**Science & Philosophy** Volume 9(1), 2021, pp.113- 131

# Transculturality. When Anthropology meets Psychology

Dino Burtini*

**Abstract**

The issue of interculturality will be addressed in this article not only as an encounter between different cultures, but, above all, as a reciprocal "passing through", having to understand the world of origin of the other and consequently have already understood one's own. This is true for every culture one encounters, in every context and role. To fully understand this idea, it will be important to start from the analysis of the Italian context with respect to migrations and of the system present in Italy in charge of managing them. Fundamental is the definition of the role of the therapist, in relation to an individual belonging to a culture that is different from the own, who fled the war, which often presents post traumatic disorders and finds himself in a new context, without knowing how to speak the new language, but hoping to change his life and that of his family. It will be useful to start from a univocal definition of culture as it has been analyzed and explained by anthropologists such as Malinowsky, Tylor, Bateson and others, who developed their researches in the early 1960s. It is, therefore, a preliminary step to approach the theme of transculturality, a fundamental concept of our contemporaneity, with which every health worker is required to confront, an aspect of human relationships that predicts the success of some psychotherapy modalities in the reception centers for immigrants and in the services related to them.
**Keywords:** Transculturality, Interculturality, Psychology, Migration, Post Traumatic Disorders, Reception Centers for Immigrants, Devereux.†

* Psica-IAF, Pescara, Italia; d.burtini@unich.it.
† Received on June 1st, 2021. Accepted on June 28th, 2021. Published on June 30th, 2021. doi: 10.23755/rm.v39i0.5xx. ISSN: 2282-7757. eISSN: 2282-7765. 

*Dino Burtini*

# Introduction

## The theme of migration

The uninterrupted flow of immigration towards our country has brought with it a steady growth in demand for health or psychiatric and psychological counseling. An exponential increase that I have been registering for more than ten years now, both in my clinical practice as a psychotherapist and as an anthropologist researcher. The theme of migration, of massive displacements of people from one place to another on the planet is, without a doubt, the central question of our time, the macro-theme of the European destiny of the twenty-first century. It has been estimated that adding the 40 million migrants and foreigners who will arrive in Europe by 2050 to the 30 million (Eurostat data) that are already there today, they will reach a total, in the old continent, of 70-80 million.

Migrations are movements of the population from one place of residence to another, very ancient phenomena that have always accompanied the moments of population growth, technological changes, political and ethnic conflicts. For this reason, the European territory since ancient times has always been the scene of massive population movements in search of better living conditions. The factors that favor migration can be internal to the country of origin (push factors) or external, present in the destination countries (attraction factors). In general, the push factors most influence the poorest people, induced to flee their own country from conditions of extreme poverty, caused by wars and famines; often, migrants move from their own country to another neighboring country, that offers not much better economic conditions.

The attraction factors are effective on the least poor migrants who can, for example, bear the expense of a long journey. Their hope is to find a job opportunity, to earn a small capital or to get a professional qualification.

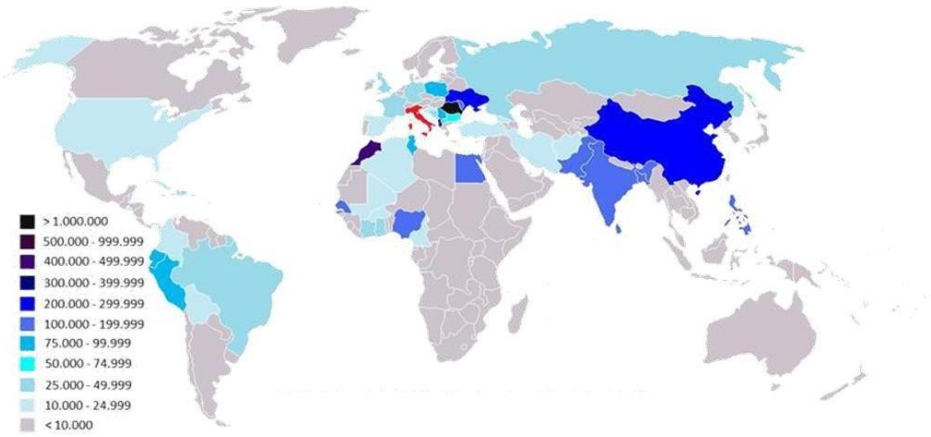


Figure 1: Number of foreigners in Italy on January 1st, 2018.

