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# PSYCHOSIS AND MIGRATION: DOES A CORRELATION EXIST?

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***SUMMARY***

*The mental health of migrants is considered today one of the major problems of individual and public health. Unlike other European countries, such as England and France, where migration is linked to a colonial past, Italy has only recently found itself faced with a tumultuous transformation of identity, becoming from a country of emigration, an immigration country. In light of all this, this work stems from the need to shed light on the relationship between social integration and development of psychiatric disorders in migrants, with particular attention to the correlation between migration and psychotic pathology. Finally, the elaboration of various issues related to the migration process will be dealt with, placing the priority on investigating the greater psychiatric morbidity in migrants compared with natives.*

***Key words:*** *migration - identity - mental health – integration – psychotic – tcorrelation – migrants - natives*

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In the most recent years, the issue of migration has started to affect those people, (psychologists and psychiatrists) who deal with the study of the psyche. Many studies addressed the complexity of the migration process by analyzing the scene, observing the dynamics and assessing the impact on personal and emotional states. The complex relation between migration and possible psychological distress has produced conflicting opinions, mostly related to claims to treat one or the other order of events as a specific etiological category. It is essential to question which specific difficulties are met in building a supportive relationship or therapeutical relation with patients coming from different socio-cultural contexts, with paradigms and family stories often radically different from those of the host countries. A generic welcoming attitude on the part of social welfare services is almost never sufficient to establish genuine partnerships or other valid therapeutic and educational helping relationships with patients who emigrate. Totally standardized procedures do not exist which can convey treatment or psychological support, but, there are instruments that a psychologist can use, with different ways of application, which can offer the psychologists and the migrants a path that leads to the acquisition of a self-reflexive capacity of their own behaviors, including the distorted and confused ones, which leads to the fulfillment of a more balanced analysis of the other's life story, both personal and relational within a context that requires a positive reciprocal opening. In the relationship with the foreign emigrated patient many difficulties emerge in understanding what the person wants to communicate, difficulties that are not only linguistic but also due to the problem of understanding what is the real need that drives the migrant to seek medical attention, and which are his/her expectations, along with the paradigms and family stories that must be understood and explained. In fact, the foreign patient has his/her own specific characteristics that link his problems to secondment, to uprooting and to a sudden and traumatic change of lifestyle, to the daily dynamics acquired and then interrupted, the emotional links cut out and to individual securities scattered away. Furthermore to these should be added not only the differences in the patterns and non-verbal communication, due to a different cultural background, but also to discomforting conditions, such as occur with those who cross the Italian territory irregularly (illegal). The increasing number of situations in which different cultural groups come into contact, causes the impossibility to adopt the psychological-psychiatric protocol inherited from the nineteenth and twentieth century studies; for this reason it is necessary to find a practical approach in which Ethnopsychiatry is the first science consistent with what is happening in the world. The term Ethnopsychiatry was introduced by Georges Devereux, in 1961 to indicate the scope of the study of disorders of patients with non-European cultures (Deveraux 1970). It is defined as a therapeutic technique that appoints equal importance to the cultural dimension of the disorder, of the enabling the patient to take control, and to the analysis of the inner workings of the mind. Nathan Tobbie one of the most important representatives of the ethnopsychiatric approach noted that "the encounter with the other is always traumatic," and that the real problem lies in the translatability of the other. It is important to wonder about who he/she is and how he/she differs from us, in a changing world, in an increasingly multi-ethnic society. So the Psychotic and the stranger, from this point of view, according to psychologists and psychiatrists have some similarities: both force us to accept and appreciate the different ways of how we understand reality, the relationships between people, and to re-think our interpretative and therapeutic models. Psychic discomfort and immigration are important issues for those dealing with discomfort and emotional pain. This is a problem that involves the world of services and operators of mental health. But before questioning about psychopathology in the world

