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Rajaa Stitou

## **From Psychic Exile to Geographical Exile**

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**Abstract**

This text aims to rethink the question of exile and how we approach the other whom we call “the foreigner” without either denying or fetishizing his or her difference. Based on clinical experience, it highlights the way in which psychic exile is revived through geographical exile, which raises, for each individual, the question of “the foreign” both within and outside ourselves. The author argues that this psychic exile is linked to the original separation inherent to all human beings that is re-actualised whenever a boundary is crossed, whenever we are displaced – whether it is in relinquishment, mourning or geographical migration. The upheaval these crossings cause requires a work of symbolisation that necessarily draws on our specific cultural frameworks. However, what about those people who have precisely been forced to leave the world of their language, its myths and cultural references? In fact, through the gap introduced by his or her difference, the encounter with a person from another cultural background highlights the difficulty of thinking about the connections between the singular and the collective, between psyche and culture. In this way, the present article opens up the complex questions faced by clinicians working with displaced people and confronted with linguistic and cultural difference. Its theoretical orientation is psychoanalytic and anthropological.

**Keywords:** exile, psyche, culture, subjectivity, language

The perspective on exile presented in this text is based on my experience of working clinically with individuals in France whose lives have been marked by displacement. When trying to express their distress, most of them speak about more than just the fact of moving to a different country, whether they were forced to do so or came by choice. Although each story is always unique, they all seem to highlight an experience of an inner exile, of becoming a stranger to oneself. Of course, having to flee barbarism or death threats is entirely different from immigrating as part of a carefully considered plan, as authors such as Leon and Rebecca Grinberg (1986), Andrew Harlem (2010) and Salman Akhtar (1999) have shown. However, across the many different circumstances, displacement is above all a subjective experience that confronts the individual with the unknown and requires him/her to resort to imaginary or phantasmatic forms of protection. The severing caused by it revives other separations inherent to the infantile period, which have been preserved in the psyche of each individual. Paradoxically, it is in the faraway and foreign land that often we discover what is most familiar to us, not without the kind of “uncanny” effect described by Freud in his eponymous essay. In this paper, Freud suggests that the uncanny feeling represents “a manifestation of the unconscious”; in other words, “the uncanny is that class of the frightening which leads back to what is known of old and long familiar” (Freud, 1919, p. 219).

The distinction between psychic and geographical exile helps us understand that the displacement inherent to changing a country, language and culture cannot be reduced to territorial and ethnic considerations. It also raises the question of what is at stake subjectively. In other words, the subjects of a different origin confront us with the need to take into account what links together subjectivity and displacement, psyche and culture.

This article wishes to highlight this dimension and make a contribution to the highly instructive work done by other authors, including Leon and Rebecca Grinberg (1986), Akhtar (1999), Harlem (2010) and Ainslie (2011).

First, I will show that exile as a geographical displacement revives another, more original psychic exile linked to each person's subjectivity. The presentation of a clinical case relating the difficulties of a child whose experience was marked by forced immigration will help us take a second step. This consists in rethinking the use of psychoanalytically oriented listening in clinical work with displaced subjects – a listening that highlights the complex relationship between psyche and culture, between the subject and the collective.

The clinical experience of exile and immigration indeed confronts us with more and more complex situations, given the growing numbers of refugees and migrant workers. In addition to the so-called economic immigration throughout France but equally, because to globalisation, virtually everywhere else in the world, we also see an upsurge in the number of asylum seekers and the forcibly exiled, whose experience is often marked by torture and humiliation. Many of these individuals live in precarious conditions or are completely excluded, in the context where being received or obtaining asylum has become increasingly more challenging. There is a real lack of care provision, despite the growing number of migrant services; it is still mostly non-profit organisations that receive, care for and support this population. How do we help these subjects, whose appeals are often confusing to us and whose cultural references differ from our own? This is a burning issue not just in France but also in the United States, as vividly described by a number of the authors previously mentioned. In France, ethnopsychiatry, whose founder Georges Devereux introduced the notion of a “complementary” relationship between psychology and anthropology, has long presented itself as the solution to the specificities of the “migrant”

problematic, first through the work of Tobie Nathan and later Marie-Rose Moro. The methodological operator of this new approach is based primarily on a cultural explanation of the migrant or refugee subjects' mental malaise or distress. Every symptom is of course marked by a given culture, not only in terms of a geographical area, but also the historical era. However, in reducing the subject to the way in which his/her suffering is expressed or to his/her cultural difference, doesn't such a model risk confining the foreigner in a self-enclosed identity, while silencing his/her unique experience? Taking the other's culture into account is obviously essential; however, should we fetishize their difference so much so that their own style and singularity disappear or are absorbed into the undifferentiated mass of their ethnic community? Experience shows that in order to be effective, a clinical encounter requires that we go towards the other whom we call the foreigner without either denying or fetishizing their cultural and linguistic difference. This is the path I would like to unfold. My approach is based on the Freudian and Lacanian theorisation of the unconscious and the psyche, which is not a psyche closed upon itself, excluding all object relations, all intersubjective relations and thus all bonds of identification. It does not negate the subject's relationship to the social bond and the civilisation s/he belongs to but in which s/he engages in singular ways. Several other authors will serve as a reference, including Winnicott and Nathalie Zaltzman. However, first we must speak about what I call the psychic exile.

