

Chinese Asylum Seekers Fleeing Religious Persecution: Anthropological and Psychological Issues in Relation to Pre-Migration Traumatic Experiences and Post-Migration Uncertainties of Life in Host Countries

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Received March 04, 2019; Accepted March 26, 2019; Published December 05, 2019

ABSTRACT

Background: In Western countries, the number of Chinese asylum seekers fleeing religious persecution is dramatically increasing. We studied and discuss the geopolitical Chinese context and the scenarios of violence leading worshippers of protestant domestic churches in China to leave their country and apply for international protection in Italy, including their painful vicissitudes during migration process, and their mental health suffering in the host country.

Methods: Thirty-eight Chinese asylum seekers who referred to a transcultural mental health service in one year were assessed through anthropological and psychological interviews and the following self-evaluated instruments: LiMEs (List of Migration Experiences), HTQ (Harvard Trauma Questionnaire) and ZSDS (Zung Self-Rating Depression Scale).

Results: The considered sample was mostly composed of women (71%). They were worshippers of 13 different religious communities including Evangelic Protestant churches, other domestic churches (*jiating jiaohui* 家庭教会) and new cults like the Almighty God church (*Quanneng Shen* 全能神). Dynamics of proselytism and worship were investigated. The study mostly focused on the repression of these activities in China and consequent psychological reaction to violence and migratory difficulties. Violent repression mainly occurred in China, while in Italy main difficulties are related to isolation and fear of being repatriated, complicated by the difficulty of Italian institutions to recognise these persons are 'true' refugees. As a consequence, we found high prevalence of depression (42%), Post-Traumatic Stress Disorders (ranging between 29% and 68% depending on the assessment methodology) and adjustment disorders (15%).

Keywords: China, Religion, Domestic church, Persecution, Asylum seekers

Abbreviations: TC: Territorial Commission; RFRLs: Reasons for Refusal Letters; INMP: National Institute for Health, Migration and Poverty; LiMEs: List of Migration Experiences; HTQ: Harvard Trauma Questionnaire; ZSDS: Zung Self-Rating Depression Scale; TSPM: Three Self Patriotic Movement; CCC: China Christian Council; SARA: State Administration for Religious Affairs

INTRODUCTION

Over the last two years, a new migratory phenomenon represented by Chinese asylum seekers in Italy shows the contours of a modern diaspora [1]. Chinese asylum seekers fleeing reported oppression, discrimination, persecution and human rights violation in China because they belong to Christian Evangelical religions and “new religious movements”, such as Almighty God Church (*Quanneng Shen* 全能神) [2]. This manuscript describes the results of a multidisciplinary study aimed at investigating and discusses: 1) the religious and geo-political process urging asylum seekers to migrate internally to their country at first, and to

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Citation: Castaldo M, Aragona M, Schillirò MC, Dal Secco A, Tumiati MC, et al. (2019) Chinese Asylum Seekers Fleeing Religious Persecution: Anthropological and Psychological Issues in Relation to Pre-Migration Traumatic Experiences and Post-Migration Uncertainties of Life in Host Countries. *J Womens Health Safety Res*, 3(3): 99-110.

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leave China afterwards; II) how they embody religious practices and which narrative strategies they use to represent and express their faith; III) which mental health implications emerge as a consequence of their reported experiences of violence and forced migration, religious-based discrimination, abuse and persecution; and, finally, IV) the psychological distress related to difficulties in current living conditions.

BACKGROUND

Chinese asylum seekers

The number of Chinese asylum seekers in the world rose from 10,617 in 2010, to 57,705 in 2015 (+443.52%) [3]. In Italy the number of Chinese asylum seekers showed the highest increase over the last few years: 84 in 2014, 358 in 2015, and 871 in 2016 (+1036%) [4]. The reasons to file for asylum being left unspecified in this official report, the rate of Chinese asylum seekers escaping religious persecution is presently unknown. According to data of the Italian Government [5] in 2016 only one third of the Chinese asylum applications were processed (270, 31%). Of these, 243 (90%) were rejected. Overall, the number of Chinese asylum seekers is rapidly increasing in Italy, but only small parts is recognized as refugee (4.81%) or receive some form of international protection.

People included in the present study report being forced to leave their country due to religious discrimination and persecution. In order to understand such a new phenomenon, it is crucial to analyse religions in China within the larger Chinese geopolitical and cultural context, as well as the pathways through which religious faith is experienced and practiced by those people who lately arrive in Europe and apply for asylum.

