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Self-Positions and Narratives Facilitating or Hindering Posttraumatic Growth: A Qualitative Analysis With Migrant Women of Nigerian Descent Survivors of Trafficking

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Objective: The literature on sex trafficking has given a great deal of space to the effects on mental health, while little has been devoted to the stories of survivors. This study aims to explore the first-hand stories of immigrant women of Nigerian descent trafficking survivors, describing a qualitative analysis of psychotherapy sessions with them. Within the theoretical framework of Dialogical Self Theory, we explored and invited into dialogue the I-positions generated when individuals have traumatic experiences such as sex trafficking. Analyzing the themes emerging from 5 psychotherapy pathways developed taking a narrative and dialogical approach, we explored the narratives that facilitated posttraumatic growth (PTG) and those that hindered it. **Method:** Five women survivors of sex trafficking were followed in a narrative psychotherapy journey. A thematic analysis was conducted on the transcripts of the therapeutic pathways, highlighting the positions of the self identified in the narratives and the main content of the women's stories. **Results:** We identified 2 main themes in the narratives facilitating PTG, and 3 in the narratives acting as barriers thereto. **Conclusion:** When addressing traumatic experiences, taking into account the polyphony of the individuals narrating them, and identifying which of their narratives can facilitate or hinder their PTG can be a useful resource in therapeutic and social work with survivors of trafficking.

Clinical Impact Statement

This study provides recommendations for therapists and social workers involved in services to survivors of human trafficking. The findings emphasize the importance of building a therapeutic relationship that is trusting and emphasizes polyphony. A relational focus on trauma and the multiplicity of the self can be a useful resource in therapeutic work with survivors of sex trafficking. This research offers some suggestions through which a narrative of victimization can be transformed into a narrative of PTG.

Keywords: posttraumatic growth, mental health, dialogical self, survivors of trafficking, thematic analysis

Much of the literature on the mental health of people classified as survivors of trafficking focuses primarily on symptoms and diagnosis (Hopper, 2017). Although the international literature has paid considerable attention to the phenomenon of human trafficking over the past decade, few publications have focused on the mental health of the individuals involved (Contreras et al., 2017; Countryman-Roswurm & DiLollo, 2017; Chu & Billings, 2020; Hershberger,

2021; Hossain et al., 2010; Ostrovschi, 2011; Pascual-Leone et al., 2017; Tsutsumi et al., 2008; Yakushko, 2009). The traditional approach of psychology to mental health problems has generally been based on the classifications of the *DSM-5* (Diagnostic & Statistical Manual of Mental Disorders, American Psychiatric Association, 2013): as regards traumatic events, the *DSM-5* refers to the diagnosis of posttraumatic stress disorder (PTSD), and its association with other conditions, such as depression and dissociative disorders. Some studies have underscored that the experience of trafficking is associated with a higher risk of anxiety, depression, and PTSD (Abas et al., 2013; Hossain et al., 2010; Ijadi-Maghsoodi et al., 2016; Kiss et al., 2015; Levine, 2017; Oram et al., 2016; Ottissova et al., 2016; Shandro et al., 2016). Psychotherapy is now seen as a key element for pursuing mental health and social integration, but little attention and minimal resources appear to have been dedicated to its use in these settings (Yakushko, 2009). Many approaches to trauma have been described in the literature, stemming from different theoretical traditions. They include, for

