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## The psychometric and psychosocial dimension of Albanian immigration: data from a preliminary study\*

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**ABSTRACT.** *The present study is part of a wider ministerial project aimed at analysing - both the healthcare and psychological aspects - the phenomenon of illegal immigration, in particular Albanian immigration in Apulia. The CBA 2.0 Primary Scale was duly translated, in accordance with the guidelines set out in literature, to allow for identification and future use of psychological tools in Albanian and therefore assess the psychological dimension of a sample group of adult Albanians. Moreover, the eventual presence of Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) in subjects who arrived in Italy after a traumatic journey was studied. 82 Albanians were chosen (47 male and 35 female) having lived in Italy for over a year. All subjects were given the Albanian version of CBA 2.0 Primary Scale; subjects who had entered Italy illegally were asked to answer the DSM-IV questionnaire to assess PTSD and MDD and a semi-structured questionnaire made up to evaluate their experiences, before, during and after the trauma of their journey. CBA 2.0 translated into Albanian does not reveal psychological disturbances of clinical significance but did reveal values of hardship significantly lower than the normal Italian standards. Only 3 cases of PTSD and 6 of MDD arose from the questionnaire regarding the assessment of PTSD and MDD.*

**Key words:** *psychological assessment, immigration, PTSD, CBA-2.0.*

**RIASSUNTO. DIMENSIONE PSICOMETRICA E PSICOSOCIALE DELL'IMMIGRAZIONE ALBANESE: DATI DI UN'INDAGINE PRELIMINARE\*\*.** Il presente studio è parte di un più ampio progetto ministeriale finalizzato ad indagare - sia nei suoi aspetti medico-sanitari, sia negli aspetti psicologici - il fenomeno dell'immigrazione clandestina, ed in particolare quella albanese, nel territorio pugliese. Al fine di consentire l'identificazione ed il futuro utilizzo di strumenti di assessment psicologico in lingua albanese si è proceduto a tradurre la Batteria CBA 2.0 in lingua albanese, e quindi utilizzarla per valutare la dimensione psicologica di un campione di soggetti albanesi. È stata inoltre indagata l'eventuale presenza di Disturbo Post-Traumatico da Stress (DPTS) e di Disturbo Depressivo Maggiore (DDM) in quei soggetti che sono giunti in Italia attraverso un viaggio traumatico. Sono stati reclutati 82 albanesi (47 maschi e 35 femmine) presenti in Italia in un periodo da oltre un anno. A tutti i soggetti è stata somministrata la versione albanese della CBA 2.0; ai soggetti giunti in Italia clandestinamente è stato richiesto di rispondere all'Intervista DSM-IV per la valutazione del DPTS e del DDM e ad un'Intervista semi-strutturata costruita per valutare le esperienze prima, durante e dopo il trauma del viaggio. Alla Batteria CBA 2.0 tradotta nella sua versione albanese non vengono riferite problematiche psicologiche di rilievo clinico ma piuttosto si rilevano valori di disagio significativamente inferiori rispetto alla norma italiana. All'intervista per la valutazione del DPTS e del DDM emergono solo 3 casi di Disturbo Post-Traumatico da Stress e 6 di Disturbo Depressivo Maggiore.

**Parole chiave:** assessment psicologico, immigrazione, DPTS, CBA-2.0.

### Introduction

In order to deal with the psychological and psychopathological aspects of immigration, it is, first of all, necessary to consider the significance - in terms of stress - that a process such as migration causes not only on a social level but also on a personal one; in fact, numerous radical changes are necessary so that the single individual may adapt to the requirements of new cultural contexts and environmental contexts in general (1, 2).

The most frequent psychic disorders found in this section are, *anxiety, depression, psychotic disorders, suicide, alcohol and drug abuse* (3) and are often supported by variables connected to the *individual's personality, native culture, psychic equilibrium, support and social acceptance* (2).

In specific categories of subjects such as "refugees" and "internally displaced persons" or however, subjects who, due to wars, religious, social and political conflicts, have been forced to flee their country, the most frequently observed psychological disturbance is *post-traumatic stress disorder (PTSD)* (4 - 13).

This, and a wide range of post-traumatic symptoms (14-18) at times directly correlated to the number of traumatic experiences (19) were also observed in groups of Albanian refugees resident in the USA.

High percentages of PTSD and MDD (20) were also observed in Kosovar Albanians resident in the UK due to their traumatic experience in Kosovo.