About religion in China

In China there are five recognized religions: Buddhism, Taoism, Islam, Protestant and Catholic Christianity [6]. Taoism is the most represented in the population (about 250 million people), followed by Buddhism (about 100 million), Islam (17 million), Protestant Christianity (about 35 million) and Catholic Christianity (about 12 millions) [7]. The Chinese Constitution guarantees freedom of religious worship, allowing adepts to participate to the activities of state-sanctioned religions, like the two main protestant churches known in China as the two organizations: the Three Self Patriotic Movement (TSPM) and the China Christian Council (CCC), operating under the aegis of the State Administration for Religious Affairs (SARA) [8]. However, it is reported that Protestants in non-governmental churches outnumber worshippers in government churches two to one [9] and critical voices note that the Chinese Government exerts a control over religious followers and contrasts unregistered churches [10]. Without being registered in an officially recognized organization, religious groups are

illegal and can be prosecuted on the basis of the article 300 of the Chinese penal code [11,12].

The Christian Evangelical churches that we describe in this article are also defined as domestic churches. They all share the characteristic of being unrecognized by the Chinese government, their worship being not allowed. Usually their reason for being unregistered is to avoid the governmental control that is presently exerted on both adherents and doctrines.

The contrast to Christian domestic churches: As said above, Evangelic domestic churches are unregistered and de facto illegal; this is the reason why worship is practiced secretly, in the houses of members of domestic churches. Several international organizations denounce systematic repression of these forms of religious expression in China [12-14], including destruction of churches and places of worship [15], systematic control of religious activities, threats, discrimination at work and/or school, banning from local communities [16], physical abuse and beating, sometimes torture [17]. From 2011 to 2015, such repressive activities raised significantly (+315.43%) [15]. It is reported that they are executed in the context of the campaign started in 2012, called “Sinicize Christianity”, aimed at adapting Christian worship to China’s socialist society. Such campaign would be executed combining both violent and nonviolent methods in order to dissuade worshippers to profess religions that are not recognized and organized under the aegis of the Chinese government [18].

METHODOLOGY

This article presents the results of an exploratory anthropological and clinical study carried out over one year, from 1st March 2016 until 28th February 2017 at one outpatient Mental Health Service. It is composed of a multidisciplinary team operating within a larger outpatient clinic with several medical specialties. In the present study, one medical anthropologist, three psychologists-psychotherapists, one psychiatrist and two cultural mediators of Mandarin Chinese were involved.

Chinese asylum seekers autonomously accessed the Mental Health Service or were referred by reception centres, lawyers or by other Chinese asylum seekers. In the latter case, they usually were unaware of the psychological support path they were starting. They asked for clinical certificates and reports supporting them by “certifying” their suffering for the Territorial Commission (TC)¹ or as in the majority of cases, for the law courts when an appeal was made against the negative decision of the TC. The requests were often submitted to the anthropologist, the cultural

¹ The team legally entitled to audit asylum seekers, analyze their application and make decisions about recognition/rejection of the international protection status as refugees.

mediator or the clinician on little pieces of paper or communicated by phone. Every single request of support was therefore negotiated and reformulated based on the activities offered by the Mental Health service and on the health status assessed by the clinician during reception. In consideration of that, there were three basic needs leading to our service, i.e., psychological support, clinical assessment of their health conditions resulting in a psychological and/or medical certificate and production of ethnographic reports.

Such certificates and ethnographic reports were written in accordance with the debate on citizenship as a political product and criticisms related to the legal and social pathways for asylum recognition [19-24].

Mental health assessment

The psychological assessment consisted of at least 3 sessions: a first clinical interview with a psychologist experienced in transcultural mental health, with the participation of the cultural mediator. It could last about 1-2 h and was focused on the anamnesis, particularly on what the patient experienced in the country of origin and in the host country, at unfolding patient's needs, and understanding the request for help. At the end of the interview, the clinician recorded a diagnostic orientation according to the DSM-5. If data collected were inadequate for a diagnostic assessment at that time, the diagnosis was delayed to the following sessions. Patients who accepted to take part in the study signed an informed consent in accordance with the Declaration of Helsinki, and were then referred to the next step. Independently from acceptance or denial to enter the study, all patients in need of health care were invited to enter a free of charge treatment programme including psychopharmacological and/or psychotherapeutic treatment.

The second step was the administration of three self-report questionnaires commonly used in migration studies and translated into Mandarin Chinese. A cultural mediator and the clinicians were available during questionnaire administration for possible assistance.

List of Migration Experiences (LiMEs) [25]: It is a checklist of 59 life events migrants may have experienced. The items are clustered in two main groups: 1) traumatic experiences (e.g. war/conflicts, intentional traumas including rape and torture, witnessing of traumatic events occurred to family members, etc.); 2) living difficulties (e.g. barriers/difficult access to assistance, poverty, unemployment, problems at work, problems in the legal procedure, discrimination, migration blues, cultural/social maladjustment, etc.).

Item responses are framed as presence/absence of the event, and, if present, the same experience can be rated to have occurred before leaving the country, during the journey, and/or in Italy. In case the same event occurred in different times, multiple ticking was allowed.

