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# Migration, Interculturality and Parenthood

*Valentina Stirone,* Jolanda Spoto,** Martina Trinchieri****

Abstract. – This article takes a psychoanalytic approach to examining the phenomenon of migration together with those of interculturality and parenthood. The objective is to highlight the condition of vulnerability that characterizes migrants when they are facing the complex passage towards parenthood. The authors intend to present potential difficulties connected to migratory processes, especially with respect to the suffering that many women go through by leaving their country of origin and the physical and psychological violence that they are often forced to endure. The complex theme of migration is confronted with regard to aspects of integration and the relevant dynamics that characterize it. This is done within an epistemic vision of human beings, whereby every subject makes their own fragilities, resources and competences available for further human growth. The migratory passage, through the therapeutic journey, takes on dignity and consistency, allowing both of these to exist.

*Key words*: Culture; migration; violence; pregnancy; parenthood; travel.



*Caminante, son tus huellas*
*el camino, y nada más;*
*caminante, no hay camino:*
*se hace camino al andar.*
*Al andar se hace camino,*
*y al volver la vista atrás*
*se ve la senda que nunca*
*se ha de volver a pisar.*
*Caminante, no hay camino,*
*sino estelas en la mar.*
(A. Machado)

*SIPRe psychoanalyst, consultant at the Ethnopsychiatry Service at the Hospital Grande Ospedale Metropolitano Niguarda in Milan. E-mail: valentina.stirone18@gmail.com

**SIPRe psychoanalyst, consultant at the Psychology and Psychiatry Service of the Opera San Francesco Association for the Poor in Milan. E-mail: jolandaspoto@gmail.com

***SIPRe psychoanalyst in her private studio and in other medical centres in Milan. E-mail: martinatrinchieri90@gmail.com

The term 'migration' takes us immediately to the concept of relocation, that is, a concrete physical *movement* from one geographical location to another. However, migrating does not mean only moving from one place to another; it entails a crossing, a leaving and a discovering in a movement that involves the subject actively in this process of transformation.

The culture of every country is made up of a collection of traditions, rules, values, norms and implicit and explicit meanings, that are shared by the members of that specific group. These dimensions involve many levels; among these, the relational dimension is the one that interests and intrigues relational psychoanalysts. To understand the implications of what we are talking about, we can think about the relationship between genders, man and woman, or between a parent and a child: some relational modalities can be completely forbidden and condemned in some countries, in others they are instead considered desirable. And also, for example, the different ways of expressing dimensions such as affectivity or closeness can vary enormously from one culture to another. Far from being a monolithic and an unchangeable reality, culture is continuously changing. Actually, Jullien (2018) states that the specificity of culture is that it is both plural and singular (p. 26). The subject is, on one hand, a depository of these cultural aspects, but at the same time a promoter (that is often unaware) of its transformation. If we go back to Jullien's concept (*ibidem*) of gap, it seems important to consider cultures as elements that 'remain one in front of the other' maintaining that creative tension that allows for their evolution, which must be considered as circular and never linear.

The work with foreigners obligates us as psychoanalysts, to strongly face, perhaps more than in any other field, this immediacy, this otherness, with the 'other', the 'stranger' that impacts, and interrogates the subjectivity of every analyst, who at the same time, has their own culture as a single reference to read and give meaning to the reality with which they are faced.

It is exactly in this necessity of keeping these cultural elements in tension that therapeutic possibilities open up towards re-appropriation and transformation for both patients and therapist. Two processes that cannot be guided externally and in a particular direction.

Research on migration has shown how *migration in itself represents a potential vulnerability factor*; the complex migratory experience can be associated with suffering that can, in more severe cases, lead to psychopathology. Studies show how the migratory process can create complications for mental health and for health in general. This is due to experiences of insecurity and laceration of the protection network, whereby direct and immediate comparison with other members of the community are lacking (Virupaksha, Kumar, & Nirmala, 2014). Whoever migrates, in fact, finds himself or herself contending with a new culture, with new ways of perceiving and expressing oneself, in any aspect of life, including the

parental one; this often happens in solitude, without the usual parameters and reference criteria and without the support of the social network.

Just as in migration, during pregnancy and during the *post-partum* period, there is a greater psychic vulnerability.

Even parenthood, entails a movement that is not only physical but an existential 'passage': giving birth to a child implies a passage of status to becoming parents. The birth of a child creates an opportunity for an evolutionary passage, maybe even existential. This passage is full of complex experiences which are often contradictory, and we can observe a clinical manifestation called '*post-partum* depression'. This condition has some neurobiological correlates, and it is object of medical research, but it also has a deeply subjective meaning that must be explored from time to time and enhanced.

