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# Wellbeing Languages Migration

Integrated methods between narrative medicine  
and storytelling in a linguistic protocol

(bilingual edition Italian-English)



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## Dedication

To the individuals with whom we shared these materials in the classrooms of the reception centres and in the workshops

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# INTRODUCTION



TIZIANA DE ROGATIS

THE STORY OF AN ADVENTURE:  
LINGUISTIC WELLBEING AND NARRATIVE  
MEDICINE IN A STUDY CARRIED OUT IN THE  
CONTEXT OF MIGRATION

1. ABOUT US

This volume (*Wellbeing Languages Migration. Integrated methods between narrative medicine and storytelling in a linguistic protocol*) is the result of the work of an interdisciplinary group at the University for Foreigners of Siena (Università per Stranieri di Siena). It was created thanks to a three-year European project of the Tuscan Health Ecosystem (THE = Tuscany Health Ecosystem – Spoke 10/5), which is part of the PNRR (National Recovery and Resilience Plan, launched in Italy in 2021). I am the principal investigator of this project. My name is Tiziana de Rogatis and I am a scholar of Comparative Literature. Together with me, this interdisciplinary group includes project researcher Alberica Bazzoni, also a scholar of Comparative Literature, and project scientific collaborator Andreina Sgaglione, a scholar of Linguistics and Language Teaching with thirty years of experience teaching Italian to foreigners. The original idea for this project stems from my research on narrative medicine, migratory trauma and microtrauma, storytelling techniques and text analysis, translanguaging, and gender issues. Along the way, I met Alberica Bazzoni and Andreina Sgaglione: the two colleagues and scholars

with whom I created this book, who are themselves specialists in these fields in various capacities. They provided me with valuable new perspectives, such as the concept of health literacy proposed by Andreina Sgaglione, for which I am deeply grateful.

## 2. THE MATERIALS CONTAINED IN THIS BOOK

The materials that this volume contains are the result of an interdisciplinary intersection between applied research and certain themes and categories, indicated here in sections 4 and 5 (but see also our contributions to the two sections of the book). The applied research is our fieldwork in language classes and workshops in three reception centres in Tuscany, that is, three secular or Catholic voluntary or semi-voluntary associations: the Associazione Progetto Arcobaleno in Florence, the Arci Comitato Provinciale in Pistoia, and the Gruppo di Volontariato Vincenziano – AIC Italia Gruppo Prato Centro. We proposed the interactive materials contained in this volume to five A2-level classes and two B1-level classes for a total of about 120 immigrants, dividing each stage into three meetings. The activities in the materials maintain the anonymity of the participants but introduce a preliminary survey (country of origin, gender, years spent outside the country of origin, and years spent in Italy), which reveals an extremely heterogeneous demographic panorama.

In two of these three locations (the Associazione Progetto Arcobaleno in Florence and the Arci Comitato Provinciale in Pistoia), we also created and ran seven storytelling workshops with women who had experienced trauma related to migration. This important focus on gender issues in the context of migration involved around 20 participants.

## 3. HOW THIS BOOK IS STRUCTURED

After this introduction, the book is divided into two parts. In the first part, Andreina Sgaglione and I present, in two separate essays each with an accompanying bibliography, the methods and materials we developed for A2- and B1-level classes. Our two contributions then introduce the materials themselves, together with a guide for each. In the second part, Alberica Bazzoni presents the methods and materials she developed in the storytelling workshops, together with a separate bibliography. The materials are followed by the statements of four immigrant women who participated in the workshops as well as those of two cultural mediators who supported them during some phases of the project.

#### 4. THE LINK BETWEEN WELLBEING, LANGUAGES, AND MIGRATION

As indicated by the title of this volume (*Wellbeing Languages Migration*), the link that is created in migratory contexts, even in the second or third generation, between a person's wellbeing and their languages is decisive. With our materials, we offered immigrants involved in the classes and workshops an immersive experience in their own story of migration and in the emotional way in which their languages and their body benefit and/or suffer from this migration history. The materials in the book are therefore constructed both as a way to monitor the condition of wellbeing and/or ill-being of immigrants and as an immersive experience that immigrants themselves can participate in through their stories of migration, through the linguistic ways their bodies tell or silence these stories. Since this connection and the categories discussed below are now of global importance and in dialogue with an international debate, we have chosen to produce a bilingual volume intended also for an English-speaking audience (and in the future also for audiences in other linguistic areas).

In the context of migration, the first aspect of wellbeing is linguistic. As has been highlighted by Italian-Anglo-Bengali writer Jhumpa Lahiri, the inspiration for several metaphors in our classroom materials, «When you live without your own language, you feel weightless and, at the same time, overloaded. You breathe a different kind of air, at a different altitude. You are always aware of the difference» (Lahiri 2016: 96-97). Linguistic wellbeing in the context of migration therefore requires first and foremost that we speak of languages in the plural, that is, that we identify the point of encounter between these languages and do not remove – as is almost always the case – the existence of native languages and their enormous affective value. Languages should be viewed as a middle ground: a cognitive and expressive space for immigrants, within which one can encounter their native language(s) or the mother tongue of their country of origin, the adopted language of their host country, the different bodily modes connected to these languages, and the expressive repertoire of other communicative and/or creative languages of each individual.

From the point of view of our study, wellbeing is an extremely dynamic quality, because in the context of migration it is linked to stories of metamorphosis, to stories of people on the move. From this perspective, another dynamic feature of wellbeing enhanced by migration is therefore the transformative nature of change, understood as a process of growth articulated over time (Heshmati *et al.* 2024: 3), a process that is first and foremost linguistic.

The dynamic wellbeing generated by language learning is therefore comparable to happiness. From a neurocognitive point of view, both can be defined as a set of skills. Located in particularly flexible areas of the brain, these skills work in synergy to transform and improve that same cerebral habitat through their practice (Davidson/Schuyler 2015: 101). According to Italian Japanese writer Laura Imai Messina, «increasing one's vocabulary is exactly what gives rise to happiness». Describing

language learning in the context of Japanese society, which is a highly interconnected and cooperative, Imai Messina sees a clear link between happiness, personal linguistic wellbeing, and community wellbeing: «understanding what you are looking for, relating that something to the wellbeing of others, making joy self-generating through a system of references between the self and others, and vice versa» (Imai Messina 2018: 22).

Furthermore, the link between migration and wellbeing calls into question another dynamic feature: that wellbeing is also defined by investigating the complementary side of ill-being, up to and including possible drifts into migratory trauma and microtrauma. It was therefore crucial for us to create materials that would allow immigrants to bring out and recount this oscillation through balanced passages, also listening to the unspoken, to the silences. A very significant oscillation between these two poles occurs in the same scenario of the classes we participated in. On the one hand, a class embodies linguistic wellbeing as a dynamic process of growth and change; on the other, a class recounts in many ways a central issue of migratory ill-being and occupational health: the difficult struggle of work. Whether domestic or public, work is at the centre of migratory exchanges, since it is for various reasons the core of the «migration project» (Cohen-Emerique 2011: 28). Often associated with struggle and alienation, work is explicitly brought into the classroom by tired bodies and faces that confirm what is being said. In terms of occupational health, this discussion is part of a broader social framework, namely the stark imbalance in income and job satisfaction between immigrants and Italians (Zanfrini 2025: 66-69).

The term “protocol” used in the subtitle of this book is meant to evoke a linguistic procedure for wellbeing. The participants received the activities we proposed with great enthusiasm and expressed their desire that the programme not come to an end. They often stated in various ways that they felt deeply gratified, recognised and welcomed. We received similar feedback from the teachers of those same classes, who often audited and assisted with the lessons; they too expressed their desire to continue the experience.

The reactions of the participants in the storytelling classes and workshops included in this volume testify to the fact that enthusiasm for these materials has its own specific quality. These reactions show that the materials we propose do not simply monitor wellbeing; they produce it. Through the choral framework of a class, the materials activate the neurocognitive mechanisms of awareness and empathy, which are the brightest stars in the interconnected universe of wellbeing (Davidson/Schuyler 2015: 95).

## 5. METHODS

Our materials are interdisciplinary and thus heterogeneous, because they seek to view migration as «a total social fact» (Sayad 2006: 15). By creating our materials

based on the connection between wellbeing, ill-being, and languages, we have placed ourselves at a crossroads, in a «Third Space» (Bhabha 1996: 36) that brings together the culture of origin, the host culture, and the realities experienced by migrants. At this crossroads, we experience on the one hand, wellbeing, its adventures, and its transformations and, on the other, discomfort and ill-being, up to and including possible migratory traumas and microtraumas. Our aim was to propose two different methods and two different linguistic protocols (one for A2 and B1 level classes; another for storytelling workshops) to monitor the existential dimension of wellbeing or ill-being.

Another crossroads was that of the various disciplines that inspired our research and our fieldwork. In fact, we cross-referenced the themes that emerged most frequently during our field research with different categories. As the subtitle of the volume indicates, we interpreted and reactivated these themes primarily through the filter of narrative medicine, the discipline that allows us to «recognize, absorb, interpret and be moved by the stories of illness» (Charon 2006: VII). We have interpreted Charon's concept of illness in the broad sense of migratory suffering, of the vulnerability of being uprooted: it is the «subjective experience» of ill-being, which according to narrative medicine is the potential precursor to actual illness (Consensus Conference 2015: 13). Through narrative medicine and the intense empathic filter of its stories, we have taken up themes and points of view from studies on trauma, health literacy, ethno-psychology, ethno-psychiatry, anthropology, intercultural mediation, sociology, feminism, gender issues, and multicultural debate. Each of us will briefly explore, in our introductory contribution to one of the two sections of the book, the aspects of these methods that best illustrate the materials included in that section.

The interdisciplinary synthesis of this heterogeneity was made possible not only by narrative medicine but also by the two disciplines in which the three of us, co-authors of this book, were trained and which we have tried to share as much as possible: comparative literature and linguistics. Specifically regarding the materials for the A2 and B1 language classes, the comparison between disciplines and methods, the literary metaphors drawn from linguistic autobiographies or stories related to migration, the theory and practice of narrativity as a tool for healing (Calabrese 2022) and as a story for the other (Frank 1997: 18) come from comparative literature and therefore from my contribution. The skill of incorporating these themes into the materials to be used in the classrooms of reception centres, the ability to grade them according to language levels and to teach them to immigrants using heterogeneous thematic approaches, specific tools (e.g., linguistic silhouettes) and coherent images, and finally an immersive and empathetic method of teaching, consistent with the content and purpose of the project, come instead from language pedagogy and therefore from the contribution of Andreina Sgaglione.

Our study is based on a qualitative-quantitative method, thanks to which we were able to test the theory against reality and vice versa. We have gradually transformed our

materials by rethinking these two poles of experience and, above all, by thinking back about each of the immigrants we worked with, and we are deeply grateful to them. The structure of our materials is therefore consistent, with a precise internal design, but at the same time it is flexible. We designed it to be open to additional material that may come from the valuable responses of you, our readers, and from future iterations of our project. Another decisive moment in rethinking the materials and confirming their global relevance was our experience in the Master's Program in Narrative Medicine at Columbia University. I proposed our project to the founder of that program and of the discipline itself, physician and professor Rita Charon, and she invited us to present our materials there during a two-day seminar (20 and 21 November 2024). We already understood that we were on an adventure, but this recognition and this experience at Columbia University made us further, and happily, aware of it.

## 6. THE THREE PLACES OF EXPERIMENTATION

For our method, the «cultural envelope» (Nathan 1993: 97) that encompasses language classes and storytelling workshops was very important: that is, the three secular and Catholic voluntary or semi-voluntary associations in which we worked (the Associazione Progetto Arcobaleno in Florence, the Arci Comitato Provinciale in Pistoia, and the Gruppo di Volontariato Vincenziano – AIC Italia Gruppo Prato Centro). Thanks to this dimension of voluntary or semi-voluntary work, the pressure of filters and bureaucratic barriers within these three places (as well as the many other wonderful similar centres and associations in Italy) is considerably lightened. We chose these three spaces after extensive research across Tuscany, which in itself was a real adventure. We ultimately selected these three locations precisely on the basis of their free, hybrid, welcoming atmosphere of volunteerism and semi-volunteerism. We identified with their practical ethic of human relations.

Thanks to this atmosphere, immigrants experience these places as protective shells or capsules with a strong symbolic resonance (De Micco 2002: 9). For example, a topic that emerged among the immigrants with whom we shared and developed our materials was their distrust of hospitals, which were sometimes perceived as spaces of an alien science, and their related preference for the health and therapeutic facilities in associations and reception centres, which they already visited for language courses. From the point of view of narrative medicine, with its concrete enhancement of everything that supports the relationship between the caregiver and the patient, the importance of “homing” (de Rogatis 2023: 3-4) should therefore be noted, i.e., of finding oneself in these protective public spaces, making a home in the world for people separated from their original world.

Two of these three reception centres (the Associazione Progetto Arcobaleno in Florence and the Arci Comitato Provinciale in Pistoia) are particularly enmeshed

structures, because they include both a language school and a therapeutic recovery centre for women traumatized by migration, as well as legal assistance centres (in the case of the Associazione Progetto Arcobaleno). These structures are therefore networked because they bring together the work of Italian language teachers with that of therapists and lawyers. This hybrid aspect was also a source of inspiration for us. By allowing us to develop materials in contexts as heterogeneous as our method, this hybridity confirmed how crucial it is to view migration in all its social interconnections.

These three places also allowed us to operate in a setting that was both welcoming and public, thus enabling us to oscillate between identification and detachment. According to Rita Charon, founder of narrative medicine, this oscillation is in fact the base of a method that is at once ethical and empathetic (Charon 2006: 27). On the one hand, thanks to the welcoming setting of these spaces, the data we collected were not mined: we never coldly and opportunistically removed them from the lives to which they belonged. Even in their most concise and fleeting form, all our data is empathetic because they emerge as part of a story that is capable of appreciating the person who expressed it and their potential differences. On the other hand, thanks to the public setting of these spaces, we have been supported in gradually developing and reshaping in our methodology the materials, which are equally public and therefore objective: they are non-intrusive and as indirect and mediated as possible, especially with regard to any traumatic or micro-traumatic aspects of the migration experience (on this subject, see also the second contribution by Alberica Bazzoni; part two of this volume).

## 7. WHO IS THIS BOOK FOR?

The intended audience of this volume is teachers of language classes for immigrants, as well as teachers who teach students who have Italian as a second language (L2 students) in schools. However, the book is not only aimed at them. As already noted above in section 4, we believe that this book can also be useful to healthcare professionals and intercultural mediators who receive and work with immigrants in various contexts. The target audience is not only Italian but international. Being bilingual, that is divided into two volumes, one in Italian and one in English, the book therefore opens up an important bridge to the English-speaking world, which, through the Master's in Narrative Medicine at Columbia University and the seminar we organized there, has already given us important confirmation in this regard. New versions in other languages may be planned in the future. These second and third types of users will find guidance on identifying the language levels of immigrants and thus choosing between A2 or B1 materials in Andreina Sgaglione's contribution. The aim is therefore to help these types of users develop the multicultural «decentring» (Cohen-

Emerique 2011: 179) generated by encounters with immigrant people and by their mutual differences. According to the method of narrative medicine, the fundamental support that this volume can provide is to supply tools to strengthen the relationship between immigrants and mediators, teachers, and healthcare professionals. Again from the point of view of narrative medicine, a stronger relationship allows for the deep-felt and engaged reconstruction of the different aspects of an immigrant's story, which thus permits us to monitor their degree of wellbeing and/or ill-being. Secondly, the volume also aims to be a tool for knowledge and self-awareness for immigrants, who will have the tools to reconstruct their own migration experience and to monitor their wellbeing or ill-being. A third and particularly welcome hypothesis regarding the target audience of the book should also be considered, according to which these two different user groups – namely, teachers, mediators, and healthcare professionals on the one hand, and immigrants on the other – can converge in the same person, when someone with a history of migration becomes a healthcare professional, cross-cultural mediator, or teacher.

## 8. THE WELLBEING LANGUAGES MIGRATION ARCHIVE

However, our adventure did not begin with the idea of creating these materials, testing them in classrooms, and consequently writing this book. Rather, it began with the idea of creating an archive of migration traumas connected to the experiences of associations and reception centres for immigrants in Tuscany. The testing of these materials in the classrooms of these associations and in the storytelling workshops was the living embodiment of an abstract idea, which had only been developed in theoretical research up to that point. While the book collects the materials, the archive collects the interactions of immigrants with these materials according to a thematic criterion, which associating the materials with a series of tools. The archive is structured on the basis of an architectural methodology, with files that act as “rooms”: large collections of experiences whose thematic title is derived from field research (for example: the room of wellbeing and health, the room of suitcases and migration, the room of languages, the room of dreams and desires). The strong cause-and-effect link between the book and the archive is also highlighted by the fact that the online archive bears the same title as the book (*Wellbeing Languages Migration*), while the subtitle is different: *Narrative medicine resources and methods for an archive of migratory trauma*.

As with the book, we have three types of target audience in mind for the archive: teachers, healthcare professionals and intercultural mediators who work with immigrants in various contexts. As already noted in section 4, these target audiences are not only Italian but international, and for this reason, one of the first steps in relaunching our project will be to produce versions of the archive in English and

other languages. If you find this book engaging and convincing, we suggest you also browse the archive. In fact, the website represents the most appropriate extension of the volume, because it allows you to connect with participants' reactions and because it can provide you with additional support and tools.

When I first shared the original idea for the archive with the Associate Dean for Research at my university, Caterina Toschi (to whom this PNRR project and the other two at our university owe a great deal), as we spoke about it on the phone for the first time on that autumn afternoon, I never imagined that three years later we would have achieved all this.

But it happened, and it has been an adventure.

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# PART ONE



TIZIANA DE ROGATIS, ANDREINA SGAGLIONE

TOOLS AND METHODS  
FOR A2 AND B1 LEVEL MATERIALS

To use the materials for levels A2 and B1, readers may simply refer to the guide associated with each part. However, for those who would like an additional perspective for reflection on the materials, we present it below in two essays: the first is by Tiziana de Rogatis, and the second is by Andreina Sgaglione. To encourage this reflection, the two essays explain from different perspectives some of the general methods and categories we used to create the materials. We have also linked this discussion of method to some key aspects of individual activities contained in the materials.



TIZIANA DE ROGATIS

NARRATIVE MEDICINE, MIGRATION TRAUMA  
AND IMAGES/METAPHORS. AN INTRODUCTION  
TO THE A2 AND B1 MATERIALS

1. PREFACE

This essay ties in with the discussion I began in the general introduction (*The story of an adventure. Linguistic wellbeing and narrative medicine in applied research in the context of migration*) and is divided into three sections: 1) *Stories, narrative medicine, and Princess Alexandra*; 2) *Stories, traumas, and microtraumas associated with migration*; 3) *Images, metaphors, and linguistic autobiography*.

The first section (*Stories, narrative medicine and Princess Alexandra*) should be considered in relation to the concept of linguistic wellbeing, as outlined in the *Introduction* (§4), and to the overall form of our materials for levels A2 and B1. As Andreina Sgaglione explains in more detail, they were designed both as a way of monitoring the wellbeing and/or ill-being of immigrants and as an immersive experience that immigrants can have in their own migration stories, in the linguistic ways in which their bodies tell or silence this story of migration. This monitoring/experience can be very usefully conceived, for example, as a tool for initial contact and for strengthening the relationship with immigrants in classrooms, reception centres, and hospitals. The term “protocol” used in the subtitle of this book is meant to evoke a linguistic procedure for wellbeing. The reactions of the participants in

the classes where we tested the materials (*Introduction*, §2) show that enthusiasm for these materials has its own specific quality. These reactions show that the materials we propose do not simply monitor wellbeing; they generate it. In the context of the class, the materials activate the neurocognitive mechanisms of awareness and empathy, which are the brightest stars in the interconnected universe of wellbeing (Davidson/Schuyler 2015: 95).

We conceived this monitoring as a story divided into three parts: the three different parts of each level of the materials. The narrative quality of the materials is enhanced by the titles of the three parts, which are shared by both levels. The titles describe both the content of each individual part and the connection between one part and another of the three-part timeline: 1) *Imagine yourself, draw yourself, tell your story*; 2) *Seeds of rebirth*; 3) *Walking towards wellbeing*.

In constructing these two parts or stories in three stages, we were inspired by the methods of narrative medicine, which is based precisely on the ability to «recognize, absorb, interpret and be moved by the stories of illness» (Charon 2006: VII). The ability to describe people's state of wellbeing and/or ill-being applies to patient awareness, the relationship between patients and healthcare staff, and a number of practical aspects of medical procedures. The first section therefore explains the types of stories and practical applications of narrative medicine that have inspired us most. The section concludes with an application of the narrative techniques taken from narrative medicine to a story we created and included in the materials: the story of Princess Alexandra (activity 7a, part two, levels A2/B2). As I will also demonstrate in the second and third sections, the stories are therefore both the macro-structural principle on which the materials are based and the micro-structural principle of the activities included in the materials.

The second section (*Stories, traumas, and microtraumas associated with migration*) is again linked to the general introduction (§4), where I explained that the concept of wellbeing also needs to be understood through the complementary definition of ill-being. From the perspective of migration, one type of ill-being that has greatly helped and inspired us has been the extreme case of migration traumas and microtraumas, which we have also used extensively in the Activity Guide. Traumas and microtraumas of migration are therefore at the heart of this section, with reference to their connection with narrative medicine and some practical applications within our A2 and B1 materials.

The third section (*Images, metaphors, and linguistic autobiography*) is also linked to the concept of linguistic wellbeing at the heart of the general introduction (§4) and intersects with the categories of narrative medicine. In this third section, I focus in particular on our use of images, the interweaving of iconography and narrative metaphor, and another variant of stories: linguistic autobiography.

## 2. STORIES, NARRATIVE MEDICINE AND PRINCESS ALEXANDRA

Thanks to a set of methods and practices defined by narrative medicine (Charon 2006), the transformative power of stories now crosses the boundaries of literature and manifests itself in the realms of wellbeing and care.

From the point of view of those who are ill or experiencing ill-being and from the point of view of those who treat that illness or ill-being, stories are a paradigm that is both ancient and hyper-contemporary. The wound inflicted by illness can produce a new vision, as taught by the mythical figure par excellence of the «wounded storyteller»: Tiresias, who is a seer because he is blind (Frank 1997: XI). What matters is not the choice between true or false but that there is a «narrative that provides coherence to the whole», a «narrative that can provide [...] meaning» by restoring the authenticity of a life story (Réal/Moro 2004: 225). On the one hand, on a cognitive level, the story is a structure capable of reconnecting the logical-causal fractures produced by trauma or microtrauma, putting back in order the broken analytical sequences of time and memory (Calabrese 2023: 82-85). On the other hand, on an emotional level, stories are the tool that allows the self to expand beyond fear and isolation, transforming it into a «communicative body» (Frank 1997: 48). From both perspectives, «self-stories» and «illness stories» (Frank 1997: XII, 18) – terms to be used in the broadest possible sense – have great restorative and cathartic power.

Thanks to stories and their embodiment in change, which is both the starting point and the driving force of every plot, those who are ill or experiencing ill-being can also offer themselves and others decisive interpretations of their symptoms and their lives. Stories encourage people to find their own voice, beyond the voice that everyone must use over and over in routine reports in hospitals, shelters, and schools. These are all places where, for various reasons, this voice may go unheard, or may be interrupted, distorted, or corrected.

Stories have also transformed medical records in several hospitals around the world. By making the narrative of medical records more understandable, medical histories in these hospitals have improved along with recovery rates. Thanks to narrative medicine, stories have also taken shape in hospitals through parallel charts, in which doctors can recount the memories and emotions triggered in them by the patient's medical history. Through these two applications, stories strengthen the relationship between those who care and those who are cared for, mobilizing in particular the ability of healthcare personnel to maintain empathy while keeping the right distance. By creating an emotional and cognitive connection between part and whole, between the medical chart and the parallel chart, the story of the illness or ill-being restores the vision of the whole and the points of view within each whole (Charon 2006: 4). This vision has been weakened, if not eliminated, by medical specializations and technologies. Stories therefore save lives and offer new possibilities for healthcare, education, and intercultural sustainability.

The storytelling practices described above are generated by the «clinical imagination» (Charon 2006: 5-6; 107) of narrative medicine, which is the ability to translate the «narrative imagination» into the field of healthcare. With this formula, philosopher Martha Nussbaum defines «the ability to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person's story, and to understand the emotions and wishes and desires that someone so placed might have» (Nussbaum 2010: 95). From the perspective of healthcare, narrative imagination is a multifaceted tool. On the one hand, narrative imagination is the *inventio*, i.e., the research through which writers have identified themes and suggestions in a wide variety of fields. On the other hand, it is storytelling, or the set of techniques and practices through which writers use that same research to generate narrative universes of extraordinary intensity and complexity: true «storyworlds» that are autonomous and parallel to the real world (Herman 2009: 105). On the other hand, narrative imagination is also the way in which readers have experienced immersion in a particular instance of storytelling. From the point of view of narrative medicine, commenting on a story in the freest and most diverse and ways (a form of «close reading»; Charon 2006: 107) means, for example, recounting one's own entry into the point of view of positive, negative, or ambivalent characters; it means processing all the fluctuations of empathy towards these characters and towards the world of the story they are part of.

The narrative imagination and its ability to fuel the connection between stories, care, and wellbeing also include certain core themes: the pain of life's limitations together with the complementary dimension of joy; stories of illness and healing together with the fluctuations between wellbeing and ill-being; and finally – more generally – extreme events, shaped by trauma. Far from being a catalogue of the inauspicious, these core themes help to explore the connection that exists between stories of bodily pathos and their dilemmas, namely «narrative ethics» (Frank 1997: 154; Charon 2006: 209). Those who experience and/or treat and/or support the «wreckage» (Frank 1997: 53) of ill-being or illness need to develop a system of values drawn from the mosaic of narrative perspectives, from the moral dilemma contained in the stories, from their openness to choice.

As I explained in the *Preface*, we designed all the materials for language levels A2 and B1 based precisely on this idea and practice of stories that come to us from narrative medicine. In their tripartite structure, the materials construct a story while at the same time envisaging wellbeing, as indicated by their titles (cfr. *Preface*). In terms of the structural construction of the materials, we have tried «thinking with stories»: «a process in which we as thinkers do not so much work on narrative as take the radical step back, almost a return to childhood experience, of allowing narratives to work on us» (Morris 2002: 196). Precisely in order to inhabit this childlike, and therefore essential and authentic, way of experiencing stories and their transformative power, we chose to create, among other activities, a fairy tale: the

short story of Princess Alexandra (activity 7a, part two, level A2/B1). Having lost her kingdom, Princess Alexandra is forced into exile, during which she falls into a deep depression (symbolized by the frozen heart/forest), which prompts her to seek help from a female doctor with the support of «a local woman». I will detail some aspects of our *inventio* here, while others can be found in the following two sections and in Andreina Sgaglione's essay. For example, we first chose women as protagonists in order to highlight the special attention our project has given to immigrant women (particularly in the storytelling workshops at the centre of the last part of this volume). We then gave these two characters symbolic names in order to intensify their fairy-tale quality. The name Alexandra has a regal and courageous aura (we thought, for example, of Alexander the Great). The name of the doctor, Florence, on the other hand, represents for us a tribute to Florence Nightingale, the inventor of the modern science of nursing, but in a broader sense it evokes the idea of blossoming flowers and thus also alludes to Florence: a splendid Renaissance city (with a reference to the seeds of rebirth that give the third part of the materials its title), where we have also tested our method with many learners.

From the point of view of storytelling, through the enchanted style of the fairy tale we have distilled a story of migration and loss that affects all immigrants in different ways. We have also constructed the plot in such a way as to leave the way open for change, which is a fundamental feature of migratory experiences already illustrated in relation to the concept of linguistic wellbeing (see *Introduction*, §4). Again, to emphasize the possibility of change, through the activities that follow, we encouraged each learner to imagine and retell Alexandra's story from the perspective of different characters (activity 7b, part two, levels A2/B2). Through repetition and reworking – a narrative technique borrowed from oral storytelling – narrative medicine hears «different nuances of potential meaning» (Frank 1997: 24). According to the narrative imagination, recreating the story from other points of view generates a process of increased empathy and interactive relationship. In the guide to this activity – which is aimed at teachers, intercultural mediators, and healthcare professionals – we also pointed out an important practice of narrative ethics. We have asked that teachers not insist on an ending that results in healing, so that the way is left open for all the fluctuations of wellbeing and ill-being, up to the most extreme traumas and microtraumas associated with migration, which I will discuss now in the second section.

### 3. STORIES, TRAUMAS, AND MICROTRAUMAS ASSOCIATED WITH MIGRATION

The word trauma is etymologically derived from the Greek term meaning 'wound' or 'injury', and its first use in a psychological and psychosomatic context dates back to 1878 (van der Hart/Brown 1990: 1691). Late 19th-century neurologists discovered

that experiencing extreme and intense emotions can cause damage, even if it is not visible (Moskowitz *et al.* 2019: 15).