The Harvard Trauma Questionnaire (HTQ) [26]: It was developed and validated to register traumatic experiences and measure PTSD symptoms in refugees and asylum seekers [25,26] and used in distinct groups of refugees [27]. In this study, we used the clinical part of the instrument, 16 items derived from the DSM-IV diagnostic criteria. The items included: 1) Re-experiencing traumatic events; 2) Avoidance and numbness regarding traumatic events; and 3) Physiological and psychological arousal regarding traumatic events. Patients were requested to consider if the phenomena had been present in the last week. Each response was assigned a value along a Likert scale, from 1 corresponding to 'Not at all' to 4 equal to 'Extremely'. The final score for each patient was calculated by summing up all values and dividing them by 16 with the diagnostic cut-off equal or more than 2.5.

Zung Self-Rating Depression Scale (ZSDS) [28,29]: A 20 items self-administered questionnaire assessing depression severity, often used as a screening tool in general medicine and psychiatric care. It explores psychological, affective, cognitive, behavioral and somatic symptoms of depression occurred in the last week. Each question is scored on a Likert scale ranging 1 to 4, from "a little of the time" to "most of the time". Having both positively and negatively worded statements, for some items the scoring is inverted. The total score is obtained by summing up the individual item scores, distributed along a continuum of intensity and ranging from 20 to 80. In this study we used a cut-off of 55 to discriminate between depressed and non-depressed patients, the first being further differentiated in those with marked depression (scores from 55 to 69) and severe depression (above 70). This use was in line with previous studies on depressive conditions in Chinese samples [30,31].

Anthropological approach

After the mental health assessment, participants were introduced to the medical-anthropologist who studied both the personal history and the contextual historical, political and religious factors involved in their distress. Narratives, experiences, imaginaries and wishes were explored in detail through an interpretive approach.

Before interviewing participants, the anthropologist referred to religion historians, particularly of Christianity, experts of Chinese culture and anthropologists with particular experience on that cultural context in order to better understand Evangelic domestic churches and new Christian worship in China.

The interview, partly structured and partly semi-structured, was conceived according to the Illness Narrative Interview Protocols [32] and to the person-centred interviewing methods [33]. It consisted of 74 open and closed items, investigating: the person's narratives about persecution and the way the memory was narrated and represented in the ethnographic encounter; control and discrimination

experiences; banning and repression in China; the kind of worship and Christian cults to which they belong; possible violence perpetrated by the Chinese government; the procedures and difficulties in the application for international protection in Italy; wishes and expectations at landing in Italy.

Chinese women and men were interviewed in private to guarantee confidentiality. The interview was carried out in Mandarin Chinese and translated simultaneously by the cultural mediator. Each interview lasted about 1-2 h. The anthropologist has never used a voice recorder; she literally transcribed all the content of the interview, with the support of the cultural mediator.

Psychological certificates and anthropological reports

The output of the mental health assessment and anthropological interviews was one or more documents for the patient. They were prepared after interdisciplinary discussion among the team. The psycho-diagnostic certificate was aimed at carefully describing the health conditions as well as the context in which distress eventually emerged. The ethnographic report focused on the historical, political and socio-cultural context in which the narrated suffering was situated. These documents could be useful to support the legal procedure, giving to the members of the TC or the court a basis to understand the main context of what happened to the asylum seeker.

Analysis of data

Both qualitative and quantitative analysis of data was carried out. The interviews were reviewed to point out recurrent themes emerging from the narratives. When useful, significant quotations were literally reported in the results to highlight in patients' own words what had actually occurred. In the analysis, it was carefully considered the possible bias caused by our own values and concepts, and the problematic points were discussed together until a final agreement was reached.

Quantitative data emerging from socio-demographic information and scores at the self-reported instruments (LiMEs, Zung, HTQ) are presented as descriptive statistics and a qualitative item analysis was also used.

RESULTS AND DISCUSSION

General socio-demographic data and migratory project. Seclusions, suffering bodies and religious professions

The 38 people recruited in the study completed the psychological and anthropological assessment and the results were included in data analysis. Females were the majority (n=27, 71%), aged between 19 and 50 years (average about 34 years). Born and raised in China, they came from 13 different provinces in the south-east of the Country. The most frequent were: Shandong (18%), Anhui (16%) and Guangxi (13%) (**Table 1**).

Table 1. Geographical distribution of the studied population.

Provinces of origin	No.	%
Anhui	6	16
Guandong	4	10
Guangxi	5	13
Henan	2	5
Hubei	4	11
Hunan	2	5
Jiangsu	2	5
Jiangxi	1	3
Liaoning	1	3
Mongolia	1	3
Shandong	7	18
Sichuan	1	3
Yunnan	2	5

A high percentage (71%) declared to have high schooling. 26% had completed high school studies, 40% had a degree and 5% also had a post-graduate specialization. The remaining 29% reported a low level of schooling, ranging

from 5 to 8 years of study. Nobody was illiterate and everyone had attended at least elementary school. Everyone had worked in China at different professional levels and in heterogeneous occupations. Our sample was mainly

composed of employees and managers of the commercial, electronic, catering, construction and care sectors. Men were mostly unmarried without children, only 3 were married and 1 was divorced. 52% of women were married, of which 6 were divorced and 1 was a widow.

