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Politics of Healing and Politics of Culture: Ethnopsychiatry, Identities and Migration

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Abstract Ethnopsychiatry is today a contested field, in which concepts and terms such as ethnicity, identity, culture, citizenship, traditional therapies or symbolic efficacy are used in a very controversial way. Recent accusations of 'racism' against some ethnopsychiatrists have contributed to making more obscure the deep roots of these issues and controversies. Little attention has been paid to analysing the complex legacy of colonial psychiatry, as well as the relationships among current definitions of 'culture' and 'belonging', post-colonial subjectivities and migration. In this article, the authors briefly analyse the contributions of Italian ethnopsychiatry and investigate the hidden expressions of racism and prejudice still characterizing mental health workers' attitudes toward immigrants. It is argued that a 'generative' and community-based ethnopsychiatry can challenge the hegemony of western psychiatry and improve the quality of therapeutic strategies.

Key words colonial psychiatry • ethnopsychiatry • European and Italian context • migration • political economy of culture

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> The problem with psychologists' approach to memory in the real world comes, I believe, from their failure to grasp the full complexity of the engagement of the mind in culture and history, and, in particular, their failure to understand that culture and history are not just something created by people but that they are, to a certain extent, that which creates persons.
> (M. Bloch, 1996, p. 216)

Ethnopsychiatry and its Colonial Legacy

Raising questions about current developments in the field of ethnopsychiatry requires reflection on both epistemological and political issues. Both migratory dynamics and the genealogy of ethnopsychiatry focus the debate around concepts such as identity, culture, belonging, relationships of power, conflicts and categories whose roots are intertwined as much with the 'colonial situation' (Balandier, 1955) and 'post-colonial' situation (Mbembe, 2001; Werbner, 1998, 2002) as with the 'ethnological situation' (Doquet, 1999). The encounter with the cultural Other, the construction of difference, the interpretation of insanity and suffering represent examples of these 'situations', which are often marked by misunderstandings, violence and subjection. There are unexpected continuities between the viewpoints and diagnostic categories used by psychiatry in the colonies and the current attitudes adopted by many health workers faced with immigrant patients. The history of colonial psychiatry reveals similarities in the definitions of alterity articulated in the relationship between 'the insane' and 'the criminal' in the colonies and those that recur today in the discourse of doctors and courts in the presence of the foreigner (whether patient, refugee or defendant). It is pertinent, from this perspective, to recall what Collignon wrote in reference to Africa and on the basis of the research carried out by Megan Vaughan (1991) in Malawi:

> In the colonial period we were confronted with the issue of the alterity of the insane in some ways twice over: other than being Africans, they become Africans a second time for the colonizers. Also, an 'other' even more worrying the closer they come to the European in the guise of the colonial figure of the evolved, the educated, the cultured African. (Collignon, 1997, p. 73)

In a very long and intricate history of the 'cultural/colonial' encounter, which cannot be examined here in detail, incomprehension and ambiguities have often constituted the rule in the past and present. Entrusting the treatment of the native to local systems of care, using 'customs' and traditional laws to judge criminal acts, and referring to cultural 'mediators' were the norm in the time of the colonies. However, the 'good' reasons invoked by the administrators in these choices were certainly not sufficient, within a context of abuse and violence, to ensure more adequate

cures (Cohen, 1999; Fanon, 1961/1970; Gibson, 2003).[1] Until the 1980s, notions such as 'frontal laziness', put forward at the beginning of the last century by Porot, the father of the psychiatric school in Algiers, continued to circulate in medical–psychiatric circles. These notions illustrate well the enduring racism and stereotyping of psychiatry. Devereux (1951/1998) also recognized this in the attitudes of white people who, although they had lived for a long time with the Plains Indians, ignored the traditions and culture of these people. Europeans, with their judicial views, continued to see the Natives' behaviour as 'laziness', 'irresponsibility' and so on. Ambiguous reflections of an invisible power (that which claims the right to speak of the Other, to *write* the Other, to situate them in a network of symbols and meanings without foundations or reflection on the very fact that this was all taking place within *relationships of domination*), the categories of psychiatry and medicine have played a decisive role in the confrontation between the dominant culture and dominated culture, even when they declared themselves sensitive to cultural difference.

The role of colonial medicine in civilization's rhetoric is well known. Ian Hacking (1995/1998) has good reason when he maintains that cultural imperialism is not dead, and that its protagonists today are no longer missionaries but psychiatrists.[2] Therefore, it would seem impossible to continue to speak of 'idioms of suffering', of 'culture-bound syndromes', of 'notions of the person', of 'experiences of the invisible' beyond these dynamics and these restrictions. The reasons for raising discussion of such concepts are not only epistemological. Ethnopsychiatry finds itself entangled, *right from its origins*, with clinical and both methodological and ideological questions.

Before looking at some profiles of the debate related to the state of clinical ethnopsychiatry, we first give a brief overview of migration in Italy. Second, we consider some of the writings of two Italian pioneers of ethnopsychiatry, Ernesto de Martino and Michele Risso, whose work anticipated many aspects of the current methodological debate. Third, we briefly consider why ethnopsychiatry today is the site of so many conflicts; the French case is evoked because it's exemplarity. We argue that political choices concerning the status of immigrants or refugees are deeply embedded in recent debates in ethnopsychiatry, and that ethnopsychiatry and colonial psychiatry have actively contributed to the construction of these political issues through the definition of cultural Other and cultural difference.

The Context of European Migration: The Italian Case

When immigration in Italy was beginning to be a mass phenomenon, we attributed some debatable positions taken by our opinion makers to an

element of Italian provincialism. Giuliano Campioni (1993) confronted the question of racism and xenophobia in the Italian intellectual and political classes unmasking some contradictions but also ignorance in the knowledge that was already consolidated in the international sociological, political and anthropological literature. However, with recent European developments concerning immigration laws and increased hostility towards immigrants and 'their cultures', it is no longer only the Italian context that can be seen as xenophobic and racist.