Psychological trauma occurs only when an event of significant negative intensity cannot be processed or integrated into a person's memory and linguistic and social life. Therefore, an event of significant negative intensity does not necessarily generate trauma. The development of trauma always depends on the individual and family variables of each person, as well as on the culture within which the traumatic event occurs. Where trauma occurs, the failure to integrate the memory initially generates removal and/or dissociation, and subsequently a more or less severe and widespread series of symptoms (e.g., anxiety, insomnia, panic attacks, depression...), which are grouped around three broad areas: «hyperarousal, intrusion, and constriction» (Herman 1992: 35). Coined by the American Psychiatric Association in 1980, Post Traumatic Stress Disorder (PTSD) definitively highlights this core of delayed and displaced temporality that characterizes trauma.

While trauma is triggered by extreme events, microtrauma originates in events of less extreme negative intensity. Psychoanalytic, psychiatric, and neurocognitive research converges on the fact that «emotional losses» such as «the ending of an important relationship or the loss of one's home» (Moskowitz *et al.* 2019: 17) can have, for example, considerable traumatic potential depending on the social and intrapsychic context. More generally, «events that are not literally life-threatening but which include attachment loss and betrayal by an important attachment person also increase the risk of traumatization» (*ibid.*: 15). Microtrauma is amplified in a cumulative dynamic, i.e., in those repeated and scattered ruptures that, manifesting themselves «over the course of time and through the developmental process [...] gradually get embedded in the specific traits of a given character structure [...] [and] achieve the value of trauma only cumulatively and in retrospect» (Kahn 1974: 47).

The potential link between migration and trauma and microtrauma is unfortunately confirmed by an extensive bibliography (Bhugra *et al.* 2014; Losi 2010), which illustrates the traumatic nature, not only contemporary, of the three stages of migration: before (life in the country of origin and the causes of migration), the journey, and after (life in the host country). This triad immediately reveals the particular characteristic of trauma and microtrauma in contexts of migration. It relates to diverse cultural frameworks, because it involves the culture of the country of origin, that of the host country, and the «culture shock» generated in the immigrant by the more or less significant distance between the first and the second stage (Frigessi Castelnovo/Risso 1982: 162-163).

In this hybrid dimension, a continuous metamorphosis of core values, psychoanalytic categories are not sufficient in themselves, because they are based on a monological idea of culture. The very possibility of recognizing trauma depends on the cultural categories that define it (Alexander 2012: 6, 31). This process of recognition becomes impossible when our images of trauma are «narrow and constructed within

the experiences and realities of dominant groups» (Brown 1995: 102). In today's multicultural context, the problem is even more acute for immigrants, who may often suffer, because of their difference, from a form of «epistemic injustice»: «a wrong done to someone specifically in their capacity as a knower». Epistemic injustice is not only «a credibility deficit owing to identity prejudice» but also, more specifically, «a gap in collective interpretive resources» that results in placing someone «at an unfair disadvantage when it comes to making sense of their social experiences» (Fricker 2007: 28, 1).

Translating the category of «epistemic injustice» into the language of narrative medicine, an awareness emerges that the idea of narration must be expanded and forms of storytelling must be appropriate to diverse migrant and diasporic cultures. Otherwise, if the ideas and forms of storytelling are based solely on Western paradigms of body, narrativity, illness/health, ill-being/wellbeing, trauma and microtrauma, then those people who come from worlds of migration might not have the tools to name and narrate their experience.

Faced with the peremptory statements that the world continually demands of her through equally peremptory questions («who are you?», «where are you from?»), Igiaba Scego, an African-Italian writer, daughter and narrator of the Somali diaspora, reacts by recalling the words of the character of a Cardinal invented by the Anglo-Danish translingual writer Isak Dinesen/Karen Blixen (Dinesen 1957: 5): «I will answer in the classic manner: I will tell you a story» (Scego 2010: 160). Precisely because it is a mosaic of voices and destinies, stories lend themselves particularly well to the recognition of plural identities such as those of people in contexts of migration.

It is therefore crucial to nurture and leave room for the narrative imagination of learners, as we have done with various activities (on this subject, see also the second contribution by Alberica Bazzoni; part two of this volume). Among these, I return once again to those related to the story of Princess Alexandra (see §1). On the one hand, we chose to recount Princess Alexandra's trauma through the register of «enchantment» (Bettelheim 1976) typical of fairy tales. The fairy tale allowed us to respect a fundamental rule of our narrative ethics: the indirect and metaphorical evocation of migratory trauma or microtrauma. Narrative ethics always require us to avoid the immediate and direct use of the repertoire of trauma or microtrauma, so as not to trigger overly intense emotions and invade the realm of psychoanalysis and psychotherapy. On the other hand, we asked the learners to tell Alexandra's story from different points of view. In this way, we brought the stories of others into the picture, and they became our stories. With this technique, both the narrator and the listener, both the learner and the teacher, enter into the narrative for the other, creating a «Third Space» (Bhabha 1994: 36): an intermediate zone that, thanks to a method of clinical/narrative imagination with a focus on migration, brings together and transforms people who come from different worlds and who play different roles.

In the context of migratory trauma and microtrauma, reference to ethno-psychology, ethno-psychiatry, anthropology, intercultural mediation, and narrative imaginaries related to migrations is therefore fundamental. These fields of knowledge, in fact, interpret the encounter with the other and bring into the discussion other paradigms of care, language, wellbeing and ill-being, which differ in whole or in part from those of the West. Through the legacy of Michele Risso, the Italian founder of ethno-psychiatry, Virginia De Micco has, for example, very convincingly defined the concept of migratory microtrauma, describing it as an «daily microtrauma». This is a trauma «hidden» in everyday life that takes on an intrinsically uncanny quality (De Micco 2019: 55). The psychological distress of migration is widespread and pervasive, since it originates from a profound change in everyday life and in everyday life's obviousness: both of which are more or less radically contradicted by the experience in the host country. In this context, immigrants may experience an «unthought pain» and an «unrepresentable loss» (ibid.).

Precisely because of its scattered and cumulative nature, «daily microtrauma» takes on the characteristics of «insidious trauma» (Root in Brown 1995: 107). The camouflaged and hidden aspect of «insidious trauma» stems from the fact that migratory microtraumas take shape within the «epistemic injustice» I mentioned earlier.

The medical records compiled by Michele Risso during his experience as a psychiatrist in Bern, Switzerland between 1954 and 1963, clearly show the link between microtrauma and trauma in contexts of migration. Separated from their rural world, worn down by hard manual labour, exposed to the cultural shock of a foreign and often prejudicially hostile world (microtrauma), the Italian immigrants treated by Risso had romantic relationships with Swiss women. When the relationship entered into crisis (microtrauma), they began to suffer from psychosomatic symptoms so severe (trauma) that they required psychiatric hospitalization. We have chosen to include one of these medical records in the activities (activity 5, part three, level B1), because we consider the type of story proposed by Risso, the recognition expressed by this story, and the high recovery rates associated with this method to be very important. Risso recounts this and other stories also from the perspective of the suffering of these immigrants, inasmuch as he includes in the medical record the hypothesis suggested by his patients. According to each of them, the mysterious illness had actually come from an evil eye or a spell cast on them by their ex-partner (Risso/Böker 2000: 93-126). The medical records also included, along with the protocol of medical treatment, references to the magical rituals of exorcism that these patients practiced, thus providing an important translation of the magical world into the clinical/rationalistic world (Risso/Böker 2000: 136-137). Risso's medical records are an important example of that ethno-clinical narrative imagination that is capable of creating an intense doctor/patient relationship by recognising the cultural and cultic significance of certain types of migratory suffering that would otherwise be doomed to silence, censorship and therefore further pathologies (Nathan 1993: 40-41).

#### 4. IMAGES, METAPHORS, AND LINGUISTIC AUTOBIOGRAPHY

The narrative imagination is intrinsically interdisciplinary. It is open not only to verbalized linguistic storytelling but to all creative dimensions (Calabrese 2022: 71-96; Conti 2022: 97-116). In this sense, those arts that do not employ words are still of central importance inasmuch as they are still capable of narrativizing the meaning of an event, for example through figurative or abstract images.

This interdisciplinary openness to images becomes important in the field of migration, where the ability to verbalize may be more or less prohibited by trauma or microtrauma and where one is confronted with different cultural paradigms and the related «epistemic injustice». In this context, images play a key role because they are shared preverbal traces of a possible meaning (de Rogatis 2025: 2-3). For this reason, we have devoted a great deal of attention to the repertoire of images that accompanies the activities and which was created by Andreina Sgaglione (with the support of Sara Belolli, image consultant for the project). In the next essay, Andreina Sgaglione focuses at length on the image of the seed (activities 5b, 6a, 6b, second part levels A2/B1), which is an excellent, evocative example of the history of the oscillation between wellbeing and ill-being.

Yet we have also given great importance to the narrativized variant of images, namely metaphors, which can be defined as «a process of symbolic transposition of images» (Treccani 2025), and to the potential of figurative or abstract images to comment on narrative metaphors. True synthetic stories of emotional translation, of cognitive displacement and disorientation, and of dynamic synthesis between one cultural context and another (de Rogatis 2023: 173), metaphors are an important tool for the application of the narrative imagination in a migratory context. Returning once again to the story of Princess Alexandra, the metaphor of depression as a sort of frozenness is introduced by a figurative image of the princess in hibernation, which is extremely evocative and appropriate. Another example comes from activities 10a and 10b (part one, level B1), in which daily microtrauma is presented through a metaphor from ethno-psychiatrist Michele Risso. According to Risso, immigrants may find themselves – at certain stages or in certain circumstances of their lives – like mountaineers “halfway up the cliff”: in a precarious, suspended state between their country of origin and their host country (conveyed in activity 10a along with a very appropriate image). To underscore the interdisciplinary, eclectic character of our method, which is rooted in narrative medicine, it is important to emphasise that metaphors drawn from ethno-clinical essays (such as Risso’s) are repurposed within a mosaic of materials that also incorporates metaphors from literary contexts. To cite one example, the metaphor of the suitcase (activity 6a, 6b, part three, level A2/activity 8a, 8b, part three, level B1) was freely reimagined from *Dismatria*, a splendid short story by Igiaba Scego based precisely on this ethno-anthropological object of nomadism (2005: 8-9).

Another important repertoire of literary metaphors comes from linguistic autobiographies (Busch 2016, de Rogatis 2023, Thüne/Luppi 2022). With this formulation, I define the stories of those who recount their migration by evoking every aspect of their life in progress through the filter of the languages at the forefront of this nomadism and disorientation. In the materials, we have proposed some activities based on the linguistic autobiographies of Jhumpa Lahiri, Elvira Mujčić, and Agota Kristof (activity 10, part one, level A2; activity 11, part one, level B1). The linguistic experience – this complex mixture of cohabitation, nostalgia, and conflict between the language or languages of the country of origin and the language or languages of the host country – is in fact a key instrument for monitoring the stories of wellbeing or ill-being of immigrants and for stimulating, through this monitoring, an immersive experience in them.

We have used metaphors derived from linguistic autobiographies for various activities: for example, the metaphor of the mountain to climb (activity 10b, part one, level B1), the metaphor of the door (activity 4, part one, level A2/B1) and the metaphor of grafting (activity 9a, part one, level B1) were freely taken from the narrative imagination used by the Italian-Anglo-Bengali writer Jhumpa Lahiri to recount her own migration and her own journey between languages (2022: 19-22). At the heart of our method lies also an important application of linguistic autobiography, or the linguistic silhouette. This application is discussed below by Andreina Sgaglione, who has also enriched our material with a new silhouette hypothesis (activity 6, part one, levels A2/B1), which is in line with the narrative world of the child postulated by narrative medicine. I would like to thank her for this, and for everything.

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ANDREINA SGAGLIONE

STORIES, CARE, AND MIGRATION:  
CREATING AN INTERDISCIPLINARY METHOD

1. FROM RESEARCH TO PRACTICE: CREATING THE MATERIAL

The material presented in these pages and tested with immigrant learners thanks to the PNRR THE 10/5 project “Migratory Trauma and Tuscany Health Ecosystem,” for which I served as a scientific collaborator, was developed at the intersection of various disciplines (cfr. *Introduction*, §2). It also is the result of extensive personal experience and of reflections gained over the years in various fields of Italian language learning both in Italy and abroad. Entering an educational context frequented by immigrants today means walking a shared path for a while and crossing routes that give rise to mixed languages and express a tension between two forces: on the one hand, the bond with the local context, and on the other, the construction of a global identity. Teaching aimed at immigrants who bring with them a written and oral linguistic heritage, together with worlds that are not immediately translatable to observers, is characterized by countless complications: the often heterogenous linguistic levels within groups, the lack of space and tools, schedules that are not always adequate, and the scarcity of suitable teaching materials. Sometimes the obstacles reflect the natural difficulty, for those working in these contexts, of fully grasping all the nuances of the intersecting worlds. Yet they remain unique and precious opportunities for encounter, where language creates unprecedented relationships. The didactic material herein is

based on this reflection. Its genesis responds to multiple purposes which are not limited to the working goals of the project, but which go beyond them. Responding to the needs of the project by mapping the realities in which we encountered immigrants meant considering some crucial points related to the experience of migration, such as living conditions, wellbeing and ill-being, and any traumas and microtraumas related to migration, as well as emerging needs, resources made available and critical issues encountered, but it also meant attempting to restore a possibly updated and articulated image of part of the phenomenon of migration in Tuscany. At the heart of the material is the dimension of care and health, understood not only as formal access to healthcare services, but as a set of practices, representations and concrete possibilities for taking care of oneself. This has meant exploring the ways in which immigrants recognize and describe the state of their health. It has meant observing their levels of health literacy, the strategies they implement to nurture their wellbeing and to deal with physical and psychological discomfort, and their use of – or renunciation of – health services as well as informal support networks. Attention was also focused on gaps in case management systems and obstacles that interfere with care pathways, including linguistic, bureaucratic, economic, and cultural barriers, highlighting how health is deeply intertwined with living conditions and the migration experience as a whole.

## 2. ACTIVITIES AND NARRATIVE MEDICINE: A DIALOGUE OF MULTIPLE VOICES

The guiding principle behind the production of the material was to avoid collecting information in a potentially detached or extractive manner in the form of questions or questionnaires. Instead, it was deemed appropriate to adopt a participatory and relational approach, based on classroom presence, first-hand teaching activities, and constant interaction with immigrants. Language was the access key, thanks to its ability to preside over a plurality of mechanisms that are grafted onto the life trajectories of mobile subjects (Vedovelli 2002) and to represent, despite the likely opportunities for repression of the issue, a central point linked to wellbeing in the broadest possible sense. In the materials, language is intertwined with narrative medicine, a perspective already analysed by Tiziana de Rogatis in the previous essay (§1), creating a structure capable of generating new ways of interacting within the teaching relationship. The complex and delicate relationship established between the teacher and the immigrant learner within a framework of possible migratory traumas and microtraumas cannot be pigeonholed within ordinary teaching interactions, but takes on the characteristics of a more intense bond comparable to those of a relationship of care understood in the broadest sense of the term (Sgaglione 2024). Furthermore, in adult education settings, teachers – although not psychotherapists or mediators – often find themselves in the position of being the only available

remedy and are frequently the only point of contact that goes beyond occasional encounters between the host society and immigrant learners (Troncarelli/La Grassa 2018: 1). Although the activities proposed in the materials are similar in form to those typically found in textbooks for foreign learners, they are based on different theoretical and methodological assumptions and therefore produce profoundly different effects. The basic idea that guided the design of the material was inspired by Arthur Frank's (2004) concept of «generosity», understood as the ability to establish an authentic connection with the lives of others. An act of generosity should not be understood as a directive intervention, but as a willingness to leave room for the freedom of the other. It implies recognizing that others may not wish to be guided according to our own categories or intentions. Creating space for values and free choices is an essential condition of generosity: it is in this openness that people can reactivate their abilities and motivation to embark on a path that is authentically their own (Bert 2007: 14). Generosity manifests itself in different forms: in some cases it consists of listening carefully to other people's stories while in others, it means bearing witness; in still others it asks us to become a character in their stories (ibid.). The didactic material is based on the principle of "giving" in a broad sense. It opens up a space to focus on issues related to wellbeing and care, but at the same time, it produces these qualities. The activities, which are structured according to the principles of narrative medicine, bring out elements that were previously ignored, discarded, or invisible (Bert 2007: 107). The stories, therefore, change and are enriched by the space and recognition they find. This type of approach contributes to lowering the psychological barriers dictated by anxiety and stress, fostering the creation of a space where people can feel safe, protected, welcomed, and recognized: such an environment has significant transformative and healing potential (Castro Schepers *et al.* 2022: 26) and facilitates reflective learning, oriented not only towards the acquisition of language skills, but also towards the development of metacognitive and relational skills. Language training courses for immigrants are generally designed to meet specific needs: they are based on modular, action-oriented, and intercultural teaching (Diadori 2015: 230), often aimed at obtaining language certifications (Machetti *et al.* 2024). In this context, social and legal expectations and pressures related to knowledge of L2 are also relevant (Minuz 2016: 7). Language acquisition is often a mandatory requirement for access to regularization processes, vocational training, and the job market, placing the learner in a position where language is not only a resource for integration but also a tool for social and administrative legitimization. The educational objectives are divided into several macro-areas – reception, work, housing, health, training, socialization, and leisure – with work taking on a priority role in the hierarchy (Vedovelli 2002: 149-151). These objectives are fundamental, but work, which is recognised as the primary area of training, constitutes a complex world of relations for immigrants. It is a world in which opportunities for redemption and recognition are interwoven with deep tensions,

which are often hidden under a veneer of apparent integration and can emerge powerfully even years down the line (De Micco 2002). The material maintains the necessary link with the reality of the classroom and with the obligations of daily life, but it also responds to broader needs: it is an effective tool for the development of language skills, but its function does not end there, because the educational content is aimed at the person as a whole, with their individual emotions, experiences, and needs. Experience in educational contexts shows that time is a central factor and that learners, while they are initially focused on strictly functional objectives, may perceive activities involving personal matters as an additional investment. However, work carried out in this perspective is not lost; rather, it generates significant educational benefits. The emotional protection produced by the content allows tensions to be contained and recognition of the individual to be promoted, facilitating more authentic and sustainable learning. The educational activities designed in the didactic material promote a substantial change in the traditional educational structure. The focus is no longer exclusively on the learner's psychocognitive aspects (an area already extensively investigated by psychology and pedagogy) or on linguistic competence, whether prior or acquired, but on the person as a subject who is accompanied and helped to tell a story. Taken as a whole, the activities are not common exercises but are configured as parts of a story that gradually takes shape through interaction. This shift involves a radical redefinition of the criteria for evaluating and legitimizing the act of communication. There is no longer an interpretative axis based on the categories of right and wrong, correct and incorrect: the focus is not on linguistic performance or adherence to a normative model, but on the enormous expressive potential of the dimensions of wellbeing, ill-being, and even the most extreme vulnerabilities of immigrants. Language is not the object of measurement at this stage, but a tool for accessing experience and its narration. In this context, the traditional asymmetries of the teacher-learner relationship are attenuated to the point of being suspended. A temporal space is created in which authority does not derive from mastery of the linguistic code or from an institutional role, which is particularly felt by teachers in some cultures, but from the ability to speak and give shape to one's own experience through storytelling. Those who tell their own stories take on the role of protagonists: they have the floor, guide the discourse, and establish what is meaningful. It is appropriate for the teacher to gently guide the activities without intervening or suggesting possible answers, assuming a listening stance, recognizing the other not as a subject to be corrected, but as a person to be understood. The reference to narrative medicine further clarifies this dynamic: just as in the clinical setting, the patient's story precedes and guides any interpretative or diagnostic intervention (Charon 2006), so too, in the educational context, listening to personal narratives precedes any educational objective. Listening thus becomes a fundamental act of the educational relationship, capable of redefining roles and giving the person a space for expression that is not subordinate to evaluation.

### 3. THE CATEGORIES AT THE BASIS OF THE PROJECT

The teaching activities integrate the principles of “cultural humility”, understood as a relational stance that is oriented toward the other rather than toward the self, and characterized by respect and by the absence of attitudes of superiority toward the cultural background and experience of the interlocutor (Hook *et al.* 2013: 353). This approach responds to the need to adopt strategies that promote more conscious interaction in sensitive and multicultural contexts. Its outcomes include mutual empowerment, respect, the building of equal relationships, and lifelong learning (Foronda *et al.* 2016: 213). The core activities – namely narrative medicine, cultural humility, and a focus on care and well-being – in addition to educational and linguistic aspects tailored to multicultural audiences from migrant backgrounds, integrate a variety of principles and practices that do not constitute a structured and rigidly defined method, but rather a flexible methodological approach capable of adapting to different contexts, the individuals involved, and their needs. The activities as a whole create a narrative: it becomes possible to “heal oneself” with and through language. Hence the potential to extend what we might call a kind of protocol to contexts that are not strictly educational. Think of language mediators, healthcare workers, and community volunteers who work in different settings where an initial approach is needed to break down barriers, build trust, and establish a relationship that develops around a different capacity for attention and representation through writing and reading (Charon 2006: 156).

Our initiative falls within new categories, including that of scalability, a quality relating to the ability of an intervention, project, or service to be expanded and reach more people, territories, or contexts without compromising its effectiveness or sustainability (cfr. Milat *et al.* 2013, 2020). Scalability increases when dependence on specialist resources is reduced and interventions are adapted to contexts with limited access to professionals. Although they may be slightly less effective than traditional models, these large-scale interventions can be considered acceptable because of their benefits in terms of accessibility and dissemination (WHO 2017). Interventions aimed at strengthening self-efficacy and wellbeing through daily self-care and community support help to identify distress at an early stage and represent an effective preventative strategy, a form of primary prevention that avoids the development of forms of suffering that would require complex specialist treatment, the cost of which could impact public health (WHO 2003).

### 4. BEHIND THE ACTIVITIES: MEANINGS AND PURPOSES

The trajectory we propose is flexible: the material can be used sequentially or divided into different moments depending on the needs of the target audience. The activities, calibrated for language levels A2 and B1 according to the Common European

Framework of Reference for Languages (Council of Europe 2001), are not a finite set, but can be expanded or modified: they can be seen as a working platform that can be varied/supplemented by those working in the field, following the principles outlined above. The idea is to create materials that can be shaped to fit the realities in which it is used, rather than a rigid framework imposed from above. Furthermore, it is not designed for self-study, but to be modelled and transformed through interaction, offering users the opportunity to open up spaces for dialogue even where these initially appear closed. From this perspective, the material explicitly references the attention given to the person in front of you, promotes a sense of shared responsibility and belonging, and supports a vision of the other as equal in rights and dignity, just as much as it considers the irreducible uniqueness of individual differences. Adopting this material implies an act of trust that guides the teaching approach with which it is used. It is a matter of taking an open and non-prescriptive stance, characterized by a willingness to experiment and to welcome experiences as they unfold. This mode of use is recommended in light of the very positive results that emerged from the pilot phase, which generated enthusiasm and received significant feedback from both teachers and participants.

To guide you through the process, we have put together a guide in which all the material is explained progressively, but here I would like to focus in particular on three activities that serve as exemplary models for what has been said so far: the linguistic autobiography, seeds, and the story of Princess Alexandra.

#### **a. The linguistic autobiography**

The linguistic autobiography activity (activity 6, part one, levels A2/B1), as already mentioned by de Rogatis in the previous essay (§3), starts from the potential that languages have to represent and manifest entire parts of one's identity and cultural belonging and to create spaces of expressiveness in which to release both positive and negative emotions cathartically. The principle is to accept and integrate all the immigrants' languages and dialects into different forms of contact, within a framework that legitimizes multilingualism both symbolically and didactically, and that is capable of generating new ways of relating to and through languages. Migration is often linked to an experience of social exclusion and traumatic loss of voice: the possibility of using and seeing one's own language recognized is a fundamental human need that must never be marginalized, despised or removed. The activity reflects on the need to develop a different kind of attention and an anthropological sensitivity that allows for the establishment of an authentic relationship of understanding and exchange with others.

The activity proposes an image that refers to a linguistic portrait, in which one's languages are painted in different colours within a silhouette: although this is a practice used in numerous contexts (Busch 2006, 2016, 2017), the silhouette

proposed here is entirely original and stems from my own research. I have designed a figure that evokes both feminine and childlike traits and that, in my opinion, is better able to express the physical, material, emotional, and intersubjective nature of linguistic practices: it is not standardized on a stereotypical male model, but it can more fruitfully accommodate different ways of being and of seeing oneself (Sgaglione, forthcoming). The linguistic autobiography is popular not only with children but also with adults, who, perhaps after a brief hesitation, carry out the task with great enthusiasm and with a desire to write something about their portrait or tell its story (Thüne/Luppi 2022). The linguistic portrait also allows those involved to have an overview of all their languages: colours add an emotional touch; silhouettes add physicality. Such representations are a first approach to unveiling a repressed or suppressed linguistic biography: if they are created in class or in a study group, a favourable environment is created in which it is possible to talk about languages without shame or embarrassment. The linguistic biography, which is collected using a creative and multimodal method with consideration of the bodily and emotional dimensions of language, can be a method for reworking the experience of social isolation, fear and anger, activating the use of linguistic resources that contribute to strengthening individual resilience.

Working with linguistic autobiography activates a series of virtuous processes that generate good practices. First of all, it allows us to recognize the value of the native language: showing respect for immigrants' mother tongue strengthens trust and promotes communication. Even small gestures, such as asking how to pronounce a name correctly or using a few words in their language, can have a positive impact. Furthermore, it allows us to welcome emotions related to language: linguistic difficulties can reactivate feelings of frustration, shame or exclusion. It also promotes a safe communicative environment that values multilingualism as a resource: multiple language skills become an asset, not an obstacle. Recognizing multilingualism supports a person's self-esteem and promotes more authentic and respectful integration, avoiding a rigid monolingual approach. In institutional or healthcare settings, it is preferable to opt for a flexible communication model: the goal is not to impose the language of the host country, but to promote mutual understanding and relational wellbeing.

## b. The secret of seeds

The activity on seeds (activity 6, part two, levels A2/B1) proposes a task that concerns a condition often linked to the experience of migration, namely a form of emotional numbness that inhibits the activity of that part of the emotional brain that makes a true experience of the world possible (van der Kolk 2014). This condition can be compared to a kind of paralysis similar to deep sleep, which allows one to avoid pain: a real state of incubation in which the body and mind remain waiting on standby.

The metaphor of the seed is particularly powerful in representing processes of growth, transformation, and latent potential. A seed contains within itself everything necessary to germinate, but it requires time, favourable conditions, and care to fully express its vitality. Each seed embodies the tension between waiting and growth, between vulnerability and potential, and can become a symbolic tool for reflecting on the process of individual development, on the importance of patience, care, and listening in fostering the maturation of what is still hidden or in nuce. Working with seeds allows us to visualize and concretize our desires, transforming them into a symbolic gesture: planting, caring for, and watching a seed grow becomes a metaphor for taking care of our aspirations, for the ability to nurture them and help them develop, respecting each one's timing. The most significant aspect of this activity lies in the possibility of choice: nothing is already defined or predetermined, but each participant has the opportunity to decide how to cultivate their seed, which desires to bring out and in which direction to let them grow. Very significant in this sense is the testimony of a very young Peruvian woman who, as a product of the flowering of the seeds, drew sunflowers «for life» and daisies «for her mother who died», whose name was Margherita, the word for “daisy” in Italian. The pain does not disappear, but it can be shared, observed, and transformed through a drawing that becomes a bridge between feeling and understanding, between emotion and reflection, opening up spaces for healing and awareness.

