Pietro Barbetta[*], *Aditi Chauhan*[**]

Navigating Cultural and Communicative Divides in a Globalised World. Family History as a Transcultural Paradigm

Abstract

As transcultural systemic therapists, working with migrant families, we have witnessed firsthand the profound impact of linguistic and cultural barriers on parental capability, often leading to misinterpretations and systemic injustices due to cultural stupidity (*bêtise*)[1] and consequent hidden discrimination by the health care and social institutions.

To describe our multiple experiences in this process of discrimination, we will share with the reader of this essay a clinical series[2] of 'The Indian Family' that illuminates the complexities of this issue.

[*] International School of Systemic Therapy in Trans-Cultural Contexts (ISST)
[**] International School of Systemic Therapy in Trans-Cultural Contexts (ISST)

[1] We use the word "stupidity" in order to translate the French word *bêtise*, as suggested by Jacques Derrida in the Conference on: Gilles Deleuze: On Forgiveness. Held in 2004 at the European Graduate School, see it on https://www.youtube.com/watch?v=I_r-gr3ccik

[2] We use the term "series", instead of "case". The term "clinical series," rather than "clinical case," is weighted by a disagreement: the clinical case has a didactic flavour, offering an example that demonstrates something typical, a repetition that verifies the correctness of the hypothesis, for our approach, hypotheses are not to be verified, they are possibly to be falsified – as in Karl Popper (1965) *Conjectures and Refutations*, London, Routledge – although in a different perspective. Popper argues that the linguistic formulation of the hypothesis must be clear and univocal to be adapted to be objectively rejected. From our Deleuzian perspective, the series is always exceptional. The morphogenesis of psychodiagnosis lies in the irregularity of the diagnostic process. The symptoms bring together three areas of knowledge: science, art, and philosophy. Each symptom has a style: a perimeter, a limit that allows it to emerge from an asymptomatic background; an internal consistency, the connections between the parts of the symptom; a semiosphere, a specific historical-cultural perspective: classical medicine, traditional healing systems, clan rites, family and group therapies, Western psychoanalysis, prayers, exorcisms, votive offerings, etc. See Lotman, Y. (1990) *Universe of the Mind. A Semiotic Theory of Culture*, Bloomington and Indianapolis, Indiana University Press.

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Presentation of the Indian family

Let us begin by introducing you to Sahib's family, of Punjabi origin, residing in Italy.

This family came to the Centre of Therapy, connected to the ISSP, with a request by the Health Care and Social Institutions for individual and family consultation concerning the child's diagnosis and how to proceed in terms of parental assessment.

We see a family composed of the mother, three sisters: Parmi of 20, Amrit, 18 and Sahib, 14 years old, and a young male child of 7, Homi. When they came to the Centre for the first time, Homi was absent, and we learned from Parmi, who is supposed to inform us about what happens, that Sahib is the Identified Patient about whom the Health Care Institution needs us to formulate our diagnostic impression.

The first impression of meeting these women is joyful. They are smiling, they talk perfect Italian and of course, their two mother tongues, Punjabi and English. The second impression, after a while, is that, compared to the sister's vibrancy, the mother appears a bit idle, and we are wondering whether she is leaving the children to make their part on the stage, or if she does not completely understand what is going on here and now.

A couple of years earlier, the adult male of this family, the father, died. He was the one who came to Italy several years ago to work; he was then the one who initiated the migratory project, followed by his wife, who never felt at ease residing in the province of Italy and never got used to speaking Italian fluently. The loss of the father very much struck the whole family, and the older child was, as it were, taking the role of the father, going out to look for a job as breadwinner and abandoning the studies.

First session

Parmi refers that, when Sahib has symptoms, she brings her to the hospital emergency, which happens with Sahib quite frequently. During the meeting, Sahib says she has visions; sometimes she sees the phantom of the dead father: she sees the father ghost climbing the stairs of the house behind her and tapping her on the shoulders, as a greeting. When this happens, Sahib feels anguish and faints afterwards.