Italy has aligned itself with the new European trend promulgating laws against clandestine immigrants and assuming frankly racist positions, whose aggression and virulence show no signs of diminishing. The current Italian Prime Minister, Silvio Berlusconi, maintained, in a rather rash statement made shortly after the attack of September 11 on New York, the superiority of western culture over Islamic civilization, having little concern for values such as the freedom of the individual. A trivialized version of what is usually defined as differentialist racism has thus found, both at the ordinary level and in the political classes, a surprising echo. 'Cultured' anti-Semites no longer think that the Jews inherit 'wickedness and meanness' biologically: they maintain that the true problem consists rather in the Jews' world view, that puts them in conflict with the strong sense of nationhood that most Italians hold dear.

Multiculturalism can be seen as the recognition that multiple cultural identities exist and that these portray the landscape of contemporary society. Multiculturalism develops its strategies aware of the always complex and uncertain dialectic that rules the relationships between distinct cultural systems, of the right of each person to rethink the meanings and expressions of her/his cultural identity, as well as of the interests and conflicts often masked by the term 'culture'. This project has not found active allies in Italy today even among the progressive forces. The latter seem, in fact, concerned most of the time to defend only the most superficial expressions of multiculturalism – for example, in the image of a society portrayed through multiethnic concerts and dinners – without taking into consideration the dilemmas of the integration process, refugee status, etc.

Unfortunately, the press has played a part in the reproduction of popular positions, in emphasizing concerns about immigrants and in developing the spectre of social insecurity. The media have contributed little or nothing to diluting the stereotypes of the migrant 'clandestine-criminal'. Issues of security and social control are interwoven in this way with other well-known collective nightmares, and even re-emerge in unsuspected places. Criminals accused of two recent crimes, which received a good deal of public attention because of their ferocity, tried to divert police inquiries and steer the search for those responsible towards presumed Albanian assassins.

In the course of the political election of 2001, in which the Right and the Federalist movements were victorious, the conservative forces claimed the question of social security and immigration as issues central to their political campaign. For its part, the Left only made a weak defence of the principles of a free and democratic country and the rights of immigrants, and managed in more than one case to propose laws or solutions just as worrying as those hidden by the parties of the Right. For example, it was Francesco Rutelli, ex-mayor of Rome and current leader of an opposition party, who proposed that the use of fingerprinting as a means of identification for immigrants should be extended to Italian citizens in an 'egalitarian spirit'. In the same manner, Rutelli supported the blocking of the small boats in which, often in the course of journeys with dramatic outcomes, refugees reach the Italian coast. In addition, the previous Centre-Left government set up 'short stay centres', where the basic rights of immigrants are often ignored, though they have often already undergone traumatic experiences and torture in their countries of origin. Even more than the arrogance and aggression of the Right, it is extremely worrying that there is a lack of a clear political line based on rights. This is coming from the progressive forces concerned more with the presumed mood of public opinion than with the social and economic problems at the origin of the contemporary, convulsive migratory dynamics. There is a lack of rigorous analyses and of adequate proposals, fear of losing the consensus of the electorate, little evaluation of the reality of migration and of its contribution to the renewal of society. At the same time there is little ability to recognize and *diagnose* the contradictory expressions of 'millennial' capitalism (Comaroff & Comaroff, 1999), its influence on 'illegal' migration, as well as the conflicts between refugees' needs and the 'national order of things'. As Malkki (1995, pp. 6–7) points out,

> One of the most illuminating ways of getting at the categorical quality of the *national order of things* is to examine what happens when this order is challenged or subverted. *Refugees can represent precisely such a subversion* (. . .). They are no longer unproblematically citizens or native informants. They can no longer satisfy as 'representatives' of a particular local culture (. . .). Refugees are seen to haemorrhage or weaken national boundaries and to pose a threat to 'national security', as is time and again asserted in the discourse of refugee policy. Here, symbolic and political danger cannot be kept entirely distinct.

Currently, this seems to be the profile of the politics of the majority of (Italian and European) parties with regard to the 'immigration issue'. Fortunately, unexpected signs have emerged from ordinary people, from voluntary associations and from spontaneous groups. There is a will to understand and cooperate (therefore, not only of mere 'tolerance': a term

that often has ambiguous inflections): this is only partly surprising, considering the history of Italy, and the considerable migration towards the Americas and Northern Europe that, from the end of the nineteenth century and for a good part of the twentieth century, has influenced the life of the country (De Micco & Martelli, 1993).

In the period 1997 to 2000, the attitudes of Italians towards minority groups changed in a contradictory manner. On the one hand, many declared themselves in favour of politics aimed at improving relations with the minorities present in the country, showing a growing openness towards supporting the processes of integration. On the other hand, the majority of Italians expressed concern about this minority, fearing that they will threaten social peace and well-being. A small but relevant percentage of Italians has declared that it feels directly disturbed by the presence of immigrants. However, the numbers of people who declared that immigrants enrich the cultural life of the country has grown from 33 to 48%. In short, it is a big muddle, as may well have been foreseen: people express concern, irritation and solidarity all together, but often the real reasons for the social and economic uncertainty remain ignored. The possibility of resolving these contradictions is found for the most part in the type of social politics that will be put into action, but also from all the communicative and cultural strategies adopted by newspaper columnists and the media. We need to start with clear information about the extent of the migratory flow.

The current ratio of 1 foreigner for every 38 Italians should 'reassure' those who feel threatened by their presence.[3] This ratio will change over time because Italy needs immigrants for demographic and occupational reasons. The recent law that regulates immigration to Italy (approved in 2002 and strongly supported by the Right) concentrates attention on the immigrant only as a worker and displays strong similarities, although it has a more restrictive tone, to the first law on immigration in 1986. Known as 'the Bossi-Fini law', this limits permits to those who have work, abolishes permits 'for those looking for work', making the reunification of families extremely difficult, and strengthens regulations against the trafficking of clandestine immigrants (one might agree with this last aspect, on the condition that it is not confused, as often happens, with undocumented immigrants and those seeking asylum; Martelli, 1993).

Although work is important as a key variable in migration, it should not be neglected that the immigrant is also a citizen who has socio-cultural needs, knowledge and experience, promoting the host country as much as their country of origin. It is therefore *cultural politics* that is the nucleus of an adequate migration policy, that which most favors the prospects of cohabitation and that, with its weakness in the current government strategies, rouses the greatest concerns.

