

The family body in exile. Ritual value of everyday life

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Abstract

Exile constitutes a risk factor that is magnified when a subject or family is especially vulnerable, and the extreme conditions under which people have emigrated in recent years heightens this *vulnerability*. The author considers situations in which not only one family member demonstrates malaise at the psychic or somatic level, but where strong distress is expressed by everyone, both parents and children. The transcultural clinic, whether it operates in a social, psychological or healthcare field, requires *tools* in order to recognise, understand and *care for the suffering family body*. The author intends to draw on two theoretical aspects relevant to clinical practice: the concept of the *bond (tie)* as it is formulated in psychoanalysis, and the *ritual value of everyday life*, an important contribution from sociology that helps to expand our understanding of the traumatic effects that derive from the sudden loss of continuity and the ensuing fallout for the *structure of bonds*.

Through an analysis of the documentary *Fuocoammare* by Gianfranco Rosi, the author – like the director – points to the closeness of our lives to those of exiled individuals, families and migrants, asking: can their presence be considered as a provisional reality, external to us, or are we in fact dealing with a reality that constitutes part of the social fabric which produces us as subjects?

Key words: forced exile-migration, family, concept of bonds, ritual order and everyday life, cinema and psychoanalysis

Internet café “so close, yet so far away.” (1)

Introduction

The exile of whole families in significant numbers is a relatively recent phenomenon that begins in Italy in the 1990s, with the arrival, for example, of Iranian, Somalian, and Kurdish families. Later came families who were victims of war in the former Yugoslavia, and in the present day, exiled families arrive from Syria, Nigeria and Afghanistan.

The UN predicts that the number of migrants, which stood at 244 million people in 2016, will double in the next twenty years, enlarging the so-called *sixth continent*, a continent that shifts and changes with the borders of developed countries, which are already partly closed. There are currently about 65.3 million refugees and forced migrants, a level never

seen before, and around half of these refugees are children (UNHCR, the UN's Agency for Refugees, 2016).

Exile is a little-known human condition, depicted in the mass media but, precisely for this reason, little considered or understood.

“Outside of specialist fields, the figure of the exile is rarely differentiated from that of the migrant. This results in not recognising the distinct condition of the exile: the reasons that forced him into exile, the escape, the fortuitous arrival in a country of asylum, the obligation to remain definitively and permanently in the new country (Zaccai, 2017) (2).

Some families, after arriving in their country of reception, are able to integrate, supported by project workers and members of the community of their home country, but the number of at-risk situations is growing. The journey from one country to another often occurs under extreme and perilous circumstances.

Thinking about this from a wider range of perspectives and intervening at more levels is essential for tackling the complex reality of families in exile, some of whom are already divided at the moment of departure, broken up by being separated from family members, or by the death or loss of others. The reception workers and other social and healthcare professionals encounter situations that are difficult to manage, they are *the first defence, on the front line* of displays of psychic suffering, which in some cases is very extreme.

To *understand* these situations, it is first necessary to *recognise them*, as identifying too closely with them or becoming excessively detached can impede or block the work (Kaës, 2012).

The contribution of psychoanalysis to the field of the transcultural clinic – exiled subjects, migrants and workers – has been well-recognised and documented. The structures and the institutions that receive exiles derive value from collaborating with professionals from different backgrounds: sharing experiences, and comparing theories and interventional models is a central aspect of the transcultural clinic.

Ethnopsychanalysis draws value from the *complementary method*, in which anthropology and psychoanalysis are used, each starting out from its own perspective and remaining within its own sphere of intervention. *Complementarity* is not a theory but a methodological generalisation that brings together methods and theories deriving from different disciplines. In this brief contribution, I consider it useful to dwell on the concept of *the bond* as formulated by psychoanalysis and on the *ritual value of everyday life*, an important sociological contribution towards understanding the effects of the loss of continuity and how it leads one to fall back on the structure of bonds.

