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Ambiguous loss in the current migration crisis: A medico-legal, psychological, and psychiatric perspective

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ABSTRACT

Ambiguous loss is a condition of uncertainty experienced following the disappearance of a person or following the psychological absence of a loved one. It generally has psychological and psychosocial repercussions, in addition to economic and administrative consequences. In the current Mediterranean migration crisis, this condition affects families and persons who have remained in the country of origin or are waiting for the arrival of the person in the host country. In the literature few studies have analysed the psychological state of these persons and who they are, especially those who managed to reach the European coasts, and in particular no one has highlighted the desire to know which accompanies the families of the missing. The present study begins to fill this gap by analysing data collected from the families and friends of the missing who disappeared during the crossing of the Mediterranean; it aims to begin to discuss a little known issue, well visible to forensic scientists and psychiatrists and very likely relevant for clinical purposes. To this end, 340 ante mortem forms containing the information collected during interviews of the living to identify the victims were analysed, focusing especially on the data useful to trace a profile of relatives who seek their missing loved ones. Since, for these relatives, the information needed to investigate the emotional and behavioural trends of ambiguous loss was lacking, a different sample of ten patients from the Ethnopsychiatry Department of the Grande Ospedale Metropolitano Niguarda (Milan, Italy) who had recently lost a loved one was also included in the study. The results suggested that the living do not forget those who left and continue to seek their loved ones, even six years after the last contact, some investing economically in their travels. The number of persons looking for the missing supported this, underlining the great number of potential victims of ambiguous loss caused by the migration disasters and lack of identification of the dead. From a psychological point of view, comparisons were identified with post-war victims, highlighting that similar clinical consequences occur regardless of different cultural contexts and modalities of loss. Differences were also identified, especially concerning the tensions that the journey could have caused to the identity of the patients and the loneliness experienced where these persons live, making the cause of the malaise ascribable to the emotional and psychological repercussions of ambiguous loss. In such a situation the identification of a body may represent the way to find one's own roots, to facilitate the end of ambiguity, and to mark the point where they can start rebuilding a life. In conclusion, migrants should not only be included in the group of victims of ambiguous loss, but they should be ensured an integrated health path that takes into account their psychological and social conditions, remembering that the recovery and identification of a body or of an emotional bond may ameliorate mental health concerns.

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1. Introduction

Ambiguous loss is a condition of permanent uncertainty experienced following the disappearance of a loved one or following the onset of a disorder that could compromise the psychological presence of a person (e.g., substance abuse and other mental illnesses). The phrase "ambiguous loss" was theorized in 1999 by Pauline Boss in her book "Ambiguous loss: learning to live with unresolved grief" (Boss, 2016). "Loss" indicates an event that makes a relationship no longer livable (e.g., death) and "ambiguous" refers to a condition in which the truth is not easily achievable, but is masked and variable (Boss, 1999). Boss underlined the importance of an ethno-psychological approach to ambiguous loss: the resulting consequences cannot be fully understood and therapeutic interventions cannot be defined without starting from a knowledge of the person's culture of origin (Boss, 2002). Boss' model has been explored and supported by several other studies in the literature, for example Boss et al. (2003), Luster et al. (2009) and Robins (2010). It could be argued that ambiguous loss is in fact not only an individual, but also, and especially, a social disorder (Boss, 2006): it compromises the nature of relationships between the missing or sick person and the people who are left behind, and between them and their groups.

Ambiguous loss is typically a traumatic loss, but although symptoms may be similar to Post-Traumatic Stress Disorder (PTSD), contrary to the latter it is a relational disorder and differs from grief, being an unfinished, inconclusive, and persistent condition that can accompany a family throughout their life (Boss, 1999; Boss and Ishii, 2015), when a person has gone missing but his or her death is not certain. This causes a situation of unresolved and unfinished grief (Boss, 1999), which triggers a mechanism of alteration of the family composition from both a physical and psychological point of view. In particular, the lack of information concerning the fate of a person induces in those who experience it a coexistence of opposite emotions and impulses, and specifically an emotional and psychological state of ambivalence: the wish to restore the previous situation (i.e. that the person comes back home), but also to abandon all hope to carry on. This prevents the normal mourning process since the following premises are lacking: the certainty of death, the vision of the body, the possibility of performing a ritual or a funeral (Paget et al., 1994).

Ambiguous loss holds consequences for economic, administrative, and bureaucratic fields, but also has psychological and psychosocial repercussions such as in individual, familial, social, and community contexts. For this reason, to understand such repercussions and for a suitable therapeutic approach, it is essential to appropriately analyse the ethnic and cultural contexts where the loss occurred (Boss et al., 2003). The organization of the society, the role and the independence of women, and the religious and spiritual beliefs all influence the resilience and the mechanisms of adaptation of families in cases of ambiguity (Boss, 2006; ICRC, 2013b; Luster et al., 2009).

According to Stover et al. (2003)and Kajtazi-Testa and Hewer (2018), the identification of a body makes certain the end of the ambiguity and allows the completion of familial and individual narration, giving continuity to the story. The restitution of a body and its burial may allow the extraordinary experience lived by the families to be brought back to normality, to an understandable daily life, and to feel part again of the culture they belong to (Paget et al., 1994; Kajtazi-Testa & Hewer, 2018). A further fundamental aspect is the public and collective recognition of the suffering inflicted on the family (Blaauw, 2002). In addition, resolving an ambiguous condition enables bureaucratic and administrative duties to carry on, such as the issuing of a death certificate, which allows the fulfilment of acts which derive from death (i.e., the attainment of the ownership of an asset, the definition of the marital status of a widow/orphan, receiving the pension of the missing person, and other economic subsidies). For low-income families, these aspects could make a major difference (see, for example, Dewhirst & Kapur, 2015; Salih & Samarasinghe, 2017; Singh, 2019).

The right to know is supported by national and international laws, among which are the Geneva Conventions and their additional protocols (1949; 1977). The protocols recall the duty of the parties involved in a conflict to activate the procedures to look for the persons reported missing, to recover the bodies in their own territory, to collect information useful to identify them, and to collaborate in the repatriation of the bodies (art. 32–34 of the Protocols Additional to the Geneva Conventions of August 12, 1949, ICRC). These concepts have been reported in more recent documents, highlighting the importance of this inviolable right (Baranowska, 2017; ICRC, 2013a). In particular, in ICRC (2013a), two rights are recognized: the rights of the missing (i.e., the right to the recognition of legal status; the right to be sought with adequate means and instruments; the right to be considered still alive, until evidence proves the contrary), and the rights of the families of the missing (i.e., the right to receive information about the missing and to have the remains back; the right to the recognition of specific legal status as relatives of a missing person; the right to social and/or economic support from the relevant authorities in case of need).

