A neuro-psychotherapeutic approach of the psychological migration trauma: Its expression and treatment in the psychotherapeutic groups

Op het NVGP-congres van 25 maart 2023 gaf de Griekse groepstherapeut en neuroloog dr. Catherine Mela een lezing over groepspsychotherapie met migranten en vluchtelingen vanuit psychotherapeutisch, transgenerationeel en neurobiologisch perspectief. Haar lezing is gebaseerd op onderstaand artikel, dat eerder is verschenen in het *International Journal of Psychology and Neuroscience*. Met dank aan de redactie van genoemd tijdschrift herplaatsen we het in *Groepen*.

Door **Catherine Mela**

Abstract

Migration and mobility have featured as key elements in the recent political and economic history of our world. Trauma appears in many dimensions of life during migration (national, physical, organic, political, social, financial), and it can be transformed through generations. From the beginning of our life, a very complex biochemical dialogue is established with our current and past life, through the maternal experiences and its relations with the social unconscious. Trauma provokes gaps and wounds of time, space, of boundaries and nations that can be carried trans-generationally as a genetic, ethical or national heritage. Cultural epidemiology focuses among several parameters in migration on the need of a container in the new way of living of the new country. The psychological migration trauma asks for evolutionary refugee-focused therapies, to help victims to face not only one traumatic event, the searing isolation of social distancing and the loss of human dignity, but also multiple traumas and losses, including rape, war and torture. Cellular biology,

neurobiology, epigenetics, and psychology underscore the importance of exploring at least three generations of family history in order to understand the mechanism behind patterns of migration's trauma and suffering.

Introduction

Migration is according to the United Nations High Commissioner for Refugees the result of economic hardship, violence and other forms of human misery like war, natural disasters, human rights violation, persecution and economic disenfranchisement. Refugees are condemned to live under pathological conditions in extreme environments and hard lifestyle patterns.

The emerging category known as 'climate refugees' is estimated to reach 1.5 billion by 2050

A quarter of a billion people worldwide live outside their country of nationality or have been forcibly displaced from it. Most of them are migrants who have left their countries seeking greater opportunities, while one-tenth of them are refugees fleeing acute threats such as war, political turmoil, civil war, criminal violence and climate change. A reason of migration, especially in Africa, is desertification. Global climate change and the slow-motion ecological catastrophe lead to massive migration and to the creation of marginalized nomadic groups (Haas et al., 2020). The emerging category known as 'climate refugees' is estimated to reach 1.5 billion by 2050 (Council on Foreign Affairs, 2020).

Migration and mobility have featured as key elements in the recent political and economic history of our world. Cultural epidemiology evaluates several parameters in migration like age, gender and hormone influence, job and work conditions, financial status, family status and nutritional habits, way of living, immune tolerance to changes, religion parameters (food, habits, norms in the hospitalization), level of education, local diseases and epidemic or pandemic situations.

Cultural epidemiology explores severa parameters by which post-traumatic stress disorder (PTSD) in refugees and migrants is shaped and the ways that a psychological, physical and organic trauma or a trauma-related situation can be expressed. The syndrome of multiple losses is also important to be evaluated according to the stages of mourning and grief, in parallel to PTSD and losses. Important factor for evaluation of PTSD expressed as physical or organic trauma, or as trauma related situations, is in association with acute and chronic stress.

The searing isolation of social distancing and the loss of human dignity is a new experience for individuals and communities worldwide during the Covid-19 pandemic lockdown, but for migrant communities it is an experience felt for years in parallel with their human rights abuse (Kerpius & O'Connell, 2020).

