

The Question of Identity and Narcissism in Psychopathology. From Transcultural to Metacultural

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Abstract

The question of identity is at the heart of therapeutic processes and integration processes. In this sense, it must be carefully taken into account regarding the reception and follow-up of subjects in psychological distress in a migratory context. The France and many other countries have been confronted for years with this challenge of reception, a major human and societal issue.

Keywords: Identity; migration; transculturality therapy

Introduction

Narcissism and identity are two of the supporting variables of human functioning. If narcissism is the ability to feel worthy of being loved, therefore to love others, it is also the fuel, the vital energy that gives meaning to existence and allows the implementation of the play of instances of an intrapsychic such as that modeled by the postulate of the Freudian Unconscious (I, that and Superego).

Identity as a permanent and fundamental character of each individual is a concept that is useful in all forms of therapeutic and/or educational care. Is the question of identity in its relationship to narcissism a way of first of the transcultural psychopathological dynamic? This is the questioning that we are going to conduct.

Evolution of ideas

This work is a cross-cultural approach to the complex problem of migration as a human phenomenon, a burning and topical reality. It is an approach to its psychic implications without analyzing its societal advantages and disadvantages. It is essential to understand that the question of identity or the underlying non-decompensated personality type is not sufficient in itself to found a psychopathological state and that migrants are not sick, even if they are in severe suffering and sometimes present an obvious maladjustment. Narcissism and identity are interdependent. The first term finds meaning in psychodynamics, the second belongs mainly to the social lexical field ..

The migrant is perceived in several subjective ways. He can be seen as a suffering, cultural or economic subject (in the country of origin), emigrant (in relation to the country of origin), migrant in relation to the process in its geographical dimension), immigrant (in relation to the host country),

arrival, exiled, displaced... And it depends on the positioning of the other, who is really just an alter ego.

This profusion of terms reflects the complexity of the phenomenon and its social implications. The iconic generic term "migrant" alone cannot express everything.

Today, it seems that this term is gradually being banned from the vocabulary of aid and foster associations because it is considered stigmatizing and not very politically correct. The tendency would be to replace other identifying terms: refugee, invited, welcomed, referring de facto to an angle of view, or to a subjective position. Yet the migrant, the one who is in motion because he has not happened, not settled (the immigrant) is a social function, if not a collective fantasy function. He is the one who comes from "nowhere, passes, and/or intrudes, then disappears". This phantasmatic function refers to an archaic collective unconscious; until then, it had been held by the "travellers" (traveller, another term!), the gypsies and the Roma, nomads, who were also in delicate contact with the indigenous social body. The successive migratory waves reshuffle the cards and the collective unconscious of which that of the caregivers participates. It is important to avoid projecting one's own representations on the subject.

Facets of identity.

We can oppose narrative identity (I am who I say I am) to assigned identity (I am who I am said to be). This dialectic accompanies the individual throughout his migratory life. Each identity of the subject, cf. above and there are so many others, induces an affective, social, relational, singular positioning in the interlocutor. Beyond the vision of the Other (mediatized or not, true or false), beyond the indispensable

Socratic "know yourself", by mirror effect, this confrontation allows everyone to experience the fact of existing in the gaze of the Other, in this case an Other than oneself. For Heidegger, existence as a possibility of being, as *dasein* (being there), being open to the world, is a coexistence. Coexistence is a declination of existence. It is this capacity for coexistence that will found a possible therapeutic approach as a co-constructed process.

Clinical vignette: During a videoconference training with Algerian psychiatrists and psychologist colleagues, concerning the notion of psychotrauma in the psychogenesis of borderline psychic structures, it appeared that what appears traumatic in nature for a Westerner (humiliation by parents, domestic violence, sexual abuse, placement, adoption.) is not intrinsically so sometimes in other initial cultures and is even constitutive of a Containing and structuring group belonging with the establishment of a collective narcissism acting as identity or identity prosthesis: The working class, "the wretched of the earth". This shows that it is sometimes necessary to relativize the dynamics of personal identity in relation to a group identity.

Some notions

-Arriving in the country they hope will be the final, some migrants literally learn that they were victims when they thought they were survivors, winners of the migratory journey they had imposed on themselves, or more simply that the difficult journey was natural, expected, or even "written").