### **c. A princess named Alexandra**

This activity (activity 7, part two, levels A2/B1) presents the story of Alexandra, whose short plot, adapted to the linguistic level of the learners, not only incorporates some fundamental principles of narrative medicine, but also mirrors many biographical experiences of immigrants. The choice of a figure who is both real and regal is not accidental, but refers, for example, to the elevated status that migrants possessed in their native country. This status – often linked to social recognition, professional role, and the ability to practice specific jobs – is frequently compromised during the migration process. Migration can in fact lead to the loss of privileges, job continuity, and professional identity, forcing people to redefine themselves in contexts where their previously acquired social and symbolic capital is no longer recognized. In this sense, the royal figure becomes a symbolic representation of the distance between what one was and what one is forced to become, making visible the experience of loss that accompanies many migration journeys. The kingdom under attack symbolically represents the conditions that often cause migration, such as war, famine, economic hardship, climate disasters, and political instability. These factors create a deep rift that forces people to abandon not only their land, but also their loved ones, family relationships, and community ties. Therefore, not only is the loss territorial, but it also affects the entire emotional fabric and identity of the person, leaving a lasting mark

on the migratory experience. The land becomes foreign not only in the geographical sense, but above all as an alien and unknown space. In this context, the protagonist loses her way, an image that refers to a condition of profound disorientation. The strangeness of the new environment, cultural codes, and relationships causes pain and a loss of meaning: what was once familiar is no longer so, and the experience of the world becomes fragmented, opaque, and difficult to interpret (de Rogatis 2023). Losing one's way thus becomes a metaphor for the existential crisis of orientation that accompanies many migratory experiences, while the freezing of emotions and the difficulty in orienting oneself in a new context suggest a condition of unprocessed trauma, which can be read narratologically as a fracture in the continuity of one's life story. The image of heavy suitcases can be interpreted as a metaphor for the emotional burden that Alexandra carries with her: the pain of separation, traumatic memories, responsibilities, and fears accumulated during the migration journey. Alexandra's isolation and the representation of the frozen forest reflect the typical effects of trauma, such as relational withdrawal, emotional numbness, and a feeling of immobility. The frozen silence of nature becomes a mirror of an inner state in which time seems to have stopped. The sense of being elsewhere and feeling distant from the sounds of life represents the condition of isolation and detachment that characterizes post-traumatic stress disorder. This experience of disconnection from the surrounding world and from oneself manifests itself as a dulling of emotional and sensory resonance, in which reality appears distant, muffled and lacking in immediacy. This distancing from everyday life expresses a strategy of protection from pain which, however, contributes to reinforcing the sense of loneliness and alienation. The local woman who accompanies Alexandra to the doctor plays a fundamental role: she represents the presence of a bond, a human mediation that breaks her isolation. This role of the woman highlights the importance of social support in the healing process, showing how access to help is often made possible by encountering another person. If Alexandra could tell her story directly, it would significantly impact her healing process. Shared storytelling would transform a silent and fragmented experience into a meaningful narrative, promoting the recognition of pain and the construction of a new awareness. Telling one's story also means being seen and heard, which is central to psychological wellbeing: Alexandra, then, becomes the one who helps tell the stories. To support Alexandra in choosing whether to find her way home or start a new life in a different place, it is necessary to listen carefully, without judgement, and to be able to accept silence, hesitation and the symbolic images of the story. A therapeutic dialogue based on narrative medicine allows the person to be accompanied in shaping their experience, without having interpretations or preconceived solutions imposed on them. The ending of the story is deliberately left open and does not coincide with a quick or definitive recovery, but with the opening of a choice: the possibility of embarking on a course of treatment, postponing it or refusing it. A deep understanding of the princess's story allows us

to build an approach to providing care that respects her timing, her needs, and her self-determination, recognizing the narrative not only as a clinical tool but also as a space for encounter and care.

## 5. CONCLUSIONS

I dedicate my work to all those like Alexandra who have experienced loss, rupture, and profound transformation in their lives. They deserve recognition for the quiet strength with which they continue to guard their stories, even when the world around them changes. I offer them my heartfelt thanks for sharing this journey of experimentation with me, honouring their stories and giving me a fragment of their lives. Their trust and generosity in sharing their stories have made this work possible and represent its deepest value.

My sincere gratitude goes to Tiziana de Rogatis for making all this possible.

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## A2 MATERIALS

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## LESSON ONE, LEVEL A2

### 1. IMAGINE YOURSELF, DRAW YOURSELF, TELL YOUR STORY

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

Who did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_

#### 1 A

Answer the questions.

Here, imagination is allowed!

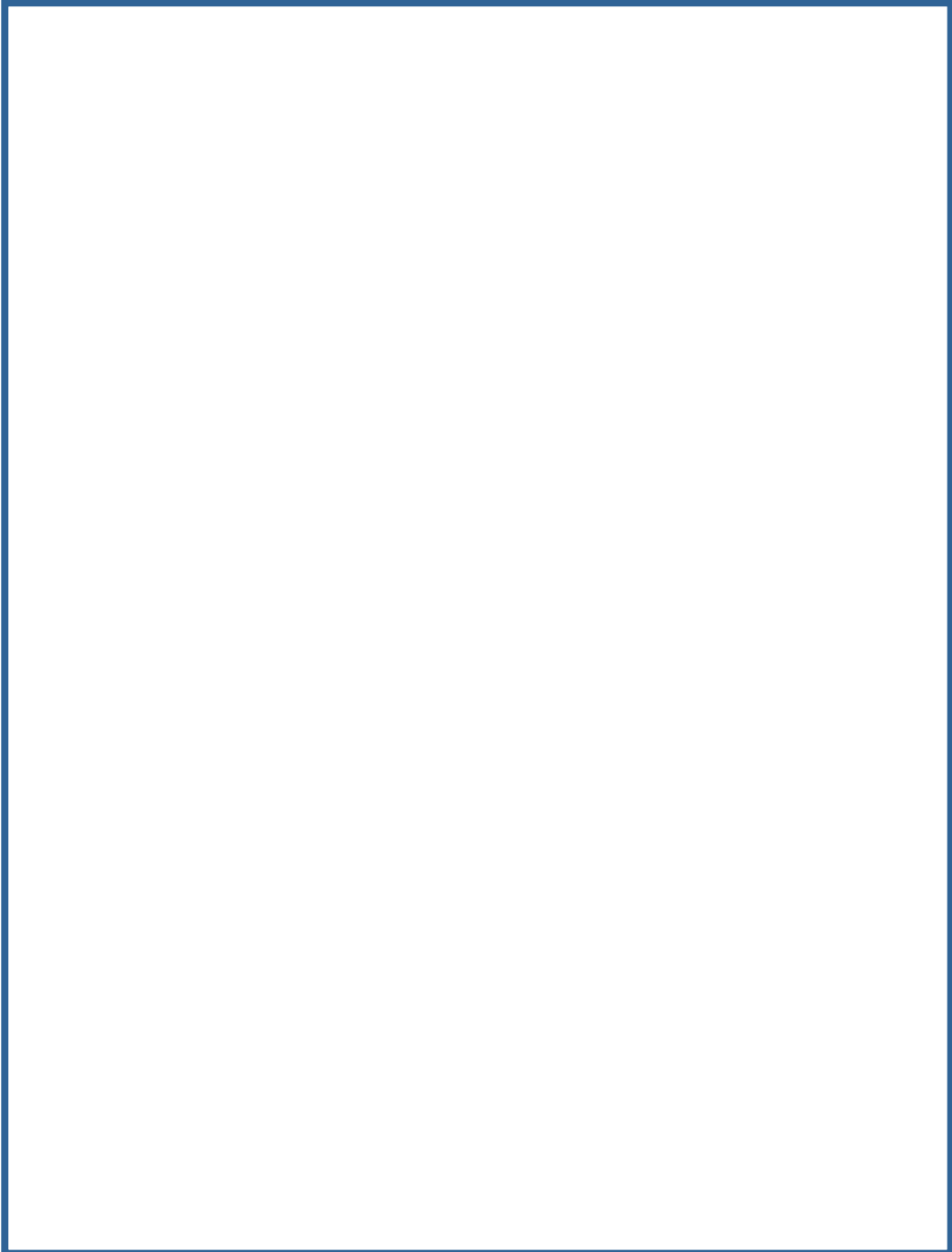


1. Observe the space around you: what is there? How big is the room? What do you like or dislike? If you want, you can walk around and look around you.
2. Look inside yourself: how big is your space? How does it feel? Solid, liquid, big, small? How do you imagine it?
3. Where are we now? In which city? In which region? Are you happy to be here?

1 B

Draw a picture.

Draw a place that makes you feel good in the space provided here:



2

Do some research.

- a. Search the Internet for an image of the Porta di Lampedusa-Porta d'Europa by the artist Mimmo Paladino: Where do you think this door is? What is it like?

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- b. Now search the Internet for Arabella Pio's Porta di Lampedusa-Porta d'Europa. What is the difference? Why did the artist Arabella Pio close the door? What do you think it means?

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5

Read the list of words and then answer the questions.

Positive and negative emotions

fear • shame • joy • anger • frustration • curiosity • nostalgia • satisfaction • sadness  
• cheerfulness • inadequacy • fulfilment

What emotions do you feel when you speak Italian?

When I speak Italian, I feel \_\_\_\_\_

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What emotions do you feel when you speak your native language?

When I speak my native language (or languages), I feel \_\_\_\_\_

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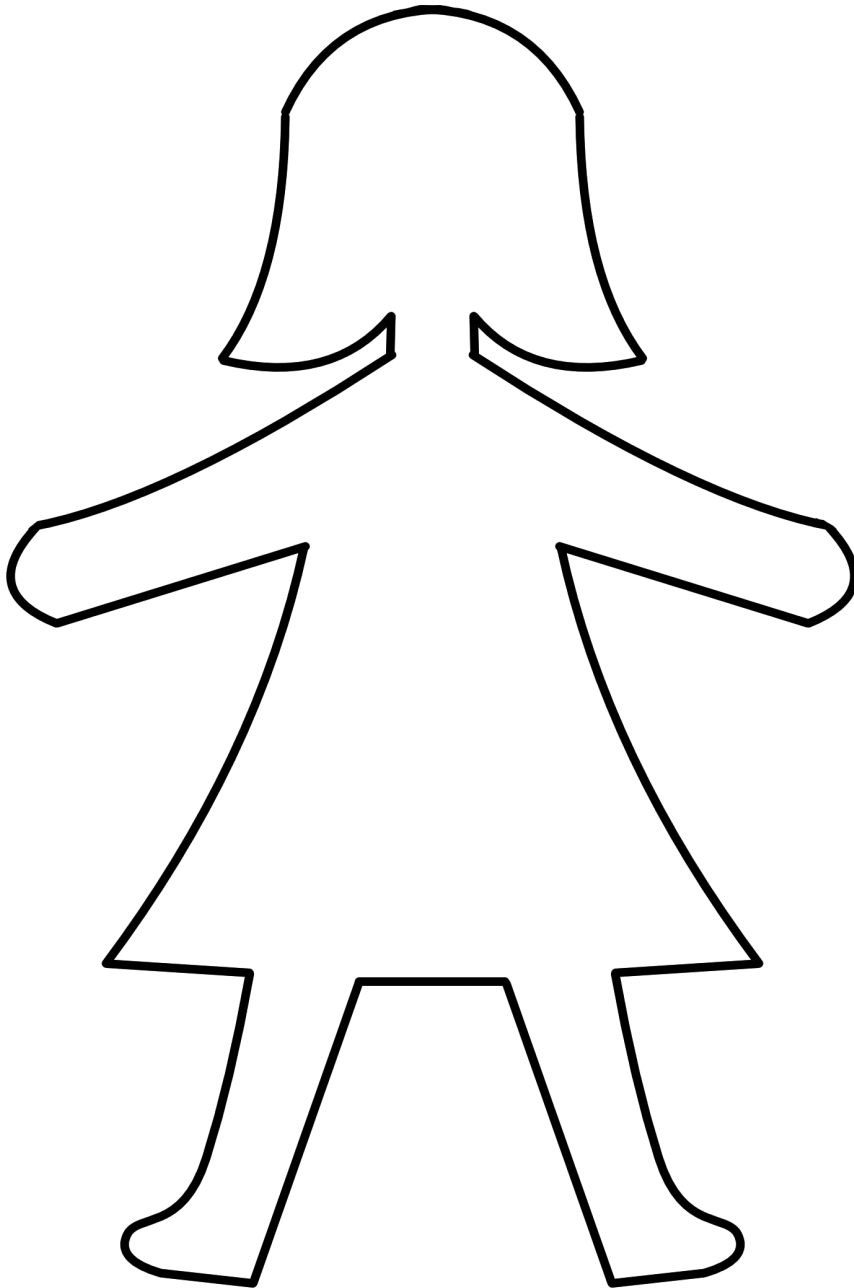
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6

Write the names of the languages you know in the outline: use colours!

Look at the image and think about the languages you know: in which area of the body do you write them? With which colours? (Use markers or coloured pencils).



7

Read the sentences. True or false? Why?

1. It is difficult to talk about your needs and feelings in a foreign language.
2. It is easy to talk about your needs and feelings in a foreign language.
3. I don't feel comfortable when I speak a foreign language.
4. I enjoy speaking a foreign language.
5. I am ashamed to speak my mother tongue in public.
6. I am happy to speak my mother tongue in public.

T	F
T	F
T	F
T	F
T	F
T	F



8

Read and complete the sentences.

When I translate my language (and even my name) into Italian, I feel that:

a. I lose *the beauty of the sound*, \_\_\_\_\_

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b. I gain \_\_\_\_\_

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When I translate Italian into my language, I feel that:

a. I lose \_\_\_\_\_

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b. I gain \_\_\_\_\_

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9 A

Look at the picture: what comes to mind?



9 B

Read the texts.

Go back, stay or leave? [...] Emigrants are like mountain climbers in danger on the rock face: they cannot go up and they cannot go down.

(adapted from D. Frigessi Castelnuovo, M. Riso, *A mezza parete*, Einaudi, Turin, 1982)

A week after arriving in Italy [...] I open my diary [...]. I do something strange. I write my diary in Italian. I do it almost automatically, spontaneously. [...] I no longer hear English in my brain. [...] I use up one notebook, I start another. [...] It's as if, poorly equipped, I were climbing a mountain. I don't have many words to express myself. And yet [...] I feel free, light.

(adapted from J. Lahiri, *In Other Words*, trans. Ann Goldstein, New York, Knopf, 2016)

9 C

Now choose one of the two texts: what do you think about it?

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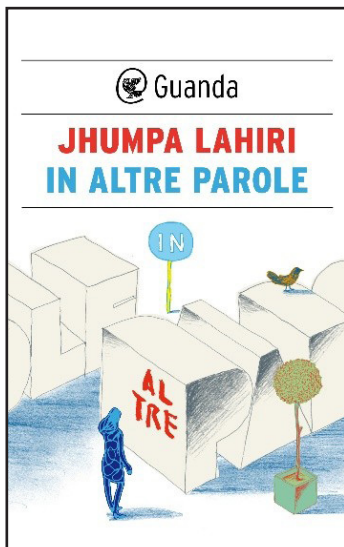
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In small groups: read the texts and discuss them.



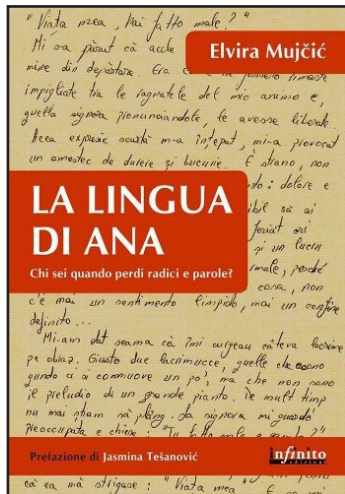
I have spoken French for more than thirty years, written it for twenty, but I still don't know it. I can't speak French without making mistakes, and I can't write French without the help of a dictionary. That's why I call [...] the French language an enemy language. But there is another, more serious reason: this language is killing my mother tongue.

(adapted from A. Kristof, *The Illiterate*, trans. Nina Bogin, London, CB editions, 2022)



I was ashamed to speak Bengali in front of my American friends. I hated hearing my mother on the telephone when I was at a friend's house. I wanted to hide, as far as possible, my relationship with the language. I was ashamed of speaking Bengali and at the same time I was ashamed of feeling ashamed.

(adapted from J. Lahiri, *In Other Words*, trans. Ann Goldstein, New York, Knopf, 2016)



Now I think in Italian and I even dream in my new language. It is no longer a simple exercise: I feel it, it reaches deep inside me and says something about me, it understands me and contains me. [...] It has become part of me. It will never be the same as Moldovan. [...] Moldovan is my mother tongue and cannot be replaced, even though I now speak Italian better, but it is not a matter of knowledge. It doesn't matter how I speak Moldovan, what matters is how I feel when I return "home".

(adapted from E. Mujčić, *La lingua di Ana. Chi sei quando perdi radici e parole?*, Infinito Edizioni, Milano, 2012)

What did you like most about what we have studied? Why?

## LESSON TWO, LEVEL A2

### 2. SEEDS OF REBIRTH

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

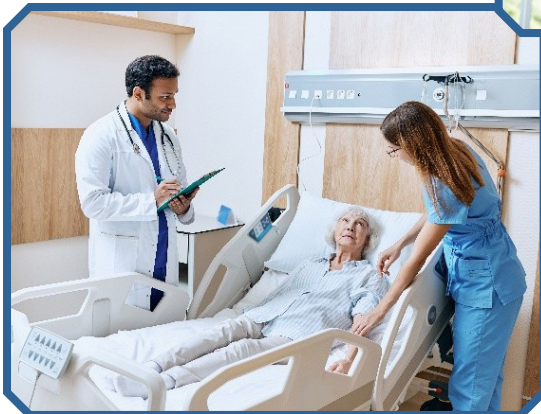
When did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_

#### 1 A

Look at the pictures and answer the questions.

- What do you do when you have a health problem?
- Which images best represent the way you take care of yourself?





1 B

Complete the sentence.

When I need treatment, I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2

Read and explain the meaning of the words.

antibiotic • anti-inflammatory • fever-relief • thermometer • anaesthesia •  
electrocardiogram • allergy • fever • bronchitis • analgesic • flu • gastroenteritis •  
heart attack • obesity

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



3 B

Look at the pictures.

With the help of the teacher, describe the symptoms of the people in two different ways (see activity 3A).



4 A

Look at the image and read the sentence.

Sometimes my body wants to say things... but my head doesn't listen to it...



4 B

Answer the questions.

Does this happen to you too? On what occasions? Why?

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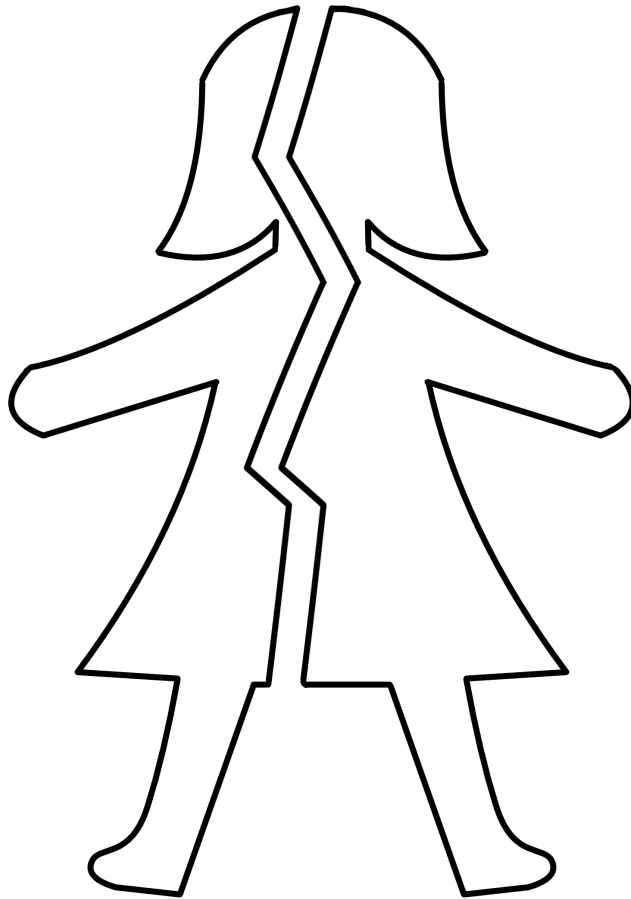
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5 A

Look at the image and write: What do you think of it? What does it make you think of?



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5 B

Search the Internet for the image by artist Pawel Jonca, *The Seed*: describe the image and answer the questions.

If you cannot access the Internet, you can work on the image below, *Seed of Self* by Verena Wild.



Image courtesy of the artist.

- a. Does this image have a positive or negative meaning for you? Why?
- b. Have you ever felt this way? When?

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6 A

Look at the image of the seeds and complete the sentences.



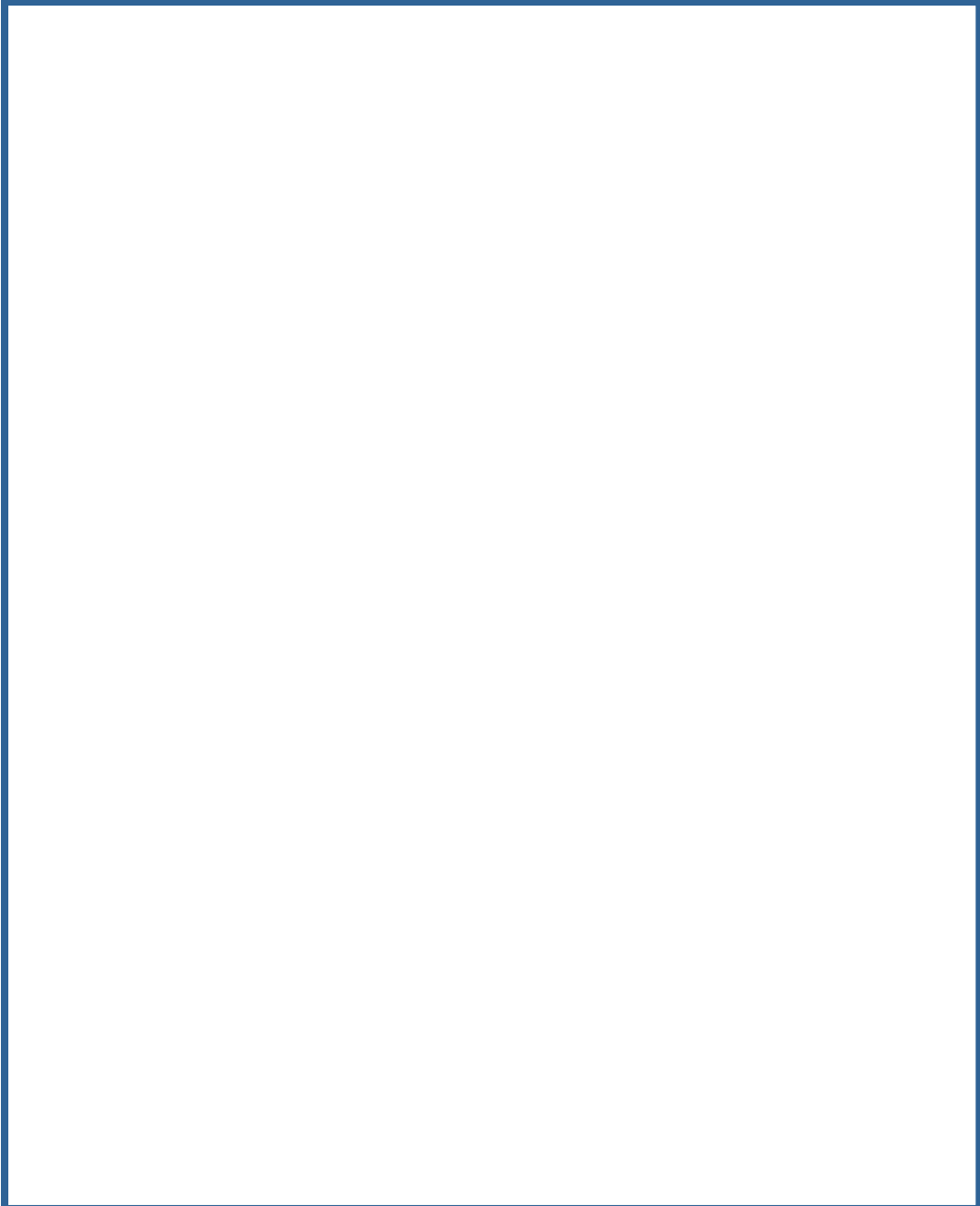
- a. I use seeds to \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_



## 6 B

### Draw a picture.

Now imagine you have some seeds in your hand, and you plant them in the ground. After a while, what comes out? Draw it. (Use your imagination: you can draw an object, a person, a wish, etc.)



7 A

Listen to the teacher reading the story. Then read it in groups.

The story of Alexandra



Once upon a time, there was a princess named Alexandra who lived in a faraway land. To protect her kingdom, which was under attack, she faced wars and endured hunger and cold. She had to leave her home, her elderly parents and the person she loved. She lost many friends and even her little she-dog, Luna. Now Alexandra is in a foreign land, unable to find her way... even though she is no longer looking for it. Alexandra imagines herself as a young woman dragging heavy suitcases. It is freezing cold. Her heart is frozen and she is alone. Even the forest is frozen. Wherever she is, she is always somewhere else: in a silent place, far from the sounds of life. She no longer remembers the good things from the past. She doesn't smile or talk. A local woman takes her to Florence, a female doctor. Will she find a solution?

7 B

Write.

a. How does Alexandra feel?

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b. What can help her?

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c. Imagine you are talking to Alexandra. What would you ask her?

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- d. Imagine you are Alexandra's mum (or her dog, the person she loves, one of her friends): what would you say to her?

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- e. How does the story end?

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What did you like most about the topics we covered together? Why?

## LESSON THREE, LEVEL A2

### 3. WALKING TOWARDS WELLBEING

Name \_\_\_\_\_

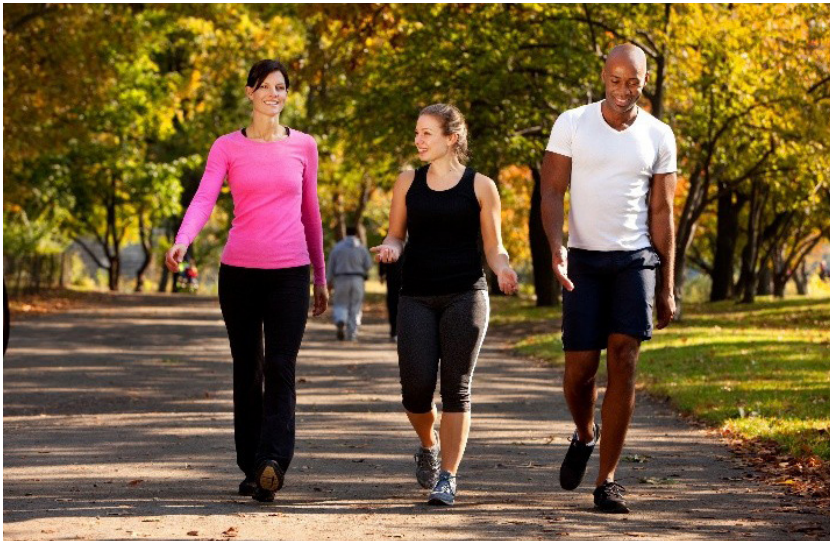
Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

Who did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_



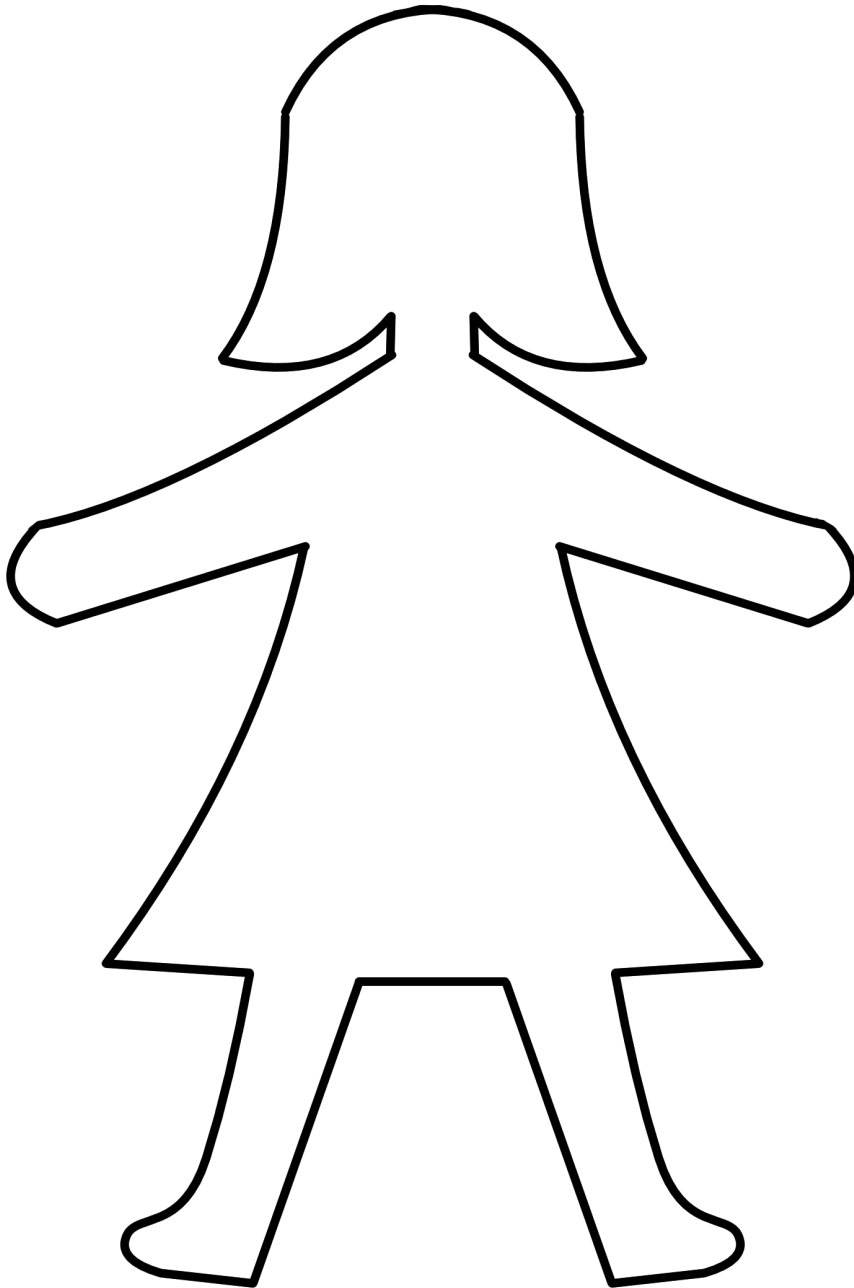
1 A

Read these words.

depression • migraine • anxiety • fear • joy • lightness • love • security • strength •  
weakness • lack

1 B

Read the words again: which parts of the body do you associate them with? Use coloured pencils and markers and write the words in the silhouette.



