ETHNOCLINIC: LANGUAGES, MIGRATIONS, IDENTITIES

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Sommario

Ci proponiamo di descrivere le pratiche ed esperienze etnocliniche, intese come luogo di ascolto e conversazione terapeutica. Nel nostro lavoro con megranti, rifugiati e richiedenti asilo viene utilizzato un modello che include diverse professioni, ognuna delle quali possiede specifiche competenze: psicoterapeuti, psicologi clinici, psichiatri, antropologi, educatori e pedagogisti. Ci riferiamo ad un'epistemologia che trae origine dall'etnopischiatra e dalla psicologia culturale prendendone altresì le distanze rispetto ad alcune peculiari visioni.

Abstract

Our purpose is to describe the ethnoclinic experiences and practices, meant as a place of listening and therapeutic conversation. In our work, with migrants, refugees and asylum seekers, we use a model that involves several practitioners, each with multiples skills: psychotherapists, clinical psychologists, psychiatrists, anthropologists, educators and pedagogues. We are referring to the epistemology origined by ethnopsychiatry and by cultural psychology. Nevertheless, we move away from these disciplines, as soon as the meeting between practitioners and migrants does not fall into the presumption of replacing the traditional health care practices, as happened due to the ethonopsychiatric ingenuities.

Keywords
Ethnoclinic, migrants, refugees, systemic approach, languages.

Introduction

Our purpose is to describe the ethnoclinic experiences and practices, meant as a place of listening and therapeutic conversation. In our work, with migrants, refugees and asylum seekers, we use a model that involves several practitioners, each with multiples skills: psychotherapists, clinical psychologists, psychiatrists, anthropologists, educators and pedagogues.

We are referring to the epistemology origined by ethnopsychiatry and by cultural psychology. Nevertheless, we move away from these disciplines, as soon as the meeting between practitioners and migrants does not fall into the presumption of replacing the traditional health care practices, as happened due to the ethonopsychiatric ingenuities. Moreover, we do not consider the plurilingualism matter solely in cognitive terms (addictive/subtractive bilinguism).

Ethnoclinic questions the role of the linguistic mediator, in virtue of the fact that the language babel appears to be a complex phenomenon. We find, in these contexts, vernacular languages, vehicular languages, colonial languages, matrix languages, mother tongues and step mother tongues (the language of the host country). All these languages are interlinked within the individual, a dimension that can only be singular.

Working in migratory, cultural and ethnic contexts brings us to underline that the classical linguistic distinctions, as any attempt of categorization performed to costruct and to describe the reality, inevitably lead to approximate and insufficient results. Starting from this statement, we discover that we have no option but create new concepts that allow the emergence of new derivation lines. This emergence allows us to start from the accident, from theand from the singular situation that each migrant brings with her/himself and that we could find in any encounter. In our speech, we would like to consider also some aspects linked with the migrants' families, in turn related to the "migratory project". Migrating also means changing one's own identity, and this fact certainly has relevant ontological implications on multiple levels.

Nevertheless, migration is one of the essential and prevailing aspects of humanity, suggesting to think in terms of "human becoming" rather than "human being".

Theoretical framing

Working in cultural and ethnic contexts allows to meet people, languages and societies significantly different among each other, inevitably leading to question the classical linguistical categories which went along with our studies, our theorizations, our pratices and, generally, all the operations through which we can find a coincidence between production of categories and *real* world, what lies *out there* (Barbetta 2015).

Moreover, working in migratory contexts brings us to underline that the classical linguistic distinctions, as any attempt of categorization performed to costruct and to describe the reality, inevitably lead to approximate and insufficient results. Starting from this statement, we discover that we have no option but create new concepts that allow the emergence of new derivation lines.

This emergence allows us to start from the accident, from the case and from the singular situation that each migrant brings with her/himself and that we could find in any encounter.

Categorizations, inevitably, produce simplifications: if, on one hand, they help us tidying, structuring, and creating efficient hierarchizations more or less controllable and easiliy replicable, on the other hand they risk to produce trivialities and determinisms in case we forget to replace them soon, preferring to fall in love with them and to continuously use them. We see then maximizaztion processes (Bateson, 1972), of standard repetition with eliminates differences (Deleuze, 1994). As we face a migrant, or an asylum seeker, or a refugee our classifications, linguistical in primis, are checkmated. Through the look of the Other psychoterapists, clinical psycologists, antropologists, educators, pedagogists and psychiatrists meet themselves, naked: which languages are we speaking then, and within which discourse horizons are we located? How to meet a resonance and a co-transfert (Barbetta, 2010) between the idiom of the person who decided to come to us and ours? How to try to create, to realize a generativity among languages?