However, international laws establish the obligation only in cases of conflicts, wars, and enforced disappearances, while no clear specific laws are available in the case of peacetime. This legal gap also occurs at the national level. For example, in Italy, both the *Codice Penale* (art. 116) and the *Regolamento di Polizia Mortuaria* (art. 12) advise on the need to identify a corpse, but do not establish the obligation. Nevertheless, not reporting on the fate of the missing, not taking efforts to identify the bodies found in mass graves or the victims of executions represent a violation of human rights (see, for example, the sentence of the Corte Costituzionale n. 252, 2001; the sentence of the Corte Costituzionale n. 13, 1994; the sentence of the Corte Costituzionale n. 178, 2013).

Moreover, to claim a person as missing, the authorities must be informed by the family. However, this step often does not happen in cases of migration (ICRC, 2013b; Edkins, 2016; Salih & Samarasinghe, 2017). In fact, the families of migrants often do not know who to turn to, or, by announcing their clandestine presence or that of their loved one in a foreign territory, they fear that they will compromise their life in the same country, and they will be repatriated, or this will generate consequences that endanger their lives in their country of origin (Edkins, 2016).

Nowadays, the migration of people to foreign countries to flee from situations of war, abuse, torture, or simply in the hope of a better life is a well-known paradigm. According to data reported by the International Organization for Migration (IOM, 2020c), in 2019 the number of international migrants was 272 million, 3.5% of the global population. During the journey, however, many lost their lives.

Since 1996, the number of deaths occurring along the migratory routes amounted to 75,000. From January 1st, 2014 to April 30th, 2020, 35,726 persons have been reported dead or missing, but they correspond to a fraction of the real number of deaths; many in fact have never been recovered or reported (IOM, 2020a).

The Mediterranean passages are the most dangerous. Since 2014, the crossing of the Sahara is responsible for over 7400 deaths, followed by the border between Mexico and the USA (since 2014, this was responsible for 60% of the American victims out of over 3800 confirmed deaths overall). In addition to these data, in 2018, 570 confirmed deaths were reported in North Africa (since 2015, 4371; Akkerman, 2019) caused by abuse, violence, dangerous travel conditions, disease, hunger, and deprivation (IOM, 2020c).

From January 1st, 2014 to 22nd October 22nd 2019, 18,997 deaths have been recorded in the Mediterranean Sea, about 56% of the total victims worldwide along the migration routes (33,686 victims) (IOM, 2020a), thus becoming the most deadly route (64% of the bodies have never been found, that is 12,000 bodies). In particular, among the Mediterranean routes, the central one is the most dangerous (from North Africa to Italy, counting 15,500 deaths), as confirmed by UNHCR, 2020. In 2020, the trend has not changed: the IOM has recorded 1417 victims in the Mediterranean (983, 330, and 104 victims were recorded in the

central, Western, and Eastern Mediterranean, respectively) (IOM, 2020b).

In Italy, the identification of the victims of the Mediterranean Sea is coordinated by the Office of the Extraordinary Commissioner for Missing Persons (UCPS) who, in collaboration with the University of Milan, and specifically the Laboratory of Forensic Anthropology and Odontology (LABANOF), is working, assisted by other universities and more recently the Police and the Carabinieri, to identify these persons (Protocollo di Intesa. 30 Settembre, 2014; Protocollo di Intesa. 6 Marzo, 2015; Protocollo di Intesa. 23 Luglio, 2015; Protocollo di Intesa. 31 Marzo, 2016). This project arose to ensure a dignified treatment of the migrant population equal to that reserved for victims of other mass disasters, such as air accidents, natural disasters, terrorist attacks, conflicts, and state violence, despite a lack of funding. The UCPS is dealing with 67 shipwrecks that occurred in the Mediterranean Sea between 2013 and 2018, with more than 1500 recovered victims. Among these, the three main disasters that occurred in Lampedusa on October, 3rd and 11th 2013, and in the proximity of the Libyan coasts on April 18th, 2015, caused the death of more than 1500 migrants. In collaboration with LABANOF, procedures aimed to collect and to organize the data from the victims (post mortem data, henceforth abbreviated to PM) have been launched to proceed with the comparison with the data provided by the families of the missing (ante mortem data, henceforth abbreviated to AM) and to reach a positive identification. So far, 42 victims have been identified by anthropological, odontological, and genetic analyses (this number does not include the bodies of those who have been recognized by relatives and friends immediately after the disasters or identified by authorities through visual recognition). These results show that the relatives of the migrants are looking for their loved ones and that, despite the difficulties, it is possible to identify them (Olivieri et al., 2018). It continues to emerge that the families of migrants desire the truth about the fate of their loved ones. This highlights the need to obtain answers and to receive similar treatment such as that which is reserved for the victims of conflicts, forced disappearances, natural disasters, and terrorist attacks, that occur in the developed world.

The present study outlines the situations of the families looking for their missing who were lost in the Mediterranean passage, by analyzing the AM forms filled out during the interviews carried out by LABANOF (University of Milan) and ICRC (International Committee of Red Cross). In addition, the psychological-psychiatric state of people who migrated to Italy and were treated at the Institute of Ethnopsychiatry of the Grande Ospedale Metropolitano Niguarda of Milan[2] (Italy) is investigated, through a different smaller subgroup, to describe the psychological symptoms that derive from ambiguous loss with reference also to the Mediterranean cultural context.

The authors wish to stress that this paper is not intended to be a description of an exhaustive clinical research study but is an initial exploratory perspective which begins to shed some light and raise awareness on an underrepresented subject, namely ambiguous loss in the current Mediterranean crisis. This is visible to forensic scientists and psychiatrists, but is little known to other disciplines (from clinicians to policymakers), and is likely to become important in the future for clinical practice as an issue related to human rights.

[2] Since 2000, the Ethnopsychiatry Service of the Grande Ospedale Metropolitano Niguarda in Milan has been involved with issues pertaining to mental health and migration. The outpatient service includes foreign patients who cannot access the territorial treatment paths and who are welcomed in special reception centers (Cas), Sprar (asylum seekers and refugees protection system), communities, and also homeless people. The service offers psychiatric, pharmacological and psychotherapeutic care and also ensures coordinated teamwork with stakeholders and agencies, including the University of Milan, the child neuropsychiatry department of the Ospedale Policlinico, the psychiatric department of the same Ospedale Niguarda, the Municipality of Milan, and with local private social entities in the Milan area.