In any institution that houses families, there is a tendency to assume that the child or adolescent who arrives with his or her family is more

protected and therefore may not need our help, notwithstanding the evidence surrounding an event that is characterised by the sudden loss of one's world and the mark of total passivity.

Undoubtedly, the child or adolescent is more protected by the presence and love of his or her parents and maintains a fundamental continuity with life from before: not everything has been lost. Nevertheless, in exile, above all during the initial period, the structure of family bonds can be disrupted and that affects every member.

There are, in fact, situations in which not it is not only one family member who shows signs of malaise, but where all express strong distress, parents and children alike. Individual interventions multiply, people are passed from one specialist to another without anyone really taking charge. The transcultural clinic, operating on a social, psychological and healthcare level, requires *tools* in order to recognise, understand and *care for the suffering family body*.

Through the theory of bonds it is possible to understand this shared feeling of malaise, to draw links between the disturbances, psychosomatic symptoms, violent behaviour, or inhibitions that manifest themselves in individuals.

The concept of bonds allows us to focus on and think about more realities: the unconscious relationships between members of a family, the dynamics between a team of workers, the repercussions for the social fabric in the country of reception: our bond with the exiled individuals and families who arrive on our shores.

Exile is a sociological event and at the same time, a psychological one. The consequences for the individual and the family group are profound and carry over for more than one generation. (Moro, 1994). That does not mean that such experiences are, per se, always the cause of serious psychopathological states. The extent and the consequences of trauma – and exile is trauma – depend on the vulnerability of the individual psyche and on the interactive familial and social system which receives it.

Preventive work should consider the necessity of looking at families in a broader way than simply as individual subjects in distress. The more the psychic structure of the individual functions at a primitive level, the more vital it becomes to work in the context of bonds.

Caring for the exiled family means looking after the emotional and relationship environment, the whole intersubjectivity where the primary functions of protection and control could be temporarily suspended by the impact of sudden, radical change that stems from the dramatic interruption of continuity and *overexposure to trauma and violence*.

The documentary *Fuocoammare* by Gianfranco Rosi, which I refer to in this article, is an extraordinary and deeply respectful piece of evidence,

an examination that restores dignity to those who, alive or dead, find themselves on our shores after undertaking the inhuman journey of exile. In some situations, it is necessary to support the reclamation of self-care functions developed by a family for all its members, in particular children and adolescents, but also by adults towards themselves and one other. Winnicott's expression, *becoming capable of self-care*: learning how to care for the Self, expresses the idea of a function that is in a continual state of becoming, and which it is therefore possible to reactivate. Initially carried out within the mother-child structure and the wider environment, potentially present in the ability to be alone in another's presence: a person or a structure that is sufficiently reliable and available (Lugones, 2006).

The Winnicottian sense of self-care can be understood as having a highly preventive function, allowing the present to develop differently, and so permitting the chance of a different future.

Working in the context of bonds

Exile constitutes a risk factor that is magnified when the subject or the family is particularly vulnerable; the extreme situations in which people have emigrated in recent years serve to intensify this *psychic vulnerability*. The physical risks tied to the migratory journey generate feelings of terror, fear, desperation, desolation and *helplessness* (Achotegui, 2012).

Among the many possible approaches, because there is no elective therapy for trauma but rather a multidisciplinary approach for treating the suffering of a person, group, family, devoting attention to bonds opens, I note, new perspectives for understanding and interventional strategies for looking after the family in exile.

In focusing our attention on the psychoanalytic concept of *the bond* I am retaining and making reference to two fundamental principles formulated by Devereux: *psychic universality* and the importance of a *culture of sharing* for every human being, from both a pragmatic and an ethical perspective.

Psyche and culture are like two sides of a coin; the integrated functioning of the psychic apparatus and the cultural framework leads us to reflect on the profound repercussions that the abrupt anthropological change of the migratory experience has on a somatic, psychic and mental level.

Thinking about the family from a psychoanalytic perspective means enacting a shift with respect to our habitual way of thinking and working in the psychoanalytic field.