The feeling of statelessness or not being considered as national by any state is another 'legal anomaly' that became a 'new normal' related with the loss of identity and the loss of the feeling of belonging, associated with

severe discrimination, human rights violations and abuse. Statelessness emerges from a forced displacement that provokes loss of fundamental bonds when nations build more walls.
Children are refused to be repatriated, thus losing their families where they belong and their nationality (Refugee Law Initiative, 2020). The fate of the refugees is unknown, and migrants are treated as an asymmetrical threat, as terrorists, as a burden causing social troubles. The effects of the stress provoked by these phenomena are not uniform, in natural. The outcome of stressful experiences depends upon the nature of the stressor and the pathophysiological stimuli to which the organism is subjected, thus influencing human's capacity for dealing or coping with altered states. Findings provide evidence for complex associations between environmental and psychological factors and brain maturation. Neighborhood disadvantage and poor way of living may cause long term disorders on neurodevelopment during adolescence (Rakesh & Whittle, 2021).

Post-traumatic stress disorder and the psychological migration trauma

The post-traumatic stress disorder (PTSD) is a psychiatric disorder described in patients who have experienced a traumatic event. Post-traumatic stress disorder can be expressed as extreme physical reaction to reminders of trauma or by intense feelings of distress when reminded, avoidance of certain activities, thoughts or places related to trauma.
Post-traumatic stress disorder symptoms can be seen also as a mirror phenomenon in many Non-Government-Organizations staff members and caregivers.
In all cases it is characterized by flashbacks, sleep disorders like insomnia and nightmares, panic attacks, severe anxiety, lack of trust, incapability to form positive relationships, feelings of helplessness and despair.
Different phases of PTSD can emerge expressed by various ways of expression like the following:

- **Initial phase** of the shock with associated feelings of fear and guilt.
- **Rescue phase** when the affected person comes to terms with what has been realized.
- **Intermediate recovery phase** when the affected person starts adjusting to normal life.
- **Long-term reconstruction phase** when the affected person starts to rebuild and deals with the aftermath of trauma.

Tragedies shock and distress cascade from one generation to the next. Recent developments in the fields of cellular biology, neurobiology, epigenetics and psychology underscore the importance of exploring at least three generations of family history in order to understand the mechanism behind patterns of migration trauma and suffering.
The lack of mourning process resolves an historic past traumatic experience as well as the danger of the repetition of the trauma.
The history of trauma is unrolling in relation to its past, its pathogenesis and its future expression and resolution, thus separating the present from the past, the healthy part from the suffering one. Trauma provokes gaps and wounds of time, space, boundaries, among nations and can be carried trans-generationally as a genetic, ethical or national heritage.
Trauma's pathogenesis and its characteristics are fundamental in the explanation of

trauma maintenance and transformation through generations.
There is the unconscious transmission of trauma of refugees to their descendants, such as children, perceiving their environment as hostile and persecutory (Hopper, 1999).
In various levels of our life, like national, physical, organic, political, social and financial, trauma appears and leaves a trace in the individual's mind and body.
The relation between trauma and the ego-representation is also important.
From the beginning of our life a very complex biochemical dialogue is established with our current and past life, through the fetus, shaped by maternal experiences and its relations with the social unconscious.
In later life, trauma leaves traces in our memory through an explicit or implicit way. It is coming to consciousness like knowledge, when explicit memory brings it back, but other times it is expressed by an unconscious, blind, sudden and sometimes violent social or somatic way, as an expression of the implicit memory, in cases where the traumatic quantity overwhelms the psychic apparatus.
Trauma can influence both mind and body and it has a significant bearing upon an illness, its severity and content. Although neuron circuits that influence mind are usually different from those effecting on our body, there is a vice-versa process between the somatic and the spiritual level, like a mirror-process. Somatic illness participates in our traumatic heritage while brain's synapses reflect on past traumas but also on our new social contacts. Brain has kind of contacts among neurons called synapses for the interchange of information and energy of the neurotransmission. Similar kinds of meeting-contacts are also frequently seen as an analogue during social life, described as social contacts or social synapses.
The same synaptic meeting point of the neurons of the brain can be found as an analogue inside a psychotherapeutic group by the communication between its members.
The individual mind is a network of interacting processes that interact in the communications network of the group, the group matrix and the group dialogue. Every neuron in the brain acts as a nodal point in an analogue with the members of a group. This is a psychotherapeutic analogue of the brain plasticity. Brain must be considered as a highly dynamic organ in a permanent relation with the environment, as well as with the psychic facts of the subject and his acts.
Social brain is structured from its experiences and activities through its activation or withdrawal of the neuronal synapses according to its use and expresses the dimension of the brain activity as it is influenced from the social environment.