2. Materials and methods

2.1. Analysis of the AM (ante mortem) forms

The first section of the study was conducted using a sample of 340 AM forms. AM forms are designed to collect information in relation to a missing person during interviews with their relatives or friends. AM data includes all the information useful for comparison with post mortem data available from the bodies of the unidentified and collected by UCPS, such as dental records, pathologies, tattoos, etc. In this study, the 340 AM forms were filled in during interviews with persons looking for migrants who went missing in the Mediterranean route. Among the shipwrecks, the three deadliest disasters that occurred on October, 3rd and 11th 2013, and on April 18th, 2015 were included.

Three different AM forms were used according to the institution responsible for collecting information:

- 60 AM forms were filled out by the ICRC when the relatives of the missing reported the loss on their own initiative (forms named Restoring Family Links henceforth abbreviated to RFL); these included putative missing persons of several shipwrecks, including the three deadliest disasters (October, 3rd and 11th 2013 and on April 18th, 2015).
- 77 AM forms filled out by forensic experts based on information provided by family members of the missing following the shipwrecks that occurred on October, 3rd and 11th 2013 and on April 18th, 2015, during nine campaigns organized between 2015 and 2019 in Europe (Italy, 7 campaigns and Switzerland, 2 campaigns).
- 203 AM forms filled out by both forensic experts and volunteers based on information provided by family members of the missing following the shipwreck which occurred on April 18th, 2015, during collection campaigns organized in the countries of origin of the missing persons (Mali and Senegal).

Although different forms were adopted, all have a common structure including the following items[3]:

- Data on the missing person
- Personal data of the person who has reported the loss
- Description of the event surrounding the disappearance
- Physical description of the missing, and distinguishing features (e.g., physical features, skin marks, injuries, pathology, implants, dental conditions and treatments)
- Personal effects

For this study, we focused on the first two points of the above list: data of the missing person and personal data of the person who reported the loss. In particular, we considered:

1. The degree of relationship between the missing and the interviewed;
2. The place and date of the interview;
3. The personal detail of the missing person: sex, age, nationality, marital status, and occupation.

The data were used to obtain a profile of the missing as well as of the persons who seek their loved ones, and to outline the efforts that the families have gone through in their search. For this analysis AM data were anonymised and informed consent was obtained.

[3] For an example, see: https://www.icrc.org/en/doc/assets/files/other/icrc_002_0880.pdf.

2.2. Psychological and psychiatric clinical analysis of patients who migrated to Italy

This second part of the study was performed on a separate, smaller subgroup of migrants who were under the care of the Ethnopsychiatry Service of the Grande Ospedale Metropolitano Niguarda of Milan (Italy). All patients have experienced the ambiguous loss of a loved one as a main cause of suffering.

The sample included four men and six women, aged between 19 and 50 years old upon their arrival in Italy between 2014 and 2018, who came from sub-Saharan Africa (Senegal, Mali, Guinea, Ivory Coast, Cameroon, Nigeria) and one person of Chinese origin. They have, except

Table 1
Personal data of the ten patients who migrated to Italy who suffered with ambiguous loss.

ID patient	Sex	Country of origin	Age upon arrival (years)	Arrival in Italy	Education	Job in the country of origin	Religion	Reason for departure	Psychiatric diagnosis (according to DSM-5, 2013)	Years of care in the service	Need for hospitalization in the psychiatric department	Permit or protection obtained
1	F	Ivory Coast	19–25	2017	Middle School diploma	Not specialized	Non-practicing Muslim	Political persecutions	PTSD	1	Yes (1)	Obtained humanitarian protection
2	F	Cameroon	>30	2016	Middle School diploma obtained in Italy	Hair-dresser	Muslim	Domestic violence and persecution for homosexual orientation	PTSD associated with depressive aspects, impulse dysregulation and relation difficulties	4	/	Political asylum
3	M	Mali	19–25	2016	Koranic school obtained in the country of origin	Not specialized	Muslim	Economic reasons	PTSD with depressive aspects	3	/	None at the time of the interview
4	M	Guinea	19–25	2018	Middle School diploma obtained in Italy	In the country of origin he was in a state of slavery	Muslim	Escape from a condition of slavery and extreme solitude	PTSD with major depression	2	/	Obtained humanitarian protection
5	F	China	50	2016	None	Not specialized	Christian	Religious persecutions	PTSD in a patient with aspects of cognitive retardation and depressive symptoms	<1	/	None at the time of the interview
6	M	Senegal (birth), Libya (residence)	19–25	2014	Koranic school, Middle School diploma obtained in Italy	None	Muslim	Civil War in Libya	PTSD	3	/	Obtained humanitarian protection
7	M	Senegal	19–25	2017	Koranic school, Middle School diploma obtained in Italy	Welder	Muslim	Political persecutions	Complex PTSD	3	Yes (1)	Obtained humanitarian protection
8	F	Nigeria	26–30	2017	Higher degree obtained in the country of origin	In the country of origin he was in a state of slavery	Catholic	Condition of slavery (prisoner of the terrorist group Boko Haram)	Complex PTSD	3	Yes (1)	Political asylum
9	F	Cameroon	>30	2016	Middle School diploma obtained in Italy	None	Catholic	Domestic violence	PTSD	4	No	Political asylum
10	F	Ivory Coast	>30	2016	Middle School diploma obtained in Italy	None	Muslim	Domestic violence	PTSD with depressive aspects	3	No	Political asylum

for the Chinese person, a good level of education and good functional and adaptive resources. In Italy, six patients have obtained a middle school diploma and six are in full-time employment. Additionally, in their country of origin, five patients had a permanent job.

According to the therapists' statements, the patients had past experiences of marginalization, isolation, and maltreatment that led them to flee from their country of origin. In particular, there are cases of abusive relationships (three cases), a life lived in conditions of slavery (two cases), political tensions with the risk to one's life (two cases), armed conflict (one case), and religious persecutions (one case). In one case, the escape was motivated by the desire to improve their economic condition and that of their family.

All patients are currently being cared for at the Ethnopsychiatry Service, where they followed a psycho-traumatological/psychodynamic therapeutic program; that is, combined pharmaco and psychotherapeutic therapy, for a period ranging from a few months to four years. The goal was the reconstitution of valid emotional and identity ties by the bond with the therapist (a direct conversation between therapist and patient is preferred without the help, if possible, of linguistic-cultural mediators) and by group activities, according to the model proposed by Boss et al. (2003). The data of each patient are summarized in Table 1.

To gain a more in-depth understanding of perceptions and beliefs held by those experiencing this, we conducted interviews with three therapists who were treating the patients. The questions were not asked directly to the patients to avoid negative repercussions on their mental health; therefore the information collected for this study corresponded to the therapists' impressions and to words reported by the patients during the psychotherapy session. The limitations of this approach are acknowledged and discussed below.

