

Alcoholism, possession, immigration. Abnormal bodies

by Simone Spensieri*, Abdou Ahmed**, Claude Sbarboro***

«Symptoms appear at the law's borderline, they embody it, belonging to flesh, taking charge upon themselves to represent this point where the person doesn't understand law, but it is exerted by him».
Pandolfi S. (2006)

Mustapha, a 34 years old boy from Sidi Sliman (Rabat) Morocco, was expelled from the therapeutic drug addiction community because of the umpteenth argument with another guest.

Why can't you stay with anyone, Musta, what's the matter with you? You're always arguing... You can't be followed at Caritas anymore, here at Ser.T., nobody can't stand you anymore, they expelled you from the therapeutic community... Was it the same in Morocco?

Musta: In Morocco I used to stay by myself, since I was a child, I couldn't speak, my mother was worried about this.

Why? What did your mother think? How did she help you? Did she ever take you to someone? To a doctor, to a *fqih*¹?

Musta: Why to a *fqih*?! How do you know about this?

So, this last question, how do you know about this?, it's a question which inquires about our knowledge and our therapeutic power: why can we talk about *fqih*? How do we know about these matters?

So, have you ever been here?

Musta looks at me in silence for a long time... Yes, my mother took me there, but I don't want to talk about it now.

Let's take a step backward: Musta is introduced to us from Caritas operators a few months before because of alcoholism problems. The first interview is dealt by the educator² of NOA (Alcohol Operative Group), from the psychiatrist and the cultural mediator.

Serious problems alcohol related and ways linked to street-life appear immediately.

First months of taking care of the patient are exhausting, Musta spends the whole day at Ser.T., making an infinity of requests and pressing operators for an almost continuative attention. Time we are giving to him seems to be never enough and his attitude towards our Service is often defying, and, in his opinion, we can't find enough resources to help him. He would like obviously a lodging, a job and the mythic Residence Permit. Even though we explained very well our institution potentialities, energies dedicated to him are always frustrated and often devalued by his defiance.

Because of precariousness of the patient's way of life and the continuative entreaties the team is subjected, we assume an insertion in therapeutic community, also to avoid that our rapport with him would collapse in a so short time.

In community, however, he remains only a month before being expelled owing to an argument with another guest. The operators of the medical facility are already worn-out with his continuative requests, pressures and also physical intrusions in the ambulatories: Musta appears everywhere.

* Psychiatrist, psychotherapist SerT Asl 4 Chiavarese. sifraga02@libero.it

** Cultural Mediator, SerT. Asl 4 Chiavarese ahmed.mediatore@hotmail.com

*** Psychologist, C.T. Un'Occasione (Ge) – Ser.T. ASL 4 Chiavarese claudio.83@libero.it

¹ Traditional healer

² The precious work performed by the educator S. Fazzeri and by the nurse A. Grancelli of NOA (Alcohol Operative Group of Ser.T. A.S.L. 4 Chiavarese) was decisive through an endless availability to welcome the patient, also during his moments of bigger strain and pain.

His reserve towards other boys of the community is opposite to this attitude of tiresome demand; he demonstrates big relation difficulties which he refers to poor language knowledge. Operators, on the contrary, define his behaviour as an expression of pathological narcissism, as an origin of his drug-addicted attitude.

The argument, for the therapeutic community, works as an excuse to free from the patient and this mechanism let us better think about times and even expulsive logics, that let us think to community after only two months from his taking care.

Back to the institution, Musta takes again the same attitude, exhausting and defying, coming drunk, asking for endless interviews and despising every operator who denies them to him or postpone them.

We reason with him upon the community experience, dealing with conversation mentioned at the beginning of this work: why does he try out relationships? With Caritas operators he exasperated relationship in the same way, at Ser.T. he was bad tolerated after only two months and therapeutic community expelled him after a short time.

Ethno clinic consultation, in addition to social-political and economic dimension of the patient, wants to examine other meanings to explain cultural behaviour symptoms apparently shared by other patients too, at least as regards to form, but that can result expression of very different preambles and representations. Alcohol abuse, conceived as a symptoms and not only as a pathology, obliged us to engage in an etiological research of his pain trying to reveal its beginning an the process of carrying out.