The new law that regulates immigration in Italy is, however, a significant expression of the current Italian government action. Above all, it addresses questions of public order, and the systematic erosion of what remains of the welfare state, defending the privileges of the entrepreneurial classes and the social control of diversity. This political horizon is particularly threatening concerning healthcare strategies. It is not by chance that recently the current right-wing government, supported by a private scientific–professional lobby, is challenging the psychiatric reforms that in 1978, with 'Law 180', ratified the closure of psychiatric hospitals and promoted the organization of mental health centres (Barbato, 1998; Cohen & Saraceno, 2002; De Girolamo & Cozza, 2000; Martelli, 1999, in press).[4]

The Italian population has unlimited healthcare coverage, which is provided by local health unit agencies (LHUAs) and hospital agencies (HAs), each responsible for a geographically defined catchment area. As of March 1998 (Ministero della Sanità della Repubblica Italiana, 1999), there were 196 LHUAs and 98 HAs in the country. Access to health services is generally free.[5] Every foreigner with a residence permit is registered with a general practitioner and has the same rights as an Italian to health assistance. Even if the foreigner does not yet have a permit to stay, they have the right to access clinical care and hospitalization in urgent and essential cases for illness and accidents and for preventive operations. According to the Italian National Health Plan, immigrant populations are guaranteed the same vaccination coverage as the Italian population, improving the protection of women in pregnancy and reducing the number of abortions. All the same, these rights do not translate into the same degree of access to the services,[6] or to a similar degree of satisfaction on the part of Italian and foreign clients. The Ministry of Health recognized, in the National Health Plan 2002–2004, a 'substantial lack of flexibility in the offering of services in the face of the new health problems of these new groups of clients'. These problems are particularly relevant in the case of mental health. Italian psychiatric services have been historically sensitive to the necessity of interventions that are oriented to the community and to the needs of their clients. While having shown – at least in the past – awareness of the risks of medicalizing discomfort and suffering, these services are in fact lacking in the necessary competence to deal with patients from other socio-cultural contexts. 'Cultural difference' continues to represent a controversy: it may be held up as a key variable in the relations between health workers and foreign clients or, by contrast, repressed as irrelevant. However, it is far from becoming the theatre of rigorous reflection and still less of constructing a 'therapeutic lever' (in the sense used by Devereux or, more recently, Nathan).

In Italy, the difficulties faced by foreigners in accessing social and health services and the lack of equity in welfare responses (especially when dealing with specialist treatment) are also caused by the attitudes of

healthcare workers. This often occurs in the form of refusal to question some aspects of communication, in the scant or distorted use of the resource represented by 'cultural mediators' or through demonstrations of subtle discrimination that have often had the effect of distancing the immigrant from the structures of the National Health Service (Beneduce, 1998; Martelli, 2002; on racism in British psychiatry, see Littlewood, 1993).

It is superfluous to stress how these variables are (or can represent) a critical factor in the case of psychological problems or in psychotherapeutic interventions concerning foreigners. It is in this scenario that the debate on the theoretical legitimacy of instituting 'ethnopsychiatric services' for immigrants has grown: perceived by some as a place where there is a risk of creating ghettoization. It has not, in fact, been the starting point of any serious and systematic research or training initiative for workers in mental health institutions on immigrants' psychological and social needs, or on the strategies appropriate in treating foreign patients.[7]

Genealogy and Developments of Ethnopsychiatry in Italy

> The paradox is therefore this: either we do not employ our categories of observation, and thus nothing can be observed, or employ them, and thus we will observe only projections of ourselves in the alien, never the alien. The paradox can be resolved when we are conscious of the ethnocentric limitation of the categories of observation employed by the Western ethnographer; when we explicitly think back over Western history contained in the categories of observation; when we know, which is their sense that should be dated in as much as it is not pertinent to the alien cultures; when through such dating, we allow the alien sense in question to be revealed: and finally when, through the appearance of such an alien sense we proceed to a reform of Western categories of observation and to an increase of anthropological knowledge.
>
> (De Martino, *La fine del mondo*, 1977, p. 410)

It is necessary to make a brief excursion into the origins of Italian ethnopsychiatry in order to place it within the European and international debate. In our country, this discipline, in the manner of a subterranean river, seems to have come to light again after a period of relative torpor (for an analysis of the Italian medical–anthropological and ethnopsychiatric literature see Beneduce, 1994b; Comelles, 2002). Two names must be mentioned with respect to the origins of ethnopsychiatry in Italy: Ernesto de Martino and Michele Risso. Ernesto de Martino, better known as a religious historian, is becoming known within the field of ethnopsychiatry because of renewed international interest, due to the republication of his major works, but also to the importance, in current

anthropological debate, of 'context, history, and praxis in the interpretation of culture' (Bibeau, 1988, p. 402). Perhaps it is excessive to say, as did Comelles (2002, p. 18), that De Martino 'has had a profound influence on health education'. However, it should be admitted that his reflections anticipate all or almost all the epistemological and methodological problems of the relationship between psychiatry and anthropology and in ethnopsychiatry itself.

The originality of his approach, expressed among others in *La fine del mondo* ('The End of the World'), published posthumously in 1977, shows the curiosity and acumen of De Martino in constructing the premises of a comparison between different disciplines and theoretical languages. De Martino creates a comparative analysis between psychopathological (individual) apocalypses and *cultural* apocalypses, between the psychological register and historical–anthropological temporality. Above all, *La fine del mondo* is the first real articulated (if unfinished) critical, historical–anthropological re-examination of a good number of the psychological–psychiatric categories. In his notes, De Martino systematically scans more than a century of psychological and psychiatric thought, from Janet to Minkowski and Jung, from Bleuler to Binswanger, from Kraepelin to Baruk. He engages in a close dialogue with *Daseinanalyse*, phenomenology, and existentialism.