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instance: cognitive behavioral therapies focusing on problems generated by functional difficulties in the relationship between thoughts, feelings and behaviors, with the aim of generating changes in patterns of thinking and behavior (Monson & Shnaider, 2014); narrative exposure therapy, indicated especially for individuals suffering from complex or multiple traumas, and forced migration (Herman, 1992; Van der Veer, 1998), based on the chronological reconstruction of life narratives, with the aim of contextualizing traumatic experiences and related emotional responses (Schauer et al., 2011); and psychodynamic approaches based on the perspective of attachment theory (de Zulueta, 2006). Other approaches start from a social epistemology (Gergen, 2009), and the assumption that human problems and their solutions are forms of social construction (McNamee & Gergen, 1998). They include: the collaborative approach (Anderson, 2005; Anderson & Goolishian, 1992), the narrative approach (Demborough, 2006; Freedman & Comb, 1996; White & Epston, 1990; White, 2007), the relational approach (Chiara & Romaioli, 2021; Gergen, 2009; McNamee, 1995, 2012; McNamee & Hosking, 2012; Romaioli, 2013), systemic approaches (Reynolds, 2007), and the solution-focused brief approach (De Shazer, 1985, 1986). Many studies point to the importance of personal narratives in the therapeutic processes of people who have experienced traumatic events (Baird, 1996; Carabas & Harter, 2005; Countryman-Roswurm & Di Lollo, 2017; Mansfield, McLean & Lilgendahl, 2010; Pals, 2006; Schiffrin, 2003). The impact of trauma has also been studied in terms of the benefits and the sense of growth: some authors argue that traumatic events provide an opportunity for posttraumatic growth (Tedeschi & Calhoun, 1995, 1996, 2004). The term posttraumatic growth (PTG) has been used to indicate a "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). It is "not simply a return to a baseline," but "an experience of improvement that for some persons is deeply profound" (Tedeschi & Calhoun, 2004, p. 4). Illustrating a narrative elaboration of this idea, Neimeyer (2004) suggested that, when individuals have painful experiences, they may have difficulty creating meaningful accounts of these life events. In this paper, we draw on a number of studies that considered the narrative organization of the self and its multiplicity by proposing a shift from an individualistic and pathologizing view of trauma to a relational view (De Haene et al., 2012; Lannamann & McNamee, 2020; Penn, 2001). Our main theoretical reference is Dialogical Self Theory (Hermans, 2001; Konopka, Hermans, & Gonçalves, 2019), set within a broader social constructionist and intercultural orientation (Chiara & Romaioli, 2021). This approach lends itself to understanding the complexity of individuals as people inhabited by a multiplicity of selves and 'voices' (Hermans, 1996). Their inner worlds are seen as organized starting from the social and relational world in which they take part. Using the metaphor of multiplicity enables us to reread their stories from multiple positions in dialogue with each other, and problems can be interpreted as the outcome of conflicts between these positions (Gergen, 2008). According to Hermans (2001), self-positions (or I-positions) can be distinguished as internal or external. Internal I-positions include the social and psychological roles individuals adopt in relation to others (e.g., "I as a wife," "I as a migrant," etc.), while external I-positions include the many others they interact with (e.g., "the Italians," "my mother," etc.), who - according to Hermans (2001) - can function as auxiliary positions of the self. Internal and external I-positions

are integrated and coordinated in a dialogical space that marks the boundaries and freedom of self-expression (Hermans & Dimaggio, 2004). As Tedeschi et al. (2018, p. 12) claimed, "a significant contribution has been made in PTG research from researchers studying narrative psychology." For instance, Neimeyer (2006) conceptualized the PTG experience as a form of narrative reconstruction in the wake of a traumatic narrative following a loss, crisis, or trauma. Dialogical Self Theory added to the complexity in the domain of narrative approaches. Starting from the assumption that human beings are relational (Gergen, 2009) and inhabited by a multiplicity of selves (Hermans, 2001), their stories are no longer seen as a unit, but as multiple, and as socially constructed in dialogue with other people. As Hermans (2001, p. 248) put it, "the I has the possibility to move from one spatial position to another in accordance with changes in situation and time. The I fluctuates among different and even opposed positions, [...]. Each of them has a story to tell about his or her own experiences from his or her own stance." This consideration expands the ways in which we can promote PTG: if we, as researchers or practitioners, aim to counteract the individuals' dominant narrative on trauma, we can invite their different I-positions to join the dialogue, inasmuch as they may inhabit alternative narratives and help to reconstruct the traumatic experience. Tedeschi et al. (2018, p. 55) suggested that "changed narratives can initiate and foster the PTG processes," and the awareness that individuals are able to construct several narratives about themselves enables the creation of a dialogical space in which new meanings and positive narratives can be coconstructed.

As Mumey et al. (2021) suggest, there is a gap in the dialogue about the literature on sex trafficking that relates to the first-hand stories of trafficking survivors. In their qualitative research, Mumey et al. (2021) explore in depth the experiences of trafficking survivors about their recovery processes and social reintegration. Their research shows that survivors use internal and external resources to cope with traumatic experiences of trafficking, implementing a range of coping strategies, such as listening to music, walking, self-love, using a diary, and spirituality. The authors emphasize the importance of establishing a trusting and safe relationship with trafficking survivors, promoting autonomy, and providing recommendations for practitioners to support trafficking survivors after trafficking. In line with the research of Mumey et al. (2021), in this paper we aim to expand the voice of trafficking survivors, taking into account the polyphony and narratives that can facilitate or hinder PTG in therapeutic work.