The interview was semi-structured and included questions about the events surrounding the loss and the repercussions that the loss has had on the patients' health and relations. Specifically, questions concerned the following topics:

- personal data and general information regarding both patient and missing person
- general health conditions of the patient (psychiatric and others) and causes of psychological distress, symptoms;
- painful aspects of the ambiguous loss;
- how the ambiguous loss has affected (if it has affected) the patient's relationships and their ability to create new relationships;
- conducting searches for the missing person;
- the elaboration of mourning: personal and cultural aspects;
- administrative and bureaucratic consequences of the ambiguous loss;
- resilience factors;
- therapeutic approach.

All data was anonymised and consent given as part of a larger study concerning health and wellbeing of patients of the ethnopsychiatric unit.

2.3. Limitations of the study

The present study is not without its limitations. First of all, it was not possible to carry out a psychological and psychiatric evaluation of the persons who provided the AM data for the missing migrants who died during the crossing of the Mediterranean Sea. This is because AM data were collected years before this project and the forms were used to collect information about the missing, rather than to investigate the emotional and behavioural trends in the living persons. For this reason, such evaluations were carried out on a second, different and smaller group of migrant patients under the care of the Ethnopsychiatry Service of the Grande Ospedale Metropolitano Niguarda of Milan. The small sample size (ten samples overall) of the second group does not have statistical significance, but helps to gain a more in-depth understanding of perceptions and experiences of those who were exposed to the loss of a loved one during migration. The authors acknowledge that whilst the sample size is limited, other studies have used similar sample sizes to highlight pressing issues in vulnerable populations, see Luster et al. (2009) and Kajtazi-Testa and Hewer (2018). Finally, the lack of directly interviewing patients and being able to gather information first-hand from their own words was also a major limitation but was carried out with the vulnerability of the patients in mind. As already mentioned, the scope of the present article is to raise awareness on a little-known issue in the Mediterranean migration crisis and is not intended to present an exhaustive clinical overview.

3. Results

3.1. The analysis of the AM forms

3.1.1. The profile of the missing and those who are looking for their loved ones

Since 2013, the total number of missing persons forms collected by the ICRC and the University of Milan-UCPS was 340. Eighty-four percent of the missing disappeared during the shipwrecks that occurred in 2015 and 2013 (61% and 23%, respectively), while the remaining disappeared in shipwrecks that occurred in 2014, 2016, and 2017.

These were mainly migrants who disappeared in a period close to their departure from the African coasts to Europe and therefore presumably occurred during the shipwrecks. The last address was available in 47% of the cases and highlighted the last contact in Libya in 42.4% of the cases, and specifically in Tripoli in 35.3%.

The analysis of the personal data revealed a considerable number of males (86%), while females were less represented (14%). Generally, the missing person was young, aged between 19 and 25 years (40%, 136 persons: 121 males and 15 females), followed by men and women aged between 26 and 30 years (25%, 85 persons: 79 males and 6 females) and over 30 years old (16.8%, 57 persons: 46 males and 11 females, of which only 4 over the age of 50). Eighteen percent (17.6%) were persons under 18 years (60 persons: 45 males and 15 females), 40% of which were under 10 (24 persons: 14 males and 10 females). In 0.6%, no information on the age was available. Most were unmarried or single (62%), only 36% were reported to be married or in a relationship, 2% were divorced, and 0.4% were widowed (percentages calculated on the total number of missing having data on the marital status: 255). In three cases, the woman was reported to be pregnant at the time of her disappearance. Missing persons came mainly from three African countries: Mali (46%), Senegal (13%), and Eritrea (19%). Another relevant group was from Syria (12%), while other African countries were less represented (<2%). The women came mostly from countries other than Mali and Senegal, and specifically from Syria (44%), Eritrea (33%), and at a lower rate Ethiopia (8%) (Fig. 1).

The employment and occupation of the missing in the country of origin was recorded in 20% of the cases. Only 38 people (11%) carried out specialized activities (e.g., medical assistant, driver, teacher, photographer, hair-dresser), and most of them were Eritrean, Syrian, and Pakistani. In addition, 31 missing (9%) were students, and specifically at university (21 persons), at secondary school (3 persons), and elementary school (7 persons).

3.1.2. The profile of who is looking for the missing person

The number of persons who were looking for a loved one was greater than the number of those missing: 450 persons reported the disappearance of 340 persons. This difference is related to the presence at 51 interviews of more than one person looking for a single missing person. A relationship was highlighted between the number of persons at the interview for the AM data collection and the country where the interview took place. In fact, in 43 cases out of 51, the interview was in the country of origin of the missing, in Senegal, and among them, in 38 cases more than two persons were present at the interview. However, it can be assumed that in some cases the real number of persons at the interview

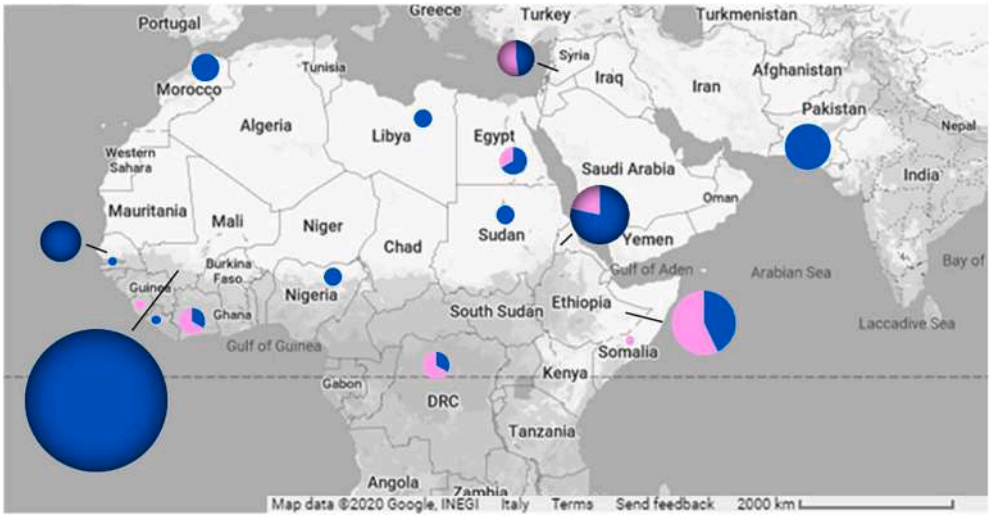

Fig. 1. Geographic origin of the 340 missing persons. The size of each pie is proportional to the number of persons coming from each region. For graphic reasons, the pies of the four regions with the greatest number of missing (encircled with a black gradient line: Syria, Senegal, Eritrea, and Mali) are tenfold smaller than expected (in blue and in pink the male and female ratio, respectively). (For interpretation of the references to colour in this figure legend, the reader is referred to the Web version of this article.)

was not recorded, and therefore the total number of persons looking for the 340 missing probably far exceeds the figure presented.