At the same time, De Martino's contribution proposes an original solution to the methodological obsessions that have articulated much of ethnopsychiatric research. In his annotations, which date from the early 1960s, De Martino already had a clear idea of the role of a non-ingenuous cultural relativism and the possible contribution of ethnopsychiatry in the comprehension of 'normality' and its breakdown. Referring to the writings of the psychiatrist Henry Ey he states:

> The psychopathological states (. . .) have an apparent interpretative meaning if we start from the ethos of the transcendental, from an analysis of the intersubjective valorization as constitutive of humanity, and from a *historical–cultural appreciation* of the dominant levels of valorization and of the corresponding risks of regression, of flexion, of fall. Here the positive instance represented by cultural relativism and by ethnopsychiatry is made manifest precisely as a *recommendation to judge integration and disintegration within a culture, and not on the basis of a model abstracted from 'human nature' drawn from contemporary Western civilization* and made to count dogmatically for all possible cultures. The danger of the concept of structure is that (. . .) the neurotic and the psychotic of the Viennese bourgeoisie and the illiterate peasant of the south of Italy, and again – from Moreau to Ey – the dream and the mental illness (and again the dreaming of the contemporary educated European and the dreaming of the Australian Aranda, etc.) are removed from their historical-cultural context, and joined

> and confused in a unique structure that makes us lose the exact sense of the respective experiences, their dynamic-integratory or regressive-morbid character. (De Martino, 1977, p. 16; our italics)

The critical position about the universal timeless definition of normal reminds us of that expressed at the same time by Devereux against such 'sacred cows as cultural relativism' (1951/1998, p. 38) and his effort to conceive an idea of absolute, metacultural normality. Engaged in both to avoid ethnocentrism, as much as the risk of anthropological culturalism without references to context or to history,[8] De Martino makes constant reference to the latter to interpret the sense of pathology and cultural differences, as well as the meeting between people of different cultures. In turn, he allows for the expression of a more 'modern' position and a more effective adherence to the local, cultural sense of suffering and treatment, and to the value of ritual strategies. Perhaps the constant reference to history allowed him to not confuse the level of the symptom and illness with that of shamanic experience (which, on the contrary, Devereux was inclined to make coincide):

> Without a doubt the analysis of the psychically ill is very important methodologically in revealing the moment of risk against which the numinous, the sacred, the magic–religious, the mythic-ritual symbolism contend. While in the magic–religious life this risk is *a moment in the dynamic of recovery and reintegration*, in psychic illness it becomes ever more isolating as a naked danger, without recovery and effective reintegration. Those who go up and those who go down the ladder have to meet on a particular rung. However, their meeting *does not mean* that in the moment in which they put their feet on the same rung, the snapshot picture of their identical position has the same dynamic meaning, *as one is going up and the other down*. (De Martino, 1977, p. 63; our italics)

However, we should remember how, in some cases, Devereux (1951/1998) emphasizes the difference between 'individual neurosis' and 'primitive ritual' with words that have a singular resonance with De Martino. According to De Martino, when we reduce the magic–religious life to a psychic illness, when we hypothesize their difference but only to insist uniquely on their resemblances without offering any valid criteria to distinguish one from the other or, finally, when we assume that the magic–religious life is absolutely independent of psychopathological risk, in each of these cases we incur an '*arbitrary interpretation of the structure and function of the mythic–ritual symbolism as a phenomenon of culture*, and at the same time *the comprehension of the existential meaning of the psychic illness is precluded*' (p. iv). Traditional and religious therapies are aimed at reintegrating the individual into his or her own community through a 'dehistorification' of the experience of illness or suffering: their

idiosyncrasy is translated into mythical narrative and 'ritual order' (De Martino, 1961).

No less pertinent are the definitions that De Martino gives of ethnopsychiatry, transcultural psychiatry and cross-cultural psychiatry. He does so without showing excessive concern for any differences between these terms – distinctions that, for many reasons, obsessed Devereux. Here, however, we want above all to stress a further aspect of his reflections. First, De Martino emphasized that cultural psychiatry can illustrate the links between psychological disorders and the negation of culture's task (to make distance from nature). Second, his efforts included the attribution to transcultural psychiatry of not only its original role in the study of the socio-cultural conditioning of mental disorders and the recognition of the effectiveness of traditional, culture-based, therapeutic strategies, but also a further epistemological role. In fact, he assumed that transcultural psychiatry had a particularly important contribution to make to a critical awareness *of the limits of the nosographical categories and of western psychiatry* as a whole, whose 'pictures . . . are not as usual applicable to all the cultures of the ecumene' (De Martino, 1961, pp. 174–175). This passage documents the modernity of De Martino, and his words seem to anticipate by many years the recent medical–anthropological critique of diagnostic categories such as post-traumatic stress disorder or trance and possession disorder, as well as concepts such as 'cultural bereavement' (Eisenbruch, 1991) or the 'category fallacy' (Kleinman, 1987), the 'imposition of a classification scheme onto members of societies for whom it holds no validity' (Kleinman, 1995, p. 16).

As a religious historian, De Martino can rightly be considered one of the founding fathers of Italian ethnopsychiatry, although his contribution remains largely unexplored. The other great pioneer of Italian ethnopsychiatry is without doubt Michele Risso, a psychiatrist profoundly influenced by the writings of De Martino, whose original reflection was born out of clinical work carried out in Switzerland with immigrant patients mostly from the peasant milieu of Southern Italy. For Risso, De Martino's work (1948, 1959, 1961) was the key to deciphering the sense of anxiety, the symptoms and the suffering of immigrants in the grasp of affective loneliness and the challenge of the migratory experience. This work, written with Wolfang Böker, was published in 1964 in German (Switzerland), and translated into Italian only many years later (Risso & Böker, 1992).

The categories of 'bewitchment', 'evil eye' and 'charm' were essential to understanding the sense of the symptoms reported by the Italian immigrants encountered in the 1950s in the psychiatric clinic in Bern, which included heart burn, transitory paralysis, sensations of imminent death or of alteration in their own appearance, sensations that the blood

no longer circulated, episodes of falling, confusion, anxiety, agitation, fear, etc. Risso applied the logic of the 'magic world' from which these patients came. He also turned his attention to an analysis of a nucleus of conflicts that he met constantly in his patients: conflicts with the female figure, with the foreign woman as an object of projections and desires and, at the same time, as a source of an increasing sense of guilt. The analyses of the affective dimension characterizing the migratory experience of those men allowed Risso and Böker to gather the meaning of their crises from an original perspective. They emphasized, among other aspects, the role of new gender roles and hierarchies, as well as the dramatic loss of those fictions that sustain the sense of shared social reality. The latter experience is very common when immigrants are faced (from positions of marginality) with codes of behaviour whose meaning cannot be managed.

