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Voices of Silencing: An Experience Report of Psychological Care for Immigrants in Primary Health Care

Vozes do Silenciamento: Relato de Experiência do Atendimento Psicológico a Imigrantes na Atenção Primária à Saúde

Voces del Silenciamiento: Relato de Experiencia de la Atención Psicológica a Inmigrantes en la Atención Primaria de Salud

Voix du « Silenciation » : Rapport d'Expérience sur la Prise en Charge Psychologique des Personnes Immigrées dans les Soins de Santé Primaires

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Abstract

Migration is a social phenomenon that is almost inherent to human life and has been intensified by globalization. This article presents an experience report based on the professional practice of a psychologist resident in Family Health with immigrants who seek services provided by Primary Health Care in a municipality in the western region of Paraná, Brazil. Participant observation and a clinical diary were used as strategies for developing this experience report. The discussion addresses aspects of human suffering in the migratory process and their interface with the visibility of this issue within the field of public health. The article aims to highlight the importance of humanized care and sensitive listening that takes into account the transcultural dimensions of human experience. The results of the interventions revealed that, although immigrants' initial complaints were not directly related to the migratory act, the core of their suffering and the symptoms presented were linked to traumatic experiences and forms of violence experienced in the host country. Therefore, psychological practice in this context must go beyond the traditional clinical model, expanding its focus to the biopsychosocial dimensions of psychological distress among immigrants. In this sense, the psychologist's role extends beyond that of a health professional to that of a promoter of human rights.

Keywords: immigrants, health primary care, psychology, psychic suffering.

Resumo

A migração é um fenômeno social quase que inerente à vida humana, intensificada com o processo de globalização. Este artigo é composto por um relato de experiência de atuação de uma psicóloga residente em Saúde da Família com imigrantes que buscam os serviços de saúde ofertados pela Atenção Primária à Saúde em um município na região oeste do Paraná. Como estratégias para a elaboração do relato de experiência, foram utilizadas a observação-participante e o diário clínico. Foram discutidos os aspectos do sofrimento humano no processo migratório, em interface com a visibilidade da problemática dentro do âmbito da saúde pública. Assim, pretendeu-se expor a importância do atendimento humanizado e da escuta sensibilizada que considere aspectos transculturais do ser humano. Os resultados das intervenções revelaram que, apesar da queixa inicial dos imigrantes não estar relacionada ao ato migratório, o cerne de seu sofrimento e dos sintomas produzidos estavam relacionados às experiências traumáticas e às *violências vivenciadas no país anfitrião. Logo, entende-se que o trabalho do psicólogo nesse contexto deve superar o modelo clínico tradicional, de modo a ampliar o olhar para as dimensões biopsicossociais no sofrimento psíquico do sujeito imigrante, sendo além de um profissional da saúde, um agente promotor de direitos humanos.*

Palavras-chave: *imigrantes, atenção primária à saúde, psicologia, sofrimento psíquico.*

Resumen

La migración es un fenómeno social prácticamente inherente a la vida humana, intensificado por el proceso de globalización. Este artículo se compone de un relato de experiencia de la actuación de una psicóloga residente en Salud de la Familia con inmigrantes que buscan los servicios de salud ofrecidos por la Atención Primaria de Salud en un municipio de la región oeste de Paraná. Como estrategias para la elaboración del relato de experiencia se emplearon la observación participante y el diario clínico. Se discutieron los aspectos del sufrimiento humano en el proceso migratorio, en articulación con la visibilidad de la problemática en el ámbito de la salud pública. El objetivo fue resaltar la importancia de una atención humanizada y de una escucha sensibilizada que considere los aspectos transculturales del ser humano. Los resultados de las intervenciones revelaron que, aunque la demanda inicial de los inmigrantes no estuviera directamente vinculada al acto migratorio, el núcleo de su sufrimiento y de los síntomas presentados se relacionaba con experiencias traumáticas y con las violencias vividas en el país anfitrión. Así, se comprende que el trabajo del psicólogo en este contexto debe superar el modelo clínico tradicional, ampliando la mirada hacia las dimensiones biopsicosociales del sufrimiento psíquico del sujeto inmigrante. De este modo, además de ser un profesional de la salud, el psicólogo se constituye como un agente promotor de derechos humanos.