Compared to those resident in the UK, Kosovar Albanians (14) resident in Kosovo or having returned after a brief period abroad as immigrants tend to suffer from a) lower levels of *insomnia, physical and anxiety symptoms* and b) higher levels of *depression and social inadaptability* when assessed using the General Health Questionnaire - 28 (21).

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As far as the mental health of Albanian immigrants in Italy is concerned, to our knowledge, no data has been published, available information (*see demographic note: diagram 1*) refers mainly to demographic and health aspects. (22 - 24).

The present study - part of a wider project aimed at studying the phenomenon of immigration, also illegal immigration, from a welfare point of view - is aimed at assessing the psychological dimension of a sample group of adult Albanians present in Apulia in 2001.

In the case of these Albanian immigrants, their uprooting from the homeland, the dramatic nature of fleeing their native country, the uncertainty of the journey, were all considered stressful or traumatic events and thus potential sources of disturbance and psychological malaise.

Preliminary data relative to the Albanian version of the CBA 2.0 Primary Scales (25) was carried out on a sample group of Albanians will be presented together with the frequency of Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) in subjects who reported to have reached Italy through a traumatic series of events.

As already mentioned, the majority of literature has focused on traumas connected to war and conflicts in Albania; within this context, we preferred to study a different aspect, the journey itself, which, in our opinion, may be perceived as the first step towards illegal immigration.

#### Diagram 1. Demographic notes

*Italy was also involved in the question of immigration; above all in the 90's when - due to serious local political repercussions - significant migratory flows fled from the Balkan coasts towards Apulia, notably upsetting the socio-demographic balance.*

*Such an influx of foreign refugee groups coming from war zones and areas of social and political conflict, attracted the interest of the Italian government which, in 1998 through the National Health Plan, included in its priority objectives "to strengthen the protection of vulnerable individuals" and to implement an "epidemiological observation centre dealing with the pathologies of foreign immigrants" and anything deemed necessary to guarantee specific and distinct contributions aimed at preventing the hardships and/or negative repercussions both for the guest population and that of the hosting country.*

*It is estimated that on the 1<sup>st</sup> of January 2005, the total foreign population resident in Apulia was 42,985, of which 18,958 Albanians, therefore constituting the largest community in the region (ISTAT - National Statistics Institute). Of the European states situated on the Mediterranean coast, Italy is the first target, in terms of its coasts being under pressure from migration: data on individuals who had landed in Italy until 31.12.2004 confirm a drop compared to previous years; in fact there were 13,635, that is, 4.8% less than in 2003 (Data Caritas/Migrantes 2005). Peak value was reached in the summer months (maximum peak of 2,900 individuals in September). From 2001 to date the scenario has changed considerably: of a total of 20,000 individuals who landed, Apulia represents the first region, with approximately 8,500 individuals, whereas currently the most involved area is the Sicilian coastline.*

## Methods

### Subjects

The present study sample is made up of 82 Albanians (47 male and 35 female) having reached Italy at least one year ago and resident in the provinces of Bari and Foggia.

Mean age of the subjects is 33.5 years (ds=12.0; range 18 - 64), mean education level is 12.6 years (ds=3.15). 58.5% of subjects are married, 35.4% are single, 4% in other conditions (divorced/widowed). 38% of subjects declare to be employed.

### Procedure

Recruitment of subjects was carried out in the provinces of Bari and Foggia using companies, professional schools, host centres and, in some cases, through direct contact with subjects at home.

All subjects taking part in the research were given the Albanian version of CBA 2.0 Primary Scale. Moreover, those who had said to have entered Italy illegally and under traumatic circumstances were given a semi-structured questionnaire in order to analyse the presence of traumatic experiences before, during and after their journey. Subjects were asked to give a detailed account of how the journey took place, the means of transport used, the duration, the physical, hygienic and nutritional conditions during the journey, weather conditions, the possibility of being able to move, any physical or psychological violence suffered and their emotional reactions. Given that this part of the interview was held in Italian, in some specific cases the assistance of a native Albanian speaking interpreter was necessary.

The presence of Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) was analysed using a Structured Clinical Questionnaire SCID for DSM-IV (26).

All subjects were informed that the data collected would have been anonymous and used exclusively for scientific purposes.

### CBA 2.0

In the initial phase of the study the CBA 2.0 Primary Scales (27-29) was translated into Albanian. The translation was carried out by five independent translators in accordance with the guidelines proposed in literature (30, 31).