Taking a narrative approach (White & Epston, 1990) to five psychotherapy pathways involving survivors of trafficking, we identified which of their narratives facilitated or hindered their PTG, and which self-positions they expressed. To be more specific, we posed the following research questions: Which narratives facilitate PTG in the accounts of sex trafficking survivors? Which ones hinder it? What I-positions are expressed in these narratives? How are the different I-positions related, and how do they relate to the themes identified by our analysis?

Method

Participants

The study concerned five Nigerian women between 20 and 30 years old who were survivors of sex trafficking. The psychological

interviews took place in 2019 and 2020. These women had all taken part in a *juju* ritual¹. They came from Edo state (Nigeria). They were the first-born offspring in their families. They had experienced migration, poverty, and sex trafficking, and had suffered sexual and psychological violence in Libya. They were referred to us for psychotherapy by a special support center (*Centro di Accoglienza Straordinaria*; CAS) based in the Veneto region of north-east Italy, with several problems (anger, aggressiveness, depression). The interviews were mainly conducted in Nigerian pidgin English and/or in Edo language, in the presence of a cultural mediator of Nigerian descent, who reviewed the transcripts and helped the researchers to situate the findings within the participants' cultural context.

Procedure

In accordance with the provisions of the not-for-profit organization running the CAS, the first author (a psychotherapist) conducted ten psychological interviews with four of the participants, and fifteen with one. The CAS opted for 10 sessions with each participant for economic reasons but allowed for up to 15 in exceptional cases². These sessions were designed as a form of psychological support, the goal being to do some initial therapeutic work with the participants, and no further psychotherapy was provided after their completion. The interviews were recorded and transcribed verbatim into Word documents. The content concerned a reconstruction of each survivor's life story, history of trafficking and migration, and the resources they used and/or discovered during their experience. All participants signed the informed consent and privacy form. The therapeutic pathways followed a narrative orientation to the interview process and made extensive use of open and generative questions (Romaoli, 2021) for the purpose of facilitating the participants' story-telling (Flick, 2009).

Data Analysis

The textual material consisted of 55 interviews lasting approximately 50 minutes each. We adopted the criteria for a good thematic analysis suggested by Braun and Clarke (2006). Transcripts were first checked by the Nigerian cultural mediator in collaboration with the authors. To make it more dependable, the coding process was performed separately by the first and second authors. Then, the two codifications were systematically compared and triangulated (Denzin & Lincoln, 2017), reaching an internal agreement between the researchers. The themes that emerged were then discussed during 'peer debriefings' (cf. Flick, 2009) with the third author and the final report was produced by all authors. The thematic analysis was performed on the material, following the six phases outlined by Braun and Clarke (2006, 2012, 2019). The first phase involves familiarizing the researchers with the data, including a reading and rereading of the textual material. The authors conducted an initial analysis of the data by reading the transcripts, noting thoughts, ideas, and emerging themes. The second phase included an initial code generation. To distinguish growth-producing narratives from devaluing narratives, the material was initially analyzed and coded by identifying dominant narratives using a top-down procedure. These dominant narratives could be descriptions saturated with episodes of psychological distress, in which the person is cast in a passive, victimizing view of the self, or

alternative narratives about unique situations (White & Epston, 1990) that contradicted aspects of the problem-saturated narrative. Then, the internal and external I-positions were identified, again taking a top-down approach. The "I as a victim" position and the victimizing narratives were the criteria used to distinguish between the narratives that facilitated or hindered PTG. More specifically, the criterion used to identify the I-victim position applied when a participant passively narrated and submitted to the events of her narrative. To identify victimizing narratives, we considered the accounts in which the I-victim position was dominant over other I-positions. The first and second authors worked independently and then compared notes, reaching agreement on any discrepant coding. The third phase involved searching for themes, then expanding emerging themes using bottom-up analysis. In the fourth phase, these themes were reexamined several times and a first thematic map was generated. This fourth phase also included an analysis conducted by the researchers to complete and fine-adjust the thematic map to identify the main themes. This involved exploring the general themes in relation to time, and particularly highlighting the prevalence of these themes in the initial, intermediate and final stages of the psychotherapy pathways. The fifth phase involved defining and naming the main themes. In the sixth phase, to produce our report, we chose the most representative and compelling excerpts based on our research questions and the themes generated by our analysis.