In this occasion we ask him if he has never been to a *fqih*, a question that surprises him a lot: how do you know this?

Despite cultural mediator already belonged to the related team of the patient, in that period Musta refused to involve him in interviews, so we found ourselves to propose the matter of *fqih* without him. If the cultural mediator had been present to that interview maybe our question would have had a different authoritativeness, because his own presence would have granted the possibility of that matter, establishing cultural mediation process in a more recognizable way by the patient too.

Calling in the clinical space the word *fqih*, we started a process of expansion of knowledge and power of treatment, where we weren't the only specialists anymore.

This process which aims to establish a space of negotiation, an "elsewhere" to place the unexplored otherness which threatens patient (Beneduce, 2008), in fact it involves the circulation of notions and categories not assumed for anyone, even for the doctor in charge that, like patient, is obliged to place himself in a position subjected to an investigation by others³.

A few days after our question about *fqih*, Musta retakes spontaneously the matter: *my mother, after my father's death, began to practise magic (Lamhabba) to maintain us. She helped women to fall in love with men, my sister got married in this way too.*

But it was a deceit! Because of this our family was invaded by spirits and daemons... Jinn⁴, you know what they are. I was a child and I didn't know these things, I didn't understand them.

With this statement Musta enters the ethno clinic space, using the same language that the word we said, *fqih*, evocated; his statement opens us new investigations and reveals logics of a vicissitude that peopled again with new and unexpected presences. The introduction of *fqih* in the speech

³ As regards to the concept of displacement of operator cf. Nathan,(2003) who defines ethno psychiatry «the practise of hospitality», and M.R. Moro (2002) who express it as «a political adventure, after all»; it's a movement that involves a self-reflective critic towards oneself knowledge and allow to other a part of "power of knowledge" that normally holds the only doctor in charge.

⁴ Obviously, if I'm talking about *fqih*, he assumes that I know *jinn* too: invisible entities, male or female, many times evocated in Koran. They have three possible appearances (that of reptiles or scorpions, that of whirlwind, that of human figures); they are considered responsible of diseases, troubles and problems when teased, but they don't have necessarily a negative nature. They often establish relationships with their human partner, similar to those with lovers, imposing rules and bonds. (Beneduce, 2008).

⁵ That is with the aim to cause an opening in speeches that can be made as regards with the process of suffering of the patient.

about his continuous provocative attitude, find a correspondence both linguistic and biographical with *jinn* he introduces in this same speech, whose knowledge we are assumed to have because we said this word previously.

My mother did magic, lamhabba, maybe I was possessed by a Jinn when I was a child, he tells, maybe it possessed me because my mother did those practises in my presence.

A statement that structures the meaning of his behaviours and that allow us, given these contents, to involve the cultural mediator again, this time with the patient's consent. The cultural mediator will refute that thesis, sustaining the lack of correspondence between those practises and the possession by *jinn*, and raising doubts about the origin of the patient's diseases.

So the speech promotes a debate opened to everybody, avoiding to close in a traditional logic, and introducing new hypothesis and considerations, objections and misunderstandings that allow a dynamic construction of aetiology of the patient's disease.

Musta speaks with difficulty about that period and says that his older brother, after his father's death, had to undertake his role, but playing it in a too authoritative and severe way: *he shouted at me and he said to me to keep quiet, he didn't want me to speak because I was the youngest and so I couldn't say sensible things... Maybe for this reason too I can't stay with other people. Musta was the youngest of three brothers.*

Let's review schematically the process of construction of the mechanism of cultural mediation:

- The patient is not able to establish meaningful relationships without continually provoking them: the investigation of this symptom/behaviour cause an ethno clinic analysis, questioning different dimensions compared to those organic and classical psychodynamic, *provocatively*⁵ using a different cultural language working as a *therapeutic lever*; we ask him if he already had such problems in Morocco and if he had ever been seen by a *fqih*. The use of cultural material as a *therapeutic lever* shows a strategy that aims to let appear shadows and conflicts otherwise unmentioned (Beneduce, 2008).