The experience of migration, influences the physiological process that occurs in women during pregnancy and maternity, exposing women migrants to a double *psychic and cultural vulnerability* (Moro, Neuman, & Réal, 2010). This is represented by the need for a psychic process of re-elaboration of both the migratory journey (and project) and maternity, with its aspects of identity re-elaboration and the transformation of the social role. This condition is defined as '*elaborative solitude*': a young mother feels insecure and confused, she does not know how to behave, she does not know how to raise a child because she is squeezed between different social and cultural expectations. On one side there is what she saw being done in her country, on the other, there are the practices of the new country, that are expected but not always clearly explained.

Research has investigated the beliefs and practices tied to the care that new-borns need from their migrant mothers. The cultural credence of the parents about the development of their children and the '*parental ethnotheories*' are defined as cultural models that parents have in relation to children, to families and themselves as parents. For instance, a study conducted in Italy by Moscardino and Axia (2006) focused on a group of Nigerian mothers who were first generation migrants. They found that, overall, the credence and the maternal practices widely reflected traditional Nigerian culture, although some aspects were influenced by the culture of the 'host' society. The practices and traditions tied to pregnancy and to childcare became less clear and thus struggle to orient the mother and provide her with a sense of efficacy regarding her role. To this subjective sense of disorientation and uncertainty, it is not infrequent that judgmental comments and attitudes are added to these, and even censor, with respect to the different ways of confronting the pregnancy and of looking after the new-born. This feeling of being 'caught between a rock and a hard place', or of having lost every sense of direction and reference point, can strongly affect the experience tied to the sense of being a mother and the relationship with the child.

Maternity can be a particularly difficult experience for migrant women: the expecting mother finds herself going through a pregnancy without the women from her family or from her community, that is, *co-mothers*. She must be open to the possibility of giving birth in a context that she does not know or recognize, and this no longer corresponds with her expectations, thus she can experience it as mysterious and threatening. Pregnancy has been defined by Bydlowski (2004) as a period of '*psychic transparency*', understood as a particular emotional state in which the woman is much more permeable to what happens inside of her and in her relationships with others. The migrant woman is inserted in an environment where there are rules that she does not recognize, of which often she does not understand the language. Her husband, if present, is not usually accustomed to dealing with the pregnancy together with his wife, and therefore the woman often finds herself facing these complex challenges on her own. In this solitude she must orient herself through the numerous prescribed medical appointments, which is often unusual in her country of origin and this can create a state of alarm: it can result in a lack of naturalness and even be experienced as intrusive and violent. The woman will also find herself facing childbirth in a context that is often seen as aseptic (which can even be perceived as neglectful). She must understand the directions given to her regarding breastfeeding, nutrition and the control of the health for her baby, and these are sometimes deeply different compared to those she saw being carried out by her mother, her aunts, sisters and even herself, if she has already had this experience in her country of origin. In this disorienting experience a woman can develop feelings of deep loneliness, nostalgia and ineptitude. Everything becomes difficult, even the most natural acts lose their spontaneity. She may appeal to deterministic explanations in order to understand what is no longer comprehensible: 'my child is not growing 'cause I can't give him the food that we usually give in Africa for him to grow', 'my child is ill all the time, it is because they forced me to stop breastfeeding too early', or sometimes the mother adapts to the new reality acritically, unconsciously creating a niche of cultural resistance that the child will perceive, with aspects that are contradictory and conflicting.

What can the objective of an intervention by an analyst who works with people who are experiencing this passage to parenthood simultaneously with migration be? These people are having to go through a condition of double vulnerability and therefore 'double passage' that entails complex processes of change at an identity level. As Michele Minolli (2009) states patients do not ask for help in being freed from their symptoms that are 'only' an expression of suffering but ask to '*be supported in the elaborative process of passage*' (*ibidem,* pg. 109) so that the patient can recognize and find himself/herself within his/her behaviour and within his/her being. This, placed in this specific context, can also pass through the appropriation of the migratory process and the project of becoming a parent.

Regarding assumption and appropriation, an inherent complication to the area of migration is tied to the fact that, more often than not, the person who migrates towards a new country finds themselves being a 'stranger', that is, bearer of a distinctive culture which is different from the majority. They have not 'chosen' it, in the most profound sense of the term, but have escaped or fled from political and religious persecution, from violent situations, from war or severe deprivation. Papadopoulos and Perez (2006) recognize that in this varied category of people there is a common characteristic, that refers to loss of a home as the shared element that produces a sense of 'nostalgic misery' that needs repairing. This 'nostalgic disorientation' (*ibidem*) does not concern (or only concern) the concrete element of the home, but rather the sense of security that can be found in being able to return and stay at home. The home is like a second skin that divides the self from the external world. This impossibility of going back, this absence (in some stories told by refugees they speak of houses that have been destroyed, whole villages set on fire) implicates a series of attempts to repair this shortcoming through a search for a substitute that can act as a new container, even if temporary, that allows for a sense of continuity of minimal security.

