

Portera, A. (2014). La migración, la discapacidad intelectual y la educación intercultural. Un estudio cualitativo de los jóvenes inmigrantes de origen italiano en Alemania. *Revista Electrónica Interuniversitaria de Formación del Profesorado*, 17 (2), 59-73.

DOI: <http://dx.doi.org/10.6018/reifop.17.2.197581>

La migración, la discapacidad intelectual y la educación intercultural. Un estudio cualitativo de los jóvenes inmigrantes de origen italiano en Alemania

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Resumen

El documento resume los resultados de un estudio cualitativo que tuvo como objetivo identificar los resultados y oportunidades positivas, así como los riesgos relacionados con la migración en un contexto multicultural. La investigación consistió en un estudio de caso longitudinal de 7 años, en el que se analizó las historias de vida, los conflictos, la crisis y las estrategias de resolución de problemas de 23 jóvenes de origen italiano con experiencias migratorias (algunos de los cuales todavía estaban viviendo en el sur de Alemania y algunos habían regresado al sur de Italia). La muestra se compone de dos adolescentes con discapacidad intelectual y adolescentes que parecían haberse beneficiado de vivir y crecer en una cultura diferente psicológica y socialmente. Los resultados sugieren que la educación puede desempeñar un papel importante en la determinación de si los sujetos experimentan el enriquecimiento y el crecimiento o, el aumento de las dificultades, las enfermedades mentales y los trastornos sociales. Por tanto, el documento adopta la posición de que la educación puede ser una medida preventiva eficaz contra los problemas de salud mental que experimentan los jóvenes inmigrantes que viven en sociedades complejas. Teniendo en cuenta los resultados de la investigación y el fenómeno actual de la globalización, la educación intercultural, desarrollada y aplicada en un contexto europeo, podría ser el método más adecuado. El documento propone una mayor investigación para verificar la aplicación del enfoque intercultural como una medida preventiva contra los otros trastornos psicológicos y sociales relacionados con la migración.

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Palabras clave

Identidad; factores de riesgo; factores de protección; educación intercultural.

Migration, intellectual disabilities and intercultural education. A qualitative study of young migrants of Italian origin in Germany

Abstract

The paper summarizes the results of a qualitative study that aimed to identify the positive outcomes and opportunities, as well as the risks related with migration and living in a multicultural context. Research consisted of a 7-year longitudinal case study, during which the life-stories, conflicts, crises, and problem-solving strategies of 23 young people of Italian origin with migration experiences - some of which were still living in southern Germany and some of which had returned to southern Italy – were observed. The sample was composed of both adolescents with intellectual disabilities or other psychological and social disorders and adolescents who seemed to have benefited from living and growing up in a different culture. The results suggest that education can play an important role in determining whether subjects experience enrichment and growth or increasing difficulties or mental illnesses and social disorders. Therefore the paper takes the position that education can be an effective preventive measure against the mental health issues experienced by young migrants living in complex societies. Given the research results and the ongoing phenomenon of globalization, intercultural education, as developed and applied in a European context, might be the most appropriate method. The paper proposes further research to verify the application of the intercultural approach as a preventive measure against intellectual disabilities and other psychological and social disorders.

Key words

Identity; risk factors; protective factors; intercultural education.

Introduction

The beginning of the third millennium has seen people from different nations become ever more dependent on people whom they have never seen before. This seems to bear out McLuhan's prophecy in 1962 of the emergence of the "global village." The spread of mass media, the advancement of information technology, remarkable geo-political changes affecting nation states, and the establishment of new markets imply a reduction in distances, stronger ties between different geographical areas, greater mobility, more interdependence, and new and diversified migration flows. Due to the increasing differences between rich and poor countries, the longevity of dictatorial regimes, violence and war in many parts of the world, and crimes against humanity, a reduction in migration flows is not expected in the near future (Bauman, 1977; Soros, 1988).

Given the low birth rates and the growing demand for social services in many industrialized

states, mass migration should be considered a new resource and opportunity. The evolution of relations between nation states as a consequence of globalization can give new importance to the phenomenon of migration, as it evolves from a transient, marginal phenomenon into one that permanently alters societies at a structural and systemic level. The benefits, however, are not always realized.