- This was the central passage that urged him to open and tell about him through another syntax of pain that, assuming possession by a *jinn*, offered him the possibility of placing himself in an unsaid familiar story that maybe hides dynamics otherwise unsaid. His story seems to become much more complicated because of logics mingled with the presence of an invisible but palpable being, a *jinn*, whose evocation, however, has allowed an unexpected narrative flux, proposing as a real *machine à penser* and *machine à communiquer* (Beneduce, 2002).

I wasn't able to speak before the age of five, I was a zaizon child, deaf mute – tells Musta – a person can't be born in this way, you may become this if you stay under the sun for a long time and when I was a child my mother put heating near my head...I don't know if it was for this reason, my brother had headache problems... He went to fqih and psychologist but they never understood the cause... My mother took me to a fqih and I felt better, then another period when I was retired and very nervous, one more time to a fqih and I felt better again: I'm afraid of jinn, once I saw one of my cousin, she was possessed; she banged on ground, she spoke another language and was foaming at mouth, I ran and called my uncle, but my bike didn't work, because jinn didn't want me to ask for help... So I hitchhiked, but the car which stopped broke after a few km, for his fault again! So I ran for an hour to my uncle who was in another village... He is a "black magic fqih"... We came back home, he let go out the jinn from his daughter and sent him to a woman from Casablanca! Sometimes, however, that jinn comes back to my cousin... Maybe that woman sends it to her... My uncle is a powerful person... Thanks to his practises he became mayor of Krakra (near Settat, it's in Beni Meskine), he practises s'hur⁶; his daughters, for this reason, were possessed by jinn, because he works to bring evil too.

This striking telling tell us about Musta, more than about his uncle, providing us the required coordinates to set our clinical work.

⁵ That is with the aim to cause an opening in speeches that can be made as regards with the process of suffering of the patient.

⁶ Magic

It seems that *jinn's* possession represents the leading wire of a family story that enriches of precious particulars, revealing in a clearer way, the plots which sustain social and private relationships.

Abdelrrahim, Musta's favourite brother, was the middle brother and he died at the age of 28 because of insanity: *he smoked hashish, worked in fabric, but had some problems with the employer, a French woman: he began to work there with a woman from Casablanca who got him into troubles because she used to stole: the mistress solved the problem hiring both, Musta and the woman... and maybe doing something else... Because of that hiring, Abderrahim used to smoke more and more and used to argue more and more violently with Abdullah (the elder brother), until he committed suicide. I was 10 years old, I was desperate because he was my favourite brother. I hated Abdullah, Abdelrrahim committed suicide and it was for his fault, but mum kept on defending him saying to obey to him because he was 15 years older.*

This event confirms more dramatically the real danger of *jinn* which create a threatening continuum that develops the narrative plot between Morocco and Italy.

When I was 22 I managed an appliances market in Sidi Sliman: in that period I was feeling fine, I had enough money, my business was going fine... Then I started practising usury, I was considered a bastard! I was haram⁷. People went to my mother and asked her to keep me quieter, I was very severe about times when people should gave me back borrowed money, my familiars too asked me for money to realize their projects, but I've never gave them.

Since I began to practise usury; I began to drink, two beers occasionally even if my mother blamed me, but I began to drink seriously in Italy. I did it to find courage to beg and to sleep in the street.

I came to Italy because too many people hated me for that activity... I wanted to avoid poverty and to show my brother that I was better than him. So I had to risk, mum risked too, but I believe to have risked too much; selling CDs I thought I earned cleaner money, I came to Italy even to stop with those haram money which caused me many enemies... I guess if someone did something against me...

One more time *jinn* sets itself as a connection element in Musta's telling between different levels, and now deviance too reveals as a logic that took place in Morocco as regards to preparation of a job *haram* which took him in danger, making him a target of possible acts of witchcraft: at this point the *jinn* could regard both his mother's job and his debtors.