It is necessary to leave behind the attention paid to the psychic life of the individual and to privilege that which is felt at various levels, from the most superficial to the deepest, between subjects. In this way it will be

possible to grasp the communal and shared ways of working peculiar to members of a complex organisation (Niccolò, Trapanese, 2005).

To work with a family – through observation, diagnosis, support, consultation and psychotherapy – from a psychoanalytic perspective, it is not enough to treat them together and limit oneself to observing and interpreting the relationship between parents and children, as often happens; it requires being able to reflect on the developments of the third topic and pay attention to the apex of intersubjectivity: the bond (Kaës, 2015).

Thinking about a family promotes the observation and understanding of the dynamics active in the history of its bonds, their movement, polarities and transformations, the possibilities for forming new bonds, the family history on an intersubjective and transgenerational level. A family brings us into contact with a *mise-en-scène* that is distinct from individual discourse, verbal associations are not only the product of the individual psyche but influenced by the looks, words and gestures of others. This mode of functioning produces an inter-phantasmatic associative group chain.

The intersubjective and transgenerational perspective offers evidence for the processes by which the family stamps its marks on individuals in a continual movement of going and return. When the familial structure is flexible – “sufficiently healthy” – the function of copying and reinterpreting is in operation. Subjectivised copying is a function of selection, an active position that allows the individuals and the familial group both to do as it likes and to leave behind that which one receives from the other.

The familial framework has its own self-organisational flow that allows it to meet the needs imposed on it at various vital moments caused by progressive crises or random factors; the building or breaking down of roles and functions, the transformation of bonds. The ability to break down and transform implies the ability to work through bereavements and losses, and equally, the possibility of taking on and integrating the risks posed by new situations.

In exile, parents’ ability to absorb events for their children and to do this together with them is placed under a pressure that can exceed their own psychic resources and which because of that, sometimes fails (Moro, 1994).

The impossibility of tackling and processing the dangers, bereavements and challenges in order to accept the limits and shortcomings imposed by the new reality, brings to the forefront states and sensations of loss. This loss activates a vast wave of phenomena and mental states.

When the nuclear family's internal or external events overcome and block the ability to cope, the symptoms, disturbances and inhibitions deal a blow to subjects and bonds.

The vulnerable state and the lack of external and internal stability in the parents produces a state of deprivation in their children. The malaise or suffering is shown through the *emotional distress of the family body*, suffering which sometimes affects the individuals at the somatic level. Different members of one family can develop illnesses, somatic, chronic or recurring, at the same time, as indicated by workers at reception centres and doctors who work in the "*Day Service Medicine for Migrants.*" (3)

"The doctor is presented with a condition that is already somatised and which is diagnosed and treated in that manner. Nevertheless, the reoccurrence of the same case history, the arrival of the other family members, the frequency with which patients go to Accident and Emergency when the walk-in centre is closed, their need to be given pharmaceuticals even when it is not necessary, leads us to understand that the patient is in need of someone to take charge: a place of medical treatment and human relationships which they can use as a point of reference, and it is at this point that doctors hypothesise they are dealing with psychosomatic portraits connected to their life circumstances" (4).

Fractured social situations such as migration, exile or natural or social disasters generate feelings of destabilisation and insecurity (Kaës, 2012).

In these situations, subjects with a fragile psychic makeup are predominantly exposed to the reactivation of archaic functionings, nuclei of the psychic life with neither form nor structure, perceived by the Self as feelings of generalised and incomprehensible anxiety.

From our point of view, presented with crises of anxiety expressed in different ways, forming a psychopathological diagnosis is indispensable. Our diagnostic hypotheses regarding the individual or the family cannot simply be ascribed to post traumatic stress disorder (PTSD, DSM-IV), nevertheless, we cannot ignore the research in this field and the emotional and cognitive implications of a belated diagnosis of this syndrome (Achetogui, 2014; Mazzolini, 2015; Van Der Kolk, 2014) (5).