Education, not only in the family, but especially at school, is deeply affected by globalization and mass migration. Fears and insecurities slowly emerge; educational strategies, curricula and teaching methods are hastily revised, with the result that solutions are often technical and devoid of clear aims and stable moral principles: instead of being solved, problems escalate. The situation degenerates resulting in a "treatment" which is often worse than the "disease" itself (Portera 2011; Gundara, 2000).

In a time of increasing interconnectedness between people, in which migration is no longer a prerequisite for coming into contact with other ethnic groups with different languages, norms and religions, in which a person's life is directly or indirectly influenced by contemporaneous events in other parts of the world, is migration and living and growing in a multicultural context a risk or an opportunity for the development of a stable identity? What are some of the risk and protective factors for mental disabilities faced by children and adolescents with experiences of migration and multicultural backgrounds? After summarizing the results of a research project that analyzed the life stories of subjects with migration experiences during their childhood and adolescence to answer these questions, intercultural education will be briefly discussed as a possible preventive measure.

Research in Germany on young people of italian origin

For several decades many authors have been trying to find possible answers to similar questions, through quantitative studies based on the cause and effect hypothesis (Tietze, C.; Lemkau, P.; Cooper 1942; Tyhurst 1955; Busch 1983; BfAuS 1986; Prodehl, Geiger, Korporal 1990; Siefen 1996; The qualitative study conducted by the author (Portera, 1995, 1997, 1998) discussed whether migration represents a greater risk for distress and disease, or a possibility for enrichment and growth. The aim of this work was to identify positive outcomes and opportunities, as well as negative factors and risks related to migration and living in a multicultural context. Research consisted of a 7-year longitudinal case study of the life-stories, conflicts, crises, and problem-solving strategies among young people of Italian origin with migration experience. Specifically, some of the interviewees were living in southern Germany, while others had since returned to southern Italy.

The use of a longitudinal case study allowed an appropriate consideration of specific social norms and values, that is of "subjective reality" (Wiedemann, 1982: 66). It also allowed the holistic identification and exploration of the origin and development of symptoms and disorders among foreign children. The collection of the biographies was carried out using semi-structured interviews. The author largely followed the *method* of problem-centered interviews developed by Witzel (1982). However, the study also incorporated elements of Rogers's person-centered approach (Rogers, 1951, 1961) without marginalizing the role of the respondents' social context. Following Bronfenbrenner (1986), the study intended to analyze the adolescents and their environment as an "integrated system". For this purpose, it was considered useful to also employ the methodology of participant observation in the most important spheres of their lives (family, school, free time). Finally, when possible and appropriate, interviews with the most important people in the subjects' lives were also conducted, such as parents, teachers and friends. This led to a better understanding of the

respondents' specific life situations, and helped to examine their situations from other points of view and to obtain additional important information.

The sample consisted of a diverse, but non-representative, group of 23 adolescents of Italian origin living either in Südbaden (Germany) or in southern Italy. The criterion for selection was diversification, in order to sample a wide range of attributes which had been regarded as important in previous studies (Tyhurst 1955; Riedesser 1982; Pfeiffer 1983; Zimmermann 1983; BfAuS 1986; Prodehl, Geiger, Korporal 1990; Siem 1992; Siefen 1996): gender, social status, education, period of residence in Germany and experiences of return migration. Care was also taken to select a sample of young people with intellectual disabilities, other psychological and/or social disorders as well as adolescents who seemed to have benefited from living and growing up in a different culture (based on self assessment, social status and clinical diagnosis).

Special attention was also paid to the conditions and mechanisms that - thanks to or despite their experience of migration - promoted psychological stability. The study also sought to explore the systemic functions (Bronfenbrenner 1986; Ochs, Schweitzer 2009) of family and school and the development of the disorders so as to gain a deeper understanding of the origin, development, forms and functions of individual symptoms.

The *findings* largely confirmed the results of previous studies (see Murphy & Moriarty, 1976; Belsky, 1984; Rutter & Smith, 1995), which suggested that migration constitutes a stress factor for adolescents dealing with bi-cultural or multi-cultural enculturation and/or acculturation. The likelihood of success through adequate coping strategies was strongly reduced mainly because of differences in cultural values, norms and behavior.