2

Complete the following sentences.

a. For me, being healthy means \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I feel bad when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

Rank the following sentences.

When you feel unwell, what is your biggest problem? Read the list and put it in order from 1 (the most important problem for you) to 10 (the least important problem for you).

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I do not have a trusted doctor.                             |
| <input type="checkbox"/> | I do not know where to go.                                  |
| <input type="checkbox"/> | I cannot talk to anyone about my health problems.           |
| <input type="checkbox"/> | I do not know how the health system works here.             |
| <input type="checkbox"/> | I do not have much information about health.                |
| <input type="checkbox"/> | I feel embarrassed/ashamed.                                 |
| <input type="checkbox"/> | I am afraid to go to the hospital/doctor.                   |
| <input type="checkbox"/> | I do not know the language well.                            |
| <input type="checkbox"/> | Understanding what I have.                                  |
| <input type="checkbox"/> | It is difficult to accept that I am ill and need treatment. |
| <input type="checkbox"/> | Other _____   |

4 A

Answer the questions.

“Feeling” with your skin...

Is it possible to “feel” with your skin? Does this happen to you? What do you “feel”?



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## 4 B

Read the expressions and match them with the correct meaning.

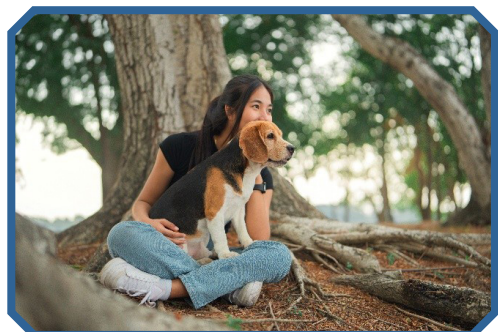
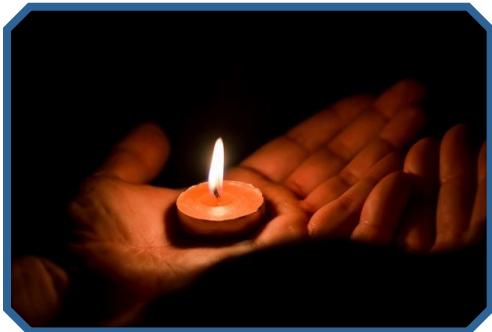
- |   |   |
|---|---|
| 1. You're just skin and bones!  | a. To annoy.                              |
| 2. Grandma Maddalena has thick skin!  | b. To barely succeed.                     |
| 3. Don't say anything to me... You've really got under my skin recently!      | c. To shiver with fear.                   |
| 4. When I saw the price of the ticket, I jumped out of my skin!               | d. To be resistant to hard work, illness. |
| 5. I was alone in that dark street: my skin crawled!                          | e. To be shocked or surprised.            |
| 6. I should have studied more for the exam: I passed by the skin of my teeth! | f. To be very thin.                       |

## 5

Read and answer the question.

What helps you when you feel unwell?

For example: the sea, music, a hug from a loved one, playing with an animal, being in nature, drawing, looking at a work of art...



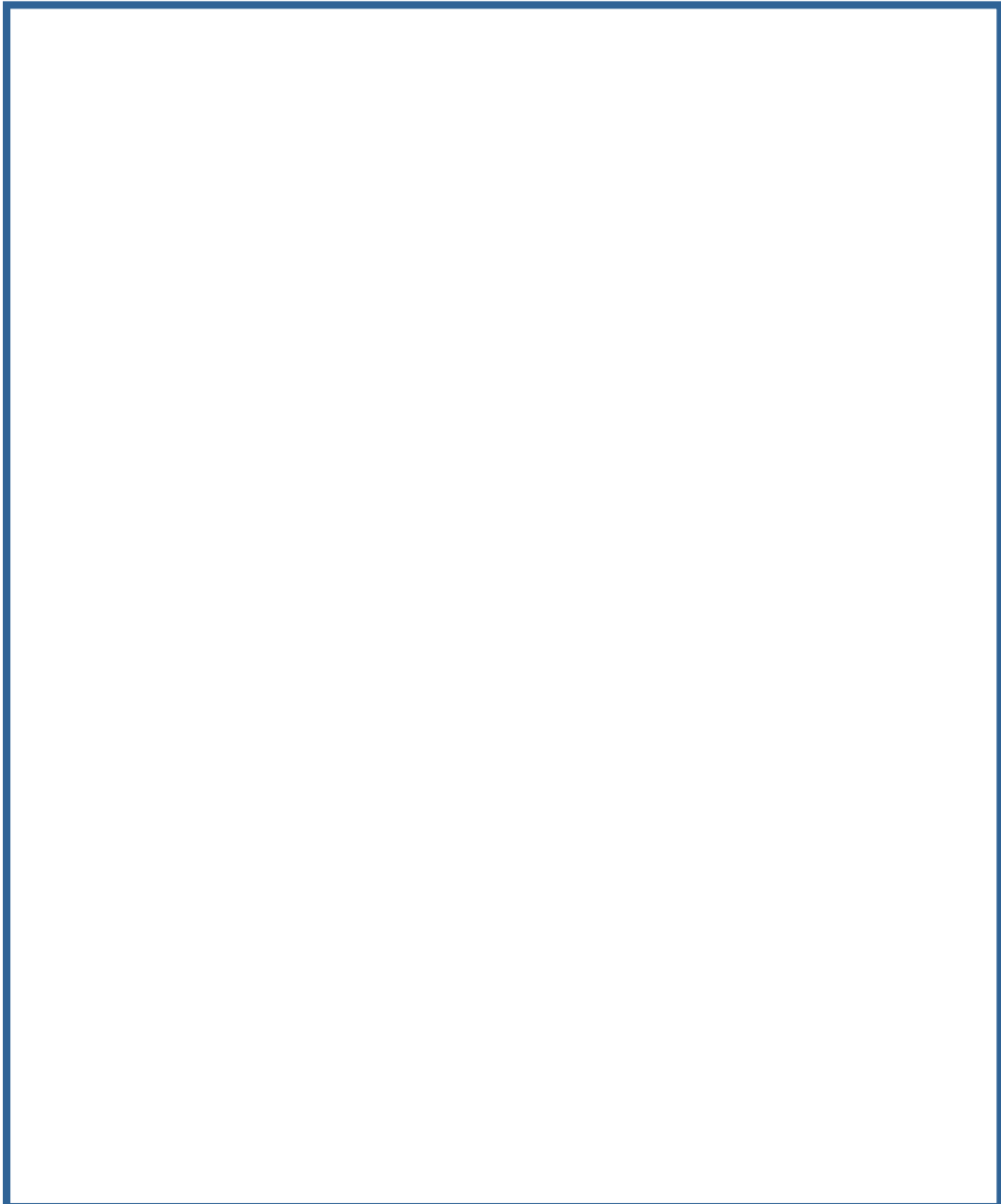


## 6 B

Read the questions and draw a picture.

Now that you have arrived: what is left in the suitcase from your past? What is useful for the present? And what is important for the future?

Draw the suitcase and its contents. Write PA if it is something from the past, PR if it is something that belongs to the present, F if it is something for the future.



What did you like most about what we studied? Why?

## GUIDE TO LESSON ONE, LEVEL A2

### 1. IMAGINE YOURSELF, DRAW YOURSELF, TELL YOUR STORY

#### Activity 1

**Description:** The theme of imagination is a fundamental part of the empowerment of immigrants. In many cases, traumas and/or microtraumas experienced during migration can eliminate the possibility to imagine. Once activated, this possibility enables people to use their imagination to find alternative solutions to problems or to choose other lifestyles. In this activity, the imagination is stimulated through the ability to observe the external environment in a new way and to pay attention to bodily sensations.

**Objective:** To stimulate practices, behaviours or attitudes that allow a person to support themselves emotionally, mentally or physically, cultivating their own wellbeing.

**Suggestions:** Depending on the space available, the teacher can add further stimuli for observation (a map, a view from the window, etc.).

#### Activities 2, 3, 4

**Description:** The image of the closed door represents an obstacle blocking the way. In this activity, this metaphor is used to think about the difficulties that may seem too great when living in a foreign country: for example, the language, the different customs, the loneliness, the bureaucracy...

By observing the door, we try to imagine what lies behind it: the fears, emotions or hidden meanings that make the problem more difficult.

**Objective:** To express and thus better understand these difficulties, to find solutions that can “open the door” and make the journey easier.

**Suggestions:** The teacher can ask the students to take turns speaking and listen, without giving any guidance, to what they see behind the door. They can write the most meaningful words on the board along with the solutions that emerged in relation to any of the problems mentioned.

#### Activity 5

**Description:** Traumas and/or microtraumas experienced during migration can cause emotional blockages, reducing the ability to perceive both negative and positive emotions. This protective mechanism leads to living automatically and losing access to pleasure, vitality and social connection. The activities on vocabulary of emotion help to gradually reactivate emotional recognition, progressively and

safely reconnecting, with the guidance of the teacher, the fracture between emotions and life.

**Objective:** To improve self-awareness and contact with one's inner world.

**Suggestions:** The teacher can add other words to the list.

### Activities 6, 7, 8

**Description:** Activity 6 on linguistic autobiography uses personal history related to languages as a tool for healing. Talking about one's relationship with languages allows one to explore pain, silence, change and rebirth. Talking about one's relationship with languages also allows one to recognise how a new language can give birth to a new identity. Activities 7 and 8 continue to explore the world contained within languages, highlighting the difficulties, but also the enormous possibilities.

**Objective:** To better understand the relationship with oneself and with others through one's linguistic and personal journey, to give space and voice to the dimensions related to one's native language(s).

**Suggestions:** For activity 6, the teacher should provide markers and coloured pencils. They can also give an example of a linguistic autobiography based on the languages they know (this can of course also include dialects and communicative and/or creative languages specific to each person).

### Activity 9 A

**Description:** the activity uses the image of a climber clinging to a rock face to represent the hidden ill-being of immigrants. It helps them to reflect on the inner difficulties and emotional tensions that immigrants face, since they camouflage these issues by seeming to function efficiently.

**Objective:** To locate oneself on the wall, i.e. to encourage immigrants to take stock of where they are and of their past and future migration story. To understand the silent costs of any emotional and psychological effort associated with the ill-being of migration. That is, to share how this ill-being can affect life and relationships, even when it does not manifest itself with obvious symptoms. Sharing can help people feel less alone and find creative solutions to problems together.

### Activity 9 B

**Description:** The activity offers, in a sensitive and non-intrusive way, a linguistic and emotional reflection on the theme of migratory trauma and/or microtrauma through the two texts. On the one hand, the passages offer a powerful metaphor through the image of the mountain climber halfway up the wall, representing the condition of the immigrant suspended between two worlds, unable to turn back but not yet fully

integrated into the new reality. On the other hand, the passages offer the voice of those who, in a new country, spontaneously choose to write in another language, as if the use of a new code opened up a space of freedom and rebirth.

**Objective:** To create an opportunity to recognise and talk about one's difficulties, reflecting on different ways of dealing with change. The comparison between the mountaineer's fear and uncertainty and the discovery of a new freedom in writing highlights the dual dimension of the migratory experience: loss and possibility, pain and rebirth.

**Suggestions:** The activity lends itself to understanding the different ways in which people deal with the transformation of migration: from losses and challenges to the opportunity for rebirth. We recommend an approach based on empathetic listening and on appreciating different trajectories of adaptation. This opens up a symbolic space for processing migratory traumas and/or microtraumas, allowing participants to recount the struggles and hopes of living between two languages and two worlds.

### Activity 10

**Description:** Read excerpts from migration stories to initiate reflection and discussion on one's own experiences and those of others.

**Objective:** To encourage the ability to recognise and recount one's own migration experience. To raise awareness about the adventures and/or difficulties faced by learners. To emphasise the importance of stories, reading and sharing experiences, promoting understanding, mutual awareness and empathy.

**Suggestions:** Students can be encouraged to share their reactions and reflections, respecting each person's pace and rhythm. Open-ended questions can be asked to encourage dialogue.

## GUIDE TO LESSON TWO, LEVEL A2

### 2. SEEDS OF REBIRTH

#### Activity 1

**Description:** This activity encourages intercultural discussion about different ways of healing, from modern medicine to traditional remedies and personal practices for promoting physical and mental well-being.

**Objective:** To recognise prejudices and biased perceptions and to reflect on healthcare as a path that can take many forms. The first aim is to stimulate awareness, confidence and the ability to navigate various healthcare options. The second aim is to encourage reflection on how to promote an effective culture of health through tools and skills that can be shared within one's family and/or community.

**Suggestions:** Using short testimonials and moments of exchange, the teacher can provide space to reflect on how healthcare practices can vary according to culture, beliefs and personal experiences, and how different practices can interact.

#### Activity 2

**Description:** The activity focuses on healthcare vocabulary.

**Objective:** To improve health literacy through vocabulary expansion.

**Suggestions:** The teacher can expand the list by adding additional words related to diseases, medications and places of care.

#### Activity 3

**Description:** The activity invites participants to compare the language used to describe a subjective experience of illness with that used in the medical definition of the disease.

**Objective:** To recognise that health contains both subjective and clinical dimensions. To learn how to describe symptoms and establish an adequate listening relationship with one's body through words.

#### Activity 4

**Description:** The image associated with the activity illustrates the mechanism of dissociation. The head, in the form of a hot air balloon separated from the body, represents how the mind and bodily sensations can temporarily “disconnect” in the context of trauma and/or microtrauma associated with migration, but also more commonly in stressful situations. Dissociation functions as a defence mechanism

that protects the individual from overly intense or traumatic emotional experiences. The mind detaches itself from the surrounding reality and usually the body is not listened to. Often, immigrants cannot afford to show physical symptoms or get sick, for socio-economic or work-related reasons.

**Objective:** To understand the concept of dissociation as a psychological protection mechanism, encouraging reflection on the link between mind, body and socio-cultural contexts. To promote, at the same time, greater awareness of the difficulties associated with caring for one's own well-being, particularly in relation to psychological processes and their manifestations in the body.

**Suggestions:** It is advisable to ask participants to observe the image, initially asking for an objective description. Subsequently, the teacher can invite them to reflect more personally with questions such as: have you ever felt this way? In what situations? Where does your mind go when you are distracted from real life? How does your body react when you do not listen to it because your mind is occupied with thoughts or worries? In a relational approach based on reciprocity, it is useful both to listen attentively and to share something about oneself in relation to the same image.

### Activity 5 A

**Description:** The image of the broken silhouette represents fragmentation, an internal ill-being that can be visualised via a fracture.

**Objective:** To allow the visualisation of a discomfort that can be named, making the implicit observable. The aim is to promote awareness and expression of one's emotional experience by encouraging students to recognize their internal fractures: a first step towards self-care.

### Activity 5 B

**Description:** To proceed with this activity, students need to find the image by artist Pawel Jonca, *The Seed*, on the Internet. If they cannot access the Internet, they can alternatively work on the image *Seed of Self* by Verena Wild. In both cases, the image depicts a woman symbolically represented as a seed. This metaphor is ambivalent. On the one hand, the metaphor refers to the way in which, after trauma, many people shut themselves off to avoid experiencing painful feelings. It is like going underground, where needs and emotions are buried: a strategy that can provide immediate protection but that, in the long run, comes at a very high emotional cost. On the other hand, the metaphor of the woman-seed and her roots contains a powerful reference to sleep's ability to generate a rebirth.

**Objective:** To stimulate reflection on the possibility of emerging from the state of emotional numbness and paralysis that sometimes follows difficult experiences. The image suggests that, even in moments when one feels empty and isolated or

detached, there can be a period of incubation, a moment in time that is silent and suspended, but also potentially generative. Putting this transition into words, giving voice to what has remained confused or unspoken until now, allows one to recognise it and begin to transform it. Words thus become the first drive towards a possible rebirth.

**Suggestions:** It is advisable not to force the interpretation of the image in any way, but to leave students free to express what they see (an egg, a woman, a foetus, etc.). Questions such as “Have you ever felt this way?”, “What does this image remind you of?”, “Does it convey positive or negative feelings?” can be asked in order to guide discussion in an atmosphere of listening and acceptance.

### Activities 6 A, 6 B

**Description:** This activity, which is closely related to the previous one, focuses on an image of some seeds. Participants are first guided to reflect on the meaning of the seeds; they are then invited to imagine planting them in the ground and to draw what could sprout from them.

**Objective:** To encourage the symbolic “flowering” of inner seeds. This process invites participants to recover parts of themselves that have been hidden and to reactivate their vitality. The body puts up defences that can be metaphorically represented as a seed, which is temporarily protected and isolated from the external environment. Seeds are archetypal: in many traditions, when a person is overwhelmed by trauma, it is believed that the soul separates from the body. Similarly, in various shamanic cultures, it was believed that illness could result from the loss of fragments of the soul. Using the metaphor of sowing seeds, we can encourage reflection on a process of integration in which the body, mind and brain begin to work together again, promoting a more harmonious connection between what one feels, what one thinks and what one says.

**Suggestions:** It should be clarified that the seeds do not necessarily have to be related to plants or vegetables. Each person is free to choose both what the seeds potentially contain and what is born from them (an animal, a physical or symbolic place, a flower, a person, etc.).

### Activities 7 A, 7 B

**Description:** The activity focuses on listening to and reading a story together with writing activities. For millennia, human beings have learned through stories. Stories tell truths that often frighten us and our societies, help us encounter unknown parts of ourselves, and bring together feelings, emotions, and thoughts that would otherwise stay hidden. Traumas and/or microtraumas experienced during migration primarily affect our ability to experience emotions, as defensive barriers are activated

to protect us from pain. However, this mechanism also reduces our access to positive feelings such as joy, pleasure and the perception of beauty. For this reason, we have placed Alexandra's frozen heart at the centre of this story. In the final part, we also introduced the possibility of a cure for the frozen princess, presenting it as an open hypothesis.

**Objective:** To experience the power to change the story using different points of view. To feel a sense of recognition and empathy. To stimulate the ability to reconstruct in the imagination the unique experience of the other, fostering a connection between experiences. To provide tools to maintain and promote health.

**Suggestions:** The story should initially only be listened to; at a later stage, it can be read. It is suggested that the teacher not force the end of the story towards an inevitable recovery, but to leave it open for interpretations by learners who may hypothesise both Alexandra's desire to recover or her desire not to recover. The results of the activity can be collected in a notebook as reflections or resources to draw on in times of difficulty.

## GUIDE TO LESSON THREE, LEVEL A2

### 3. WALKING TOWARDS WELLBEING

#### Activity 1

**Description:** The activity uses the outline of the linguistic silhouette to locate the listed words on the body.

**Objective:** To create a health autobiography. Using a body outline to insert words related to one's physical discomforts helps one to recognise, locate and express one's health experience in a simple, visual way. The activity helps participants to become aware of physical signals and how they experience them, to express what they feel in concrete words and to connect what happens in their body to their personal history. In this way, the silhouette becomes a small health autobiography, a "sister" to the linguistic autobiography included in the first part of the A2 level exercises. It is useful for reflecting on one's needs and limitations, but also for focusing on the resources with which one faces everyday life.

#### Activities 2, 3

**Description:** The proposed activities focus on the theme of health as a personal and social experience.

**Objective:** To guide participants in reflecting on the meaning of well-being and ill-being, exploring how each person experiences and interprets these two dimensions of health. To invite them to analyse the obstacles and problems that may arise in accessing health services in a foreign country, highlighting practical, linguistic, communicative and intercultural difficulties. Allowing them to discuss and express their own experiences, the activities help to highlight the priority of health in everyday life, promoting awareness and responsibility for one's own wellbeing.

#### Activity 4

**Description:** The activity examines the skin as an organ, starting with the sensations that can be perceived through it and its role in our relationship with the world. Subsequently, the focus shifts to the word "skin" and the different expressions in which it appears. This step not only expands the vocabulary but also highlights the multiple meanings that the term takes on in everyday language, revealing the numerous symbolic, emotional and relational roles attributed to the skin. The skin is an important boundary between the self and the world, a mobile border on which many things are deposited; just think that itchy skin is a widespread migratory psychosomatic symptom.

**Objective:** To explore the concept of well-being and ill-being through bodily sensations related to the skin; to analyse the different nuances of meaning present in idiomatic expressions concerning the skin and to promote greater awareness of the multiple physical and symbolic roles played by this organ in our personal and social experience. The aim is also to become aware of the emotional filters we use to interact with reality and how the skin can become a receptacle for fears, anxieties and neuroses if it is not adequately “protected”.

**Suggestions:** The teacher can give further examples using the word “skin”, but can also encourage intercultural comparison by asking if there are similar expressions in the immigrant’s native language and what they mean.

### Activity 5

**Description:** The activity explores the process through which it is possible to draw on resources to be well.

**Objective:** To guide participants in recognising, valuing and activating their personal and relational resources that contribute to increased wellbeing. Through moments of reflection and sharing, the aim is to strengthen awareness of the ability to cope with difficulties, to bring out what helps to feel good, and to promote a positive attitude oriented towards self-care.

**Suggestions:** The teacher can bring other images of enjoyable activities and ask people to share, if they wish, images of their moments of serenity. The teacher can suggest that they describe their moments of wellbeing on some cards and keep them in a drawer, so that they can find them when needed, both to support themselves in difficult times and to relive and reinforce positive memories whenever they feel the need.

### Activity 6

**Description:** The activity focuses on migration journeys through the metaphor of a suitcase.

**Objective:** Using the metaphor of a suitcase helps participants reflect on their own migration journey, what they brought with them and what they had to leave behind. The metaphor helps to rework nostalgia, a decisive dimension of wellbeing and ill-being in the context of migration. This symbolic image fosters an awareness of one’s own story, personal resources and challenges faced, providing a space to give meaning to the migratory experience and to recognise the value of one’s own journey.



ANDREINA SGAGLIONE, TIZIANA DE ROGATIS

## B1 MATERIALS

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## PRIMA PARTE B1

### 1. IMAGINE YOURSELF, DRAW YOURSELF, TELL YOUR STORY

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

When did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_

#### 1 A

#### Answer the questions.

Here, imagination is allowed!!

Imagination gives us permission to use a new language to talk about our experiences and our world.

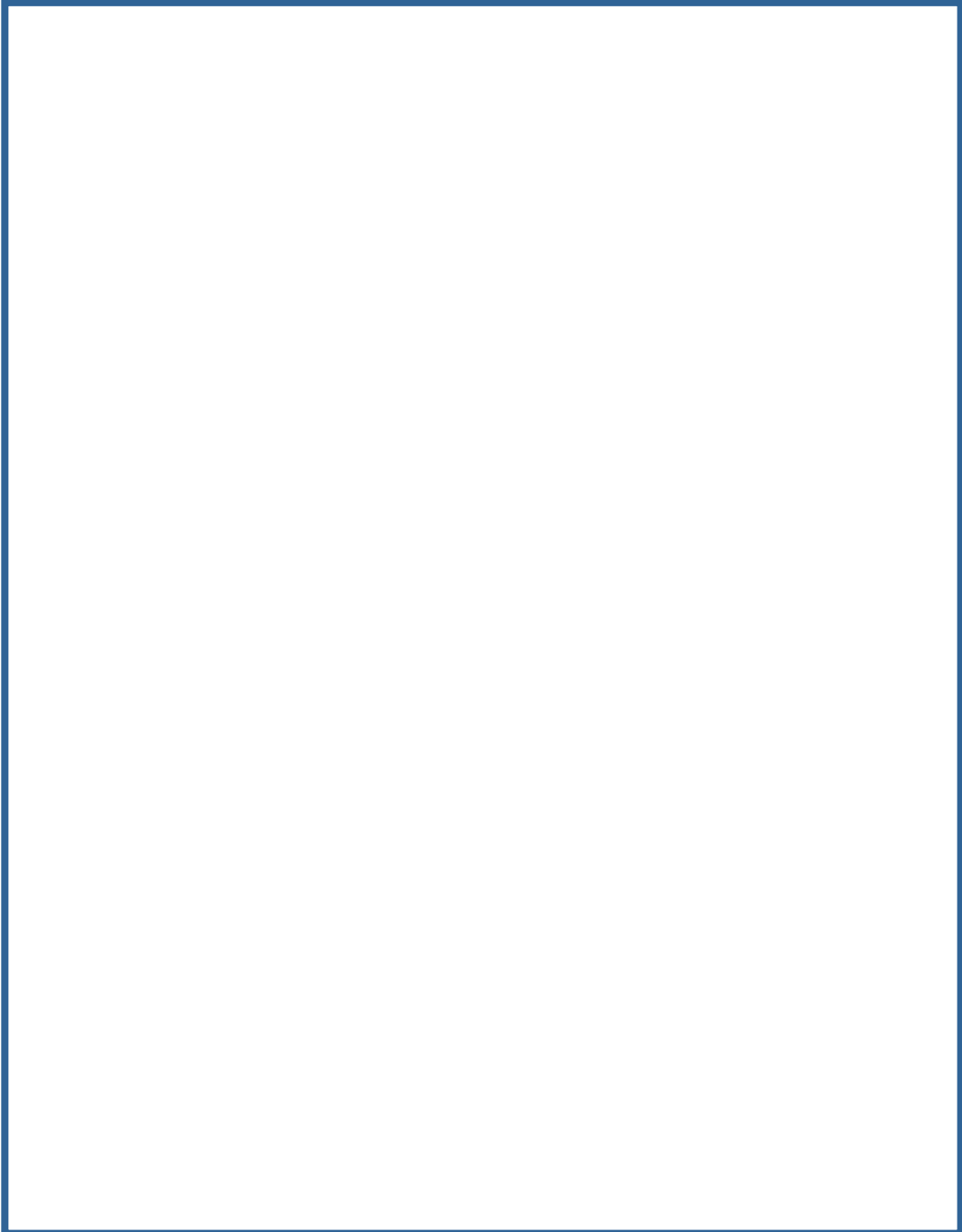


1. Observe the space around you: what is there? What do you notice? How big is the room you are in? What do you like or dislike? If you want, you can walk around and look at things you have never noticed before.
2. Now look at your inner space: how big is it? How does it feel? Solid, liquid...? How do you imagine it?
3. Where are we now? In which city? In which region? In which geographical location? Where would you like to be now?

1 B

Draw a picture.

Draw a map of a place that makes you feel good (you can use your imagination: your city, a place you like, the city where you live, your workplace, your classroom, etc.).



2

Do some research.

- a. Search the Internet for an image of the Porta di Lampedusa-Porta d'Europa (Gate of Lampedusa-Gate of Europe) by the artist Mimmo Paladino: Where do you think this door is? What is it like? What does it represent for you?

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- b. Now search the Internet for Arabella Pio's Porta di Lampedusa-Porta d'Europa. What is the difference? Why did the artist Arabella Pio close the door? What do you think it means?

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4

Answer the question.

What is behind this door?



For me, behind this door there is \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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5

Read the list of words and then answer the questions.

Positive and negative emotions

fear • shame • joy • anger • frustration • curiosity • nostalgia • satisfaction • sadness  
• cheerfulness • inadequacy • fulfilment

What emotions do you feel when you speak Italian?

When I speak Italian, I feel \_\_\_\_\_

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What emotions do you feel when you speak your native language?