Ethnoclinic questions the role of the linguistic mediator, in virtue of the fact that the language babel appears to be a complex phenomenon. We find, in these contexts, vernacular languages, vehicular languages, colonial languages, matrix languages, mother tongues and step mother tongues (the language of the host country). All these languages are interlinked within the individual, a dimension that can only be singular. To avoid a mere reproduction of categories we do not consider the plurilingualism matter solely in cognitive terms: we decided to go past the use of classical cognitive behavioural theories since these introduce ideas like bilinguisms of addictive type and subtractive type. In the same way, we tried to push beyond theorizations, often charged with naiveness linked to etnopsychiatry preferring, instead, to refer to a methodology capable of considering a constitutive temporariness of the same concepts, i.e. their use referred to the specific case.

To do this, we are referring to the epistemology origined by ethnopsychiatry and by cultural psychology. Nevertheless, we move away from these disciplines, as soon as the meeting between practitioners and migrants does not fall into the presumption of replacing the traditional health care practices, as happened due to the ethonopsychiatric ingenuities. We referred, among the others, to the Deleuze and Guattari's theorizations (Deleuze; Guattari, 1987) which, involving the use of multiple *series* (Deleuze, 1990) allow to create generalizations always provisional, and not predefined.

Furthermore, this allowed us to move with freedom between the example and the peculiar event, starting from the accident, from the nuance, from the concrete observa

tion of a conversational exchange (Barbetta, 2015).

Therefore, three series emerge at least (Ibidem). The first one is the series that could be credited to schizophrenic language. Consider, for example, the Louis Wolfson case. He was born in New York. He was unable to hear the language of his birthplace and his mother tongue. Wolfson invented a certain type of *Walkman* (Wolfson, 2012) and, besides, a particular method or a procedure (Deleuze, 1997) by the study of languages. This method consistes of a complex and refined transformation from english lemmas to several foreign words. The procedure works on the phonetic and semantic level.

Therefore, we could hypothesize that English, so painful and impossible to hear idiom for the schizophrenic student of languages (Wolfson, 1970), is not his *mother tongue*, but it is the *tongue of the mother*. English is a dominant language, that devastating him, it drills his brain, it is a subjugation and interpellation language; a stepmother tongue.

Instead, the *mother tongue* would be the Jewish which is the *father tongue*, as well. The other several languages that Wolfson had used are *adoption languages*, particularly the French language through which Wolfson wrote his first romances and essays (Barbetta, 2015; Barbetta e Valtellina, 2014).

The second series concerns the dialects, the local expressive forms and the accents. It concerns the language of roots and the roots of language. For this topic, we can find several references and masters, for example, in Pier Paolo Pasolini and Carlo Emilio Gadda's productions.

Romances, films, theatrical works and literatures contribute to the co-creation of the languages, persons, senses and wishes into a reciprocal dance of recalls, contaminations and hybridizations (Barbetta; Brevini, 2008).

The last series pertains to the migrant's language (Barbetta, 2015). This series places, at least, two issues. The first one concerns the migrant's family, that is immersed in a so-called migratory project. This is a delicate and complex issue, since, most of the time, the fossilized categorization of the migratory project does not include the continue and intrinsic transformativity of human being. Clearly, the presumed identities and univocities are checkmated by this transformativity.

But migrating also means changing one's own identity, and this fact certainly has relevant ontological implications on multiple levels. Nevertheless, migration is one of the essential and prevailing aspects of humanity, suggesting to think in terms of "human becoming" rather than "human being". L'essereumanodiventadunquedivenireumano (Barbetta; Tofanetti, 2006).

The last one, concernes the learning of a language at adult age and the linguistics distances that resulting from the adulthood position. Both these aspects, analyzed and declined in therapeutics, multidisciplinares and ethnoclinics contexts, seems to affect in a coevolutive way on creation of generatives and curatives exchanges (Barbetta, 2012; Inglese, Cardamone, 2017).

The purpose of this speech is to describe the ethnoclinic experiences and practices, meant as a place of listening and therapeutic conversation. Moreover, in our speech we would like to consider also some aspects linked with the migrants' families, in turn related to the *migratory project*.

Based on the above-mentioned considerations, we intend to show two clinical cases through which we will try to highlight some elements and virtous circles of transformativity and of therapeutical creation emerging in the care and attention to little details, either linguist, proxemics, linked to desire and affectivity.

In our work, with migrants, refugees and asylum seekers, we use a model that involves several practitioners, each with multiples skills: the etnoclinicaléquipe working in Bergamo is originally composed of a psychotherapist, a psychiatrist and a pedagogist; however it also comprises other consultants and external practitioners like educators, clinical psychologists, anthropologists and further psychotherapists.