Palabras clave: *inmigrantes, atención primaria de salud, psicología, sufrimiento psíquico.*

Résumé

La migration est un phénomène social presque inhérent à la vie humaine, intensifié avec le processus de mondialisation. Cet article se compose d'un récit d'expérience d'une psychologue effectuant une résidence en santé de la famille avec des personnes immigrantes qui recourent aux services de santé offerts par l'Atenção Primária à Saúde dans une municipalité située dans l'ouest du Paraná. Comme stratégies d'élaboration du récit d'expérience, l'observation participante et le journal clinique ont été utilisés. Les aspects de la souffrance humaine dans le processus migratoire ont été discutés, en lien avec la visibilité de la problématique au sein du domaine de

la santé publique. Ainsi, on a voulu exposer l'importance de l'accueil humanisé et de l'écoute sensibilisée qui tienne compte des aspects transculturels de l'être humain. Les résultats des interventions ont révélé que, bien que la plainte initiale des immigrés ne soit pas liée à l'acte migratoire, le cœur de leur souffrance ainsi que les symptômes produits étaient liés aux expériences traumatiques et aux violences vécues dans le pays hôte. Par conséquent, il est entendu que le travail du psychologue dans ce contexte doit dépasser le modèle clinique traditionnel, afin d'élargir la vision aux dimensions biopsychosociales de la souffrance psychique de la personne immigrante, en étant non seulement un professionnel de la santé, mais également un agent de promotion des droits humains.

Mots-clés : *immigrants, soins de santé primaires, psychologie, détresse psychologique.*

For thousands of years, human beings have migrated in search of more favorable living conditions (Alto Comissariado das Nações Unidas para os Refugiados [ACNUR], 2019). When addressing migration, it is possible to consider historical periods such as colonialism, underscoring the non-contemporary nature of this phenomenon. Migration is regarded as inherent to human life, constituting a social phenomenon that has always been present throughout human history and has intensified with the process of globalization (Silva et al., 2018). In this context, several organizations are dedicated to working with migrant populations, including the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR), both of which play a fundamental role in this field.

Migration is characterized by its complexity, as it encompasses political, cultural, educational, socioeconomic, and health-related dimensions (UNHCR, 2019). As a global phenomenon that can affect all societies, migration is also recognized as a human right (Migracidades, 2021). Nevertheless, as noted by Rodrigues (2022, p. 14), migration as a human right is increasingly becoming a blurred concept, given that processes of dehumanization, violence, and traumatic experiences in the pre- and post-migration periods have marked the migratory experience. Thus, displacement involves not only physical and territorial dimensions but also subjective and social ones. According to the IOM, a migrant is defined as a person who moves from their usual place of residence, either within a country or across international borders, temporarily or permanently, for a variety of reasons (Migracidades, 2021, p. 5). As an outsider in the host context, immigrants are subject to experiences of helplessness and feelings of non-belonging (Seincman, 2019), which may consequently lead to psychological distress.

There are multiple associations between migration and psychopathological diagnoses, with social problems often constituting core elements of this distress (Rodrigues, 2022). Due to exposure to risk factors for the development of mental disorders, immigrants present a higher prevalence of diagnoses compared with individuals without a migration history, particularly psychotic disorders, schizophrenia spectrum disorders, depressive disorders, and other mental health conditions (Brunnet et al., 2020). In most cases, illness arises from the migration process itself, as exposure to violence, discrimination, and diverse forms of suffering contributes to migrant distress (Rodrigues, 2022). Therefore, it is essential to consider the impact of social structures on immigrants' health, not with the aim of pathologizing migration, but rather to deepen understanding and advance research on this topic. In this regard, studies involving migrant populations have been reassessed in order to incorporate cultural aspects and the social contexts in which migrants are embedded (Brunnet et al., 2020).

Migration in Brazil has gained increasing relevance in governmental debates. Although the country is not among the most sought-after migration destinations worldwide, it holds a prominent position in Latin America, ranking as the region's leading country in terms of migration flows (Furquim, 2023). Particularly after the COVID-19 pandemic, the number of immigrants received by the country, whether for labor, education, volunteer work, or as refugees, has increased substantially (Cavalcanti et al., 2020). However, this growth has not been accompanied by greater protection of rights or increased investment in public policies targeting this population (Furquim, 2023).

Migration in Brazil is significant not only at the national level but also locally and regionally. The city of Foz do Iguaçu, located in the extreme western region of the state of Paraná, currently has a population of 285,415 inhabitants (Instituto Brasileiro de Geografia e Estatística [IBGE], 2022). It borders Argentina to the south, with Puerto Iguazú, and Paraguay to the west, with Ciudad del Este. Due to its geographical location, the city constitutes a strategic hub for national and international migration. Foz do Iguaçu is home to approximately 80 nationalities, with the most representative groups originating from Arab countries as well as China, Paraguay, and Argentina, in addition to migrants from other regions of Brazil (Municipal Government of Foz do Iguaçu, 2020). According to the Migracidades report, in 2022 the municipality registered 16,954 immigrants, accounting only for those from other countries with permanent residence in the city (Migracidades, 2022). This significant migratory flow highlights the need for actions that address this population, particularly with regard to public policies.