More specifically, from the biographies it was possible to identify certain risks and protective factors, but it was not possible to isolate a single risk factor as directly responsible for specific illnesses or disorders. No single negative factor (even early separation from the mother) appeared sufficient to predispose a subject to a particular disorder. Subjects dealing with one strong, lasting stress factor were usually dealing with other stress factors concurrently. In addition, negative and positive factors were seen to affect human development not only during childhood, but also in all other stages of life. The study also suggested that negative factors and early childhood disorders may be compensated or corrected with positive experiences. Finally the results highlighted that many developmental disorders and "normal" development are neither static nor mutually excludable. Instead, they constitute a continuum ranging from vulnerability to adequate coping ability, and the subject's mental health can change in different contexts and phases of life.

On the basis of the research results, the following main **risk factors** for adolescents in a multicultural context were identified: *"supra-cultural" factors, separation, "Pendeln" (commuting back and forth or frequent (re)migration), ambivalence, social marginality, discrimination, loneliness, language problems, strict upbringing, and bicultural orientation.*

In addition to the above-mentioned negative factors, which led to crises and seem also to be related to intellectual disability and other mental or social disorders (though more comprehensive further research is needed to verify this), the study also revealed some positive and **protective factors** which help adolescents cope with crises and in many cases seem to transform crises into opportunities. For some adolescents these factors also contributed to a positive reassessment of emigration and to the acquisition of a stable identity in a multicultural context. The most important factors were: *Personal over cultural*

features; Establishing a stable and secure relationship with a person of reference during childhood; Parents' openness towards the German environment; Parents' understanding and trust; Readiness for separation; Positive experience of acceptance and respect in the host country; Understanding from teachers and educators; No pressure to assimilate in or outside school; Important role of friends as a "bridge" between the cultures; External support in the form of school guidance, counseling or therapy.

Theory of fundamental human needs

Based on the main results of the study it was also possible to hypothesize that migration can inhibit or facilitate the fulfillment of fundamental human needs. Therefore, after determining the main risk and protective factors related to migration and life in a multicultural context, and after identifying the most appropriate coping strategies, the qualitative data was analyzed in order to identify the needs which seemed to be related with the harmonious development of the personality. Principally based on the work of Maslow (1954), but also considering other psychological theories, mainly Rogers (1961) and Erikson (1968), a tentative theory of *fundamental needs of human development* was proposed which also takes into account the effects of globalization, cultural differences and life in multicultural context. The primary hypothesis (which still needs to be verified through further research) is that the incomplete or partial satisfaction of these needs – together and in interaction with biological and/or other factors – is related with the appearance or worsening of intellectual disabilities and other psychological or social disorders.

In contrast to Maslow, the most important needs, listed in Table 2, are not placed in hierarchical order, nor are they to be considered static, but as a dynamic and interactive process between the subject and his or her environment. The needs not only refer to the past (i.e. in order to understand the source of the illnesses or disorders), but, especially, to the future. As such, the model might be helpful in establishing a developmental diagnosis (Albertini 2000), which is much more oriented toward the possibility of intervention, especially in a multicultural context.

Tabla 2. Theory of fundamental human needs

1. Physical Well-being
2. Social Relations and Sense of Belonging
3. Social Bonds
4. Separation
Positive Emotional Regard (Respect, Acceptance, Love and Acknowledgement)
6. Deep Understanding (Empathy)
7. Congruence
8. Trust
9. Active Participation and Structure
10. Continuity

1. The Need for Physical Well-being

Every human being needs to satisfy certain biological needs. In this context it is most essential to consider the physiological needs identified by Maslow: metabolism, shelter, stimulation, nutrition, sleep and body temperature.

2. *The Need for Social Relations and for Belonging*

In addition to physiological needs, it is also necessary to satisfy social needs connected with the community in which a person is living: human beings need to feel part of a group, to feel similar to others and to interact with them. From this point of view the significance of social and economic status also needs to be considered. (It is easier to be poor among poor people than poor among rich people.)

