

The name of the deceiver: Foucauldian readings on MCM (anagram of CMM)

Pietro Barbetta*

University of Bergamo, Italy

ABSTRACT

The first encounter between social constructionism and systemic theories probably happened in 1980, with the publication of *Communication, Action and Meaning*.

Michel Foucault was considered then by many scholars and practitioners as an obscure French philosopher, totally unrelated to communication and clinical practice. Although he had studied madness, clinical discourse, sexuality and prisons, his ideas seemed too abstract to be applied to both social practice and the analysis of everyday life.

This paper describes how the CMM theory provides imagination for everyday communication practices. These methodologies seem to mirror the micro-physics of power, and the hermeneutics of the Self as described by Foucault. I will also apply these considerations to a clinical case study.

Summary in the original language

Quando negli anni Ottanta l'approccio sistemico incontrò il costruzionismo sociale, Foucault era pressoché sconosciuto tra i terapeuti. Nel migliore dei casi era considerato un oscuro filosofo francese che non aveva gran che a che fare con la clinica, sebbene Foucault avesse studiato proprio la follia, la clinica, la sessualità e l'istituzione carceraria.

In questo saggio tenterò una connessione tra le teorie e le pratiche sociali scaturite dalla CMM e l'approccio analitico di Foucault attraverso lo studio di un caso clinico. Al fine di ottenere un risultato accettabile dovrò spostare la mia attenzione dal coordinamento al mistero, lo farò piano piano. Passando attraverso il coordinamento. Tuttavia sosterrò una tesi radicale, proponendo un anagramma, da CMM a MCM. La prima M può significare sia mistero che mistificazione, la differenza non è molta se non che nel mistero l'imbroglio è compiuto da un dio, nella mistificazione da un demone.

To turn mystery into a riddle, is to turn something that we happen to acknowledge, but don't know why we do, into a riddle, a problem that's soluble with enough effort and insight [...].

To acknowledge the mystery, the endless complexity and diversity of the world, and to attempt, not to see beyond it (to its supposedly hidden reality), but endlessly into it, to reveal its unceasing richness, its glory.

(Some notes from a Seamus Heaney interview in which he comments on mystery)¹

* University of Bergamo and Centro Milanese di Terapia della Famiglia. I would like to dedicate this essay to the memory of Gianfranco Cecchin. He was my Maestro, and, till his death, the greatest deceiver I have met in all my life.

1 I thank John Shotter who in a conversation we had about mystery, focused my attention on Heaney's considerations.

Colonizing the body

In the following essay, I'll try to turn a mystery into a riddle, just because this paper is supposed – or pretends – to be a non-fictional essay, which is something that, in the modern era, is supposed to be a scientific communication.

Barnett Pearce (1993) claims, in a very convincing way, that for communication to exist three elements are required: coherence, coordination and mystery. Then Pearce adds that modernism is concerned with coherence, i.e. science.

Modernism, writes Pearce, sees coordination as a secondary aspect and eventually flees from mystery as something negligible, and potentially dangerous.

Why is modernity so concerned with mystery to consider it negligible?

Why does modernity consider mystery as something to be turned in a riddle, or, otherwise, like an irrational residue to get rid of?

In my recent works on philosophy, literature and therapy (Barbetta, 2002, 2003), I developed the aspect of mystery, constructing a pretty radical version of CMM theory.

One can make an anagram, turning CMM into MCM. Let us suppose that MCM could mean something like: Mysterious Creation of Meaning, or even - in its more radical stance: Mystifying Creation of Meaning.

In order to do such language games (Wittgenstein, 1953), I am borrowing considerations from Kermode's work *The Genesis of Secrecy*.

Kermode's objective is to understand hermeneutics in literature as an art for discovering secrecy in the reading of a narrative. The more a fiction shows – and meanwhile conceals - its secrets, the more it is wonderful. The more the reader finds secrets in a fiction, the more she/he experiences wonder. Hermeneutics is the art of Hermes, who is the God of thieves, heralds and tricksters. It has to do with *kledon*, which is a Greek word that means a kind of strange divination (Kermode, 1979). A *kledon* occurs when - in a way that is absolutely randomized – someone hears something, like a voice, the meaning of which changes her/his life, or predicts the forthcoming course of the events. Augustine (1990) decided to embrace Christianity in the very moment he heard a child voice saying, "*tolle lege, tolle lege!*" which means "keep and read, keep and read!" In that precise instant Augustine took the Bible and opened it randomly, the text he found was a reading by Paul which struck him in a way that he decided to embrace the faith.