Almost all the patients were able to date precisely enough the moment at which they were victims of witchcraft or of 'enchantment'. But alongside the 'cultural' dimensions, the authors did not fail to stress the role of a new context that, with its strangeness and racism, with its 'uncertain signs' (Barthes), participates in the onset of psychological disturbances in a determining manner:

> The checks made by the immigration office, that limited their freedom, *reawakened their age-old distrust in the state*; modern social security, never known before, *remained for them incomprehensible*, it was not taken on as an aid (. . .), and never succeeded in substituting the protection of the family union. (Risso & Böker, 1992, p. 96; our italics)

The attention to the social and institutional context echoes Fanon's work (Fanon, 2001) and shows how this was a groundbreaking type of analysis, both for the interpretation of the delusion of influence, the Demartinian 'to be acted upon', and of the therapeutic strategies that were seen to be the most effective. The authors admit that this specific symptom was present in their patients at more considerable levels than in other immigrants coming from the same region (and that, therefore, the cultural cipher does not exhaust the totality of that feeling, of that experience). However, they add that the fundamental feature of the delirious experience, that is, of being an individual experience, does not find confirmation here: 'The conviction of the sick person that a spell is the cause of all their ills is adopted totally, given that the idea of being subjected to a morbid transformation by a magic influence does not represent anything strange' (Risso & Böker, 1992, p. 149).[9] The hypothesis with which the research ends, with recognition of the unresolved tension between the two registers, is worth noting:

> Where one tries to penetrate the delusion intellectually, the patient is not helped; where, on the contrary, in spite of the onset of a psychosis, one can

> maintain an affective relationship between the ill person and the like (. . .) there are perhaps greater possibilities of an improvement or healing. *The possibility of accepting the illness in a cultural model accepted as much by the patient as by his native environment, allows the ill person to preserve the continuity of his or her existence in the community*. (Risso & Böker, 1992, p. 165; original italics)

These conclusions fully anticipate the spirit of Risso's successive work, that adhered enthusiastically to the models of community psychiatry and to the movement of *Psichiatria Democratica* (democratic psychiatry), a protagonist movement of the laws for the reform of psychiatry known as the 'Basaglia law' (see Basaglia, 1987 for an English translation of his writings). In the years following, Risso continued his work on the deconstruction of the categories and therapeutic models of western psychiatry. He was particularly interested in criticism of the medicalization of the condition of the immigrant (his analysis of the medical paradigm of nostalgia is exemplary) and of the aetiological models put forward in the literature to interpret the presumed greater degree of incidence of psychiatric disturbances in the immigrant population (Frigessi-Castelnuovo & Risso, 1982). His work can be easily compared with some passages of Fanon's critique of the validity of psychological tests applied to Algerian (colonized) patients. Another analogy can be traced between Risso's view and more recent work by Littlewood and Lipsedge (1987), in which the variable of 'culture' assumes its full value only when situated alongside the variable of 'context' and the historical determinants that influence the use of categories and the formation of knowledge, as well as the attitudes of health and social workers. However, the writings of De Martino and Risso did not find a satisfactory echo in the years that followed, when interest in ethnopsychiatric research or the 'migration issue' was mentioned only sporadically in the Italian psychiatric literature.

Ethnopsychiatry and Politics, or the Politics of Ethnopsychiatry

Recently, speaking about 'ethnopsychiatry' has exposed one to more than a few risks. The French Internet site <survivreausida.net> on 27 November 2001, reported a radio-broadcast dialogue on the 'damages of ethnopsychiatry' between Fadéla Amrouche, the interviewer, and Zerdalia Dahoun, who 'had participated for more than two years as co-therapist in a group consultation called "ethnopsychiatrie" animated by Professor Tobie Nathan. Shocked by the ideas circulating in the name of (or under the cover of) Science, the interviewer does not stop denouncing the uses and abuses of ethnopsychiatry. In particular, the latest attempts to show

the incapacity or the refusal of professionals to get close to their patients when they are immigrants or children of immigrants'.

The interviewer, Fadéla Amrouche, after putting forward other questions and reflections ('Is there anything in our cultures of origin, the Maghreb or African, which hinders support for patients of AIDS? Would intolerance or refusal be the property of such and such a culture? Are our cultures weak from the point of view of solidarity?'), closed the programme with the following invitation: 'If you have found yourselves faced with "ethnopsychiatres", if you have things to tell about the *disappointments*[10] of the doctors with our cultures of origin, do not hesitate, pick up your telephone and dial 01 43 79 88 32 . . .'. Ethnopsychiatrists are described as frightful people to be denounced for their abuses. The question issue is also significant because it comes from an equally burning concern: the condition of those with AIDS or HIV among immigrants from Africa (on these issues see Fassin 1999, 2001a). For the sake of brevity, we leave aside this second aspect and concentrate on the first: what is it that makes ethnopsychiatry today such a contested area? What has contributed to make the tones of the debate around it so aggressive? Why does speaking about 'culture' in relationship to suffering and different types of treatment risk generating accusations of racism? If it is true that the debate has developed especially in France, we do not hold Tobie Nathan's work and the clinical practice responsible for the nature and the characteristics of this clash.[11] However, as Raymond Prince observed in relation to the development of transcultural psychiatry, even around the latter, the polemics, misunderstandings and conflicts have been numerous (Prince, 1995, 1996). Nathan has tried, on his part, to temper these polemics, affirming that ethnopsychiatry is seen to throw itself unwillingly into a 'state of war' that, in the end, could be strictly extraneous:

> Ethnopsychiatry is seen as violently conflicting, as if we had forced it to enter into a *cornered* political debate from the outset: communities or Republic, culturalism or universalism. Nothing is farther from its inspiration than this *state of war* that it has seen and sees imposed daily! (Nathan, 2000, p. 197; our translation)

In opposition to Nathan, we do not think that such a 'state of war' is completely extraneous to ethnopsychiatry, or that it constitutes a recent profile in the developments of this discipline: in fact, as we have already said, we think that it is in good measure ingrained. The writings of Culloch, Bloch and Said can be used to support this argument. Said (1998), recalls the episode of the 'Great Mutiny': one of the most important and violent episodes in the history of Anglo-Indian relations. This event broke out on 10 May 1857 in Meerut and was reported in Indian texts as a 'rebellion'. The use of this term allows us to understand why it is so difficult to

share the use of the term 'culture' on the part of those societies that have often seen the sense of their own actions, ideas, behaviour, relationships traced back solely to a single cultural (or 'traditional', 'magical', 'primitive' 'belief') register. In brief, the British interpretations maintained that the cause of the revolt, which among other things led to the killing of many whites, was suspicion on the part of Hindu and Muslim soldiers. They believed that the bullets in their rifles had been greased with cow fat (impure for the first) or with pig fat (impure for the second). *Cultural* and *religious* reasons, therefore, in the colonial interpretation, motivated a violent rebellion, a rebellion that we know, on the contrary, had much deeper and more complex roots (*political*, first of all). This event signalled in all cases a 'clear line of demarcation': as Said recollects with Thompson's words, it was this event 'through which the two groups, the Indians and the English, reached a full and complete reciprocal opposition'.