When I speak my native language (or languages), I feel \_\_\_\_\_

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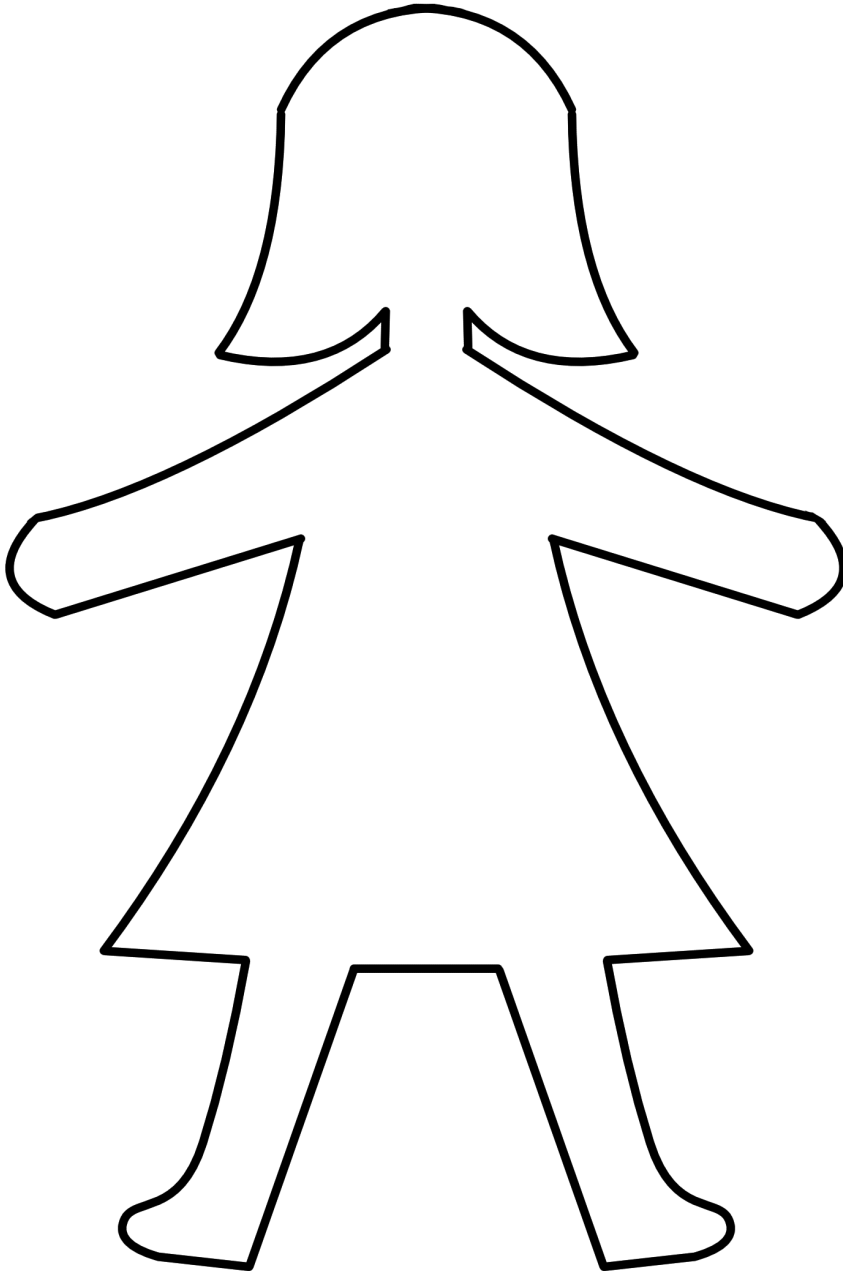
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6

Write the names of the languages you know in the outline: use colours!

Look at the image and think about the languages you know: in which area of the body do you write them? With which colours? Explain your choices. Use felt-tip pens or coloured pencils.



7

Do you agree or disagree with the following opinions? Why?

1. It is not easy to express your needs and feelings in a foreign language.

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2. Learning a language can be painful if you have to give up using your mother tongue.

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3. You learn a language out of necessity / you can learn a language out of love.

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4. I don't feel comfortable when I speak a foreign language / I enjoy speaking a foreign language.

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5. I am ashamed to speak my mother tongue in public. / I am happy to speak my mother tongue in public.

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8

Complete the sentences.

Language



When I translate my language into Italian (and even my name), I feel that:

a. I lose *the beauty of the sound*, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I gain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When I translate Italian into my language, I feel that:

a. I lose \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I gain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 A

Look at the pictures. Do you know the word *graft*? With the help of your teacher, try to explain its meaning.

The graft



9 B

Now complete the sentence you like best.



a. A graft can give rise to something \_\_\_\_\_

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b. To make a graft, you need \_\_\_\_\_

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c. A bad graft is \_\_\_\_\_

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d. With a graft, we can \_\_\_\_\_

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e. A graft can save lives, but at first \_\_\_\_\_

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f. Grafting is a magical transformation because \_\_\_\_\_

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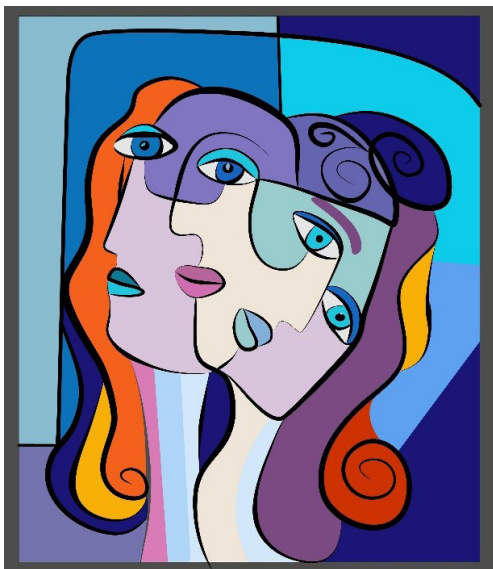
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9 C

Now that you have completed your sentence, choose a word from the list. Which word best explains the word *graft*? Write it down on a piece of paper. When the teacher tells you to do so, fold the piece of paper and put it on the table. Next, everyone will read a word and, together, you will discuss its meaning.

connection • interlocking • failure • game • displacement • cut • transplant • trauma  
• fruit • new generation • hope

10 A

Look at the image: what comes to mind?



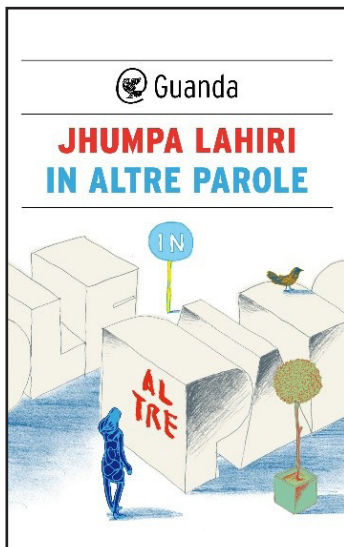


In small groups: read the texts and discuss them.



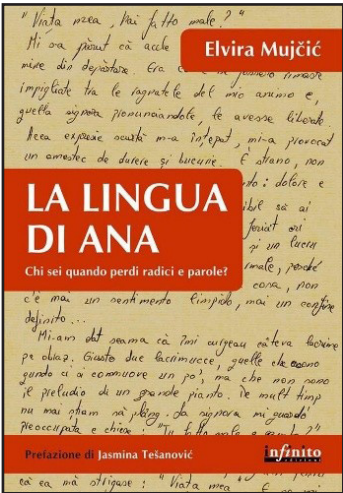
I have been speaking French for more than thirty years, writing it for twenty, but I still don't know it. I can't speak French without making mistakes, and I can't write French without the help of a dictionary. That's why I call [...] the French language an enemy language. But there is another, more serious reason: this language is killing my mother tongue.

(adapted from A. Kristof, *The Illiterate*, trans. Nina Bogin, London, CB editions, 2022)



I was ashamed to speak Bengali in front of my American friends. I hated hearing my mother on the telephone when I was at a friend's house. I wanted to hide, as far as possible, my relationship with the language. I was ashamed of speaking Bengali and at the same time I was ashamed of feeling ashamed.

(adapted from J. Lahiri, *In Other Words*, trans. Ann Goldstein, New York, Knopf, 2016)



The image shows the front cover of the book 'LA LINGUA DI ANA' by Elvira Mujčić. The cover is primarily white with a red horizontal band across the middle containing the title 'LA LINGUA DI ANA' in white capital letters. Below the title, the subtitle 'Chi sei quando perdi radici e parole?' is written in a smaller font. The author's name 'Elvira Mujčić' is printed in white on a red rectangular background at the top right. The cover is adorned with handwritten text in both Romanian and Italian, which is partially obscured by the title band. At the bottom, the publisher's name 'infinito' is visible in a red box. The book is presented within a blue border.

Now I think in Italian and I even dream in my new language. It is no longer a simple exercise: I feel it, it reaches deep inside me and says something about me, it understands me and contains me. [...] It has become part of me. It will never be the same as Moldovan. [...] Moldovan is my mother tongue and cannot be replaced, even though I now speak Italian better, but it is not a matter of knowledge. It doesn't matter how I speak Moldovan, what matters is how I feel when I return "home".

(adapted from E. Mujčić, *La lingua di Ana. Chi sei quando perdi radici e parole?*, Infinito Edizioni, Milano, 2012)



What did you like most about the topics we covered together? Why?

## LESSON TWO, LEVEL B1

### 2. SEEDS OF REBIRTH

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

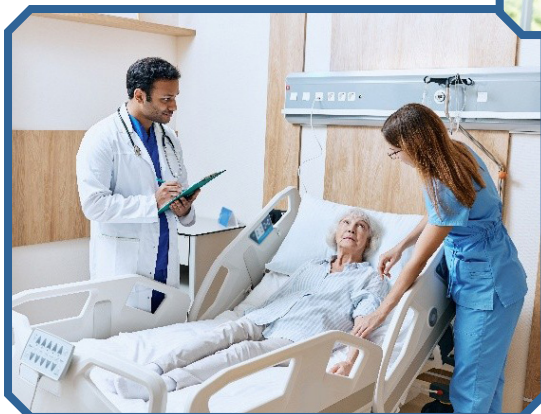
When did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_

#### 1 A

Compare yourselves. Look at the images and answer the questions.

- What do you do when you have a health problem?
- Which images best represent the way you take care of yourself?





1 B

Complete the sentence.

When I need treatment, I \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2

Read the words and explain their meaning.

antibiotic • anti-inflammatory • fever-relief • thermometer • anaesthesia •  
electrocardiogram • allergy • fever • bronchitis • analgesic • flu • gastroenteritis •  
heart attack • obesity

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_



3 B

Look at the pictures.

In pairs: describe the symptoms of the people in two different ways.



4 A

Look at the image and read the sentence.

Sometimes my body wants to say things... but my head doesn't listen to it...



4 B

Answer the questions.

Does this happen to you too? On what occasions? Why?

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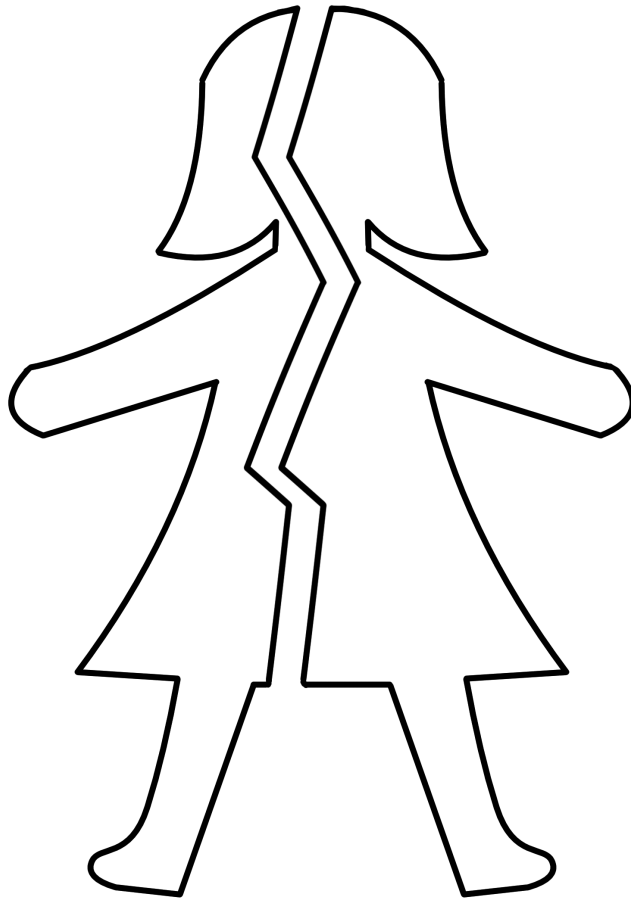
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5 A

Look at the image and write: What do you think? What does it make you think of?



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5 B

Search the Internet for the image by artist Pawel Jonca, *The Seed*: describe the image and answer the questions.

If you cannot access the Internet, you can work on the image below, *Seed of Self* by Verena Wild.



Image courtesy of the artist.

- a. Does this image have a positive or negative meaning for you? Why?
- b. Have you ever felt this way? When?

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6 A

Look at the image of the seeds and complete the sentences.



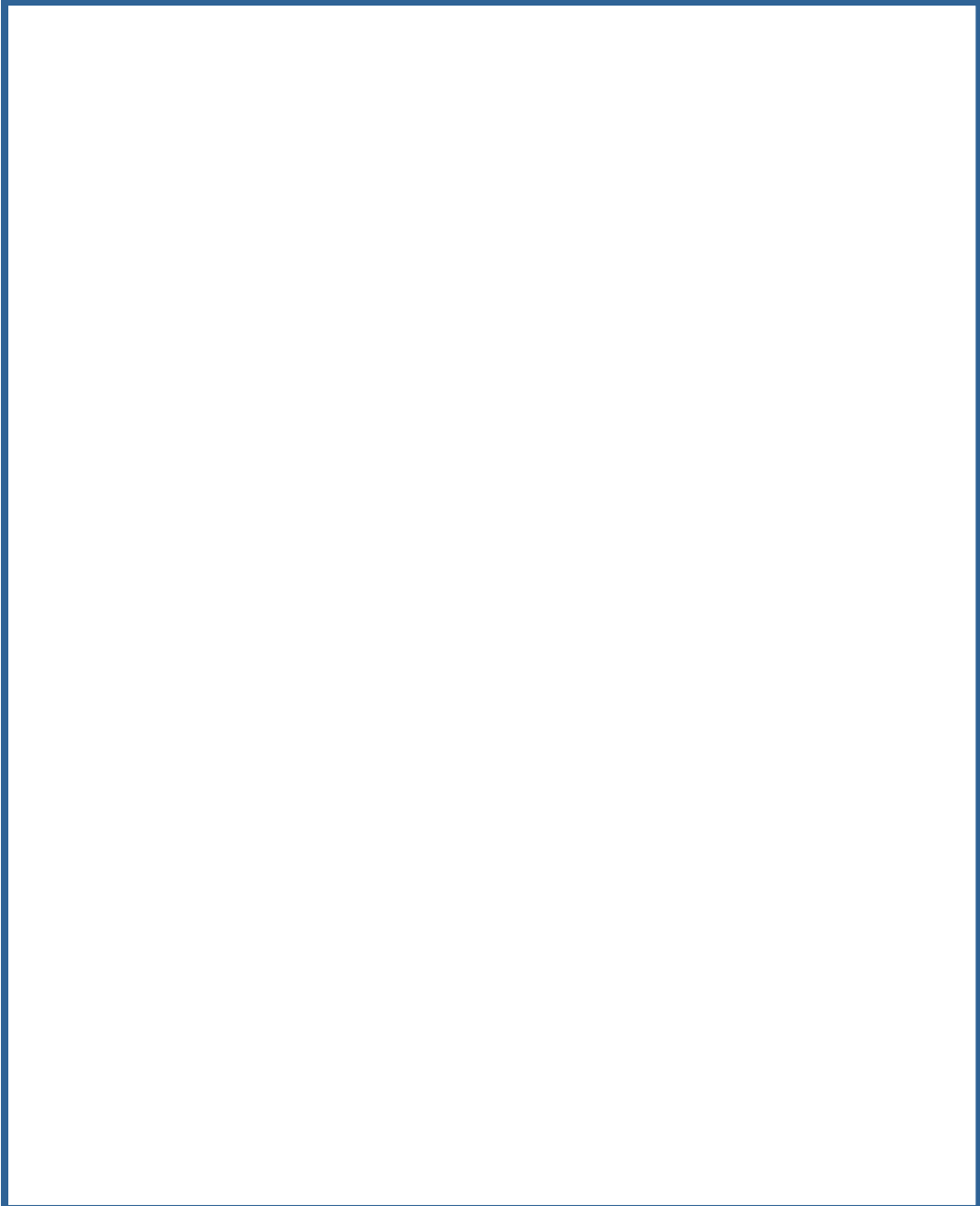
- a. I use seeds to \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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## 6 B

### Draw a picture.

Now imagine you have some seeds in your hand, and you plant them in the ground. After a while, what comes out? Draw it. (Use your creativity: you can draw an object, a person, a wish, etc.)



7 A

Listen to the teacher reading the story. Then read it in groups.

The story of Alexandra



Once upon a time, there was a princess named Alexandra who lived in a faraway land. To protect her kingdom, which was under attack, she faced wars and endured hunger and cold. She had to leave her home, her elderly parents and the person she loved. She lost many friends and even her little dog, Luna. Now Alexandra is in a foreign land, unable to find her way... even though she is no longer looking for it. Alexandra imagines herself as a young woman dragging heavy suitcases. It is freezing cold. Her heart is frozen and she is alone. Even the forest is frozen. Wherever she is, she is always somewhere else: in a quiet place, far from the sounds of life. She no longer remembers the good things from the past. She doesn't smile or talk. A local woman takes her to Florence, a doctor. Will she find a solution?

7 B

Write.

a. How does Alexandra feel?

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b. What can help her?

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c. Imagine you are talking to Alexandra. What would you ask her?

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What did you like most about the topics we covered together? Why?

## LESSON THREE, LEVEL B1

### 3. WALKING TOWARDS WELLBEING

Name \_\_\_\_\_

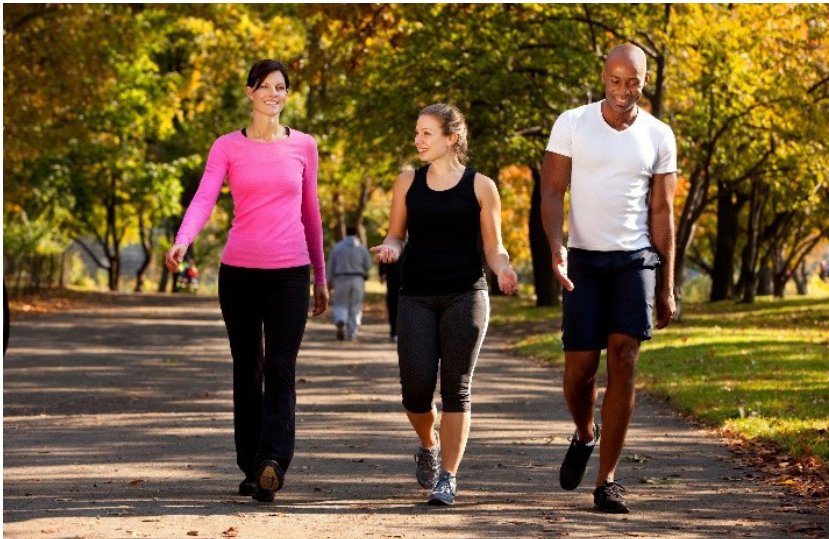
Nationality \_\_\_\_\_

Country of origin \_\_\_\_\_

Gender: Woman/Man/Other \_\_\_\_\_

When did you leave your country? \_\_\_\_\_

How long have you been in Italy? \_\_\_\_\_



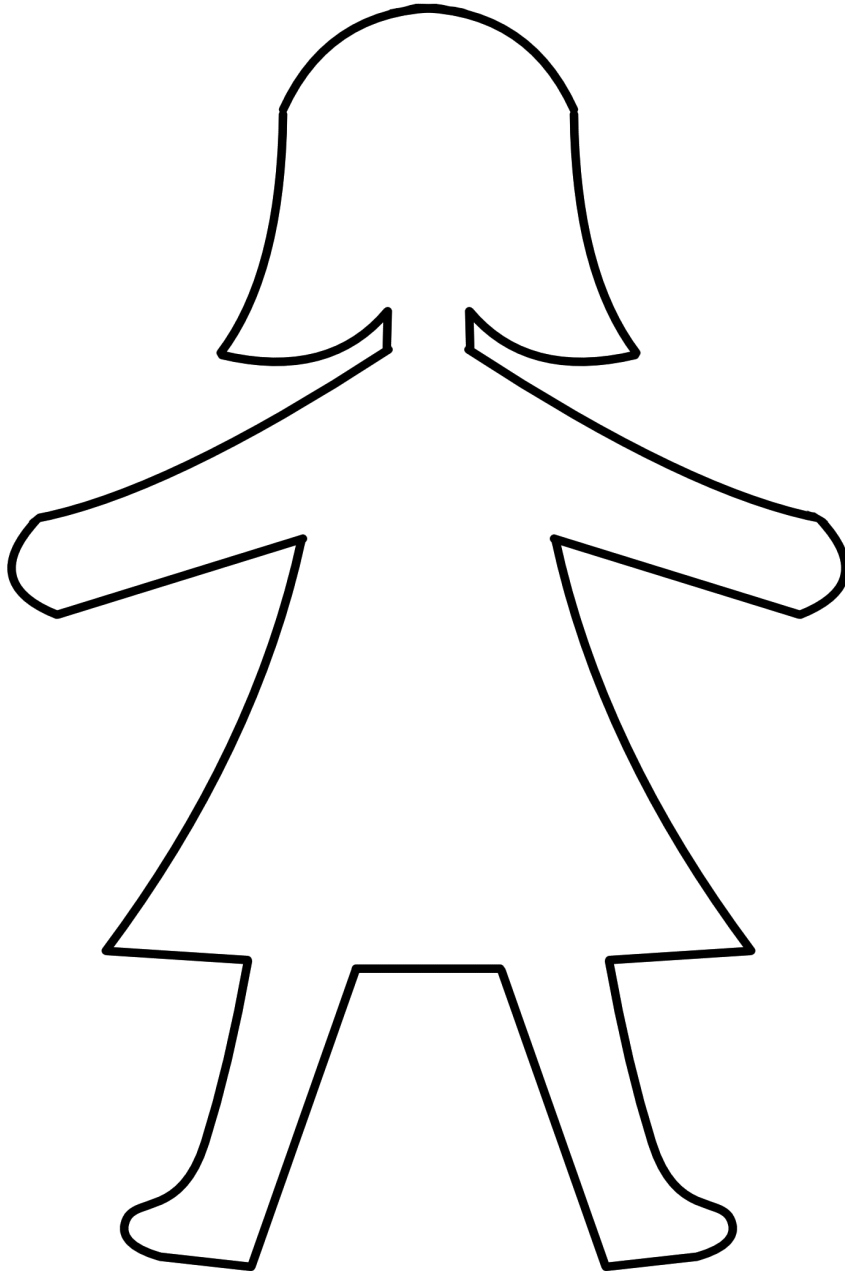
1 A

Read these words.

depression • migraine • anxiety • fear • joy • lightness • love • security • strength •  
weakness • lack

1 B

Read the words again: which parts of the body do you associate them with? Use coloured pencils and markers and write the words in the silhouette.



2

Complete the following sentences.

a. For me, being healthy means \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. I feel bad when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3

Complete the following sentences.

When you feel unwell, what is your biggest problem? Read the list and put it in order from 1 (the most important problem for you) to 10 (the least important problem for you).

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I do not have a trusted doctor.                             |
| <input type="checkbox"/> | I do not know where to go.                                  |
| <input type="checkbox"/> | I cannot talk to anyone about my health problems.           |
| <input type="checkbox"/> | I do not know how the health system works here.             |
| <input type="checkbox"/> | I do not have much information about health.                |
| <input type="checkbox"/> | I feel embarrassed/ashamed.                                 |
| <input type="checkbox"/> | I am afraid to go to the hospital/doctor.                   |
| <input type="checkbox"/> | I do not know the language well.                            |
| <input type="checkbox"/> | Understanding what I have.                                  |
| <input type="checkbox"/> | It is difficult to accept that I am ill and need treatment. |
| <input type="checkbox"/> | Other _____   |



## 4 B

Read the expressions and match them with the correct meaning.

- |   |   |
|---|---|
| 1. You're just skin and bones!  | a. To annoy.                              |
| 2. Grandma Maddalena has thick skin!  | b. To barely succeed.                     |
| 3. Don't say anything to me... You've really got under my skin recently!      | c. To shiver with fear.                   |
| 4. When I saw the price of the ticket, I jumped out of my skin!               | d. To be resistant to hard work, illness. |
| 5. I was alone in that dark street: my skin crawled!                          | e. To be shocked or surprised.            |
| 6. I should have studied more for the exam: I passed by the skin of my teeth! | f. To be very thin.                       |

## 5

Read the passage. Underline the sentence you find most meaningful or interesting. Talk about it with your partner/group.

### Sorcery and delirium

Alfredo was born in the province of Lecce, the second of six children in a farmer's family. [...] In Italy, the boy went to school for only one year and then worked as a shepherd, day labourer and handyman. Then, in 1957, at the age of 18, Alfredo emigrated to Switzerland. At first, he worked for a farmer and then he worked in restaurants and hotels for four years.

After his father's death, the family called Alfredo back home. Upon his arrival, the family expressed their desire for him to return to Italy permanently and marry his girlfriend. But Alfredo did not follow his family's wishes and returned to Switzerland. Today, he no longer knows whether he should stay

in Switzerland or return to Italy. He feels lonely, even though he always lives among Italians. He has been seeing a few Swiss girls recently and has really been absorbed with thoughts of them. He suspects that one of these girls has “done something” to him. It must be a love spell or something. He is not sure how she bewitched him; there are several possibilities. [...] According to Alfredo, once they put a spell on you, you either fall hopelessly in love or become seriously ill. He is not in love.

He has been suffering from various ailments for four days and has therefore been admitted to the medical clinic in the Swiss city of Bern. Alfredo is convinced that these symptoms are the onset of an illness triggered by the spell. He tells the doctors that it is too late to help him. He explains to them that, before being admitted to hospital, he even returned to Italy and went to see a witch in his village to render the spell ineffective. [...] However, he has not felt any improvement.

Alfredo is therefore sent from the medical clinic in Bern to the psychiatric clinic in the same city. During his stay, Alfredo has many conversations with psychotherapists, with whom he talks at length about his fears. At the end of this process, Alfredo develops a sinus infection and becomes convinced that the “filth” is coming out of his nose. The doctors treat him with sulpha antibiotics, which cure him. Along with the sinus infection, the various other symptoms for which he was admitted also improved.

(a true story, adapted from M. Risso-W. Böker, *Sortilegio e delirio. Psicopatologia delle migrazioni in prospettiva transculturale*, Liguori, Naples, 1992, pp. 115-117)

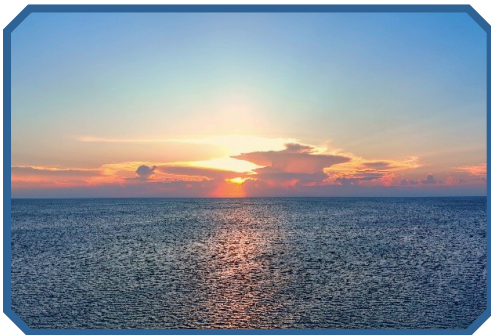
Michele Risso was an Italian psychiatrist who worked for 10 years in hospitals in Switzerland. He helped heal many immigrants who had come to Switzerland from Italy, often by listening to their ideas about illness and their fears. Risso even incorporated into his clinical protocols certain magical rituals that his immigrant patients believed were essential to their recovery. Interesting, isn't it?

6

Read and answer the question.

What helps you when you feel unwell?

For example: the sea, music, a hug from a loved one, playing with an animal, being in nature, drawing, looking at a work of art...