Migration has been part of the city's history even prior to its formal establishment. The region, originally Indigenous territory known as the "Land of the Cataracts," first received immigrants from Spain and Portugal. Later, the construction of the Itaipu Hydroelectric Power Plant generated intense migratory movements involving individuals from other countries

and from different Brazilian states (Prefeitura Municipal de Foz do Iguaçu, 2020). Another relevant characteristic of the city is that it hosts Universidade Federal da Integração Latino-Americana (UNILA), which receives students from all Latin American countries.

Considering these factors, this article is characterized as an experience report aimed at describing the professional practice of a psychologist resident in Family Health with immigrants who use Primary Health Care (PHC) services in a city in western Paraná. The discussion addresses aspects of the migratory process and human suffering in relation to the visibility of this issue within the public health context. This approach seeks to foster a deeper understanding of the phenomenon and to suggest more effective and sensitive intervention strategies tailored to the needs of this population. Moreover, the practices described in this report were developed as a means of contributing to a social and public health issue, since the condition of migrating or being a migrant is highlighted in the literature as a factor impacting mental health (Rodrigues, 2022, p. 53).

Method

This study adopts a qualitative, exploratory design, using an experience report as its methodological approach. Although the construction of scientific knowledge has traditionally been grounded in a positivist perspective, experience reports are primarily used in the field of subjective inquiry, as they generate scientific narratives based on the researcher's lived experiences (Daltro & Faria, 2019). This strategy enables a critical and reflexive analysis of the subject's reality, avoiding the production of standardized and hegemonic accounts and, instead, prioritizing an individualized perspective.

Accordingly, this article presents an experience report based on the professional practice of a psychologist resident in Family Health, the first author of this study, with immigrants from different Latin American countries, including those from nations bordering the city of Foz do Iguaçu. These immigrants were characterized by ethnic-racial markers, with most identifying as Black or Indigenous, and by conditions of social vulnerability, as they relied exclusively on Brazil's Unified Health System (SUS for short, in Portuguese) to access health care. In addition, some immigrants were either domiciled or experiencing homelessness, facing social inequality and barriers to accessing health services. Ethnic-racial, socioeconomic, and cultural factors were related to the processes of suffering experienced by these immigrants, as they are recognized social determinants of health. No specific age range was defined for the provision of care; however, most immigrants were adults, with some adolescents included. This study also highlights nuances of the therapeutic process and the particularities of the migratory context within PHC in the city of Foz do Iguaçu, covering the period from March 2022 to December 2023.

Participant observation was also employed as a data collection method. This technique involves direct contact between the researcher and the subjects or phenomena under observation, allowing for the collection of more reliable information about the realities experienced by the immigrants receiving care. Moreover, participant observation enables not only observation but also intervention in the context, while simultaneously allowing the researcher to be influenced by it (Minayo et al., 2016). In addition, a clinical diary was used to record information relevant to individual or group clinical processes. This diary is similar to a field diary but focuses specifically on the psychological issues presented by the participants (Iribarry, 2003).

Participation in the Multiprofessional Residency in Family Health provided diverse experiences within comprehensive health care, as it is a postgraduate-level training program in which in-service training constitutes the primary mode of learning (Silva, 2018). This model contributes to professional training and practice in the public health context by enabling closer contact with real-world health demands. Accordingly, this report includes individual and group clinical care, as well as health promotion, prevention, and harm reduction activities in PHC, developed in the Family Health Units of one sanitary district in the city, comprising seven BHUs, in addition to services provided through the Street Outreach Clinic program.

Regarding the care flow for immigrants, services were delivered either through scheduled appointments or walk-in demand, with the latter accounting for most consultations. After assessing the user's expressed needs, referrals were made to the appropriate psychology service when necessary, or care was provided directly within PHC settings, in accordance with the Municipal Mental Health Protocol of Foz do Iguaçu (Prefeitura Municipal de Foz do Iguaçu, 2022)

The content expressed by participants during consultations was transformed into narrative texts containing relevant information about the care provided. No requests were made to patients for authorization to use information collected during consultations, as, according to Article 1 of Resolution No. 001 of the Federal Council of Psychology, information obtained during individual or group care for documentation and medical records is confidential and must remain under the custody and access of the psychologist only (Resolução CFP nº 001, 2009). Nevertheless, confidentiality and privacy were strictly maintained, in accordance with the Psychology Code of Ethics. As this is an experience report, the study was not submitted to a research ethics committee involving human subjects; however, all applicable ethical procedures, including confidentiality and data protection, were rigorously observed throughout the preparation of this work.