The fact that believers are mostly women is a prominent aspect; the feminization of Chinese Christianity often emerges in the stories and is analysed by literature [34,35]. Protestant Christianity practiced in domestic and private settings - through meetings, prayers, and the study of the Bible - results in a social space strategically occupied by women in contrast with male public spaces. This consists in a renegotiation and transformation of gender perspective and of the traditional Chinese patriarchal system [36,37]. Nevertheless, this causes very high social costs, as reported in a number of studies on female migration and on the relation between gender and migration [38-45]. In fact, since

they are mostly mothers, daughters and wives, this deeply affects the whole nuclear and extended family. Most married women not only left their husbands in China, but also their children, causing intense suffering for both parts, as frequently emerged in the course of the care relationship. Suffering is worsened by the reported impossibility of getting in contact with their family, even by phone, because they are afraid of being found in Italy and repatriated. Suffering and nostalgia, split with the family and loneliness are powerful feelings emerging from all people encountered.

Religion: Domestic Christianity and new religious movements

Forced emigration due to religious reasons is common to all the people involved in the study. Churches to which they belong, although heterogeneous (Table 2), share an illicit and hidden faith between the domestic walls.

Table 2. Christian churches and new religious movements.

Christian churches and new religious movements	No.	%
Almighty God	14	36.84
Yin Xin Cheng Yi	10	26.31
Hu Han	2	5.26
Mengtou	1	2.63
Lao di Fang	1	2.63
Chen Lou	1	2.63
Zhang Lao Pai	1	2.63
Sheming Dao	1	2.63
Zhu Shen Pai	1	2.63
Unspecified Christian church	6	15.78

What everyone reports is a recent conversion, whose process is started by a personal choice characterized by deep internal conflicts, since believing constitutes a social and political transgression.

Faith seems to represent an important psychological resource in particularly critical phases of life, an inner response shared with the faith community. According to our experience, conversion to Christianity usually does not develop individually, but especially through mothers, maternal aunts, or through friends who are already believers and carry out proselytism. In the cases observed, proselytism from unknown people has never occurred, precisely because of the secrecy of the domestic churches. These are a few examples:

In 2010 I returned to my parents' home because it was a very difficult period for me. My husband never came home in the evening and wasted our family money. I wanted to kill myself. My mother, who had converted just before me to the

church of Quan Neng Shen, spoke to me for the first time about God and told me that he loves men and knows their suffering. I began to attend the church; I converted too (Chen, 10/2016).

In 2005 my mother began to attend the official Christian church. At that time she was facing a difficult period of her life, she felt misunderstood. It seemed that people she gets close to did not appreciate her and instead of being grateful they were hostile towards her. Then she met a very kind Christian Canadian girl who started talking about God to my mother. My mother was very impressed and after a while she started attending the domestic Church. She also talked to me about it and at the beginning I was sceptical, I did not think I needed it, but after many years I gained faith. I saw my mother so changed, she found an inner peace that had made her quiet and then I also get closer to God (Ping, 7/2016).

As in the last example, another aspect of the analysed conversions is that they can also be horizontal, migrating

from one Christian church to another or towards new religious movements. We found that these kind of conversions occurred both in China and in Italy, mainly from domestic evangelical churches to the Almighty God church which, unlike the others, is characterized by a millenarian matrix and by a reformulation of the Christian message [2].

Family, social and government repression of Christianity in China (pre-migratory events)

Capillary control of the territory and repression aimed at eradicating domestic cults is performed through different methods and various permeable levels of power: social, scholastic, working, family. It aims at marginalizing and banishing people suspected to practice their faith, as well as relatives, friends and acquaintances of people identified as Christians. This strategy often targets family relationships in order to destroy them. Fellows are frequently solicited to report also their own relatives. This seems to produce domestic violence caused by a feeling of rage of some family members against the converted ones. For example:

My father and our relatives did not agree with my mother being a Christian. In China there is not freedom of faith, we have to be faithful only towards the Party. My father continued to oppose to my mother's faith and, whenever she came back from meetings with other believers, he offended her. Even though I was a little girl, I remember that my father began to hit my mother. I tried to endure this violence for a certain period, but one day I decided to help my mother. I think it was in 1995 and, while my father was beating my mother with a belt, I run to hug her and my father also hit me. (...) I ask my mother why my father treated us in that way, maybe he didn't love us? My mother answered that he loved us, but the reason why he was beating us was because the Government did not allow people to have a Christian faith (Chen, 10/2016).