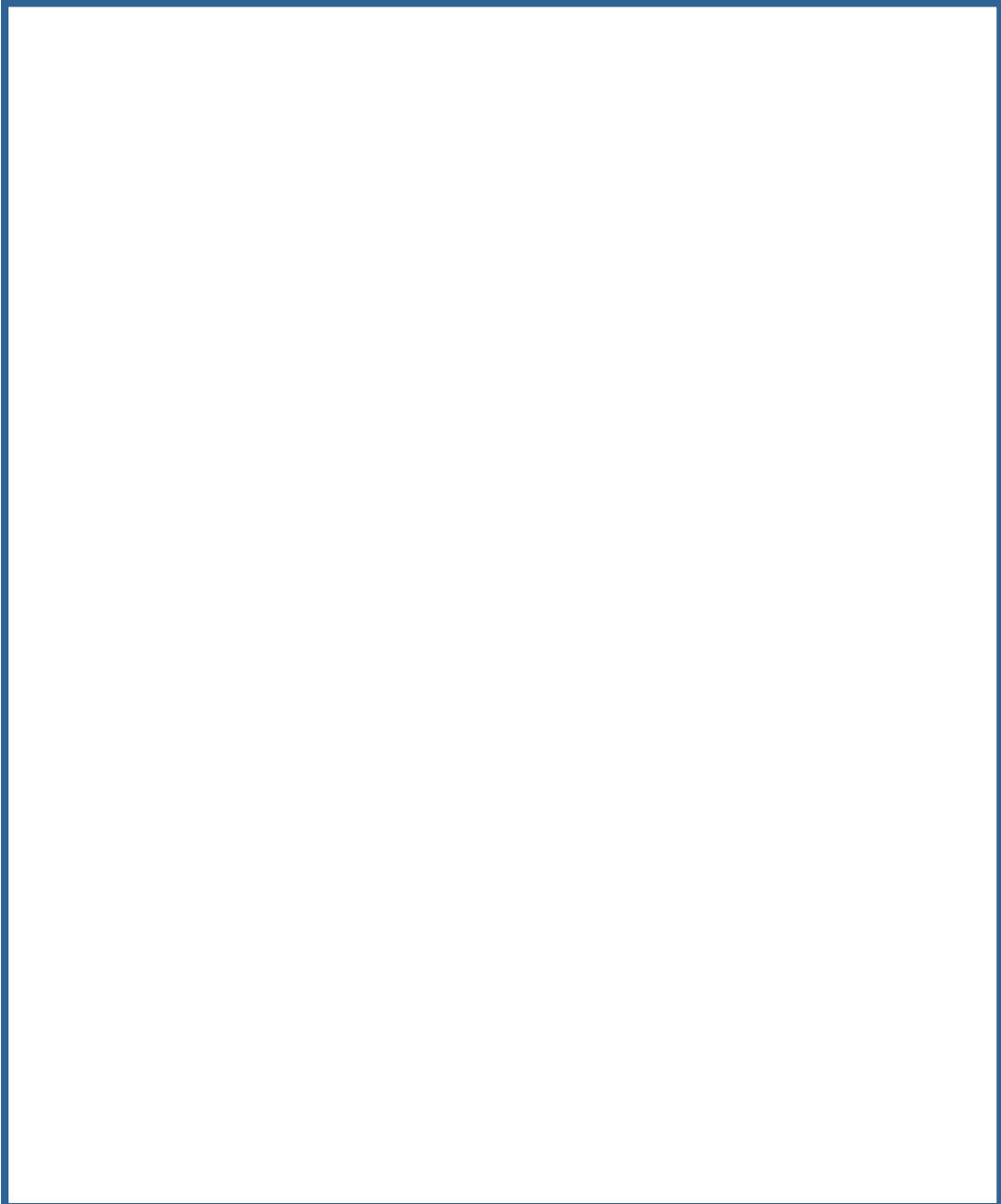


## 8 B

Read the questions and draw a picture.

Now that you have arrived: what is left in the suitcase from your past? What is useful for the present? And what is important for the future?

Draw the suitcase and its contents. Write PA if it is something from the past, PR if it is something that belongs to the present, F if it is something for the future.



What did you like most about what we studied? Why?

## GUIDE TO LESSON ONE, LEVEL B1

### 1. IMAGINE YOURSELF, DRAW YOURSELF, TELL YOUR STORY

#### Activity 1

**Description:** The theme of imagination is a fundamental part of the empowerment of immigrants. In many cases, traumas and/or microtraumas experienced during migration can eliminate the possibility to imagine. Once activated, this possibility enables people to use their imagination to find alternative solutions to problems or to choose other lifestyles. In this activity, the imagination is stimulated through the ability to observe the external environment in a new way and to pay attention to bodily sensations.

**Objective:** To stimulate practices, behaviours or attitudes that allow a person to support themselves emotionally, mentally or physically, cultivating their own wellbeing. The map also helps students to visually represent the places where they feel comfortable, integrating elements of their home context into a new or welcoming environment. It encourages reflection, creativity and connection between past and present identities, promoting a sense of belonging and inclusion.

**Suggestions:** Depending on the space available, the teacher can add further stimuli for observation (a map, a view from the window, etc.).

#### Activities 2, 3, 4

**Description:** The image of the closed door represents an obstacle blocking the way. In this activity, this metaphor is used to think about the difficulties that may seem too great when living in a foreign country: for example, the language, the different customs, the loneliness, the bureaucracy...

By observing the door, we try to imagine what lies behind it: the fears, emotions or hidden meanings that make the problem more difficult.

**Objective:** To express and thus better understand these difficulties, to find solutions that can “open the door” and make the journey easier.

**Suggestions:** The teacher can ask the students to take turns speaking and listen, without giving any guidance, to what they see behind the door. They can write the most meaningful words on the board along with the solutions that emerged in relation to any of the problems mentioned.

#### Activity 5

**Description:** Traumas and/or microtraumas experienced during migration can cause emotional blockages, reducing the ability to perceive both negative and positive emotions. This protective mechanism leads to living automatically and losing access to

pleasure, vitality and social connection. The activities on vocabulary of emotion help to gradually reactivate emotional recognition, progressively and safely reconnecting, with the guidance of the teacher, the fracture between emotions and life.

**Objective:** To improve self-awareness and contact with one's inner world.

**Suggestions:** The teacher can add other words to the list.

### Activities 6, 7, 8

**Description:** Activity 6 on linguistic autobiography uses personal history related to languages as a tool for healing. Talking about one's relationship with languages allows one to explore pain, silence, change and rebirth. Talking about one's relationship with languages also allows one to recognise how a new language can give birth to a new identity. Activities 7 and 8 continue to explore the world contained within languages, highlighting the difficulties, but also the enormous possibilities.

**Objective:** To better understand the relationship with oneself and with others through one's linguistic and personal journey, to give space and voice to the dimensions related to one's native language(s).

**Suggestions:** For activity 6, the teacher should provide markers and coloured pencils. They can also give an example of a linguistic autobiography based on the languages they know (this can of course also include dialects and communicative and/or creative languages specific to each person).

### Activity 9

**Description:** This activity encourages reflection on the concept associated with the word *grafting*. Borrowed from the plant world, the word *grafting* becomes a metaphor for the intersections that arise from migration.

**Objective:** To look at migration not only as separation and loss, but as a process in which different elements come together and enrich each other, generating new identities, perspectives and different possible worlds. The activity therefore highlights the encounter between different cultures, experiences and roots, showing how these interactions can give rise to something creative, meaningful and transformative.

**Suggestions:** It is advisable to start by explaining what grafting is in agriculture in order to clarify the concept, and then proceed with the activities.

### Activity 10 A

**Description:** the activity uses the image of a climber clinging to a rock face to represent the hidden ill-being of immigrants. It helps them to reflect on the inner difficulties and emotional tensions that immigrants face, since they camouflage these issues by seeming to function efficiently.

**Objective:** To locate oneself on the wall, i.e. to encourage immigrants to take stock of where they are and of their past and future migration story. To understand the silent costs of any emotional and psychological effort associated with the ill-being of migration. That is, to share how this ill-being can affect life and relationships, even when it does not manifest itself with obvious symptoms. Sharing can help people feel less alone and find creative solutions to problems together.

### Activity 10 B

**Description:** The activity offers, in a sensitive and non-intrusive way, a linguistic and emotional reflection on the theme of migratory trauma and/or microtrauma through the two texts. On the one hand, the passages offer a powerful metaphor through the image of the mountain climber halfway up the wall, representing the condition of the immigrant suspended between two worlds, unable to turn back but not yet fully integrated into the new reality. On the other hand, the passages offer the voice of those who, in a new country, spontaneously choose to write in another language, as if the use of a new code opened up a space of freedom and rebirth.

**Objective:** To create an opportunity to recognise and talk about one's difficulties, reflecting on different ways of dealing with change. The comparison between the mountaineer's fear and uncertainty and the discovery of a new freedom in writing highlights the dual dimension of the migratory experience: loss and possibility, pain and rebirth.

**Suggestions:** The activity lends itself to understanding the different ways in which people deal with the transformation of migration: from losses and challenges to the opportunity for rebirth. We recommend an approach based on empathetic listening and on appreciating different trajectories of adaptation. This opens up a symbolic space for processing migratory traumas and/or microtraumas, allowing participants to recount the struggles and hopes of living between two languages and two worlds.

### Activity 11

**Description:** Read excerpts from migration stories to initiate reflection and discussion on one's own experiences and those of others.

**Objective:** To encourage the ability to recognise and recount one's own migration experience. To raise awareness about the adventures and/or difficulties faced by learners. To emphasise the importance of stories, reading and sharing experiences, promoting understanding, mutual awareness and empathy.

**Suggestions:** Students can be encouraged to share their reactions and reflections, respecting each person's pace and rhythm. Open-ended questions can be asked to encourage dialogue.

## GUIDE TO LESSON TWO, LEVEL B1

### 2. SEEDS OF REBIRTH

#### Activity 1

**Description:** This activity encourages intercultural discussion about different ways of healing, from modern medicine to traditional remedies and personal practices for promoting physical and mental well-being.

**Objective:** To recognise prejudices and biased perceptions and to reflect on healthcare as a path that can take many forms. The first aim is to stimulate awareness, confidence and the ability to navigate various healthcare options. The second aim is to encourage reflection on how to promote an effective culture of health through tools and skills that can be shared within one's family and/or community.

**Suggestions:** Using short testimonials and moments of exchange, the teacher can provide space to reflect on how healthcare practices can vary according to culture, beliefs and personal experiences, and how different practices can interact.

#### Activity 2

**Description:** The activity focuses on healthcare vocabulary.

**Objective:** To improve health literacy through vocabulary expansion.

**Suggestions:** The teacher can expand the list by adding additional words related to diseases, medications and places of care.

#### Activity 3

**Description:** The activity invites participants to compare the language used to describe a subjective experience of illness with that used in the medical definition of the disease.

**Objective:** To recognise that health contains both subjective and clinical dimensions. To learn how to describe symptoms and establish an adequate listening relationship with one's body through words.

#### Activity 4

**Description:** The image associated with the activity illustrates the mechanism of dissociation. The head, in the form of a hot air balloon separated from the body, represents how the mind and bodily sensations can temporarily "disconnect" in the context of trauma and/or microtrauma associated with migration, but also more commonly in stressful situations. Dissociation functions as a defence mechanism

that protects the individual from overly intense or traumatic emotional experiences. The mind detaches itself from the surrounding reality and usually the body is not listened to. Often, immigrants cannot afford to show physical symptoms or get sick, for socio-economic or work-related reasons.

**Objective:** To understand the concept of dissociation as a psychological protection mechanism, encouraging reflection on the link between mind, body and socio-cultural contexts. To promote, at the same time, greater awareness of the difficulties associated with caring for one's own well-being, particularly in relation to psychological processes and their manifestations in the body.

**Suggestions:** It is advisable to ask participants to observe the image, initially asking for an objective description. Subsequently, the teacher can invite them to reflect more personally with questions such as: have you ever felt this way? In what situations? Where does your mind go when you are distracted from real life? How does your body react when you do not listen to it because your mind is occupied with thoughts or worries? In a relational approach based on reciprocity, it is useful both to listen attentively and to share something about oneself in relation to the same image.

### Activity 5 A

**Description:** The image of the broken silhouette represents fragmentation, an internal ill-being that can be visualised via a fracture.

**Objective:** To allow the visualisation of a discomfort that can be named, making the implicit observable. The aim is to promote awareness and expression of one's emotional experience by encouraging students to recognize their internal fractures: a first step towards self-care.

### Activity 5 B

**Description:** To proceed with this activity, students need to find the image by artist Pawel Jonca, *The Seed*, on the Internet. If they cannot access the Internet, they can alternatively work on the image *Seed of Self* by Verena Wild. In both cases, the image depicts a woman symbolically represented as a seed. This metaphor is ambivalent. On the one hand, the metaphor refers to the way in which, after trauma, many people shut themselves off to avoid experiencing painful feelings. It is like going underground, where needs and emotions are buried: a strategy that can provide immediate protection but that, in the long run, comes at a very high emotional cost. On the other hand, the metaphor of the woman-seed and her roots contains a powerful reference to sleep's ability to generate a rebirth.

**Objective:** To stimulate reflection on the possibility of emerging from the state of emotional numbness and paralysis that sometimes follows difficult experiences. The image suggests that, even in moments when one feels empty and isolated or

detached, there can be a period of incubation, a moment in time that is silent and suspended, but also potentially generative. Putting this transition into words, giving voice to what has remained confused or unspoken until now, allows one to recognise it and begin to transform it. Words thus become the first drive towards a possible rebirth.

**Suggestions:** It is advisable not to force the interpretation of the image in any way, but to leave students free to express what they see (an egg, a woman, a foetus, etc.). Questions such as “Have you ever felt this way?”, “What does this image remind you of?”, “Does it convey positive or negative feelings?” can be asked in order to guide discussion in an atmosphere of listening and acceptance.

### Activities 6 A, 6 B

**Description:** This activity, which is closely related to the previous one, focuses on an image of some seeds. Participants are first guided to reflect on the meaning of the seeds; they are then invited to imagine planting them in the ground and to draw what could sprout from them.

**Objective:** To encourage the symbolic “flowering” of inner seeds. This process invites participants to recover parts of themselves that have been hidden and to reactivate their vitality. The body puts up defences that can be metaphorically represented as a seed, which is temporarily protected and isolated from the external environment. Seeds are archetypal: in many traditions, when a person is overwhelmed by trauma, it is believed that the soul separates from the body. Similarly, in various shamanic cultures, it was believed that illness could result from the loss of fragments of the soul. Using the metaphor of sowing seeds, we can encourage reflection on a process of integration in which the body, mind and brain begin to work together again, promoting a more harmonious connection between what one feels, what one thinks and what one says.

**Suggestions:** It should be clarified that the seeds do not necessarily have to be related to plants or vegetables. Each person is free to choose both what the seeds potentially contain and what is born from them (an animal, a physical or symbolic place, a flower, a person, etc.).

### Activities 7 A, 7 B

**Description:** The activity focuses on listening to and reading a story together with writing activities. For millennia, human beings have learned through stories. Stories tell truths that often frighten us and our societies, help us encounter unknown parts of ourselves, and bring together feelings, emotions, and thoughts that would otherwise stay hidden. Traumas and/or microtraumas experienced during migration primarily affect our ability to experience emotions, as defensive barriers are activated

to protect us from pain. However, this mechanism also reduces our access to positive feelings such as joy, pleasure and the perception of beauty. For this reason, we have placed Alexandra's frozen heart at the centre of this story. In the final part, we also introduced the possibility of a cure for the frozen princess, presenting it as an open hypothesis.

**Objective:** To experience the power to change the story using different points of view. To feel a sense of recognition and empathy. To stimulate the ability to reconstruct in the imagination the unique experience of the other, fostering a connection between experiences. To provide tools to maintain and promote health.

**Suggestions:** The story should initially only be listened to; at a later stage, it can be read. It is suggested that the teacher not force the end of the story towards an inevitable recovery, but to leave it open for interpretations by learners who may hypothesise both Alexandra's desire to recover or her desire not to recover. The results of the activity can be collected in a notebook as reflections or resources to draw on in times of difficulty.

## GUIDE TO LESSON THREE, LEVEL B1

### 3. WALKING TOWARDS WELLBEING

#### Activity 1

**Description:** The activity uses the outline of the linguistic silhouette to locate the listed words on the body.

**Objective:** To create a health autobiography. Using a body outline to insert words related to one's physical discomforts helps one to recognise, locate and express one's health experience in a simple, visual way. The activity helps participants to become aware of physical signals and how they experience them, to express what they feel in concrete words and to connect what happens in their body to their personal history. In this way, the silhouette becomes a small health autobiography, a "sister" to the linguistic autobiography included in the first part of the A2 level exercises. It is useful for reflecting on one's needs and limitations, but also for focusing on the resources with which one faces everyday life.

#### Activities 2, 3

**Description:** The proposed activities focus on the theme of health as a personal and social experience.

**Objective:** To guide participants in reflecting on the meaning of well-being and ill-being, exploring how each person experiences and interprets these two dimensions of health. To invite them to analyse the obstacles and problems that may arise in accessing health services in a foreign country, highlighting practical, linguistic, communicative and intercultural difficulties. Allowing them to discuss and express their own experiences, the activities help to highlight the priority of health in everyday life, promoting awareness and responsibility for one's own wellbeing.

#### Activity 4

**Description:** The activity examines the skin as an organ, starting with the sensations that can be perceived through it and its role in our relationship with the world. Subsequently, the focus shifts to the word "skin" and the different expressions in which it appears. This step not only expands the vocabulary but also highlights the multiple meanings that the term takes on in everyday language, revealing the numerous symbolic, emotional and relational roles attributed to the skin. The skin is an important boundary between the self and the world, a mobile border on which many things are deposited; just think that itchy skin is a widespread migratory psychosomatic symptom.

**Objective:** To explore the concept of well-being and ill-being through bodily sensations related to the skin; to analyse the different nuances of meaning present in idiomatic expressions concerning the skin and to promote greater awareness of the multiple physical and symbolic roles played by this organ in our personal and social experience. The aim is also to become aware of the emotional filters we use to interact with reality and how the skin can become a receptacle for fears, anxieties and neuroses if it is not adequately “protected”.

**Suggestions:** The teacher can give further examples using the word “skin”, but can also encourage intercultural comparison by asking if there are similar expressions in the immigrant’s native language and what they mean.

### Activity 5

**Description:** Students read the story and then discuss the protagonist’s experiences, focusing on how beliefs, rituals and cultural practices influence perceptions of health and illness.

**Objective:** To encourage reflection on the fact that health is not only a biological phenomenon, but it is also closely linked to people’s beliefs, rituals and cultures. The activity aims to develop the ability to recognise and respect these elements when dealing with those who need of care, and it encourages participants to avoid ignoring or underestimating them.

**Suggestions:** Participants can be invited to reflect on how these elements could be considered by those working in healthcare.

### Activity 6

**Description:** The activity explores the process through which it is possible to draw on resources to be well.

**Objective:** To guide participants in recognising, valuing and activating their personal and relational resources that contribute to increased wellbeing. Through moments of reflection and sharing, the aim is to strengthen awareness of the ability to cope with difficulties, to bring out what helps to feel good, and to promote a positive attitude oriented towards self-care.

**Suggestions:** The teacher can bring other images of enjoyable activities and ask people to share, if they wish, images of their moments of serenity. The teacher can suggest that they describe their moments of wellbeing on some cards and keep them in a drawer, so that they can find them when needed, both to support themselves in difficult times and to relive and reinforce positive memories whenever they feel the need.

### Activity 7

**Description:** Students imagine that they have been cured of an illness and describe or represent with gestures, a creative action or a ritual how they would celebrate their recovery.

**Objective:** To stimulate reflection on the relationship between the body, health and symbolic practices. To encourage the creative expression of feelings related to recovery and to develop awareness of how rituals and symbolic actions can play a role in personal wellbeing.

### Activity 8

**Description:** The activity focuses on migration journeys through the metaphor of a suitcase.

**Objective:** Using the metaphor of a suitcase helps participants reflect on their own migration journey, what they brought with them and what they had to leave behind. The metaphor helps to rework nostalgia, a decisive dimension of wellbeing and ill-being in the context of migration. This symbolic image fosters an awareness of one's own story, personal resources and challenges faced, providing a space to give meaning to the migratory experience and to recognise the value of one's own journey.

## PART TWO



ALBERICA BAZZONI

THE TRANSFORMATIVE POWER OF NARRATIVE:  
STORYTELLING WORKSHOPS  
WITH IMMIGRANT WOMEN

«By expressing pain, pain would go away» (Ortese 1998: 37). With these words, writer Anna Maria Ortese, in her novel *Il porto di Toledo* (*The Port of Toledo*), describes her relationship to pain and the possibility of transforming it through narrative. Ortese was a nomadic writer, she was a refugee during the Second World War, and was subject to constant displacement and a sense of exile throughout her life. Writing, the possibility of telling stories, including her own story, was for Ortese the most powerful tool for weaving together the threads of her fragmented life and soothing her suffering. Starting from an awareness of the reparative, creative, and relational power of storytelling, between 2024 and 2025, as part of the PNRR THE 10/5 “Migratory Trauma and Tuscany Health Ecosystem” project (see *Introduction*, § 1), I ran a series of storytelling workshops with immigrant women in various urban centres in Tuscany. During this long journey, I interacted with women of very different ages and backgrounds, ranging from women who were survivors of trafficking, who had been through Libyan camps, crossed the Mediterranean, and been exploited for prostitution, to women who had joined their husbands who had already settled into new jobs and communities in Italy, to educated women who left on their own in search of economic and social redemption, often fleeing domestic violence.

In these pages, I would like to articulate the importance of creating free and safe spaces for immigrant women to tell their stories, adopting the combined frames of

narrative medicine, migratory trauma, and gender studies. In the second part, I will recount my experience and provide some concrete examples of methods and practices that may be used as sources for creating multicultural storytelling workshops. Finally, in the last part, you will find some testimonies collected during these activities, in which the women who participated in the workshops recount their past before migration, the impact of life in Italy, their affective ties, their cultural dissonances, their painful experiences, the individual and collective resources available to them, the challenges they face, and their aspirations and hopes for the future.

## 1. TRAUMA, MICROTRAUMA, AND STORYTELLING

One of the most devastating effects of trauma is the way it affects a person's cognitive and emotional ability to organise their memories, sometimes even to access them. Trauma blocks memories, freezes or dissociates emotional responses, alters the perception of time and space, and manifests itself through symptoms that are not immediately traceable to a specific circumstance in the present (Caruth 1996; Herman 1997; van der Kolk 2014; cfr. de Rogatis, part one, § 2). As Wendy O'Brien writes, trauma creates a breach to «the cornerstones of lived experience: perception, the body, memory, birth and death, culture», damaging «the perception of basic phenomena such as space (distance), identity and time» (O'Brien 2007: 210). By fragmenting temporality, blurring memory, and altering emotional reactions, trauma deprives us of our history. It is therefore a distressing experience of loss of self: it robs us of our subjectivity and makes us feel exposed to an overwhelming force.

In the case of the migratory experience, and in particular forced migration – for economic or political reasons, to escape war or because of trafficking – the traumatic loss of one's history is often compounded by the language barrier and a condition of disorientation and marginalisation, which place the immigrant person in a position from where it is very difficult to recognise themselves and speak as a subject. Migration causes a clash with a new and different reality, as one leaves behind the usual coordinates for interpreting the world, and does not yet master those of the country of arrival. The reassuring buzz of their own language is replaced by indecipherable sounds, food comes in strange shapes and flavours, men and women move around in public spaces and interact with each other according to a logic that is difficult to decipher, the body is not accustomed to the scorching summer heat or the bitter winter cold, and the eyes that stare at you in the street, with curiosity or hostility, make you feel unequivocally like a stranger. As Iranian author and activist Dina Nayeri, a refugee in the United States, writes in her memoir *The Ungrateful Refugee*, «Displacement isn't mental illness but it makes visible the daily, hourly, work of staying sane – work that is unconscious in the rooted life» (Nayeri 2019: 327). Who you were before you left becomes less important in the eyes of your new context,

which sets the standards to aspire to, delimits the spaces you are allowed to occupy, and pushes for assimilation or, conversely, for expulsion. The inner fracture is thus matched by a fracture in the surrounding environment, which is difficult to recognise and in which it is difficult to recognise oneself.

The factors that threaten the subjectivity of a person who undertakes migration – trauma, loss of familiarity with everyday life, social marginalisation, language barriers – are often exacerbated for women. In Italy, immigrant women are largely absent or invisible in public debate, where they almost never have the opportunity to speak for themselves. Whether they are survivors of trafficking, refugees fleeing war, persecution and poverty, with or without their families by their side, in the persistent patriarchal organisation of society and discourse women are often treated not as subjects but as instruments in the service of others' interests – from family needs to labour and sexual exploitation. They are rarely seen as subjects with their own voice and life path, which makes it difficult for them to think of themselves as narrators and protagonists at the centre of their own stories.

## 2. WOMEN'S SUBJECTIVITY IN SELF-NARRATIVES

From the point of view of the host society, a specific challenge for the social, health and reception system is firstly to get in touch with immigrant women, and, secondly, to create an open and safe space where their challenges, symptoms, needs, and stories can emerge freely. It is also important to collect and amplify these testimonies, thus preserving the memory of otherwise silenced subjectivities, and so that social workers who come into contact with the world of migration at various levels (in language classes, cooperatives, reception centres, hospitals) can have access to them. Testimonies indeed provide fundamental tools for interacting effectively, respectfully, and humanely with immigrant women, trying to correctly interpret their needs and valuing their resources.

This is the context in which storytelling workshops take place. Telling one's story in a structured, repeated, and protected space, free from any obligation or discursive rule, can be an extremely powerful tool for piecing together the fragments of a person's life. Storytelling shapes experience into narrative, allowing us to distinguish the past from the present and the future. Narrativity, i.e. the cognitive-affective ability to compose events and objects into *stories*, is in fact the basis for creating continuity from discontinuity and for structuring subjectivity (Turner 1996; Cavarero 1997; Eakin 1999). As Rita Charon, the founder of narrative medicine, observes, «What happens to you, what you remember, and how you tell about it are mutual forces that contribute to your sense of your self over time». (Charon 2006: 74). Storytelling allows us to name struggles and knots of pain, as well as to illuminate the resources and hopes that accompany our current living circumstances. Probably «pain», to go

back to Ortese, can never really vanish completely and once and for all, as it is also linked to persistent material challenges; however, the possibility for a person to tell their story freely arguably nourishes their sense of self and confidence in their ability to act, as well as allowing them to establish a relationship of mutual recognition with those who listen to that story and preserve it, as narrative medicine teaches and practises (Charon 2006; Bert 2015; Calabrese *et al.* 2022).

The question of subjectivity in self-narrative is particularly significant in relation to women. The patriarchal script imposes a historical silencing of women, who are subjected to disciplinary control over their bodies – how to dress, how to behave, what to say and what not to say, what to aspire to and what spaces and activities to refrain from – and made the object of representation by male-dominated discourse. Speaking out about oneself has always been, and continues to be, a revolutionary act for women. On the other hand, in many cultures, including the Mediterranean culture in which Italy is immersed, it is women who are the custodians of collective memory, passing it on like an intergenerational thread in oral narratives. Mothers, grandmothers, aunts tell the stories of past generations, local legends and beliefs, during breaks from work, on family evenings or on holidays. Along with weaving and embroidery, oral storytelling is one of the creative activities practised by women in many cultures, and finds its most complete expression in a collective sphere. It is important that these two dimensions, the oral and the collective, are taken into account when setting up storytelling workshops, where they can find a privileged space of expression.

### 3. ANOTHER FORM OF STORYTELLING, ANOTHER FORM OF LISTENING

In the context of storytelling workshops, it is also important to consider the fact that for many people who seek refugee status or who escape trafficking, they are required to go through a mandatory process of legal recognition of the veracity of their version of events. People are forced to tell their story before the judicial authorities in order to convince them that they “deserve” the right to asylum. In listening, caseworkers often look for inconsistencies, ready to catch out the person, who is always suspected of lying. As Ashwiny O. Kistnareddy writes,

Storytelling is a crucial part of the asylum-seeking process as the applicants must convince their caseworkers that they require asylum. How they tell their stories and what they choose to include or exclude often depends on what they believe their interlocutor wants to hear. (Kistnareddy 2019: 301)

Not only must the asylum seeker present their story to a judgemental audience rather than a welcoming one, and structure it according to the authorities’ expectations instead of expressing themselves freely; they are also forced to repeat

in detail any abuse and violence they have suffered and which they risk experiencing again if deported. In this way, telling their self-narrative has a depersonalising and potentially re-traumatising effect: the person is only seen as a victim, and not as a subject with agency. The Critical Refugee Studies Collective explains it clearly:

when refugee law requires refugees to demonstrate their ‘well-founded fear’ by reliving their victimization through detailed testimonies of explicit and extreme forms of violence, it is the idea of their victimhood rather than their personhood that shapes the representation of, discourse about, and policy responses to refugees. (The Critical Refugee Studies Collective 2021: 53)

In this case, self-narrative is anything but healing: it takes away the narrator’s subjectivity, it does not create any relationship, as the listener is there not to accept but to judge, and it forces the narrator to relive and expose to others the violence they have suffered. Storytelling workshops can therefore also have a restorative function with respect to the process that the person had to go through in the case of asylum applications, providing a diametrically opposite conversational environment – one that is characterised by empathetic listening, relationality, absence of judgement, and the freedom to tell stories in the way they prefer and to choose what to reveal and what to keep to themselves.<sup>1</sup> It was precisely this idea that inspired Nayeri, who in 2017 organised a series of creative writing workshops for refugees in London. Nayeri reflects on the role of constrictive storytelling to which asylum seekers are subjected, and on the emancipatory potential of a story that is instead left free:

I wonder what our world would look like if refugees were asked, instead of reciting facts, to write a story that shows their truth in another way. [...]