Results

With reference to dialogical self theory, the I-positions identified were divided into internal positions (I-migrant, I-Nigerian, I-mum, I-daughter, I-victim, I-partner, I-survivor) and external positions (the brothel-keeper, my mother, my partner, my son/daughter, Libyans, other migrants, my social worker, my friend). Our thematic analysis identified three general themes acting as barriers to PTG: "memories of the migratory journey," "memories of sexual experiences on the street," and "a general distrust." Two general themes were identified as facilitators of PTG: "a sense of responsibility toward family in Nigeria" and "an imagined future."

Narratives as Barriers to Posttraumatic Growth

Memories of the Migratory Journey

This theme is characterized by narratives about the psychological suffering and difficulties encountered on the long migratory

¹ The term *juju* generally refers to a set of "collective traditional ancestral religious practices of the Yoruba people of Southwest Nigeria" (Anti-Trafficking Consultants, 2015a). Aghatise wrote (2004, p. 1130-1) "Juju practices are black magic rites in which intimate clothing, body tissue, fragments, or fluids of the women (e.g., pubic or head hair, finger nails, or menstrual blood) are taken and placed before traditional shrines. Sometimes, prostitution is induced by magic rites and potions in which women and girls are forced to drink the water used to wash a dead person's body as part of the ritual. The young women are made to swear an oath not to disclose the origin of their trip abroad, pay their debts (usually not stated at the moment of stipulating the blood contract), and never to report to the police". For further discussion, see Aghatise (2004), Carling (2005), van der Watt and Kruger (2017), Talianni (2012).

² One therapeutic pathway lasted an exceptional 15 sessions in order to manage some difficulties in the participant's role as a mother.

journey, during which all of our participants suffered from violence (especially where they stayed in Libya). Recalling these events causes a lot of pain: the women were all raped, and some of them became pregnant as a result. They remember witnessing the torture and even the death of other migrants. These narratives are associated with signs of emotional distress and rumination (more automatic and intrusive than deliberate), consistent with the PTG model (Tedeschi et al., 2018). Most participants talk of experiencing fear, anger, and a deep sense of helplessness at the most critical times. The opportunity to verbalize and share these experiences with the therapist has positive effects and favors an initial reelaboration of their trauma. The participants tell us that our sessions are the first time they have spoken about what happened in Libya. These narratives of psychological distress are expressed primarily from the I-position of "I the victim."

Positions (identified in the narratives on this theme). Internal I-positions: I-migrant, I-Nigerian. External positions: the brothel-keeper, Libyans, other migrants.

P: I feel bad when I think about the trip because I spent a lot of time in Libya. It was thanks to a man that I was able to leave for Italy. In Libya, I lost touch with my mother and my sister. I do not know what happened to them. One day they left with a man, and they never came back. The same man came to pick me up and took me to a brothel. I was forced into prostitution ... [crying] ... and I stayed there for seven years.

P: Thinking about the trip and the time in Libya, I think of all the dead bodies I saw. Terrible things happen there. Those who do not pay suffer torture and violence. I was raped, and I got pregnant. When they realized I was pregnant, they made me leave on a boat for Italy.

Memories of Sexual Experiences on the Street

This main theme concerns narratives of psychological distress and psychological coercion when the women were forced into prostitution. The narratives ranged from fear of the brothel-keeper (for more on the role of the brothel-keepers, see Aghatise, 2004; and Carling, 2005) to the effects of the curse generated by the juju ritual, to the bodily suffering experienced. The narratives are expressed from the I-position of "I the victim." Below are some representative excerpts.

Positions. Internal I-positions: I-victim, I-Nigerian, I-partner. External positions: the brothel-keeper, my partner, other girls, my clients.

P: In Nigeria I took part in a juju ritual. There was the native doctor, the madam and her men, and me together with other girls. They took some hair and blood and made us swear that we had to pay back the money the madam lent us for the trip. I suffered because, once I got to the street, I was forced to prostitute myself to pay back the money to the madam. I was a prostitute on the street for a year and a half. I was afraid of the madam and also of the curse of the juju.

In our participants, being forced into prostitution gave rise to emotional experiences about their bodies and their sexuality in general, revealing their psychological distress. The women feared the risk of damage to their bodies, which had been sexually commodified and violated by many people. Sexuality takes on ambivalent meanings in relation to the I-position (I-victim or I-partner)

that hosts it. Sexual intercourse with a partner is often experienced as a duty to the man. There is also a poor perception of the health risks: for example, little information emerges about sexually-transmitted diseases, HIV, and so forth

P: I'm afraid I have suffered damage to my body. During my time as a prostitute, the madam forced me to have an abortion. I used to go on the street even with my period. Sometimes, when my man approaches, these things come to mind, and I get angry easily and cannot control myself.