Neurobiological alterations of the brain function during the pathogenesis and the expression of the psychological migration trauma

The psychological migration trauma as post-traumatic stress disorder (PTSD) can be the origin of many neuropsychiatric disorders like major depression, suicidality, anxiety disorders, social phobia and panic attacks, obsessive-compulsive disorder (OCD), substance addiction, dementia-like situations.
A trace left by experience is associated with structural and functional changes of the

neuron synapses associated with cellular and molecular mechanisms related with neuron-genesis or neuron-degeneration. All biological systems interact with each other and adapt to the contexts in which a child is developing for better or for worse. The brain has mechanisms to protect the ego from traumatic events but in a paradoxical and sudden way brain can release information which can liberate hidden or repressed traumatic memories. Early experience of socioeconomic disadvantage is associated also with life-long negative cognitive and mental health income (Forns et al., 2012; Koutra et al, 2012; Packard et al., 2011).

Trauma influences the brain architecture and also influences our immune homeostasis and tolerance

Brain is constructed and shaped every moment according to its experiences and activities by activating or drawing away neuron synapses in relation to their necessities and needs. Trauma influences the brain architecture and also influences our immune homeostasis and tolerance. There is a neuro-immune cross-talk of the brain during the group psychotherapeutic process. Post-traumatic stress disorder alters brain function and plasticity, different circuits and various brain areas. When treating psychic wounds inside a group psychotherapeutic group, the balance of the expression of the stress hormones and the neurotransmitters must be seriously considered.