### **The original psychic exile**

From a psychoanalytic perspective, the psychic exile incarnates the original cut that creates both subjectivity and otherness (Hassoun, 1993; Stitou, 1997). It is inherent to the initial situation of each human being – a speaking and mortal being, regardless of his or her linguistic or

cultural difference – namely the separation from his or her origins. This exile not only concerns each of us in terms of our arrival into the world, but also refers to the “subjective division” of each speaking being (Lacan, 2019). Lacan greatly insisted on the separation or the psychic cut that generates lack at the very heart of the subject, a “lack of being” [*manque-à-être*] that needs to be symbolised rather than filled. According to him, the subject is therefore psychically divided, in particular between consciousness and the unconscious. Each speaking being is thus “exiled” from completeness, from the source that remains inaccessible, as far back along the chain of generations as we can see. The strange or indeterminate nature of our origin, of belonging and of the future, opens up a gap, forcing us to create fictional and symbolic constructions that help us connect with one another and resist our dereliction.

The foreigner is the hidden side of ourselves (Fédida, 1995), meaning that at certain points we no longer recognize ourselves as being the same. The foreign is the singular unconscious of each person: it refers to the origin that remains the bedrock of all human expression. The foreigner simply acts as a reminder of this – both for the “locals” and for him/herself. This is no doubt why s/he is so difficult to approach. No one is self-identical; we are all “strangers to ourselves” (Kristeva, 1994; Sheldon, 2016). We know the kinds of disasters that can result from the vertigo of sameness, from the fascination with one’s own image. Remember Narcissus’ tragic end: in the myth he drowns, lured by his own reflection, precisely because there has been no cut, no separation.

It is therefore thanks to this exile, to this primordial lack which opens up the realm of speech, that each subject can move without necessarily going astray. This exile should be understood as what founds the meaning of our existence. *Exile* and *existence* also share the same

etymological origin: being outside of, separate from. Thus there is something constructive and structuring about exile. It eludes both geographical and ethnic localisation.

The argument I wish to focus on is that this exile, which for all of us refers to the foreign both inside and outside ourselves, is revived each time we cross a frontier, in every displacement, whether it is in relinquishing something, in mourning, in moving to another country or experiencing a historical break. All these displacements require a process of metaphorization. In fact, any kind of displacement constitutes an experience of the foreign, which revives the lack in the human subject, his or her psychic vulnerabilities. The challenge of the unknown, which inevitably raises the question *Who am I?* confronts us with the most intimate part of ourselves, but also one that can be most readily shared with the community of mankind. This point of rupture then has to be compensated by narratives and cultural symbols. However, what about those who have been forced to leave their home country?

### **The geographical exile**

This type of displacement involves a disruption in the geographical reality. It concerns people who, at a specific point in their lives, move to a different country, changing their language and culture. Experience shows that while some have deliberately chosen to live far from their “native” land, in an idealised country, others were forced to leave simply in order to survive (L. & R. Grinberg, 1986; Akhtar 1999; Harlem, 2010). This is the case for political refugees or people fleeing terror at home. Far away from the place of their narcissistic anchoring and symbolic reference points, cut off from the scents and savours of their native land, they find themselves in a foreign context, no longer supported by what is familiar. This displacement reactivates infantile wounds and intensifies the pain of separation from the object of desire; in

some cases, it leads to feelings of depression, when one is confronted with a loss of meaning due to the destabilisation of habitual symbolic frameworks.

### **The different subjective positions vis-à-vis the challenge of the unknown**

Faced with a new world and its unknown codes, the subject can assume different positions.

Some transform the pain of exile into creativity, such as the many writers, painters and poets who discovered their vocation in a foreign land. Among those with a less happy experience of immigration, some might defensively identify with their traditions, turning their origins into a cult object -- this is the case of the so-called “fundamentalists”. This withdrawal is at times fuelled by the gaze of the locals, which becomes persecutory to the point of dehumanization. Dominated by ideas of omnipotence and self-sufficiency, these subjects are then no longer able to open up to the other and to otherness. Their cultural references are reduced to mere signs; their traditions and rituals often become caricatures stripped of any original meaning. For example, some French children of African or Arabic origins experience circumcision as a terrible form of violence rather than something constructive and structuring, because in the context of the host country the ritual that would have the act meaningful is missing. Nevertheless, as an “act and text”, the rite of circumcision allows to enshrine identity by symbolically locating sexual and generational difference on the side of lack, of the cut. This cut cannot be reduced to the real bodily organ (the foreskin); instead, the latter presentifies a symbolic dimension which necessarily evokes castration (Lacan, 2020).

The question of life and death is part of every rite of passage (which symbolically lays a certain stage of life to rest, in order for the person to be reborn in a different way). This is a

symbolic passage, helping the subject bring his past onto the scene of his future. However, when a ritual is transformed into a mere action emptied of its symbolic coordinates, this passage turns into an impasse. Certain ethno-clinicians respond to this action by counteraction, i.e., by only considering the exotic or folkloric aspects of the other's culture. The cultural elements at stake must of course be taken into account, but only on the condition that we do not fetishize difference by adopting an ethnocentric position that eliminates the subjective dimension.

There are also those who remain neither here nor there. Suspicious of all arrivals and departures, they give up their position as desiring subjects and make "nowhere" their only home. This exile from desire reverberates, as a relationship of contagion rather than transmission, on their children, who sometimes become stuck, frozen in a time deprived of a future. Their unhappiness often becomes patently obvious during adolescence, when it can sometimes explode in the public square through various actions aimed at disrupting the social Other.