P: When I was on the street, I felt dirty. Having sex was a pleasure for my clients, but for me it was a sacrifice. I had to do it, otherwise I didn't know what to do.

A General Distrust

Narratives of distrust toward institutions, not-for-profit organizations and partner characterized this general theme. The main concern was about the future, fearing the failure of the migratory project. Any delays in waiting for papers aroused a strong sense of distrust. The meaning of trust has been impaired by previous experiences of migration and sex trafficking.

Positions. Internal I-positions: I-victim, I-migrant, I-partner. External positions: my social worker, government offices, territorial commissions for granting asylum.

P: The social worker say they are doing a lot for me, but it's not true. Nothing has changed. I need the papers, and I'd like to rent a house with my partner. They should help us, but they do not.

Narratives as Facilitators of Posttraumatic Growth

Sense of Responsibility Toward Family in Nigeria

This main theme is characterized by narratives that explain how participants had migrated also at their family's request. Their mission was to carry through the migration project: to get a job in Europe, improve their social status, and help their family in Nigeria economically. They all came from poor families living in small villages in Edo State, and migration was seen as one of the ways to fight poverty. Reconstructing the reasons for one's choices and behaviors, and structuring them within a coherent plot that links past and present experiences is fundamentally important in interventions aiming to promote PTG (cf. Tedeschi et al., 2018). This process is facilitated by taking several I-positions into account, offering them a listening space during the conversation.

Positions. Internal I-positions: I-migrant, I-Nigerian, I-mother, I-daughter. External positions: the brothel-keeper, my mother, my son/daughter.

P: My father died when I was little. My mother raised us alone. She used to go out on the street to sell vegetables. It was hard, so my mother told me that a madam would help me come to Europe for a new life. That way I could help them. So, I left.

P: My family in Nigeria need my help. They are poor, and I have to help them. That is also why I'm here. I'm a mother and I have to raise my son in Italy, but I cannot forget my mother and sisters in Nigeria.

An Imagined Future

This main theme contains narratives about a potential future. Despite all the difficulties and suffering, the worst times are over. Through the dialogical relationship between the I-positions of I-mother, I-survivor and I-migrant, meanings can be generated relating to the resourcefulness and skills that have enabled participants to withstand the adversity they faced. The perception of personal strength after coping with the traumatic experience can facilitate PTG to such an extent that it is considered one of the main factors in the PTG inventory (Tedeschi & Calhoun, 1996). In this specific case, PTG is experienced through a sense of self-confidence and strength expressed by the I-survivor position. The therapeutic conversation can reinforce these clients' I-positions, expanding their life narratives to include an image of themselves as individuals with positive characteristics, skills and competences.

Positions. Internal I-positions: I-mother, I-Nigerian, I-migrant, I-survivor. External positions: my son/daughter.

P: I went through a lot during the journey, in Libya and then on the road. Some didn't make it. I did. I'm here, and—despite everything—I have my son. I feel responsible for him, and I feel positive and happy to be here. The difficult times are over. All that I suffered has given me strength to go on. We Nigerians are strong people.

P: I've suffered and done many bad things that I'm ashamed of. I saw a person die in Libya and a woman drown in the sea. I pray for them all the time and think how lucky I was to survive. Praying helps me to move forward. I'm determined to make it. If I escaped death that means I'm strong at heart.

Discussion

Our research sits alongside other studies aiming to investigate PTG in survivors of a traumatic experience such as trafficking (Evans, 2022; Perry & de Castro Pecanha, 2017; Sheikh, 2008; Schultz et al., 2020; Volgin et al., 2019). Several studies have highlighted the importance of the narrative reconstruction process in PTG (Jirek, 2017; Kara Uy & Okubo, 2018), and of taking a relational perspective in reconstructing trafficking survivors' sense of self (Le, 2017). Our research contributes further evidence of the importance of considering the self as multiple and relational (Gerger, 2009), and the need to recognize and expand I-positions that do not take the role of victim. The main content emerging from our analysis resonates with other studies on mental health in human trafficking, and adds further complexity due to the focus on polyphony, which can facilitate or hinder PTG.