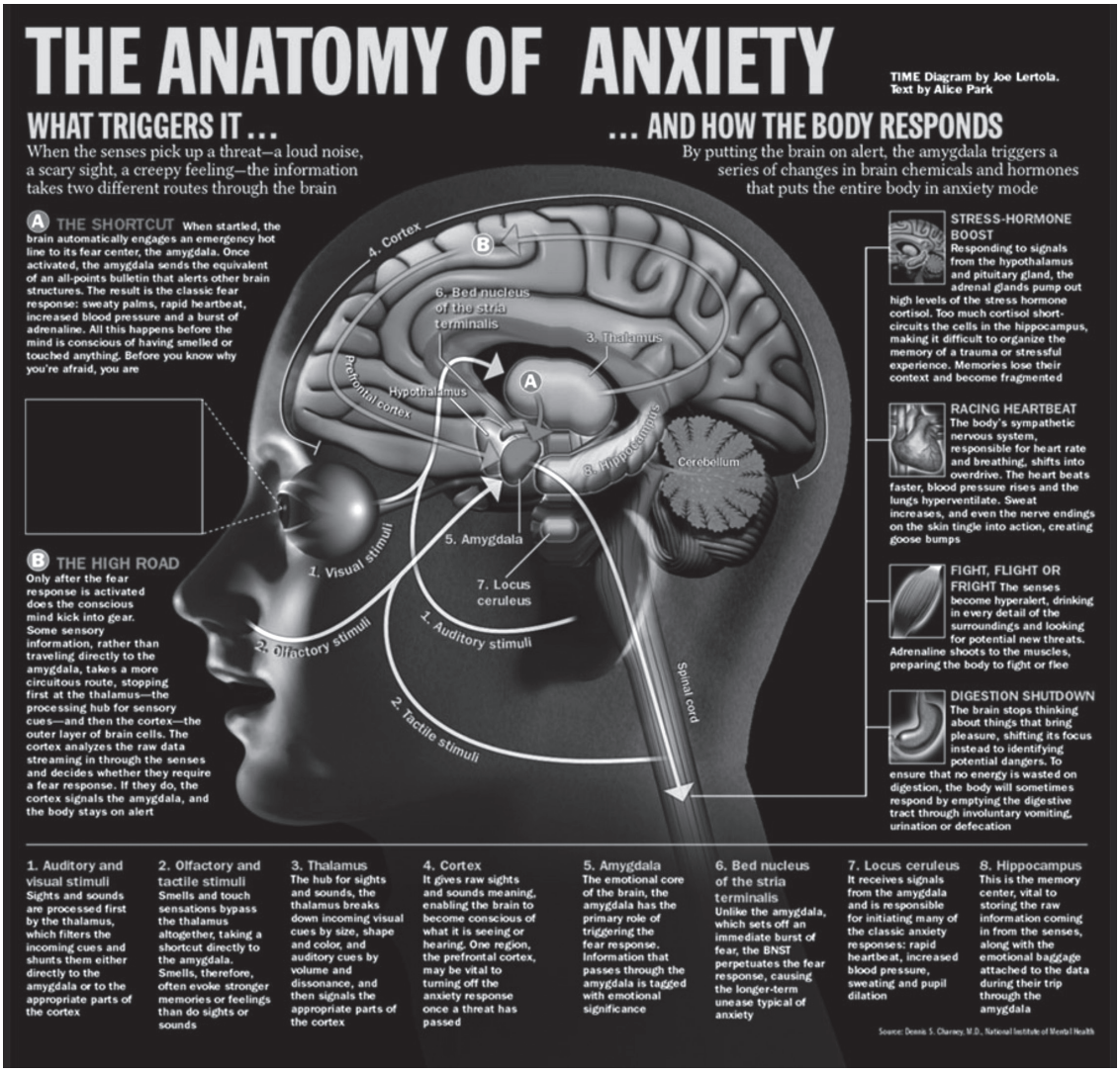
- Stress hormones shape human behavior in front of fear, partly mediated by the hippocampus, and their neurotransmission can be decreased and stopped in synapses during trauma and shock, thus influencing the link between basal cortisol levels and the duration of the synapses' freezing or inhibition in the disturbed neuromodulation after shock. These effects are manifested as underlying disorders in relation to attention, short-term memory, and suppression of interference.
- The neuroendocrine state constitutes the internal environment, within which immune responses take place. Normal and abnormal affective states, different prenatal and early life experiences, social interactions, and environmental circumstances over which the individual has no control are all associated with neuroendocrine changes that are implicated in the modulation of immune responses. Different stages of trauma reaction (denial, anger, sorrow and grief, acceptance etc.) lead to different immune responses.
- The γ-aminobutyric acid (GABA) circuits usually involved in the somatic and psychological perception of pain, is considered as a *liaison* pathway of the brain plasticity, a common area that overlaps and interacts with the human's psycho-neurological and immunologic expression.
- The dopaminergic system has many functions, including motivation, also involved in dreams. Stressful life experiences activate dopaminergic (DA) system in medial prefrontal cortex and causes changes in the endocrine system.
- The serotonergic system has receptors involved in hopelessness and lower

serotonin levels result in aggression, rage and self-harm behavior. Serotonin is involved in the regulation of mood, appetite, and sleep, as well as memory and learning. It is a major antidepressant. Onset of cognitive symptoms and depressive ones, sometimes in an overlapping way, can become a PTSD way of expression. Chronic brain inflammation is a hidden mechanism related to somatic chronic stress, where the serotonin pathway seems not to get seriously involved (Mela, 2017).

- The stressors of the central nervous system can cause damage in memory's process by a serious decrease in neurons. The function of the psychotherapeutic environment as a 'container' is strongly associated with the stress relief and improvement of depressive and dementia-like symptoms emerged after brain neuro-inflammation and neurodegeneration (Mela, 2017). Inside the group, functions of the mind like memory can be seen to operate as a function of the group network (Foulkes & Antony, 1965).
- The frontal brain lobe is related with experiences, memories and dreams, with functions associated with childhood experiences and current life events. It is influenced by the prefrontal lobe and the dopaminergic system that is the responsible circuit for the motivation, the apperception and the expression of the motive intention as it is shaped by external stimuli. Early experiences play an important role in brain development. It participates in the formation of the secondary process of the mind and the formation of the ego, enables the mental apparatus to organize its activities and serves in a way of 'internal speech' in relation to stimuli of the external world. Lesions of this area result in changes of general motility and emotional behavior (Kaplan-Solms & Solms, 2000).