The Primary Scales of CBA 2.0 (see Table I) are a self-report tool structured in 10 sections which supply an initial assessment of the following psychological and behavioural dimensions: state and trait anxiety (STAI-X), personality dimensions (subscales: introversion-extroversion, emotional stability, inadaptability and anti-socialisation, simulation and social anxiety) assessed using Eysenck Personality Questionnaire/R, psychophysiological symptoms of anxiety assessed using the Psychophysiological Questionnaire (QPF), fears and phobias assessed using the Fear Survey Schedule/R, obsessions and compulsions assessed using MOCQ/R and depression assessed using Questionnaire D (32).

**Table I. CBA 2.0 Primary Scales. The table shows the inquiry area, the Schedules and the number of Items inserted in the primary scales. Schedules 1 and 4 are aimed to collect general data and case history R stand for reduced form**

SCHEDULE	INQUIRY AREA	(QUESTIONNAIRE)	NUMBER OF ITEMS
1	General data		25
2	State-anxiety	(STAI-X1)	20
3	Trait-anxiety	(STAI-X2)	20
4	Case history		59
5	<u>Eysenk Personality Questionnaire</u>	<u>(EPQ/R)</u>	
	Extroversion	(EPQ/E-R)	
	Neuroticism	(EPQ/N-R)	
	Psychoticism	(EPQ/P-R)	
	Lie	(EPQ/L-R)	48
6	Psychophysiological complaint	(QPF/R)	30
7	Fears and phobias	(FSS/R)	
	FSS-1: Disasters, calamities		
	FSS-2: Social criticism		
	FSS-3: Repulsive animals		
	FSS-4: Being alone		
	FSS-5: Health fears		58
8	Depressive symptoms	(QD)	24
9	<u>Obsessions and compulsions</u>	<u>(MOCQ-R)</u>	
	MOCQ-1: Checking		
	MOCQ-2: Cleaning		
	MOCQ-3: Doubting, ruminating		21
10	State Anxiety	(STAI-X1/R)	10

The subject's socio-anagraphic information was analysed in Section 1, while in Section 4 the subject's personal and medical history were analysed (education, employment, sexual and sentimental relationships, general health, eating habits and sleep/wake patterns, use of drugs, psychological difficulties and any reason for psychological treatment).

Statistic Pack SPSS was used (33). The t test for independent samples and chi square Test (with Yates continuity correction) were used for comparing groups.

lower average in scale FSS/R -1 (17.40±9.32 vs 30.00±7.10; z=-7.64; p=0.000), FSS/R -2 (15.60±9.67 vs 23.50±10.50; z=-4.43; p=0.000), FSS/R -F (65.14±31.88 vs 80.10±31.30; z=-2.58; p=0.005), FSS/R -5 (7.63±5.20 vs 9.70±5.10; z=-2.19; p=0.014), EPQ-N (5.40±2.65 vs 6.40±3.40; z=98; p=0.02) (see Table II).

Analysing, the frequency of answers given in Section 4 by the whole sample group, 74% of subjects declared to be married, engaged or in some way involved in an important sentimental relationship, 44% of subjects assessed the re-

## Results

### CBA 2.0

Since no data exists regarding the Albanian population, the averages obtained from sample subjects studied were compared to the standard values of the Italian population according to the "sex" variable and considering the age range of 26 to 40 years. On analyzing the data, it emerged that Albanian males, compared to the Italian standards (n=762) obtained a significantly lower average score in the following CBA 2.0 scales: FSS/R -F (fears) (38.26±22.77 vs 56.90±24.40; z=-5.42; p=0.000), FSS/R -1 (fear of calamity) (10.26±7.17 vs 15.30±7.0; z=-4.68; p=0.000), FSS/R -2 (fear of social rejection) (13.66±10.15 vs 19.60±9.10; z=-3.92; p=0.000), FSS/R -3 (fear of repulsive animals) (3.19±3.49 vs 6.25±5.50; z=-5.60; 5.85±3.60; z=- p=0.000), FSS/R -5 (fear of blood and medical-surgical procedures) (4.17±4.77 vs 7.00±4.50; z=-3.96), MOCQ-R (obsession and compulsions) (3.34±2.25 vs 7.11; p=0.000) and EPQ-N (emotional state) (3.57±3.17 vs 4.70±3.40; z=-2.34; p=0.01) Compared to the Italian female standards (n=214) female Albanians scored significantly

