



Asylum Seekers and Refugees: An Ethno-Clinical Approach

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'Ethno-clinics' is an impossible word. Defining 'ethno-clinics' is like placing a label on a name, concealing the polysemy of the term. We choose such a word because it is rarely used as a way of doing clinical work in psychotherapy (Dubosc, 2016; Salmi, 2004) but we have chosen not to place a 'registered trademark' on it, as it usually happens in the 'free market of ideas.' The word 'ethno-clinics' is a composition of two words that we will analyse in this essay. We will stress the difference between refugee and asylum seeker due to the generic use by the media of the word 'refugee', which is convenient in hiding the fact that the vast majority of immigrants to Europe, in present times, are just asylum seekers; precisely, since Europe does not recognise the human rights of the Other and rejects immigrants, not granting asylum and pushing those people into the backdoor. Nevertheless, ethno-clinical work does not practice antagonism; it deals with the particular small differences that subvert the complete representation of identity. In Bateson's (1972) terms, a difference that makes a difference. The practice we describe is exercised in the context of a Cooperative Organisation, named *Ruah*, in Bergamo, Italy.

Keywords: ethno-clinics, glossolalia, xenolalia, language, body, PTSD, sorcerer, jijn

Key Points

- 1 An ethno-clinical approach involves considerable complexity.
- 2 'The Method' is not 'the Model.'
- 3 Asylum seekers and refugees face different challenges adjusting to life in Europe.
- 4 'Languaging' is about different ways of using language: from glossolalia to official idioms, passing through a variety of sounds and senses.
- 5 The European political situation affects the physical and psychological health of both Europeans and new migrants.

Methods: Particular Minutes

The three authors of the present article work together in a non-profit community (the Italian name is *cooperativa*) called *Ruah*. In Hebrew the word spirit may be translated as *Ruah*, a name holding a feminine connotation. In the Old Testament, the Hebrew feminine word *Ruah* has two significant meanings connected between them: *wind* and *breath*; the meaning of these further divides into *strength* and *life*. This is the root, the etymology, of the word *Ruah* that we would most commonly refer to as a *puff* or the action of *exhaling a single breath*. Since, for us it is such an event, a puff or a breath, that marks the arrival point of a journey that started long before. The biblical book revolves around the meaning of *Ruah*; in its invisibility we feel its

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rhythm, its constant motion, the single breath as a vital force that is the soul and supporter of every single step we take (Finco, 2010).

For more than 25 years a cooperative organisation named *Ruah* in the area of Bergamo, near Milan, has been dealing with migrants, asylum seekers, and refugees. During recent years, faced with a remarkable number of asylum seekers coming from Asia and Africa, due to the spread of war across the world, *Ruah* opened the Ethno-clinical Center *ForME*, which is the clinical department of *Ruah*. ForME has multiple meanings, it works as a whole, meaning shapes, forms, something to do with arts, or artisanship, and it is also a kind of acronym of *formazione* (training), research, mediation and ethno-clinics. It means that we engage in all these endeavours (training, research, mediation, and ethno-clinics) with the practitioners working in the *Ruah* community. Additionally, we propose an open encounter with other institutions (hospitals, schools, psychiatric units, courts, 'welcome centres,' medical institutions, and NGOs), who deal directly or indirectly with asylum seekers and refugees.

Pietro, besides being the Director of the Milan Center for Family Therapy – founded by Luigi Boscolo and Gianfranco Cecchin – is a trainer and consultant in the field of Systemic Therapy and Psychoanalysis in different areas in Latin America. He is also a Professor of Clinical Psychology at the University of Bergamo.

Rita is a Doctor of Philosophy in both Anthropology and Clinical Psychology in both the Universities of Paris and Milan. She has previously been in Mali, for the last several years, where she was able to learn about traditional healing; as well as in Senegal for research concerning Koranic schools of the country. Finally, she is also in contact with traditional healers in Italy, France, and Senegal.

Fulgenzio is a Senior Psychiatrist who has been involved over the last 30 years in the Italian process of implementing the so-called Basaglia Laws, approved in 1978, nevertheless contrasted by the Psychiatric Powers in many hospitals and outpatient units. He had been the Director of the Psychiatric Unit of Treviglio (Italy) before retirement.

Our work may not be reduced to 'just doing psychotherapy,' our aim with ethno-clinical work is helping the whole community and, possibly, the territory to face the humanitarian phenomenon of asylum seekers. Precisely since it affects migrants, their communities in Italy, and practitioners of all sorts, who are dealing with it as well as ourselves. Ourselves as part of the same system of de-territorialisation (Deleuze & Guattari, 1984) of the world, which is a positive change, that subverts the European idea of Nation as a stable locus of dominion and property, but, for the same reason, an area of strong social conflict.