For the Psychiatric Unit, she had "Panic Attack Disorder" which actually was a wrong diagnosis: Panic Attack Disorder criteria includes a surge of intense anguish and discomfort, feelings of losing control, and sensations of a racing heart, sweating, trembling, and shortness of breath and sometimes dizziness, numbness, nausea, and a feeling of impending doom, but no delusion or hallucination. Some of these symptoms – anguish and dizziness – are also present in Sahib's accounts; nonetheless, the main symptom she feels is the apparent vision of her dead father, who comes to visit her, which is a clear indication of the Dissociative Disorder.

Isha, the mother, who had been a housewife until her husband's death, had to learn to fend for herself and her four children for the first time in her life, a formidable undertaking for her. She felt, and still feels, alienated from the social context where she lives, so Parmi was the one who took the job to run the family, as she was the second-generation child who spoke fluent Italian.

Isha is fluent in Punjabi and English but is struggling with Italian, facing significant challenges. Her four children, second-generation immigrants, were fluent in Italian but grappled with their dual identity, feeling neither fully Italian nor fully Indian.

During the first meeting, after a long conversation in Italian and, sometimes, with some English expression, Parmi reads a document written by a psychologist to be read by the Judge of the Juvenile Court: the psychologist, who primarily spoke Italian, described Isha, the mother, as detached and dismissive because her responses were minimal, leading to a perception of Cognitive impairment and parental apathy thereof. For this reason, in the document, parental alienation of the two minor children, Homi and Sahib, was advised. Which meant that two kids were to be separated from their mother and the rest of the family.

However, when she came to us, one of the two therapists, namely Aditi Chauhan, after half an hour of conversation in Italian, engaged with the family in Punjabi. Suddenly, Isha, the mother, became animated, articulate, and deeply involved. This stark contrast revealed the fundamental truth: the perceived lack of engagement was not due to any cognitive impairment but a linguistic barrier. In the very moment when the family starts to speak Punjabi, the first therapist, namely Pietro Barbetta, becomes idle and feels himself to be as an outsider who has no clues and capability to participate within the conversation, and after a while he says, in English: «Now I feel I have cognitive impairment! Because I am the one who cannot understand what you are talking about». In that very moment, Pietro feels, for just a moment, the same feelings of being put aside in the context of conversation, the same feeling that Isha feels probably all the time during her stay here in Italy.

Between the first and second sessions

The mother's inability to speak Italian effectively placed her at a significant power disadvantage within the Italian system. She was excluded from meaningful participation in her children's education, healthcare, and legal processes. The dominant Italian discourse, shaped by the Italian language, defined her as "incapable" due to her linguistic limitations. The transcultural context created during the clinical conversation further compounded the issue.

After a few weeks, we had the chance to see Sahib's family again. Before the second meeting with the family, one of the two therapists, namely Pietro, had the chance to speak to the psychologist, who insisted on referring this family to our Centre. She replied that it was so because she was disoriented/confused by the document written by his colleague for the Juvenile Court.

For this family, even coming to our Centre was not easy; they had an old car shared with another family, which was not easy to obtain for an extended period, as the distance was quite long, and the only driver was the older daughter, Parmi.

Second session

It was in this second session that Homi, the little brother, was present. We talk about Sahib's symptoms and Parmi's overload of responsibilities.

During the session, Homi enters the children's tent to play in the studio that contains a variety of soft toys: puppets, toy animals. Homi was asked to assign a toy to everyone present during the session, which represents their role.

Parmi, the older sister, who is just 20, seems worried and serious, which makes her look like she is in her 30s. She looks tired of doing the paternal job in the absence of the father. She is the one who, upon coming back from work, frequently found her sister in a state of disorientation and brought her to the hospital emergency department. She fulfils the material needs of the family.

Sahib is the one who has taken the role of maintaining the father's memory with her symptoms. She is the one who still sees his phantom walking around the rooms of the house. Sahib holds the spiritual memory of the father.

The third sister, Amrit, is taking herself out of this dynamic by leaving the city, going to college in another city, and she does not come to the second session due to her exams.

The mother was concerned and mostly silent except when the conversation switched to Punjabi.

It is within this climate that therapists Pietro and Aditi can talk to Sahib and Parmi in front of the other members of the family. Sahib tells us what is going on when the father-ghost comes, how she feels the kind of anguish and fear she goes through and how she is ashamed of telling us these episodes because she was afraid we would judge her or prescribe her medications which would declare her mad.