**Table II. CBA 2.0 Scales - Mean scores, standard deviation and number (N) found in Albanian subjects and in the Standard Italian reference sample. The table illustrates the results of the comparison together with the relative significance**

CBA Schedules	Males		Z	P	Females		Z	P
	Albanians (N=47) Mean (SD)	Italians (N=762) Mean (SD)			Albanians (N=35) Mean (SD)	Italians (N=214) Media (DS)		
EPQ-N	3.57 (3.17)	4.70 (3.4)	-2.34	0.010	5.4 (2.65)	6.4 (3.4)	-1.98	0.024
FSS/R -F	38.26 (22.77)	56.90 (24.4)	-5.42	0.000	65.14 (31.88)	80.10 (31.3)	-2.58	0.005
FSS/R -1	10.26 (7.17)	15.30 (7.0)	-4.68	0.000	17.4 (9.32)	30.0 (7.1)	-7.64	0.000
FSS/R -2	13.66 (10.15)	19.6 (9.1)	-3.92	0.000	15.6 (9.67)	23.5 (10.5)	-4.43	0.000
FSS/R -3	3.19 (3.49)	6.25 (5.5)	-5.60	0.000	-	-	ns	
FSS/R -5	4.17 (4.77)	7.0 (4.5)	-3.96	0.000	7.63 (5.2)	9.7 (5.1)	-2.19	0.014
MOCQ-R	3.34 (2.25)	5.85 (3.6)	-7.11	0.000	-	-	ns	

**Legend:** EPQ-N= Neuroticism; FSS/R -F = Fears; FSS/R -1: Fear of disasters, calamities; FSS/R -2= Fear of social rejection or social criticism; FSS/R -3: Fear of repulsive animals; FSS/R -5: Health fears; MOCQ-R: obsession and compulsions

relationship as “very good, affectionate, warm and serene” and said to have a completely satisfying sex life (62%). As regards employment, 35% are employees, 23% are self-employed, 16% do not work. 13.4% declared their job as unsatisfying, 22% quite satisfying and 17% very satisfying. The majority of subjects considered their interpersonal relationships within the workplace as relaxed and problem-free (49%), although 12% had no contact with others while working.

From an economic point of view, 11% of subjects said to have serious economic problems, 43% were careful when spending and had to budget, 39.5% said to be economically comfortable and 21% said to be relatively well-off. 2.5% had problems with the authorities. Two subjects had problems linked to drug abuse.

52% admitted to frequent mood swings and 21% considered themselves tense and nervous individuals.

Of the main problems reported, seven subjects have problems linked to economic and employment aspects, 5 subjects complain of distance from family members and the problem of educating their children in a different nation; in the past 12.5% had psychological and psychiatric examinations and only one subject started psychological therapy. 40% of subjects said that even if psychological treatment were to be deemed necessary they would not be interested in following through.

No significant differences between male and female subjects were observed regarding answers given on Section 4.

CBA 2.0 Primary Scales scores obtained by the subgroup, having reached Italy under traumatic circumstances, are not significantly different from those observed in the group of subjects who entered Italy legally. The following significant differences were founded Schedule 4: compared to the group without trauma, the group with trauma, had “good economic resources, at that time” (13 vs 4;  $p=0.02$ ), moreover, (probably linked to the reasons for leaving Albania), they more frequently had “serious economic difficulties in the past” (7 vs 1;  $p=0.05$ ); finally, the group with trauma had “frequent, repetitive, unpleasant thoughts” even if this is a trend but not completely significant (15 vs 7;  $p=0.06$ ).

### Traumatic experiences

Of the 82 subjects, 39 (47.6%) said to have reached Italy under traumatic and illegal circumstances. These subjects (27 male and 12 female) were put into a subgroup in order to assess the psychological effects of trauma associated to the circumstances of the journey from Albania to Italy. Mean age of the group is 35.1 years ( $ds=9.6$ ; range 18 - 56) and mean education level is 10.9 years ( $ds=2.2$ ; range 8 - 16).

Of the 39 subjects, 22 reported to have undergone traumatic experiences in Albania, that is, before leaving for Italy. In 21% of cases, those interviewed refer to traumas connected to the social and political situation in Albania (beatings and killings by the police force and by other civilians), 10% recounted traumas linked to family feuds (acts of vengeance) and 10% lost close family members.