As one can easily see, *mystery and mystify* have the same root - which they share also with *mystic* – but quite different meanings. They both assume the sense of something not completely understandable, or not completely comprehensible in rational terms. Nonetheless, in mystery the trickster is God, whereas in mystification the trickster is the human being. So we, as human beings, forgive the God what we do not forgive ourselves.

Maybe this is the reason why in our culture, every mysterious speech act assumes the connotation of delusion, and enters in the enclave of the medical discourse². We have less and less social and cultural contexts in which we can afford ourselves to accept mystery. If one thinks about Foucault's work (Foucault, 1954, 1963, 1972, 1975, 2001), one can see that Foucault was entirely fascinated by the *uncanny* in social history: Madness, criminality, sexuality.

2 There are exceptions, as in the case of dreams, but in psychoanalysis they too became part of the dominion of scientific analysis.

As well, Foucault was interested in the way society, in different times, deals with such mysterious things. Modernity, the time in which people try to turn mysteries into riddles, is a delusional era. Where madness is to be cured, criminality erased, and sexuality put under control.

Where this is not possible, mystery easily turns into mystification, and – when mystification is not intentional – delusion, that is a mental disease.

Laura’s story is an example of the transformation of mystery into mystification in modern institutionalised discourses. But because she resists the transformation, she “is” half way between deceiving and being mad.

Laura, a woman in her forties, called me requesting psychotherapy. When she came for the first session, she told me:

“I was anorectic between the ages of 16 and 20, then I met my current husband, and my anorexia was cured. In spite of the evidence of that, my parents still think I’m the same old anorectic girl”.

According to Laura’s narrative, she was able to persuade everybody, but her parents. She regained 10 kilograms, reaching 45 kilos, her periods came back, she got married, and had two children. In spite of it all, to this day her parents keep saying, each time they see her:

“Come on, eat! Are you crazy? You have no sense of responsibility. Don’t you know you have two children? What do you want your husband to think about you!”

After that I said,

“So, if I were to ask your parents about you, they would probably say that you have been anorectic from age 16 until now”.

She nodded.

Prima facie, Laura’s situation was not different from many stories about what psychiatrists call “remitting anorexia”. But Laura had to manage a dangerous mediation between her parents and different kind of medical agencies. During the last few years, she got another diagnosis, and she was going to get a third one.

The second diagnosis was connected with some dizzy spells she was getting for the last two years. She went to neurologists and audiologists, and they diagnosed her with Ménières syndrome. They also added that she must eat everything without salt, because salt was a liquid over-production factor in the middle ear, which caused the vertigo she was feeling.

As soon as she started the salt-free diet, Laura began to have severe episodes of abdominal pain, and her bowel movements yielded “shapeless” faeces.

She saw a gastroenterologist, who prescribed a “barium enema” and a “colonoscopy”. After the colonoscopy she had bleeding faeces and pain for days. The gastroenterologists were not able

immediately able to formulate a differential diagnosis. They were not sure about the case. The possibilities, for them, were either Crohn's disease, colic disease or, possibly, irritable colon due to stress (the latter of these possibilities meant something akin to "hysteria", and needed to be treated with Diazepam, a medication usually used by physicians in order to treat anxiety).

Laura was already taking a lot of medications for vertigo, stomach pains and, to boot, for the side effects of those medications. A physician in the gastroenterology department suggested psychiatric medication and psychotherapy, particularly after the awful effects of the colonoscopy, which worsened Laura's physical pain, and led to iatrogenic risk.

Talking with some friends, Laura received the advice to go to see a homeopathic physician, with whom she had a long conversation about her family of origin, her favourite foods, her sleep patterns, her reaction to the weather and her favourite season, and some other "holistic" issues. After that, she had the possibility to describe her symptoms and, at the end of the description, the physician prescribed some natural remedies, and some kind of rituals for her to perform.