-The notion of *ipseity* that is used in transcultural psychiatry echoes that of *ipseity* (P. Ricoeur: Philosophy) and refers to the hypothesis of a proper identity: "what makes one person unique, permanent and absolutely distinct from another" and a clan or lineage identity. Under the influence of phenomenology, the custom of designating properly human individuality by the technical term "*ipseity*" has become widespread. It's a Western idea: the feeling of always being yourself while you have changed: Me at 5 / Me at 50: there is no common molecule between these two individuals, but it's the same person. So there is something immaterial that transcends and gives meaning to a material reality.

-In other cultures, we also define ourselves in relation to a lineage. This genealogical identification, cf. Psychogenealogy, underlies conscious but also unconscious, extremely strong transgenerational and transcultural psycho-social devices.

-The status of migrant redistributes the cards and positions the subject as a first, a precursor, provided that he succeeds in straining, and transmitting, that he is the rhizome that takes root. The story we welcome is not only the tormented story of an individual who arrived there, especially through his journey of exile, but the history of a lineage (a lineage that acts on his destiny) and also of a project: the future history of the fantasized descendants of this subject.

Clinical vignette, of another transcultural logic: during the Napoleonic wars, officers of the empire discussed among themselves; Some, from the old nobility, mocked one of their peers, freshly ennobled by the emperor. But this one. François Joseph Lefèvre, Marechal, Duke of Danzig, told them: "Do not be so proud, I am an ancestor, you are only descendants".

-The Exile makes a break, the exile must reinvent his identity through a work of psychic reconfiguration and sometimes psychic reconstruction made of resilience but especially mutations. In the life of all subjects, faced with inevitable changes, the challenge is how to preserve the essential of oneself: The question of essence in relation to existence is

philosophical. There is the temptation of Essentialism and one is sometimes essentialist without one's knowledge, cf. the current wokism and its political variations. This Essentialism can be opposed to an Existentialism (J.-P. Sartre) which emphasizes the human experience rather than the being and affirms the complementarity of essence and existence. In Existentialism, each individual is a unique being, master of his actions, his destiny and his values. Sartre says: "Existentialism is a humanism"

In this perspective, to remain humanistic, and simply human, we must integrate that what we welcome is an experience, not an individual essence. And it will be "lived against lived". In this sense our work will change us too.

-If a therapy can be defined as a relationship of help to change (with the related notion of resistance to change), it is also and above all a relationship of help to the choices of conservation to allow the subject to keep his essence and to know what he can or wants to change in his existence. It is therefore a question of identity mutation and personal value; From the values of a life to the value of one's life with the question of narcissism. The role of the psychotherapist (but being a migrant is not a mental illness, it is a state of mind) in a transcultural context that acutes the process and gives it a major stake, is basically to accompany these inevitable identity changes and to protect the subject, because he is in hostile territory.

Migration is a transition process that cannot fail to evoke the transition of transsexuals (with differences of course!) And if we describe in these gender transitions the possibility of a Leda Syndrome, we can conceive from a transcultural perspective the difficulties or even the refusal to integrate the third or fourth generations as a transgenerational Leda Syndrome. But there are countless clinical variants.

The transition of gender identity and the transition specific to exile are of the same processual violence that affects the entire subject (bodily and intrapsychic, and one could say bio-psycho-social) and which is illustrated by the same difficulties of accommodation and assimilation. Here too, it is the question of identity that emerges and causes suffering. If neither identity is good, inducing an experience of hiatus between essence and existence, can we conceive of a non-binary meta-identity that encompasses both? And would this meta-identity be cauterizing?

Clinical vignette: Franco-Algerian Fadila has chronic delusional disorders, a sensitivity on the skin, an anaclitic depression, an experience of injustice and prejudice, but above all, when she talks about her life as a Franco-Algerian, she feels neither one nor the other and not one AND the other.

How to handle this situation? We have described (Marie-Rose Moro) different strategies most often unconscious, contradictory, partial "coping" among the exiles:

-1-neurotic marginalization (massive anxiety resulting from the attempt to bend to the demands of both cultures). This leads to intimate suffering and sometimes a request for care.

-2-deviant marginalization (refusal of the two cultural norms installing contradictory requirements): it is then a question of finding a third way, of creating a neo-micro-society with its norms, most often reactive (antisocial behaviors) that mask the disarray (asocial behaviors) in a dimension of pseudo-collectivity: the clan, the gang, the group. We currently find this social deviant positioning, for example, among unaccompanied minors and unaccompanied ex-minors at the Porte de la Chapelle in Paris, homeless, with no other reference point than the

certainty of the worst, addicted to hard and overmarginalizing drugs that do not belong to any of the cultures of departure or arrival. We are literally in a counter-culture that drifts and masks the experience of acculturation.