In April 2014 a neighbor of mine reported to the police that I met with people of the group [of the domestic church] in my house. The police went to my home when I was not there. They found my documents and also the Bible. They threaten my husband. He get angry with me and when I came back home he beat me. In July 2014, he divorced and I went to live by myself (Ju, 06/2016).

Family violence is described as acts performed to stop feelings of tension and fear that affect all people close to who believes, and also to get safe from a series of normative prohibitions (access to school, work and social welfare).

I always tried to make proselytism with my family; in 2012 they began to come to our meetings. But then my mother cried when talking to me, saying that if I would have continued like this, I would have lost my job and I would no longer be able to follow the Communist Party. My mother was also worried that all welfare measures by the government would have been cancelled. She feared that

when I would have had some children, they would have not been able to attend the University and neither my sister's ones (Lee, 09/2016).

The systematic banishing is acted in the society through important forms of discrimination:

At work, when they discovered that I was a Christian, they put me to read counters during the night, alone in the shift. They lowered my salary and changed my tasks, this was not my job. They marginalized me; everybody stopped talking to me (Yue, 01/2017).

When I was at school, one day the headmaster called me and told me that here in China is not allowed to believe. Some days after he called me again and he wanted me to sign a paper where it was written that I would have abandoned my faith. I did not want to sign and they marginalized me. In China, believers are considered as inferior; people with something wrong. They called my mother and I had to leave the school and I became a welder (Bai, 06/2016).

Narratives show that discrimination is acted at different social levels. Physical violence is acted by law enforcement, usually when the police burst into private houses during religious meetings. Violence aimed at destroying or seizing religious texts are reported. Those raids frequently include data recording, threats and blows literally described as "furious" and "rough" repressive practices. Those defined as "tortures", instead, are performed inside temporary detention structures such as barracks, police headquarters or "surveillance houses" (*Kanshou suo* 看守所).

In those contexts people are interrogated, intimidated not to adhere anymore and, most of all, pushed to report their leader or referral pastor and the members of their religious community through practices defined as tortures acted with rage by law enforcement.

With my neighbor we went together knocking at the doors in order to make proselytism. One day we knocked at the door of a man we knew and the son of a relative of this man reported us to the police. On the same day, the police brought us to the police headquarters and interrogated us in two different rooms. The policeman asked me: "Who sent you to make proselytism? How many people do attend your church?" I was very afraid and I did not answer. The policeman begun to hit me and insisted with questions. I only admitted that I had made proselytism. Another policeman then intervened and hit me too. I fainted for half an hour and when I woke up I found a policeman who told me not to pretend, because if I would have continued to pretend they would have continued to keep me in that room. After 24 h they brought me in another police station. Four policemen brought me in a room, they interrogated me but I continued not to answer. If I would have continued not to give the information required, I would have been killed by the police. I asked which law I violated, I pointed out that I did not make politics. They answered me that I was doing

proselytism, that I threatened public security. I stayed in that police station for three days, then I was very sick and so the policemen called my family to take me. They paid a fine and so I was released (Tian, 10/2016).

I was arrested and also tortured. In 2012, I was arrested while I was with other people of my church. The police came to make controls. They took us and did not transfer us to prison because a legal trial was needed, but they took us to another place for people not condemned yet. I stayed there for two days. They wanted me to say who the other people of the group were. I did not say anything and they hit me. At my arrival they threw some books on my head and my body. Then another policeman arrived, he took off his belt and started to whip me. I could not keep standing up so they continued to kick me on all my body. On the second day they tried again to interrogate me on the names of my church brothers but I continued to refuse, I did not say anything and they hit me with an electric stick. I remember a very strong pain due to electric shock. I said that what we were doing was legal and the policemen told that by believing in God and not in the Party I was acting illegally. They got even angrier; they hang me by my wrists from the ceiling with a cord. They pushed me from one side to another. I stayed hanging for 30 min. While torturing me, one of them slap me so strongly that I fell down and hit a table with my mouth. I lost all those frontal teeth. Since I fainted and they were afraid that I could die, they took me out and left me in a hospital (Mei, 05/2016).

Frequency of pre-migratory experiences related to repression: The qualitative data reported above are complemented by the quantitative assessment of pre-migration traumas and difficult experiences (pre-migration events in the LiMEs). Prior to leaving the country, the majority of our patients indicated the experiences of “loss or separation from family members” (78.95%) and of “forced separation from family members” (63.16%) as the most frequent. Such family disruptions were associated with experiences of discrimination and repression as they frequently reported the “feeling [of being] deprived of something” (57.89%), “feeling like being part of a minority”, “feeling neglected”, being “unable to return home” (55.26%), “feeling that injustice was being done” (50%), facing the “destruction of personal properties” (50%). Different forms of interpersonal violence were also reported in many instances. In the majority of cases, it was an indirect action with a deterrent effect: 60.53% of patients were “witness of violence perpetrated against other people”. In less frequent cases, as described above in their narratives, severe forms of intentional violence were experienced directly: patients reported “brainwashing” (39.47%), “being kept in isolation” (36.84%), “physical abuse” (31.58%), “detention” (26.32%), “being close to death” (21.05%), “serious injuries” (18.42%) and “torture” (7.89%).