At the same time, the homeopath told her that she had to cease taking the medications she got from the other doctors: the two things – drugs from the hospital and Homeopathic remedies – were considered incompatible.

Laura was talking with me about all those issues competently and articulately. I had the impression of talking with an expert practitioner. At the same time, the fact that they were formulated in a practitioner's language meant that the meaning of all such descriptions for Laura's life remained obscure to me.

At the end of these long descriptions, I asked Laura about the meaning that the long story had from her point of view, and whom, among her parents and all those doctors, believed the evidence of her pain – after all she had vertigo, bleeding faeces, strange bowel movements, abdominal pain, that is, more than one type of evidence of physical pain - and in what way.

She answered by painting a picture of the different conceptions of the "causes" of her "multiple diseases".

What it means to be a structural deceiver

The people around Laura had different points of view about her body. They were arguing with each other like political parties that have different ideologies. Her body was like a territory everyone was trying to govern.

Laura's parents were absolutely convinced that every physical illness or pain their daughter was having could be traced to her mental disorder. They believed that the only effective therapy she could receive was a psychiatric intervention. Like the parents described in the 19th Century literature about hysteria, Laura's parents were dreaming of a peaceful asylum in which their daughter could be cared for the rest of her life, or at least until she became "normal."

Of course, Laura was extremely disappointed with her parents' feelings and opinions. At the same time she was trying not to be so enmeshed in these disconfirming considerations about herself, and thanks to her husband, and the children, she learned not to pay too much attention to her parents' repetitive litany.

If anything, Laura herself believed the contrary. She thought her disease to be due, first of all to her physical pain, and that all that was stressing her mental situation as a consequence. At the same time she was beginning to realize that there was not much of a chance for her to make her physical pain socially evident. She had no words to describe it in a way to be believed by others.

At another level there were the interpretations of the experts.

The allopathic doctors were thinking in terms of “differential diagnosis.” They were trying to insert variables into Laura’s body, in order to exclude, or confirm, their hypotheses as to the correct diagnosis. These variables were of two kinds:

- a) medical analysis – as with the barium enema, the colonoscopy, and so on. The purpose of these for the physician is that of directly pointing to the truth about the real illness in the body
- b) medications, or possibly diet, which - through the clinical observations of Laura’s body reactions - help the doctor indirectly to confirm, or exclude, some diagnostic hypothesis.

Of course, the second type of variables was less valid as long as Laura’s reactions were considered hysterical.

The homeopathic physician had a different approach. She was thinking that the most important issue was knowing the clinical story of the patient: her genogram, her connection with the warm-cold, dry-humid doctrine, her habits in terms of eating, drinking, sleeping, and so on. The idea, in this case, was to re-equilibrate and re-harmonize Laura’s body; that is the function of homoeopathic remedies.

During the conversation, we realised that the first two and the second two position were politically pitted against each other, forcing a choice between one of those position as the “right one,” and drop the other like the “wrong one.” This political battle was not so evident before the unfolding arguments within our conversation. In a sense, Laura was realizing that her body was more and more becoming a battlefield.

The first contradiction was about the cause of Laura’s disease. Laura’s parents were persuaded that every physical pain or disease she was feeling was immediately connected with her *anorexia hysterica*. At the same time, they had the same attitude toward hysteria as the Victorian medical men in 19th Century England (Brumberg, 1988). *Anorexia hysterica*, like any other form of hysteria, was considered a moral disorder characterized by self-deception and a kind of social histrionism aimed at obtaining attention from medical doctors, nurses, family members, friends, relatives, and caregivers. The end results of such an evaluation were blame and disapproval, for her parents did not think of Laura as a moral agent. In their eyes she had lost moral agency.

Laura’s position was opposite. She was convinced that her situation was due to the physical pain she suffered. As Elaine Scarry (1985) says in her book *The Body in Pain*, Laura’s argument was that nobody could understand the pain she felt, because it was impossible that others could even get an idea of what was going on inside her body. Scarry claims that physical pain is like a hole in language. Such a hole is the only one explanation of how it is possible for two persons, one in pain, the other not, to be together in the same room, and for the second one not even have

the minimal sense of the other's pain: like in torture, or in a medical chamber.