3. *The Need to Bond*

This mainly refers to the human need to create a close relationship, initially a nearly symbiotic one, with at least one main person of reference, possibly the mother (in the sense of Bowlby 1969 and Spitz 1965), but it could also be another stable and reliable person. Maslow describes this as a need for "security and protection". This need is strongest in newborn babies, who would even die if they did not receive intense emotional care. However, also in later human development the need to establish close relationships with other human beings plays a decisive role in psychological stability.

4. *The Need for Separation*

Separation should not only be considered something negative or as a loss, but also as a fundamental need of the individual. All growth is founded upon separation; a newborn baby must be separated from the maternal umbilical cord. After the symbiotic attachment, the child needs to experience separation from his primary caregiver. This is the only way to be prepared for the subsequent experiences of separation, e.g. when starting school, and separations due to work, marriage, migration or death. Separation allows one to develop full autonomy, which is indispensable for an adult. (Bowlby and Erikson have treated the concepts of autonomy, initiative and individualism in depth, and Ausbel has described the process of progressive independence as "desatellisation".)

5. *The Need for Positive Emotional Regard (Respect, Acceptance, Love and Acknowledgement)*

The study led to the hypothesis that empathy and congruence, together with attention – seen by Rogers (1951) as essential elements for a positive outcome of therapy – also represent an indispensable requisite of an educational approach to promoting a healthy personal development. The need to be accepted and esteemed in an unconditional way, regardless of one's behavior or attributes (color of skin, ethnic origin, religion, language, ideals) is of primary importance for one's well-being. In other words, every human being needs to be accepted positively, taken care of, protected and loved as he or she is (which also implies the right to be different). These aspects, important during one's entire life, are essential during early childhood).

6. *The Need for Deep Understanding (Empathy)*

It is necessary for human beings to know and understand most of the physical and psychological aspects connected with their own personality (sensations, emotions, ideas), as well as the physical and social environment in which they must interact. Since the beginning of its evolution the human being has needed a reference person who is able to understand his or her wishes, needs and emotions in a deep and differentiated way.

7. *The Need for Congruence*

Congruence refers primarily to the harmony between oneself and the external world. In this sense it also refers to the possibility to be authentic and accessible as a person and to show a degree of continuity, with respect to real emotions and physical sensations. Every human

being needs such relations with oneself and with as many other people as possible. In a multicultural context this means that a person should not be forced to repress or to deny parts of his or herself in order to be accepted. This premise leads to the need to learn to recognize as much as possible one's own emotions and sensations as part of the self, even if they are in apparent contrast with previously acquired elements. It is also important not to be afraid of conflicts arising from a different way of feeling in relation to the external world, or of maintaining ideas which differ from the opinions of others. For Rogers (1987, p. 32), the "fully functioning person" is a person who finds oneself in harmony with oneself and with one's own experience, «integrated, complete and true».

8. *The Need for Trust*

Every human being must be able to trust oneself, one's own potential and the external world (this need is close to the concept of basic trust and self-trust, developed by Erikson and Maslow). Without trust in oneself, it is not possible to develop a stable personality. The primary caregiver in the subject's life can satisfy this need by allowing the child to feel worthy of trust. The subject should be given the opportunity to discover and experience facts and situations. In case of a mistake or failure, the child must be stimulated to reflect and should be encouraged rather than humiliated.

9. *The Need for Active Participation and Structure*

Every human being needs to influence the world in which he or she lives. In other words: the subject needs to have the chance to live his or her own life as a protagonist and not as a subordinate. In this sense, it is important for every human being to feel equal to the other members of one's social group and to play an active role in social life. It is indispensable to enjoy the same political, social and legal rights as others and to not be excluded or discriminated against (least of all because of skin color, gender, religion or opinions). This refers also to the need for structure, justice, and law and order. Every human being needs clear, determined and reliable limits to orient him or herself: laws which are not experienced as an obstacle to self-actualization, but as an opportunity for personal and social development, approved rules, which are respected because they are voluntarily accepted and not only because they are imposed.