Between the first and the second session, a psychologist who is doing his internship in the institution where Sahib goes, writes to us that she lent him the novel of the Japanese writer Osamu Dazai. During the second part of the conversation in the second session, we see Sahib and Parmi joyfully quarrelling about the writers they like more: Kafka, Pirandello, and Svevo.

Sahib: Oh! I like Kafka very much, and Svevo!

Parmi: Nah! He isn't interesting enough for me! Pirandello is much better!

And they start to touch and slightly punch each other as in a children's play, under the eyes of Homi, who stops his play to watch the two sisters amused, as probably usually happens. This joyous quarrel revealed something more about the misunderstanding of the social service practitioners.

In Punjabi culture, sibling rivalry and a bit of sarcasm are considered healthy ways to deal with everyday issues within the family; it can involve physical play between the siblings, which might be perceived as aggressive in Western society.

Exactly this cultural idiosyncrasy, coupled with the linguistic barrier, led the Italian psychologist to a catastrophic misunderstanding. When Sahib mentioned these sibling plays and the family's way of humor to the psychologist of the institution, the authorities were immediately involved. The court order was issued, threatening to remove the child from the family, based on the assumption of parental incapability. The family spent countless hours in court, battling to prove what was evident to begin with: they were a loving family with a single mother struggling with the normal challenges of raising children. The patterns of communication within the family, which were perfectly normal in their cultural context, were perceived as problematic in the Italian context.

Third session

During this session, we discussed the symptoms and experience of Sahib in detail and found that the identified patient had been grossly misdiagnosed. We concluded that she got a dissociative disorder – not panic

attack disorder –, the feeling of the presence of her father, who suddenly died, becoming no more part of her life.

The therapists agree that with these dissociative symptoms, she has been given the "gift" of going back and forth between the realms of spirits and the present; this gift maintains the love and the memory of her dad. If Parmi is the one who does the material job for the family, Sahib is the one who does the spiritual job, because Sahib is gifted. In changing the diagnosis, we did not label her with a disorder as defined by the pathology discourse; instead, we created together, within the therapeutic conversation, Sahib's dissociative episodes as a gifted ability of a 14-year-old girl, to travel within realms; to regress to her childhood and experience the lost father in the present.

We noticed another thing during this meeting, that the mother seemed more at ease and relaxed.

Upon asking about it, Parmi reveals that Isha, the mother, had been admitted to a colloquium with the Judge, who referred to our assessment and considered it valid. After a short evaluation, the Judge decided not to consider the proposal of separating the children from the family and denied any charge of parental incapability to the mother. The Judge, a woman, said that she was facing such situations frequently where a linguistic misunderstanding is seen as neglect of children, and recommends being careful during assessments of such families, which brings discrimination and denies family members the dignity.

Some ethical and aesthetic explorations[3]

Let's draw upon the work of Gregory Bateson[4], Michel Foucault[5], Gilles Deleuze[6] and Felix Guattari[7] who urge us to recognize how language shapes our reality. Non just the verbal language, but the complex interweaves between the non-sensical corporeal language and the meaningful verbal one.[8]

Consider how medical discourse, for instance, defines "normality" and "pathology," shaping our perceptions of health and illness, and how

[3] Barbetta, P. et al. (2022) *Ethical and Aesthetic Exploration of Systemic Practices. New Critical Reflections*, London, Routledge

[4] Bateson, G. (1972). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Chicago, IL: University of Chicago Press.

[5] Foucault, M. (2001) *The Order of Things*, London, Routledge

[6] Deleuze, G. (1993) *The Logic of Sense*, New York, Columbia University

[7] Deleuze, G., & Guattari, F. (1987). *A thousand plateaus: Capitalism and schizophrenia* (B. Massumi, Trans.). Minneapolis: University of Minnesota Press.

[8] Barbetta, P. (2025) *Language without Sense. Glossolalia and other Linguistic Explorations*, London, Ethics.

legal discourse shapes our understanding of what is right or wrong, what is legal and criminal. In Foucault's view, language is not just a tool for expressing thoughts; it is a tool for shaping them. In the series of the Indian family above discussed, the Italian system failed to recognize the nuances of the cultural background of such a family, the contextual meaning of their interactions, and the plurality of languages they speak within their environment. The Italian Psycho-social Institution failed to see the family as a dynamic system, but rather imposed a static, judgmental lens based on *bêtise* and transcultural incompetence due to the usual academic training based on universalistic cognitive behavioral (CBT) models.