In 72% of the cases, the interviewee was a family member, not always corresponding to a first-degree relative, i.e., parents, children, siblings, half-siblings, and spouses. Generally, first-degree relatives were seeking the missing, and especially full siblings (brother or sister, 29%) and parents (27%), followed by an uncle or aunt in 14% of the cases. The other relationships were lower than 10% (children, half-sibling, spouse, grandparents, nephews, cousins, friends, foster sibling, and acquaintance) (Fig. 2). The mother was present in 42 interviews; only in 6 cases was she unaccompanied, while the father was present in 34 interviews. However, in 47 cases, no mention was made as to whether the parent was a father or a mother.

The number of men at the interviews exceeded the women by a factor of three and they were generally alone, while women were equally accompanied or alone. When the interview occurred in the country of origin of the missing, the percentage of women coming alone in the interview was very low (only 4 cases). On the contrary, in countries different from the country of origin, generally in Western countries, the number of women coming alone to the interviews was 42.

The relatives reported the disappearance up to six years after the last contact. In about half of the cases (54%), the relative reported it two years later, and in 15%, after 3 years and 1 year (16% and 14%, respectively). The remaining cases were less than 10% (Fig. 3). Focusing on the date of the shipwrecks, a greater turnout was recorded 1–2 years after the shipwrecks that occurred in 2013, 2–3 years after the shipwrecks that occurred in 2015, and the same year for the shipwrecks that occurred in 2016 and 2017 (Fig. 3).

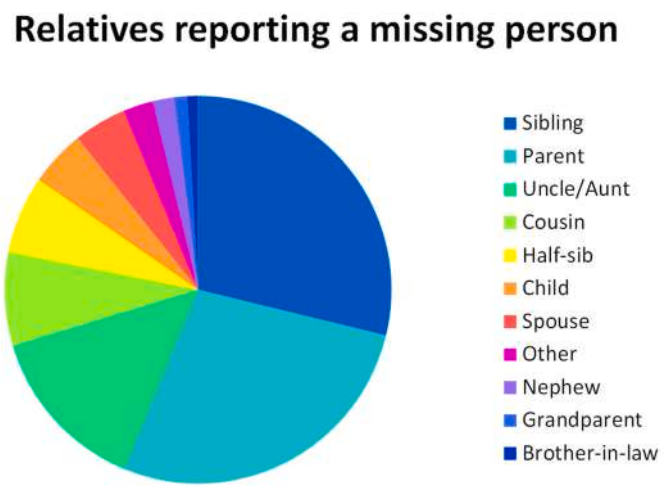

Fig. 2. Relatives looking for a missing person. In the graph, the percentages for each relationship are reported ("Other" includes friends, foster siblings and acquaintances).

If we consider the entire sample, the interviews took place mainly in the country of origin. However, after removing the 199 interviews carried out in Mali and Senegal in 2017 and 2018, for which specific calls were organized by the ICRC, the interviews took place more frequently in European countries (83%).

Both relatives who greeted the migrant on departure and those who awaited their arrival in the country of destination sought information. In 77 of the cases, the habitual residence address of the interviewees was available, and in particular, in 68 of the cases, this was different from the place where the interview was organized (in these cases, the interview took place in Europe and not in the countries of origin). Therefore, at least 68 persons have moved outside the borders of their resident country, within Europe, to go to the interview. In five cases, the movement took place within national borders (two cases in Italy and three cases in Switzerland). Nevertheless, feedback to the families constitutes a problem given that at times addresses will change and they are not communicated to UCPS or to the ICRC.

3.2. Psychological-psychiatric clinical analysis of patients who migrated to Italy

In this second set of individuals, ten patients from the ethno-psychiatric unit who had lost a loved one were analysed: the missing person was a first-degree relative (60%) or a friend/travel companion (40%), and specifically children (four cases), friends (three cases), mother (one case), brother (one case), and partner (one case). In five cases, the person disappeared during the trip (in four cases in Libya during detention and in one case during the crossing of the desert), while in the remaining cases, this occurred before or in conjunction with the departure. In particular, the latter concerns cases where the ambiguous loss involved only first-degree relatives (mother or children).

3.2.1. Physical and mental health condition, causes of psychological malaise, symptoms

The selected patients had a complex psychopathological picture resulting from ambiguous loss, migratory and pre-migratory trauma, and integration difficulties in the host country. Three patients required hospitalization at the Psychiatric Diagnosis and Treatment Service (SPDC), and five were suffering from another pathology in addition to their psychiatric disorder. Five patients underwent a medical

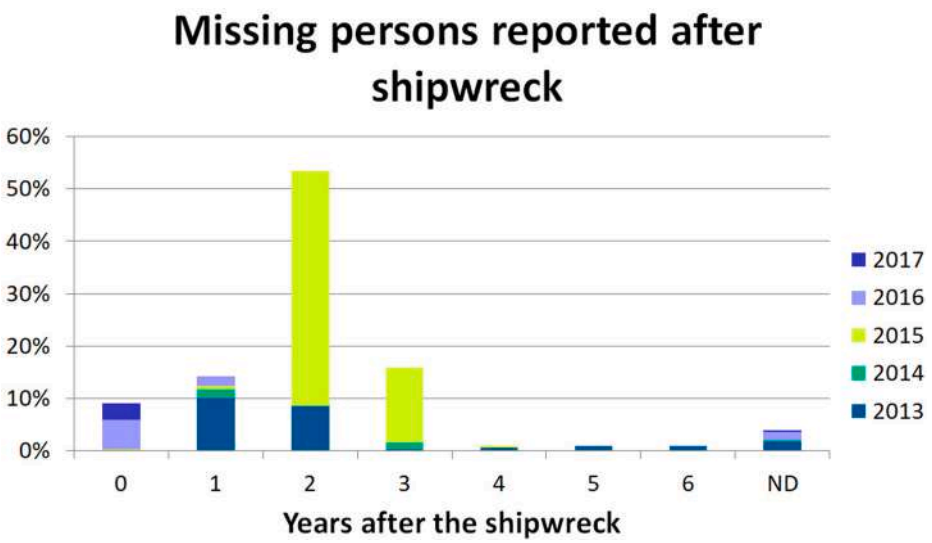

Fig. 3. Percentage of missing persons searched for related to each shipwreck in the years after the disaster.

examination at the Institute of Legal Medicine to assess the outcome of the violence they had suffered.