The circumstances of exiled subjects or migrants activate a level of base perceptive functioning, which is an unconscious attempt to acquire a certain sense of continuity, to recognise a particular atmosphere, particular tastes or smells, and to recognise oneself within those. In recent years, various tests and genetic and neurological studies have shown that the environment formed by smells seems to have a profound influence on a person's behaviour and emotional responses, sending a message that is most often unconscious. Proust approaches this state in a way that only poetic language can achieve: "*But, when nothing more remains of a*

distant past, after the death of people, after the destruction of things, alone, frailer but more enduring, more immaterial, more persistent, more faithful, smell and taste still remain for a long time, like souls, remembering, waiting, hoping, on the ruin of all the rest, bearing without giving way, on their almost impalpable drop, the immense edifice of memory.” (M. Proust, Kindle position 1980).

The activation of the perceptive function recalls, in turn, primitive mental states. When this quasi-physiological state becomes pronounced and its manifestations intensify, we are faced with psychopathological and/or psychosomatic emergencies that appear superimposed onto one another. The first undifferentiated psychic structures are basic bodily relationships (Bleger, 1967).

The theoretical developments – clinicians in the field of psychoanalysis agree that the more primitive the functioning level of the psychic structure of the individual, the more it becomes necessary to work within the context of bonds.

Bion portrays the *protomental* system as a level at which the somatic, psychological or mental are present in an undifferentiated state. The protomental levels form the matrix of illnesses, psychic and physical, which are manifested in an individual but which have characteristics that play out in a group setting, in this case the family, as well as being affected by it.

In the protomental sphere, the individual is only one part of a system, even when at other levels differentiation has been realised. A useful image for understanding how this functions is the mushroom bed analogy proposed by C. Neri. Seen from one angle, the mushrooms appear to be close but separate, “...scattered over a vast area of lawn; an infrared photograph would not, however, show the mushrooms but the net that joins them together.

“The protomental system (the mushrooms’ nutritional net) is not directly visible; however, if it becomes damaged, the lesion manifests itself in the suffering or sickness of one or more of its parts.” (Neri, 408, 2017).

This is precisely the phenomenon which doctors observe and which I referred to above.

In his essay *Psycho-somatic disturbances*, Winnicott illustrates in an exemplary way the powerful unconscious bond between an individual’s somatic disturbance and how the family functions as a whole. Noteworthy in this context, as we consider the trauma of exile, is the development of his ideas regarding the function of the psychosomatic symptom which, according to the author, allows a psyche-soma connection; such a connection forms a defence against the risk of depersonalisation and psychic collapse, *the positive aspect of psychosomatic illness* (Winnicott, 1966).

It is broadly agreed that, in psychosomatic pathology, serious anomalies are present on the plane of unconscious symbolism. I am referring to the ability to integrate a psychic trauma by means of mentalisation. Trauma which cannot be absorbed by psychic expression takes the underground route of the organs; the body is the point of direct impact.

The body blames the traumatic event of exile, another means of expressing suffering is through verbal violence and/or aggression between family members. R. Kaës's *The Malaise*, referring to the film *La Haine (Hate)* by M. Kassovitz, offers evidence for the relationship between the bond of violence and the *unthinking state*, tackling the urgency of the moment through violence allows one to avoid the suffering that would otherwise be generated through making contact with oneself and others: hitting someone, acting aggressively, shouting insults. The functions of the preconscious: to process, absorb, transfer, defer, represent, are not in existence. "...*the intermediate psychic structures are especially fragile...sensitive to changes, to crises, to traumas, to the evaporation of boundaries*" (Kaës, pp. 210-211, 2013).

The lack of boundaries and limits, internal and external, the slowing down or the loss of the extended psychic framework is exactly that which leads to excess or overflow and which generates mass, undifferentiated relations between family members and with workers. In these situations, the medical worker, the psychologist, the social worker and so on must, above all, *be there*, positioning themselves as a place of *support* in a *symbolic setting*: a frame that some families have never been able to consolidate or which they have painfully lost.