This brought the family to be involved in an escalation described by Gregory Bateson[9], as Schismogenesis. The cultural differences created a pattern of escalating misunderstanding, leading to a breakdown in communication and trust between the family and the authorities.

As Barbetta's, in his work *Language without Sense* suggests[10], language is not merely a vehicle for meaning; it is the very fabric of meaning itself. Language can become *stoma doulon* (Greek expression for "slave language"). In the series analyzed above, the mother's difficulty to speak Italian – even though she speaks at least two other, maybe more, languages – impacts her sense of self, her sense of belonging; she is not as bright, chatty or funny in Italian as she is in her mother tongue, Punjabi and in English. It highlights the creative and transformative potential of language beyond its purely communicative function: language becomes an instrument for discrimination.

This brings us to the concept of *becoming*, as articulated by Gilles Deleuze and Felix Guattari.[11]

The children's language acquisition, fluent in Italian, represented a constant *becoming*, shaping hybrid multiple identities through language, facial expressions (faciality), gestures, caught between their Indian heritage and their western environment.

The mother, on the other hand, was trapped in a state of linguistic stasis, unable to become fully integrated into this new, still stranger environment, alienated. This linguistic barrier hindered her ability to create new social and personal realities in this part of the world in Italian; nonetheless, she is absolutely fine as a mother with her three daughters and her son.

This case illuminates the dangers of applying monocultural standards to multicultural families. The International School of Systemic Therapy,

[9] Bateson, G. (1958) *Naven, a Survey of the Problem Suggested by a Composite Picture of the Culture of a New Guinea Tribe Drawn from Three Points of View*, Stanford, California, Stanford University Press

[10] Barbetta, P. (2017). *Language without sense*. London: Routledge.

[11] Deleuze,G, Guattari, F. *op. cit.*

with its Transcultural approach, aims to address these challenges because this experience is not isolated. In our globalized world, migration is a reality for millions, and the academic discourse, oriented towards the universalistic practice of CBT, easily turns into a colonial practice of discrimination, without even being aware of what is going on. We must ask ourselves, are we truly equipped to understand and support these persons? Do our systems account for the nuances of language, expression and culture? This case highlights the urgent need for a shift in perspective. We must move beyond surface-level assessments and recognize the inherent value and capability of individuals, regardless of their linguistic proficiency, to use their proper gestures and facial expressions. We need to move beyond monocultural frameworks and adopt a more nuanced, culturally sensitive approach.

Secondly, we must advocate for greater access to language support for migrant families when they interface with social and health-care services and a different approach from the dominant CBT one. This includes providing interpreters and cultural mediators in healthcare, education, legal settings, and psychologists, psychiatrists and child psychiatrists with a very training in transcultural approaches, ethno-psychiatry and ethno-clinics.

Thirdly, we must promote intercultural dialogue and understanding, fostering a society where differences are celebrated, not feared.

Fourth, we need more and more of a self-anthropological approach, as in the following example by Bateson:

> I shall illustrate the ethological approach by some examples taken from our own culture […] When a group of intellectual men or women are taking and joking together wittily and with a touch of light cynicism, there is established among them for the time being a definite tone for the appropriate behavior […] They are expressions of a standardized system of emotional attitude […] If one of the men intrudes a sincere or realistic remark, it will be received with no enthusiasm-perhaps with a moment's silence and the slight feeling that the sincere person has committed a solecism. (Bateson, p. 119)[12].

The case of this Punjabi family underscores the urgent need for a more inclusive and equitable system that recognizes the inherent capabilities of all individuals, regardless of their linguistic or cultural background, not to be misunderstood as improper, unfair or ignorant to the point of being diagnosed as mentally retard. We will conclude now by urging you to strive to create a society where every patient, regardless of their language, is seen, heard, and valued.

[12] Bateson, G. (1972). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Chicago, IL: University of Chicago Press.