The money I earned with usury, were damned, were haram. People said I ate people's blood when I practised usury... I left to Italy using those moneys. My cousin and I made feasts with prostitutes, then I finished the moneys, my cousin left and I went with other countrymen who were peddlers... I began to sell CDs and DVDs... I was ashamed to ask people... So I drank... Then I lost that house too because the boys I lived with didn't earn as good as me (150 Euros per day) and they began to say I pushed... They envied me... I went to sleep to the beach... But I was afraid they could beat me during the night, or they could rob me... At that time I began to drink a lot... I lived during the night and slept during the day... Police began to stop me when I was drunk, without residence permit... I took 17 alerts of expatriation... I have to be brought to a trial and I'm going to risk 4 months of prison. I'm frightened, I can't come back home.

This telling explains a lot of facts: the reason why he came to Italy didn't concern his economics conditions but the fear of his retaliations upon debtors due to *jinn's* possession. In this way, Musta finally shifts the reason of *jinn's* possession from a situation which involved him passively to another in which he is the maker of transgression which would be the cause of his vulnerability.

After that period spent on the beach in Genoa, he came to the Coast and applied to Caritas; they began to help him paying overnight stay in guest-houses or welcomed him in doss-house. Realizing that the priests who helped him didn't coordinate each other, Musta began to contact them separately, in the different parishes, through Caritas volunteers anymore, being able to glean even 100 Euros per week, during a year and a half. He also bought clothes and linen in the lanes of Genoa and then he resold them twice the amount to the Caritas person in charge, earning well. He created therefore an alternative economic system which lasted until priests, realizing what was happening, stopped supply and sent him to Ser.T. for alcoholism.

It's not my fault if I drink, but it's because of the street. You've got to help me. How can I stop drinking if I sleep on the street and I'm scared?

⁷ *Haram*: illicit, irregular, as regards with Muslim religion. Being *haram* means to stay outside the space of protection and blessing. It means being unconventional and so more vulnerable to an entity's attack as a *jinn*.

This statement lead us to put him in a therapeutic community, believing that it could be the base to construct a valid clinical pathway , but the timing was wrong, because it was due to the fact that he was constantly demanding and pressing the institution. The discussions about his arrogance were exasperated and especially the female staff complained about his rudeness, referring it to an inevitable machismo, following the classic stereotype of Moroccan's man. The story we revealed, the distrust towards the women's world which expressed in fears towards witchcraft's acts, and the conflict relationship with his mother too, were not enough to unhinge the beliefs of the most part of the team of Ser.T. although Musta had an excellent relationship with an educator and a nurse which dedicated him a daily listening, more and more organized and marked in times and capable to adequately contain his anxiety.

People suspected he was homosexual and he earned his living by prostituting himself. This hypothesis took form when he had to enter in another therapeutic community and he asked us to deposit 4000 € in a Moroccan bank through the Consulate!

It was accused, in particular, the relationship with one of the priests, who apparently gave him a lot of money. He also had a close relationship with a boy who, in the opinion of some operators, was homosexual. In conclusion, even though Musta's event was becoming clearer from a narrative point of view, fantasies towards him grew excessively and disorderly because of his behaviour and maybe to exorcise a diversity which was making too difficult its understanding. For the majority of operators, cultural and stereotypical considerations (Moroccan boy, ready to do anything, even to prostitute himself, unreliable and sneaky) remained at the top more than other reflections.

The second therapeutic experience in a community was very short too, and it was concluded because of the fear of contracting AIDS. *They looked badly at me and they made me feel as dirty as when I lived on the street, I was afraid to be attached by jinns before sleeping... For this reason I took something from Morocco, it's a hijab⁸... (it's a silver saucer which he keeps in his pocket wrapped in a plastic that he shows us for the first time), it is made by a fqih.*

We confirm him the importance of having a *hijab* with him and we ask him if he's doing something else to protect himself. *I pray a lot and I read Koran... You can see by yourself that sometime I feel bad and I change my character.*

Musta is right but that worries are due to a clear reason: yes, the boy agrees, *it happens when my lawyer tells me bad news about residence permit and about prison's risk, or when I was afraid of having contracted AIDS in community from truly ill guests... There's always something which scares me and I'm attacked by a big fear... I don't think they're involved with Jinn, but maybe hijab works better than I think, but I'm worried because Allah doesn't look at me! I can't have residence permit, nor a regular job, nor a home.*

We don't agree, we think that administrative and penal problems can't cause transgression in the terms he's saying. Transgression told by Musta, develops on a religious aspect, it involves Allah's look, so his deviance is not due to social fragility which now he is mentioning.