All patients have been suffering from persistent psychological distress caused by the loss: six have been in care for over three years, the remaining for less than two years. All share the diagnosis of Post-Traumatic Stress Disorder (PTSD). These are complex cases where, in addition to ambiguous loss (the main reason for psychological suffering), other causes of suffering have been identified including unresolved bereavement (three patients), sexual, physical, and psychological violence (five patients), child abuse (five patients), gender-based violence/forced marriage (four patients), mistreatment and torture during detention in Libya (seven patients), travel-related traumatic episodes (e.g., seeing a person drown, two patients). The psychiatric and psychosomatic symptoms, diagnosed in half of the sample, are shown in Table 2.

3.2.2. *Painful aspects of ambiguous loss*

The analyses revealed some aspects of greater suffering related to the concept of ambiguous loss. In all patients, the loss of the relationship and the emotional bond with the missing was described as a source of emotional pain and isolation. When the disappearance occurred during the journey, it increased the concrete difficulties of daily life. In at least four cases, the loss of the relationship worsened the economic and administrative situation of the patients: in two cases, the missing represented a fundamental element for the implementation of the migratory project from a social and economic point of view; in the other two cases, the disappearance occurred in the country of origin, exacerbating the poverty of the survivors (left completely alone, one patient was reduced to slavery). Finally, for all patients, the concept of ambiguous loss has rendered more difficult the definition of their identity, already severely challenged by the abandonment of their country and the difficulties encountered in the country of their arrival.

Another common aspect was ambiguity. The lack of knowledge of the fate of the loved one and the ambiguity of their own identity were a cause of suffering for all patients. Furthermore, in all cases, it was possible for the authors to identify, in addition to a primary ambiguous loss, at least one secondary defined ambiguous loss (Table 3). By primary ambiguous loss, we mean the loss that led the patient to the interview with the therapist and that the patient referred to as the cause of suffering, usually recent in history. Secondary ambiguous loss, on the other hand, is usually older and not always recognized by the patient as a cause of malaise, but it was reported by the therapist as a source of confusion, uncertainty, and difficulty in defining the patient's self. In six cases, the secondary ambiguous loss concerned the primary bond with the mother. Finally, in at least one case, the ambiguity appears to be transmitted from mother to child (the mother does not know if the father of her child was alive or dead, and told him that the father will join them at some time).

The loss represented a traumatic experience. Table 4 shows the experiences lived and reported by patients.

Only in a single case was the lack of justice described as a cause of suffering and took on the characteristics of the desire for revenge towards the persons who caused the disappearance of the loved one.

Finally, among those who consider the missing dead (6 out of 10 patients), only one patient actively reported the failure to carry out funeral rites as a cause of suffering and guilt. However, the impossibility of mourning emerged as a cause of suffering through the interview with the therapist in at least three other patients.

The search for the missing was conducted in 6 out of 10 cases (60%). In all cases, the missing was a close family member, while only in one case it was a friend. Only in two cases were the searches started by contacting the ICRC or the National Society of The Red Cross. The remaining cases were generally conducted with the help of friends and/or acquaintances. For three patients, the searches lasted only a few months and were interrupted due to a lack of confidence in finding the person still alive (in two cases the person disappeared during migration). In two other cases, the searches continued for more than four years and ended with the discovery of the object of research, and in one case, the search has not yet been interrupted so far. The patients who did not conduct any research were persons who suffered loss due to state repression, in one case (birth control in China), and a condition of extreme illegality, in three cases (during the migratory journey).

3.2.3. *Resilience factors*

The ability to cope with the psychological suffering also depended on the resilience factors that each patient has. Among the resilience factors investigated, the following were highlighted in the group analysed:

- Religion: for at least four patients, religion represented a strong and secure identity in which to recognize themselves in the condition of psychic disintegration, caused by trauma and ambiguous loss. A patient has maintained contact with the religious community in their country of origin.
- Search for the missing person: for at least three patients, research was an element of resilience and adherence to reality.

Table 2
Symptomatology observed in the sample. For each symptom, the number of patients is reported.

Psychosomatic symptoms	**N° patients**
Migraine	8
Dizziness	2
Tinnitus	1
Nausea	3
Epigastralgia	3
Other abdominal pains	3
Other gastrointestinal symptoms	2
Skin rashes (urticaria, erythema)	1
Muscle aches	6
Other psychosomatic symptoms	3 (ocular, gynecological, respiratory symptoms)
Psychiatric symptoms	**N° patients**
Psychological fatigue	8
Palpitations, tachycardia	4
Sleep disturbances not otherwise specified	10
Difficulty falling asleep	9
Sleep interrupted	8
Nightmares	8
Feeling of guilt	8
Feeling of anger	5
Feeling of frustration	7
Depression, deflated mood, sadness	10
Want to stay in bed all-day	5
Anorexia, loss of appetite	3
Irritability, nervousness	5
Outbursts of anger, fits of anger	4
State of constant alert	5
Social isolation	5
Brooding thoughts	8
Feeling of fear, panic	5
Anxiety	8
Loss of interest from normal habits	6
Loss of interest in relationships	5
Loss of interest in work	1
Flashback	8
Dissociative crisis	6
Auditory hallucinations	2
Visual hallucinations	1
Decline in self-esteem	7
Despair	10
Do self-harm	1
Suicidal ideations	1
Memory difficulties	5
Space-time confusion	7
Difficulty in organizing everyday life, difficulty concentrating	6
Other psychiatric symptoms	Shame (1 patient.), Difficulty in trusting others (10 patients.), Crying fits (1 patient.), Avoidance of thinking about the missing person (2 patients.)

Table 3
The coexistence of different ambiguous loss in the patients' history.

Patient	Primary Ambiguous Loss	Secondary Ambiguous Loss
1	Partner	Brothers
2	Friend	None
3	Friend	None
4	Mother	Father, brother
5	2 Daughters	2 Daughters lost in two different contexts
6	Brother	Mother
7	Friend	Mother
8	Daughter	Mother and father
9	3 Children	Mother, sister and 2 children
10	Son	Mother

Table 4
Description of the modalities surrounding the disappearance of the relative or friend for each patient.