The graph shows the number of foreigners in Italy on January 1st, 2018, distinguished by their country of origin. In recent years, as regards the Italian scenario, the legislation governing reception centers has been amended several times. The decree law 113/2018 (Salvini Decree) substantially changes the system by providing, among other things, a strong downsizing of the Sprar model, de-structuring in fact the circuit that the legislation indicated as main and ordinary. In any case, until September 2018, the system provided for a reception divided into some steps (Legislative Decree 142/2015):

1. First aid, first assistance and identification. These are government centers located in areas that are most subject to landings. Currently these centers are affected by the hotspot approach prepared from 2015 on the basis of the commitments made by the Italian government with the European Commission. In these places, rescue, first health care, pre-identification and photo-reporting, information on asylum procedures are carried out. The hotspots are born essentially to "differentiate" asylum seekers from the so-called economic migrants.

2. First reception government centers. A first reception phase follows, ensured in government centers (Cara, Cda, Cpsa), theoretically for the time necessary to identify, formalize the application, start the procedure and ascertain the state of health, also aimed at verifying situations of vulnerability. This phase is affected by the establishment of regional or interregional hubs, from which we proceed with the sorting in second reception facilities.

Second reception. It consists of the Protection System for Asyluma Seekers and Refugees (Sprar) which the asylum seeker can access in case of lack of means of subsistence. With Law 189/2002, the Ministry of the Interior set up the system coordination structure - the Central Service - and entrusted its management to Anci. The Sprar is made up of a network of local authorities which, through the National Fund for Asylum Policies and Services (Fnpsa), carry out integrated reception projects. The system is not limited to a merely welfare reception, but is aimed at integrating people in the territory through reception in small centers by developing personalized projects.

Extraordinary reception system. According to law 142/2015, if the availability of places in the first and/or second reception structures is exhausted, extraordinary reception measures are taken by the Prefect, in temporary structures and limited to the time strictly necessary for the transfer of the applicant to the first or second reception facilities. With regard to the management of the extraordinary reception centers (Cas) it is worth pointing out that over the years different and partly contradictory indications have been given on how they should be structured. On the one hand, there was a tendency to homologate the services rendered in the Cas to those of the Sprar to encourage the progressive passage within the ordinary protection system, while on the other, a model based on large collective structures opposed to the Sprar was encouraged.

Stay and repatriation centers (Cpr, ex Cie). In this case it is not a question of reception but of detention facilities where migrants are detained waiting to be repatriated.

With the increase in presences in the reception system, the share of people welcomed in the extraordinary reception centers (CAS) has increased at the expense of the ordinary system or the protection system for asylum seekers and refugees (Sprar).

In recent years the Sprar has remained largely underpowered compared to the needs. For this reason, the extraordinary reception system, which should have theoretically had an accessory and transitory function, has actually become by far the most important circuit of reception. However, apart from individual cases that can also be virtuous, these structures are often improvised and with services of a much lower quality than those of the Sprar.

| Year | Resident foreigners as of January 1st | Naturalizations |
|---|---|---|
| 2002 | 1.341.209 | 12.258 |
| 2003 | 1.464.663 | 17.183 |
| 2004 | 1.854.748 | 19.123 |
| 2005 | 2.210.478 | 28.643 |
| 2006 | 2.419.483 | 34.260 |
| 2007 | 2.592.950 | 45.459 |
| 2008 | 3.023.317 | 53.679 |
| 2009 | 3.402.435 | 59.362 |
| 2010 | 3.648.128 | 65.932 |
| 2011 | 3.879.224 | 56.147 |
| 2012 | 4.052.081 | 65.183 |
| 2013 | 4.387.721 | 100.712 |
| 2014 | 4.922.085 | 129.887 |

Table 1: Resident foreigners as of January 1st.

These are the places where operators, psychiatrists, psychologists and psychotherapists are, more than other people, in contact not only with other cultures, but with moments of crisis and emergency given by what is called migratory trauma. The role of supervisor psychotherapist that I hold at some structures in the province of Pescara allows me to confirm that the activity within the Reception Center leads to an undisputed collective benefit, from the operator to the user, passing through the managing body and the working group. I have found, in my direct and indirect experience, that supervision is a watershed between an effective project and one that does not work; between a team that works together achieving qualifying objectives and a disunited, confrontational and, therefore, ineffective team.