10. *The Need for Continuity*

This refers to the need to be in contact with clear principles and values, so as to be able to internalize stable criteria for evaluating the external world. This does not mean that it is necessary to spend one's whole life in the same place, or with the same people, nor that norms, rules and values have to be the same forever (on the contrary: a certain number of variations are necessary to develop personal criteria of evaluation and to increase the ability to critique), but it suggests that these criteria must not be subjected to random, incessant and contradictory change. It is indispensable for children to not be forced to remove or deny parts of their cultural standards, principles and values in order to be accepted (e.g. "only if you do this I will love you"). Instead, they must have the opportunity to compare and contrast new opinions, principles and values with their own and decide freely, to refuse or to integrate them into their own personal belief system.

Impacts of Fundamental Human Needs on Cognitive, Affective and Behavioral Development

The research findings clearly and unequivocally identify the main risk and protective factors related with migration and growing up in a multicultural society and as well as the coping

strategies that are likely most appropriate. Based on these findings, a theory of fundamental human needs was also developed, which needs to be empirically validated through further research. Specifically, further research needs to determine the connection between the satisfaction of the fundamental needs and the development of a stable personality. Based on the results of the longitudinal case study described above, there seems to be a correlation between not satisfying the fundamental needs and the appearance or persistence of certain illnesses and/or disorders. Consequently, adolescents who are unable to satisfy one or more needs, as a result of migration, are expected to experience negative impacts on cognitive, affective and behavioral development; in some cases even a worsening of diagnosed mental or social disorders. In trying to satisfy their needs it was observed that adolescents apply two different strategies:

- a) adopting socially acceptable behavior (e.g. studying more, being more attentive in the classroom, smiling) which not only leads to the fulfillment of needs, but also to the full growth of one's own personality; or
- b) adopting socially deviant behavior (e.g. acting disruptive in class, demonstrating aggression, apathy). In family and schools such behavior (which was mostly an unconsciously adopted problem solving strategy) typically becomes an additional obstacle to the fulfillment of the fundamental needs and to the process of developing a stable personality. In some cases such strategies might lead to (or exacerbate the development of) disabilities, illnesses or disorders.

These two different strategies (even the "inappropriate" behavior), generally represent an attempt to satisfy personal needs (even if in a compensatory form: e.g. negative attention by transgression). It remains to be verified through further studies if "abnormal" or "deviant" behavior is a (desperate) attempt to meet basic needs. In addition to a consideration of genetic and other factors, it is plausible that in many cases the escalation from "normal" (socially accepted) to "deviant" behavior (even intellectual disabilities and other mental or social disorders), could possibly be the result of a failure to meet one or more fundamental human needs.

Broader (more cases) and more comprehensive (integration of quantitative and qualitative methods) research would be of great theoretical and practical interest to verify the connection between human needs and the development of deviant behavior and particular disorders.

Impacts in a Multicultural Context

The model of Fundamental Human Needs assumes different forms when it is applied to different people with different social statuses and different cultural backgrounds. In the context of life in a multicultural environment influenced by migration, recognizing and meeting certain basic needs could be hindered by additional negative factors (such as those discussed above, e.g. moving from one country to another, ambivalent behavior, stigmatization, isolation, language and cultural barriers). Based on the results of the study, it was possible to assume that the negative factors experienced by adolescents of Italian origin living in Germany are the cause of their higher rates of enrollment in the "Sonderschule", and their higher rates of diagnosis with learning disabilities (Klitzing 1983; BfAuS 1986; Zimmermann, 1988; BfMFI 2012). Further, cultural differences related to the way of experiencing disease and illness (e.g. perception of pain, definition of pathology, the cause of the illness and methods of treatment; see Devereux 1970; Zimmermann 1988;

Pfeiffer 1994) can have a negative effect on the adoption of an appropriate coping strategy, and can become a great obstacle to therapeutic treatment.