Following Wilfred Bion (1961), we think that groups and institutions cross 'psychotic phases' and become, sometimes, 'psychotic systems,' stuck in an endless repetition of the same iatrogenic practices. The European political and social climate in the present time does not facilitate change from this way of being. There are different reasons for a system to be transformed into a psychotic one: budget cuts, increasing prescription of psychotropic medications, and the side effects they produce; at the same time, the ideological propaganda that medications are sufficient to produce well-being and fight mental disorders, but also the insistence of some psychoanalysts on seeing patients 4/5 times per week, in an endless therapy. All this, in cases of poverty, ethnic dissonance, and marginality places the whole disease on the family's and solidarity organisations' shoulders.

If this is a cause of concern in the social and healthcare environment within the local population, one can only imagine what is going on within the ethno-clinical setting. There are a lot of examples where, during the night, delusional young men are brought to psychiatric emergency. Usually they have recently crossed the Mediterranean Sea as survivors, out of the hundreds of dead people, in one of the weekly wreckages that is happening here. The emergency doctor makes a diagnosis of Post-Traumatic Stress Disorder, prescribes a psychotropic medication, which in the best case has no efficacy at all.

There are also a lot of examples where a man feels severe pain in some part of the body: legs, preventing him from walking, stomach, preventing him from eating, sex impotence, impeding his erections. In these cases, usually 'welcome communities' have no other alternative than asking for a general practitioner's assessment. GPs send them to the hospital for exams which are usually negative. Nevertheless, the pain and impotence continue.

Some communities are trying to involve the 'guests' to help them, using communitarian therapy, as in the asylums during the 60s and 70s (Bion, 1961; Fanon, 2015). Sometimes this is successful, when the 'guests' are less than 30/40 people, although recently – particularly after Libya's radical political change – there are communities of 200/300 people who live altogether, they flee from Libya's tortures and enslavement, a fact that Europe knows, but ignores.

What does all this have to do with the clinic? Clinic is something that deals with particular minutes. How should clinical work be carried out in the environment described above, with such a political climate?

Method is not Model, or abstract theory. It is instead a way of approaching things. The literary example of the novel *Acquainted with Grief* by the Italian writer Carlo Emilio Gadda, can be considered a good metaphor concerning our work. It is a novel regarding a young foolish man, an engineer, whose name is Gonzalo. He belongs concurrently to a fictional place in South America and to a Northern part of Italy. It is not that these two places are different, there is instead an overlapping of a double experience. The novel is written in different languages: Argentinian Spanish – with different variations from the other multiple ways of speaking Spanish – Italian and a vernacular variation of Italian, that is *Meneghino*. The diverse idioms make the novel particularly complex, even for the Italian reader.

In *Acquainted with Grief*, there is a sort of anti-narrative: behind the use of those languages, the novel recounts the grief of Italy between 1938 and 1945. It was a dark period in Italian life, during fascism, due to the introduction of the racist laws by Mussolini in 1938. Gadda's novel is a polyphony of idioms during a period where talking other languages, apart from Italian, was strictly prohibited; at the same time this kind of heteroglossy was covering the satiric and bitter critique of the fascist regime.

For some reason we can assimilate our way of doing ethno-clinics to Gadda's composition of this novel. The title *Acquaintance with Grief* means for us that people we meet every day know pain in the particular minutae of their own bodies. They deal with torture, wounds received in Libya, ritual enslavements suffered in their own countries, any kind of threats received by terrorists or crime organisations.

The novel's style allows the reader to make sense of what dealing with a plurality of languages feels like:

1. local languages (*ethne*): Youruba, Malinke, Poular, Hurdu;
2. plurality of vehicular languages like different types of Creole, Pidgin, even Italian dialects;
3. colonial languages (Arabic, English, French, Portuguese, Spanish);
4. Italian language, going to be learned at school, or on the street.

The content of Gadda's novel stresses the need to be 'heteroglossic' (Bakhtin, 1982), as Gadda was, when criticising the fascist political regime, dissimulating his critic on expressing it into another country, language, and environment. As in Gadda and Bakhtin, the storytelling is not always created for the edification of readers, stories spread out by the impossibility to transmit compact information. Every story is told inside a context, and the context changes the recounted stories. It is on this field that the encounter between clinical and ethno-graphic practices takes place.

Ethno-Clinics

The mainstream words for designating our practices in the French-speaking world are 'ethno-psychiatry' or 'ethno-psychoanalysis,' while in the Anglo world the accent is on the word 'culture': 'cultural psychiatry,' 'transcultural psychiatry,' 'cultural psychology.' We prefer not to use the word 'culture' to define our work, because it is too simplistic and misses the strength of the material experience of the living body inside, or outside, its own community. Reality is segmented (Latkowska, 2015) in a way that makes it much more than merely cultural. Hence, when we use the word 'reality' we do not imply reality as a social or linguistic construction. As such, we prefer to follow the corporeal philosophical conception of the term reality (Deleuze, 2007; Shotter, 2008; Pakman, 2014), that has to do with the real presence of physical pain, torture, war, and enslavement; situations where the body matters and plays a central role; as it were, *It* talks.

Body grammar is different from language syntax; it is made of biological substances like blood, gastric acids as well as broken legs, amputee arms, and signs of torture. Consequently, when we talk about grief, it is not enough to say: 'I suffer' (Deleuze, 1980; Scarry, 1985). '*I*' and *grief* are still too far apart. Maybe it would be best to say: '*It* suffers,' because the body – the *It*, so to speak – and the grief are agglutinated within one another, as a set that contains the set in which is contained, like in a Möbius strip.

