

Where to find refuge nowadays?

The three-centres model

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## ABSTRACT

Based on psychological interviews with 456 humanitarian operators, this study provides a new holistic model that takes into account the three main centres of the person – cognitions, emotions, body – to attain integration of the two typically perceived dimensions: "home" and "mission". The risk factors in the re-adaptation process are identified, as are the protective factors that facilitate the sustainability of this lifestyle and reduce the discomfort associated with it.

## KEYWORDS

Expat / humanitarian operator, mission, exposition, fragmentation/compartmentalization, freezing

## *Introduction*

This article aims to offer a new view of the dynamics that play a role in the life of “expats”, that is to say people who decide to go on humanitarian missions in countries that are disadvantaged because of wars, natural disasters, or the lack or inaccessibility of healthcare facilities. The expat lifestyle, which we can define as a voluntary and repeated migration, carries consequences in terms of uprooting, re-adaptation and integration of the two dimensions – “life in mission / bubble” and “normal life / home” – that are often perceived as contrasting.

We shall identify the risk factors in the process of re-adaptation upon return and protective factors that facilitate the long-term sustainability of this lifestyle. To achieve integration of these “two lives”, only apparently separated and incompatible, we propose a holistic model that simultaneously considers three centres: cognitions, emotions and body (Albert J. 2014).

This study could only be conducted based on a commitment to preserve the confidentiality of the non-governmental organization involved and the participants. For this reason, we will present only the results of the Discourse Analysis carried out.

## *Methodology*

### Sample

Sample consisted of 456 expats, of whom 80 (17.5%) reported incurring deeper and lasting discomfort, while the remaining 82.5% reported an overall positive experience of mission. However, everyone experienced similar feelings to those highlighted in the macro categories. The difference lies in their intensity and duration; in 82.5% of the cases, those feelings were light and transient.

We conducted the interviews over two years, from March 2016 to March 2018.

## Data Collection

We conducted two semi-structured interviews to collect the data; they lasted approximately one hour and they go into different aspects depending on whether they are Pre-Departure or Return Talks. We also conducted interventions while the expats were on mission, but those sessions did not follow a defined-interview model.

The Pre-Departure consultations focus on the following aspects: family, work and relational situation of the expat at the present time; mission-related fantasies, perceived strengths and weaknesses; personal signs of distress and coping mechanisms.

At the Return Talks we analyse the mission: interpersonal and work relations, contacts with significant others in the country to which s/he will return, coping mechanisms used, signs of accumulated stress, compassion fatigue, uprooting: special attention is paid to the personal representation of the mission and of the concept of "house / heim". We also explore how the return is going: relations with family and the wider social network, employment / compensation, time to rest vs immediate return to work, logistical situation (where the expat will physically stay during this period), planning for the future.

## *Analysis and Results*

We carried out a Discourse Analysis (DA) (Sayago, 2014; Pedon, Gnisci, 2016) for 483 Units of Analysis (UA), i.e. sessions / talks conducted with 456 operators. 27 talks were repeated with the same expats, as they had gone on more than one mission in the course of the study.

For each UA we carried out a vertical analysis of the issues that most frequently came up and, subsequently, a cross-sectional analysis that enabled us to summarize the topics in the following macro categories:

- Feeling of not being understood / Prejudices of others

*"...What did you go there for?"*

*"Why don't you find a real job?"*

- Lack of interest on the part of others

*"You can tell when people ask you because they're really interested in it or when they do it out of courtesy"*

*"I don't talk much with others because, well, they are interested, but they ask you a couple of questions and that's it or else they ask you "what did you go there for?"*

*"People ask me how I'm doing, but after a while they stop listening or change topic"*

- Loss of meaning, lack of interest of the expat in the problems of others in the social context of place of return

*"I'm not interested in talking half an hour about where we are going to have dinner"*

*"Deep down, I don't care if my friend's daughter has a cold, I'm sorry, because it seems that I don't love them, but, in reality, I don't think their problems are serious"*

*"The return is frustrating because I always hear about the same issues"*

- Irascibility / intolerance

*"It makes me very angry to hear what people say on the bus about migrants"*

*"The talk of the people around me upsets me"*

- Difficulty in balancing the need to rest with the desire to meet friends and family
- Loneliness, as a loss of social environment

*“Here, in my city, I get bored, I feel lonely, work is unfruitful”*

- Boredom

### *Risk and protective factors*

There are numerous studies on the factors of risk of, and protection, from cumulative stress / compassion fatigue / vicarious trauma / burnout. Consequently, we chose to focus our analysis solely on those that influence all the processes of return and repeated comings and goings of humanitarian expats, whether they developed malaise or perceived the experience positively. We identified these factors based on analysis of the macro-categories and observation in daily clinical practice, and we use them to gear the psychoeducation during the Talks. The ultimate purpose of the psychoeducation is to assist integration between the expat lifestyle, which belongs to a nomadic framework, and the typically sedentary lifestyle of those who do not leave on a mission.