Neurobiological circuits and brain mechanisms that the psychotherapeutic process activates in trauma

The psychotherapeutic analytic group is a place for recovery since it creates its own new contacts between its members and environment, thus influencing members' brain plasticity and neuromodulation, on a social, psychosomatic and psychotherapeutic basis. Group analytic psychotherapy modifies brain and synaptic plasticity by treating stressful social and family factors of life, emotional traumatic events and conflicts, by altering the memory function according to the restoration of the traumatic memories in the prefrontal lobe, the cortex and deeper brain areas, thus modifying neuroplasticity that is emerged after exposure to pathological and extreme environments of migration. Kandel (1999) mentioned that analytic treatment is successful only if it leads to adequate brain remodeling. By the participation inside a group, we can create new representations thus altering the brains' prefrontal's lobe function. Inside group, mechanisms related to past family and social relationships are emerged in association with the patient's feelings. Traumatic past experiences can become conscious from a preconscious or unconscious level and can be further analyzed also by the memory's transformation from implicit to explicit conscious memory. Our explicit memory by cortical activation enables to learn about our environment through



Een van de slides uit Mela's powerpointpresentatie op het NVGP-congres

knowledge. Implicit memory enables us by the amygdala's activation to learn by ways that are not conscious which are related to early stages of life and different circuits of plasticity. It is cited in areas close to the limbic system and it can be violently expressed, usually in front of a conflict, by an unconscious way and usually as a result of an accidental stimulus. It is related with Social Unconscious Behavior and can also be recorded in the implicit memory in an unconscious way. By different mechanisms constant repetition may transform explicit memory to implicit (Kandel, 1999). The group serves as a supporting ambience for memory analysis, for conflict's understand-

ing and resolution thus modifying the Hypothalamic Pituitary Adrenal (HPA) axis and the hormone's expression.
The creation of a safe container inside the group relieves stress and influences the levels of Cortisol Releasing Hormone (CRH) secretion, with impact also to the interleukin's levels and to brain inflammation which is related with depressive symptoms. Excessive cytokine secretion during stress situations is one of these causes which can be

The psychotherapeutic group as a 'container' is strongly associated with reduction of the hyper secretion of the cortisol

related with the onset of psychotic symptoms or depressive ones, sometimes in an overlapping way. In both cases, chronic inflammation is a common hidden mechanism causing a vicious circle of somatic illness and chronic stress (Mela, 2017).
The function of the psychotherapeutic group as a 'container' is strongly associated with reduction of the hyper secretion of the cortisol and the successful management of its blood levels on the moderation of the Hypothalamic Pituitary Adrenal brain axis (HPA), with impact in body's organs and glands. Holding is a mechanism allowing several feelings to be expressed and understood, as well as feelings of shame provoked by trauma and related to trauma disorders. It provokes safety and cohesions between the members of the group and a real feeling of belonging.

Psychosocial factors of the psychological migration trauma and the healing contribution of the group

The Greek word 'trauma' means piercing of the skin and metaphorically is used to show how the mind can by pierced by traumatic events (Garland, 1998,9). Traumatized people are no longer capable of communicating to themselves or to others and feel that they have changed substantially. Their identities, their affects and physiological responses, their outlook on life and their interactions with others have somehow undergone a total transformation. There is no more safety, predictability and trust. Their ordinary adjustment strategies had proven inadequate and they were unable to cope since brain synapses are frozen and overwhelming fear, powerlessness and loss of control lead to a permanent learning experience that they are unable to forget. There is also a connection between the loss of trust of these people with the loss of the ability to symbolize. Thus leading to flashbacks, reliving and to the creation of traumatic memory (Tucker, 2011). Traumatized individuals in group settings tend to share a profoundly shattered ability to trust other people after having suffered torture, rape and humiliation. Dunbar (2006) claimed that religions bond societies because they exploit rituals that are extremely good in triggering endorphins, as an experience of one another into social meaning. Religion is part of the human culture. Transcultural and trans-religion dialogue can set the basis for healing of the psychological migration trauma, according to the different phases of its expression (peri-trauma, early and long-term traumatic responses). Evolutionary refugee-focused

therapies, social support, religiosity and future aspirations reinforce health and well-being, help for the victims to face the traumatic event.