Exiles: Internal migrations in China and transnational journey

At the beginning, repressions brought to a forced internal migration in China for a period ranging from 1 month to 4 years, mostly out of the province of origin. In this situation, loneliness and abandon of the family, children included, is reported; telephone calls are rare in order not to be traced and arrested but also not to expose other family members to any risk. In this part of wandering life, they report to have invented a fake identity and to have lived hidden, often with church brothers, afraid of being discovered. It is commonly reported that the international migratory journey is conceived and prepared during this exile period. In 82% of cases, departure is decided at least with a family member or with the religious community who often supported the high costs of the journey. 98% arrived in Italy in 2015, only 2 people in 2016, at the Airport of Rome Fiumicino, usually with a tourist visa. Italy was chosen as destination country since at that time it was easier to obtain the visa compared to other countries, due to the events EXPO and the Jubilee that made easier the release of tourist visas [39].

Coherently with narratives, LiMEs data about the journey show the presence of worries related to the interruption, maybe irreversible, of the relationship with personal and cultural origins. Most of them are concerned with the inability “to return home in emergency” (55.26%), with “family back at home” (31.58%), with “loss or separation from family members” (10.53%), with “loss of ethnic identity” (10.53%). Moreover, feelings of powerlessness and sadness prevail as they report “feeling that you cannot control the events in your life” (55.26%), and that “you do not know where you will end up tomorrow” (47.37%).

Post-migratory adaptation difficulties, structural violence and new projects in Italy

At their arrival in Italy, people describe a feeling of relief attributed to the awareness of being free to practice their faith, to follow the Christian religion individually or in the religious community, with no discrimination and marginalization. It was evident, yet at the first interviews, that religious freedom in Italy improved mood status and psychophysical conditions. Free expression of faith itself determined strengthening of confidence in the current life project and of hope in future perspectives. Nevertheless, this initial wellbeing was only temporary, because the appearance of post-migratory difficulties of life – including the necessity to relate the religious conversion to the TC – introduces a phase of new worries and fears which constitute the basis for the rising or sharpening of signs of psychological suffering.

LiMEs show that the most frequent post-migratory worry is related to the “fear of being sent back home” (81.58%). This fear must be connected with other uncertainties related to the application for international protection, including worry

about the long time it takes (“the Commission took long to make a decision over asylum request”: 68.42%) and the feeling of depending from decisions which depend on other people (“feeling you do not know where you will end up tomorrow”: 73.68%; “feeling that you cannot control the events in your life”: 63.16%).

People included in the study are mostly claimants to the Court against the decision of the TC (36 out of 38). When refusing international protection applications, TCs, in their reasons for refusal letters (RFRLs), claim that the reasons leading to migration are unlikely, incredible and implausible, by using what Souter [40] defined a “culture of disbelief or denial”.

Suspicion is fully revealed in the arguments used by the TC. Passages of the RFRLs of the above-mentioned international protection requests of Mei (05/2016) and Tian (10/2016) are reported:

The story is absolutely implausible, and frequently used by international protection seekers from the Popular Republic of China. The report lacks of internal coherence in different aspects (...). It is unbelievable that the person once arrested by the police and being afraid for her life, decided to apply for the passport (...).

The dynamic of some of the reported events does not seem credible: in particular, the reasons for the arrest occurred in 2012 during a meeting are not clear, since the person did not declare any role of responsibility in the Church, as well as the reasons for the two-days detention in a “unofficial” place and for the abuses aimed at obtaining information on the same Church (...).

In the complex bureaucratic procedure for applying for international protection, the narration has a central role: this is the main instrument for granting or refusing international protection during the first interview with the TC. As regards the narrations of Mei e Feng, it has to be noticed that violence and tortures reported are not even mentioned in RFRLs. Their testimony of torture and violence is silenced and deprived of its historical and political value. Chinese refugees do not seem to be reliable witnesses. In fact, clinicians are frequently requested by lawyers to certify violence and traumas suffered in order to make an appeal against the negative decision of the TCs.

The acknowledgment of the experience of refugees and the authoritativeness of their words are more and more replaced by medical and psychological reports of the experts certifying torture outcomes or psychological trauma [20].

The right to asylum can therefore only be recognised through refugees’ diagnostically certified suffering body and the disease becomes the only reliable reason for obtaining a legal status [21]. In consideration of this aspect, the équipe was very cautious when producing this kind of certificates. The results of the appeals to the Court are still unknown.

Therefore, it has to be verified whether the Judges, differently from the members of TCs, will recognise a medically and psychologically certified “status of victim”, that constitutes the privileged and exploitable field of “biopolitics of otherness” [41].