For this reason, the state of health of a project, a community and its protagonists are also given by supervision: programmed and supervised team work increases the level of cooperation of the team and the ability to manage stressful moments, reduces physical and emotional tensions, improves communication.

In these contexts, the provenance of the person in front of us cannot be ignored; for a true transcultural therapy it is essential to be aware not only if the individual is naturalized Italian or not, from how much our user is in Italy, if he is a first or second generation foreigner, if he has just arrived or is here from beyond twenty years, but it is also essential to be aware of his country of origin, the culture and traditions of that country, the language they speak, the reasons that pushed the person in front of us to arrive in Italy and what expectations he had.

| Nations with more than 50000 residents as of 2017 | 2005 | 2010 | 2015 | 2019 |
|---|---|---|---|---|
| Romania | 248849 | 887763 | 1131839 | 1190091 |
| Albania | 316659 | 466684 | 490483 | 440465 |

| | | | | |
|---|---|---|---|---|
| Marocco | 294945 | 431529 | 449058 | 416531 |
| China | 111712 | 188352 | 265820 | 290681 |
| Ukraine | 93441 | 174129 | 226060 | 237047 |
| Philippines | 82625 | 123584 | 168238 | 167859 |
| India | 37971 | 105863 | 147815 | 151791 |
| Bangladesh | 35785 | 73965 | 115301 | 131967 |
| Moldavia | 54288 | 105600 | 147388 | 131814 |
| Egypt | 52865 | 82064 | 103713 | 119513 |
| Pakistan | 35509 | 64859 | 96207 | 114198 |
| Sri Lanka | 45572 | 75343 | 100558 | 107967 |
| Nigeria | 31647 | 48674 | 71158 | 106069 |
| Senegal | 53941 | 72618 | 94030 | 105937 |
| Perù | 53378 | 87747 | 109668 | 97379 |
| Poland | 50794 | 105608 | 98694 | 95727 |
| Tunisia | 78230 | 103678 | 96012 | 93795 |
| Ecuador | 53220 | 85940 | 91259 | 80377 |
| Macedonia | 58460 | 92847 | 77703 | 65347 |
| Bulgaria | 15374 | 46026 | 56576 | 59254 |

Table 2: Resident foreigners as of January 1st

So, what happens when a therapist is faced with a foreigner or an immigrant?

It is essential that the therapist keeps in mind, during the clinical interview and in approaching the possible psychopathology of the individual, that his

current state and the peculiar way in which he expresses a discomfort depend on the way of interpreting the events around him, on his own life history and the cause- effect relationship it attributes to events. If this is true for any person already starting from their family of origin and their own territory, it is even more true for immigration situations. The immigrant is faced with a particular life situation, where dreams and hopes are intertwined with lived reality. Most of them experienced traumatic events that forced them to leave, for many the trip itself was a traumatic event. They are then in a foreign country where most of the time they know nothing, neither language, nor culture, nor habits: they just hope for a better life. Furthermore, migration involves an interruption of the relationship of continuous exchange and mutual reinforcement between external culture and internal culture, preventing that form of mirroring and identification that allows the individual to keep alive the ability to orient himself in the world and to give meaning to the experience. One of the objectives of clinical practice is precisely to rewind the links between the internal representations related to the culture of origin and those of the culture of the host society, to avoid the individual from suffering because of his traumatic experience originated by the fracture between the two worlds.