-3-traditionalism and its variations ranging from folklore to communitarian violence (withdrawal into original social norms to avoid confusion). We find a nostalgia that talks about the illusion of a return to a mythologized, recomposed, fantasized, almost hallucinated country. This takes place over one to several generations. In some suburban areas, we can meet girls in hijab, or even niqab whose parents of the first or second generation immigrant are completely dressed in European style; They were in a desire for assimilation and no longer recognize their children who in return take precedence over them by reproaching them for their more or less conclusive assimilation, considered as a submission considered weakness.

-4-on-acculturation (abandonment of the culture of origin) and massive and exclusive investment in the host culture. This can go as far as changing the name.

-5-bi-acculturation as compromise. It is the most efficient adaptive model, in principle, but also the most acrobatic.

Theoretical issues

Integrated into these psychic survival strategies, issues emerge, decline and sometimes disrupt the process of safeguarding the subject's identity.

The issue of visibility is one of them. In his country of origin, the subject is homogeneous in relation to the world, both visible and featureless. In his host country he becomes extraordinarily visible by his accent, the color of his skin or his clothes, he must sometimes make himself invisible to protect himself but this invisibility puts him in danger of disappearing in his own eyes too, hence punctual manifestations of highlighting, clastic and noisy (demonstrations of migrants and undocumented). Exile is an experience of narcissistic wound, of dehumanization, in the sense of H. Arendt, of desolation, of erasure of the world of origin at the risk of not finding traces where to put one's steps in the new world, of not making its trace either, of dissolving in the host world. Geographical exile feeds an identity exile and forges an internal exile that becomes the heart of the problem; It is madness as an absolute identity symptom. From the analytical point of view, the symptom can be considered as one of the names of the identity of the subject, this is manifest in hysterical positions but goes beyond this psychodynamic framework to embrace the field of narcissistic bankruptcies. From "I suffer therefore I am" to "I am violent therefore I am" and "I am rejected therefore I am." and its positive corollary: "I am accepted therefore I am", we find the processes of accommodation / assimilation as the main categories of the organization (Piaget and child psychology). These two terms are the complementary criteria of the "metastable", regulatory, equilibrium that constitutes any adaptive effort (biological, psychological or sociological). It is an analogous process that is woven with a socializing issue this time, through the question of narcissism as vital energy. "I will only accept to be what I am if I am accepted." Concerning displaced exiles, migrants, two worlds meet, both of which are simultaneously internal and external, and the profound identity of the subject will be forged at their join.

The question of identity in exile does not found an exotic psychiatry, it explores human invariants and we are at the heart of the Subject, it finds the basis of a metacultural psychiatry, of a paradoxical anti-ethnopsychiatry having integrated culture to overcome cultures and syndromes related to culture.

The question of the body

Clinical vignette: Moussa, 19, from South Sudan, was tortured and imprisoned in his country because of his ethnicity before he could leave. He crossed the Sahara and the Mediterranean. He saw some of his companions die, fall into madness, be physically exploited, sexually abused, reduced to the rank of objects. He went through an unspeakable in some aspects analogous to that described by Hannah Arendt or Bruno Bettelheim about the concentration camp experience, with the difference that he voluntarily migrated from a place of horror to a disastrous succession of other places of horror (vital trajectory and lethal trajectory at the same time), tending towards a utopia finally disappointed. From the pre-migration phase, which saw the breakdown of intra-family ties, to each of the subsequent phases of the process, the subject is exposed to traumas of a different but cumulative nature. He will not be able to stop, he will remain a lifelong migrant (in his head and in those of others). Hosted in a HUDA, he is waiting for his papers. He has suffered a first refusal, he is in the appeal procedure. He has nightmares, revivals of what he is going through (according to his colleagues), he refuses psychiatric care, he does not want to be considered mentally ill. The only thing he requires, forcefully, consultation after consultation, with or without a translator, is an anti-acne cream. It can't stand having pimples. In his fantasy of new life in France, post-adolescent, he must not have a button. He shows us a banal concern, as a healthy European teenager. Another hypothesis: Even if he has the status of a sick foreigner, he refuses the identity of a psychiatrist patient. Being a "Shrink" is not understandable for him. The psychiatrist was the inner exile in his country of origin, the one whose identity aroused rejection. Talking about his psychic suffering is still impossible and he will wander for a long time from the Unspeakable to the unspeakable before daring to say that he has "headache" then "headache", then bad in what circulates in his thoughts, and live his nostalgia.