The differences between different worlds are ontological rather than cultural and these differences concern real everyday life: movements, positioning of the body, gestures, hands, and facial expressions, what Guattari calls 'faciality' (Guattari, 2011). In Gregory Bateson's words (Barbetta, 2017; Bateson, 1972; Dell, 1985) ontology is made by differences in material things – and our bodies are material things – epistemology is a difference in the ways of thinking things. If one refuses to eat something because it hurts the stomach, it is different from refusing to eat something because someone thinks it is unhealthy. The first case is ontic, the second one epistemic.

Ontology

It seems to us that, under the word 'culture,' anything goes. Can ritual murder, ritual torture, female castration, enslavement of women for prostitution, mistreatments in family, violence, riots, dictatorship – just to give few examples – be considered

‘cultural’ practices? In a kind of *double bind*: the claim to respect any culture (culturalism) paradoxically clashes with the issue of respecting Human Rights (universalism). Where are the boundaries to be set between respect of ‘other cultures’ and respect of the *habeas corpus*? When can an action, or an event, be accepted as ‘cultural,’ or rejected as violation and abuse? This has to do with what we call ‘moral order’ and is directly linked with ontology. Deep- in the seabed of Mediterranean, there are thousands of black corpses who do not care about the way you call them because the matter is not ‘discourse’; the matter is ‘life and death’. In this sense ‘ontology’ and consequently the word ‘ethno-’ appears to us more appropriate than the word ‘cultural.’ Precisely, it is the proof of all those human remains in the sea that are carrying the Western world, particularly Europe and North America, out of the quiet and confusing fog of social constructionism. Ultimately, making them face the true existing ‘reality out there.’ A reality which you can touch with your hands, smell, taking a bath at the beach during the summertime and see all the floating corpses coming towards you.

Epistemology

How far should ‘respect’ for the ‘culture’ of the ‘Other’ go in evaluating ‘un-proper words’? To consider the word ‘black’ not proper to be pronounced, even when it means the colour of a screen or a dress? Should people say, in such a multiculturalist world, ‘dark’ instead of ‘black’? This is the concern of epistemic moralism. Paradoxically all this ‘policy of language’ is reminiscent of Orwell’s ‘talking in Newspeak’ – an expression used by the author in the novel *1984* – reversing all the good polite proposals in their opposite. The risk we are taking with this ‘sacralised’ respect for ‘cultures,’ no matter their practices, is a facade that hides the obscene xenophobia, what Kristeva (1982) names ‘abjection.’ The paradox of the fear of the Other’s reaction, the evil conscience of colonialism, pushes the right-thinking bourgeoisie to be polite about every actual ‘ritual’ or ‘tribal’ violation. We think that this kind of ‘multi-culturalism’ is at the base of any social-phobia within the Western world. Also, from this idea stems the notion that, for doing therapy with the ‘Other’ you should be the same as the ‘Other,’ which paradoxically means: ‘making no difference’ at all (Alcoff, 1991).

We are not the same within different ‘cultures’; we are rather deeply enmeshed in different ‘biologies’ (Viveiros De Castro, 2017), in the sense that we live different lives (*bios*), illnesses, pains, wounds, deaths. Hence, it is a fact that the current ‘inflation’ of black corpses in the Mediterranean Sea makes them less valuable than the white ones, because the main interest of Western society is ‘value.’ This is not a new concept; it is well established that racism came about from the wrong scientific ideas developed by biologists and psychologists between the end of the 19th century and the beginning of the 20th century in the US and Europe. It has to do with the obsessive idea that science is a procedure of measuring things, and, among other things, animals and human beings (Barbetta, Bella, & Valtellina, 2014; Gould, 1981).

The simple fact that Western medicine does not produce clinical evidence concerning pain in the body (Scarry, 1985) of asylum seekers and refugees does not mean they have no grief, or that this pain is ‘socially constructed.’ On the contrary, it means that the *acquaintance with grief* of the refugee, the asylum seeker, the deportee, the prisoner, the fool, the rejected subject, the tortured one, the homeless, the

pregnant woman, the old man, the child – all this grief is ontologically different from the pain of the white Western man (Merleau-Ponty, 2003).

The Prefix Ethno

Ethno means people, nation, culture, caste, tribe; it has a family resemblance, depending on the use you give it. The sense of ‘ethno’ is: a group of people with the habit of living a life together, in a community, acquainted with what is *taken-for-granted* (Schutz, 1967) within the community. Within the familiar community, people usually share the same idiom, accent, dialect, slang, and corporeal codes. They constitute the ongoing reality and have their proper ontology, things are really going the way they live, not the way they think, the presence of what we, in Western psychoanalytical society, call ‘the unconscious’ is the presence of jinn, fetishes, deities, visions, body marks, physical pain, etc. The unconscious is inhabited by real presences (Steiner, 1989).