The reasons given for wishing to risk the dangerous journey to Italy are generally linked to economic and employment factors (82% of cases), even if they are often interwoven with political and religious reasons too (13% of cases) or “in order to have a better life” and “to provide a future for the children” (15% of cases).

The most common means of transport used to reach Italy from Albania was a dinghy (60% of cases), followed by a ship or fishing boat (33%). Two subjects said to have reached Italy on a speedboat and one subject to have made the trip hidden in a lorry.

77% claim to have paid for the journey (an average of 650 Euro per person was calculated). In 7 cases (18%) subjects suffered physical symptoms during the journey; 19 subjects (49%) suffered from hunger, thirst, cold and heat; 22 subjects (56%) were restricted in movement; one subject (3%) was subjected to violence; 4 subjects (10%) claim to have been psychologically humiliated and ill-treated; 4 subjects (10%) witnessed the wounding or death of a fellow passenger and 6 subjects (15%) claim to have witnessed episodes of violence against one or more passengers by the pilots.

One subject interviewed said that during the journey the “bosses” of the dinghy stole from the passengers and killed one passenger, a woman travelling with her children remembers spending the journey in complete silence (under orders from the pilots), and suffering from cold, hunger and thirst.

Another ex-passenger described a ship crowded with illegal immigrants crushed together, with people crying, vomiting and suffering from hunger and thirst. Another illegal immigrant, together with his “fellow travellers”, was terrorized by the pilots who threatened to throw them overboard. In another case, while nearing the coast, the pilots threw three people overboard to “lighten the load” of the dinghy which was taking in water.

As far as traumatic experiences after the experience of the journey to reach Italy are concerned, the subjects interviewed said to have suffered real traumas, negative stressful experiences connected to health, employment and economic problems and difficulties in social integration.

### Post-Traumatic stress Disorder (PTSD) and Major Depressive Disorder (MDD)

Of the 39 subjects interviewed, 3 (8%) correspond to the criteria of PTSD; 11 subjects (25%) to partial PTSD (34).

From the analysis of the frequency of PTSD symptoms, at least one symptom of criteria B (intrusive memories) is present in 25 cases (64%); at least 3 symptoms of criteria C (symptoms of avoidance) are present in 7 cases (18%) and at least 2 symptoms of criteria D (arousal symptoms) are present in 9 cases (23%).

The frequency of PTSD symptoms observed in three subjects in accordance with DSM-IV are shown in detail in Table III.

Referring to the sample examined, compared to males ( $n=27$ ) females ( $n=12$ ) showed greater frequency of intrusive symptoms (92% vs 52%;  $2=4.12$ ;  $p=0.04$ ) and symptoms of heightened arousal (50% vs 11%;  $\chi^2=5.06$ ;  $p=0.03$ ). No significant difference between the sexes was

**Table III. Description of symptoms of Post Traumatic Stress Disorder (PTSD) and its relative frequency**

PTSD symptoms	Frequency of PTSD symptoms
B(1) Intrusive symptoms	14 (36%)
B(2) Recurring bad dreams	9 (23%)
B(3) Sensations of déjà-vu	5 (13%)
B(4) Intense psychological disturbance on recalling the traumatic experience	21 (54%)
B(5) Physical reaction on recalling the traumatic experience	12 (31%)
C(1) Avoidance of thoughts or feelings	8 (20.5%)
C(2) Avoidance of activities and situations	6 (15%)
C(3) Psychogenic amnesia	2 (5%)
C(4) Decrease in interest	8 (20.5%)
C(5) Feeling of separation and not belonging	2 (5%)
C(6) Decreased emotion	3 (8%)
C(7) Feelings of a decrease in future prospectives	26 (67%)
D(1) Disturbed sleep patterns	2 (5%)
D(2) Irritability or outbreaks of anger	8 (20.5%)
D(3) Difficulty concentrating	4 (10%)
D(4) Hypervigilance	9 (23%)
D(5) Over-reacting	9 (23%)

observed regarding symptoms of avoidance (17% vs 19%;  $\chi^2=0.00$ ). The average number of symptoms of depression is 1.3 (d.s=1.6).

Six subjects (15%) correspond to the criteria for MDD. Table IV illustrates the frequency of major depressive disorder symptoms. MDD is more frequent in females than in males (42% vs 4%;  $\chi^2=6.51$ ;  $p=0.01$ ). One subject with PTSD and 2 with partial PTSD also correspond to the criteria of MDD.