of immigration, it is necessary to reflect on the risks that may occurr to migrants from the point of view of his/her mental health, when the departing, journey, arrival and incognito create situations of anxiety that cause the sudden break of pre-equilibria. It can be argued that there do not exist migration stories that match, each of them is a story in itself, although there are issues which are similar to all the stories of migration. In fact, each story of migration is related to the choice of the separation with respect to family background, emotional, social and cultural origins; the choice leads to a disruption of the balance in the lives of the persons who decide to emigrate; it is a contradictory time of suffering and expectations. Migrants face the challenge of redefining their own life plans, to design the time and space coordinates; they have to "mourn" the separation from the original group, to tie the links built during their childhood so internalized in their psycho-affective building. The departure, the conditions in which it takes place, the very reasons for which they choose to emigrate, are important because they affect the entire trajectory of the migrant that is not only spatial and geographical, but mostly mental, and emotional. Expectations and arrival conditions are very important, the first impact can affect the entire route of the migrant who becomes an immigrant since the first step in the "foreign country". The immigrant must renegotiate the meaning of his life founding him/her self in a system of relations that he/she does not recognise, and percieves as a stranger body. He/she experiences loneliness, indifference, suspicion, or worse, contempt and hatred. His condition of social and cultural inferiority backed him into a corner; he/she feels observed, judged. The family can help, but not always; it might function as a closed circuit that grows inside all the pathologies of social communication. Immigrants are often included in the society in which they live economically but they are socially excluded. Women who stay at home risk to live in a real human loneliness. In short, immigrants are often found to experience a discomfort that can manifest itself through various forms of somatization: the fear of being excluded, feeling useless, that condition sometimes becomes unbearable. Often immigrants in the relationship with society are lonely. Social exclusion, conditions of hard work, the absence of family support and of a network can create an emotional void. This psychosocial process becomes an alienating process that creates tension, suffering and pathology. 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The vulnerability of mental illness of immigrants is an element which causes an important consequence on the social order, a crucial aspect to consider in immigration policies. According to a study carried out by the mental health services of the Provincia of Bologna, between 1999 and 2008, it was concluded that not all immigrants use the service with the same frequency (Tarricone 2011). African immigrants require services more than groups coming from Asia, Europe and South America. There is not an important survey about the types of mental illness of migrants. An interesting point is on the comparison between generations of immigrants, that is, the first generation, the one that settled in the territory, and the children of this generation. One could assume that more frequent mental illness among migrants is mainly related "to the stress of emigration," the so-called "cultural shock", or the traumatic experience of migration, that put them at the risk of life or physical integrity, eradication and separation from their family, a perspective seen as a faiure, while abandoning their own land. Research, however, found that even second-generation immigrants have a higher incidence of mental illness than the native population for several generations. You might think that this is included in the categories of disease stress disorder or anxiety depression. Instead, the disorders that affect most of the immigrants are psychotic disorder, namely severe mental disorders. The risk of psychosis in first-generation immigrants is almost three times higher than that of natives (Malzeberg 1995), while it rises to 4-5 times among second-generation immigrants (McGrath 2004). The most reasonable hypothesis is that among the immigrant population are concentrated individuals with a history of family psychosis, which is expressed both in the first and second generation (Morgan 2006). The concentration of the second generation may depend on various factors, such as (but this is an hypothesis) the trend to find partners and have children within a restrict immigrant community in which there is a greater probability of finding two individuals who have increased susceptibility to mental disorders. Another hypothesis could involve the use of psycotoxic substances among ethnic minorities, in a trend that would cause a precipitating effect in the case of the second generation (Morgan 2009). An Italian study made by the University of Insubria, 2009, congress SOPSI, got to the same conclusions: a prevalence of more Psychotic Disorders and Psyco-affective Disorders in migrants than the natives. A statistical study points out that there is an increasing incidence of access to the casualty for psychiatric emergencies, including suicide attempts