Finally, the interventions were guided by a psychoanalytic approach, grounded in an epistemological understanding of the subject as constituted through relationships with others, incorporating the social and cultural dimensions of the unconscious (Lacan, 1986). This framework allows for analyses that consider both intrapsychic and social dimensions.

Within the listening process, the content presented by participants was understood as manifestations of the unconscious. According to Freud (1996), such manifestations may emerge through free association, which involves speaking freely without prior direction, a method traditionally employed in psychoanalytic interventions.

Results and Discussion

Immigrants and Public Health

Among the interventions conducted with the immigrant population, individual and group psychological care was provided, along with multidisciplinary group health promotion activities, psychological prenatal care, family planning, and harm reduction actions. In this regard, it is important to emphasize that harm reduction initiatives were not restricted to individuals who used psychoactive substances. Rather, they were implemented across diverse health contexts, particularly within mental health care. Accordingly, harm reduction is understood as a set of care measures aimed at minimizing the adverse consequences of a given condition. Beyond being a health strategy, it is also considered an ethical and political principle, officially endorsed by the government since 2003, constituting one of the core components of the Psychiatric Reform and aligning with the principles of SUS (Pires & Ximenes, 2021).

These interventions were carried out both within the physical spaces of the Basic Health Units (BHUs) and through the mediation of the Street Outreach Clinic service. Although a considerable number of immigrants sought care directly at the BHUs, it was observed that many immigrants experiencing homelessness accessed health services primarily through the Street Outreach Clinic, both for PHC and for mental health and social assistance services. Interventions were designed and guided by the needs verbalized by immigrants, considering their specific characteristics, as well as cultural and linguistic aspects. The aim was to promote more effective welcoming practices for this population, which frequently seeks health services in the municipality. Thus, the proposed actions were not limited to individual clinical care, reflecting an understanding of the need for broader interventions. This underscores the importance of listening practices occurring across multiple contexts, particularly within the scope of psychological practice in PHC.

For immigrants who were domiciled or experiencing homelessness and were assisted by the Street Outreach Clinic, individual care was provided either through scheduled appointments or walk-in demand. Harm reduction strategies related to health care were also applied. Group care and health promotion activities were not exclusive to immigrants but were conducted jointly with other service users, enabling interaction among participants. This approach fostered recognition and humanization regarding the culture and language of immigrant participants. Although specific demands for immigrant-focused care did not initially emerge, such needs were gradually expressed by patients throughout the process of listening and engagement. This revealed the neglect of immigrants' particular needs within health services, especially those related to mental health, rights violations, and access to care, among others. Consequently, the importance of welcoming practices and active listening is emphasized, as these enable immigrant users to express and elaborate their demands, thereby promoting quality of life and well-being.

As a result of the COVID-19 pandemic, immigrant populations were neglected under the justification of a public health emergency, leading to increased social vulnerability in migratory contexts across Latin American countries (Furquim, 2023). Because of Brazil's continental size and extensive borders, a significant proportion of immigration originates from neighboring countries (Silva et al., 2018). These factors, combined with economic conditions, contribute to a higher migratory flow in Brazil compared with other Latin American countries.

This reality is also evident in the city of Foz do Iguaçu, where the experiences described in this report took place. Characterized by intense migration, the city reflects diversity across multiple contexts, including health services. However, despite the substantial demand from immigrant populations within health services, there is a lack of literature in the state of Paraná addressing immigrants' access to health care (Domingues et al., 2022). This gap does not diminish the need for careful consideration of federal and state resource allocation aimed at improving immigrants' access to health services and preventing the reinforcement of entrenched violence and prejudice.

In Brazil, health care is guaranteed by the 1988 Federal Constitution as a right of all citizens and a duty of the State, providing the foundation for the creation of the SUS, whose guiding principle is universal access to health care without prejudice or discrimination (Law No. 8,080, 1990). However, during initial contact with immigrants throughout the residency program, significant barriers to accessing municipal health services were identified. These included bureaucratic obstacles, lack of preparedness among PHC teams, and instances of prejudice that resulted in the dehumanization of users, contradicting the SUS principle of universality.