‘Idiom’ is different from ‘language’ for it appoints to a singularity. It derives from the Greek *idios*, an adjective indicating the ‘proper’ – the one to belong to – the particular. Idiom is maybe at the origin of any language. The phrase ‘to share an idiom’ seems an oxymoron, a paradox, into the reality (Barbetta, 2015). Starting from the idiom, we are forced to recognise that communication is inhabited by something uncanny, or misleading, that any translation is an act of betrayal.

For these reasons, Gregory Bateson (1972) claimed that ‘information,’ far from being a compact unit, is ‘a difference that makes a difference,’ something that must be decomposed in bits. Maturana and Varela (1991) went further, claiming that there is not something such as ‘information.’ It is impossible to inform someone about something; the term ‘information’ should be replaced by the term ‘perturbation.’ Even though myself, and my partner in communication, would be homozygote twins, raised in the same environment, we are not ‘linguaging’ (Ivi) the same idiom. ‘Linguaging’ is a unique/multiple practice at the same time. Maturana and Varela use the term ‘linguaging,’ instead of ‘language,’ to indicate the ongoing process of exchange of perturbations, which characterises the relationships in-between the living beings. In the social world we talk about ‘idiom’ (from Greek *idios*) to stress the relative closure of an open system.

In social terms, the interaction of the subject with the Other is just an exchange of perturbations, a structural drift that makes sense within the cognitive domain of the Other. It is not ‘awareness,’ it does not refer to a specific skill, it makes the sense of *acquaintance*, as in Carlo Emilio Gadda’s novel whose style of writing indicates the dark and, at the same time, vivid sensation of a wounded body, a body injured by human stupidity (the proper French word for this is *bêtise*).

In our view, perturbation goes together with making difference. Any attempt to instruct or inform someone about something is constitutively colonial and orthopaedic. It appears throughout the ecological *de(in)struction*. It pretends the ‘use’ of the identical/dominant language, imposing the same/dominant identity. At the same time, the culturalist claim of doing therapy only with people that completely share your culture – whatever ‘culture’ can be intended – seems to create the paradox of ‘no instruction/no perturbation.’ If anyone talks his/her proper idiom, then nobody will talk the language of the ‘other’; at first, the other which belongs within the same

subject. As Derrida (1989) claims: 'I have but a language – yet that language is not mine.' Humans are endlessly entangled in this double bind.

The French word *bêtise* (stupidity), used several times by Gilles Deleuze and Felix Guattari (1988), makes it clear what we are meaning: *bêtise* is the idea of fulfilling the 'structural drift', making a fulfilled *Self*; that is, the idea of the possibility to instruct a living system from outside, to pretend that a conscious purpose should work. Indeed, 'conscious purpose,' as Bateson (1968) claimed, works for the worst. The ideal of 'making a fulfilled *Self*' has its ironic implication in two characters in English Romantic Literature, first Mary Shelley's (1818) *Frankenstein*, and later the 'double' *Jekyll/Hyde* in Robert Louis Stevenson's (1886) novel. It is not by chance that our bibliographical references concerning the question of 'making a fulfilled *Self*' go back to *Frankenstein*; this seems to us precisely the ideal present time in the health care world, when brain becomes homologous to society, with the ideal of mending brains in order to make people more adapted and integrated to society (Ortega & Vidal, 2017).

A Clinical Case of Glossolalia

Premise

In the Bible of the Seventies, *ta ethne* is the Greek translation of the Hebrew *goyim*, plural of *goy*, which means nation. It designates the other people, even though the Messiah's arrival will save the entire humanity. Amongst Christians it happens at the arrival of the Holy Spirit: throughout the Pentecost the Apostles learn different languages. From a historical point of view, we are referring to the monotheistic influence on the Greek and Roman worlds. It seems a kind of Spiritual madness, in between mystical experience and delusional disorder, called *glossolalia* or *xeno-lalia* (from the Greek *Xenos*, with the ambivalent meaning of Stranger, but also Friend). Although such a delusion is not called schizophrenia and has not yet been entirely colonised by psychiatric discourse, the extraordinary phenomenon of learning a foreign language in a few days, and speaking it as a native, is still a mystery in the realm of cognitive psychology.

Pietro remembers an episode defined as 'onset of psychotic disorder' in the psychiatric dominant discourse, which flowed into *xeno-lalia*. Ramona, an Italian woman who works in a weapons factory, suddenly started to speak fluent Brazilian Portuguese, having just come back from 30 days of *Candomblé* in Salvador Bahia. Ramona's travel to Brazil was the first time she had taken such a long journey, having never been outside Europe, and belonging to a strong Catholic community and family in the north Italian countryside.

Even though, into the psychiatric epistemology, this phenomenon is usually called 'psychosis,' nevertheless it ontologically indicates the hyper-reflexivity of such a 'psychotic' experience. Far from being an impoverishment of thought, as schizophrenia is considered by mainstream psychiatric discourse, it shows a surplus of creation: the capability of being part of a foreign community that suddenly becomes so familiar to make you appear as a native, it seems to be a sudden and whole process which incorporates an entire system of codes and habits, a kind of an ontological conversion. We should say that Ramona, after the *Candomblé* experience, belongs to the Brazilian community of Bahia. Has the *Candomblé* real influence on this process of conversion

into a different system of codes transforming something uncanny into something familiar and proper?

