire shows that Saba wishes to create her new life in Italy, rooted between the two worlds she is beginning to connect.

At the conclusion of her individual treatment, a network meeting was held to take stock of progress made. Just like the many patients who come back years later to say hello and update us on their lives, Saba knows that she can contact us if she finds herself in need in the future. Unexpectedly, Saba's story had a happy ending 2 years later (unlike many others). One day, she called us to tell us that her companion is alive and had managed to find her. He is

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in Africa but is planning to join Saba and their son. In the meantime, Saba had moved to a small town in northern Italy where she has a home and works; when her companion arrives, they will decide whether to join some of their relatives in Germany. Their journey continues, but their points of reference are now more solid and their leaving would not be a necessity.

14 | MANIFESTATIONS OF TRAUMATIC EXPERIENCES AND ATTENTIONS IN TREATMENT

As we can understand from Saba's story, in forced immigration, there are place/space/language problems. Papadopoulos (2014) wrote about the 'nostalgic disorientation' that can be caused by losing one's home, a hub of interconnection in place/space/sounds/meaningful relationships embedded in culture, and the loss of which can cause suffering, depression or traumatic reactions.

We would like to briefly discuss certain difficulties and manifestations related to traumatic experiences and the attentions of the therapist.

Recent literature and neuroscience show us that when individuals are affected by traumatic experiences, they have difficulty regulating time, thoughts, body and emotions; and struggle to give meaning and consistency to their experience. We use this frame of reference to give at least an idea about the needed different levels of attention and the need to integrate theory and techniques in treatment, starting from the concrete difficulties people bring to us.

Sense of time: Past memories sometimes pervade the here and now—as 'real' events—and time becomes a dimension that the individual feels unable to master. Kronos (time marked by the clock) and Kairos (time as it is perceived and experienced) are out of sync when trauma occurs. As normally experienced, kronos cannot return to the past to change history, but kairos can move freely between the past, present and future to bring new meaning to the person's experience through the metaphorical process (Modell, 1990) and narrative. Because trauma causes the metaphorical process to become frozen (Stern, 2015), it is meaningful relationships that restore it in a living shared time.

Thoughts are disorganised: There are internal critical voices, persecutory thoughts and recurring ideas of death (e.g., 'You were not able to protect your beloved from being murdered', 'Never forget! They will find you and abuse you again', 'You do not deserve to live any more'). These voices often lead to violence against oneself and others. Individuals feel they are unable to control their thoughts. Especially following torture—something we find refugees have often experienced—the internalisation of the persecutor and the connected logic of annihilation is an ongoing attack on the person's ability to think (Caizzi & Ciambellini, 2008; Sironi, 1999, 2007).

In terms of ego states, there is an impoverishment of the creative abilities of the Child engaged in an internal dialogue with a rigid and persecutory Parent. This process often leads the individual to withdraw in solitude and to restrict the use of Adult thinking. Also evident is the lack of voices of comfort and internal support, of a compassionate Parent ego state that can gradually grow, supported by the therapist's presence, as a privileged witness of the trauma over time (Stern, 2015; Stuthridge, 2012). *The body suffers:* In times of silence, as if anesthetised, the body becomes powerless and passive; at other times, it screams out, hurts, is sick and anxious, and requires remedial action. Many symptoms persist, including headaches, sleep disorders and a sense of being estranged from one's body; this recalls what was endured and suffered and keeps score of all experiences (Van der Kolk, 2014). To transform a symptom in a starting point of a new narrative is an often long and surprising journey.

Emotions: Rooted in the body, emotions are dysregulated with various arousal states, including hyper- and hypo-activation (Porges, 2009; Shore, 2009). These reactions are difficult to control, even though they are adaptive in situations of stress and serve as non-conscious survival strategies. As we know from studies on emotions and sensorimotor reactions, individuals who have undergone traumatic experiences have a limited emotional window of

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tolerance, whereas proper relational functioning requires emotional flexibility. Traumatic experiences narrow and harden the ability to regulate emotions based on context (Ogden et al. 2006; Siegel, 2010).