### *Risk factors*

- Number of missions
- Personality
- Current time of life: needs, age, family situation (children, stable couple, etc.)

On mission:

- Intensity and duration of exposure
- Lack of perceived social support: at work and in interpersonal relationships

Upon return:

- Social network and perceived support
- Logistical situation

- Employment / compensation

Exposure of the expat in the field means exposure to human suffering, demanding work (team management; non-routine cases; lack of resources; heavy workload), uniqueness of the role (often there is only one professional expat for each position), loneliness (physical distance for several months from the significant others who remained at the place of return). On top of that, one may find an inhospitable environment in the mission place, micromanagement, lack of supervision / clear directions, abuse of power, diseases or prophylaxis with unpleasant side effects.

### *Protection factors*

At the place of return:

- Positive social network (family, friends, colleagues)

Perceived as being capable of active listening

- Satisfactory employment
- Source of remuneration

So that the decision to go on another humanitarian mission is dictated by the desire to do so rather than by economic need

- Return to a space where the person feels “at home”
- Time to get involved in activities

Sports, courses, activities that keep the person in touch with his/her life as an expat

- Possibility of maintaining contacts with both environments
- Contact with nature

All this allows the integration of the two psychological environments, the “*there*” and the “*here*”, where there and here only depend on the point of view, and it facilitates the movement back and forth without fractures. This is connected with the movement of “contact / withdrawal” (Naranjo C.

2004), that is, the ability to move from contact with oneself to contact with the other / others in a constant “in / out” movement, going from moments of solitude to moments of socialization.

### *Coping Mechanisms*

*A: “In the six months of mission I have heard very hard stories of torture and rape, almost all of the women who came to the clinic had been raped, some very young, some under 12 [...] it was very hard, I ended up exhausted. When they asked me if I wanted to extend, I said no, I couldn't take it anymore, I felt that I would have broken completely, but I feel guilty about leaving”*

*Psychologist: “How did you get all the pain you accumulated every day by listening to the stories? [...] Did you give yourself moments to cry?”*

*A: “Well, at night we talked at dinner, we drank some beers and we'd call it quits like that.”*

This testimony shows the mechanism of filling with something that covers the pain; very often, that something is alcohol or tobacco.

*A: “I didn't cry during the whole mission, I feel cold, it hasn't come out in all these months, and it doesn't come out now, the only time I felt moved was while watching a movie on the plane trip back. [...] Now my boyfriend tells me I'm cold, I would like to be more intimate with him, I feel that it is what I need, but I do not know how to do it. I fear I have lost my empathy and my sensitivity.”*

The identity thus divided loses complexity and possibilities of action, the coping mechanisms crystallize into a few overused ones.

Tobacco and alcohol become the third party that solves pain and fatigue.

The cigarette is the transitional object that makes it possible to manage the repressed weeping, replacing it, while at the same time it alleviates immediate physical fatigue and increases concentration.

*“When I'm tired I smoke. I smoke much more because I have to be focused to operate and I don't have time to rest”*

Alcohol replaces the affective pain, the loneliness, and becomes the third element that mediates between interpersonal relationships lived as fragmented (difficult and fleeting).

From the observation of the body and the manifest behaviour, it can be seen that the lack of a full expression of the needs (for rest, crying, solitude, intimacy, slowness) is associated with an investment of the oral area, so that the behaviour turns on ingestion / non-ingestion. This relates not only to the use of tobacco or alcohol, but also to the knot in the stomach and the increase or loss of appetite (sometimes not only due to physical climate or changes of diet).

### *Discussion*

The existing intervention models (Pearlman, McKay, 2008; McKay 2007; Headington Institute) are essentially cognitive-behavioural; they recognize symptomatology in case of burnout, direct or vicarious trauma, compassion fatigue, and suggest strategies to manage the stress based on a reformulation that involves the cognitive sphere. The assumption is that changing thoughts and attitudes also leads to emotional improvement. However, none of these approaches contemplates the body. Our model is based on the idea of the three centres proposed by J.J. Albert (2014), to integrate the cognitive-behavioural models with those that focus on the body (Kepner, 2015; Lowen, 2001, 2003). This allows us to achieve a much more complete understanding of the life of the expat. From the clinical observation, we found out that the mere list of possible reactions to stress is not enough to account for the whole experience of the person, who therefore tends not to identify with them and not to go avail her/himself of the services put in place even if suffering malaise. Situations like the following are very common:

*B: "I was nervous, I was sleeping very little and was waking up thinking about work and couldn't get back to sleep [...] I felt anxious and irritable"*

*Psychologist: "Why didn't you call the psychosocial support service?"*

*B: "Well, I wasn't having panic attacks, I didn't feel so 'serious'"*

From testimony like this, it emerges that there is a discrepancy between what is perceived by the person and what is described by the lists of symptoms normally presented before the expat goes on mission. This may be due to the inaccessible language that is sometimes used, or to the fact that so far the models in literature tried to approach through communications that resonate essentially in the left hemisphere (Dehaene S. et al. 1999) experiences that do not pass through the sequential cognitive level. The classic models do not go beyond a set of reactions and possible solutions, which are not very relevant in the daily experience of the mission and, above all, are scantily "incarnate", that is to say scantily physically felt and recognized by the expatriates. During the clinical practice, we have recognized the importance of giving space to what has no words and to the body memory. Especially interesting is the psychological world that opens in the phrase *"I don't know how to explain it"*. The focus of our interest is precisely there. We have seen how the attention paid to processes, together with Gestalt techniques (Perls, 1977; Naranjo, 2004) and dramatization (Moreno in Montero, 2005; Boal, 2005), helps the expression of the sphere not encompassed by the domain of the sequential word and helps restore the person's complexity, the ultimate purpose of our intervention.

Following this objective, the first difficulty encountered is the definition of "home". Unexpectedly we find that it is a much more complex issue than it might seem at first sight. Actually "home" does not always coincide with the place where a person lives, considering that a humanitarian operator also lives in the place where the mission is located for quite a few months; nor does it necessarily

concern the place where they reside regularly, for they may feel no sense of belonging to it. For many, "home" is the place where they have affective ties, thus further highlighting the concept's multiplicity, since there are ties both where their parents live and where they have their closest friendships, which means that in a society like today's such ties may be in many physically distant places. Finally, "home" may not coincide with the place or country of birth. For this series of reasons, when considering the process of creating new representations (Moro, 2006), it is preferable to talk about the "place of return". When we try to designate a specific place "home", we run the risk of asking the person to opt for a specific physical place, the supposed "normal" one, thereby implying that there is a "strange" one, a different one that "normal people do not understand". This increases compartmentalization, that is, living parts of the Self (Fromm, 1962) in a split way. We have seen that the purpose of our intervention is exactly the opposite. Consequently, in the three-centres model we avoid the dichotomy between "home" and "abroad" commonly found in the literature (McKay 2007).

Upon return, the newly acquired inner world is in an environment where it can no longer be expressed as in the field. This incommunicability creates a fracture between the external life of social relations, maintained as before the mission, and an inner life in which the new experiences move.

There are several reasons for this difficulty: the public image of the NGO in the place of return, the person's exposure to the real experiences in the field, the changes that the experience bring in the expat's personal identity, the fact that the social environment to which s/he returns is not prepared for them.

As for the public image of NGOs, it is worth considering Gaulejac's observations (Gaulejac, 1987). He describes an ideological inversion whereby the human being is a resource for the company, i.e.

becomes an object whose purpose is the growth of the company rather than the other way around. In the field, the expats face a contradiction between what the headquarters require – numbers and indicators – and what they themselves perceive as essential and important.

Gaulejac (Gaulejac, 1987) highlights a *“folie objectiviste”* for which everything must be measured and what is not measurable is excluded, even if it is the most important thing for people: dignity, honour, love. These values are those promoted at the macro level by NGOs and this makes us understand the discrepancy between the external portrayal of the field and humanitarian operators and the reality that these operators effectively find. There are similarities between the process at work here and the migratory journey, in which this new reality is not understood by those who do not leave and continue to live with the socially transmitted image which, in the concrete reality of the expat, is functional to the maintenance of the *“humanitarian machine”* (Gaulejac, 1987). This increases the fracture upon return in the form of lack of comprehension on the part of the social network and incommunicability on the part of the expat.

On top of this, we need to consider the overexposure of the expat in the field, which gives rise to an increasing rigidification of movements and causes the person to begin to split parts of his/her personality and to function only with those accepted by the context and culture of the organization. In Moreno's words (in Montero, 2005), there is a reduction of Spontaneity (factor e) corresponding to a contraction of the Ego. According to the three-centres model, spontaneity is also expressed by body movements, whose stiffening leads to musculoskeletal shrinkage or to retreat towards the centre, in a sense of centripetal closure. Breathing is high, that is to say, it mainly involves the lung area, without falling below the diaphragm; therefore it becomes a barrier for the flow of energy to lower and softer areas, which are typically the soundboard of the emotions and instinctive expression (Albert 2014).