Others still end up rejecting their cultural heritage in order to adapt to the host country. Their failure to fully conform to the "natives" provokes shame and guilt – the signs of an identity collapse.

However, this rejection of one's own culture is sometimes fuelled by the social gaze or discourse in which people may be caught up and eventually confound themselves with the negative image reflected back at them. This image fails to match the expectations of a certain contemporary imperative, namely of normalisation and homogeneity, of being like everyone else (Stitou, 2007). Today, the relationship to difference has become a key political issue, including in the United States, as shown for instance by Sheldon (2016). Faced with globalisation and mass immigration, the fragility of the border constitutes a permanent threat and each society strives to preserve its identity. In France, these normative discourses most often invoke "integration".

This word, which in mathematical language designates the determination of the value of an unknown in a differential equation, has acquired a new meaning in the rest of the semantic field, namely the resorption of a part into the whole. This refers to its etymological origin in the Latin *integratio*, i.e., to restore in its integrity. In the socio-political field, we understand the term as the resorption of the dissimilar.

Integration is therefore posited as a kind of imaginary totalisation, of an illusory harmony which would make us believe that it is possible to be identical to oneself and to others. Taken to extremes, this denial of difference can reappear in the real of segregation, where the other is discarded. In this sense, Sheldon's work (2016) is highly instructive. This raises the question of what happens to a subject when the social discourse requires him/her to retreat into unicity while abandoning what is irreducible in him. By giving consistence to this fantasy of completeness, does this discourse not risk inhibiting otherness and destabilising identity, which can only be built on difference?

As I have said, some migrant subjects respond to this imperative of homogeneity symmetrically, by trying to conform perfectly to the norms and values of the natives (Akhtar, 1999) or by emphasizing only those differences seen as tolerable or benign. Some parents will go as far as forbidding their children from expressing themselves in their mother tongue, as we shall see in the case of Imad.

This forced assimilation can damage both the subject and the process of transmission. While every case should of course be approached as unique, clinical experience shows that these children, who are sometimes unwittingly caught up in the history of colonialism, have been excluded from any kind of narrative about the "other place" they carry in themselves. Their pain has often been communicated to me through their inhibitions, their inability to build and create. It

is these young people, whose erratic behaviour can appear both confused and confusing to the clinician, that we often meet in our clinical services.

### **Clinical fragment**

I am reminded of Imad, a six-year-old Moroccan boy, whose interesting case can help us understand this context. I met Imad after his school doctor had asked me to see him with his mother, whom I will call Safia<sup>1</sup>, at a Medico-psycho-pedagogical Centre (CMPP), which receives children and adolescents with difficulties, many of whom are from immigrant families. Safia and her son came to France as part of a family reunification, favoured by the policy of integrating legal immigrants. Safia had longed for this reunification to happen, yet she still felt excluded and isolated. I worked with Imad therapeutically for over six months, once weekly and using a psychoanalytically oriented approach.

An only child, Imad had left his home country with his mother only months after his birth, in order to join his father in France. The latter had previously been forced to move abroad to “keep his family alive”, as Safia put it. At school, Imad was very inhibited; he completely refused to speak once he set foot outside the family home. This was the reason for the referral.

His mother only spoke to him in French: “So that he can adapt, that’s what they told me to do,” she stressed. The Arabic language, used exclusively by the parental couple to speak to each other, thus became in a sense the language of incest, a language that refused to enter into any social exchange. A number of authors have shown, in different ways, that such a prohibition can be violent (Hassoun, 1993; Stitou, 2007) and/or give rise a loss of the sense of identity and of “internal objects” (L & R Grinberg, 1986; Ainslie, Harlem, Tummala-Narra et al, 2013).

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<sup>1</sup> The names of all persons have been changed.

Born in Morocco while his father was away, the little boy arrived in the host country at three months old, together with his mother, for whom the emigration had been a very difficult experience. To her, Imad's problems – which she seemed to identify with, sometimes to the point of describing them as if they were her own – were clearly due to the fact that he had no siblings: after having given birth to him, she became unable to conceive. Her son was, as she put it, “her only consolation” against the loss of her family's support and the “curse” of infertility. Worried that she might be criticized or seen as a bad mother, Safia was constantly trying to justify herself: “I've done everything for my son to be happy.” She stressed that she tried hard to “silence her pain” in order not to traumatize him. “I want to protect him from the foreign,” she said, using the Arabic word *Elghorba*, which also means “exile”, “lack” or “separation.” We should understand that the signifier *Elghorba*, transmitted via the code of the Arabic language and culture, already suggests something related to the unconscious and the symptom. There are subjective resonances that show that the exile Safia was talking about is not just a question of a geographical displacement. It also refers to what this displacement reveals or revives, namely another exile: a psychic exile, and, through it, a gap, a “lack of being” [*manque à être*] (Lacan, 1991). This “lack of being” inherent to the subjective division I have spoken about previously, which reminds us of the foreign within and outside ourselves, is a lack to be symbolised rather than filled. However, Safia seemed to experience it as a danger she had to protect herself from, which had clear repercussions on her psyche and also on the relationship of transmission with her son Imad. This approach allows to highlight that in order to be effective, the clinician's listening must take into account the equivocations inherent in speech. From the Lacanian perspective, speech should be understood in its articulation to an instituted language, which is on the side of meaning, of the discourse that organises social and/or cultural life, but without being reducible to it because, as

much as s/he speaks it objectively, the subject is also unconsciously “spoken” by the language. And no language is free of the effects of the unconscious. In other words, the language used by the subject to express his/her suffering, whatever its instituted form, has to be considered via the transference in its double aspect: that of the statement which bears the mark of a culture and that of the enunciation, in which the subject involves his/her subjectivity and where the effects of metaphor and metonymy are actualised (Lacan, 2019).