The three general themes identified by our thematic analysis that can be seen as obstacles to PTG because the narratives cast the narrators as victims were: "memories of the migratory journey," "memories of sexual experiences on the street," and "a general distrust." From a dialogical and narrative point of view, when victimization becomes dominant over other narratives of the self (White & Epston, 1990), individuals risk being sucked into a single hegemonic story. The therapist needs to focus on preventing the multiple possible aspects of the self, and the life stories that might develop from being suffocated by a single story of victimization. "Memories of the migration journey" and "memories of sexual experiences on the street" are themes concerning experiences

associated with a great deal of psychological distress, in which participants revealed their psychological distress, pain, rumination, fear, anger, and sense of powerlessness, as seen in other studies (APA, 2014; Hopper & Gonzalez, 2018). Our participants also reported experiencing sexual violence (Hopper & Gonzalez, 2018), and they had experienced high levels of violence in general (Hossain et al., 2010; Hopper & Gonzalez, 2018; Kiss et al., 2015; Zimmerman et al., 2006). The "general distrust" theme underscores a difficulty in trusting others, which is generally seen as a psychological consequence in survivors of trafficking (Cecchet & Thoburn, 2014; Contreras et al., 2017; Hopper & Gonzalez, 2018; Zimmerman et al., 2006). This theme could be interpreted as the result of experiences in which participants felt disappointed and/or deceived, even by people close to them.

Turning now to the two general themes identified as capable of facilitating PTG, these were "a sense of responsibility toward family in Nigeria" and "an imagined future." The first emerged when participants spoke of feeling duty-bound to help their mothers and families back in Nigeria. The prospect of providing them with financial support was strongly motivating. This theme is associated with the PTG model-based intervention (Tedeschi et al., 2018), and specifically with the fourth phase that "involves the development of a coherent narrative that integrates life before the traumatic event, the events themselves, and the aftermath of the event" (p. 148). Within this theme, we find coherent narratives that include aspects of an individual's life before migrating, their migratory journey, their experience of sex trafficking, and their present life. As Tedeschi et al. (2018, p. 148) pointed out, "when trauma survivors see that they can author narratives that will define their lives going forward, there is often an enthusiasm that develops, that points to the final development in the PTG process." The theme concerning "an imagined future" opens up significant narrative possibilities that, if developed, could give rise to new narrative spaces in which the idea of sharing resources made all the hardships durable. This theme illustrates one of the five PTG domains, that is, personal strength (Tedeschi & Calhoun, 1996). As Tedeschi et al. (2018, p. 27) put it, "PTG can be experienced by an increased sense of self-reliance, a sense of strength and confidence, and a perception of self as survivor or victor rather than 'victim'. It can also involve the idea of having survived the traumatic event - a sense that there's nothing a person feels they cannot do." In our thematic analysis, participants felt that, if they had been able to endure all the suffering they had experienced, that meant they were survivors; they drew strength from their past. One participant effectively sums up the personal strength domain of PTG by saying, "*If I escaped death, that means I'm strong at heart.*" This alternative narrative is expressed by the I-survivor position, which emphasizes personal resources, such as strength and determination, and paves the way for new opportunities and life stories. An important consideration concerns how the themes identified changed over time. We identified the themes of "general distrust" and "memories of the migratory journey" in the first phase of thematic analysis. The theme regarding a "sense of responsibility toward family in Nigeria" emerged later. Evidence of the theme "memories of sexual experiences on the street" surfaced at a later stage again, followed finally by the theme "an imagined future." This timeline suggests that it is useful first of all to manage the I-position of "I the victim" and the victimizing narratives by listening and accepting. By allowing the dominant

I-position of victimization to be expressed, we can explore ways to generate a dialogue with other I-positions expressing an alternative or counternarrative. Second, we need to consider that participating in social events and dealing with an experience in a sharing, emotionally dense context can promote PTG (Rimé & Pàez, 2014). Several studies have suggested that, in contrast with the idea of the cathartic value of expressing emotions, sharing an emotion may not lead to its resolution unless there is "systematic cognitive processing" (Rimé et al., 2010; p. 1042) of the shared emotional experience (Rimé, 2009; Rimé et al., 2010). Finally, there are the benefits of collaboratively coconstructing new narrative scenarios in which to make room for the expression of new voices or I-positions. In this sense, even the first three themes we identified as hindering PTG may ultimately facilitate it when considered as part of a therapeutic process aiming to generate alternative narratives and envisage new possibilities.