Every culture establishes certain patterns of knowledge and behaviour that allow us to decode the world and to make sense of things that happen. Cultural patterns, transmitted in an implicit manner, allow us to perceive the world in an orderly way. The family is generated and lives within a bigger frame: the socio-cultural system. The rupturing of this system alters the bonds between family members, and the altering of those bonds produces a sense of disorientation. The loss of the cultural frame provokes changes in the psychic, individual and family frame. Socially isolated, their role as parents called into question, people develop a fear of a world they do not know and which intimidates them (Moro, 1994).

Only at a later stage is it possible for the experience of exile and the journey of exile to be mentally processed and even this only in part.

In searching for effective interventions that make it possible to activate thoughts, emotions, and investment in one's current life, a significant tool is, I believe, the ability of the worker to think about the family in exile as a body which has sustained a violent blow, and not only as individuals

experiencing distress. Thinking about them as a family is, in a sense, the first step towards restoring their sense of family.

To favour an approach that takes into account the functioning of a family is not to propose a psychotherapeutic intervention, but to look to different methods of intervention, as certain centres and clinics already do, using the concepts inherent in disciplines that allow one to go beyond the individual subject, to process and bring to fruition projects that valorize and support the sense of belonging to a family.

The psychoanalytic concept of bonds keeps in mind the subject's historic, infantile experiences, while also underscoring the important implications of a subject with the family in the significant bonds of his or her present life. These present bonds – whether as part of a couple, familial, social or cultural – these too create subjectivity. The importance that the theory of bonds affords to the present offers hope.

The ritual order: respecting and protecting the individual and familial Self

I wanted to use the metaphor of the “family body” to allude to a vast range of forms of expression through which generations have moulded the feeling of belonging.

A family operates through habits, traditions, acquired norms or borrowed behaviours. The collective memory is assimilated unconsciously, among it *minor social rituals*: small gestures, repeated actions, copied behaviours.

The gesture is the act that expresses one's bond with life companions and so seals the sense of belonging and identification.

The bond is fundamentally staged, enacted face-to-face and body-to-body, in facial expressions, gestures, glances, acts; in the spaces that one occupies or leaves empty. In every human bond scenes unfold, the field of observation is therefore somewhat different from treating an individual. The information is passed involuntarily and for that reason, is transmitted more through bodily signals. Aside from words, we can observe micro events: all peculiarities staged in a common representation linked to a fantasy. The assigning or denying of places in the intersubjective whole is tied to family dynamics and the social context.

The experience of our colleagues who work in asylum seeker reception centres – both with their clients and teams – highlights the importance of putting a network of *communication* and *participation* in place. It is in this way that Laura Selvaggi describes the aim of the project which she coordinates and works on: *creating a sense of community, that is, directly and explicitly aiming to promote – in each case and for each journey – the formation of bonds that are at once both solid and mobile* (Selvaggi, 2015) (6).

The loss of cultural, social, political, economic and geographic context leads to a breakdown in the perception of oneself and of others. The loss of a house, the container and soul that protects and welcomes the members of a family. People who arrive together can feel a sense of being excluded from that which – *before* – was their family and which – *now* – they sometimes feel does not exist, having been lost or diminished by their internal and external reality. In families that are created during the journey of exile, for example through the birth of a first child, the sense of belonging to a *family body* is sought and found.

Exile is not a life choice but a compulsion, an attempt to protect and save one's life and those of one's children. It is necessary to underscore the word *attempt*, because during the journey of exile – which in many cases goes on for years – one risks one's life or the loss of family members, above all, of children. The continual and systemic violation of the social rules produces a deep rupture at various levels: somatic, psychic, cognitive. The *frame* is missing wherein one can situate both ordinary and extraordinary events. A frame is established by a material place and through a series of rituals that are abruptly interrupted.

The family or its surviving members, who have at last arrived in a safer place, must cope with a double absence: the absence of the world they have left and, initially, the absence of the world in which they arrive, for there is a widespread, prevalent sensation of having *lost one's own tracks*. The cognitive relationship to what is visible is lacking: without having one's own behavioural and verbal activity, the mental framework is lost, for a time (Goffman, 2007).