Clinical case

John comes from Ghana. In 2013, he worked as bricklayer in Libya. In 2014 the war explodes in the area in which John was working. After few days, the costruction site was hit by a bomb. Also other three colleagues were there with him and the device deflagrated near them. Fortunately, John was situated in a more distance and protected position compared to his colleagues. J. fainted and, when he regained consciousness, he found the lifeless bodies of his colleagues besides him. At first, John thought that his injuries was not so serious. However, the next day, deep cuts and bulge appeared. Still today, he brings some scars of that event. Since he was unabble to access to the hospital, John medicated himself by unguents and pomades.

J. is in Italy since 2015 and recently, one reception centre, near Bergamo, has received him. Since the early days, many nightmares tormented him. In John's sleeps the scene of the deflagration recurs every night. This nightmares keep him awake all night long, causing severe migraines throughout the following day.

The team decided to investigate the dream content in a deep way. J. reports to see four persons; they are his colleagues with him. Suddenly, he finds the dead bodies of his three colleagues, in that moment he wakes up and he is not able to fall in sleep again.

But, in another dream, John saw a different scene. "*I was in Libya accompanied with three friends of mine. We were walking together in order to reach a sort of building. Then we saw a door and they tried to convince me to enter. I did not want to enter, but they persisted more.* […] *I was in doubt, I felt something wrong. Suddenly, I heard a far away voice calling me. That voice said:*

"Come here!", "Don't listen them", "Don't enter!". It was the educator's voice of my reception centre, Angela. I followed the voice and I did not enter. Then, I woke up."

The equipe wonders if someone in the John's family was opposed to his departure to Libya. John told that no one was informed about his departure, since all his relatives would try to stop him. When he was arrived in Libya, he phoned his mother who implored him to come back. Actually, John's departure dipended on his desire to contribute to his brother's studies and if J. was came back his brother could not had been complete the university. *"I have a strong bond with my mother. It has been so difficult to disobey to her. While she was begging me to come back, I kept silent because I knew about the situation of my brother and, in this way, I would helped him."*

The equipehyphotesized the parallelism between Angela and John's mother. Both the women are salvific figures, that warn John about potential dangers. John's dreams become, in this way, his consolatory part that has to do with volition. After this discussion, John was able to sleep better.

At the second encounter, the equipe tries to reconstruct his story with a new meaning. John's departure was deeply different from departure of other migrants, whom ran way from wars, from tortures, from threats or from a probable death. John has chosen to leave his country with an ethical spirit. His aim was to help his brother to study and this purpose was so important for him that he even had to go against his mother.

After these encounters, John feels better, particulary, he said to us, thanks to the discourse about his dream. Now John helps his companions and some activities in the centre are organized by him. In this way John is taking care of the others, like a kind of therapist.

Conclusions

In reception interventions, in favor of refugees and asylum-seekers, a constant diplomacy work, between heterogeneous world, is requested. In this global situation, we often find some ideals that create risks of mutual suspicionor imminent collision. Our experiences show how the reception interventions could assume preventive and therapeutical valences, which could riduce the traumatic effects of war, emergencies, tortures, violences. These interventions should be carried out in a cultural and sensible way, using all local available resources.

In a social enlarged exchange, these interventions can promote a collective and communitarian reconstruction, starting from the valorisation of cultural systems, which are constitutive of hosted groups.

The reception processes should have able to place all persons,that are participating as beneficiaries, in an autonomous and active position. This movement starts from the recognition of linguistic, cultural and personal skills of all persons involved.

At the same time, psychotherapists, clinical psychologists, psychiatrists, anthropologists, educators and pedagogues are called to a mediation practice towards hosting contexts, in order to avoid the xenophobic recjetion of the stranger. This practice could be carried out towards more persons, on different levels. Some of these levels could be the central structures, the local istitutions, economic and productive resources of the district and, at last, with the entire population.

The suitable way consists in implementing a model of intervention that is able to articulate the clinical functions, that are careful to the war and violence effects, with the social functions of the hospitality of refugees and asylum-seekers into the new context, within a framework that integrates an ethnoclinic approach with a global mental health approach.

This methodological perspective, based on the constructioning of a wide social supporting frame and on multiligual platforms of exchange, should offer new possibilities of relationships to the human hosted groups. In this way we could help them to leave the suspended and stuck life, in which the migrants could risk to be.At the same time, we have to pay attention on the danger that the contact with other cultures does not generate some xenophatic sufferings in the local comunities, that are able to create form of rejection, manifest or veiled.

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