## Transculturality

The term *Transculturality* means an encounter between different cultures, understanding the world of origin of the other by going through each other in a reciprocal way. Transcultural psychotherapy focuses essentially on the encounter between therapist and client belonging to different cultures, to whom it is addressed or which you find yourself following at a public or reception service. To better understand the concept of transculturality, it is necessary to define the concept of culture, explained and analyzed by anthropologists such as Malinowsky, Tylor, Bateson and others who did researches in the early 1960s. For Malinowsky, culture represents a complex spiritual, material and communicative apparatus with which human beings satisfy complex needs and solve specific problems. Through language, rules to follow and ethical values, cultural models are conferred on the members of each community, based on informal learning methods. For this reason, it can be said that you belong to a particular community if beliefs, ideas and values are passed down to individuals implicitly. As Malinowsky says, every single part contributes to the functioning of the whole: moreover, each culture is made up of the set of responses that society gives to the universal needs of human beings. The universal needs are eating, sleeping, reproducing, to which each culture responds in its own way. The satisfaction of these creates secondary needs aimed at maintaining internal

cohesion, such as political and economic organization. Finally, there are cultural needs, such as beliefs, traditions and language. Each culture provides a peculiar and coherent response to its nature for each level of need. From this, it is clear that the characteristic that distinguishes the different cultures is the adoption of their own and peculiar solutions to certain problems, and the definition of the problem itself: in fact, what represents a problem for a given culture, could represent normality for another. It is important to keep this in mind especially during therapy, in order not to confuse between one's own cultural schemes and the value criteria and those of the client. The risk is to affect the therapeutic alliance. Taylor elaborates the first definition of the anthropological concept of culture: in his works he recognizes the existence of a primitive culture, ignored by the Enlightenment. The main problem, for Tylor, was to make new phenomena understandable, which in the eyes of the civilized population of the time could have seemed irrational behavior.

From here you can identify different components of culture and its main characteristics such as: what individuals think, that is explicit beliefs and norms; what they do, for example acquired customs and habits of the human being due to the fact of living in a specific community; the materials they produce, that is, the objects of worship and those of daily use. Bateson instead, has revised the concept of social structure which until then seemed to designate a static set of rules, unable to fully make the fluid complexity of the life of a population. For Bateson, the structure is above all, both in its cultural and social variant, a conceptual abstraction. It is the abstract place of the relationship between individual and collective dimension, and not a concrete reality, directly observable in an ethnographic reality.

The relationship between culture and disease in psychotherapy with foreign patients is of fundamental importance, as the expression of a discomfort and the idea of health depend to a large extent on the way in which the individual interprets the events around him, his own life history and the cause-effect relationships it attributes to events (Biorci, 2009). In this process, the culture of belonging plays a fundamental role.

Regarding the relationship between psychopathology and immigration, there are mainly two lines of research: one takes into consideration immigration as an epidemiological risk factor and studies its impact on the incidence of mental disorders, the other studies the relationship between culture and psychopathology. Migration has been identified both as a protective factor and as a risk factor for some psychiatric disorders. In North America, the *effect of healthy migrants* (the discovery that recently immigrated people are healthier than the native population) has been widely reported in both mental (Aglipay,

Colman, Chen, 2012) and somatic health. On the other hand, European studies have reported a greater prevalence of mental disorders in the migrant population; similar results have also been found in North America, but only for specific migrant subgroups. In another strand of research, culture has been described as a factor influencing the symptomatic expression of mental disorder, particularly of anxiety-depressive disorders. Although cross-cultural epidemiological research has confirmed the presence of major depression and anxious disorders around the world, expression, symptomatic interpretation and social response to these pathologies vary widely across different cultural contexts.

In general, although there is a range of universal emotions, there are more complex feelings that refer to traits of social interaction and to specific contexts that vary on a cross-cultural level. In many cultures, mood disorders and anxiety disorders are not seen as problems related to mental health, but as social or moral difficulties (Kirmayer, Narasiah, Munoz, Rashid, Ryder, Guzder, Hassan, Rousseau, Pottie, 2011); it could therefore be hypothesized that a different attribution of clinical significance to the anxious depressive symptomatology could lead to a lower access of foreign patients to mental health services and therefore to treatment. As previously mentioned, the migratory experience represents, for foreign patients, a cultural and identity shock in which the subject is faced with the challenge of having to redefine a life plan, to delineate its coordinates in space and time and this, according to Cimino (Cimino, 2015), would expose migrants to a greater risk of developing serious mental disorders.