This 'misunderstanding' seems to repeat itself with incredible monotony, almost like an obsession. Where the colonized act, speak, produce *tactics* (in the sense of De Certeau, 1990) against the colonial power, their struggles, the violence of their acts, their behaviour, were, to a great extent, interpreted through ritual, *cultural* matrices. Their deviance or their opposition was defined starting from 'traditions', 'customs', or from psychological conflicts derived for the hard encounter with modernity. The political dimensions of these acts, the historic subjectivity of their protagonists, were materially *cancelled*. The analysis of the Mau Mau movement and the interpretations offered by Carothers to the British colonial government are well known enough to not need detailed citation. We mention only that Carothers was not satisfied with emphasizing the *ritual* aspect of the violence of the participants in the movement of revolt: the 'ethnopsychiatrist' did not fail to add in the suggestion of a practical strategy for the control of the guerrilla movement, a strategy known as 'villagization'.

An analogous misunderstanding was already produced in the case of the Malagasy revolt a few years earlier. In this case, the accusation of racism against Mannoni is also perhaps unjustified. Nevertheless, it is difficult to explain why, in the presence of a cultural alterity *rebellious* against colonial domination, political resistance is brought back to deviance and to the lexicon of psychology (in Italy the use of the psychiatric categories for anarchists is a celebrated historic fact). Mannoni's argument is well known. The author tries to find the meaning of the suffering and rage caused by forced labour and the revolt that followed it in the dialectic between 'inferiority complex' (that of the colonists) and 'dependency complex' (that of the colonized), and, in particular, in the frustration of the latter. Interpreting in terms of 'abandonment' the openness and the concessions of their 'colonial fathers', the Malagasy reacted in an irrational manner. As

Bloch writes, 'The rebellion is therefore for Mannoni the product of the congruence of two personality crises' (1990, p. xi). Again, in this case, the author does not limit himself to providing a psychological interpretation of a war that cost more than 100,000 lives: he suggests a practical strategy for the containment of these excesses. This strategy consists of a gradual self-determination, aimed at revitalizing the authority of the traditional village councils but carefully controlled by the French authorities given that 'the average Malagasy . . . has little sense of responsibility' (Mannoni, 1990, p. 175). However, what counts most for our argument is the basis upon which Mannoni starts to construct his supposed psychology of a colonized people. This is a basis full of holes, devoid of any real knowledge of Malagasy culture and of the meaning of those behaviours that were the starting point for his theory of dependence. Bloch's judgement on the roots of this misunderstanding is rather severe:

> The reason for this misunderstanding is simple; it is *Mannoni's arrogance*. It is not the racist arrogance of the white man . . . it is the arrogance of the psychoanalyst or anthropologist, who unthinkingly comes to indulge in the different but no less objectionable claim to superiority that this professional knowledge apparently gives him . . . ultimately, Mannoni disguises *his ignorance of Malagasy motives only by substituting other motives* deduced from theories originating in the highly specific intellectual tradition of *his own culture*. (Bloch, 1990, pp. xviii–xix; our italics)

The history of these and other analogous misunderstandings is extremely long (for the interpretations of the cargo cults in psychiatric terms, for example, see Lattas, 1992 and Stephen, 1998; on these issues see, first of all, Fanon, 1952/1967, 1961/1970). In their totality, these misunderstandings reveal a common logic. First, the *political* meaning of behaviour, struggles, rituals, forms of cultural resistance seems to dissolve in the analyses of colonial psychology and psychiatry, as it does for a certain ethnopsychiatry. In its place 'cultural traditions' are invoked. Second, the interpretations of the latter, often based on superficial knowledge or second-hand readings that are profoundly influenced by moral, religious or ideological prejudices, have often been folded into theoretical models in which the prevailing references were usually to ethnocentric categories of the person, the group, the psychism. Lastly, in consequence of these presuppositions, the meaning of culture, of its expressions, contradictions and dynamics is flattened, scotomized and 'distorted'.

If we share some of these presuppositions, we can also agree with McCulloch's (1995) affirmation, along with the monograph by Carothers, that ethnopsychiatric science 'entered formally into the domination of political action'. If ethnopsychiatry finds itself in a 'state of war' – to use Nathan's expression – this is not *despite* itself: its history reveals the

reasons. It remains to understand why this nexus comes up today with unusual virulence even though contemporary cultural psychiatry and ethnopsychiatry are certainly not the same as that of Carothers or Mannoni. The reason is at least twofold. On the one hand, the *politicization of culture* plays a major role (that finds only one of its many expressions in the rhetoric of the clash between Islamic and western civilizations). On the other hand, ethnopsychiatry, where it is expressed as the *ethnopsychiatry of migration*, applies itself to an issue that is properly within the domain of politics, concerning the borders of nation-states and 'nascent geography' (Mbembe, 2000a), the motives that sustain contemporary migratory flows, and the logic that underlies the laws regulating the movement of persons across states. In addition, if the 'body' (Csordas, 1990) and the need for culturally sensitive treatments are central in healing strategies, the ethnopsychiatry of migration cannot ignore the issue of the violence and poverty from which the *bodies* of immigrants flee (Beneduce & Taliani, 2001; Das, Kleinman, Ramphele, & Reynolds, 2000; Fassin, 2001b).

