Case study

Intercultural communication
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This case refers to the conversations a young guest at the hosting centre of Lampedusa had with a psychologist in the summer of 2011. The migrant, who had spent a few weeks at the centre, would not eat or drink and, worse, despite great psychological and physical discomfort, he would not take the provided medications. The symptoms led to a diagnosed state of physical and psychological distress caused by the long and difficult sea crossing, and to an antibiotic and anxiolytic treatment.

To better understand the reasons for his refusal of any treatment and to evaluate the suitability of the provided treatment, the young man was offered psychological encounters with a psychologist from the Task Force INMP and the researcher on the ground, as an intercultural mediator. During the conversation, a reality rich in cultural and biographical elements of great interest emerged.

The young man was, in fact, the first child of his village’s headman and therefore the natural heir to the throne. His father had been murdered by a rival clan and, being the direct successor, he was destined to the same fate. For this reason, he had been the victim of a ritual that only his mother (living in the village) could break. In his frequent nightmares, he dreamt of being chased by men threatening him with death and, fearing being poisoned, he would not eat or take medications. He would not hang around with his companions at the centre, among whom his assassins could be hiding; nor did he sleep, being afraid of being killed while asleep.

However, as said, after a first diagnostic evaluation by the doctors of the hosting centre, physical and psychological distress due to the crossing of the sea was the only identified cause. They considered the refusal of treatment by the migrant as an act of arrogance and stupidity for failing to accept a proposed suggestion for his own good, moreover based on the indisputable scientificity of medicine. Only with deeper insight, when the migrant’s personal story became clear, was that subjective dimension revealed, which the ethnocentric communication had not allowed to emerge.

As a matter of fact, each part involved in the situation assumed that the other could not understand. Within the dialogue with the medical staff, the migrant felt misunderstood, showing his frustration by shaking his head. Indeed, he was aware that his interlocutor had not the means to understand his personal situation, potentially being one of the co-conspirators. On the other side, the doctor of the centre, consulted by the researcher, asserted: “I know this guy very well, but if he doesn’t want to take the medicines, what can I do?” His communicative pattern produced conflict in his relationship with the migrant, which was solved thanks to intercultural mediation.

The psychologist and the researcher accepted the reality of the migrant, and managed, despite the limited numbers of encounters organized, to get close to his perspective, emotions and concerns, making him feel understood. This allowed him to open up and us to negotiate new meanings with him, managing to get to a level of mutual understanding and to an effective solution to his situation.