Refugees show an increased risk for mental and health problems due to their past and current migration experiences. Household socioeconomic disadvantage is associated with cortical thickness, surface area and cortical and subcortical volume in adolescents (Hanson et al., 2011, 2015; Machlin et al., 2020**,** Lawson et al., 2013; Noble et al., 2015).

The feeling of statelessness or not being considered as a national by any state is another 'legal anomaly', but a 'new normal' related with the loss of identity and the loss of the feeling of belonging is associated with severe discrimination, human rights violations and abuse. Statelessness emerges from a forced displacement that provokes loss of fundamental bonds when nations build more walls. The history of humankind seems so paradoxical since it is characterized on one hand by endless violence, persecution, enslavement and exploitation and, on the other hand, individuals, communities and states have over centuries sought to spare people from different forms of inhumanity and to provide them protection when their lives and liberty are at risk (Crisp, 2020). Refugees' tragedies are varying in type and intensity – such as abandonment, suicide and war, or the early death of a child, parent, or sibling – and can send shock waves of distress cascading from one generation to the next.

In the psychotherapeutic group, some psychosocial stress factors, related with living in transit, settlement countries and the psychological migration trauma, need to be treated.

The United Nations High Commissioner for Refugees stated that migrants and refugees are disproportionately vulnerable to exclusion, stigma and discrimination (Collini, 2020). Many refugees show an increased risk for mental and health problems due to their past and current migration experiences (Dowling et al., 2020) when they are portrayed as people who bring diseases, burden society and threaten public safety. Treating refugees as a problem becomes the main problem!

Factors reinforcing the expression and the repetition of trauma are:

- Racism, difficult living conditions, treatment as unequal human beings, abandonment, suicide and war, early death of a child, parent, or siblings.
- Socioeconomic hardship, poverty, acute changes and chronic distress, psychological and physical violence, abuse in childhood, sexual abuse and other sexual violence and ethnic, religious and racial persecution.
- Pandemic risks and social and physical consequences.
- Exposure to war and other civil or military conflicts, to natural disasters, to climate changes, to severe acute illness, work-related disorders.

We must be proactive in serving migrant and refugees' communities by creating strong refugee health partnership, engaging refugee communities and organizations by serving them, thus achieving equity, inclusivity and collective resilience (Al-Rousan, 2020). The creative components of a psychotherapeutic group or of a community such as sensibility and flexibility, adaptation and

reciprocal trust lead not only to healthy neurodevelopment and social positive learning but also to a somatic relaxing feedback. Acceptance, containing, holding, equal human rights, transcultural dialogue, corrective emotional experience are some of the group therapeutic factors that help in this direction.

Communities, serving and working on factors like democracy, permissiveness, communalism and realistic confrontation create a safe environment for expression, a place for psychological recovery and psychosocial intervention in a process of change, of adaptation to the dynamics of the situation and to the new encounter with self. Participating in the community's daily tasks helps members to feel it as their community and bring to light many interpersonal problems (Kennard, 1983).

In the context of the culture of empathy, immigrants must not be faced as terrorists. It is important to increase contacts between local and refugee population, to establish a trans-cultural dialogue and trans-religion discussion to improve the conflict prevention and the resolution architecture. International support must be provided for the refugees who must be welcomed. Violence and criminality emerged by the anti-immigrant movements must be faced and avoided by the creation of a safe container, like a boat of hope. The individual mental life is a container of personal experience and meaning: partly conscious but affected by both the personal unconscious and the collective unconscious.