The 'Intractable' Difference

It seems almost a truism to suggest that what we are witnessing is a 'politicization' of culture (Stolcke, 1995; Weiner, 1995; Wright, 1998). Actually, as anthropologists have often maintained, the territories of the political, religious, of play and ritual, of illness and treatment, do not constitute separate domains – at least not in the same measure and within all societies or across all periods. Moreover, those who contest the abuse of the notion of 'culture' forget that the scholars they criticize are often not guilty of the imputed abuses (Sahlins, 1999). Sometimes, misunderstandings emerge where they are least expected, calling for a strategy of caution to avoid falling into the opposite trap of concepts such as the *global* and the *local*, *modernity* and *tradition*, the *universal* and the *relative*.

An initial remedy could be the systematic comparison with recent criticisms such as those of Mbembe (2000b, 2001) or of Kaphagawani (2000). These criticisms claim, on one hand, the right of the 'African subject' to an autonomous writing of the self, starting with the subject who questions him/herself through the exercise of his/her concrete existence. On the other hand, they put us on our guard against the risks of essentializing the 'notion of the African person'. This is a risk that we can extend to other celebrated notions such as 'I of the group', which, even until recently, we can recognize in so many pages of ethnopsychiatry. 'In these societies', Mbembe states, the 'person' is seen as predominant over the 'individual', considered (it is added) a 'strictly Western creation'. Instead of the individual, 'there are entities, captives of magical signs, amid an enchanted and

mysterious universe in which the power of invocation and evocation replaces the power of production' (Mbembe, 2001, p. 4).

These reflections have an immediate relevance to the ethnopsychiatry of migration. Individuals, in flesh and blood, are caught in the contradictions of multiple belonging. These individuals are protagonists and spokespersons of contemporary conflicts that are reproduced within western society. They speak in languages that, before incorporating talk of globalization, were those of the colonization of bodies and of knowledge, through violence and domination. The memory of these conflicts, which continue today under other guises, is not distant. It is still voiced in these individuals' symptoms (Nicholls, 1996, pp. 59–60), dreams, fragments of forgotten languages and references to systems of treatment or interpretation that are not only different from that of biomedicine or of the western psychological discipline, but also autonomous of them. This same memory, recognizable only in thinking and practising a *historically based ethnopsychiatry*, is in some way 'conscious' of the controversial genealogy and conditions of use of categories such as 'belief', 'culture', or 'custom'.[12] Today it has become 'reactivated' by new conflicts, as well as by the violence and wars that often constitute the main reasons for emigration. However, it is still rare to hear about experiences and research that assume these facts as obvious, as the basic materials for constructing fundamental practices of listening to and treating the immigrant population, to produce an accurate reflection of the meaning and role in clinical practice of cultural difference.

The 'intractable' difference, an expression borrowed from Khatibi,[13] is a very useful metaphor for speaking about cultural differences. It conveys the idea of how often cultural difference has been distorted, reified, manipulated or trivialized: intractable and *painful* as a sensitive wound whose existence *cannot be ignored*. Yet, at the same time, it is difficult to avoid conflicts when wanting to deal with this 'difference'.

'Culture' and 'cultural difference' can become a useful resource for constructing effective therapeutic strategies, effective dialogues with people, only after we have situated this *and other differences* within recognized relationships of power and meaning. This is true for the anthropological theory of 'cultural hybridity' also (Werbner, 2001). However, ethnopsychiatry in Italy, as elsewhere, runs the risk of remaining a prisoner of unending disputes. Is it legitimate to create services for immigrants with psychological disturbances where the healthcare workers have ethnopsychiatric competencies or does this only risk reproducing new 'ghettoes'? Can references to so-called 'traditional therapeutic systems' really create an effective resource in the treatment of some immigrants or is this an ingenuous ('romantic') strategy that neglects to consider the limits of effectiveness of these practices and the often controversial ideologies of traditional knowledge (*savoirs traditionnels*)? Does the grounding of the

immigrant's sense of suffering in the 'culture of origin' prove to be a well-founded strategy or does it reduce the freedom (the *subjectivity*) of the same patient in an unacceptable manner? (Fassin, 2000).[14] These concerns remain pertinent even where the assumption is that migration can be thought of, in itself, as an event that actively participates in the *production of new transnational identities* (Biaya, 1998; see also Bhabha, 1994, on migrants, refugees, and the new 'locations of culture').

In recent years, Italian psychiatry has become characterized by a move towards community models of treatment and rehabilitation. Nevertheless, it has become very difficult today to ask questions about the meaning of suffering, the particular idioms in which it expresses itself and through which individuals negotiate treatment (some of the core issues of medical anthropology: Augé, 1985; Pfleiderer & Bibeau, 1991). This is particularly true within current health institutions seduced by private economy models. Furthermore, the sensibility that, in the past, has characterized Italian psychiatry's models of treatment is not always appropriate when working with foreigners, coming from social, political and symbolic worlds different from those of the west, or from contexts in which there are (or can be) *other anthropologies*, other notions of person, and other configurations of suffering, trauma or bereavement that must be taken into consideration. This lack of appropriateness also pertains to those interpretative or rehabilitative models that ignore the dynamics of change taking place within individuals and groups, and the effects that cultural, religious, racial or political conflicts can have on the therapeutic relationship itself (in particular, the atmosphere of hostility that often characterizes representations of Islam and of citizens of the Muslim faith in western countries).

Given this scenario, clinical ethnopsychiatry (or socio-cultural psychiatry) can become a very *comprehensive strategy of intervention*. It also attempts to understand the role of context and engages in unveiling the ideology that is implicit in more than a few diagnostic categories. More particularly, *historically founded* ethnopsychiatry challenges the claims of hegemony made by western psychiatry. This is particularly evident in the debate surrounding the abuse of notions such as post-traumatic stress disorder and multiple personality disorder, the politics of memory (Antze & Lambeck, 1996; Shaw, 2002, p. 2), and also in the strategies of rehabilitation that have been most effective in post-war contexts (Atlani & Rousseau, 2000; Bracken & Petty, 1998; Caruth, 1991; Hacking, 1995/1998; Peteet, 1994; Reynolds, 1996; Summerfield, 1996, 2000, 2002; Young, 1995). At the same time, it can contrast some abuses of the concept of 'culture'.