The following section presents a few fragments from my clinical work with Imad.

### **The meeting with Imad**

In our very first session, Imad agreed to break his silence when I pronounced his name in Arabic in order to say Hello<sup>2</sup>. Even before I could explain to him the purpose of our meeting, he himself said: “Mrs B [his teacher] told me that I can play here and draw and have dreams.” In the following session, he stressed that he always dreamt in Arabic, a language he understood but could not speak. When I asked him whether he would like to tell me about a dream, he said: “I’m afraid of making a mistake. I don’t know the Arabic words. I’ve lost all of them.”

Then, he had an idea: “If you like, I’ll tell you in French, and you’ll say it in Arabic. That way we won’t make a mistake.” I told him that he was not at school and that it was important for him to use his own words. I also explained that, if necessary, we will together look for the words to which he would like to find the equivalents in Arabic, but that in any case, something was always going to be lost. And that that was not a mistake.

Imad then went on to relate his dream. At first he said that in the dream his father was in danger and he had to speak in Arabic in order to ask for help, but people did not seem to understand. He then corrected himself: “No, that’s not right. It wasn’t my father. It was me when

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<sup>2</sup> Thanks to my French Moroccan origins, I can speak and understand Arabic.

I was in hospital. I spoke Arabic with the doctor. He gave me some sweets and then I saw that he hid the knife. I screamed, but nobody came.”

After his dream account, Imad managed to translate the word for sweet, *bonbon*, into Arabic. “*Halwa*, that’s what my mom says when she’s making a cake.” I encouraged him to go ahead and tell me what the words of the dream made him think of. He was incredibly happy when he managed to translate another word, *mous*, which means “knife”: “That’s what you use to kill a sheep for a feast.” He continued his translation game, moving from one language to another, but also completely moving away from the logic of meaning. He pronounced words which signified nothing on the level of meaning but contained strangely familiar Arabic sounds (guttural, labial), recalling the language of the first exchanges between a mother and the *infans* - a being who does not yet speak – as part of an erotised universe that engages the emotions and provokes love, hate and curiosity; where a whole fabric of gestures and sensation is woven together, of lallation, of exploratory phonetic play.

Piera Aulagnier’s work on the “pictogram” emphasizes this pre-verbal sensory language (1986). The “pictogram” is the basis of the connection between the body and the psyche, between the psyche and the world. Even before a child learns how to speak, it creates a kind of inaugural linguistic bond, a kind of substrate on which the force of speech is later deployed. From a psychoanalytic perspective, the mother tongue is linked to this inaugural language, which comes prior to the child’s access to articulated speech. Lacan calls this mother tongue *lalangue* (2000). It is not the language one speaks, but that by which everyone is at first spoken. It should not therefore be confused with codified language; rather it links with it when a subject enters speech by lending his voice to it. And this is precisely what Imad rediscovered when playing with language –which now allowed for desire to be expressed.

When his mother came to pick him up at the end of the session, he ran towards her, asking her: “Tell [the therapist] about when I was ill, when I couldn’t pee.” Safia burst out laughing and explained to him, taking me as a witness and using a sort of “Francarabic” (in fact, she would use Arabic for everything that had to do with the body and intimacy, and French for all that referred to the social space – the hospital, doctors etc.), that as she had already told him many times he had not been ill. He was quite simply circumcised, the same way it happened to other boys. I suggested that perhaps he should talk about it with his father, man to man.

At a later point, Safia told me that Imad had become very difficult with her. “He used to be such an obedient child, so kind! And now the things he dares to say to his mother, all these bad words – and in Arabic! But the strange thing is,” she added, “that now that he is such a handful at home, his teacher is very pleased with him.” I suggested that for Imad, these “bad words” and “Arabic” might be equivalents, given that both were forbidden. Speaking about her language and culture, Safia could then voice her regret of not having been able to follow the usual ritual when her son was circumcised. She had thought that in France there was no space for these things; she was also discouraged by the absence of her friends and relatives. She said that since having moved to France, she also felt a stranger to herself, *ghariba* – a term meaning both “exile” and something foreign or strange. I wondered what kinds of associations she had with this word (which she had previously used in its masculine form – *elghorba* – to express that from which she wished to protect her son). Surprised, she started wondering about what was so mysterious to her, bringing up the infantile wounds that had been revived by this “pain of being far away” - the same pain she was now projecting on her son, while simultaneously trying to protect him from it. This process continued every time she came to pick him up at the end of the session. At the same time, she also slowly allowed herself to speak with him more, and thus

could enter a relationship of transmission, rather than one of contagion. The constant emphasis on her bond with her “place of origin” gave way to a work of elaboration. In the work, taking Safia and Imad’s culture into account therefore did not mean reducing them to it, but rather enabling them to bring their subjectivity into it, of finding their own language, which is different from simply the language spoken by a given ethnic group.