Cultural Anthropology has begun to devote itself to the study of the interaction between different cultures in recent times, thanks to the increase in means of transport that facilitate travel between different continents and nations. Following the increase in immigration, globalization and the need for international cooperation, in the early 1960s the study of interculturalism poses the question of what could happen when two different cultures meet. The solutions to the meeting of the different cultures are and have been varied passing from integration to multiculturalism to arrive, as already mentioned, to the concept of interculture which, from a psychological point of view, involves the integration between different cultural worlds through a system complex of interconnections and interactions that aim to understand the different ways of acting in respect and protection of both one's own culture and that of the other. Around the 1950s, some psychiatrists began to deepen the relationship between psychiatry and the culture of origin, giving rise to what is now called ethnopsychiatry or transcultural psychiatry. Ethnopsychiatry constantly dialogues with anthropology and ethnology as the common goal is to investigate human and cultural groups with the tools necessary to understand their most

varied aspects. The origins date back to the contacts between the European colonials and the natives, when in addition to the intervention of doctors, necessary to treat infectious diseases, the help of psychiatrists was requested, due to the detection of mental disorders manifested by the natives.

The first psychiatrists founded the asylums and began to catalog the various symptoms encountered, making the mistake of distorting the assessments made due to prejudices, trivializations and a general underestimation of local culture. At the end of the Second World War and thanks to the end of colonialism, an increase in awareness of indigenous movements, changed tools of criticism by Europeans, investigations into indigenous culture became more objective and respectful. The psychiatrist Frantz Fanon, in 1952 wrote an essay on the alienation of the colonized, described, for the first time, from an internal context. In 1954, the Nigerian psychiatrist Thomas Adeove Lambo, inaugurated a health facility open to both western therapies and traditional African medicine, attempting to enhance some local cultural elements, to facilitate the care of the sick. From 1958 and for the twenty years that followed, the French psychiatrist Henri Collomb conducted an important study in Senegal by restructuring the Fann asylum, in which he tried to share experiences and rituals with African healers, translating their cultural messages into elements of psychology, recognizing the value and otherness of patients without denying and canceling them.

The regulation provided for a family member to support the patient, and, a few years earlier than Franco Basaglia's experience, were set up biweekly meetings between doctors, patients, relatives and simple observers who, between a drink and a meal, discussed the hospital and patient problems. This center became a pilgrimage destination for journalists, doctors, anthropologists, ethnologists of various nationalities who came together in the prestigious French-speaking magazine *Psychopathologie Africaine*. But the man who can actually be considered the true founder of ethnopsychiatry is Georges Devereux. A science that deals with studying and classifying psychiatric disorders and syndromes taking into account both the specific cultural context in which they occur, and the ethnic group of origin or belonging to the patient and which he first calls transcultural psychiatry and then multicultural psychiatry . Devereux will work in the field with the Sedang Moi, a tribe from southern Vietnam, then with the Mohave Indians of Arizona. Important was his relationship with Jimmy Piccard, an alcoholic Mohave Indian and with major mental disorders that led him to write *Psychotherapy of a Plains Indian*, which later became an interesting film.

Devereux began to build a human theory that went beyond the claim to universality of psychiatry and the psychoanalysis of the time. He did not see people only as individuals, that is, as bearers of a biography and an unconscious, he looked at them through the gaze of two disciplines, the psychological-psychoanalytic and the ethnographic- anthropological one, in which the person in front of us is not made only of its interior, but also of an ethnic group, so it brings with it a kind of cloud of relationships, thoughts and active connections that establish it as the subject of a culture. He tries to found, facing several difficulties, a vision of man and his psychological component based on this double register, anthropological-ethnographic and psychological. In order to understand what etherepsychiatry is for Devereux it is essential to specify what makes a theory scientific for him, that is, the renunciation of being totalizing in his interpretations or explanations of the causes of a phenomenon and the stubborn search for interpretive complements in other fields. Therefore, Devereux ethnopsychiatry presents itself not only as an interaction between multiple knowledge such as anthropological, ethnological, psychoanalytic and psychiatric, but also as a preliminary redefinition of the study objects of these subjects. It follows that the focal points of his thought are being able to govern the observer's element of subjectivity, which cannot be avoided, but can be exploited (he will pay particular attention to countertransference) and investigate the "psychopathological fact" in societies other than the Euro-American one, intertwining the anthropological perspective with the psychoanalytic and ethnological one, however underlining the need to make this appeal at a later date.