Candomblé is a transformation of the African *Voodoo* ritual. It was implemented, in Brazil, into the slave communities of people deported from Yoruba villages (what now we call Nigeria) by the European slavers. The encounter with Catholicism transformed *Voodoo* (Finco, 2014) into something different. Slaves, conversion created a new kind of spiritual practice, mixing African deities and Catholic saints. The black Saint Benedict, a follower of the Franciscan Order, became an Orisha – a kind of minor divinity in Yoruba religion – and a Christian saint, as you can see when visiting the Church Nossa Senhora da Lampadosa in Rio de Janeiro (Dubosc, 2016).

Ramona comes to the Clinical Centre of Family Therapy with her parents. The symptom described by Ramona is the refusal to drink cola and other alcohol-free drinks, because ‘such drinks contain lethal poison.’ She says that it happens when they say that the recipe is secret. Ramona says that, in such cases, the customers have full right to suspect they put poisons inside. In the ongoing conversation, the therapists must admit that she is right thinking this. Some who had been in Argentina say that, over there, a lot of people drink an Italian alcoholic product called Fernet Branca, which also has a secret recipe. Surely in Argentina there must be someone convinced that Fernet Branca is also poisoned?

The conversation opens a space for talking about the fact that poisoned drinks or foods frequently come from abroad, from exotic places far away. Ramona adds that this is an issue that comes from tales in which people go abroad to save the princess, the hero needs something magic to carry with him to defeat the enemies, usually a poison or a magic stick, and in the contrary movement, the enemy (like the witches) comes ‘here,’ and carries poison to kill the ‘good people.’

Roland Barthes (1981) would call this movement in conversation a shift from *studium* to *punctum*: the experience of being poisoned by non-alcoholic drinks coming from abroad (*studium*) shifts into the Italian influence over Argentina, inhabited by uncanny elements, as well as the North American influence on Europe (*punctum*). Additionally, the ongoing conversation emphasises fairy tales concerning the same issue. Ramona is engaged in this kind of conversation. In some way she appears enchanted by the fact that we are not just listening her, but also adding the parallel with Argentina. Ramona’s parents appear perplexed as if we, and Ramona, are entangled in the same delusional process. After the first session with her family, Ramona decides to come to therapy alone; she has things to say that she does not want her parents to know.

Ramona is working in a weapons factory. Since she has tiny fingers, she assembles pistols. She does not have a stable partner and has strange sexual encounters with men who are much older than her and not at all attractive to her. She masturbates them, getting ‘a tip’ in exchange for the ‘treatment.’ During these practices Ramona avoids being involved with her body, as she says: ‘I just do as I was assembling pistols, I say this during the encounter, which helps the men I am masturbating to come faster.’

Our meetings continue until she falls in love with a policeman. From this moment onwards her idea of being poisoned by cola seems to have vanished and she abandons therapy. Nevertheless, the love story only lasts a few months and Ramona comes back to therapy. During the same period Ramona’s father goes to Africa for missionary Catholic work. Ramona has a strong reaction to this news, much stronger

than her mother, who was probably eager to get rid of this man. In one of the next sessions, Ramona tells the therapist that she repudiates her father from this day on: 'He has a lover there!'

During the same time period, Ramona makes friends with a young Brazilian woman who has the same job and works near her; they go to dance classes together. This woman talks about the *evil eye* and tells Ramona to go to Salvador Bahia in order to be cured by the *Candomblé*. Ramona decides to leave Italy and go to Brazil. She stays in Salvador for 30 days, then she goes to Rio de Janeiro, 'ravaged from the savages and brutal practices' – in her words – of *Candomblé*. When in Rio, she meets an old healer who tells her to come back home. At this moment, as in the Pentecost, all of a sudden, Ramona learns a new idiom that helps her talk the language of tenderness. But such a new language, coming from a brutal experience in Salvador, transformed into tenderness in Rio, has to be spoken with whom? The answer Ramona gives is: her father.

Ethno, in this case, is a prefix showing multiple differences: our people/other nations, we/they, distinctions that could be politically un-proper for puritan eyes. Ethno-clinics does not deal with different cultures. It is matter of ontology. In Ramona's case, a different language has been incorporated, not learned. As in a cannibal experience (Viveiros De Castro, 2017) the language is swallowed. For Ramona, the Portuguese slang used at Salvador Bahia is not a second language, it is not even a mother language: it is a language in-between (Bhabha, 1994).

The Suffix: '-clinics'

The word 'clinics' designates laying on the bed, but also the movement of reclining down, to bend. *Kline* (Greek) is also the presence of a fold, an endless fold. The positioning of reclining creates a new gaze on the other; at the same time, the position of the other, who lies on the bed, obliges you to take a different gaze, a different point of view. The scene we are thinking about is not the psychoanalytic bed, it is that of the subject who is losing her/his gaze, staring in the void or sitting on the sofa with the head reclined on her/his body. The issue is where and when the other, the therapist, can make the encounter of the eyes, or the voices, or the hands caressing the head of the Other, not hurting the Other, respecting her/his timing.