Musta is very worried for what we're saying, but he was right him, with the usury' s story, to report his transgression which would be the origin of *jinn*'s possession which he claims.

A thought which he faces with a lot of difficulty that it takes him to reveal his most intimate secret: before entering in CT, he began an homosexual relationship with a boy in Lavagna and his fear of having contracted AIDS is related to that experience, *the first homosexual experience in my life... In therapeutic community I was overwhelmed by passion and jealousy, they were new emotions for me.*

For the first time since we have been taking Musta in charge, he reveals that he is homosexual and he does this with an extreme difficulty, fear, shame, crying, saying it's wrong, that he's Moroccan and Muslim, that Koran considers it as a serious sin in front of Allah.

Intuition of an alleged homosexuality, which someone of us had in the past, was right, but it's amazing that such a suspect rose in connection to a mischievous interpretation of a fact (4000 € he stored by prostituting himself) which would have disqualified the patient, further discrediting him

⁸ Strange object generally produced by a *fqih*, it is used to protect a person from misfortune, *jinn*.

and risking to create an incurable fracture between us, between our priggish look and his devastating interior contradictory.

We stress this misunderstanding because we consider the care process more important than a revelation of a fact, and our objective doesn't aim to the confession of an unspeakable truth⁹, but, on the contrary, to the construction of a possible existential dimension.

When Musta's story resulted more understandable this statement rose a new discussion, creating a new link between the fear of *jinn*'s possession, his mother's job and his familiar relationships, the nature of his sexuality and his dangerously autolesive behaviour.

Homosexuality was the "reason" why he left from Morocco: nobody knows about it, his mother continued proposing him wives he rejected; *I had a shop that was good and there was no reason to get married; I couldn't find any explanations*

and to hide that stain I got away. I couldn't tell it at home because they would put me away, they would not accept this. I wonder if homosexuality has to be treated...

He explains that in the last period he used to drink for jealousy, *I relieved and punished myself*.

A new fact appears on the scene and Musta's story is twisted and can be view from another prospective.

Long discussions about homosexuality begin and Musta looks for debates in different occasions with the educator, the nurse, the psychiatrist and the cultural mediator; this debate speaks also about his relationship with Muslim religion and Moroccan society, and about the relationship with his mother and his brother too. This debate introduces another more complex life experience, which reformulates the matter we develop together with a clearer meaning and through a more precise story and using clearer and more decipherable questions.

The cultural mediator remains the more difficult person to face, also because he has got the role of Imam in the Muslim community of the zone. His presence and his thought have a particular implication and Musta is obliged to think about his homosexuality considering himself in two different ways: as a Moroccan man and as Muslim.

The cultural mediator will have to try to avoid his role of witness and judge representing whole categories of Moroccan and Muslim people assigned to him by the patient and he will have to relaunch discussion about other non stereotyped logics¹⁰.

Musta's problem is not homosexuality per se, but the fact that being homosexual creates a double fracture, one interior and the other between interior and exterior; homosexuality as does *jinn*, defines separations and scissions, it cuts relational bonds, dehumanizes the body.

He says he's not afraid being alone. His fear of being alone during the day is different from that it feels during the night: the first refers to a true sentiment of loneliness, the fear during the night express, on the other way, the fear of being attached by *jinn*: *they stay where there is nobody, in dark and isolated places and I'm more vulnerable because I'm a sinner. I can't stay with Moroccan people because they judge homosexuality as a sin*. From this observations we can notice Musta's worry during talks with the cultural mediator/Imam which exerts a double Moroccan/Muslim look that the patient focuses on himself. Facing with him means to test the possibility to talk and express in the complexity of Moroccan world, his own sexuality, it means to renovate his own look. Here's again the look which blocks and reduces possibilities of being and destroys freedom endangering membership.

