

EDITORIAL

The alarming data, relating the death of 1,900 people, only from the beginning of this year 2014, in the attempt to reach Europe, questions us, as clinical psychologists, not only on the meaning of the phenomenon but also on the experience and on the intrapsychic dimension of each of these people.

Throughout history there have always been migrations, which, like this immigration crisis, have been regarded as an expression of human adaptation psychologically, unable to express that “autoplasticity” and / or “heteroplasticity” described by Freud.

This emigration, however, takes some peculiar characteristics that result from the geographical specificity that concerns the Mediterranean as well as from the perception, or the desire, that Europe can offer an undoubtedly better quality of life.

The phenomenon is amplified by the presence of violence that gives to these subjects the status of refugees. Not all European countries offer a hospitality proportional to the capacity of the countries themselves. Among European countries Germany is the only one, perhaps with the United Kingdom and France, to have numbers of some importance. Germany, in fact, is home to about 580,000 refugees, United Kingdom to about 290000 and France to about 160000 (data caritas.it).

In proportional terms in Denmark, Netherlands and Sweden refugees are between 4.2 and 8.8 per 1000 inhabitants, more than 7 in Germany and almost 5 in the United Kingdom, while in Italy only 0.7 (about one every 1500 inhabitants): The Italian number is therefore very small and certainly disproportionate in relation to fears that the phenomenon has generated in the Italian population.

Fear of invasion, fear of losing the jobs, but also fear of infection (in fact at this time there is a large debate on disappeared infections such as tuberculosis as well as on new pathogens such as the Ebola virus).

A fear that grows and, as pointed out by Z. Bauman, is relentlessly ever more widespread. DL Altheide reminds us that the worst condition isn't the fear of danger, but rather that in which this fear can turn, what it can become.

As we know the border between fear and phobia is weak, and it is in this context that arise xenophobic phenomena that, like all phobias, have the function to remove objects that are not real but fantasies that only unconscious can create.

From the social phenomenon to the individual experience is a short step. Thus we see patients, apparently very solid on the ethical and existential levels, recede in front of these phenomena and lose a part of that humanity that psychology should also ensure and encourage.

Objective data above should implement the rationality that these phenomena require, and in the clinical profession, promote action plans designed to reassure the population.

This editorial, written in a Sicily that at the moment lives in a dramatic and, perhaps, traumatic way the dimension of immigration, is to testify to what, in our own small way, coherently with the name of the journal, we can do in terms of reflection and presence in the social debate.

Readers, especially researchers of countries bordering on the Mediterranean sea, are invited to send contributions, coherently to the style of the Journal and to the disciplinary decladatory.

EDITOR IN CHIEF

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