Without having to go further into the details of this case, we can see that Safia was unable to transmit life both literally and metaphorically (she would later announce to me that she was expecting another child). She was captive to a nostalgia for an unreachable elsewhere, to the point of severing all ties, of interrupting history. Nostalgia is a legitimate reaction to loss, but when it no longer leaves space for any future, it creates a deadlock. Safia located this elsewhere in an external reality, on which she had no purchase as a subject. Likewise, her son was put in a position to make up for her lack, and thus given a place impossible to inhabit. What he received from his mother’s linguistic and cultural references were either just signs, used in a way that stripped them of their symbolic dimension (for example in the case of circumcision), or mere silence. A deadly silence that did not allow him to appropriate his own history, to subjectivize it in order to open himself up to new connections. As an injunction, the ban on the use of Arabic constituted a lacuna in the transmission, which Imad would then repeat when confronted with the wider social field. For the little boy, the Arabic language was not recognized as a language that could be shared, communicated in and connected to other languages, and thus became the language of prohibition. French, to which he was expected to adapt in order to be like “native” children, had no impact on his emotions or desire. It was reduced to its everyday, instrumental aspects. Imad was only able to come out of his shell at school and re-enter the relational space, both as a singular subject and one who is similar to others, once he was able to name his wounds,

i.e., to transform them into grievances and then into messages addressed to the Other in the transference. Starting from his dream and the game of translation (lateral rather than literal translation), a movement could begin that allowed him to reinvest language by engaging his desire in it. This elaboration also enabled him to reinvest his own body. Previously, circumcision had not been experienced as something that gives value, but as a mutilation – a truly traumatic event. This is because a ritual act, in which a bodily mark should become meaningful by representing sexual and generational difference as a symbolic cut, was transformed simply into a medicalized action. In other words, the mere practice of cutting the foreskin replaced an entire symbolic structure that normally initiates a metaphorical shift for both the subject and his family, who are now able to see the growing child in a different way. As for Safia, she was able to inscribe herself in a relation of speech, once the foreign could be questioned, not as a menacing figure of what is dis-similar but based on what was most intimate to her.

### **Some reflections on the therapeutic process**

The position of the analyst, who is herself a foreigner and shares her language with Imad and his mother, was not without certain effects on the therapeutic process. It helped mobilise a movement of identification and the dimension of transference and counter-transference. Imad's unique history, caught up in the current context of immigration, resonated in my ears and it was the way I received and pronounced his given name that helped the therapeutic relationship to be established in a positive way. This relationship requires the right kind of distance (neither too familiar, nor too distant), without which no working through is possible. Yet the relational modality deployed in working with Imad cannot be generalised – each encounter is unique. In other words, while the analyst's pronunciation of Imad's name (and its Arabic sounds)

encouraged and enriched the therapeutic alliance, in another case it might do the contrary, i.e., generate resistances.

However, there can also be resistance on the side of the analyst or therapist. I am reminded of another patient, an Algerian woman suffering from a medically unexplained sterility, without any manifest organic anomaly. It was only after several sessions at the beginning of our work, when I was able to open my eyes and see beyond the appearances, of a young woman seemingly rejecting all her femininity (dressed in black and wearing a headscarf) and whose repetitive discourse (in French), which revolved around her wish to have a child at any cost and the medical technologies of assisted reproduction, clashed not just with my expectations of a psychic elaboration but also with my ideals. I should explain that these meetings took place in a context marked by the terrorist attacks committed by religious extremists. This situation thus had a certain impact on the very space of the session and the relationship of transference-countertransference. Forgetting that resistance can also be located on the side of the therapist, my psychic “deafness” meant that for a number of sessions Sabah kept coming back with the same effacement of any signs evoking femininity and speaking in a way that, because of the boredom it provoked in me, I could only hear as always the same. I even began to wonder if any psychic work was possible at all. Struggling, I was surprised to see myself fidgeting during the sessions, cutting them short in order to hide my embarrassment, or even telling myself: “If only she’d stop talking!” Like a broken record, Sabah’s discourse was constantly repeating the same words, from one session to the next. However, once I was able to confront my own stumbling blocks, this sameness suddenly looked different. I was able to hear Sabah’s words differently, paying attention not only to what she was saying but also to the underlying enunciation, to the speech that is released in this process. From this moment on, our

relationship changed. It was thus based on the analysis of my own hurdles that the process of symbolisation was initiated, giving the patient a possibility to overcome her obstinacy in wanting a child and finally question the enigma posed by the symptom (infertility).

Many authors have rightly pointed out the need to take the sociocultural and/or political dimension into account in the clinical encounter, when patient and therapist are immigrants (Ainslie, Tummala-Narra, Harlem, Barbanel, 2013). However, this need should not be reserved to these types of encounter. Any clinical practice, whether it involves migrant subjects or not, is part of a context that cannot be ignored by the therapist. When working with a patient, s/he leaves neither his/her psyche, nor his/her culture or social status in the waiting room. S/he opens up to the encounter with all of these aspects of oneself, but neither should s/he become stuck to them, because there is also a need to take a step to the side vis-à-vis these aspects. The psyche does not exist in a vacuum; it is born and develops in the sociocultural fabric. Psychoanalysis itself is marked by culture. Thus it cannot remove itself from its societal and/or civilisational context that each subject draws on, in a unique way, to fashion his/her identifications, find his/her place in the world, manifest his/her desires and pains.

Working with individuals whose experience has been marked by migration has increasingly led clinicians –psychologists and psychoanalysts – to rethink their way of listening when confronted with linguistic and cultural differences. I will address this question in the following section.