**Table IV. Frequency of Major Depressive Disorder (MDD) symptoms**

MDD symptoms	Frequency of symptoms i (%)
Low moral	10 (26%)
Decrease in interest	8 (20.5%)
Decreased/increased pondering	8 (20.5%)
Disturbed sleep patterns	2 (5%)
Psychomotor slowing down /acceleration	11 (28%)
Fatigue or lack of energy	6 (15%)
Feeling of low self-esteem	2 (5%)
Difficulty concentrating	4 (10%)
Recurring thoughts of death	1 (3%)

## Discussion

Emigrating represents a complex and very stressful psychological process strongly testing the ability to adapt of any individual and may lead to identity crises of varying degrees. The loss of native cultural parameters,

above all during the initial period, may lead to a profound sense of abandonment and a heightened sense of not belonging. The process of adapting is not always an easy one: the desire to become fully integrated into the new culture and the counter-reaction of resisting said integration will place the immigrant in a situation of emotional ambivalence.

Though one cannot speak of a true "pathology of immigration", the process of migration can undoubtedly lead to various forms of psychic disturbance in response to a situation of crisis. (35, 36).

The aim of this study was to assess the psychological dimension of a group of Albanian immigrants resident in Apulia, using a wide range clinical test: CBA 2.0 (37); moreover the frequency of PTSD and MDD was assessed in those subjects who claimed to have reached Italy under traumatic circumstances.

Our results seem to suggest that, clinically speaking, the sample group of Albanians studied does not suffer from psychic disturbance.

In fact, the Albanian subjects, when compared to data on Italian standards, on average scored lower in almost all sections of the CBA 2.0 Primary Scales.

This would seem to suggest that the data regarding Italians is not comparable to Albanian data - which probably have lower reference values - thus confirming the need for further studies aimed at standardizing the Albanian version of CBA 2.0 for the Albanian population.

There seems to be no confirmation of those results obtained in other studies (20) which show a clinically significant presence of psychological difficulties among Albanian refugees. On the other hand, these findings refer to refugees who have only recently arrived in a foreign country, whereas our sample group is made up of subjects who have been in Italy for more than a year. This could explain that in our case the experiences and traumas linked to the abandoning of one's native country and the difficulties met (as regards employment, social life, family) took longer to elaborate and finally to deal with. However, even if such difficulties transpired into a form of obvious disturbance (such as anxiety, depression, obsessions and compulsions or somatological disturbances, from the accounts of the Albanian immigrants, stories of difficulties linked to their precarious situation, the illegal nature of their immigration (not always admitted), preoccupations for their children or family members still living in Albania have emerged. Many said to have found a real dimension within the community in which they live, often through their continuing relationship with other Albanian families, others still suffer from problems linked to their integration within the Italian population, together with those prejudices often associated to Albanian nationality.

From the results on the effects linked to the trauma of their journey, it appears that only a small percentage suffers from PTSD (3%) while a higher percentage suffers from MDD (15%) thus not confirming the data present in literature (9 - 18).

On the other hand the traumas analysed in these studies refer to war, civil conflicts or persecutions and to torture at the hands of other ethnic groups; although these as-

pects were also considered in our study, we focused mainly on the journey which, to date, had not been examined in literature.

Though the journey may be a source of danger, as witnessed in the hundreds of illegal immigrants who died in the attempt to reach the Italian coasts, it does not seem to have repercussions of a psychic nature.

In the majority of cases, the subjects claimed to have reached Italy in the hope of a better future for themselves and their family members, even if this decision was taken because of the dramatic social and political situation, a topic which they preferred not to discuss.

It was the journey - although undertaken in circumstances of hardship and danger - which constituted the first "step" towards a better life because - as witnessed by many illegal immigrants - the "hope outweighed any form of fear".

The phenomenon of immigration and in particular illegal immigration gives rise to several problems, among which the need to identify psycho-social support strategies to help the immigrant to deal with his/her circumstances. It is not always easy to intervene in this way since there are different types of immigration. (immigrants with authorized documents; illegal immigrants; refugees or exiles) and it is likely that each situation corresponds to different experiences and emotional disturbances. It would be best therefore - regardless of the type of immigration in question - to develop and/or standardize psychological assessment methods in the native language - for example the CBA 2.0 Primary Scales - with a view to quickly identifying those cases which could have greater need of psychological and/or social support while, at the same time, helping the immigrant to deal with the psycho-physical disturbance linked to the stress of immigration (38).

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