The *ritual order* that guides the ordinary, minor and seemingly unimportant interactions of everyday life disappears. The rituality tied to daily life ensures survival and *self respect*, it has the function of protecting the self in its most intimate and delicate iterations, it preserves one's personal *sacredness* (Goffman, 1998).

As Winnicott writes, “at the centre of every person” there exists an element that is *inviolable* and which deserves *protection* (Winnicott, 1963).

In situations where the basic social order is lacking – the *rituality* that protects the *self-sacredness* of the individual and that of the *family body* – the way someone looks at you becomes very significant, being and feeling seen is vitally important. A look that one recognises as familial, makes a person feel seen and heard, so that they can recognise themselves.

The nature of the familial bond continues to be present and functioning even when the members are dispersed, separated either by force or voluntarily. Listening to personal and family stories, as far as people feel able to recount them (making contact with pain in *small doses*) can help

them to revisit and recreate a nucleus of the history of respective families originating with the parents and the social, cultural and work context from which they come. Listening to these stories has the function of sustaining and restoring feelings of belonging.

A personal and family story told by different voices and generations, which becomes interwoven with the story and the culture of the place of belonging, can act as a crucial link between the past and present.

Winnicott speaks of *introducing* – to the child – *the world in small doses*, in this sense, mediation tools such as *photolanguage* and group techniques such *social dreaming* work on the representations of the traumas experienced, and so on their displacement and dilution (Winnicott, 1956), (Vacheret, André, Taillandier, 2002), (Lawrence, 2003).

Leaving aside the techniques that one uses, it is interesting to underscore their *ritual* function:

“People come together in a physical circle like participants involved in a consciously shared enterprise... defined by some kind of ritual... One fundamental characteristic of face-to-face gatherings is that in these, and only in these, can we give shape and dramatic expression to things and questions that are otherwise inaccessible to the senses. Through clothing, gestures, bodily movements [minor social rituals] we can describe and represent a heterogeneous list of immaterial entities.... The chance events that happen when individuals are in the immediate presence of another can serve as a metaphor... as a synthesis and iconic symbols for structural configurations – whether one wants it or not.” (Goffman, pp. 69-73, 2007).

Fuocoammare: a shared destiny

Psychoanalytic thought is articulated around the idea of the agent-subject and protagonist of the reality in which one lives and which one produces at the same time; a subject configured inside systems of relationships and social networks. Can the lives of the exiled families and individuals who arrive in our country and whom we encounter every day still be considered as a reality external to us, or are we dealing with a reality that forms part of the social fabric that produces us as subjects? Gianfranco Rosi, director of the documentary *Fuocoammare* (2016), spent a year in Lampedusa, which over the past twenty years has received thousands of migrants and exiles.

The Lampedusans are bearing witness, whether unconsciously, silently or actively to one of the biggest human tragedies of our times.

Rosi spent a long time preparing and setting up the documentary, meeting with the community, identifying characters, returning over months, so that he could become, in a way, invisible to the people he was filming.

Certain characters and stories emerge. Among them, one that stands out is that of Samuele, a twelve-year-old who shifts between school and the countryside, a catapult puller with a lazy eye, a fisherman's son who suffers from seasickness. Around him are his uncle, grandmother, the DJ of the local radio station and other figures. The documentary follows these characters' lives: through their activities, moments of rest, the slow passing of time, Rosi shows us the rituality of their daily life. *"Against this backdrop erupts the drama of the boat landings, their holds full of bodies, dehydrated and dead. Rosi places his close affection for the characters in counterpoint to sensationalist logic"* (Morreale) (6).

Among the island's inhabitants, the key figure is Dr. Pietro Bartolo, an emergency doctor who is filmed treating the islanders but also tending to the refugees who arrive en masse on the island's coasts. He has been a doctor to the islanders for thirty years and a witness to the migrations since the flood began. Rosi chooses several voices to guide him: the DJ, the fisherman, little Samuele and his grandmother. Among these characters the doctor is the most important, giving us the measure of daily reality in words free of rhetoric.