On the other hand, the study also suggested that the difficulty to satisfy certain basic needs does not only depend on one's status as a foreigner, nor that one's own norms and cultural values differ from the dominant group. The clearest evidence for this argument is represented by the young Italians who had succeeded in taking advantage of migration and living in a multicultural context. Often these adolescents did not have the experience of being misunderstood, excluded or exploited, but had benefited from protective factors, like attention, respect and esteem from their parents and teachers. For these adolescents, the experience of migration and living in a multicultural context seemed to have been a source of enrichment and positive personal growth. They had taken advantage of the infrastructure and cultural differences of the host country. For these adolescents being in contact with different cultures seems to have not been a threat, but instead an opportunity of deeper reflection and both personal and social growth. Despite, or because of their experiences of migration and living in a multicultural context, they had managed to be esteemed and attain high social status.

Caring through intercultural education

Based on the research results presented above, it is also possible to assume that education can play an important role. Education, when considered as a form of "care giving" (in addition to the necessary medical or psychological treatments), can foster personal enrichment, and inhibit the development of disease or disorder. Unfortunately, both families and schools still seem to be unprepared to deal with multicultural situations. Many of the interviewed teachers and educators do not seem to have sufficient knowledge of the cultural background of their students with foreign origin and do not adopt specific pedagogical approaches. Many seem to have little guidance in terms of the form education should take on in the new millennium and do not possess sufficient knowledge about "intercultural" education.

Intercultural Education, as developed and used in Europe since the 1980s, is widely considered the most appropriate approach to education in a time of globalization, in which diversity has become the norm rather than the exception; and is regarded as especially suitable for discovering, respecting and coping with all forms of cultural diversity (Gundara 2000; Portera 2011). Intercultural education is a process that leads to a complete and thorough understanding of the concepts of democracy and pluralism, as well as different customs, traditions, faiths and values. It constitutes a Copernican revolution in pedagogy, mainly because: a) it does not define identity and culture rigidly, but views them as being dynamic and in constant evolution; b) it perceives diversity, otherness, emigration and life in a complex and multicultural society not only as risk factors, but also as opportunities for enrichment and growth. A person from a different ethnic or cultural background poses a positive challenge, a chance for discussion and the study of values, norms and ways of behaving. The intercultural approach is placed between universalism (a transcultural approach which emphasizes cultural similarities like universal human rights) and relativism (a multicultural approach which stresses cultural difference) as it takes into consideration both the opportunities and the limitations, yet transcends and synthesizes them to permit improved chances of dialogue, exchange and interaction. Whereas multiculturalism aims to discover and tolerate people from different cultures, living peacefully *side by side*, the prefix *inter-* implies relationships, interaction, and exchange. Intercultural education rejects immobility and hierarchy; it is meant to encourage dialogue and relationships on equal

terms, so that individuals do not feel forced to sacrifice important aspects of their cultural identity. It is based on a direct exchange of ideas, principles and behavior, on a comparison of concepts and mutual discovery.

If understood and applied correctly, intercultural education could help parents and teachers identify both the risks of globalization and multicultural societies and also the new opportunities of meeting people with different origins. Since intercultural education takes into consideration both common human dignity and the specific peculiarities of individual cultures, it offers the opportunity to live as an equal by respecting differences. Therefore intercultural education might allow adolescents with experiences of migration to interact and compare and exchange their cultures, and foster the development of the necessary competences to manage conflict positively and grow as a person.

Final Reflections

The results of the study reveal the main negative and positive factors in a context of migration which may assume an important function in preventing or exacerbating intellectual disabilities and other psychological or social disorders. In consideration of the theories of Maslow and also other scholars like Rogers and Erikson, a theory of fundamental human needs was developed, where the satisfaction of these needs appears to be affected by the risk factors and preventive factors present in the subjects' lives as well as the coping strategies they choose to employ. Further research must be conducted to verify 1) the validity of the theory of fundamental human needs both at a theoretical and a practical level; 2) the correlation between a failed or partial fulfillment of the needs and the appearance and/or worsening of mental or social disorders; 3) if migration and life in a multicultural context might further inhibit the satisfaction of fundamental needs, because of the exposure to different communication and coping strategies in the new culture.