As in the Baroque (Deleuze, 1982), the search for harmony is a composition. A set of dissonances creates the accord between differences. Clinic is the process of creating an accord, a complex link, enriched by dissonances (folds) that create harmonies beyond the discords. It is much more than a simple dialogue, or a collaborative practice taken for granted. For us, dialogue is not a point of departure, it could be a point of arrival, but dialogue is not enough, there must be something else.

The ideas of Gilles Deleuze and Felix Guattari (Guattari, 1988; Deleuze, 1997) as well as Gregory Bateson (1972) help us to think of clinics as a critical practice. It deals with the thought of difference as an alternative to mainstream Western philosophy: the dialectic. 'Dialectic' is a composition of opposite identities: dial-hectic, a speed dialog: a process of rapidly resolving a problem by contrast. Even into post-colonial thought, the masculine white identity is created in contrast to a cultural otherness, for example, feminine and black issues. Christian, Muslim, Jewish identities do not exist except in contrast to the Other identity.

Those sharp sociological contrasts lose the nuances of the bodily experiences. In a different way from the present post-colonial mainstream, Franz Fanon (1986) observes the white masks that cover the black skin of the colonised person, the incorporation of colonial discourse by the black man from Antilles who lives in Paris. Fanon more than criticises the Western vision of the East as in post-colonial studies (Said, 2003) observes the opposite process: the acquisition by the colonised man of the system of thinking of the coloniser. This is a complex phenomenon of internalisation, an acquaintance to be recognised by the landlord, a grey zone (Levi, 1986) for colonial subjection. In a wider sense, Fanon describes what Guattari and Deleuze (1988) call 'faciality.' By faciality (*visageité*), Deleuze and Guattari mean the facial expression, which makes sense of an event that is happening here and now, the facial reaction to the ongoing events of life.

There is a dominant faciality, which is the institutional reaction of the face in front of something taken for granted and there is the dissident faciality, which creates a 'line of flight' from the dominant expression. 'Line of flight' is a term taken from bird movements, as in the flight path of something travelling from one place to another. If the black, feminine, child, wounded body marks the sharpness of difference in a molar way, there is still the body which expresses molecular differences and 'lines of flight' from the dominant experience.

Regressing to the subtle expression of the face (faciality) and the other organs, before they compose themselves in an organism, we are also arguing about the 'necessary presence' of the so-called 'cultural' or 'language' mediator. Is the language mediator always necessary? What do we lose within the relationship when using the so-called 'cultural' or 'language' mediator?

Fanon (2015), in an essay titled *The Social Therapy in a Service for Muslim Men: Methodological Problems*, writes:

The translator is maybe useful when dealing with simple things, or in the case of transmitting orders, but the interpreter is not valid in a dialogue, a conversational exchange of questions and answers ... As Merleau-Ponty said: "speaking a language is bearing the weight of a culture" (p. 238, our transl. from French).

It is clear that Fanon's use of the term 'dialogue' is not something to be taken for granted in any situation; on the contrary there could be instances in which the 'good will' of translating everything in language stops or bars the possibility of new ways of faciality and body expressions; transparent translation blocks 'linguaging.'

Fanon's clinical work, as a community psychiatrist in North African hospitals, comes from the relationship between Fanon and the Institutional Psychotherapy at the La Borde Clinic in France. The organisation of Institutional Psychotherapy in North African hospitals has been a source of interest for our work today in ethno-clinics. It concerns the difficulties of creating relationships with patients every time we have difficulties communicating with medical doctors, social workers, and practitioners inside the communitarian institutions that give hospitality to asylum seekers.

As the term 'asylum seeker' suggests, 'welcoming communities' tends to turn into Asylums in Goffman's (1961) terms and we are facing the task of de-institutionalising the so called 'welcome centres' – repeating Fanon, Ronald Laing, and Franco Basaglia during the 1960s and 1970s. Nevertheless, the European social and political climate has changed, and the disposition of policies in present times is worse, with the

resurgence of xenophobia and nationalism within the so-called ‘European Tribe’ (Phillips, 2000).

Stuck with an endless repetition of the same rejection of the wide majority of asylum seekers coming from Africa and Asia, Europe is prey to right wing nationalists who, on the one hand proclaim the expulsion of the strangers from the country – knowing that this is an impossible job – and on the other, instigate the population to mobilise against the increasing number of clandestine European populations. In this process, Islamist terrorism and radical fanaticism of any kind (neo-fascist, neo-communist, radical animal rights terrorists, radical anti-abortionists, religious fanatics), seem to take advantage to prepare a new ‘clash of civilizations,’ as prophesied by Samuel Huntington (1996).