Patient	Loss experienced
1	The woman boarded in Libya without her partner who told her a few days later not to hold any hope for his arrival. After this, the woman no longer heard from him.
2	The woman saw her friend and travel companion gravely ill and taken away while they were in a house in Libya where they were forced into prostitution
3	Unclear, contacts were lost during the journey.
4	The mother, with psychiatric problems, left home without returning, probably during a moment of psychological distress or confusion. The patient, who was less than 15 years old at the time, remained completely alone having already lost his father and older brother.
5	The first daughter who disappeared was forcefully taken away from her arms by state officials when the child was only a few months old, while the second daughter disappeared during a persecution of the Christian community. The patient did not reveal anything about the circumstances in which the event occurred.
6	The older brother and the patient were put in two different boats, but the boat where the brother was never reached Italy.
7	The friend and travel companion were abandoned dying in the desert by the traffickers who were transporting them inside a petrol tanker across the Sahara.
8	The escape from her persecutors suggested the abandonment of her daughter in their hands.
9	After the death of her husband, she was accused of having murdered him and therefore tortured. She managed to escape, but even for her, the escape led to the abandonment of the children at the home of her husband's family.
10	Consistent abuse enacted by her husband pushed her to leave, she would like to take her son away with her, but she was unable to tore him away from her husband

- Migration project: guaranteeing a dignified future for themselves and their family or fulfilling a family mandate were essential elements of resilience for the whole sample and a motive for looking towards the future. In fact, even in moments of greater psychological suffering, none of the patients ever left their work.
- Family ties (when present).
- Hope: in three patients, hope was directed towards finding the missing person, while in the other four cases, hope was directed towards the self or the new relationships created in the host country. For the patients who had no family or friends, investing in the self and the future appeared very difficult (one patient). It is necessary to underline that the hope that the missing person is still alive was greater in the case of secondary ambiguous loss, rather than in the primary loss, where the certainty of death prevailed.

4. Discussion

The present study highlights some significant points concerning the current victims of ambiguous loss and their psychological status. Several studies in the literature have explored ambiguous loss, but they were mainly limited to cases of the post-war period, and specifically to situations of violations of human rights (Andersen et al., 2020; Hollander, 2016; Kajtazi-Testa & Hewer, 2018; Robins, 2010; Singh, 2019). In the last years, these analyses have been extended to the migration crisis (ICRC, 2013b; Solheim et al., 2016). However, concerning the migration of Africans to Europe, the psychological conditions were described in relatives who remained in the country of origin (ICRC, 2013b), and to our knowledge no one has studied the relatives who are waiting in the places of destination.

From our sample, the desire of the families for the truth and the constant search to find their missing, even if they were dead, was clear. The analysis of the AM forms highlighted two main reasons leading the family to look for the missing: the sudden interruption of telephone contacts and the hypothesis that the missing could have been a victim of a shipwreck. However, sometimes the family does not know or suspect

that the loved one is dead, and therefore they do not reply to the organized calls for AM data collection. In the present study, we have assumed that most of the 340 reported missing died during the endeavor to cross the Mediterranean Sea owing to reported trends (UNHRC 2020).

In our sample, the missing were generally young unmarried men (mostly between 18 and 30 years old), coming from sub-Saharan Africa, especially Mali, Eritrea and Senegal, but also some came from Syria. The group of women was smaller (six times smaller), more likely due to the small number of women who left the country of origin. The only exception concerned the Syrian group, whose number of women and men sought was similar. In such a case, the migrants were war refugees, and the escape involved the entire familial group. These results tally with data reported by the International Organization of Migration (IOM, iom.int) and described in the literature (Gibelli & Magli, 2016), supporting the largest influx of young adult men from sub-Saharan African countries to Europe.

For the authors, it is evident that the family does not forget those who left and continues to seek their loved ones even years after the last contact. This can be firstly inferred by the number of persons reporting a missing loved (1.3 times greater than those missing themselves) and especially by the time lapse between disappearance and interview (up to six years). The time elapsed from the disappearance seems not to affect the desire to know as already reported in Olivieri et al. (2018), even if no data are available concerning whether changes occur in the perception of the missing, if the increasing belief that he or she is dead or the hope that he or she is still alive arises. In addition, families are willing to leave the borders of their nation by investing economically in their travels to obtain any possible news; in other words, they will go to great lengths to look for their missing.

Focusing on the number of persons who look for a loved one, the small size of the group of potential migrant victims compared to the group of potential ambiguous loss victims is evident. Generally, first-degree relatives carry on the research (parents, full siblings).

The role of the woman is unusual in our results: women were present at the interviews even alone in European countries and generally accompanied by other relatives in the country of origin, such as Senegal and Mali. This may be related to the different roles of women in different societies and the patriarchal predisposition to consider themselves responsible for the safety of the family unit. In fact, especially in countries characterised by an Islamic culture such as Mali and Senegal, the women could not actively be involved in the research due to their subordinate and dependent role to men, in contrast to a greater sense of independence in Western countries. It may also be down to the desire not to recall the event of the disappearance, which may cause great suffering, and the need to work when the man of the family was missing. For the latter, in the countries of origin, the women, left alone, are responsible for the financial support of the family and therefore the time to go to the interview may be reduced, especially when it is organised far away from their home. It is noteworthy to see that in countries other than those of origin second-degree relatives (i.e. cousins, uncles/aunts) and friends/acquaintances are also involved in the research, more likely in those cases when the family could not personally contact the institutions in Europe.

The difference highlighted between the number of reported missing and the total number of the victims may lie in the insufficient resources in the countries of origin, limited internet access, and therefore few contacts with organizations such as ICRC, as well as difficulties in "getting the message across" to the communities of migrants both in the countries of origin and in Europe. However, the notion that the families do not consider the fate of the missing is very improbable as shown by the results of this study, especially bearing in mind the involvement of relatives and friends even far from the country of origin and the willingness to undertake long journeys to report a missing person. Another factor to be considered may be that one may be convinced through social and family networks that his or her loved one is dead, hence the lack of requests may lie in "the knowing without knowing".

From a psychological perspective, in order to investigate the emotional and behavioural trend in the living relatives, it would be interesting to follow the families during their search and the influence the migration has on the family. This has already been described in ICRC (2013b), but it was limited to the families who remained in the country of origin, while no data were collected from the persons who arrived in Europe and are waiting for their loved ones. Since the database of the AM forms did not allow for this kind of analysis due to the aims for which it was created (i.e. the identification of the dead), this topic was investigated by considering some clinical cases at the Ethnopsychiatric Department of the Grande Ospedale Metropolitano Niguarda (Milan, Italy).

The group of patients showed symptomatology comparable to the victims in the post-war context (Luster et al., 2009; Salih & Samarasinghe, 2017; Boss, 1999, 2006, 2017), suggesting that the clinical consequences in such cases may be similar, regardless of cultural context and modalities of loss. Anxiety, sleep disorders, difficulty in concentrating and organizing daily life, memory difficulties, isolation and loneliness, depression, sadness, guilt, anger, frustration, irritability, and nervousness are some examples of the common symptoms in our study. Only a single patient exhibited self-harming behaviours and attempted suicide.