In the era of globalization and interdependence there is an urgent need to abandon strategies of verbal, physical or psychological violence (which ignore or exacerbate problems), of assimilation (which are bound to fail, as the process of identity construction always implies free will) and of universalism (which only considers cultural similarities and risks becoming a new form of colonialism). Given the current circumstances and according to past studies and scholarship (Gundara 2000; Allemann-Ghionda 2008; Portera 2011), intercultural education is a framework that might be applicable to both family life and schools in order to prevent mental disease and promote healthy and positive psychological development. The intercultural approach might also be of help in the field of counseling and therapy (as already suggested by some in the field of psychiatry, see Wielant and Agorastos 2011).

Further research is also needed to verify if the intercultural approach might also be useful in the treatment of intellectual disabilities and other psychological or social disorders. In the new millennium there is an urgent need to go beyond the traditional concept of special education, which considers children with disabilities unilaterally from the deficit perspective. Applying an intercultural approach to medical and psychological treatments would emphasize the many potential skills and abilities of children with disabilities. Therefore, there is a great need for further research in order to investigate the applicability of intercultural education in this evolving field. It remains to be proven through empirical research whether the intercultural approach may be successfully applied to all situations of diversity – cultural, psychic and somatic. Due to its understanding of and respect for similarity and difference, its treatment of identity as a dynamic process and diversity as an opportunity, as well as its methodology centered on encounter, interaction, and dialog, the intercultural approach offers great promise in other fields as well.

References

- Albertini, G. (2000), Quality of Life of People With Developmental Disabilities in Italy. In Kenneth, D., Schalock L. (ed.) *Cross-cultural perspectives on quality of life* (pp. 311-314). Washington: American Association on Mental Retardation.
- Allemann-Ghionda, C. (2008). *Intercultural education in schools*. Brussels: European Parliament.
- Bauman, Z. (1977). *Post modernity and its Discontents*. New York: New York University Press.
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development* 55, 83-96.
- BfAuS - Bundesminister für Arbeit und Sozialordnung (1986). *Situation der ausl. Arbeitnehmer und ihrer Familienangehörigen in der BRD Deutschland*. Bonn: Universität Buchdruckerei.
- BfMFI- Die Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration (2012). *Die Lage der Ausländerinnen und Ausländer in Deutschland*. Berlin: Bescom.
- Boos-Nünning U. (ed.), (2002). *Migration und Sucht: Expertise im Auftrag des Bundesministeriums für Gesundheit*. Baden-Baden: Nomos-Verlag.
- Bowlby, J (1969). *Attachment. Attachment and Loss* (vol. 1) (2nd ed.). New York: Basic Books.
- Bronfenbrenner, U. (1986). Recent advances in research on the ecology of human development. In: K. Silbereisen,; (ed.) *Development as action in context* (pp. 287-309). New York: Springer.
- Busch, A. (1983). *Migration und psychische Belastung*. Köln: Dissertation.
- Devereux, G. (1970). *Essais d'ethnopsychiatrie générale*. Paris: Gallimard.
- Erikson, E.H. (1968). *Identity, Youth and Crisis*. New York: Norton & Comp.
- Goffmann, E. (1964). *Stigma. Notes on the Management of Spoiled Identity*. Inglewood Cliff (NJ): Prentice-Hall.
- Grant, C.A. and Portera, A (eds.) (2011). *Intercultural and Multicultural Education: Enhancing Global Interconnectedness*. New York: Routledge.
- Gundara, J.S. (2000). *Interculturalism, Education and Inclusion*. London: Paul Chapman.
- Klitzing, k. Von (1983). *Risiken und Formenpsychischer Störungen bei ausländischen Arbeiterkindern*. Weinheim: Belz.
- Maslow, A.H. (1954). *Motivation and Personality*. New York: Harper & Row.
- Murphy, I.B. & Moriarty, A.E. (1976). *Vulnerability, coping and growth. From infancy to adolescence*. New Haven/London: Yale University Press.
- Ochs, M., & Schweitzer, J. (2009). Qualitative Ansätze im Kontext systemischer Forschung. In K. Bock & I. Miethe (Ed.), *Handbuch qualitative Methoden in der Sozialen Arbeit*. Leverkusen: Verlag Barbara Budrich.
- Pfeiffer, C. (1983). *Die Innanspruchnahme ambulant psychotherapeutischer Institutionen durch Kinder ausl. Arbeitnehmer und deren Familien*. Freiburg: Med. Diss.