R. Beneduce remembers that Possession as a performing event, can say a lot about an experience of freedom and subjectivity of people that take other beings in the clinical setting and in their bodies too, which live with us, in the same towns, in the same societies, in the same politics and economies.

⁹ Benjamin wrote that truth was a secret not to be revealed, because this would have destroyed it, but, on the contrary, it would have to be revealed to justify it (Taussig, 2005).

¹⁰ In this sense the cultural mediator quits the role of cultural representative given by the patient, to take his true role of *third riverside* (cf. Beneduce, 2009).

The experience of Possession, and drug addiction too, doesn't end in the body of the person addicted, but expresses as a relational possibility: an experience which involves the notion of *relational bond* and *body*. It redefines itself in its expressive and communicative potential, imposing a presence of a body which takes place in activity an embodied potentiality, required to arise communication and define spaces of public negotiation of oneself (Pizza, 2007).

An experience which creates the possibility to redefine and transform changing identities of people that, at the same time and through that language, negotiate the coordinates of their social being.

Musta sees himself as a different-sinner (*for Koran homosexuality is a sin*, he says), his body is abnormal and has to be persecuted. His fears have the same origins: *if my family knew about this matter they would reject me, for this reason I ran away from Morocco. I am a sinner and I'm wrong, nobody wants to stay with me. I think to be homosexual because I was attached by jinns when my mother did magic practises.*

We often confirm that the stereotyped question which Musta puts on the Moroccan and Muslim gaze that he embodies and he focuses on that of the mediator are in fact projections of his own gaze upon himself. We think that his feeling of inadequacy which he expresses in every relationship and in the impossibility to find a place to live, also expresses his own prohibition to live in his body, as an agent of sin.

Musta, however, clearly denounces this expropriation of his own body by *jinn* which posses him.

We read his suffering also as an interior conflict between a part which wants to express itself and another which censures itself, even if we consider the objective constraints which grave on his freedom, not only homosexuality but also being a clandestine which obliges him to move as a shadow in the urban contest, giving him only dimensions of further marginality. Considering several variables, the private dimension, the socio-politic one and that religious and moral, we try to create new coordinates in which Musta could direct his thinking about homosexuality.

His own projection seems to repeat the quarrel between the existential need of evasion from his own body and the desire of affirmation in it, as his extreme need of Residence Permit would be there too, in his abnormal body.

Musta doesn't permit to himself to live in his homosexual body which would like to destroy but also to discipline to a divine law, this body remains source of drives which attract him in the deeper *haram*, literally detaching him from the umbilical cord of his mother from which he fears the curse (*sakht*), ejecting him from his own family, excluding him from the social field.

His wandering also expresses a latency which he has to maintain as regards with his body which is thought to be subjected to a *jinn*: a feared presence, but maybe an evocated identity which finally could kidnap his body, expropriating it from that essence which maintains all the anxiety of his impossibility to live.

Musta's treatment is the attempt to formulate a new subject which develops himself through the construction of new physical, emotional, political and maybe cultural places, in which it is possible to be accepted, held, desired; a restructuration of that double fracture which makes his body unliveable and always at risk of crushing in every relationship.

Certainly the administrative aspect didn't help us in this work and another time it was as domain which alimeted the feeling of not being and not living: Musta was intercepted and sent to Morocco against his will, in a moment when he tried to face the deepest dimensions of his personality. Our relations and the scrupulous action of his lawyer were unnecessary; these actions went on after his expulsion too, because of an important autolesive risk.

A bad example of institutional disarticulation in social networking.