*"I can't find my place [...] I breathe badly ... I don't feel comfortable with people"*

The personality is split and enters a fragmentation process, where the aspects most closely bearing on to effectiveness, speed, assertiveness, etc., become hypertrophic, to the detriment of those relating to the sphere of affectivity (tenderness, need for support, slowness, etc.), which literally freeze up since they do not have the possibility to be expressed. With the passage of time and dishabituation to express parts of the Self, the person is divided into “watertight compartments” of which s/he is totally unaware. This silo fragmentation makes re-adaptation very complex upon returning from a mission. Often, the idea of that one can reclaim the areas denied during the period in the field is illusory, because the person realizes that s/he no longer knows how to do it and, above all, the “thawing” process requires a span of time in which feelings of anguish and emptiness are perceived.

*“I feel quite alone now that I have returned, I don't have people with whom I can share more intimately, and I avoid acquaintances because they have a lot of prejudices about my work. They just ask me why I go there when I'll find a good job here and all that.”*

This dysphoric emptiness, which Lachal (Lachal, 2006) calls the “narcissistic fall at the return”, stems from the discrepancy between the two dimensions of life, that of the sedentary framework of the place of return, and that of the nomadic framework of comings and goings. See the characteristics in table 1. The expat is enrolled in both dimensions at the same time, while those who remain only live in the sedentary; this makes it difficult to fit the new experiences into the very differently structured experience system that exists in the usual social environment. The denial of new experiences is the most commonly used defensive mechanism, and the most typical way out is to return immediately on mission. This has the double effect of narcissistic reinforcement on one hand and, on the other, an increase in uprooting, which will be even more evident upon the next return: the return on mission due to the fact the expat cannot find his/her place in the place of return makes chronic the frozen elements of the self.

In general, the sedentary framework contemplates the whole sphere of emotions linked to tranquillity and familiarity that go far to explain the feeling of "home / heim", while the field environment responds to the sphere of the new, the intense, adrenaline-charged emotions, being in the "front line". This last aspect characterizes a journey of a mythological tinge, where the trigger is love and quest, and where the expats are today's heroes. These are strong narcissistic reinforcements, as we can see from the following testimonies:

*"There I have been a real surgeon"*

*"There I am as I want to be"*

*"There I have my place"*

*"I have discovered that I am the person I have always wanted to be"*

*"The pleasure is when you see patients' look of gratitude [...] there I make the difference, in my hospital in Italy the patients do not look like there, they do not recognize my work, they only demand and question"*

It is very common to have feelings of being indispensable and of great responsibility towards the project, which make it difficult to distance oneself enough to take vacations or days off. Another difficulty in taking breaks relates again to the humanitarian machine that works thanks to individual commitment, where working is equal to help and, therefore, not working is not helping those who "need it more than me". Lastly, it is also difficult for expats to separate themselves from projects in to which they have invested all their time and energy for months, not least when one takes account of the typical shortage of stimuli in the field.

Expats often do not give up a mission and carry it out even if they perceive signs of exhaustion. This mainly happens because of:

- Feeling of personal failure if they leave abandoned a project ahead of time
- Unwillingness to leave beneficiaries and the project with no replacement

*"Leaving and giving up for me means failing";*

*"Everyone was telling me that I wasn't well [...] they asked me how I was doing and that made me mad [...] until they told me I had to go, I got very angry and started to resist [...] the last month it went from bad to worse, I cried and I had anger outbursts [...] leaving would have meant to fail [...] the psychologist told me that I was hurting myself in staying, but if I had left, it would have been even worse";*

*"I pushed myself too hard and I ended up very tired: I'm nervous, hyperactive, I work even in bed, I feel I have many responsibilities that I cannot fail, since from the HQ they rely more on me than on the head of mission [...] I need to learn to say no".*

The return can be especially difficult when it follows a sudden evacuation for security reasons.

Often it is experienced as a further fracture in life experiences and it is accompanied by feelings of guilt for leaving national colleagues and beneficiaries. Almost all the expats who lived this experience used the words *"leave them like that"*, where *"like that"* implies a wealth of meanings and a deep sense of abandonment.