From status to identity:

From the status of sick (administrative) foreigner to the deadly identity of foreigner and sick, there is a redoubling of stigmatization. By being a stranger and a psychiatrist, there is a triple stigma: being sick / being crazy (the disturbing strangeness of the delusional makes him twice a stranger), and the identity then makes status, and vice versa, which will block the long-term integration processes, even if the filing of the file and the possible appeals allow him the illusion of remaining for a time in the uncertainty of rejection. But this uncertainty is a factor of decompensation. The status of sick foreigner is in fact a clinical and administrative psycho bio social compromise, and it remains only to be really sick! This status is a sign of failure: it satisfies no one, especially since the clinical pictures produced are of the register of suffering and deviance, and not of a "noble" disease.

To dare or want to leave one's country, one must be structured, to survive in the migratory journey, one must be mentally and physically solid. The authentic psychiatrist patients do not leave, or do not arrive. It is in the country of asylum that madness is constituted as a rampart, coat of arms or identity. Domestic exile masks social exile.

From identity to symptom

But this madness must be translated, to be understandable, that is to say apprehended by everyone, under penalty of stigmatizing the subject all the more insofar as the symptomatology is a bio-social compromise, and the psyche is also part of it, between what the supposedly sick subject is supposed to know how to produce, want to express if not verbalize and what he knows consciously and unconsciously that his interlocutor will be able to hear or understand. For a migrant, producing a symptomatology colored by the culture of his country of origin is an admission of

integrative failure, offering a symptomatology specific to the host environment (alcoholism, depression, anxiety) is paradoxically a big step towards assimilation. And the question of identity is replayed. Individuals' coping strategies are mainly based on the symbolic continuity of the link with the culture of origin and the culture of the host country. What we perceive in the clinic are sometimes Syndromes that seem superficially linked to culture (culture bound syndrom): pica, djinn, shatans who speak. And we talk about how to apprehend them: if it is from a Western eye, we neuroleptis, if it is from an African eye, we will go towards an approach by traditional therapy. We can understand the meaning of traditional therapy in an exotic cultural context for a Westerner, we can understand the logic of a neuroleptic chemotherapy in a Western context, but our subjects are unfortunately neither of one nor the other, and pull them in one direction or the other according to our inclinations and ideologies alienate them, there is objectalization. Therefore, it is by building a metatherapy, of one and the other, neither of one nor the other, which is not one at the same time, that we will be able to find the Essence. And it is the identity of the subject that alone gives meaning. From Essence to meaning. It is the meaning that is ultimately given to it that gives legitimacy to identity. We are faced with syndromes related to acculturation as questioning the meaning of life and the efforts given, and it is therefore a work on identity that must be carried out.

The reception context does not help. While waiting for the deleterious authorization to remain on the territory and to work, the exiles present only a paper identity (metaphor for the fragility of what is offered to them), they have identity papers that reflect only the most artificial facet of their identity, because it is necessary to reckon with the problems of spelling names, false names, errors favored by the wanderings of writing and phonetics of a "foreign-sounding" name and the fact that subjects sometimes voluntarily tear up their papers to no longer be expelled. Renouncing one's identity as a survival strategy comes at a terrible cost. This game on the creator name of the one who wears it is universal. The cartridges of the hated Egyptian sovereigns were erased with chisel to take away their access to eternity and give them a social death; Acceptance into the Foreign Legion immediately grants a new name to the individual. The first thing we do in consultation is to ask for a residence permit to enter into the software a correct name and submit it to artificial intelligence, we place the subject in a box that assigns him, assimilates him in the end and will allow him to be recognized. There is like a deadly condensation of the identity of the subject in these few written words, which write it more than they describe it.

Conclusion

Identity and narcissism are essential to take into account in the psychodynamics of subjects in situations of exile or migration. Beyond ethno-psychiatric or transcultural approaches, it is the human core that emerges and suffers, and it is on this that the interrelational dynamic with these subjects can be built.

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