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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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Credits

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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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BIOGRAFIE DELLE AUTRICI / ABOUT THE AUTHORS

Tiziana de Rogatis è saggista, professoressa associata di Letterature Comparete, prorettrice presso l'Università per Stranieri di Siena e IAS Honorary Fellow (Università di Durham/Inghilterra). La sua ricerca si concentra sul nesso tra medicina narrativa, traumi e translinguismi nella letteratura globale e, in particolare, nelle scrittrici. Ha co-curato *Trauma Narratives in Italian and Transnational Women Writers*. È autrice di *Elena Ferrante. Parole chiave*, un volume da lei presentato in Italia, Europa, Stati Uniti e Cina. Ha pubblicato monografie, saggi e commenti al testo sul canone modernista transnazionale (T.S. Eliot, Paul Valéry e Eugenio Montale).

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