Besides, in this escape, the migratory journey is often characterized by conditions of constraint, imprisonment, physical and sexual violence (we can refer, for example, to the 'situation in Libya'). As is sadly known, research highlights (The UN Refugees Agency, 2017, 2019) how many women who escape from violence endured in their country of origin, experience further violence during the crossings, in the Libyan detention centres, on the boats that bring them to Italy and/or other receiving countries; these are journeys of hope that transform themselves into continuous traumas from the beginning to the end of the *passage*. We can observe the trajectories of violence on the geography of their bodies, which are sometimes incarnated even in their pregnancy and in the birth of their child. The experiences regarding maternity in this case are studded with complex elements, that risk remaining isolated, non-communicative and only leave space for feelings of anger, desperation and a nostalgic sentiment of irreparable loss (of their home, of their country, of their traditions and habits, of their innocence, of the illusion of being able to direct their lives). It is therefore important to explore these experiences, tied to the migratory journey and to maternity, individually or if possible, with the parental couple. We must approach it with great respect for what has been for this father and this mother; without labelling, neither with diagnostic categories, nor much less with pre-established concepts that concern a presumed 'generalized migratory experience' or a 'predefined cultural context'.

Villa and Tognassi (2016), deal with this when, discussing the journey that leads the subject to take a position, using Lacan's concepts, they

describe three fundamental moments in this process: i) the instant of seeing, in which the subject perceives that the surrounding reality is different to what they have previously imagined; ii) the time of understanding, in which the subject re-elaborates what he/she has perceived in a new way; iii) the moment of concluding, in which the subject finalizes his/her decision.

The authors notice how often in the journeys of refugees, the instant of seeing precipitates on the moment of concluding, almost completely quashing the time of understanding, due to the conditions of emergency in the situation.

In therapeutic journeys with people who have fled from their own country, because of severe risks for their survival, it is possible to observe how this mechanism of quashing remains for a long time after the arrival in the new host country. This concerns that specific moment, and other events that occur in the so-called 'new life'. In certain situations, we can observe an inability to have a 'grip' on one's own life, as though things happen without any control, even pregnancies and births.

Perhaps in these cases the possibility of emerging from passivity, which is given for granted, could be represented by the reappropriation of the process that result in 'escaping' from their country of origin in search of new life opportunities. Leaving space only to the experience of nostalgia does not seem to allow reappropriation. This work of reopening certain possible sense spaces of meaning is delicate and potentially painful, due to the contrasting experiences of loss, betrayal and abandonment that it can evoke. It seems to be a further crossing that is necessary and useful to the process of reappropriation of their life, as infinitesimal as the 'choice' can appear. Situations that are even more specific and delicate than this situation of non-choice are those of pregnancies resulting from sexual violence in transit countries.

Pregnancy and migration thus become a 'challenge within a challenge'. Parenthood is built with a series of complex ingredients, some belong to a whole society, they are 'collective', they change over time and are legal, historical, social and cultural; others are more intimate, delicate, 'private', and belong to each of the future parents, to the couple and to the family history of the mother and father. Keeping this in mind, the new-born, 'the new world', is an active partner in the construction of parenthood, he/she participates and contributes to make the maternal and paternal potentialities emerge, both in terms of instinct and care, where these are given the necessary space to 'be and become' starting from the self. Cultural factors therefore play a preventative role, anticipating with beliefs, rituals, traditions and practices, creating a mix of individual, familial and relational elements that is highly creative. In a migratory situation, especially a forced one, these elements of the personal and private sphere can however clash, even rather abruptly, with logic and rules that can be medical, psychological and sociocultural. On account of the loss of familial, social and cultural support, it