He therefore introduced the following concepts:

- Psychic unity, or the concept according to which all human beings are endowed with a psychic apparatus and have equal dignity. However, the psychic unity is variable in the sense that the forms of the psychic mechanism work the same for everyone but the cultures are all different, so much that he speaks of psychic superstructure conditioned by the historical-cultural context;

- acculturation or cultural transmission that takes place through contact with groups other than the one they belong to and consists in the total or partial assumption of cultural ways other than the one of origin;

- countertransference, made up of emotions that the therapist experiences in the clinical context and which are stimulated by the encounter-clash (anguish of the encounter) with other cultural dimensions, with what is

foreign to us. They concern social, professional and cultural identity, derive not only from personal history but also from the history of the society they belong to, from politics and prejudices. It is precisely our fears and our prejudices that undermine the possibility of grasping the other's reactions within cultural differences;

- the principle of complementarity: the great complementary method is having understood that, starting from the moment in which the identity of the other is recognized and the cultural rules are respected, dialogue, exchange, alliance are favored, increasing the effectiveness of the intervention with access to their interiority, to their deep Self, breaking that silence that seems part of their cultural trait;

- the concept of identity representative of a set of values, symbols, cultural models that the members of an ethnic group recognize as distinctive;

- the notion of a human condition as a producer of culture.

These concepts gave life to his innovative, dynamic and so current thought, that can be applied to modern psychotherapy. Devereux speaks of metacultural psychiatry because he doesn't limit his field to a specific knowledge of the patient's cultural environment, but he bases it on the recognition of the general meaning and variability of culture.

He conceived multicultural psychotherapy as a relationship that helps the individual to become aware of his defense mechanisms by strengthening those that are most useful and effective in controlling anxiety and restoring the connection of the self, thus weakening self-destructive ones.

In this theoretical framework there is another interesting contribution, given by Ibrahima Sow (Sow, 2015), who focuses his work on the concept of freedom by stating that what seems to us to be freedom has a cultural interpretation: this concept is not explicitly expressed, but it derives from the modality of constitution and functioning of the ego. The profile of the ego that Sow talks about, allows the therapist to contextualize the psychic problem in the subject's culture of belonging and to be able to have a psychotherapeutic interview taking into account the experience and experiences of these, making him aware of his conflicts with its cultural conformation without forcing him to be a "case". It is important to keep in mind that the treatment does not focus on the therapist's perspective but on that of the subject, not only the technique used by the therapist is functional, but also the knowledge of the subject's culture is.

Georges Devereux still insists on these aspects in his works (Devereux, 2007) that form the basis of the transcultural therapeutic line: "trans" as beyond, over culture or as "crossing, transit" through the various cultures that patients bring into space therapeutic?

Devereux did not dare to specify the shift from Freudian concepts, but his phrase "Parisian Marquise ..." unequivocally puts the weight of the cultural forms in which human beings are formed in the foreground.

Very significant is the description of a behavior and the link between such behavior and culture as well as drive forces. This is the example of a young woman's courting boy: Devereux divides the explanation of the behavior into four points, relying on the concept of "axis", the same that is used by Sow.

The situation is very banal: an American boy offers a bouquet of flowers to the girl who is courting. Devereux identifies:

- biological axis, or the sexual impulse that pushes the boy to courtship;
- axis of experience: the boy knows that in his culture only books, flowers or chocolates can be given. It is therefore the concrete experience in the social that determines the choice of the type of gift.
- the third axis concerns the attention to local rules or to the cultural modalities of the belonging group. In this sense acts the choice of the moment in which to make the gift, that is Christmas, while, underlines Devereux, a Frenchman would have chosen the New Year.
- neurotic axis: from an unconscious point of view, the boy excludes the chocolate because he does not yet feel ready to undertake a relationship in which to invest, and excludes books because he does not want to bring the relationship on an intellectual level. He therefore chooses the flowers, which involve him less and also symbolize his desire to bring the relationship on a physical / sexual - defloration level (Devereux, 2007).

The concept of Axis, which starts from the corpus of cultural thought and reverberates both in the family and in the community and especially in the deeper structure of the unconscious, is instead proposed by Ibrahima Sow as a training element not of behaviors, but of the psychic structure of the subject.

The subject belongs to the culture where he was born above all for the modulation of his ego that starts from the corpus of cultural thought.