### **Clinical listening and cultural difference**

Despite the growing amount of research dedicated to the so-called intercultural therapy practices, working with individuals of different cultural origins can at times still prove

challenging to care professionals, who find it difficult to separate subjective specificities from cultural elements. In these situations, clinicians are generally likely to:

- either explain the difficulties they feel when working with foreign patients by cultural difference itself. In these cases, the symptom is understood through the value assigned to it by the patient's community, rather than the value it takes on in the subject's own speech;
- or focus on the symptom and its purportedly universal classification.

In both of these situations, the subject's own speech is dismissed in favour of a preestablished classification, whether it is seen as universal or culturally specific. A number of researchers, including those with a cognitivist-behaviourist perspective, have tried to construct models to improve the therapist's cultural competency and avoid cultural stereotyping, especially when working with Asian-Americans or Asian immigrants. Brian Chu highlights these when reporting on the stereotypes identified by Barnal et al (1995), stereotypes generated by what they call cultural "errors", which arise either from "not contemplating cultural information when it fact it may apply (a 'type II' cultural error) or assuming that a cultural process is at work when in fact that is not the case (a 'type I' cultural error)" (Chu, 2007, p. 39). This approach is highly instructive; nevertheless, we should keep in mind that misunderstandings happen even between subjects from the same culture and, on the other hand, culture is neither immutable nor homogeneous. It is continuously in conversation with other cultures. The same is true about language, which always opens onto multiple meanings.

Moncayo (1998) has shown, using a Lacanian perspective, that psychoanalysis can teach us a great deal about working with subjects from the so-called ethnic "minorities", on the condition that we avoid adopting a culturalist stance, instead making space for the dimension of psychic singularity transmitted by the cultural and linguistic elements.

Also according to Tummala-Narra (2016), whose approach is very different, psychoanalysis, which she nevertheless considers to have long neglected the social and cultural dimension, can shed light on “cultural competency” in clinical practice. In France, Hassoun (1993) was one of the first Lacanian analysts to highlight the need to take these questions into account, questions that remain just as relevant today.

How can we therefore receive the other’s distress without either negating or diabolising his difference?

Clinical experience also shows that it is not just the manifestations of distress among expatriate subjects that raise questions about their connection to the socio-cultural dimension. Even among “native” individuals, the subjects of modernity par excellence, the expression of suffering also destabilises the boundary between their singularity and the disruption of social reference frameworks.

How do we then listen to a person whose codes of channelling distress largely elude us? How to separate the private, fantasy scene of a subject from his culture? In the gap constituted by our difference, the encounter with a person from a different culture only reveals the fundamental questions we all ask ourselves. Indeed, it raises the issue of the complex links between a subject and a collective. Starting from the period of colonial conquests, this fundamental question was developed by the culturalist approach, giving birth to a form of psychiatry modelled on medicine and claiming to discover various exotic diseases as part of its “civilizing mission” (Stitou, 1997, p. 24). The work of Frantz Fanon (1961), who denounced the colonialist and identitarist aspects of a certain kind of psychiatry, are also highly instructive. One of the representatives of this psychiatry in the Maghreb was Antoine Porot. The titles of a number of his articles sum up his approach, which proceeds from a singular pathological reality to a psychiatrization of an entire

culture, labelling the latter as abnormal. *The criminal impulsiveness among the Algerian North-Africans* (1932) or *The primitivism of North-African natives*, written in 1939 together with J. Sutter, show the impact of colonialism on the scientific approach of the time.

However, this question, of what connects the subject to the collective, the psyche to culture, is also one that psychoanalytic theory constantly attends to, as attested to by Freud's own effort, even in his posthumously published work, to bridge "the gap between individual psychology and group psychology" (1939, p. 196).

### **The ethnopsychanalytic model**

Geza Roheim (1950) and Georges Devereux (1970), whose work inspired the new ethnopsychiatry introduced in France by Toby Nathan and later Marie-Rose Moro (1994), each tried to answer these questions, which cultural difference only accentuates. Their undeniably rich theories were nevertheless limited by a kind of binary logic and, as we shall see, in setting up a simple dichotomy between psyche and culture led their successors into the trap of a dangerous splitting.

These questions led specifically Devereux to found ethnopsychiatry, also known as ethnopsychanalysis, and coin the notion of "complementarity" (1972) to define the relationship between individual psychology and culture. He argued that we should distinguish between two types of unconscious: the *idiosyncratic*, i.e., individual unconscious, and the *ethnic* unconscious, which he defined as: "that portion of the total unconscious segment of the individual's psyche which most members of his given cultural community have in common. It is composed of material which each generation teaches the next one to repress, in accordance with the basic demand patterns of the prevailing culture. It grows and changes as culture itself changes. It is

transmitted by a kind of ‘teaching’ as culture is transmitted” (1956, 26-7). This dimension of intergenerational transmission is of course of great importance. A number of authors have made the link between family and historical trauma, which resists the work of mourning (Volkan, 1972) or remains unsymbolized (Davoine and Gaudillière, 2004) and the individual’s psychological difficulties. These authors, which also include Werner Bohleber (2007), have rightly emphasized the impact of collective history on the human psyche and the aspects of collective violence that are unconsciously transmitted to the individual.

Returning to Devereux, who was very interested in the differences between different peoples and cultures, the relevance of his work and the wealth of documentation he collected are impossible to ignore. However, his cultural theory of the unconscious at times steered him in directions he had himself previously denounced. His theoretical journey led him to draw up a typology of different ethnic pathologies, which were allegedly “completely opposed to our own cultural notions.” Among his many examples, we could cite the murderous frenzy of the Malaysian *amok* runners or the “Crazy Dog” figure of the Crow Indians, in pursuit of a glorious death.