In addition to the principle of universality, the principle of equity is particularly relevant in ensuring that access to health care meets individuals' needs according to their specific realities (Law No. 8,080, 1990). As most immigrants assisted were living in contexts of social vulnerability, their health needs were shaped by these conditions. Being an immigrant entails multiple needs that require an expanded perspective on the potential impacts on health.

Thus, the intention is not to assign blame to municipal policies or health professionals, but rather to critically examine, in broader terms, immigrants' accessibility to health services and the factors that hinder it. Difficulties often begin when immigrants, unfamiliar within the local context, enter health service spaces. This sense of estrangement may start with their names but extends far beyond that. BHUs often lack welcoming practices that enable humanized care for foreign users and attentive consideration of their specific needs, which are intrinsic to the migratory process. This involves not merely speaking the immigrant's language, but engaging meaningfully with the immigrant. As PHC functions as the main entry point to the health system, it receives the majority of these demands (Silva, 2014), thereby becoming a key reference for immigrant users seeking health care.

According to the Ministry of Health (Ordinance No. 2,436, 2017), PHC is defined as a set of individual and collective care actions that include health promotion, disease prevention, protection, harm reduction, and rehabilitation. The National Primary Health Care Policy (PNAB for short, in Portuguese) emphasizes comprehensive, longitudinal, and high-quality care, making it essential that immigrant users not only gain access to services but also receive humanized care consistent with SUS principles.

Beyond the general demands encountered within PHC, the mental health needs of the immigrant population were marked by variability and dynamism. This required the psychologist resident in Family Health to consider social, subjective, and biological aspects of both individuals and the collective within a given territory. Through this engagement, it became evident that the social context strongly influenced the psychological distress of immigrants seeking care, as the migratory experience is intertwined with ethnic-racial, cultural, and identity-related dimensions, as well as precarious access to services, social inequality, and various forms of violence (Furquim, 2023). Accordingly, immigration is understood as a complex and multifactorial social determinant of health, given that health is sensitive to social environments and influenced by social, economic, cultural, ethnic-racial, psychological, and even occupational factors (Granada et al., 2017). These conditions may place immigrant populations in contexts of heightened vulnerability.

Thus, the number of immigrants seeking psychological care drew particular attention due to the intensity of their suffering. The Family Health Strategy (FHS) serves as the primary organizing framework of PHC and plays an active role in improving community health conditions in a comprehensive, continuous manner (Ordinance No. 2,436, 2017), thereby contributing to mental health care. This role is equally relevant for immigrants, as the FHS facilitates their integration into the new territory. Through the FHS, stronger bonds with the registered population are established, which in turn facilitates access to health services (Guerra & Ventura, 2017).

Psychologist's Role in Listening to Immigrants

Despite advances in public health policies that include and expand the role of psychologists, significant challenges remain regarding psychological care for immigrants. Psychology can contribute to public policies and to the position attributed to the subject within them, particularly given the expansion of psychologists' practice beyond private clinical settings (Rosa, 2022).

Psychological interventions are primarily grounded in a broad concept of health that includes mental health. As with the general population, psychological practice is not entirely detached from the biomedical model, which often leads to an emphasis on individual, curative practices and hinders the development of actions based on an expanded perspective. Therefore, a paradigm shift from the traditional clinical model is required within the context of health care in the FHS, positioning the psychologist as a promoter of mental health (Almeida & Barbosa, 2023).

Psychological care for immigrants, regardless of the therapeutic modality, must consider transcultural aspects that go beyond diagnostic psychological knowledge. This involves understanding beliefs, dynamics, behaviors, values, language-related aspects, among others (Brunnet et al., 2020). The paradigm shift occurs when the subject is understood as embedded in a social environment that produces effects; in the case of immigrants, experiences of violence that may be traumatic and are not intrinsic to the individual (Rodrigues, 2022).

Listening beyond the walls of the consulting room is essential, as psychology in the health context is characterized by an expanded perspective that addresses biopsychosocial processes and factors contributing to psychological distress in individuals or collectives (Almeida & Barbosa, 2023).

Regarding the psychologist's work with immigrants, transcultural humanized listening was the primary strategy adopted. This perspective emphasizes valuing elements of immigrants' cultures and expressing interest in their language and cuisine, as such practices can help create a sense of belonging. It is not necessary for the psychologist to speak the immigrant's language; however, it is essential that listening allows cultural aspects to emerge, whether in individual or group sessions or in other activities. At times, sessions were dedicated to learning a traditional Peruvian recipe, listening to Venezuelan music, or learning about traditional Paraguayan dances. These experiences provided immigrants with a dignified space to speak about themselves and, subsequently, about their suffering.