The indication Sow gives about the modalities of transmission are decisive for the therapeutic activity, as they give the psychiatric operator three fundamental areas of investigation.

The first of these elements is the biolignage (Sow, 2015), that is the family. It should be emphasized that the biolignage is currently, so to speak, with variable geometry, that is to say it has acquired characteristics of ever greater plasticity and variability both in the structure and in its constancy over time. This means that a cultural variation is possible, in which the children will have to articulate themselves through personal choices, confirmed in the first place by the social system rather than by the family itself. This "existential" axis becomes increasingly important for the construction of the person/personality precisely by virtue of this ability to accommodate ever more rapid changes in social and cultural values. So it is a matter of working not so much and only on the parents / children relationship, but also and above all on the culture that parents insert into the daily life of the parenting relationship. The culture trans generationally transmitted by parents as a set of socio-cultural artifacts (Inghilleri, 2009) therefore becomes a fundamental variable for the development of a strong and complex personality or fragile and inflexible and provides an area full of important stimuli for the therapist.

Another connection of the corpus of cultural thought refers to the impregnation of the social environment, the community environment, the "laws" of culture. Through the third axis, the subject is continuously in relationship with his community and therefore, confronting the cultural rules, he suffers from an absolutely satisfying synchronicity in the event that the family / unconscious / society system speaks the same "language". It is evident that today very often there is a risk of asynchrony and therefore existential unease, in the sense that the young person enters into social relations with cultural rules that are likely to become obsolete in a very short time.

However, thanks to the plasticity learned during the early stages of growth and socialization, contemporary young people are often able to deal with this asynchrony, transforming it into a positive stimulus and using the different visions of the world that they encounter in the socio-cultural system as promoters of creative development of one's personality (Gardner, 1994).

The psyche model proposed by Sow is to be considered a universal nosographic model, which provides the parameters and tools to frame the

structure and psychic processes of patients of any origin and belonging from a cultural point of view, because we all come from a cultural system, in which we participate and in which we introject and incorporate, and the relationship with culture shapes the mind in terms of form, not just content (Shweder,1997). The cultural ego of Sow highlights with clarity and completeness the complex interactions between culture and individual that contribute to forming their mind and personality and proposes an exhaustive investigation along three existential axes to bring out both etiopathogenic factors as tools and processes for the cure.

It is therefore through the reconstruction of the individual's relationship with his or her cultural foundations that the therapist is enabled to understand the patient's experience, his idiosyncratic characteristics, his skills and his weaknesses. It is through reading the mind of the other as a cultural artifact that the Therapist is given access to his truth.

The mind / artifact contains and transmits the essential meanings for the survival of the individual and through them it binds in good (creativity) or bad (pathology), but in any case with force, to the historical and cultural context where it originated and it is starting from the understanding of these bonds of meaning and their individual history that the patient's relationship of care and the healing / evolution process begins, who is in a condition of suffering that has made him static and unable to grow.

Sow's ethno-clinical artifact allows us to be ferried from ethnopsychiatryto trans culture.

The Transcultural Therapist, in crossing the bridge that allows him to empathize with the patient, also manages to unite that gap between practitioner and clinician (Sow, 2015). He is, as the author himself hopes, a "practitioner" who gets his hands dirty with the daily experiences of the people he cares for. It does not only deal with the diagnosis and resolution of pathology and suffering, but also and above all with the human being who is faced with his uniqueness and complexity.

This constant process of re-defining reality through the words of the other leads him, however, to acquire a "clinical" competence that allows him to decentralize and distance himself from the patient together with whom he is working to enter a diagnostic perspective through which to treat (De Cordova, 2009) the personality-person of his patient. This parting of visions, between practitioner and clinician, between biogenetic, historical and existential axis, allows us to face the cultural system in its plural essence. It is a process of complexification of reality that approaches the concept of complementarity promoted by Devereux (Devereux, 1967).

This psychic, cultural and methodological position is a necessary shift that the therapist, and with him every health worker, must strive to make with respect to their knowledge, their cultural orientations and their habits, to face the values and the meanings embodied by the patient understood as Other, as the bearer of a culture that is only partially known, whether it is distant or not. The therapist's journey within the patient's cultural psyche leads him to discover a personality-person as intrinsically Other by Himself, as a unique and unrepeatable cultural being. This is how the etiological and eschatological pluralism presented by Sow's cultural ego model, instead of promoting a division between theory and practice, between scientific, cultural and historical readings, manages to interpret a holistic vision of the individual.