can be profoundly difficult to give a 'culturally' acceptable sense to feelings of sadness, inability and difficulty in interaction, that a mother can experience. In fact, when it is a woman migrating, the risk factors increase, she can be a victim of violence and gender abuses of power, she can incur in physical and psychological abuse and strong marginalisation. The female migrant can be subjected to continual violence, that changes territory, language and perpetrators, but that, during the escape, in substance seems to only change 'form'. Trajectories sculpted on the bodies, in the memory that combine stories and destinies of suffering can be found in numerous stories, that are similar or diverse to time itself (Organizzazione Internazionale per le Migrazioni [OIM], 2016): such as the tales of women who pass from Niger, destined for a *connection house* in Agadez, dark places in which female migrants are held captive before setting off for Libya, where they are subjected to continuous violence, sometimes forced to prostitute themselves in order to continue the journey. There are numerous reports of what occurs in Libya, where traffickers do not distinguish between nationality and age, nor do they have qualms towards women who are pregnant, as reported by Amnesty International (http://www.amnesty.it/libia). There are places where rape is used as a punishment and as a bargaining chip when the migrant cannot pay for their journey, or to intimidate the family of origin with a sort of ransom message, as was reported by the President of *Médecins Sans Frontières* (MSF) during a press conference in Brussels in 2017 (http://medicisenzafrontiere.it/notizie/blog). During medical visits that women are subjected to when they arrive in the shelters, many women report having taken (and abused) large doses of contraceptives, starting months before their departure. Others report somatic symptoms; the suffering experienced is remembered in the body and can manifest with headaches, non-specific pains, abdominal pain, insomnia, asthenia, palpitations, ruminations about their condition and the foetus or the baby. According to certain studies conducted by the neurobiologist Rancillac (2016), it seems that episodes of repeated vomiting (hyperemesis gravidarum) can present with a three-fold risk in migrant women and even more in refugees and asylum-seekers. If therefore maternity in many cultures is the only way for the woman to feel free from a condition of social and psychological uncertainty and, in the country of origin, the child is often not perceived as a responsible choice of the couple, but as belonging to the extended family (that even in conditions of poverty and neglect will assume responsibility for it), in these conditions of *non-choice,* pregnancy becomes an ulterior event of extremely complex vulnerability: firstly as *non-choice*, *but also obligation*, intended as a 'duty' dictated by the group they belong to, and then a personal *non-choice*, as a result of *violence*.

'As though suspended in time between past and present, maternity brings to the surface the original conflict between an abandoned elsewhere

and the here and now' (Galanti, 2003). Even in less extreme conditions, where pregnancy is not a result of violence, the birth of a child in the migratory process allows us to detect cultural, psychological, and implicit imbalances and contradictions that are present in the host society. If space is given for the emergence of individual, subjective and cultural resources, we can get to know and comprehend the different ways of conceiving parenthood and the caretaking of new-born babies. Italian society and the social and health services that operate in the maternal-infant area, find themselves intercepting and facing a new way of living through pregnancy, the birth and the first month of the new-born, and at the same time with new ways of relating to the dedicated care services that are involved. This inevitably imposes a 'reformulation' of the approach to maternity, that considers certain aspects that are connected to the cultures of the pregnant mothers, but especially of the individual and collective experiences and stories that these young women and mothers have had and could 'go through' along their path. A new culture of dialogue and cultural meeting that begins from a human sharing can draw out a space of exchange, where we enhance their ability to be parents, and where they can develop a sense of joyous belonging, so that their children can develop a capacity to pass from one culture to another and make both their own creatively. A diversity that can be lived as abundance, and not only as problematic, since the plurality and the transitions can be part of our era in an even more prevalent way, where these very children can carry out 'diplomacy', if we give them the possibility of negotiating between their worlds and their belonging (Moro, 2008). The therapeutic object and incentive of clinical ethnopsychology with immigrant patients is not so much about the cultural difference, but about the 'cultural vision' inside the subject, a vision that we can consider universal: '*the foreign patient does not go to a psychiatrist or psychotherapist to be referred back to their cultural ghetto, but firstly he/she asks us to understand his/her profound ambivalence in the face of old beliefs and the traditions of their country of origin, which are needed as points of reference for their own identity and their life as an individual, just as their current culture pushes them to deny it*' (Zempléni, cited in Beneduce, 2007, p. 277). In general, the fundamental task of the health care professional, and ours in particular as relational psychoanalysts, is that of taking them into our care, recognizing and legitimizing this rich existential ambiguity, keeping in mind that it is misleading to speak about 'differences' that isolate the cultures. Referring again to Jullien (2018) it is better to speak about what there is in *common* between the different civilizations, a condition that makes it possible for the different cultures to remain open and available to change, that is, to stay alive and be generative. Migration, interculturality and parenthood should therefore be rethought starting from the *nomad* subjects that are able to start from one language, from one culture and from a particular landscape and

who arrive to different ones with their own resources. Investigating the different origins, this encounter allows us to redefine our own limits starting from the exploration of the world of 'the other', so that the shared experience of the '*crossing',* with its burden of *suffering*, opens up to the possibility of *passage*. In the therapeutic encounter we are given an unique opportunity of understanding this movement, without wearing down the complexities, but rather finding a way of exploring them together, walking within them, taking the risk of travelling and this time doing it together.

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