I.e., in this way the experience of refugees and the authoritativeness of their words are replaced by medical and psychological reports of the experts certifying torture outcomes or psychological trauma [20,22]. This represents a shift of power from the person to the expert depicting his/her case and the disease becomes a reliable reason for obtaining a legal status [21]. On the other hand, if clinicians refuse to produce certificates, the risk is that their applications will be rejected again. Hence, the team was very cautious when producing this kind of certificates, being aware that in the present system the right to asylum can be more likely recognised through the refugees’ suffering body.

Another important problem is related to family relationships, namely “worries about family members at home” (76.32%) who could be in danger, together with the preoccupation of being unable to return home in case of emergency (50%). Finally, social adjustment and cultural integration difficulties are also reported, like those related to “linguistic differences” (73.68%), “loneliness and boredom” (60.53%), “adjustment and coping with culture” (50%). In general, psychological and anthropological interviews point out the deep suffering of being alone, far from the loved ones. Among married women, 11 referred to have felt forced by the situation to leave their children to their parents or husbands in China. The loss of the loved ones is always mentioned during interviews, mostly as regards children, without an available project of family reunification. The absence of relatives is emphasised by the impossibility of telephone contacts. Dread of being controlled complicates the integration process by reducing the possibility to have support networks based on safe relationships. Moreover, it eliminates all possibilities of maintaining sentimental relationships of the past.

Mental distress: Qualitative observations and narratives: During psychological interviews, the evocation of events which determined persecution and forced departure immediately induces re-emergence of pain, desperation, anguish, fear and even dread. During interviews we often observed a typical transfiguration of the face: initially their expression was serene while talking about their faith, but it suddenly changed into suffering and fear when recalling what had happened in China. The fear of the capillary control by the Chinese Government deeply affected the emotional state of patients, who were also afraid that such a control could extend in Italy. In fact, they often expressed a feeling of being persecuted, even though at different intensity levels and this fear made them not feeling safe neither with Italians nor with Chinese immigrated for reasons unrelated to religious issues. In this reactive

worldview, the others always represented a possible threat and it was impossible to have relationships based on trust. This was strongly influencing the adaptation process in the new context. Believers had interiorised the prohibition to freely follow their faith and to express their opinion. This condition was generating forms of self-limitation of their daily freedom of movement as well as in the socialisation process. All initiatives needed for integration, including those finalised to job search, were thoroughly weighted and reduced to the minimum. Relationships based on trust were limited to Chinese following the same religion, while the reasons behind their migration were usually hidden to Italians and other Chinese. Without initial difficulties, a trustful relationship could be established with the professionals encountered during the procedure of international protection application. Empathic, supportive professional aid allowed carrying out a more effective advocacy and human right protection activity. In some cases, the feeling of anguish was connected with disturbed body feelings, together with intrusive thoughts and rumination. It was observed a chronic state of alert, a hyper-arousal, a constant feeling of

irritability, tension and sense of confusion. In some of the patients, the clinical picture was mainly post-traumatic, the seriousness of traumatic experiences having determined emotional and physiological disorganisation. In other cases, anguish had mostly ended in depressive symptoms like sadness, despair and loss [42]. In this phase, the grief generated by loss of emotional and cultural referral points, the undefined legal situation and the traumatic experience, all hampered the construction of a sense of meaningfulness of their experience.

Mental distress: diagnoses and quantitative data: Additional to understanding the psychological dynamics marking the described population of this study, as a result of the clinical interview a mental health diagnosis was provided by psychologists and, in needed cases, by the psychiatrist. Our findings (Table 3) show that the majority of our patients were distressed by a form of Depressive Disorder (42.1%), while nearly one third of the sample (28.9%) was affected by Post-Traumatic Stress Disorder and 15.8% was diagnosed as Adjustment Disorders.

Table 3. Clinical diagnoses.

Diagnosis criteria DSM-5	N	%
Major Depression	16	42.11
Post-Traumatic Stress Disorder (PTSD)	11	28.95
Adjustment Disorder	6	15.79
Anxiety Disorder	1	2.63
Delayed Diagnosis	4	10.53

Scores at the Zung Self-Report Depression Scale (ZSDS) suggest that 41.94% of the Chinese refugee population were depressed (Mean 53.87, SD 8.2), thus paralleling the proportion of depressive diagnoses identified by clinicians. Table 4 shows that the majority of patients with ZSDS had a form of “marked depression” (35.48% of the entire sample), while only a minority had “severe depression” (3.23%). Considering that it is sometimes reported that in Chinese medical tradition depression might be perceived more

somatically than psychologically [43], we performed a ZSDS items analysis in order to differentiate negative effects and ideations from more somatic experiences. In our patients this was not the case: somatic symptoms were frequent (psychomotor retardation M=3.35; fatigue M=3.03; tachycardia M=2.58) but psychological symptoms were frequent as well (personal devaluation M=3.53; feeling undecided M=3.48; depressed mood M=2.74; crying spells M=2.54).