With regard to care procedures, interventions began with individual psychological welcoming sessions for both domiciled immigrants and those experiencing homelessness. These sessions aimed to understand the demand presented by the individual in order to develop interventions aligned with their needs.

Subsequently, patients either continued individual care within PHC, were referred for outpatient follow-up or specialized services, or were included in group care and health promotion, prevention, and harm reduction activities. Immigrants, despite having their personal and social needs addressed, frequently reported significant violations of rights. Therefore, the psychologist's role is multifaceted, as part of a multidisciplinary team that integrates physical and psychosocial aspects, intervening in this reality in an integrated manner (Almeida & Barbosa, 2023).

The individual psychological care model described was not exclusive to immigrants, as it was also offered to national patients. However, in the case of immigrants, listening required heightened attention to transcultural issues, which could reveal specific features of migratory suffering. Cultural sensitivity in listening is essential for immigrant care (Brunnet et al., 2020), with humanized listening serving as the primary technique employed.

Because of the multiplicity of factors affecting psychological distress and overall health, care was provided in collaboration with other health professionals, recognizing the importance of comprehensive care. Shared consultations were conducted with members of the multidisciplinary team or the BHU reference team. In many cases, already during the initial welcoming session, neglected physical health demands requiring attention were identified, alongside mental health needs. Immigrants tend to be more vulnerable to both physical and mental health issues (Brunnet et al., 2020), a vulnerability linked to the invisibilization of their humanity (Albuquerque, 2016).

Since the promulgation of the 1988 Federal Constitution and the subsequent creation of SUS, reflections and movements have emerged regarding psychology's social commitment to health (Brandolt & Cezar, 2018). The responsibilities of psychologists in this field include promoting health and quality of life for individuals and communities, contributing to the strengthening of universal access to health care. To this end, psychologists engage in health promotion, prevention, health education, harm reduction, and, when necessary, mental health recovery (Resolução CFP n° 23, 2022).

Accordingly, recognizing social determinants in mental health is essential, as listening practices cannot be shaped by an individualistic approach alone but must be contextualized within collective and social dimensions (Brandolt & Cezar, 2018). In this sense, immigrants who sought psychological welcoming initially presented symptoms of anxiety, panic attacks, harmful use of psychoactive substances, and depressive symptoms, some mild and others more severe, including suicidal thoughts and ideation. These signs and symptoms were closely connected to their social realities, with significant social determinants contributing to the reported distress.

Through listening, it became evident that immigrants, whose names were difficult to pronounce, whose languages were not spoken, and whose cultures often went unrecognized, carried profound experiences and suffering that manifested as symptoms. These symptoms, echoing their silencing, gave way, through the listening process, to the true demand for care; the act of migrating itself seemed to lose prominence. Although initial complaints stemmed from daily life and were not explicitly linked to migration, it was precisely the everyday experience of being an immigrant that underpinned their symptoms.

In this context, it is essential to emphasize that psychological practice must align with the Psychologist's Code of Ethics (CFP, 2005), which advocates work centered on all individuals, grounded in respect for diversity and non-complicity with any form of discrimination, prejudice, or violence, while considering social factors that may influence human suffering. The migratory process comprises multiple elements and encompasses broad dimensions that may affect human subjectivity. Thus, understanding key aspects of this process and its repercussions on individuals' lives is necessary to contextualize the particularities migration introduces into psychosocial dimensions. The reasons for migration are diverse: migration occurs for political, economic, social, cultural, environmental reasons, among others (Figueira, 2018, p. 94).

Thus, this work sought to highlight the importance of welcoming immigrants and recognizing their potential within the host country, particularly in group care contexts and health promotion and harm reduction activities. These actions were not directed exclusively at immigrants but at the broader population, fostering greater integration and transcultural exchange between immigrants and nationals. In addition to promoting immigrants' sense of belonging in this new context, these initiatives enabled recognition and respect for individuals who, due to xenophobic practices, are often dehumanized.

Migration and Mental Health

According to Lacan (1986), the subject is constituted through the primordial Other, initially represented by parental and familial functions, the family as the primary social institution, and later displaced toward social bonds, assuming cultural dimensions. These aspects do not follow a purely chronological order but remain in constant dynamism, since, from a psychoanalytic perspective, identity is not static.

Within the migratory process, identity-related issues tend to be problematized as a result of the experiences faced by the subject. Identity becomes a central question for the individual (Marinucci, 2019); what was once taken for granted becomes subject to doubt and uncertainty, requiring the immigrant to undertake a new process of identity adaptation in the host territory.