Exercise of Reflexivity

Taking a relational ontology (Gergen, 2009) and intersectional point of view (Crenshaw, 1991; Hancock, 2013; Hill Collins, 1990), an exercise of critical reflexivity in relation to the therapist's positioning is warranted. In our case, the first author is a Western, man, experienced psychotherapist, while the participants in the study are African, migrant women patients in a psychotherapeutic route. Paré (2013) conceptualizes reflexivity as "holding a mirror" to the counselor's values and sociocultural positioning in relation to class, gender, ethnicity, and other social identity categories. We are aware that this paper is shaped by our being psychosocial researchers and therapists (the first and second authors) who take a social-constructionist approach, looking at reflexivity from a dialogical perspective. Specifically, "dialogical reflexivity involves attentiveness to how counselors, at every conversational turn, negotiate the social positions currently at stake both for clients and for themselves (e.g., 'I'm an expert, you're not')" (Gaete et al., 2018, p. 199–200). As Hosking and Pluut wrote (2010; p. 62), "reflexivity now can be discoursed in relation to the multiple local conventions, norms and interests of the various participating 'forms of life'". This introduces an ethical issue concerning relations between these 'forms', such that reflexivity becomes a relational process (McNamee, 1995), a discursive and performative practice (Gemignani, 2017), a local construction (Hosking & Pluut, 2010). In therapeutic pathways, we create a relational space in which a given form of life does not prevail over another, where multiple voices can intermingle and take part in therapeutic interactions. Reflexivity becomes "a matter of ongoing dialogues throughout the research process" (Hosking & Pluut, 2010, p. 62). Reflective practices may also include reflections on power and alternative constructions through a relational conception of ethics and responsibility. The themes identified are the result of a process of coconstruction in which relational responsibility was valued. As Strong (2002) put it, therapy is a meeting of discursive microcultures. Therapeutic discourses move within a "border zone," in the sense of "fruitful contexts in which to construct new ways of talking, or to reflect upon accustomed ways of talking in generative new ways" (Strong, 2002, p. 246). By adopting a social constructionist stance, the researchers' position is no longer considered neutral; they become part of the relational process through which meanings and narratives are collaboratively negotiated and coconstructed (Gergen, 2015). As in our cases, cultural

differences between therapist and client - in terms of gender, ethnicity, age, and socioeconomic inequalities - served as a resource for intercultural dialogue and made it essential to follow a collaborative approach. In this framework, the best way to relate to migrants and survivors of trafficking (as far as psychological interventions are concerned) is from a "non-expert position" as described in the "not-Knowing approach" (Anderson, 2005; Anderson & Goolishian, 1992) that demands a genuine curiosity, and an attitude that acknowledges the cultural polyphony of individuals trying to avoid ethnocentric views. In this sense, it was necessary at the start of the therapeutic pathways to construct a working alliance based on trust, facilitated partly by the first author sharing his other experiences as a therapist in various shelters for migrants. The third author served as supervisor with the aim of helping to delineate what emerged in the therapeutic conversations, 'listening from afar'. She probed the narratives from a psychosocial perspective, paying attention to the women's construction and reconstruction of identity along their migratory paths (cf. Contarello & Volpato, 1995; Nardo et al., 2006). Especially when victimizing narratives emerged, we felt powerless and welcomed the narratives as such. At times, we felt the distance between our cultural traditions, reflecting on the different ways in which we could listen and interpret what we heard. We thus chose a path of shared construction and negotiation, and when accounts emerged that felt remote to us, the therapist invited participants to explain and clarify their point of view on their stories. Finally, we believe that our curiosity-driven approach and collaborative focus helped to defuse the inequalities and power disparity between therapist and participants.

Limitations

From a methodological standpoint, a limitation of our study lies in that there was no opportunity to ask the participants themselves to check our coding of the material considered. The findings of this study should be interpreted in relation to the participants' cultural background, and the cultural mediator helped us in our effort to do so. All participants were from Edo State (Nigeria) and, although they had different family experiences, they shared the same cultural traditions - such as language and dialects, traditional rituals - as well as the experience of extreme poverty, and the responsibility of being the firstborn in their families. This last condition was especially influential in making the women choose, and sometimes feel obliged to migrate in order to help their family economically and build a better future for themselves. In this regard, the homogeneity of our participants could be a further limitation of our study, especially for researchers aiming to validate more general indicators of PTG in work with survivors of trafficking. Our research aimed to collect participants' unique experiences rather than test hypotheses and, in this respect, we agree with Tedeschi et al. (2018, p. 83) that "qualitative approaches are helpful to discover ways people may experience PTG that might not be captured in standardized scales used in quantitative research... qualitative research can provide a richer collection of data that may assist in understanding the underlying mechanisms of growth, factors that are associated with growth not thought of *a priori*." Future research could thus focus on narratives that promote PTG from an intersectional perspective, including participants of different gender, nationality, and cultural background.