Devereux distinguished these cultural manifestations from “ordinary” idiosyncratic symptomatology, which remained bound to the individual’s history, and he established an entire nosographic repertoire of “sacred” disorders, including shamanism. What is questionable are the “analogies” he later used to, among others, analyse dreams; there is a risk of sliding from analogy to similitude and equating rite with madness. These questions resonate in Patricia Gherovici’s work on the Puerto Rican Syndrome (2003). Devereux’ reasoning would in fact let us believe that the unknown inherent to all human incompleteness can be objectified and understood through its particular cultural characteristics.

In the case of ethnic symptoms or disorders, which Devereux considered to be culturally structured, the subject does not need to elaborate the conflict individually: the society does it for him, by providing him with a “ready-made” solution and sanctioning standardized behaviour. This binary logic (idiosyncratic unconscious on the one hand, ethnic unconscious on the other) eventually sees the other not as a suffering subject, but as a victim of his own culture – and this is precisely what is so problematic about it. His model became the foundation of many so-called intercultural approaches, which assume that migrants from “traditional” societies express their psychic distress through, for example, spiritual possession or sorcery. These thinkers argue that the clinician must therefore follow in this direction, take the cultural aetiology on board, in other words, encourage the patient to occupy the position of a victim. However, in doing so the subject denies his psychic conflict and eventually transforms a subjective division into a transgression committed by the alleged spell caster. By focusing on culture, this approach obscures the subject’s desire and expression of his/her psychic life (Sheldon, 2016).

These are the traps of a binary logic that, precisely because it lacks the notion of the symbolic third party that would enable the individual to subjectively invest his cultural representations, ultimately leads him or her to give up personal responsibility. At the same time, it ultimately disjoins the subject from the surrounding social reality, either by understanding him solely through the prism of the social or cultural symptom, or by highlighting a psyche closed upon itself and excluding any object-relation, any inter-subjective relationship. This excessive culturalist approach reminds me of a female patient from Mali, whom I will call Mariama, who told me that after a depressive episode she had seen a “psychologist” from an organisation working with migrants. “He took away the Black suffering and gave me the White suffering”. The displacement of her difficulties could not be expressed more clearly. The patient, whom I

met at a medico-psychological centre that also received adults, was referred to me by the doctor of one of her relatives, in whose house Mariama had temporarily taken refuge in order to feel less alone in her distress, despite the presence of her attentive husband. I only saw the patient four times, after which I referred her, on her request, to a therapist practicing in her city. Mariama herself explained to me that this psychologist had asked her many questions about the customs of her home country and told her that in order to feel better, she should acquire a protective amulet against witchcraft. However, she told me, “I’m in too much pain, it’s unbearable, and not even the traditional remedies are helping me. Not only I am not feeling well inside, in my mind, but I’m scared of everything and of other people. Even with my closest family I don’t feel well.” I asked her to explain to me what she was feeling and if she had felt something like this before. She burst into tears and spoke about the death of her only daughter, only a few days after birth. “It was just as painful as the day I lost my mother, when I was only twelve or thirteen,” she said. “There is nothing worse than a mother losing her daughter and a daughter losing her mother. Now I only have my eyes to cry, like a little girl who needs to be comforted.” To my question regarding what could console her, she answered: “The person who could protect me is no longer there. Only my mother could comfort me. Sometimes she would sing me a song, *Makun*, a Malian nursery rhyme which means ‘Don’t cry’. I loved that song, contrary to my sister who doesn’t have good memories of it.”

Without going into the details of this clinical fragment, we can already see that Mariama and her sister do not have the same reaction to *Makun*, even though this nursery rhyme comes from their shared culture. They have not subjectively invested it in the same way. But also and more importantly, we see that in her distress Mariama is not looking for a normative cultural response and the response that “took away the Black suffering” was not enough to soothe her and

help her work through her grief. What she was asking for was the offer of a presence and listening that could receive her distress and recognize her as she was. Asking about her experience gave her an opportunity to reconnect, via the transference, with what was most intimate to her and to engage in a work of historicization and symbolisation. In this process, her culture was of course taken into account, but not in a way that would be disconnected from her subjectivity and psychic life.

The methodological operator in some of the new ethnopsychiatric approaches, which essentially focus on the “ethnic unconscious” and tend to adopt the strategy of the “healing influence” (Nathan, 1994), are primarily based, as I have described, on a cultural explanation of the immigrant’s suffering. Every symptom lies at the interface between a singular discourse and the social and cultural discourse, i.e., what Lacan calls the symptom’s “formal envelope” (Lacan, 2006, p. 52). However, by reducing everything to culture, do we not run the risk of confining the subject to solely his/her ethnic identity, leaving their subjectivity aside?

And what about those subjects who are already caught up in a form of nostalgia or in a cult-like reverence for their own traditions, so that “the foreign” becomes a threat to their identity? Doesn’t the danger here lie, precisely, in reducing them to their origins and traditions, which are seen as impermeable to any kind of change? In the clinical vignette presented earlier in this paper, the analyst’s listening made space for Imad without either denying or fetishizing his difference. The work we did in our sessions did not consist in reducing him to his cultural background and the language of his origins, but in helping him find his own voice in it. Likewise, when his mother Safia spoke about her “curse”, my approach was to help her question her mental conflict and, rather than clinging to her victim status, again assume the position of a human subject confronted with psychic pain.