The absence of the baby's container releases high levels of cortisol that might expose the child to a never ending somatic and psychic pain. Early experiences and exposures during the prenatal period and the first 2-3 years after birth are likely to have as much or greater influence on later health (Shonkoff, 2020). With good-enough parents and care-givers the baby's anxiety is contained and cortisol level is quickly reduced. The cortisol level in baby's brain is linked with its demands and with the presence or absence of a container, like an analogue of the regulation of the cortisol level of a traumatized member after joining a psychotherapeutic group.

The contribution of art as a bridge of solidarity and a boundless plan to share

The transgenerational exploration of trauma can be achieved inside a group since group matrix contains the biological heritage of its members and their culture. This heritage can also be expressed into dreams, through symbols and colors (paintings and designs).

Rebuilding the ability to trust inside a group is a laborious, painful and slow process

The symptom is difficult to communicate and disconnects mind from body, the traumatized member from other people: here is focused on the damaged part of the self, expressed as 'speechless terror' of trauma, as the experience of being at a 'loss for words' when the heart silently screams in pain. This conflict involves deep emotions, pain and memories that are difficult to verbalize, thus becoming repressed and later

an organic symptom. When people relive their traumatic experiences, the frontal lobe becomes impaired and they have trouble thinking and speaking.
According to Tucker (2011) traumatized refugees loose interpersonally the ability to trust others, thus losing the ability to symbolize on an interpersonal level in groups. Rebuilding the ability to trust inside a group is a laborious, painful and slow process. Traumatic flashbacks into the reflective therapeutic space can be intrusive thus leading to a loss of symbolic thinking (Garland,1998, 9) and the loss of the ability to distinguish between present and past traumatic experiences which were traumatic (Tucker, 2011).
The artistic process in groups facilitates the expression or modification of ambiguous feelings and conflicts. The physical nature of making art can contribute to a release and relief of tension, sometimes expressed by somatic symptoms in the context of a psychosomatic disorder. It is also the ability to touch the inner self of a human being, his feelings, his emotions and moods according to his culture. Art therapy contributes to the establishment of a therapeutic relation by the communication through art while the group functions as a 'good-enough mother' that holds and contains without punishing as a tough social structure. In the 'here and now' process, it is characterized by a spontaneous discharge of stress and deliberates from fear and inhibition that is provoking internal pain. Psychotherapy is a culture-bound, a self-reflexive practice that examines its own prejudices, ideology and will to power (Kareem & Littlewood, 2000). Art groups differ from verbal groups in having a structure which can give time and space for this tension to be explored. Fantasy usually functions as an internal source that facilitates the adaptation to the environment's need where everyone gradually feels safe, free and unique. The healing capacity of the artistic process is realized by the release of unconscious material which, when consciously assimilated, can lead to the release of creative potential for the individual. The image invested with personal material can stand in for the maker, who is otherwise secreted behind a 'false self'; when it is seen in therapy, it allows the maker to feel seen indirectly; these archaic longings are often so well hidden that the only other indication of their existence is expressed by deviant behavior or a psychosomatic disorder. Stress and guilt are transferred to the object, not to the person, and deep desires can be accepted and satisfied. Art helps the participation of both brain hemispheres by which repression can be treated as a defense ego mechanism (Joseph,1996) and which serves in the establishment of a therapeutic relationship even when the deeper understanding of feelings and of thoughts of their internal world is not successfully achieved, by the mind-to-mind communication, the creation of both brain and social synapses in parallel to social contacts.
While creating art objects brain is mirrored on them, brain functions as a social context where individuals withdraw internally to express themselves in the space of their choice. Separateness and individuality, periods of painful conscious or unconscious struggles, can be experienced by art products differently in the group, by different ways of mirroring leading to the development of aspects like self as subject, self as

object or self with object. The art objects provide a record of the group's 'exploration' and also form the basis of the group's common culture. Every member is different and unique, but experience is recognized through the sharing of art objects that give a concrete product for discussion and for developing the imaginary level of communication.