The person experiences a state of chronic alertness (Levine, 2010) that makes them vulnerable to danger. Every small signal, such as a sound or smell, activates a rapid response that passes through the emotional brain (LeDoux, 2002) temporarily excluding reflective thought and neocortex processing. Continuous relationships and the experience of safety and predictability in one's environment all help to restore improved self-control and leave room for new aspirations.

We often encounter these reactions in our patients at Terrenuove, and these reactions can cause significant difficulties in terms of daily functioning and quality of life. They can also reverberate in the therapeutic relationship, which must take into account the different levels of work and a dimension of cooperative care. For treatment of these often traumatised populations it is important to have an integrative open view and training, giving value to complexity and tolerating uncertainty. It is necessary to maintain a regular space for supervision and discussion to become aware of own culture, story and transference–countertransference process experienced in the relationship and to able to operate at different levels of intervention, often in limited times and conditions.

15 | FINAL CONSIDERATIONS

In our work with immigrants in our Services at Terrenuove, there are short-term consultations that are focused on promoting a 'passage' and a connection between past and present. There is a work of reconstructing and mending patients' plots of existence before and after their journeys. Their life story's narration and their experiences in a reciprocal relationship in which they regain a 'presence' in the care group, allow them to renew an experience of safe, sufficiently powerful, and protective attachments that facilitate recognition of self, their own resources and their life projects in the foreign land.

There are also, for some people, other longer, more painful paths, that sometimes stop abruptly and then begin again after a few years, and can lead to encounters with trauma, old wounds and life stories with difficult attachment experiences in primary relationships. Meaningful, reciprocal, and intersubjective relational experiences that are reinforced within the group of care providers create new bonds of attachment. This context promotes a sense of security, a recognition of one's own existence and constitute a secure basis for and useful experience in developing social skills that allow migrants to make the best use of the various social and welfare support systems and create exchanges with the society in which they are inserted. For us as caregivers, these care paths initiate processes of reflection and help us to acquire skills, grow professionally, and question and renew repetitive care methods and strategies.

The integration process thus develops within a perspective of reciprocity and there is a progressive encounter between immigrants and services: between 'foreigners' and our-world institutions. Both parties are engaged in the search for meeting points and for the construction of meaningful relationships in a safe and welcoming space. The split and 'suspension' between multiple worlds and multiple senses of belonging without a precise elaboration of the multiplicity of experiences and a possible reconciliation of those differences makes it difficult for immigrants to recognise themselves in their existential continuity. Being 'suspended' between several worlds that are separated from each other—at times with culturally contradictory aspects in daily life—decreases the motivation necessary to be active and effective and makes it difficult to use resources to plan and create one's future in a foreign land. Our work with immigrants, with teenagers and with families is characterised by patient mediation, reconnection and mending within a structured and planned space and time.

It is important to emphasise that there is no clear boundary between normality and pathology. Often, some aspects, which we can ascribe to 'traumatic responses', are part of the experience of the lives of many of us, albeit momentarily (evoked by difficult experiences), or concern certain areas of our life. From the beginning, at Terrenuove, we have always questioned these aspects of the juncture between normality and pathology to seek out

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sufficiently flexible, effective, respectful and non-pathologising methods of treatment that support mechanisms to respond to stress and resilience. Increasingly, the ways we live in our society/communities show us the need for a clinical view that takes into consideration our society as a collective body. In this sense, a clinical attention in treating immigrants is not far from a clinical view that treats distress, impoverishment and problems related to a lack of social and psychological support in a broad sense. This vision forces us to reflect on how psychology, ethics and politics are closely linked; and reminds us to think in collective terms.

Finally, we want again recall how the network group (gruppo rete)—comprising all those individuals who, in their various capacities, encounter the discomfort and needs of immigrants—is a privileged space to experience and implement the transition between what has been left behind and what can be found with innovative options. This local/territorial group exists within the flexibility of the setting and is possible thanks to those who are involved. It is, in our experience at Terrenuove's Services, an 'intermediate space' that makes it possible for different cultures and diverse professional and personal approaches to encounter one another. It also facilitates the concrete construction of 'intermediate' realities between one country and another, one language and another, one culture and another, and between the different connections and identities that we are increasingly called to be a part of.

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