In some way, Laura's parents and the practitioners were increasingly becoming like torturers. This is something that happens any time medical practitioners disconfirm a patient's avowal of pain, for example during delivery. Often a certain look exchanged between the practitioners is enough to understand that they do not believe you. The same is true of torturers in concentration camps, laughing in the torture chamber. And again during a rape, or a trial for a rape, when the audience does not believe the woman, or takes her declarations as an evidence of her "pleasure" (MacKinnon, 1993).

Any time power curtails your possibility of testifying about your own pain, you can see the hole in the language game of pain. It is something very well known by women with respect to men, children with respect to adults, and non natives in the presence of native people.

Nonetheless, there was something strange here. Laura's stance concerning her pain and the fear that she would not be believed was with respect to me. Essentially speaking, I am an adult white male. What guarantee did Laura have that she would be believed?

How could I disentangle myself by my essential position in the world of a white adult male? Maybe in that moment I was probably a reader, in Derrida's terms.

The question is whether the difference constituting the other as other has, a priori, to be marked sexually. I don't know. When I say "I don't know," I mean that in order to ask the question as I have posed it, one must presuppose that the addresser himself or herself is determined before the other's signature, that the sex of the addresser is itself determined before the other assumes responsibility for the signature. Well, nothing seems less sure to me. I will go so far as to risk this hypothesis: *the sex of the addresser awaits its determination by or from the other*. It is the other who will perhaps decide what I am – man or woman. Nor is this decided once and for all.

(Derrida, 1982).

In this case, I do not think my position in the dialogue with Laura was a strategy. I was not trying to earn Laura's trust. I was simply fascinated by her discourse. She was able to bring me to the literary discourse on hysteria of the 19th Century. I was feeling more and more like a reader of multiple texts, I was listening to her discourse about the discourse on the different points of view about her body and her pain. In Derrida's sense, I was part of Laura's discourse about her pain, and I became involved in her story as long as the ongoing narrative about her pain unfolded.

During the conversation I was observing the dual issue of having physical pain and not being believed by others. Physical pain, and the loss of moral agency.

Taken together, the two aspects – physical pain and moral agency – are maybe the two most important components of personal dignity, as Primo Levi's narrative shows (Levi, 1986).

Hence a part of my conversation with Laura took a moral turn in recognizing her right to express pain, and liberating our conversation from the theme of the "structural deceiver." Nonetheless, the moral turn, which fostered Laura's accountability, was only one part of our

dialogue. In CMM language, I would say that this part deals with coordination. The second part was influenced more by Libertinism.

This second part of my dialogue with Laura began from the fascination I experience with respect to a particular aspect of the history of psychiatry: the ability of “girls” - *les jeunes filles* - to create a medical dance with their psychiatrists in *fin de siècle* France.

Folie à deux

It seemed to me that Laura was conducting a fantastic dance with medical power. Let us try to follow just some passages of this dance: the audiologist prescribed a salt-free diet to reduce the hyper-production of liquid inside the ear - the big amount of liquid in the ear, claimed the audiologist, was causing Laura’s vertigo, a salt-free diet had the effect to reduce the production of liquid, and to eliminate the sense of vertigo. The consequence of Laura’s salt-free diet was that she was no longer able to produce regular faeces. Her faeces during the diet were “shapeless”, as she said. Moreover she started to suffer from intestinal pain.

Then she went to the gastroenterologist, who at his time, started to advance a diagnostic hypothesis of Cron Syndrome, coeliac disease, or irritable colon – this last, by the way, means, in the medical enclave, a kind of “hysteria.” As a matter of fact, when Laura re-started to eat salt with her food, she immediately stopped producing shapeless faeces, but re-started to feel vertigo. The dance was fantastic, the doctors were going mad.

The gastroenterologist was curious to make his differential diagnosis, and prescribed her medical analyses, some of which, as was the case with the colonoscopy, very painful, and causing Laura to have blood in her stool. The situation was evolving in a way which was more and more difficult to understand.

If Laura’s disease was due to her own body, the medical insistence had some sense. Nonetheless it was becoming more and more difficult to understand if the medical intervention was in some way (but in which way?) producing Laura’s physical pain.