Table 4. Zung self-report depression scale.

Zung Self-report Depression Scale (ZSDS)	N	%	% Above cut-off
By level			
<55 Normal range	18	58.06	41.94
56-69 Marked Depression	12	35.48	
>70 Severe Depression	1	3.23	
Total N/%	31	100.00	13

With regards to PTSD, at the Harvard Trauma Questionnaire (HTQ) a relevant number of patients scored above the PTSD cut-off (68.7%, Mean 2.71, SD 0.49). This was not in

agreement with the clinical evaluation, where the diagnosis of PTSD was less frequent (29%). This difference could be due to several factors. One possibility is that HTQ may

overrate post-traumatic symptoms because in the self-evaluation patients may not differentiate between intrusive thoughts as post-traumatic symptoms at one side, and intrusive thoughts as recurrent worries and brooding on the future as part of an adjustment disorder on the other side. Moreover, sleep disorders, mood disturbances, etc., are symptoms of both conditions, and this could make easier the misinterpretation of adjustment symptoms as post-traumatic phenomena. The fact that among clinical diagnoses there was a 15.79% of adjustment disorders further support the interpretation that they were reframed as post-traumatic conditions with the HTQ. Another possibility is that at the first interview clinicians had not enough information or were unable for other reasons to detect post-traumatic symptoms, which would result in clinical underestimation of the diagnosis of PTSD. This possibility is coherent with the observation that mental post-traumatic symptoms are often underreported by patients, which is the reason for calling mental post-traumatic symptoms “invisible wounds” [26]. Moreover, in accordance to this hypothesis, studies based on clinical diagnosis usually underestimate the actual prevalence of PTSD [44].

CONCLUSION

To our knowledge this is the first study exploring the context and the reasons leading worshippers of protestant domestic churches in China to flee their country and apply for international protection in Europe, their experiences before and during migration and their mental health profile in the host country.

Our study shows that the asylum seekers were coming from 13 different regions of China, mainly located in the South-East part of the country and that they were worshippers of several different religious communities (at least nine). Domestic Evangelical Christian churches and new rituals, such as the Almighty God church, are widely spreading on the Chinese territory, as well as in the United States, and more recently in Europe.

In our sample, the majority of subjects were young educated women. We observed that conversion often followed difficult moments of their life, facilitated by the proselytism of friends and relatives. In general, we can state that numerous new conversions mostly interested women who abandoned State atheism for domestic evangelic Christianity. Worshippers adopted several forms of covert actions used as a survival strategy to escape State control. However, they were not enough in our cases. Proselytism and conversions were widely repressed inside the family as well as by the institutions (i.e., ostracism at work and school) and by the police, even though without formal incriminations or trials. In all cases, interpersonal violence was reported, frequently ending in real forms of torture. After those episodes, people abandoned their territory and loved ones, at first by displacing and hiding in other areas of China, then emigrating towards Italy. The arrival to Italy

was not the effect of a real choice; it appeared to be mainly related to the easiness of obtaining a visa in that period.

Once in Italy, after a first moment of relief, psychological distress related to post-migratory life difficulties emerged in the following months. Among difficulties in Italy, the most significant were troubles in obtaining the refugee status with related fears of repatriation, the complex adaptation to the new context and culture, the worry for relatives remained in China, and the sense of loneliness.

Psychological distress mostly expressed into depression (42% of the total sample) with somatic, cognitive and emotional symptoms. Also post-traumatic symptoms were frequently reported, with a PTSD prevalence varying from 29 to 68% according to the diagnostic method used. Finally, there was a 15% of Adjustment Disorders. It was also noted a tendency to concern and suspicion about possible persecution. This lead to distrust in compatriots, because they were afraid to be reported to the Chinese government, and hence to social withdrawal from outside relationships. On the contrary, connection with people of the same religion was strengthened.

Concerning their application for international protection, we reported that the Territorial Commissions tended to mistrust their narratives hence rejecting their applications. Part of our work was aimed at writing technical records to support the trustfulness of their histories and psychopathological reactions. They were used to appeal to the ordinary Courts, according to Italian laws. The results of the appeals to the Court are still unknown and will be discussed in further research.

COMPETING INTERESTS

The authors declare that they have no competing interests.

AUTHORS CONTRIBUTIONS

The authors contributed equally to the design and implementation of the study and to the writing of the manuscript. All authors read and approved the final manuscript.

FUNDING

Not applicable

ACKNOWLEDGMENT

We would like to thank Cecilia Fazioli for the English translation, and all the scholars who shared with us reflections on this new form of forced migrations and provided insightful comments and critiques to an early draft of this manuscript.

AVAILABILITY OF DATA AND MATERIALS

The data that support the findings of this study are available on request from the corresponding author M.C. The data are

not publicly available due to them containing information that could compromise patient confidentiality.

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