Everyone wants ownership of their one, formative, true story – they want to choose how it will be told. (Nayeri 2019: 241-243)

It was precisely this quote from Nayeri and her account of her encounters in London that inspired us in our workshops, as we reflected on the space we were building together and what it meant to decide on the conditions – if, when, how, and to whom – to tell our story.

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<sup>1</sup> On the importance of listening and relationality, see Cavarero 1997; Charon 2006; Woodcock 2016. I will return to this point in more detail in the workshop methodological section.

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ALBERICA BAZZONI

## STORYTELLING WORKSHOPS WITH IMMIGRANT WOMEN: METHODS, ACTIVITIES, AND MATERIALS

In 2024 and 2025, as part of the PNRR THE 10/5 “Migratory Trauma and Tuscany Health Ecosystem”, I ran a series of storytelling workshops with immigrant women in various urban centres in Tuscany. In these pages, I illustrate the practices I adopted in structuring and implementing the workshops, the challenges I encountered and how I tried to address them, the materials I used, and, finally, some examples of life stories, testimonies, and experiences that emerged during the workshops, including the voices of the intercultural mediators who made them possible.

The workshop format for storytelling and autobiographical narratives has a rich tradition both in Italy and abroad.<sup>1</sup> Self-narration occupies a central position at the intersection between therapeutic narration, which characterises the fields

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1 See, for example: United Nations University, *Stories without Borders: Migrant Storytelling Workshop*, part of the Intercultural Learning Online Project (<https://unu.edu/workshop/stories-without-borders-migrant-storytelling-workshop>); *Archivio memorie migranti* (AMM) (<https://www.archiviomemoriemigranti.net/>), divided into three sections: self-narratives; interviews; research; and the Libera Università dell’Autobiografia di Anghiari (<https://lua.it>). I wish to thank the collective Mis(S)conosciute (Giulia Morelli, Maria Lucia Schito, and Silvia Scognamiglio), who carried out storytelling workshops with women survivors of domestic violence in collaboration with the Centro Antiviolenza “Donne Insieme” in Arzano, Naples. Within significant differences – the storytelling workshops I conducted with immigrant women were multilingual, intercultural, and based on orality rather than writing – the exchange with Mis(S)conosciute has been precious in shaping this project.

of psychoanalysis, psychotherapy, and psychiatry, and creative narration, which sets in motion and regenerates subjective resources, including a person's own cultural background. Creative workshops of this kind, which draw for example on theatre, dance, and art therapy, are therefore frequently used in contexts of social marginalisation, including migration. In developing this project and devising methods and materials, I drew on these diverse experiences and adapted them to the specific context of immigrant women and survivors of trafficking. As we will see, contextual variables are such that the structure of the workshops cannot but be extremely flexible, but I hope that the practices and materials included here can provide useful tools for engaging in activities of this type with immigrant women or in multicultural contexts more broadly.

## 1. ORGANISATION AND STRUCTURE OF THE WORKSHOPS

The workshops are configured as an encounter and a shared experience among all participants, in the protected setting of a planned activity that is carried out within a reception facility. In order to involve people in such activity, an important step is building a relationship of trust with those who work in the reception facilities and with potential participants, introducing yourself and clearly outlining the activities' methods and aims. In the case of this project, for example, initial contact was made through Italian teachers in classes for migrants and through the psychological and legal support staff involved in the management of a shelter for trafficking survivors.

From an organisational and methodological point of view, the first element to consider is space, i.e. the place where the activities are held, which must provide a quiet and private environment where people can feel protected. In the case of this project, I held the workshops in classrooms normally used for language courses and in a room dedicated to private interviews in a reception centre, and in the study room of an Arci centre. Furthermore, with a view to creating a framework for the activity it is also important to set a time limit for the meetings and to divide them into stages. As a guideline, each workshop consists of three or four sessions of between one and two hours each, held weekly or fortnightly, although the participants' other commitments may require the meetings to be spread out or brought closer together.

Organising the workshops within a clear spatial and temporal framework, however flexible, allows to contain the activity within well-defined boundaries, within which the story can unfold. This serves to protect all those involved from emotional and role overstepping, providing a welcoming space for the emergence of often very intense, and sometimes highly traumatic, existential material, while maintaining a demarcation from everyday life.

Workshops can be individual, collective, or a combination of the two. In many contexts, collective activity has several functions; it serves 1) to put all those

involved on the same level; 2) to bring out the multiplicity of cultural identities, in the recognition of mutual similarities and differences; 3) to break the ice without exposing each person too much from the outset; and 4) to provide a more reassuring and familiar context for people from cultural backgrounds that favour the group over the individual.

In other cases, individual meetings allow for a more relaxed and intimate conversation, where people can share facts and express ideas and emotions that they would not necessarily want to share with a group, especially when it is a group that is part of the same community. In other, more difficult cases, individual meetings allow for a more personal approach, where the format of the workshop can be adapted to the pace and to the communicative and expressive needs of the person involved.

Where possible, you can start with a group meeting, then offer the option of individual meetings to those who are interested, and reconvene for a final meeting to share impressions of the workshop experience and say goodbye. In this sense, too, the framework is fundamental: the workshops have a beginning and an end, and it is important that as much care is taken at the start of the activities as at their conclusion, offering a moment of processing, moving from the practical experience to a reflection on it, and a convivial farewell ritual.

Depending on requirements, the audio of the meetings may be recorded, as was the case with this project, as one of the objectives was to create an archive of migration traumas and materials and methods for engaging with migrants. (cf. de Rogatis, *Introduction*, § 8). To this end, I first informed the people in charge at the host facility and asked for consent from all the participants, explaining the purpose of the recordings and clarifying that any use of the transcribed materials would be strictly anonymous. This is by no means a foregone step, and it may well happen (as it did in these workshops) that some people do not want to speak next to a recording device; such a refusal must be categorically accepted and respected without putting any pressure.

## 2. A RELATIONAL APPROACH

In running the workshops, in my experience, it has been fundamental to adopt a relational approach, whereby communication is informed by an encounter between different subjects and not by the unilateral extraction of information in a hierarchical relationship (cfr. Sgaglione, part two, § 2). For immigrant women, being recognised as subjects – that is, differently from the projection of a colonial gaze, which constructs the ‘Other’ always and only as a threat or a victim, but never as an equal – is a crucial step in being able to negotiate the relationship and assert their identity (De Genova *et al.* 2018; Freedman 2018; European Network of Migrant Women 2020). As Rita Charon, founder of narrative medicine, writes, «We are at the same time alone and

with, strange and similar. The presence of the other is both mystery and identity» (Charon 2006: xiii). In order for such recognition of affinity and difference to take place, it is necessary for the workshops to be based on reciprocity, so that in leading them by proposing questions, materials and activities, I too expose myself to the others, relating to them through active and involved listening (Woodcock 2016).

At the same time, it is paramount not to forget that we are subjects who are differently situated in social space (cfr. Wall 2024), and that immigrant women may have been forced by the context of immigration and «epistemic injustice» (Fricker 2007; cfr. de Rogatis, part one, § 2) to adapt, hide, and show only what is considered acceptable and favourably judged by the host society. As Emma Cox *et al.* observe with regard to the external perception and the self-perception of refugees:

It is vital that we distinguish between the imaginaries of refugees themselves, shaped by their hopes and despairs, their fear and bravery, their losses and their desires, and the imaginaries generated in and by the Global North about refugees, shaped by xenophobia, fear and anxiety as well as by humanitarian concern. (Cox *et al.* 2020: 6)

In order to establish a truly reciprocal relationship, therefore, you need to remain as vigilant as possible with regard to your own point of view, not taking cultural categories for granted, recognising the partiality and limitations of your own knowledge, maintaining awareness of the power structures in which you are immersed, and listening as curiously and empathetically as possible (Charon 2006: 72; Jakka 2022. On this point, see also the paradigm of *cultural humility*, in Sgaglione, second part, § 3). It is a matter of suspending your own categories and pursuing a form of «empathy grounded not in affinity [...] but on a feeling for another that entails an encounter with something irreducible and different, often inaccessible» (Bennett 2005: 10). As Dina Nayeri, an Iranian refugee in the United States, writes, such an empathy that is based on difference is the basis for mutual encounter:

A lasting, progressive kind of assimilation requires reciprocation. It is mutual and humble and *intertwined* with multiculturalism, never at odds with it. It is about allowing newcomers to affect you on your native soil, to change *you*. It is about understanding that, for centuries, the white native-born (and, more brazenly, white colonisers) have blithely chosen what habits and sensations from other people's homes are worth keeping. [...] And yet, refugees, like most outsiders, won't help themselves be seen. We have an instinct to self-sanitise, to hide our moral struggles, for the benefit of the powerful. [...] Insiders never question their most basic impulses; they just are, an inevitable ingredient in the air others breathe.

The rest of us tiptoe and dance for their good opinion, filtering every smell and sound through a second skin. It is hardened instinct, but those with power can help break it.

Curiosity is a powerful corrective tool. It returns people to their natural state, however briefly. You need no expertise to aim for curiosity. To care is enough. If you love a person, a family, you don't want them to change into you. You want them to be them. You want to know about their tics and foibles, the home they left behind and all its strange flavours, their childhood songs, their bad habits, the music of their every celebration (Nayeri 2019: 342-343)

Curiosity, empathy within difference, recognition and reciprocity are therefore the fundamental ingredients for making multicultural workshops a genuinely relational space, where women's stories can unfold and be welcomed. As Charon writes, «[l]ike medicine, narrative situations always join one human being with another, and, indeed, one can argue that the joining of one human being with another always requires narrative acts of one kind or another» (Charon 2006: 52).

Again from a relational perspective, intercultural mediation is of enormous help in creating a channel of communication, reassuring participants, and avoiding a potential excess of intimacy (or, conversely, of mistrust) generated by individual relationships. The role of intercultural mediation is not only to translate language, but is also vital in bringing distant cultural contexts into communication with each other, explaining concepts, traditions, contexts, and mentalities to each other (Machetti/Siebetcheu 2017).

For this reason, whenever possible, I have involved intercultural mediators in the workshops, even when there was no language barrier with the participants. Intercultural mediators too are invited to take part in the workshops within a relational approach, and therefore to introduce themselves at the beginning and to share their impressions of the workshop experience at the end.

### 3. CHALLENGES: LINGUISTIC DIVERSITY, LITERACY, ILL-BEING/WELLBEING, AND AVAILABILITY

Some specific challenges I encountered during the workshops with immigrant women include:

1) Linguistic diversity, which requires the preparation of multilingual materials and the management of a hybrid conversation space. The role of translation and intercultural mediation is essential here, and it is important to give each participant the space to express themselves in their own language, as well as to value their desire to express themselves in Italian, a language they are often in the process of learning, depending on how comfortable the participants feel – a condition that may vary swiftly during the same meeting.

2) The diversity of the group's composition, particularly with regard to literacy skills. During these workshops, I interacted with people who had university degrees as well as people who were illiterate in their own language of origin and were learning to read and write while learning Italian. Given this diversity, I chose to focus on the oral dimension, with a view to reducing pressure and facilitating spontaneous storytelling.

3) The varying willingness to participate and the different ability to articulate experiences in narrative form. Differences in availability may be due to very concrete factors, such as pressing work and/or family commitments, or may derive from the types of experiences a person underwent, their different degrees of discomfort or

wellbeing, as well as the psychological and cultural resources available to process their migration history. Flexibility and listening are the necessary response to this challenge, so different ways should be sought to involve the participants, including always leaving open the possibility of withdrawing at any time or not participating actively in any way.

#### 4. SILENCE

This last point brings us to the fundamental role of silence. Unlike other contexts in which immigrants are questioned about their history, particularly interviews in legal proceedings aimed at obtaining asylum or attesting to violence suffered, workshops are not a coercive speaking space – in fact, they aim to be the opposite. Refusing to answer a question, react to a stimulus, or participate in an activity can be as powerful an affirmation of subjectivity as the narrative itself (Ahmed 2015). Silence can conceal one's intimacy, as well as the need to protect oneself from one's own pain. Silence is not a barrier to be forced, but an element of the story to be listened to and honoured.

In many cases, an indirect approach to certain painful issues, for example through work on images, words or stories, spontaneously leads people to open up more than they would if asked explicitly about a personal topic. Trauma can build an emotional barrier around certain issues and memories that are too destructive to be assimilated and freely expressed in the narrative of the self. In line with the overall method of the project (see *Introduction*, § 5), this approach is based precisely on the power of narrative, starting from the tools provided by ethnopsychiatry on trauma and microtrauma associated with migration (see de Rogatis, part one, § 2) and applying them according to the method of narrative medicine, and in particular the techniques related to «narrative imagination» (Nussbaum 2010: 95; see de Rogatis, part one, § 1), i.e. the generation, composition and interpretation of stories through storytelling.

This approach, based on indirect associations and the narrative medicine method, is the cornerstone of storytelling workshops, which allow participants to approach painful spots without having to address them directly, but rather by evoking the possibility of «thinking through stories» (Morris 2002, 196; see de Rogatis, part one, § 1). Precisely for this reason, however, silence also signals where a person wants to go and where they do not want to go. While in a therapeutic context silence is cautiously and patiently undone, and in a judicial context it is broken and violated, in storytelling workshops it is given its own space, integrating it as a legitimate narrative strategy into the story that the person wishes to share, at that moment and with their own creative resources. Having their silence respected also constitutes a recognition of subjectivity.

## 5. ACTIVITIES AND MATERIALS

The workshop is designed with a dual purpose: on the one hand, it facilitates the emergence of stories from the women who participate and can therefore be used as a partially structured, non-invasive and horizontal methodology for collecting life stories from particularly vulnerable individuals (migrants, women, survivors of violence); on the other hand, the workshop offers participants a context in which they can speak freely and without being bound by regulatory purposes, as is typically the case when telling their story to the police or judicial authorities in order to obtain protection and a residence permit, a process to which immigrants are subjected in an insistent and psychologically violent manner. For many women, the workshops are a rare opportunity to tell (or refuse to tell) their story in the way they prefer, at their own pace and in their own narrative style, and not to fulfil an external demand.

The activities offered in the workshops are based on a combination of prompts to which participants are invited to respond, and moments of non-directed listening, particularly in individual meetings, where participants have the opportunity to tell their stories in a free flow, in the order they prefer and focusing on the aspects they feel are relevant to them. The emergence of stories is encouraged around a number of core themes: the world of emotions; storytelling; health; linguistic and cultural identities; migration; hope and resources for the future.

Participants are completely free to respond to these thematic areas, or to choose to remain silent, or to redirect the conversation to other areas. For this reason, a great deal of flexibility is required in managing the meetings, relying on a range of materials to stimulate conversation, but which can be selected and adapted continuously on the basis of the specific relational context.

Here are some examples of activities, divided into three blocks: 1) Activities based on reading reflective, narrative and poetic texts; 2) Activities based on indirect prompts; 3) Open questions.

## 5.1. READING REFLECTIVE, NARRATIVE AND POETIC TEXTS

These activities work through the use of reflective, narrative and poetic texts. These are texts by people who have experienced migration or a life straddling different languages and cultures. The poems are all written by people who migrated to Italy.

The underlying idea is to use the text as a reference point from which to relate to one's own emotions, interpretations and experiences. I have chosen examples of texts that encourage reflection on the experience of migration, on the possibility of telling one's story, on language, on nostalgia, on fear, on anger and on hope. These texts are simple in terms of concept and form, but sufficiently profound and evocative to provide imaginative, emotional, memorial, reflective or freely associative stimulation.

In the case of illiteracy or poor reading skills among some of the participants, the texts can be read aloud together. If all participants are able to read, it can be stimulating to provide the texts in different languages and ask each person to read aloud in their own language.

### 5.1A. Reading a text by Dina Nayeri



Souda Camp, Isola di Chios, Grecia, 2016. Photo by Alberica Bazzoni

Dina Nayeri (1979-) is an Iranian writer and activist who sought refuge in the United States as a child. She now lives and works in London.

In her book, *The Ungrateful Refugee* (2019), she recounts her own experience as an immigrant in the United States, along with many other stories of refugees. In London, she has conducted storytelling workshops with refugees from many countries.

I wonder what our world would look like if refugees were asked, instead of reciting facts, to write a story that shows their truth in another way. It is a fantasy, but I decide to try it. In 2017, I launch a refugee storytelling workshop. For our first session, we sit around a big table at Libreria Bookshop in London. Half the class demuts. The other half doesn't speak English. I ask everyone in my class to draw a crane, the way in beginning writing workshops you are asked to describe a park.

Maybe the new arrivals sitting around my table at Libreria are tired of crafting their one story according to other people's rules. Maybe they want to create something different now, or to finally tell their story *truly*, raw and full of dirty details, in the authentic storytelling language of their youth. Everyone wants ownership of their one, formative, true story — they want to choose how it will be told.

(adapted from: Dina Nayeri, *The Ungrateful Refugee, What Immigrants Never Tell You*, Edinburgh, Canonogate Books, 2019)



Nea Kavala Camp, Grecia, 2017. Photo by Alberica Bazzoni

### 5.1B. Reading of a text by Quiara Alegría Hudes



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Quiara Alegría Hudes (1977-) is an American playwright of Puerto Rican origin. In her autobiographical book *My Broken Language*, Hudes tells the story of her family and her life as a child and then as a young woman in Philadelphia, caught between two cultures, Puerto Rican and American, and between two languages, Spanish and English.

I would like a space to put all this,  
all this loss, and all this life. I would like a language to voice a cry, so that  
others can hear and understand me. And in understanding I can become  
whole again.

I would like the right words to say the beginning and the end, to say death  
and joy.

(taken from: Quiara Alegría Hudes, *My Broken Language*, New York, Harper Collins, 2022)

### 5.1C. Poetry reading



Poems taken from the collection: *Immicreando. Racconti e poesie di migranti* (2007), edited by the Arcidiocesi di Milano – Ufficio per la Pastorale dei Migranti, e dalla Fondazione ISMU.

Jamila Ennesri, *My Africa*

Oh my Africa, you're so far away from me,  
like the earth from the sky  
and yet I miss everything about you.  
I miss your sun  
that warms my heart,  
I miss the scent of spring air  
that soothes my soul.  
You are not poor, as some dare to say,  
you are rich in beauty and love,  
you are unique, you are the splendor of the earth.  
Whoever knows your roots cannot help but love you  
because you are a grand and real paradise.

Iilir Kolmarku, *Fear*

I am scared of myself,  
I am scared of the shadow,  
I am scared of life,  
I am scared of wisdom.

They don't let me look at the sky,  
they don't let me breathe,  
they don't let me laugh with the sun,  
they don't let me get to know the human being.

Fear of snow, fear of rain,  
the sky illuminated by lightning,  
fear of the fear that freezes the heart,  
I'm exploding like the Hiroshima bomb.

Scared of speaking,  
I'm scared to laugh,  
I'm ready to explode,  
I want to live another day.

I'm scared of looking,  
I'm scared of raising my head,  
I'm scared of loving,  
I'm scared of traveling the world.

Let the truth  
come out in the sun  
because you hurt life  
by taking away its eyes.

I'm afraid to go out,  
I'm afraid to sleep,  
a stone tied around my neck,  
they drown me in the river.

Fear of being silent,  
I remain anonymous,  
the truth has come out in the square,  
Great Lord does not condemn me.

The canary is afraid in the cage,  
even the sea is afraid of the waves,  
I am afraid of the shadow that follows me,  
even the prison is afraid of the word...!!!

*Keila de Medeiros Mendonca, May I realize my dreams*

May I realize my dreams,  
may I speak again of projects  
of which I know nothing yet,  
may there be another country that can understand me  
and feel the splendor of my eyes.

My country has been for me infinite seas, places,  
flowers and songs  
that I cannot forget.

## 5.2. INDIRECT IDEAS

### 5.2A. Think of an object

In this activity, I asked the participants to think of an object that was meaningful to them, which they had brought with them from their country, or which they would have liked to bring but could not. To keep the focus on a concrete object, you can place an image of a suitcase or, even better, a rucksack in the centre (for those who are travelling by makeshift means, and perhaps crossing the Balkan borders or the Mediterranean, the rucksack is a highly representative image of the journey).

You can also ask them to physically bring this object to the next meeting, or to draw it if it is no longer there, so as to give them time to think about it, and then tell the story of that object and what it means to have it with them, or to have lost it. For example, several participants in a collective workshop with a group of women from Morocco showed photos of their wedding dresses and wedding ceremonies, opening up stories about how they met their husbands, the period before marriage, their relationships with their families, and so on...

A further development of this activity is to ask participants to talk about an object or place that is particularly significant in the present, linked to the country of arrival.

This activity indirectly stimulates a narrative that connects a person's origins, the migration experience, and arrival in the new country, exercising the thread of memory and tracing a connection between before and after.

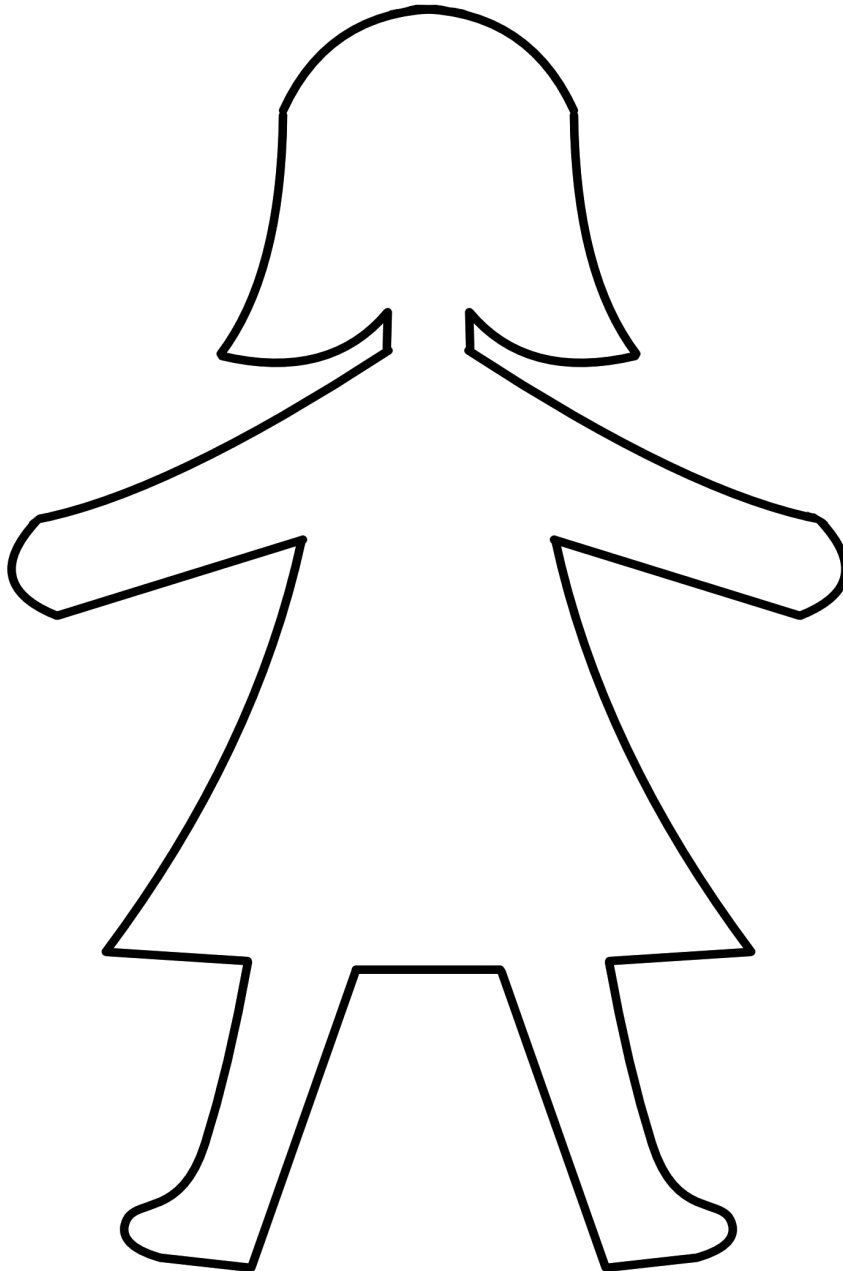
## 5.2B. Activities on words for emotions and the migration experience



This activity is based on free association using a number of terms related to emotions and the migration experience. You can look at the page with the words together (always making sure they are understood), then ask participants to select two or three words and talk about what they associate with them, what they make them think of, what they mean to them. For example, in a workshop with women who were survivors of trafficking, the psychologist at the shelter warned me to avoid direct questions about children, which were a cause of acute suffering for the participants. In response to this activity, which I proposed at the second meeting (individual and with the assistance of an intercultural mediator), one woman chose the word ‘nostalgia’ and began to talk about her children who had remained in her country of origin, Cameroon, her concerns about them today, and her past before the trafficking experience. The presence of other words to choose from allowed the story to continue in other directions, moving beyond what was certainly a very painful topic.

This activity is an excellent way to connect with participants, giving them the freedom to choose and explore the elements that resonate with them at that moment.

5.2C. Linguistic autobiography<sup>1</sup>



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<sup>1</sup> I would like to express my sincere gratitude to Andreina Sgaglione for introducing me to this wonderful tool, for creating this version with markers socially associated to femininity (long hair, dress), and for allowing me to use it in the workshops and include it in these materials.

In this activity, participants are asked to think about the languages they know, including any dialects, languages they understand but do not speak, and languages they have interacted with, and to place them in the silhouette using coloured markers. The resulting linguistic self-portrait (which also plays a very important role in the language class modules proposed in this book, to which I refer for further details) allows languages to be connected to the body and, through the language-body connection, offers unexpected points of access to a person's own history.

Reflection on languages within the storytelling workshop facilitates the emergence of stories about oneself, starting with questions about where and in what context they learned a language, where and in what context they speak it now, whether there are languages they forgot, languages with which they have a conflictual or, on the contrary, positive emotional relationship. For example, in one workshop, a girl who had recently escaped trafficking and who had refused any interaction until then, participated silently by colouring the silhouette. When she realised that she could also include her own dialect, she lit up and began to talk about her village of origin in the Ivory Coast, where she spoke the local dialect, and showed me photos on her phone of where she grew up.

Furthermore, linguistic autobiography allows us to talk about the role of Italian, the language of the country of arrival, which is a necessary tool for integration but also a source of challenges, disorientation and regression, and therefore of the relationship with the migratory experience.

### 5.3. OPEN QUESTIONS

Depending on the participants' willingness, you can ask some more or less direct questions aimed at bringing out their experiences prior to their migration journey, comparing their past experiences with their present ones, identifying resources and difficulties, and focusing on forms of wellbeing, ill-being and care in their culture of origin and in Italy.

It is important that the questions are not asked in the form of an interview or, worse, as an interrogation, but as a conversation starter. They can be useful in cases where a participant does not want to talk because she does not understand what she is being asked to do, and a more directed approach may therefore be helpful, starting with less personal questions; or, conversely, when there is already a good level of trust and it is therefore possible to talk openly.

The questions listed here are some examples of how to conduct a conversation on the identified topics, proceeding gradually and avoiding an intrusive or insensitive approach. Clearly, this is only a starting point: the participants' individual degree of openness may lead to a complete deviation from these questions, personalising them and following the flow of the conversation.

#### 5.3A. Questions about storytelling:

- Who told stories around you when you were a child?
- Were there any special moments dedicated to storytelling?
- What were the stories about? Family history, made-up stories, politics, family members, gossip?
- Do you have a favourite story from when you were a child?
- And what, on the other hand, was not commonly talked about?
- Were there topics that men talked about more often, and others that women talked about more often?
- Do you like telling stories? If so, who do you tell them to, and what do you like to talk about? When you tell stories, do you like to go in order, or do you like to jump back and forth? Do you know many stories?
- If you don't like telling stories, do you like listening to stories, reading books, watching films, following stories on social media? Which characters are you interested in?
- Do people often tell you about themselves?

### 5.3B. Questions about wellbeing and resources:

- When you are tired, when you are struggling, when you are sad or worried, what helps you feel better?
- What were the biggest difficulties you encountered when you first arrived in Italy? What has changed over time?
- Is there an activity or a moment when you don't think about anything? And when you feel free?
- Is there a place where you don't think about anything, that makes you feel good?
- What are you good at doing?
- Are you studying Italian? If so, do you enjoy learning it, or is it a big obstacle?
- When and with whom do you speak your native language? What about other languages?
- What is one thing that scares you?
- What is one thing that gives you strength and hope?

### 5.3C. Questions about healthcare in your country and in Italy:

- When you were ill as a child, who took care of you?
- What were the most common health problems around you?
- Was there a hospital near you? Did you ever go to the hospital as a child?
- Were there other healers where you grew up? If so, what did they deal with – for example, worries, mental issues, dream interpretation, family problems, or something else?
- In your country, did you have someone to talk to about health issues?
- Were there any health topics that were considered taboo?
- How did you find out about menstruation and sexuality? Did you know about contraception, was it a topic that could be discussed?
- Here in Italy, if you are unwell, whom do you talk to? Is it difficult for you to talk about it?
- If you are unwell, do you know where to go, whom to turn to?
- Do you know anyone who has suffered from depression?
- Do you know anyone who goes or has gone to a psychologist?