The subject is confronted with questions tied to their culture, which demand a psychic movement of adaptation that may generate conflict. Migration entails vulnerability insofar as individuals lose the references that once constituted them as subjects (Marinucci, 2019). In the listening process with immigrants, suffering emerged from the gaze of the native population, from whom approval was sought, through attempts to adapt to the language, lifestyle, and food, which often resulted in identity conflict. The interruption of speech by an accent that prompted the question "Do you live here?" (sic), frequently reported during consultations, exemplified this dynamic. Although seemingly simple, this question marked non-belonging and the absence of a place for immigrants who were not welcomed in their culture or singularity, a complaint explicitly voiced by those assisted.

In seeking acceptance by this Brazilian Other, immigrants encountered the loss of their references. This phenomenon may occur gradually through a process of rupture with cultural, social, political, and affective references (Seincman, 2019), producing psychosocial helplessness. Even when migration is a voluntary decision by an individual or group, it nonetheless requires the elaboration of a mourning process.

Every loss entails mourning. Thus, in order to constitute new possibilities in the new place of residence, this process of elaboration must be experienced (Rosa et al., 2018). The moment of acculturation is distressing but necessary, provided that the subject does not lose their individuality and cultural traits.

The unfamiliar opens the door to anguish (Lacan, 2005), as it places the subject in a position of discomfort before the unknown. This discomfort, laden with meaning, led immigrant psychological suffering to manifest in symptoms that were socially recognizable but whose causes remained obscure. Difficulty in recognizing this suffering often came from the immigrants themselves, particularly because migration was perceived as a personal choice rather than a forced condition, motivated by various factors in the country of origin.

While uprooting can produce suffering, these experiences cannot be reduced to individual issues alone. The migratory process encompasses social and, above all, political dimensions that hinder the elaboration of certain traumas (Rodrigues, 2022), rendering the migratory experience hostile.

The helplessness expressed in individual and group care or in mental health promotion actions gave voice to experiences silenced by prejudice and xenophobia, which, throughout the listening process, revealed the core of suffering. Daily experiences of having one's rights, culture, and humanity violated are common for immigrants, who often refrain from positioning themselves in order to reduce their perceived strangeness to the native population. Exclusionary social discourse generates psychological helplessness and places individual blame on subjects for issues of plural and often fundamentally social dimensions (Rosa, 2022). Symptom formation occurred through silencing; suffering was not expressed through words, but rather through the body, which became the stage upon which distress was inscribed.

Despite Brazil's characterization as a multicultural country, violence against immigrants and xenophobia remain pressing issues (Albuquerque, 2016). Xenophobia is defined as fear, rejection, refusal, antipathy, and profound aversion toward the foreigner (Albuquerque, 2016, p. 9). It constitutes prejudice against foreigners and those perceived as alien to a given place or culture, a form of violence that defines a human being by territory (Albuquerque, 2016). According to the author, such behavior is a remnant of colonialism, which upheld ideals of racial and cultural purity. The foreigner is perceived as inferior, and their existence is violated, hindering recognition of their suffering. The loss of home is experienced within subjectivity itself (Rosa et al., 2018).

In this regard, it is important to highlight the ethnic-racial characteristics of the immigrants assisted, who were non-White, Black, and/or Indigenous individuals, often originating from countries marked by vulnerability. These conditions intensify violence and give rise to racialized xenophobia.

Due to racism and classism, these immigrants are placed in positions of racial inferiority, experiencing invisibility and contempt within certain segments of society (Albuquerque, 2016). In contrast, White European immigrants in Brazil tend to be socially valued, as White immigration during the period of Brazil's whitening policies was regarded as a positive and progressive factor (Granada et al., 2017).

A hierarchy is thus established that privileges White European immigrants over racialized immigrants, who are subjected to multiple forms of violence, including precarious working conditions, and are reduced to a commodity-like status, as reported by the immigrants themselves (Faustino & Oliveira, 2021). This demonstrates that colonialism is not merely a historical phenomenon but continues to leave enduring marks in contemporary society.

Racialization influences differentiation and discrimination among immigrant groups in Brazil (Faustino & Oliveira, 2021). This does not deny that White immigrants with economic resources also face difficulties during migration; rather, it acknowledges that specific forms of violence and suffering disproportionately affect racialized immigrants.

During consultations, discomfort and suffering related to the objectified position occupied by immigrants in their workplaces became evident, not by personal choice but because it was imposed upon them. They were positioned as human beings without rights. Consequently, many immigrants presented work-related distress that eventually led to withdrawal from employment due to the inhumane conditions they endured.