Implications

Our therapeutic pathways were organized with the goal of developing a therapeutic relationship that emphasized multivocality, in which numerous I-positions and coping resources can coexist (De Haene et al., 2012). Approaches that focus on the multiplicity of the self aim to facilitate a narrative openness in which no meaning is definitive, and no individual is contained in a single story (Lannamann & McNamee, 2020). Dialogical Self Theory enables professionals to recognize the polyphony of individuals and manage their complexity. We explored and brought into dialogue the different I-positions adopted in our participants' narratives, in an effort to identify which ones might facilitate or hinder their PTG. We found that the I-position of "I the victim," expressed in the victimizing narrative, prevailed over the other I-positions. In the narratives on the themes regarding a "sense of responsibility toward family in Nigeria" and "an imagined future," we identified unique outcomes (White & Epston, 1990) and/or innovative moments (Gonçalves et al., 2009) in the dialogical relationships between the I-mother, I-daughter, I-migrant, I-Nigerian, and I-survivor positions. In particular, this last I-survivor position offers alternative narratives to the dominant narrative of traumatic experiences, providing an opportunity to cocreate a different story (White & Epston, 1990). At this point, the therapist can facilitate the construction of these alternative stories by externalizing the problem (White, 2007), posing questions about unique outcomes, or adopting specific narrative practices that help to "redevelop rich stories of people's lives and identities" (White, 2006, p. 26). By focusing on polyphony, therapist and patient coconstruct new narratives and make room for alternative stories of resilience and relationship. To do so demands a therapeutic relationship in which "a multiplicity of voices and resources can coexist in dealing with suffering" (De Haene et al., 2012, p. 394). The questions we should ask ourselves are: How can we collaboratively construct narrative spaces in which to generate narratives that counteract the dominant traumatic ones? How can we achieve this together? For this to happen, it is essential for the therapist to take a curious attitude (Cecchin, 1987). We feel it is worth further exploring the relational, dialogical and narrative ways in which participants and researchers (and therapists) can collaboratively transform a victimizing narrative into a growth narrative. If practitioners remain focused only on the negative consequences of traumatic experiences, they risk reifying and amplifying them in the conversation. On the other hand, being aware that there may be multiple stories, and creating opportunities for them to emerge by inviting other I-positions into dialogue, they can facilitate the development of posttraumatic resistance and growth narratives.

Conclusion

Andrijasevic and Mai (2016) wrote that only a minority of migrants working in the sex market are trafficked, and that representations of slavery framing migrant prostitutes as victims are problematic because they obscure the migrants' agency. Mai (2016) found that Nigerian women "accept a bounded degree of exploitation, which they frame as suffering, in order to reduce the socioeconomic hardship, which they also describe as suffering, of their families (and for themselves) in the long term" (Mai, 2016, p. 9). Many of these women are also aware from the beginning of their

migration project that they will be working in the sex market to repay the debt that enabled them to arrive in Europe, though they are unaware of the conditions in which they will find themselves. Mai (2016) concluded that "Nigerian women tend to recognize themselves as victims of trafficking only when the exploitation (suffering) they meet abroad becomes 'too much' in relation to the amount of suffering they had already accepted as part of the original agreement they made back in Nigeria, and when they are prevented from capitalizing on their migratory project" (Ibid.). In other words, in terms of acknowledging the right to asylum and international protection, using institutional categories such as "trafficking victim" can play a key role in the construction of stereotyped narratives (Andrijasevic & May, 2016). Exploring these emotionally intense situations can be helpful in understanding more about the human condition of agency, and the possibility of growth from a traumatic experience. In fact, our thematic analysis suggests that Nigerian survivors of trafficking share I-positions that harbor a dominant narrative of victimization and distrust. We also identified other I-positions capable of developing an alternative narrative. Exploring and bringing into dialogue different I-positions that can foster an alternative narrative to the dominant victimizing narrative can create an opportunity for PTG. Proposing new dialogical narrative scenarios can make it easier to manage individual difficulties and build narratives that emphasize the personal resources and skills of the survivors of trafficking.

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