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# ALBERICA BAZZONI

## TESTIMONIES FROM STORYTELLING WORKSHOPS WITH IMMIGRANT WOMEN

### 1. ANGÈLE<sup>1</sup>

Angèle is originally from Cameroon, she is in her early thirties, and has been in Italy for less than a year when we meet. She escaped trafficking and lives in a women's shelter, where she receives psychological support. In our conversation, Angèle speaks French, I speak Italian, and an intercultural mediator translates and helps us communicate.

She has no desire whatsoever to tell me about her experiences during her journey and trafficking; however she enjoys, in good synergy with the mediator, telling me about her life in Cameroon before her migration, and talking to me about the customs, legends, codes and rituals that govern social life in her country.

In the activity with words about emotions and the migration experience (see Activity 2.2), which we do in our first individual meeting, following an initial group meeting, Angèle chooses three words: happiness; needs; and silence:

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<sup>1</sup> The names of the women who participated in the workshops are fictitious, to protect their privacy.

ANGÈLE:

Happiness: “Happiness, for me, right now, means that I hope to go to school and understand the language.”

Hope: “Then, after school, I hope to have something to do so that I can live well. I have two things in mind that I am thinking of doing, one is a social care job, and the other is sewing bags. I want to learn, I am thinking about which of the two to choose.”

Silence: “Silence because now... I want silence to relax. I don’t want to talk too much, I prefer silence because it allows me to meditate and concentrate well on what I want to do.

Silence always wins.

I’ve just arrived here and when I arrived I realised that life has yet to begin and I still have a lot to learn, and I also have a lot to listen to, and follow what they tell me to do. There’s no need to talk too much, you have to be silent and try to understand in your head.”

Later, Angèle also chooses another word: sadness. “It’s about my daughter, she’s five years old. I think about my daughter who is far away and I hope that things are going well for her. Later, I hope that my daughter can join me too. And that’s my sadness.

I don’t have only one daughter, it’s just that she’s still very young. I have four children, the others are a little older. The little one is with my mum, the others are with their dad.”

## 2. JOSEPHINE

Josephine is in her early twenties, she is originally from the Ivory Coast, and has been in Italy for less than a year. She too recently escaped trafficking and found refuge in a women’s shelter. In our conversation, Josephine speaks in French, I speak in Italian, and an intercultural mediator translates and helps us communicate.

At first, Josephine speaks little, is distracted, suffering, struggles to interact, and sometimes does not respond. In general, the conversation is fragmented, consisting of many small unanswered questions, silences, monosyllables, and then sudden bursts of words in quick succession, before she closes up or becomes distracted again.

With Josephine too, in our first individual meeting, following an initial group meeting, I propose the activity with words (see Activity 2.2), and this stimulus gradually engages her, she livens up, and the jokes, stories and laughter begin.

I start by asking her what she likes to do, and she tells me that she cooks very well, especially dishes from the Ivory Coast. Then we talk about her plans for the future, and she tells me that she would like to become a hairdresser. She already knows how to do African hairstyles, but not yet those with “Italian” hair, and in order to become a hairdresser in Italy you need to undergo specific training. She taught herself by doing braids (she has a very elaborate hairstyle, which she confirms she did herself, trying and undoing and trying again). She tells me she has taught herself everything she knows. I ask her if she likes learning, and she says yes, especially Italian, which she is studying and really enjoys. She is also learning to read and write as she learns Italian.

From here we move on to the word selection activity, and she initially chooses three: happiness; Italy; and fear.

JOSEPHINE:

Happiness: “I am happy because I am learning many things, I do many things and I am evolving. I am very happy about this.”

Italy: “I study Italian and... I like Italy, I like studying Italian, I like the language.”

Fear: “Fear, there is something I am very, very scared of. I’m scared of the police. And I’m scared of hurting someone. Because when you hurt someone, it’s not good for you afterwards. And I don’t like the police very much, I don’t even want to hear the word ‘police.’”

I try to ask her why she is scared of the police, but she just repeats that she doesn’t like them: “I couldn’t fall in love with a policeman.”

I ask her what she thinks is the opposite of fear, how she feels when she’s not afraid: “When I’m not afraid, I’m always happy,” she replies. “And what do you like to do when you’re not afraid?”, I ask her. “Dancing and singing, all the time.” She tells me that she likes to sing the music of a musician from the Ivory Coast called José, and a contemporary Italian song, a snippet of which she hums to me, ‘Un ragazzo incontra una ragazza...’ (A boy meets a girl...). She has a beautiful voice. She learned to sing by listening to music in the Ivory Coast, she tells me, in the streets, “there is music in cars, in bars, they play music in bars, children hear it when they pass by and stay there to listen to it, so they learn to dance and sing. There’s music everywhere.” Here in Italy, however, there is no music in bars and no one dances in the streets, so she listens to music on her phone. And she sings, all the time: in the shelter where she lives, she is known for dancing and singing all the time.

Then she chooses a fourth word, 'beauty': "Everyone says I'm beautiful, but I really don't feel beautiful, I don't see myself as beautiful. But anyway, I want to stay this way, in my own way."

I ask her why she doesn't think she's beautiful, and she tells me at length about her childhood: "When I was little, I wasn't beautiful at all. There were many people who said so. My friends told me I was ugly, so I avoided having friends. Now, when someone tells me I'm beautiful, I don't believe it, because when I was little they always said I was ugly. But even if I'm not beautiful, it's God who created me this way, and so I want to stay this way."

I ask her if there are times when she does see herself as beautiful: "When I braid my hair, I feel beautiful. I look in the mirror, I start singing and dancing, and I see that I am truly beautiful."

At the beginning of the third meeting, Josephine says she feels very tired, she is particularly nervous. The next day – I would find out later – she has a meeting with the judge, to whom she will once again have to recount the details of her history of violence in order to obtain the right to stay in Italy; understandably, the last thing she wants to do is tell me about herself. We take a roundabout approach, with an activity that associates feelings, emotions and experiences (such as anxiety, shame, lightness, nightmares, hunger) with where we feel them in our bodies, using a silhouette similar to that of the linguistic autobiography (see Activity 2.3). At one point, while talking about lightness, Josephine intervenes firmly, saying that Italy is heavy for her:

JOSEPHINE: "Italy is heavy, it tires my mind."

ALBERICA: "Why is Italy heavy?"

JOSEPHINE: "It's very heavy. Italy oppresses me. Because you have to do a lot of things to be able to work here. They make me feel nauseous and crush my head. If you can't work, all you can do is eat and sleep."

As we talk, she shifts in her chair, her legs visibly hurting. She says she does not know why they hurt, maybe it is stress, but she does not know what she should be stressed about right now.

We drop the subject of her legs and move on to her associations between words and the body, but then the problem of leg pain resurfaces in another form: it is the placement of the word 'shame', which finally opens a window onto the theme of pain and healing:

JOSEPHINE: "I put shame in my legs, when I feel ashamed it's serious. When I feel ashamed, I don't want to go outside, I don't want to go out."

ALBERICA: "So shame blocks your legs?"

JOSEPHINE: "Yes."

Without insisting, with the assistance of the mediator who helps the conversation flow even though Josephine is struggling, I ask her:

ALBERICA: “Generally, when you’re not feeling well, what makes you feel better, what do you do?”

JOSEPHINE: “I sing!”

ALBERICA: “And if you need to ask someone for help, do you do it? Whom can you ask?”

JOSEPHINE: “It’s very difficult for me to tell someone that I’m not feeling well. Even if I’m feeling bad, you can’t tell that I’m feeling bad.”

ALBERICA: “What is the most difficult thing about asking for help? Is it fear, or perhaps shame, or something else?”

JOSEPHINE: “On the one hand, there is shame. Because when you ask someone for something, you risk them taking over your life. Or there are people who will speak ill of you, or insult you or your parents... So I prefer to do it this way: if I need something, I get up and do it. I want to work and have money to do what I need to do. Sometimes they can insult your relatives if you’ve shared your privacy, your illness.”

ALBERICA: “When you were a child, or even younger, didn’t you talk about your illness?”

JOSEPHINE: “No, that’s just the way I am. When you’re ill, you can’t say anything, they make fun of you. It’s better to keep quiet.”

ALBERICA: “In your life, have you never told anyone that you were ill and someone helped you?”

JOSEPHINE: “No, because I wasn’t that ill, I don’t get sick easily. My illness was only in my head, in my stomach, in my legs that hurt”.

### 3. GRACE

Grace is a woman of Nigerian origin, in her forties, who lives in the sheltered home. We meet four times, individually, accompanied by the intercultural mediator. The conversation takes place in English, a language we both speak, and the mediator intervenes when I do not understand an expression, or to explain cultural concepts or assumptions that I am unfamiliar with, but which are fundamental to understand the logic of Grace’s story.

From the outset, Grace is not interested in the activities or prompts of the workshop. She has her story ready and she tells it all to me, from her childhood to the present day, like an overflowing river, in the course of our four meetings.

Before we begin, however, she asks me to explain the project to her in detail and asks a question: “What’s in it for me to tell you my story?”. The level of self-awareness

in her direct question prompts me to try to explain my trust in storytelling with the utmost honesty.

Grace tells me her story in a strict chronological order, with precise dates and sequences, but the events multiply, become confused, fill with details, and at times the thread gets lost in passages that are difficult to untangle. From the beginning, even though I understand what she is saying, she addresses almost exclusively the mediator, placing a reassuring barrier between her words and me.

She says she studied in Catholic schools until university, graduated, and worked for a long time in an office, living alone and supporting herself, before meeting the man who would become her husband. It was he, who was already working in Italy, who brought her with him after years of long-distance marriage. He locked her in the house, watching her with a camera, neglecting her when she had to undergo a serious operation, and keeping her under constant threat. And this is just a fraction of what Grace had to endure over the years in Nigeria and Italy because of this man.

GRACE: “He bought a camera. He put a camera in the house, to monitor my movements. He said it was because of other people who were staying in the house, that it was for my protection. I should not go out, and not talk to anybody. Even people that are living in the house. If I see them in the kitchen, I should not enter. So I didn’t talk with anyone, I didn’t go out. I mean, 24 hours I’m in the room. He monitored me from his work. He’s the one buying things. He’s doing the shopping, everything. Eight months.”

For years, Grace was completely subjugated by the man she now insists on calling her ‘ex-husband’. She could not return to Nigeria because of the social stigma attached to separation, and so she was obsessed with making the relationship work, i.e. not arousing the man’s anger by obeying and serving him in every way, and not letting him abandon her. The physical impossibility of returning to Nigeria was tragically compounded by psychological subjugation. Through the intervention of the police, whom she finally managed to contact, she entered a protection programme for survivors of domestic violence. She now works as a cleaner, studies Italian, receives psychological support, and is slowly regaining her balance after years of segregation and abuse.

GRACE: “The story also makes me strong. At that moment it broke me down. But now is making me stronger. Making me believe that after night there must be morning. So it was my night, but now I’m in morning. Now the morning has come, and joy.”

#### 4. IRINA

Irina is of Russian origin and has been living in Italy for over fifteen years. She lives with an Italian man with whom she has a five-year-old daughter. Raised with her mother and older brother, the son of another father, in a small town on the border with Ukraine, she has had an eventful life, full of moves, all kinds of jobs and encounters. She has lived in Japan and Greece, was married to an Italian man, worked as a physical education teacher in a high school, as a waitress in a casino and as a promotional model in a nightclub – among several other jobs.

Irina has an irresistible talent for storytelling and mimicry, her narrative is perfectly organised into episodes, full of twists and turns and comic angles. Irina tells me her whole life story, from childhood to the present day, as if it were a novel. She tells me that she likes acting and storytelling, and would really like someone to turn her life into a novel, which is one of the reasons why she is so happy about our meetings. In another context, such as for example in the Italian classes where I met her, her exuberant chatter can at times border on confusion and difficulty in staying within the rules of a shared situation, and thus turn into agitation and frustration; in the workshop, on the contrary, she can take up all the space she wants, and this allows a lively and at the same time self-aware mind to emerge. In order not to overstep the boundaries, it seems she just needs wider boundaries.

Irina speaks of traumatic experiences embedded in her daily life since childhood. One of the first episodes she tells me about is that her father used to drink and become violent. Perhaps he did not beat her mother, she says, because her mother never told her, but he certainly threatened her:

IRINA: “My mum told me a story, I’ve got goosebumps just thinking about it, she said you were 4 or 5, I don’t know, you were little, with your bucket, and we were arguing, you were watching us, he was drunk, he took – what’s it called? – an axe, and was like, ‘I’m going to kill you’. In front of me, you understand? But thank goodness I don’t remember, look, I’m shivering, I really don’t remember, because otherwise I would have had psychological trauma, as they say, as a child, as a little girl. Instead, Mum said that other children, for example, were crying, screaming, but I was just there, looking, and I said, Mum, maybe it’s better because I didn’t understand, and then I was born when I was seven months old, maybe too little, let’s say, a little retarded perhaps, okay, I don’t know how to explain it, but thank goodness I don’t remember.”

In a group workshop with Irina and another Russian woman, Alexandra, who has also been in Italy for many years and is married to an Italian man, we talk at length about the conditions of women in Russia, in their mothers’ time, and before that in their grandmothers’ time, and then about what their lives are like today, divided between two countries, affected by the war in Ukraine, which strongly influences

them even from afar. According to Irina's and Alexandra's testimonies, in the 1980s, alcoholism and unemployment were the norm, and went hand in hand with widespread domestic violence and armed clashes between mafia-style groups that affected every aspect of community life, while women worked and supported the entire life of their families. So much so that, according to Alexandra, separating from their husbands "was a breath of freedom for many women, because many men at that time did not commit themselves to their families or to work, or were alcoholics, and the majority were idle".

For both Irina and Alexandra, the decision to leave Russia was influenced by their brothers, an alcoholic and verbally abusive, the former; psychologically abusive and controlling, the latter. It is a detail that, in both cases, emerges in passing and after many other stories, and adds to the lack of opportunities for economic independence, which meant that they had to live with their brothers or remain under their control. Irina and Alexandra left to escape violent domination and to build a life of their own, even if this meant facing great hardship, loneliness, and constant uncertainty.

IRINA: "I ran away from Russia because I had problems with my brother, who drank and caused trouble. He didn't hit us, but he bullied us, you know, with words, when he drank. He bullied my mother and my grandmother. We lived together, and I couldn't take it anymore. Had I had my own little house, I wouldn't go anywhere, not to Japan, not to Italy, nowhere, because I was fine where I was. Then, as I got older, I realised that I had run away. To find a better life, because I think that all of us foreigners want to leave our country because we are not happy there, so we want to leave to find a better life, but in the end we don't find a better life, we find ourselves in a shitty situation, and then we want to go home but we are ashamed to go home, that's what I think, I don't know how it works, that's what I think."

If behind Irina's decision to migrate was the lack of economic opportunities intertwined with patriarchal domination, and therefore the desire for a better life, what prevented her from returning is a sense of shame:

IRINA: "I was ashamed to go back, and what job would I do? As a waitress? I didn't want to be a waitress there because I was ashamed, because I'm already old, and where I come from that's shameful. Here in Italy, I like that you're not ashamed to do this job even at 50. I was amazed when I went to a restaurant and was served by the owner. Now I do it here, but if I went back to Russia I couldn't do this job because I'm ashamed. My job as a physical education teacher... there are few opportunities to find work, and if you do find it, you earn very little money, for example 100 euros a month. Here I earned 1200, for example, so why would I go back? Then... it was also important to me what other people think of me, you know, like, if I went back and they said, 'Well done, you've come back', and then behind my back they said,

‘Look, she was there, who knows what she did, and now she’s back, alone, without a husband, without money, without children,’ they said, ‘she’s come home like a beaten dog’. So, in order not to make my acquaintances and friends think that, I stayed here and said to myself that it’s better for me to stay in Italy and no one knows if I’m well or not. It’s fine now, I’m fine, before when I was working I was fine, but in bad times I could come back and stay, but it would be like going back to my old life, the life I ran away from.”

Today, Irina regrets that her daughter does not speak Russian. Initially, she gave up teaching it to her fearing that she would not learn Italian well, and now she is trying to pass her twofold culture on to her, but it is difficult because here the child is surrounded by her Italian family.

IRINA: “I tell my daughter, ‘Hey, you know you’re Russian too!’, she says no, she’s Italian. I say, no, you’re half Russian and half Italian. It’s difficult for her. Yes, but it’s my fault because when she was little I spoke Italian with her, because I was afraid she would go to nursery and not speak either Russian or Italian.”

The war in Ukraine has further increased the distance from her Russian family. Irina’s mother lives on the border and is directly exposed to the bombings.

The language school, on the other hand, has become a valuable opportunity to make new friends and feel at home. Although she speaks Italian fluently, she started the course in order to take an exam she needs to obtain professional recognition, but even if she didn’t take the exam, she says, or after taking it, she would continue anyway:

IRINA: “I only went for that. But now I think that even if I take this exam, I won’t leave the school because I like it. It’s a place to make friends, to meet people. Yes, then I met these two guys from Belarus, and I’m happy because after we speak Russian, they tell me about Belarus, I tell them about Russia, and then we talk about how we got here. And then I don’t have any male friends here. I have female Russian friends, but only a few, I don’t have any male friends, and when I heard them speaking Russian, I was so happy, because whom do I talk to here? Only my partner and that’s it, and in Italian. I speak Russian to these men. I missed that, because in Russia I had lots of friends, female friends too, but also male friends, men, boys, they were happy to be friends with me and I with them, perhaps even more so with the men, and I missed that, and then when I met these new friends I felt a bit – how can I put it – I found something I needed.”



ALBERICA BAZZONI

TESTIMONIES BY TWO INTERCULTURAL  
MEDIATORS WHO TOOK PART IN THE  
STORYTELLING WORKSHOPS

In a number of workshops, I was assisted by two intercultural mediators, Yvonne Nformi and Zineb Aboudair, originally from Cameroon and Morocco, respectively. The role of mediation is fundamental and includes elements of linguistic translation, cultural interpretation, and actual facilitation of interaction (Belpiede 2002; Luatti 2006; Machetti/Siebetcheu 2017). This role is often underestimated both in terms of skills required to perform such a delicate and complex task, and in terms of the psychological effects that continuous and prolonged exposure to traumatic life stories may have on the mediators themselves (what is known as ‘vicarious’ or ‘secondary’ traumatization, cf. Mahyub-Raya/Baya-Essayahi 2011; Motta 2023; Hapfelmeier *et al.* 2025). As these conversations highlight, mediation makes concrete use of the tools of storytelling, intertwining it with nuanced linguistic, cultural, and psychosocial skills.

Focusing on storytelling, the common thread running through the entire project, in the course of two long conversations I was able to gather Yvonne’s and Zineb’s views on their work and hear about their experiences, both from the perspective of their professional roles and as immigrant women in Italy.

Here are some significant excerpts.

## 1. YVONNE NFORMI

Originally from Cameroon, Yvonne has been living in Italy for over twenty years and has been working as an intercultural mediator for many years in hospitals, her area of specialisation, but also in courts, schools, with the police, providing psychological support, and in creative and research projects – such as this one. The conversation took place in English.

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YVONNE: “You know, I just, like, break the ice by telling them: ‘I’m Cameroonian. It happened to me’, even if it didn’t happen. It happens in this way so that that person will say, ‘Yeah, it happens to me too, but not in this way’. And that’s when the truth starts coming out.”

ALBERICA: “Yes. Because they feel legitimized.”

YVONNE: “And they don’t feel alone: ‘So it also happens to you. Wow!’ I always try to give them value.

You know, they come from places. We don’t know where they’re coming from. They’ve done things in life that we don’t know. Every person is really important. So when you start appreciating or giving value to the little things that they say, they will be like, wow. And then when you give them value and you try to relate that culture to your own culture, it’s a bomb. They come out.”

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YVONNE: “Sometimes it’s really difficult to get them to understand what they have to say. So what happens? I really have to tell a story in a different way, regarding the cultural background. You know, I tell that story and telling that story sometimes makes the interviewer to think that maybe I’m going too far, but I’m trying to bring this person to that reasoning. And then after that, when I tell my story, that person understands now exactly what they are saying.

The not easy thing is the clash of cultures. I’m Cameroonian. I deal a lot with Nigerians, with Africans in general, but they don’t have the same cultures. Even two Nigerians will not have the same cultures. And sometimes one Nigerian’s ‘Yes’ can be another Nigerian’s ‘No’.

I have to bring in my own culture. When I bring in my culture, that person will express her own culture because I make that person understand that both of us have cultures. My culture is important as well as your culture is important.

It’s supposed to be a conversation. It’s supposed to be you, like, putting that person in the same house, the same level, sitting on the same chair with that person.”

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YVONNE: “Sometimes when they are speaking, they get stuck because they are afraid to actually come out and tell exactly this, what happens in their culture. Some taboos, you know, that when they come here, they realize that wasn’t a taboo here. It doesn’t exist. So when things like that happen, what I do is like I say, you know, ‘In my country these things happen.’

You have to actually be swift. You have to understand people’s background, you have to understand their taboos. You have to understand what they were before they came here. And then you have to make them understand what is the reality of here.”

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YVONNE: “Imagine somebody who left her country going to such greener pastures, maybe leaving that country because she was raped. She gave birth to a child, and then to be raped is a taboo, to give birth to a child from rape is a taboo. And then you run away, and then you come and find yourself again into prostitution, thinking that you were going for greener pastures. You find yourself in that kind of a situation of exploitation, you know, living a very, very terrible life. And then you finally find yourself here and you find a space to talk. How will you start? You don’t know. I have broken the ice for so many people. They would tell me, no, no, no, no. Nothing ever happened. Nothing ever happened. And we can have maybe six sittings and nothing ever happened. And when it comes out, it flows until the end. You understand the difficulty. It’s not easy for somebody to tell you I was raped. It’s not easy for somebody to tell you I had a baby through rape. It’s not easy for somebody to tell you that after being raped, I ran away because I could not stand the insults from that society, from where I come from, running away from that trauma. No, they don’t want to say it. ‘No, no, no, no, no. Nothing happened to me.’ But at the end of the day, the story can fill this house and the pain can break down the house as well. So it’s usually very difficult. So one has to really bring yourself to the level of every person you’re talking with.”

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YVONNE: “Sometimes I really feel for their stories. Sometimes I even cry. I hide it, I have to turn and wipe my tears and not make them know what I really feel. Because sometimes when you cry, they may say, wow, was this really this bad? So I try so hard to hold my tears.”

ALBERICA: “And where do you put them, afterwards? Do you have a space for your own pain with this job? Because there is a lot of joy, but also you’re exposed to a lot of pain.”

YVONNE: “I’m exposed to some things that maybe happened to me also. Like, that made me think, okay, wow, things have changed. In my days, there wasn’t this space, but now there is this space, you know? Yeah. So sometimes I have a little regret.”

ALBERICA: “That you couldn’t have the same space, that you couldn’t be listened to?”

YVONNE: “Yeah. Sometimes I say, oh, my God, I wish I had someone to listen to me in this way. Yeah. I would have told my story. I would be free. I would be loose.”

ALBERICA: “And now, when you want to cry, what do you do to take care of your own wellbeing, to process all these worries that are accumulating?”

YVONNE: “Let me say the end of the story is always very interesting to me. And the prospect of the story is always very interesting to me because I may have my frustrations, not for myself, for the stories that I hear, but at the end of the day when it has a good ending, I feel some relief. And at the end of the day when I embrace that person because of the assurance of the end of the story, because of the perspective of that story, where that story is going to end, I feel comforted.

That ending is not just that it ends, that ending is the hopefulness of getting to somewhere, having a goal. Knowing that it’s not all about that, you could go for this and you’re in a safe space.”

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*Talking about the conclusion of a storytelling workshop with Grace, a woman who lives in a women’s shelter:*

YVONNE: “You see, she’s so happy, because she didn’t know she could actually tell her story. And telling her story she feels relieved. And then telling her story to people who prove to be receptive, who prove to stand by her, who prove to hold her and to maybe wipe her tears when she cries. It’s a beautiful thing.

The empathy you show makes that person feel, ‘Wow, am I this loved? Can I be listened to so attentively? Like, my story is so long and they never get tired listening to me.’”

## 2. ZINEB ABOUDAIR

Zineb, originally from Morocco, has been living in Italy for ten years. She specialises in ethnoclinics and works as an intercultural mediator in schools, hospitals, cooperatives and for numerous cultural and integration projects in the area.

The conversation took place in Italian. English translation is mine.

ZINEB: “It’s not easy for someone to talk about private matters, things that are hurtful. It’s already difficult to talk about it to a psychologist, imagine that as soon as they walk in they find another person, who may be from the same country, for example a Moroccan finds a Moroccan mediator who speaks the same dialect, they find themselves in a bit of a difficult situation. But no one wants to reveal everything about themselves to other people. And that’s where I learned how to gain trust from the beginning, how to make that person understand that I’m there as a mediator, not just to translate literally.”

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ALBERICA: “Is it emotionally challenging for you, as a mediator, to be in between two worlds?”

ZINEB: “At first it was very difficult because I worked more with young people, with minors. We also worked in schools with psychologists, so at first it was very difficult to detach myself from other people’s stories, but little by little I learned how to manage myself when someone tells a story that touches me. I have to know how to manage my feelings too. I have to remember that I am a mediator there, I am a bridge where other people’s information passes through. I mustn’t feel anything. But it’s difficult.”

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ZINEB: “Sometimes people don’t trust us, especially since we live in a small area. So they’re always afraid that someone will hear their gossip and things like that. Sometimes some people have refused, for example, they say they don’t want Zineb as a mediator because she’s from the area, and they look for someone from outside the area who doesn’t know them or their family. I accept this, because I understand that it’s not easy for anyone to talk about very, very personal things in front of people they know in the city, and there’s no friendship or anything, and you’re there as a mediator.

Many people don’t really understand the role of the mediator; many call her a ‘translator’, even in Arabic-Moroccan they say ‘she translates’. When I can, I always explain that I am not a translator, but also a cultural mediator.”

ALBERICA: “How would you define the role of the mediator? How would you explain it?”

ZINEB: “The mediator mediates between language and culture. Because, for example, in some ways we may be similar, Italians and Moroccans, but if we don’t talk about culture and language at the same time, if we don’t connect them, one cannot understand. Even in religion, for example: if I come and talk to you about my religion without also explaining the culture behind it, you cannot understand my religion, you say ‘this is strange’; but if I also talk to you about the culture, then you

can understand me. Especially as an Italian, because Italians are very attached to their culture and also to their religion, even if they do not practise it, but they are very attached to it. So one complements the other, language and culture.”

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ALBERICA: “What are some of the things you may find difficult to mediate, differences that are a little difficult to explain, on both sides?”

ZINEB: “At first, the thing that was very difficult for me to mediate was when someone starts talking about how they feel. To convey what the person is saying. Because sometimes, for example, when you talk to an Italian, there are gestures, there is also non-verbal language. For the person who is talking about their emotions, there is also their non-verbal language, and I have to be careful about that too. And there I have to convey everything, I have to convey both the verbal and non-verbal aspects to get everything across to the psychologist, to make them understand everything the person is feeling, what situation they are in. Because otherwise, what can the psychologist understand? If I translate literally, I’m not helping them, it will just be chatter, it won’t be anything too profound.”

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ALBERICA: “As a Moroccan woman in Italy working as a mediator, did you find it difficult to find your identity?”

ZINEB: “At first, for me, migrant women are like a painting, like a coloured cloth, already coloured in their own country, coloured with their nostalgia, with their culture, all colours. This cloth or this painting, when you travel to another country, if you don’t know how to mix all the colours you find in your painting, you won’t have a beautiful picture in the end. I don’t know if you understand me. That’s how I see it. I see migrant women as colourful paintings: when they go to another country, they have to add other colours. And there you have to know how to find that balance between the colours. When you see it, you find a beautiful painting in front of your eyes.

The difficulty? It may seem a little strange, but honestly, there was no difficulty from the beginning. I don’t know how, sometimes I ask myself, how did I manage to integrate? I don’t know, it’s something... maybe it was my experience in Morocco, because I was always active, I did everything, especially with my cousins who did these jobs, these things, when there was a school holiday, they immediately enrolled me... Yes, because I already had that type of personality. When I arrived here, I arrived here very young, my personality also grew here. At the same time, I kept what I had before. I tried to maintain that balance between two cultures, between two things.

The way I see it, Italians are very similar to Moroccans. It seems a bit strange, but

that's how I see it, because I talk a lot with Italians about culture, about religions, I want to understand how things work for you too. When I talk to you, I find a lot of similarities, a lot. We have some differences, but the basis is the same. We care deeply about our culture, our families, our religion, many things. So those things that a person must have in life, you have them too, and Moroccans have them too.”

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