### **The connection between psyche and culture: A different perspective**

Rather than placing the subject on the one side and culture or the social field on the other, it is precisely their relationship that constitutes them. The subject can neither fully separate himself from, nor drown in or confound himself with his culture, because it is as a singular human being that each of us connects to our community and constructs or fashions his or her own identifications. The relationship between these two poles is constituted by nothing other than language. This also requires us to redefine what we mean by culture.

Culture can indeed be conceived of different ways; however, it must be seen in its relationship to the intrapsychic and intersubjective dimension. It can be understood as what we receive, what we subjectively appropriate, what is constantly transmitted to us and recreated through dreams, myths and different narratives. Winnicott rightly prefers to speak of “cultural experience” rather than “culture” (1971: 98), stressing that each of us participates in a given culture in singular and creative ways.

We cannot conceive of mental life and the construction of subjectivity outside their relationship to culture. Some authors, for example Volkan (1972), even describe culture as our “second skin”, to emphasize its key role in early attachment processes. Likewise, Léon and Rebeca Grinberg stress the importance of the mother’s voice, which is like a cultural and symbolic “milk to the child’s ear” (1986, p. 104). Piera Aulagnier highlights the mother’s position of a “cultural word-bearer” (2001); it is primarily the mother’s voice as the sonorous “attribute of a breast” (2001, p. 55) that holds the *infans*. In the early mother-child bonding, culture is indeed crucial. As we have seen in the case of Imad, even before the child gains access to speech this relationship is created through baby-talk, the bodily contact with the mother and

the sensory qualities of language, before moving to words themselves.

Yet we should not forget, as Nathalie Zaltzman (1998) shows so very well, that culture is also what connects us to the human condition. This connection is unavoidably marked by the specificities of our time and place. In this sense, we cannot speak about culture without speaking about its foundations. The existence and necessity of culture stems from the incompleteness at the heart of the human condition, from the original separation or exile that figures the fundamental uncertainty of our origins.

This indetermination fuels the construction of fictions and symbolic assemblages, which allow humans to deal with the unsupportable real and connect to each other. One of Freud's key theses (1928) is that cultural constructions are sustained by precisely this kind of fundamental anxiety, by the need to make the human *Hilflosigkeit* tolerable. Civilization comes about as a reaction to need: to protect, humanize and connect humans to each other through a reference to a symbolic Law that each culture institutes in specific ways and which supports each human subject. The relationship of one individual to another and to culture as a whole passes via language, starting from the necessarily premature birth of the little human, who needs the other for survival. As soon as he is born, the child's cry is transformed by those around him into an appeal. He is caught up in language long before he can himself appropriate the codes in which he will engage his voice. Language cannot be reduced to a linguistic code. It also carries something untranslatable, something that eludes the code and that allows each subject to find his own style and speak in a singular way. There is a linguistic dialectic between the statement – which conforms to the cultural and normative aspects of a given language – and the enunciation, which is inherent to the way in which each individual brings his subjectivity uniquely into speech, a speech that can be articulated with words and with the body.

This permanent dialectic of language creates the connection between psyche and culture, between the subject and the collective.

Taking this dialectic into account means distancing ourselves from any kind of psycho-centric approach that would consider the psyche as closed upon itself, but also from ethnocentric perspectives which confound the subject with his or her cultural background. It allows us to listen to the other without clinging to the cultural codes or the habits and customs “exhibited” by the foreign person. Instead, it takes into account the irreducible and unforeseeable specificity of this particular subject dealing with his environment and culture, and what it offers as the means, which are constantly to be recreated, of situating himself in the symbolic and imaginary fields, in other words, what it puts at his disposal as tools of regulating his desire, his relationship to his origins and to death, as well as to sexual and generational difference.

Cultural difference is of course something to keep in mind, but only on the condition that we do not confuse culture, which does not exist independently from the subject, with culturalism, which tends to abandon the intimate part of each individual in favour of exotic images. Equally, linguistic difference is of course not to be dismissed, but what matters is, again, the way in which the individual is subjectively involved in it.

### **Conclusion**

This discussion has shown that the fact of leaving one’s country, land or home is not just a question of geography, but also has to do with the other, inner exile, which recalls the original separation that had constituted the subject and that links him, in an absolutely unique way, to his culture. This urgently brings up the question of origin and transmission, of the ability to feel at home and the relationship to a “place that has been lost”.

However, the question of place also interrogates the Other scene of the unconscious; it is always connected to a plurality of different spaces – real, imaginary and symbolic.

The trials of the unknown brought about by migration blur the boundaries between the reality of fantasy, the family romance and the reality of historical or cultural events. The upheaval caused by it can provoke feelings of guilt, a withdrawal or a revolt, but it can also bring up the real of the trauma and cast the subject into a boundless absence to the world, a contagious state that can sometimes have violent effects on the next generation. This absence is often difficult to put into words, in any language, and immediately assigning a cultural meaning to it only reinforces this difficulty, while silencing the subject's own speech.

The existential distress it causes does not pertain solely to the divisions between specific countries or cultures. It should before all be related to the subject's own history, without denying the link to their culture, a link always marked by subjectivity, and without losing sight of the socio-political context which it is part of. The analyst cannot ignore this context, which necessarily has an impact on his/her clinical practice: the context of globalisation where, due to the increase in forced exiles and migrations, the relationship to the foreign and to difference has generated a new figure of the fear of the other.

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