It's worth noting the way the film alternates between the near-normality of the scenes of everyday life and boat landings, for example, between the local radio station broadcasting songs requested by the islanders and the radio station in the Italian marina's control towers as it receives emergency calls. This alternation makes the emergencies seem like an ordinary fact of business. The constancy and regularity in how the scenes are cut means that the tragedy of the refugees and migrants inserts itself subtly – its violence notwithstanding – into the lives of Samuele's family members and that of Samuele himself. In one scene towards the end of the documentary, the little boy goes to the doctor to report his feelings of anxiety.

Below are some of the documentary scenes to show the closeness between our lives, represented by the inhabitants of Lampedusa, and the lives of the exiled and migrant families: a shared destiny.

Lampedusa, an island of twenty square kilometres, 70,000 kilometres from Africa and 120,000 km from Sicily, has seen 400,000 migrants land on its shores in twenty years, of which 15,000 lost their lives at sea.

It's winter, we hear the noise of the sea and glimpse it in the background, as we see in the foreground Samuele, a child of twelve years with his dog. Samuele is in his personal kingdom: a beautiful tree, not far from the sea shore, with long branches that almost touch the ground, it seems almost like a house, a house of adventures. Samuele climbs it looking for branches that he can use to make catapults.

Cut to the control towers: “How many people?” asks the operator. A man’s anguished voice replies: “My friend... I’m begging you... there are 250 of us.” The operators asks for indications as to their position: “your position.” The man says insistently, “my friend... my friend..” The operator says: “my friend your position. Hello... hello...” The voice on the other end says nothing. Ships and helicopters equipped with powerful searchlights go out to patrol the sea.

The local radio plays music, receives requests for songs to dedicate to relatives and friends.

We enter into the daily life of the island through Samuele’s family, his grandmother in the kitchen, the radio always on, broadcasting songs and news items: “bodies recovered, bodies of women and children, a large boat has sunk with 250 people on board, 200 people have been pulled from the sea.”

Samuele in the village with his friend, playing with catapults “you have to have passion, if you don’t have passion... mmm... you have to make the catapult well,” the boy says to his friend. When it gets dark they go to hunt little birds in Samuele’s kingdom: the big tree near the beach.

The control tower operator: “your position”. Through the noise of the interference the voice of a woman is audible: “There are little kids... I think about 150 people here, can you help us? We’re sinking.”

The operator asks her to remain calm. A ship sights the raft and rescues those on board, the first to be saved: a child less than a year old, his mother, other women with their children, boys and girls. It is nighttime, and the doctor waits on a bench at the port to attend to them.

Samuele on board his father’s fishing boat, as they look at photographs together, his dad tells him about the sea voyage, “seven months at sea, it was a brual life on board... only sea and sky.”

Scenes of everyday life follow, mopeds, music, children playing.

The doctor performs an ultrasound on a pregnant woman, trying to explain to her using gestures that there are two children, she is carrying twins: “the first is a girl, like you” and trying to make her understand through gestures, “we’re looking for a cultural mediator”. “The second one... amidst all this chaos... his legs are crossed, his arms, how to tell them apart? Slowly, slowly.. It’s clear that she has suffered, poor soul, and after all she has gone through, they are doing quite well.”

The next scene shows Samuele and his friend on the seashore while they make targets out of prickly pears and hit them with the catapults. They play war games.

At the port, a rescue boat arrives, people of every age and background. It's evening, the doctor waits on the bench to attend to the people rescued at sea.

"They are drenched, soaked in diesel oil," the guards say.

Samuele does his English homework at the kitchen table. They listen to the thunder, it's a big storm. His grandmother talks about his fisherman grandfather and the war years: "at night we were afraid, the military ships passed by and launched rockets, the sea turned red, it looked as though the sea was on fire."

The children play war games, the ships patrol the sea. On the radio someone requests the song, *fuocoammare*. The fishermen continue their work.