# Conclusion

We have already said that even before understanding how a therapist can approach a culture other than his own, he has to understand what kind of culture it is and what are the risks of a failure in understanding all its fundamental aspects. Belonging to a given community is given by the set of beliefs, ideas and values that will be passed on to individuals in an absolutely implicit way. The relationship between culture and psychiatry has made it possible to investigate human and cultural groups with the necessary tools. The relationship between culture and disease in psychotherapy with foreign patients is of fundamental importance, as the expression of a discomfort, and the idea of health depends to a large extent on the way in which the individual interprets the events around him, his own life history and the cause-effect relationships it attributes to events. The transcultural therapist is able to understand the patient's experience through the reconstruction of the individual's relationship with his cultural founders, therefore the therapist does not deal exclusively with the diagnosis and reconstruction of the pathology and suffering, but above all with the *human being who faces in its uniqueness and complexity*.

# Bibliography

Aglipay, M., Colman, I., Chen, Y.. *Does the healthy immigrant effect extend to anxiety disorders? Evidence from a nationally representative sample*. Journal of Immigrant and Minority Health, 2012

Biorci, G., *Verso una pragmatica interculturale: l'espressione del disagio psicologico degli immigrati.*

RIME rivista dell'Istituto di Storia Europea Mediterranea, 2009

Burtini D., *Antropologia e psicoterapia Transculturale. Quando lo sciamano mette il camice*, In Studi Ento- antropologici e sociologici, 2018

Cimino L., *Migrazione e salute mentale: un problema emergente*. Rivista di Criminologia, Vittimologia e Sicurezza, 9(1), 59-66 DOWNLOAD, 2015

De Cordova F., *Psicologia culturale e cura*, in Inghilleri P. (a cura di), "Psicologia culturale", Raffaello Cortina, Milano, 2009

Devereux G. Psicologia transculturale e meticciato, https://core.ac.uk/download/pdf/31040729.pdf

Devereux G. (1967), *Dall'angoscia al metodo nelle scienze del comportamento*, trad. it. Istituto della Enciclopedia Italiana, Roma, 1984

Devereux G., *Saggi di Etnopsichiatria generale*, Armando Editore, Roma, 2007 Ferretti M, *Elementi di Antropologia Medica e Psicologia Transculturale*

Gardner H., *Intelligenze creative*, trad. it., Feltrinelli, Milano, 1994

Goussot A, *L'approccio transculturale nella relazione di aiuto*, Aras Edizioni Editore, 2014 Ibrahima Sow, *L'Io culturale, dall'etnopsichiatria alla transcultura,* Armando Editore, Roma, 2015

Ielasi W., *Come pesci nell'acqua. Elementi etnopsicologia clinica*, Rivista di Psicologia dell'Emergenza e dell'Assistenza Umanitaria, 2007

Inghilleri P., *Psicologia culturale*, Raffaello Cortina, Milano, 2009

Kirmayer, L.J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A.G., Guzder, J.,

Hassan, G.,

Malinowsky, *Teoria scientifica della cultura e altri saggi di antropologia*, PGreco, Roma, 2013

Moro M.R., L'approccio transculturale e il metodo complementarista, https://www.didaweb.net/mediatori/articolo.php?id_vol=850

Rousseau, C., Pottie, K., for the Canadian Collaboration for Immigrant and Refugee Health. *Common mental health problems in immigrants and refugees: general approach in primary care*. Canadian Medical Association Journal 183, 2011

Shweder R.A. (1984), *La ribellione romantica dell'antropologia nei confronti dell'Illuminismo, o del pensare al di là della ragione e dell'esperienza*, in Shweder R.A., LeVine R.A. (a cura di), *Mente, sé, emozioni. Per una teoria della cultura*, trad. it. Argo, Lecce, 1997

Sow I., *Psichiatria dinamica africana*, traduzione italiana di *Psychiatrie dynamique africaine*, di I. Sow, Armando Editore, Roma, 2015