*"The bombing and shooting began and we had been evacuated right away. They had besieged the mosque, we were all exposed and we were afraid. Now that I have returned, I think of the national staff that had to stay there, I am worried. It was very hard to leave without being able to say goodbye, but the truth is I could not stay, I was at the limit of my energies [...] I feel that I have abandoned them [...] having separated from them like that does me no good";*

*“I was evacuated because of security problems, the hospital we were working in was in the hot spot of the armed conflict, at the time I was scared. It found it very hard to leave, I didn’t have time to say goodbye and I keep thinking about the staff that remained there, I feel I abandon them. Now that I’m home, I realize what really happened.”*

The testimony of these witnesses makes clear the impact of evacuations, where the operator loses all sense of control over the events, since the evacuation is decided by the organization that decides all the details of logistics and timing. Evacuation is potentially traumatic because of the reopening of the abandonment that coincides with repeated uprooting experienced both in the past and in the present and is exacerbated by the consequences of exposure to the event that determines the evacuation.

Lastly, another factor that hinders the communicability of experiences is that expats usually do not want to tell the hardest details so as not to worry people those who remained, who do not get a complete picture, focusing only on the risks and the human suffering and losing sight of much that made the experience enriching and rewarding.

*“My parents don't ask me and I don't want to tell them so they don't worry”*

There is growing interest on the part of researchers in stress-management-related issues, resilience, trauma, etc. (McKay 2007 & Headington Institute) and NGOs in the impact of violence, suffering and uprooting on the psychophysical health of the expatriates. However, the focus is solely on so-called HICs (“high insecure contexts”), that is, those involving war, risk of kidnapping/abduction, robbery and aggressions perpetrated by armed groups present at the site where project activities are implemented. It is important to highlight that the processes described here apply both to the expats who go to these contexts and to those that go to remote ones, where the risk is not physical safety, but loneliness and the lack of human contact.

## *Conclusion*

As the elements highlighted in this study show, each experience simultaneously contains elements of reinforcement and of exposure/fracture, making it difficult for the operator to discern them and discriminate between them, especially if the basic idea is to have to choose a clear and constant definition of herself/himself.

The main objective of the intervention in the three-centres model is to restore the complexity of the identity of the person. We do this by training expats to be 100% in each context where their lives unfold. This means being completely open and present wherever they find themselves, avoiding being only a worker in one place, a child in another, a co-worker in another, etc, which would increase the silo situation.

Being 100% of oneself carries as a side effect the feeling of not having lost vital time, of being attentive to the needs of professional fulfilment, helping others, human warmth, enthusiasm and curiosity, rest, strong emotions, strength and tenderness. To achieve this, it is essential to have an expert guide who provides active listening and a specific psychoeducation that helps to name experiences which otherwise would not be able to be detected and elaborated.

The intervention also promotes sensitivity to the "Inner Child" (C.G. Jung in J. Abrahams, 1994; Zacari, 2017), the innocence and beauty of life, reconnecting with slowness that allows one to rediscover the taste of things, the practice of "stop". This is extremely difficult for a group accustomed to solving problems quickly, oriented to effectiveness and efficiency, sudden changes, high levels of adrenaline and cortisol, extreme flexibility and adaptability to new contexts. During the work on the body, we promote expansive movements that restore expressive-musculoskeletal complexity and allow the person to regain all possibilities of movement.

This model, already at the therapeutic framework level, functions a container that amplifies intrapsychic spaces, favouring interpersonal relationships and restoring the complexity of personal identity. All this enables one to find oneself in one's own inner refuge, a stable base from which to move on.

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TABLE 1

Features of the residence and mission contexts

Features of the context of residence	Features of the context of mission
<ul style="list-style-type: none"> <li>• Linguistic continuity</li> <li>• Freedom of movement</li> <li>• Knowledge of the environment - familiarity</li> <li>• Family ties</li> <li>• Friendships</li> <li>• Sentimental / erotic / sexual ties</li> <li>• Comfort zone</li> <li>• Predictability</li> <li>• Paused rhythm</li> <li>• Moments of solitude</li> <li>• Personal space</li> <li>• Protection from threats and no exposure to situations of violence</li> </ul>	<ul style="list-style-type: none"> <li>• Linguistic discontinuity</li> <li>• Movement restrictions</li> <li>• Intense pace of work, sometimes interspersed with breaks but without the possibility of alternative activities in that environment</li> <li>• Possible absence of intimate relationships</li> <li>• Lack of psychological / chronological time (kairós and kronos) to create and consolidate them</li> <li>• Turnover</li> <li>• Creation of new ties in a very short time</li> <li>• Knowledge of usually inaccessible contexts</li> <li>• Work challenges</li> <li>• Fast learning</li> <li>• Many stimuli at many different levels</li> </ul>