- Pfeiffer, W.M. (1994). *Transkulturelle Psychiatrie. Ergebnisse und Probleme*. Stuttgart: Thieme.
- Portera, A. (1995). *Interkulturelle Identitäten. Risiko- and Schutzfaktoren der Identitätsfindung italienischer Jugendlichen in Sudbaden und in Südtalien*, Köln, Wien: Bohlau.
- Portera, A. (1997). *Tesori sommersi. Emigrazione, identità, bisogni educativi interculturali*. Milano: Franco Angeli.
- Portera, A. (1998). Multiculture, Identity, Educational Need and Possibilities of (intercultural) Intervention. *European Journal of intercultural Studies*, Vol 9, no. 2, 209-218.
- Portera, A. (2011). Multicultural and Intercultural Education in Europe. In Grant, C.A. and Portera, A (eds.), *Intercultural and Multicultural Education: Enhancing Global Interconnectedness* (pp.12-32), New York: Routledge.
- Prodehl, M., Geiger, A., Korporal, J. (1990). *Migration und Gesundheit : kommentierte Bibliographie deutschsprachiger Untersuchungen zu Lebens- und Arbeitsbedingungen, Krankheitenstruktur und gesundheitlicher Versorgung von Arbeitsmigranten in der Bundesrepublik Deutschland*. Bonn: Wirtschafts- und Verlags.
- Riedesser, P. (1982). *Die psychische Gefährdung des Gastarbeiterkindes*. Freiburg: Lambertus.
- Rogers, C.R. (1951). *Client-Centered Therapy: Its Current Practice, Implications, and Theory*. Houghton: Mifflin.
- Rogers, C.R. (1961). *On Becoming a Person*. Houghton: Mifflin.
- Rogers, C.R. (1987). A theory of therapy, personality and interpersonal relationships. In: S. Koch, (Ed.) *A Study of a Science*, Vol. III. New York.
- Rutter, M., & Smith, D. (1995). *Psychological disorders in young people*. New York: Wiley.
- Schrader, A; Nikles, B.; Griese, H. (1976). *Die zweite Generation. Sozialisation und Akkulturation ausl. Kinder in der BRD*. Königstein: Athenäum.
- Siefen, G. (Ed.), (1996). *Migration und Gesundheit*. Gießen: Psychosozial-Verlag.
- Siem, H. (Ed.), (1992). *Migration and health in the 1990s : papers presented at the Second International Conference on Migration and Health*. Geneva: IOM.
- Spitz, R.A. (1965). *The first year of life: a psychoanalytic study of normal and deviant development of object relations*. New York: International Universities Press.
- Tietze, C.; Lemkau, P.; Cooper, M. (1942). Personality Disorder and Spatial Mobility. *American Journal of Sociology* 48, 29-39.
- Tyhurst, L. (1955). Psychosomatic and Allied Disorders. In: Murphy (Ed.): *Flight and Resettlement*. (pp. 202-243). Paris: PUF.
- Watzlawick, P., Beavin J. H., & Jackson D. D. (1967). *Pragmatic of Human communication. A study of interactional patterns, pathologies, and paradoxes*. New York: Norton and Co.
- Wiedemann, P.M. (1982). Regelgeleitete Analyse qualitativer Daten. *Zeitschrift für personenzentrierten Psychologie und Psychotherapie*, 1, 5-17.
- Wielant, M., Agorastos, A. (2011). *Praxis der interkulturellen Psychiatrie und Psychotherapie : Migration und psychische Gesundheit*. München: Elsevier, Urban & Fischer.

- Witzel, A. (1982). *Verfahren der qualitative Sozialforschung. Überblick und Alternative*. Frankfurt/ M: Fischer.
- Zimmermann, E. (1988). Gesundheitliche Situation und Probleme der medizinischen Versorgung ausländischer Migrantenkinder. *Weltgesundheitsbroschüre*, 3, 211-217.
- Zwingmann, C. A. (1961). Die Heimwehreaktion alias "pathopatridaglia". *Zeitschrift für Neurologie*, 2, 13-21.

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