A Story within Ethno-Clinics

Youssef is the name we use for the person in this story, referring to Youssef Tata Cissé, a popular anthropologist and West African *chasseur’s* guild researcher. Youssef is 30, Malinke, and comes from the Ivory Coast. Youssef lives in a refugee centre near where we do ethno-clinics. He is waiting to be conveyed by a territorial committee in order to obtain international protection. He was tortured in the Ivory Coast and imprisoned in Libya. Youssef is referred to the ethno-clinical team as potentially in need of a consultation concerning his severe physical pains and repeated nightmares that keep him awake. He agrees to come to our group.

The ethno-clinical team encounters Youssef in the presence of the three authors and the referring practitioners of the community in which he lives since he has been in Italy. Usually, these meetings last about two hours, depending on the situation. In Youssef’s case, all the conversations were carried out in the colonial French language, one of the languages Youssef speaks as a mother language, even though it is not the only one he speaks as a mother tongue. By speaking in French, Youssef helps us to facilitate the dialogue, knowing that we could need an interpreter if he uses Malinke or other languages. At the same, he says that he is sorry for his poor French; however he speaks French like a native. Rita is the only one of us who speaks fluent French. So, Rita and Youssef start to talk while Pietro and Fulgenzio understand most of the conversation and, when they do not understand, they interrupt and ask for a translation. Or when they want to say something, they can speak French or Italian directly and be translated by Rita.

Youssef’s mother died when he was a child. Together with his sisters he grew up with his father’s second wife. His stepmother, who mistreated and abused them, forced them to leave the house before he and his sisters were adults. So, they moved to their elder brother’s house.

Youssef (in French): We were always reprimanded . . . Sometimes we fasted and in order to justify that to my father she told him that we made something wrong although it was not true.

All his brothers and sisters left their village and moved to the city. They stayed together for only one year, and after that the elder brother moved to Sweden, where he married and had two children. Meanwhile, in order to maintain his family, Youssef obtained a driving licence and found a job as a driver (in French the word is *chauffeur*) in the cocoa transport sector. He tells us that, at that time, there was a civil

war in Ivory Coast. Soldiers, loyal to the former president, were on the other side of the border he had to cross with the truck after he loaded the cocoa. After crossing the border, the soldiers stopped him and the other people on the truck, accusing them of carrying weapons to enemies via cocoa transport. Soldiers ordered them to get off the truck and they took the remaining earnings of the cocoa trade and part of the cargo. The army men undressed Youssouf and his colleagues. Youssouf was hit and tortured until he fainted while his friend was brought to the vice-chief and ‘abused like a woman.’ Youssouf does not remember anything after he fainted, he woke up tied to a tree at 2.00 a.m.; his aggressors had gone, thinking he was dead. Youssouf’s body was rescued by a hunter (in French the word is *chasseur*).

Youssouf: I told the *chasseur* what happened to me and to my friends . . . he brought me to the hospital with my truck after he recovered my clothes.

During the journey, police stopped them. At first, the police did not believe their story, but, noticing Youssouf’s injuries, they escorted him immediately to the hospital. Youssouf phoned the truck landlord, but he denounced the man, not believing his story. The next day the truck landlord retracted his denunciation because he met Youssouf’s colleagues, understanding that the aggression actually happened. Instead the *chasseur* remained in custody and was liberated later on. Worried that the soldiers could find and kill him, Youssouf decided to leave his village because it was near the place of ambush. He sought refuge in another area of the Ivory Coast, inhabited by people designated as rebels and lived with them for eight years, working as a *chauffeur* and learning to shoot and to defend himself. Meanwhile, his brother and his sisters died one by one in the war, and, through illness, his brother in Sweden also died.

Youssouf: These are my problems, the thoughts mingle in my mind . . . I lost five relatives since 2011, one per year. My brother and me were afraid that something could happen to us, too.

During his stay in the rebels’ village, the soldiers came and tried to kill him during the night in his sleep, but Youssouf was not there. In order to survive and protect himself, strengthened by the rebels’ experience, but still persecuted by these several deaths, Youssouf decided to come to Europe. The team tries to help in reconstructing his story. All of a sudden Rita says something that was striking all of us: Pietro, Fulgenzio, the Practitioner who was with us, and even Youssouf:

Rita (in French): You are like a living dead, part alive and part dead. You have got the *chasseur* peculiarity. *Chasseurs* have a dual nature in order to be able to hunt. Their secret is to become *invisible*.

This statement takes Youssouf to his father’s world. His father told him that he has been a *chasseur* in past times, but he quit the hunt after having many children. Hunting did not allow him to nourish his family, so he dedicated himself to farming. We underline the concept of *invisible* (Finco, 2017) and reaffirm that it is possible that Youssouf has this *invisibility* gift, even though he does not know it. At this point, Pietro says:

Pietro (in Italian, then translated by Rita in French): This is the hunter’s knowledge, “not knowing about knowing.”

This remark concludes the first meeting. We meet Youssouf a month later. He seems to be still interested in what he calls ‘the revelation’ about having the

invisibility knowledge, and the assonance between his job (*chauffeur*) and his father's one (*chasseur*); they sound very similar.

Youssef: I want to understand this knowledge, when I am invisible and when not . . . I need someone that could explain it to me, because by myself I could not do it.