among immigrants and ethnic minorities (Beliappa 1991, Jacob 1998). This finding goes against a state of progressively better general adaptation. So mental illness appears to be growing. The increasing numerical presence of immigrant communities was associated with an increasing rate of events of mental disorder. The mental health of immigrants does not tend to improve over time, in spite of the progress of their integration and improvement of economic conditions. The failure of the migration project when this occurs, involves only the first generation, while the incidence of serious mental illness is greater in the second generation. This can be explained by the concentration of the primary risk (genetic inheritance) in emigrants. According to the most recent data issued at a meeting of ISS Caritas (Caritas di Roma 1993), on a sample of 391 migrants in conditions of social vulnerability, 73.5% manifested severe living difficulties in Italy with psycho-pathological distress and suffering. More than 10% suffer from symptoms of post traumatic stress disorder, In addition for each difficulty the relative risk of having a PTSD (post traumatic stress disorder) increases 1.19 times. The findings tell us that more than 7 out of 10 foreigners live in situations of serious hardship, this , together with the fact that more than 10% suffer from post-traumatic stress disorder, confirms that the concept of cure is a global concept and goes beyond the single therapeutic intervention (Caritas Roma 1993). Among the immigrant population it is fundamental to pay great attention to mental suffering that can reflect strongly on material poverty without forgetting that the uprooting and loneliness can sicken the body, in that indivisible unity that is the person in him/herself. Post-traumatic stress leads the individual to live in a state of strong emotional alarm, with recurrent and intrusive thoughts of traumatic experiences, difficulties in concentrating, insomnia, nightmares, a tendency to isolate themselves for fear to suffer further violence, pain and other somatic symptoms of psychological basis. People who live in this state have serious difficulties in everyday life, being unable to concentrate , and so fail to learn and may have difficulties at work; we understand how these people are vulnerable, they need to be protected and cared for, otherwise they may experience serious difficulties in integrating into the social network. To these conditions are added difficulties of post-migratory life that is a retraumatizing factor that gives rise to or worsens the symptoms of psychological distress. These factors concern Social problems affecting work, housing, access to health services, discrimination and the concern about the families left behind in their native countries. The high prevalence of mental illness in particular social outreaches of the population is a phenomenon documented by numerous studies, even if from the results of such studies it is not always possible to define a rigid mechanism of cause and effect between low social status and the onsetting of mental disease. Some mental illnesses occur with greater incidence than the national average within a range of social groups consisting of individuals who for various reasons are exposed more than others to the effects of adverse environmental conditions and stressful living events, to which such persons shows a low adaptive capacity, especially immigrants belonging to cultural and religious ethnic minorities. Given the widespreading mental suffering, families who are economically weathy are able to "cover" more or less illusory psychological distress and mental disorders of their family members using the system of private treatment and cure, whereas the mental suffering of the persons belonging to disadvantaged groups is more visible because it falls within the provisions of public health care. The relationship between migration and schizophrenia has been the subject of interest for a long time. For example, the pioneer Odegaard (1932a, b) in a study showed that the rates of hospitalization for schizophrenia among Norwegian immigrants in the United States were greater than twice than that of the native Amencans and Norwegians in Norway. Odegaard explained his findings by a hypothesis of selection, suggesting that those individuals prone to develop schizophrenia were more likely to emigrate (Odegaard 1932). Perhaps one of the most revealing themes about the relationship between migration and psychosis is in the inverse relationship between the density in the ethnic neighborhood and the rate of psychosis; This has been replicated in three different studies that have shown that the incidence related to psychotic disorders among immigrants increases as they constitute a decreasing proportion of the population (McGrath 2004). According to the latest surveys conducted in The Hague (Krabbendam 2005) it is stressed that there is a correlation between psychosis and ethnic density within their own neighborhoods, in fact, in the two most densely populated districts of immigrants the risk was very low despite having socio-economic hardships; so the assumption is that in neighborhoods with high ethnic density , migrants are guaranteed a better social support and potentially migrants are protected against the effects of discrimination or other forms of social adversity (Bourque 2012). In the center of Mental Health of Bologna Ovest, and elsewhere in northern Italy, a few years ago, a form to collect clinical and socio-demographic data collection was filled, about migrants who visited the psychiatric service. These data showed that the onset of these disorders was not so much associated with the socio-demographic characteristics of migrants in their country of origin or to their socio-cultural background, but rather to their migration experience (Tarricone 2011).

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