Epilogue

Living in the COVID-19 era, life demands from all of us to cope with new ways of living, of social distancing, of specific behavior in order to survive. Life seems no longer what it seemed before since we are asked to stay at home and to stay safe. We are educated for a new code of socializing, new ways of working from distance, new guidelines to avoid group gathering with serious consequences in brain plasticity.
We are invited to forget the past way of living, past habits, past traditions and to enter in a new way of living based on isolation.
The enemy is not visible, we cannot feel him, taste him or listen to him, it is like a shadow following us and threating us.
But how far away is the expression of this new trauma from the psychological migration trauma? Both traumas are characterized by the loss of the ability to symbolize, to trust others, by isolation and suspicion.
Every new trauma of humanity emerges past traumas on a personal and collective basis like a shadow. Traumatic flashbacks, sleep disorders, insomnia, panic attacks, anxiety, lack of trust, incapability to form positive relationships, feelings of helplessness and despair are common feelings and symptoms expressed now by all citizens worldwide, other times expressed as psychological, physical or organic trauma and trauma related situations. Trauma affects, in a devastating way, our mental and psychosomatic health and our physical homeostasis that makes us susceptible to other organic and mental maladies and disorders. Group psychotherapeutic factors like acceptance, containing, holding, gratitude, equal human rights, trans-cultural and trans-religion contacts remain strong parameters contributing to the transformation of trauma. Solidarity and compassion in the healing of trauma are common mechanisms worldwide facing traumatic reality no matter our language, religion and beliefs.

In the era of the COVID-19 trauma of humanity emerges and recreates past traumas on a personal and collective basis

The creation of a transcultural and trans-religion matrix and culture in various therapeutic groups will help in the better understanding of the emotions and problems emerged by forced migration.
A bridge of solidarity and belonging could be shaped only when there is a focus to the refugees' cultural and social experiences and not to the point of view of the Western society. In order to better approach and heal the migration trauma in the frame of a supportive psychotherapeutic group or community, it is essential to first understand the

refugees' feelings of belonging, emotions, and concerns (Mahmud, 2021) in forced migration and in different places and phases of their life and to explore the 'difference between':

- the culture, their habits and the way of living before their journey,
- the impact of the traumatic reason that forced them to leave their country,
- multiple losses and changes during their journey and all related emotions and frustration in relation to their expectations,
- feelings of disturbed hope and belonging where they are forced to start a new life,
- vision for their 'trip beyond fear': inside the group trauma, stigma, exclusion and social isolation that migration provokes can be explored and treated.

On a social level, the refugees who traditionally are excluded from leadership and decision-making roles must be reactivated by in depth interviews in the fields of refugee's resettlement, arts and culture and humanitarian acts, by their participation in seminars, groups for support and advice for better care of their mental care and well-being. They must find again their active role in our society. In the new era of the COVID-19 trauma of humanity emerges and recreates past traumas on a personal and collective basis. In this era, we search for the response of the loneliness neurons and for the impact of human loneliness on the brain, resulting from the social distancing. Human loneliness, although we can release hormones that help our immune system to function normally, is related with depression, anxiety, drug abuse and alcoholism, and loneliness is considered as a traumatic experience. The emerging devastating socioeconomic crisis that is likely to unfold for years is resulting as a first consequence from the COVID-19 era and is adding another threat in our current life, so similar with the one of the migration trauma, where there is no time and space for mourning of multiple losses of our lives.

In addition, any form of social power based solely on difference of color of skin, gender, religion or social and political affiliations is anti-humanity and in the widest sense 'anti-sanity' (Kareem & Littlewood, 2000). Recovery cannot occur in isolation but within the context of relationships, in connection with other people where the ability to trust is slowly and carefully promoted (Herman, 2020). The group could serve as a starting point for all members to consider and feel what is called in Greek *isotimia*, that is the social factor which brings equal chances to all people, for a better way of living in the future.

Culture is a human invention. Culture is everything that we transform in us from nature and for us is what we were given and with which we are always creating even more under conditions and dynamics of political, financial and social instability. The creation of the 'cultural brain' inside the psychotherapeutic group and later in society will make members focus on their ability to survive, to communicate, and to keep on dreaming and creating.

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