To conclude these reflections, we return to Fathali Moghaddam's model (1990), in which he compares and opposes a *modulative* psychology (interested, above all, in conservation of the status quo, in the adaptation of individuals to their life context as the sole therapeutic practice possible)

to a *generative* psychology (generative of new solutions, capable of reformulating problems and strategies of interventions, able to redefine even the agents of change). Creating a 'generative ethnopsychiatry' that can contribute to discussions about the hegemony (and the legitimacy) of western medical–psychiatric categories requires translating into concrete working tools the critical contributions of contemporary medical anthropology. Perhaps the ethnopsychiatric practice and theoretical reflections that are beginning to be put in place in Italy will take Gilles Bibeau's (1997) invitation seriously. Bibeau invited us to imagine a socio-cultural psychiatry attentive to the 'social universe in which people live' – a psychiatry that would be epistemologically situated in such a way as to be able to articulate both the world of globalization and diverse local worlds. Such a socio-cultural psychiatry would truly be a 'subversive science'.

Notes

1. Perhaps, in consideration of that which has been said, it would not be difficult to find historical reasons for the diffidence of a young Moroccan immigrant with behaviour disturbances who expressed perplexity about a 'service of ethnopsychiatry' and refused to meet a cultural mediator considering it a 'racist service' (a personal experience of one of the authors). The variables related to the relationships of power and the enduring effects of colonization on the consciousness and memory of people, may well explain this kind of response.
2. *'Quiconque n'en est pas coinvaincu doit se souvenir que le DSM-IV et l'ICD-10 ont été publiés respectivement en 1994 et en 1992, et ont reçu l'aval de Washington et de Génève. Au lieu de considérer les troubles dissociatifs occidentaux comme une forme local et particulière de transe, ces ouvrages suggèrent que la transe est une sous-catégorie d'une maladie occidentale, les troubles dissociatifs. Pire, ils transforment certaines caractéristiques essentielles d'autres civilisations en pathologies*' (Hacking, 1995/1998, pp. 230–231).
3. Foreigners living in Italy on 31/12/2001 numbered 1,362,630 (Caritas-Migrantes, 2002), divided by place of origin thus: 563,885 from Europe, 366,598 from Africa, 259,783 from Asia, 158,206 from the Americas and 2461 from Oceania; in addition there were 824 refugees and 10,873 individuals whose nationality had not been registered. Considering the newborn babies and those who came as part of family reunification we can estimate about 1,600,000 individuals (so-called 'regular' foreigners), making up 2.8% of the population (the average for European Union countries is 5.1%). There has been a consistent increase in the numbers of immigrants coming from Central and Eastern Europe, so that they now represent 30% of the total; on average, of every 10 immigrants in Italy there are 4 from Europe, 3 from Africa, 2 from Asia and 1 from the Americas.

   The nationality of the immigrants, in order of decreasing size, is as follows: Morocco (158,000), Albania (144,000), Romania (75,000), the Philippines

(64,000) and China (57,000). There is then a group of countries with values between 46,000 and 20,000 each: Tunisia, USA, Yugoslavia, Germany, Senegal, Sri Lanka, Poland, Peru, India, Egypt, France, Macedonia, UK, and Bangladesh. Finally with between 18,000 and 15,000, are Brazil, Spain, Pakistan, Ghana, Nigeria and Switzerland.

4. Among others aspects, the 1978 psychiatric reform law established four principal components: (i) a gradual phasing out of mental hospitals, with the cessation of all new admissions; (ii) the establishment of general hospital psychiatric wards for acute admissions, each having a maximum of 15 beds; (iii) the restriction of compulsory admissions; and (iv) the setting up of community mental health centres providing psychiatric care to geographically defined areas.
5. However, in recent years, in order to reduce health expenditures and stimulate a less 'consumer-oriented' attitude of citizens towards health care (especially in terms of drug prescriptions and laboratory examinations), a system of partial contribution to health expenses has been introduced. Citizens are required to pay a so-called 'ticket' for each drug prescription with the exception of a limited number of 'essential' drugs, and also for laboratory tests, and radiological examinations.
6. According to research carried out in northern Italy (Beneduce, 1994a), the data from which have been confirmed recently by further research, only 50% of foreigners legally resident and with a right to health care do in fact access the health services: this empirical demonstration of how real accessibility to the services cannot just be defined as a right but conditions must be created to make the services – economically, culturally, geographically – accessible to the clients.
7. The Frantz Fanon Centre, founded by one of the authors of this article (RB) in Turin in 1996, is the only ethnopsychiatric centre in Italy where psychologists and psychiatrists with ethnological competence, anthropologists and cultural mediators of different nationalities have created a model of clinical ethnopsychiatric work for immigrant clients (there have been around 700, a good number of whom have received a psychotherapy, over the course of these years) (Beneduce, 1998). Ethnopsychiatry and applied medical anthropology research, however, lack any institutional and economic support in Italy.
8. The Demartinian notion of 'critical ethnocentrism' is central here: see particularly De Martino (1977, pp. 281–282 and pp. 389–390). Among other things, we point out that 'intersubjective valorization' or 'regression' are key concepts and could offer many suggestions to current debates on ethical conflicts, violence, human rights, and other issues (see, for instance, Das et al., 2000). These reflections and quotations are taken from an article presented by one of the authors (RB) at a seminar in Rome on 14 October 1999 ('Seminar cycle on *La Fine del Mondo* by Ernesto de Martino: The psychiatric question', Rome, *International Ernesto de Martino Association*.) See also Bartocci and Prince (1998).
9. Nevertheless Risso and Böker believe that the 'magic world', although effective

in helping these patients, does not allow them a full or true solution of their conflicts: 'They will remain in their traditional passivity' (Risso & Böker, 1992, p. 159). With regard to the effectiveness of traditional therapies, their view is partially analogous to Devereux's: according to him, we can recognize a 'consistency' in traditional healing knowledge only in some cases (to Mohave psychiatry, for instance: Devereux, 1996), but not to all 'primitive psychiatry'. See also Beneduce (2005).

10. The French term used in the interview is 'délire': a better translation would be 'delusion'.
11. See *Transcultural Psychiatry* 1997, *34*(3).
12. For an analogous perspective concerning medical anthropology, see Bibeau (1988).
13. The interpretation of Khatibi put forward by Stefania Pandolfo (1997) in her writings, which interrogates the dialectic of modernity/tradition and its very foundation, seems us particularly pertinent.
14. These issues are discussed in more detail in Beneduce (2001), which is also available on the website of the Georges Devereux Centre (www.ethnopsychiatrie.net).

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