In the Servant-Master dialectic, Hegel claims that if *prima facie* the Master has the power, nonetheless it is the Servant who gets the knowledge of such a relationship, because the one who needs the Servant is the Master (Hegel, 1977 ; Lacan, 1991), which is not that different from Foucault’s claim that psychology needs madness because in madness there is the truth of psychology (Foucault, 1954).

In the dance between Medicine and Laura, the impression is that what was at stake was Medicine. Medicine attempted to cure Laura’s body in a way which became paradoxical, trying to invade and colonize her body far beyond any possibility of healing. The paradoxical effect of such an intervention, far from helping Laura to improve her situation, started to contribute in her worsening condition, both physical and mental.

Even homoeopathy joined in this dance, taking, in turn, an exclusive position, forbidding Laura to take the usual medication, and prescribing her remedies which promised to cure Laura’s diseases without any interest as to the meaning of her biography, and without any attention to the system of meanings created by the dance she was dancing within her family and within the healing system as a whole.

I am not claiming that Laura's dance was a strategy of which she was aware. Like Bateson (1972), I do not believe people act strategically in their everyday life. Laura was deeply enmeshed in a whole system of meaning. She deeply believed healers were mastering the situation, even in front of the evidence that any one of them was disconfirming the practice of the other.

Laura was in a situation not different from the one described by Fanon (1952) when writing on the Negro who wants to become White, trying to eliminate every single sign of her/his negritude: the colour of the skin, the slang of her/his talk, the habits of eating and drinking, even the way to live a life. However, in the same time, Laura was putting the medical institution in a strange loop. She was paradoxically showing the failure of medical discourse by turning her mystery into a riddle. Her *folie à deux* with Medicine consisted in the very acceptance of each colonization of her body on the part of the experts, and in the twisting of all those colonial practices into failures.

If one does not consider the relationships between Laura and her doctors, thus limiting oneself to the analysis of the family relations, one fails to understand the creation of meanings in the medical enclave and how those meanings were constructing Laura's a moral agency. One misses exactly the Foucauldian point about how clinical discourse generates the cure/disease difference in the precise moment in which the clinician describes it. Every dance is a multiple dance, and every conversation is embedded in a discourse.

"The client is the expert" (Anderson and Goolishian, 1992) in the particular expertise the client has. Such expertise is often related to the expertise the experts have. It is a kind of derailment of medical and psychological discourse. If we are not interested in such a derailment- in the twisting of diagnostic meanings - we remain connected to the idea that "mental illness" - or, as psychiatry refers to it today, "mental disease" - is the mere consequence of family meanings, leaving out the cultural, historic and social contexts from the construction and definitions of the disease.

In this sense Foucault (1963) noted that illness is always constituted under the medical gaze, and never independently of that.

We can consider the patterns which connect the client conversation with the practitioner and the discourses on physical and mental disease as situations in which the client accountability is not admitted as long as she/he does not submit her/his language to the expert language. Nevertheless, sometimes submissions like this stick to the medical institution, and acquire a real subversive power.

It is as if there is a bounded territory, limited by the medical discourse, in which the client tries to introduce some clandestine migrant, that is the everyday language, the literary language, the gendered language, the minority language, the childish one, the political language, the philosophic one, and so on. All those variations are forbidden, as if they were not admitted by law. For their clandestine migration, they have to disguise themselves assuming the appearances of medicine and psychology.

The "patient" paradox is that, as far as she/he is involved in an ongoing process of body colonisation, she/he learns to use the medical and the psychological languages and practices.

A plea for a subversive folie-à-deux

The *folie à deux* between me and Laura was the ripple effect of my question: Was there a moment during the day in which she felt at home? “At night, perhaps,” she said.

When sleeping, Laura was well, except from some moments in which she was awakened by the gurgling of her bowel, in which case she went to the bathroom, and then was able to fall asleep again.

Was there a Dragon in her bowel? Was her intestine a cave? Was it the cave of the Dragon?

It was a matter of fact that during the day, when the Dragon was spitting fire, she felt a burning pain.

Suddenly, the two of us were in the middle of an uncanny conversation. What we were talking about was something we were approaching as in walking inside fog. Initially the gurgling Dragon was probably a metaphor to make understandable what Laura was feeling in those moments.