References

Augé, M. (1994). *Le sens des autres*, Actualité de l'anthropologie. [A sense for the Other, Topic aspects of anthropology]. Pasis: Athème Fayard. (trad. it.: *Il senso degli altri*. Milano. Anabasi. 1994)

- Basaglia, F. (1957). Corpo, sguardo e silenzio. L'enigma della soggettività, *Rivista di Freniatria*, I, 2007, p. 11-22
- Beneduce, R. (1998). *Frontiere dell'identità e della memoria* [Borders of identity and memory]. Milano: FrancoAngeli.
- Beneduce, R. (2000). *Politiche dell'etnopsichiatria e politiche della cultura*. Seminario di Bucine (Arezzo), 28.7.2000.
- Beneduce, R. (2002). *Trance e possessione in Africa* [Trance and possession in Africa]. Torino: Bollati Boringhieri.
- Beneduce, R. (2005). *Etnopsicoanalisi* [Ethno psychoanalysis]. Torino: Bollati Boringhieri.
- Beneduce, R. (2005). *Antropologia della cura* [Anthropology of culture]. Torino: Bollati Boringhieri.
- Beneduce, R. (2008). *Etnopsichiatria* [Ethnopsychiatry]. Roma: Carrocci.
- Bouhdiba A. (2005). *La sessualità nell'Islam* [Sexuality in Islam]. Milano: Mondatori.
- Fassin, D. (2001). *La biopolitica dell'alterità. Clandestini e discriminazione razziale nel dibattito pubblico in Francia* [The biopolitics of otherness. Illegal immigrants and racial discrimination in public debate in France]. In Ivo Quaranta (Ed): *Antropologia Medica*, Milano: Raffaello Cortina, 2006.
- Foucault, M. (1999). *Les anormaux. Cours au college de France 1974 – 1975*. Paris: Seuil/Gallimard (trad. it.: *Gli anormali*. Milano: Feltrinelli, 2004).
- Good, B.J. (1994). *Medicine, Rationality, and Experience: An Anthropological Perspective*, Cambridge: Cambridge University Press. (trad. it.: *Narrare la malattia*. Torino: Ed. Comunità, 1999).
- Grandsard, C. & Nathan, T. (1999). *Toxicomanie: un réseau ultra-court* [Addiction: a network ultra-short] Paris: Centre Georges Devereux.
- Moro, M.R. (2002). *Enfants d'ici venus d'ailleurs*. Parigi: Hachette Littératures.
- Nathan, T.(2001). *Nous ne sommes pas seuls au monde*. Les Empecheurs de penser en rond. Paris: Seuil [We are not alone in the world. The troublemakers of thinking in circles] (trad. it.: *Non siamo soli al mondo*. Torino: Bollati Boringhieri. 2003).
- Pandolfi , S. (2005). In Augè, M. & Benduce, R. (Eds) *Antropologia della cura*. [Anthropology of care] Torino: Bollati Boringhieri.
- Pizza, G. (2007). La questione corporea nell'opera di Franco Basaglia. Note antropologiche. *Rivista di Freniatria*, I, p. 49-68
- Pizza, G. (2008). *Antropologia medica* [Medical Anthropology] Roma: Carocci.
- Quaranta, I. (2006) (Ed). *Antropologia medica, i testi fondamentali* [Medical Anropology, The fundamental texts
Milano: Cortina.
- Sayad, A. (1999). *La double absence*, [Double Absence: From the Illusions of the Emigrant to the Suffering of the Immigrant] Paris: Editions du Seuil, (trad. it.: *La doppia assenza – dalle illusioni dell'emigrato alle sofferenze dell'immigrato*. Milano: Raffaello Cortina, 2002).
- Spensieri S. (2007), *La ricerca dell'incertezza, intervista a Roberto Beneduce*. Rivista sperimentale di Freniatria, n.1, p. 123-139
- Spensieri, S., Seimandi, G.L., & Valentini, L. (2008). Per una pratica dell'ospitalità tra paziente e operatore. L'irriverenza di un approccio etnopsichiatrico nei servizi.[For a practice of hospitality between patient and operator. The irreverent of an approach ethnopsychiatry in the services] *Animazione Sociale*, 3, pp 35-41.

Taussig, M., (2005). *Cocaina, un'antropologia della polvere bianca*. [Cocaine, an anthropology of white powder] Milano: Mondadori

Taliani, S, & Vachiano, F. (2006). *Altri corpi* [Other bodies] Milano: Unicopli