Still he remains in the *chauffeurs*, world, where he was almost a dead man, but when he entered the *chasseurs* world he revives. It is about a small difference in the syllables, two 'fs', are transformed into two 'ss': *chauffeur* becomes *chasseur*. When the hunter saved him, he came back to life. Both the episodes taught him something about who a *chasseur* is and about himself. In some way, not only was the hunter the person who subtracted him from death, but also the father's 'real presence' brought him away from the world of death, to life and to his real group membership. Like an animal, the *chasseur* is predator and prey at the same time.

Rita: The art of hunting is the art of making oneself invisible.

In order to stay alive, Youssef crossed the borders of invisibility, learning the art of camouflage but not being aware of it. Nevertheless, this unique heritage, from the past from his father to him, placed the young man in a heavy situation with his dead relatives.

Youssef: God decided my relatives' departure, but I do not understand why they started to die one by one; my mother, then my father, my brother, my sister, but not me. Why did God choose me to be alive?

The group discusses with him the boundaries of being part of a confraternity of hunters. Youssef, indeed, had previously told us that his father had left the confraternity, without being aware of the severe consequences of abandoning the group, since the *chasseurs* for their predatory attitude are also big sorcerers. This implies that the *chasseurs* must regularly perform sacrifices in order to have the invisible beings acting on their side. When, for any reason, this ritual is interrupted, the invisible beings get their sacrifice, thus reminding the person that the boundary previously established must be respected. One of the ontological possibilities of this is that the shadows, which belong to the confraternity, do not recognise the subtle difference between the two sounds: *chauffeur* and *chasseur*, leaving him in peace for believing that his job is belongs to the confraternity. Youssef remembers the *jiin* his father used to name and to regularly pay sacrifice to. In this moment, Youssef connects his story and realises that he is now the head of his family, the one in charge of succeeding his father.

We were facing a situation that everybody knows very well: the tragedy of the survivor of the massacre of war, as for Primo Levi, witness of the Holocaust. To live means to witness a collective and family story that is otherwise lost. Youssef's legacy to the world will be his painful and sad words, and his story. At the same time, Youssef is a man raised in an *orality world*; he could not remember the same way literate people remember. It is not by writing that memory comes back, it is by rituals. Youssef's orality (Ong, 2002) teaches us that sensibility and intelligence are characteristics which go far beyond the human education, and hence are non-measurable. The group proposes to make a collective ritual both in the memory of relatives and as a closing act of the agreement with the father, ratified with the confraternity.

The team proposes a third, and final, meeting, during which Yousouf is supposed to prepare a meal that will be consumed altogether as a ritual. During the third encounter, while we were serving the dinner he prepared with his own hands, Yousouf says:

Yousouf: In cooking, I used heart, since it is bound to my feelings, and I used liver, because life passes from there . . . the milk we are drinking is for the jiin.

Furthermore, during this day Yousouf was fasting for the Ramadam, but on this occasion, he suspended his abstinence; he went in a corner of the room, alone, by himself, as in prayer, after a few minutes he came back saying:

Yousouf: I asked God to give me permission of feasting with you, I cannot invite people to dine with me and then refuse to share with them the meal I myself prepared. *Bon appétit à tous: vivants et morts* (“Enjoy the meal” to everybody: alive and dead).

Conclusion

We know that there is still a lot of work to do, and that working in Europe is very difficult. We are the children of the colonisers, we feel the responsibility to repair what has gone wrong during the last 1,000 years, maybe more, starting from the Roman Empire, Christian conversion, English and French colonialism, Italian, German and Spanish fascism, USSR/US imperialism, and the current re-emergence of nomadism.

On the one hand, nomadism is not a political issue: it is a necessity. It is the main characteristic of the human specimen, the human animal is a nomadic animal, which has been perverted by the idea of Nation. At the same time, the phenomenon of migration moves the European mythology into the terrible conception of being inhabited by the Other as if the Other would be a virus, haunting and destroying our civilisation, as if there would be something like a pure identitarian civilisation, with no differences.

At the same time, as European therapists, we frequently feel the messianic impulse to save the Other, as in the Theology of Liberation, which works only when the Other agrees; that cannot be made without the Other, as in the slogan of more than one minority: ‘Nothing about us without us.’ One of our jobs is to train ourselves to not protest ‘in the name’ of the Other and, at the same time, not to repair the Other in order to make them equal to ourselves. It is like working in Never-Ever land, where every session is unique, or, as in the Milan School of Systemic Therapy, ‘always the first one.’

The clinical cases discussed illustrate how ethno-clinic is a multi-layered practice constantly referencing back to theories, which directly reflect on the practical and vice-versa. Specifically, these multiple and multi-layered processes allow both the linguistic translation and the historical contextualisation to duly sustain this complex clinical practice. Moreover, in this practice crossing from a cultural universe to another means taking into account the ‘particular minutes’ – as in William Blake’s poetry – of each individual and of his community or rather own membership of origin. Conclusively, evoking one’s original membership is an indispensable capacity of ethno-clinics, which is indeed central to recreating lives that hold a different way to ponder and live one’s own distress.

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