For such individuals, migration did not entail the loss of cultural references alone, significant as that is, but also carried the anguish of losing their human dignity. This loss often resulted in the neglect of their suffering, both within health care contexts and in everyday life.

Listening revealed the human suffering of those who, in that context, were often not recognized as citizens. This gave rise to difficulties in adapting to the new territory, culture, and food, and even created barriers to language learning. Why learn a language that does not allow one to speak about oneself? Why belong to a place where one is not accepted? Xenophobia affects individuals already in a fragile condition. It goes beyond an attitude of closure toward difference; it is a form of violence that undermines health care and exacerbates the vulnerabilities of subjects who have a voice but are not heard.

Final Considerations

Although Brazil is the Latin American country with the highest migratory flow, immigrants continue to face precarious public policies (Furquim, 2023). Both at the national and local levels, there is a clear lack of public policies capable of ensuring facilitated access to health care for this population (Guerra & Ventura, 2017). This situation is even more pronounced in the municipality of Foz do Iguaçu, given its location in a densely populated tri-border region and its role as host to UNILA, factors that further intensify migratory flows. Ensuring entry into a new territory is insufficient; it is essential to provide conditions that allow immigrants to live with dignity. This highlights the urgent need for municipal public policies that can effectively support a population that is often rendered invisible within the health system.

The experience within the Multiprofessional Residency in Family Health revealed a process of dehumanization affecting racialized immigrants within health services. These individuals frequently experience forms of violence that lead to silencing and neglect of their health conditions, particularly with regard to mental health. In this context, the residency enabled a form of listening that was sensitive to immigrants' transcultural experiences, broadening the understanding of suffering through the lens of social determinants of health. This approach contributed to comprehensive and multidisciplinary care for the immigrants assisted. It also became evident that immigrant mental health care cannot be restricted to the psychologist alone; rather, this concern must be present throughout the entire care process, from the initial reception to consultations with health professionals. Simple actions (such as asking how to pronounce one's name, validating psychological and physical suffering [often neglected due to migratory status], enabling cultural expression, and above all providing humanized care) are fundamental.

There is often a tendency to pathologize immigrants, stripping them of their humanity and positioning them as inferior by disregarding cultural aspects, thereby allowing prejudice to become central to the care relationship. It is essential to clarify that this study does not aim to pathologize migration itself, but rather to highlight its nuances, recognizing that the primary thread of suffering lies in the experience of living in a new territory marked by xenophobic, racist, classist, and violent practices constituting broad violations of rights. Thus, while not all immigrants experience illness, the migratory process may act as a potential trigger for illness, particularly among non-White immigrants.

Complaints presented by immigrants during consultations, whether within BHUs or through the Street Outreach Clinic, were often generalized and nonspecific. Frequently, they were expressed as symptom descriptions that initially did not appear to be related to the suffering of being an immigrant, but later proved to be effects not only of the migratory process itself, but also of the way immigrants are received by nationals. In other words, it is not possible to individualize forms of illness that are fundamentally social in origin (Rosa et al., 2018). Although there is no consensus regarding the effects of violence within the migratory process, it is well established that xenophobic discourse and practices can lead to the denial of immigrants' humanity (Albuquerque, 2016). Desubjectivation became evident, placing individuals in positions of suffering and helplessness.

One of the most controversial points concerns multiculturalism as a factor that may intensify xenophobic practices (Albuquerque, 2016). This scenario reflects a lack of preparedness for immigrant care and reception at multiple levels, from state structures to individual attitudes, including among health professionals working within services. Psychologists are also confronted with this challenge, which demands a reinvention of traditional, individualized practices.

Finally, migration may be understood as a mode of existence. Being an immigrant becomes part of the subject's identity, underscoring the importance of effective public policies addressing this phenomenon, particularly in Foz do Iguaçu, where migratory mobility is a defining characteristic. When migration occurs in a violent manner, immigrant subjectivities are undermined, giving rise to helplessness, rights violations, and dehumanizing and traumatic experiences (Rosa et al., 2018). These forms of violence, unfortunately, become part of human history at both individual and collective levels and may result in physical and psychological symptoms, including mental illness.

In practice, it was possible to observe that psychologists, beyond contributing to mental health care, act as agents in the promotion of human rights. Humanized listening that is sensitive to the social and cultural dimensions of migration plays a meaningful role in shaping immigrant subjectivity. In this regard, despite the scarcity of studies on this topic, both in the tri-border region and in Brazil more broadly, and the challenges encountered, this work underscores the need for

further research. The process of writing and reflecting on this experience generated new questions, suggesting that this study should not be viewed as an endpoint, but rather as a beginning.

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