The symptomatology of PTSD was evident in the entire sample (100%) and it was characterized by flashbacks, dissociative crises, nightmares, and profound isolation due to the complexity of the patients' experiences. This is in agreement with Heeke and Knaevelsrud (2015) and Quirk and Casco (1994), highlighting higher incidence of psychiatric trauma and symptoms such as abdominalgia and headaches in the lives of families affected by ambiguous loss compared to those families who know that their loved one is dead. Our patients are often alone and outside any network, meaning they struggle to rebuild. Even if they have created a robust emotional network, this is rarely used as a source of support in the processing of ambiguous loss and other traumas. This loneliness has arisen not only through the separation from the emotional bonds (generally the family which remained in the country of origin or sometimes the migrant no longer has a family) but even because of the different recognition the migrants have by governments and international communities compared to cases of war and conflict (Cattaneo et al., 2015; Piscitelli et al., 2016). The public empathy of the pain, trauma, and losses suffered are limited, thus increasing a lack of perception of having suffered injustices (Mazzetti, 2003; Armocida et al., 2020). In addition, these people are often on the margins of society with difficulties in reorganizing daily life, looking for a job, learning a language, or even obtaining a residence permit. In Italy, migrants have to prove what they have suffered through medical, legal, and psychiatric exams to convince a commission of the truthfulness of their story (Armocida et al., 2020). In such conditions of abandonment and vulnerability due to the multiple traumas they may have suffered in the country of origin, and during migration, the lack of victim identification weighs on the psychological condition of patients who are unable to remove the pain they carry and live with every day (Stover et al., 2003).

Migrants often cannot blame someone for the trauma they have suffered. However, on the contrary, they can feel themselves responsible for what happened, even considering themselves as the cause of their own illness, or to think they are deserving of what they suffered (Sironi, 2001). In Western Africa, moreover, the idea that the world is dominated by two opposing forces (good and evil) is widely spread (Beneduce, 2007). Spirituality and ritual beliefs can help people explain or come to terms with negative events (Beneduce, 2007). Mental illness is also perceived in the same way, and the recourse to rites of liberation and "breaking of curses" is frequent (ICRC, 2013b). This belief system increases the degree of acceptance of events while reducing the perception, the need, and therefore the demand for justice (ICRC; 2013b). In fact, according to the therapists' statements, few of the patients reported the desire for justice in interviews and, even when the research was conducted, only in a single case did the patient consult the

authorities to report the disappearance. This would also explain why, after the disappearance of a loved one, many turn to traditional spirituality and ritualistic practices as reported in ICRC (2013b).

Compared to other studies (ICRC, 2013b; Solheim et al., 2016), our cases were distinctive due to the tensions and implications that the journey may have for them. In addition, the sense of guilt lies in having chosen to leave; leaving children, friends, or other relatives in a potentially deadly condition. Although the loneliness represents an inexhaustible source of pain and malaise, the absence of pre-established and pre-formed ties can increase the freedom of choice and investment, even emotional. In such situations, the discovery of the body or, in any case, the end of the ambiguity is fundamental for who remains, because they can invest again in a relational context (Stover et al., 2003; Dewhirst & Kapur, 2015).

Compared to ICRC (2013b), our sample had a more marked psychosomatic and post-traumatic symptomatology, except for the social isolation which is reported more among the families of origin than among the migrants. In addition, while 31% of the families in the country of origin believe their loved ones are alive (ICRC, 2013b), in our sample only one person believed his son was alive. This difference rests on the knowledge of who migrates, especially the atrocities experienced and the real possibility of death, which probably makes the hypothesis of death more concrete. On the contrary, the families imagine any possible scenario and in particular, the imprisonment of the loved one in one of the transition countries rather than death (ICRC, 2013b).

This study highlighted the malaise when a person was lost during the travel. In such a case, in fact, the travel companion (who may or may not have been a relative) acquires a value that goes beyond the economic aspect, becoming a point of reference, an emotional bond, an essential person with whom to face the difficulties of the journey and the integration upon arrival (Mazzetti, 2003). From this study, it emerged that when the contacts with the families in the countries of origin are lost, a deep feeling of guilt arises and it is ameliorated by researching, or learning a foreign language to ensure a reunification of the family when the loved ones will be found. To this end, in the authors' view, the disappearance of a relative or a friend represents the definitive loss of the roots, the break of all contact with the country of origin, the abandonment of part of one's own history. Another important element is guilt, primarily when one member of a group arrives alive while the others do not. Often this person prefers not to contact the family in the country of origin or does so in succinct terms informing them of the shipwreck of the fact they are dead without keeping further contact to avoid blame and shame.

Differences were identified when considering the age at which people experienced the moment of loss. In fact, young persons (four cases) showed the desire to contact or to find their families, and therefore their roots. For the younger in this sample, family ties and roots are important elements for the construction of their identity and for escaping the ambiguity caused by the migratory journey and their losses. On the contrary, for older persons (six women all with children) the need to return to the family of origin is less marked. In such cases, the family is not the family where they were born, but the one they have created through their children, even if in four cases this was also the place of suffering and the reason for their escape.

Once they have reached the final destination of the migratory journey, migrants tend to reset their experiences by relegating them to the past to start a new beginning. This zeroing process, however, can also be favored by the dynamics of the bureaucracy and reception of the host country in the authors' opinion. They are asked to rebuild their identity considering what the host society requires, rather than what they have experienced. While for a young person this process of integration of the present and the past can be simpler since it represents one of the stages of the adolescent evolutionary path, for an adult it is not a question of development, but rather a reconstruction of an identity affected by trauma, in which it can be very difficult to integrate and to adapt a previous strong identity with the one that the new life conditions require (Sironi, 2001).

5. Conclusions

As highlighted by the analysis of the AM forms, everyone when possible tries to seek their missing, whether alive or dead. Regardless of an apparent lack of desire for justice on behalf of who has suffered such a loss, the identification of a body should be universally guaranteed. The ambiguity identified in our second sample partially differed from that described in the literature. In our view, the loss of a friend or a relative is for the migrant the cause of the loss of a valid point of reference that remains, often, an emotional bond, which may contribute to significant mental health impairments. As such, the identification of a body ensures the certainty of death and the end of ambiguity, allowing people to identify a physical burial place, which may help them come to terms with their loss. Our study is not intended to present an exhaustive clinical overview of the situation, but instead begins to shed light on an underrepresented topic in the Mediterranean crisis.

In conclusion, we can therefore state that migrants should not only be included in the group of victims of ambiguous loss but that they also should be ensured an integrated health path that takes into account their psychological and social conditions, remembering that the recovery and the identification of a body or an emotional bond may be beneficial. The particular vulnerability of this group limits their access to justice which, for this reason, we should take more care to guarantee. For this, it is important to increase efforts not only to identify the bodies of migrants, but also to create an internationally shared database of ante mortem and post mortem data, easily accessible and homogeneous. However, the identification of the corpses found in the Mediterranean is not only of fundamental importance, but it is also essential to ensure family reunification and other administrative actions.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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