Samuele visits the optician and discovers he has a lazy eye, "we'll put a bandage over the good eye".

A scene of a group of young people sitting on the ground, praying. They stand and one of them recounts the journey of exile singing almost in a rap style: "This is my testimony, we couldn't stay in Nigeria, many people dead, war, rape and torture... in Libya there's Isis, we were being held in prison. We escaped by sea, the sea is not a road, it is not a place to overtake, there were ninety of us, sixty of us died."

Meanwhile, Samuele continues his life, he begins to learn the ways of the sea, a man's life in his family of fishermen. When he goes out to sea, he vomits... "he'll have to learn".

The father goes fishing, the grandmother cooks, the street vendors walk along the road shouting, the daily life of the village carries on. Samuele eats well, together with his father and grandmother.

The doctor talks about a boat with 840 people, hundreds of women and children who sailed for seven days, 68 were taken to the A&E, a very young man burned by the fuel of crumbling rubber dinghies. "In the hold there were so many people, some with very serious burns...it is the duty of every human to help these people and we are glad to be able to do it... People tell me, you're used to it now, but it's not true. How do you get used to seeing dead children...? All of this leaves an emptiness in you ... and it makes you think about things...when I go to sleep, I have nightmares."

There is a reassuring scene in which the grandmother makes coffee for the grandfather, a true ritual. Samuele carries on at school and starts to learn the trade of sailor under the guidance of his brother.

Samuele, visiting the doctor for an examination:

- Doctor: what can you feel?

- Samuele: I can't breathe, it's like I'm suffocating
- Doctor: Have you felt like this for a long time?
- Samuele: Not for a very long time. Is it an allergy? I can feel it a little bit now.
- Doctor: Do you feel like you can't breathe in air? May I examine you? Inhale deeply, slowly...slowly... let's listen to your heart. It's anxiety.. in this moment you're anxious, you're full of tension...
- Samuele: Is there nothing you can do about it?

At the first light of dawn, sea rescue vessels are dispatched from a big ship, a helicopter takes off. They locate a miserable boat, so full it seems to defy belief. They begin the rescue operation. Girls and boys, old people, children, families. Death, silence, only a few cry out. The urgency, the race to save them. They disembark, confused, desperate. A man rises up from the hold of the boat, tears of blood running down his face. A scene of pain and crying, two women holding hands. They return to the refugee boat, this time to go down into the hold... silence among the rescue workers...

The documentary closes with the scene of Samuele who is "getting a stomach" on a bench, rocking. He plays only war games, his arm is a machine gun, in the background, we hear the noise of the rescue planes. How to respond to Samuele's question about his anxiety: "Is there nothing you can do about it?"

By 2050, a third of the Italian population will be made up of foreigners (UN 2015).

Thinking about the people who arrive on our shores, with the tools that are given to us by psychoanalysis, psychopedagogy, anthropology, medicine, sociology... it is not only an act of solidarity towards those who arrive, but an act of responsibility and putting in place safeguards with regards to who will come after us and have to live in a society that is different from that of today. A society that can only become multiethnic and multicultural if attention and care are paid today to permit a process of exchange and integration. To know in order to understand, to engage in communication as a way to lessen the confusion.

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Notes

- (1) Achotegui J., p. 27, 2014.
- (2) Personal correspondence. With thanks to Claudia Zaccai.

- (3) UOS “*Day Service Medicina delle Migrazioni*”, Malattie Infettive e Tropicali dell’Azienda Policlinico Umberto I, Roma.
- (4) Personal communication from Federico De Zottis, UOS doctor from 2011 to 2014.
- (5) Mazzolini M., *Trauma e Psicopatologia*, paper presented to SIPsIA (Società Italiana di Psicoterapia Psicoanalitica dell’Infanzia, dell’Adolescenza e della Coppia). Rome, 2015.
- (6) Laura Selvaggi, a psychoanalytically oriented psychotherapist, director of the Centro di Accoglienza Straordinaria Casale San Nicola.
- (7) Emiliano Morreale, film review, Trovacinema, 2016.

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