Gradually, however, the Dragon became something more similar to a delusion.

The *folie à deux* went on for a while, and the description of the gurgling Dragon in the cave of Laura’s bowel became very fascinating to me. Within the dialogue about the Dragon, the two of us were truly believing in its existence in the cave, in its spitting fire during the day and sometimes gurgling during the night.

Nobody believed her any more. Everyone, starting from her parents, thought that she was a structural deceiver, a woman who used mystification as an art to attract attention on herself, just because she was a hysteric-hypochondriac woman.

In spite of all that, Laura was collecting bodily evidences that she was right, a real mystery.

Mysterious speech acts, in Western culture, elicit illocutionary acts (Austin, 1962): diagnoses. The diagnosis, in its turn, becomes an insult (Butler, 1997), a way to disconfirm the accountability of the other, what Althusser (2001) calls *interpellation*, a kind of new name you get in substitution of your own. The name of the deceiver.

Coordinated Management of Meaning - as I use it and think about it - is a discursive practice - not a strategy - for conversation. Neither is it a way to produce evidence (which is a variation of strategic conversation).

Many years ago it was helpful for me to utilize the different levels of meaning, the hierarchic and circular structure of different meanings, the idea that communication has regulative and constitutive rules, and that loops in conversation can be strange or harmonic (Pearce and Cronen, 1980). Then I forgot everything.

It was in that moment that I realised I was understanding something about what Pearce calls “cosmopolitan communication”. In this moment, I rapidly shifted from trying to construct all those levels of meaning (cultural pattern, biography, relationships, and so on) to the idea of mysteries inside conversation. Now I would describe CMM – or if you like, MCM – as the possibility to practice the Foucauldian idea that every conversation is going on in the context of discourse, and that conversation, in certain circumstances, can become the context of the discourse in which it is contextualised. This is what I was trying to show with my description of Laura’s dialogue.

As John Shotter (2002) claims, the time of dialogue is a vanishing time in which persons generate something which does not exist, but becomes real in a chiasmatic situation where things are not completely chaotic and not completely ordered. The gurgling Dragon, as a folie à deux, was generated within the conversation, and became a real presence (Steiner, 1989) between the conversants.

Like a Platonic myth, the delusion about the gurgling Dragon became the vehicle for talking about the *epimeleisthai heautou*, the care of self. The mysterious presence of the Dragon in Laura's cave was a way to escape from Aristotelian discourse created by the medical enclave.

All participants in the conversation about the Dragon - even you, dear reader - can suddenly become pathological deceivers, and lose moral agency.

During the last years of his life, Foucault (2001, Martin, Gutman, Hutton, 1988) was concerned with the care of self as a way to talk about human beings as persons. The lectures at the Collège de France in 1980-81 (*L'herméneutique du sujet*) revisited the ancient tradition – from Socrates to Seneca, and Marcus Aurelius – concerning the *epimeleia heautou*.

Among the other things, Foucault mentions an account by Philo of Alexandria about the ancient therapists. The therapists lived together in a world which maybe did not exist, and generated a discourse on persons that maybe is impossible to extend to every part of our existence. We probably cannot live such a life. Nonetheless, it does not mean that we are condemned to live a life in which the oppressive codes of the technological discourse alienate us from every possibility of taking care of ourselves. Our bodies are not yet completely colonized, nor completely free, and we know where to find resistance by looking for the mystery of our own life.

I do not believe it would be useful to use Foucault, and even CMM, as a theoretical discourse to be juxtaposed, as an ideological stance, to my own practice. It would be an anti-Foucauldian use of Foucault.

Foucault could not be used to create some techniques of conversation in therapy. His discourse analysis aims to understand how therapy constructs itself in a particular historical and cultural frame, and how one could de-construct the frame, bearing ever in mind that there is not something like a right technique of therapy useful outside the ongoing conversation.

We do not need more therapists who have the right technique, to be traded in the free market of therapy.

That is, to paraphrase Nietzsche (1965), “Modern, all too modern”.

Please address correspondence about this article to: Pietro Barbetta, Via Milazzo 27 24100 Bergamo, Bg, Italia. barbetta@unibg.it ; barbetta@mediacom.it

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