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4.2 Saints, demons, and footballers: playing (with) power in a psychiatric field

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Introduction: Gramsci, Foucault, and the Stunt Riders

In a recent discussion of *Subaltern studies* with Neelandri Battacharya, Suvir Kaul, and Ania Loomba, Edward Said (SAID E. 2002) recalled the importance of combining different critical methods in analyzing power, and he underlined the crucial role in this regard of authors such as Michel Foucault and Antonio Gramsci. During their discussion Said and his interlocutors pointed out the difficulty of putting together Foucault's notion of the dispersal of power with Gramsci's notion of hegemony. Joking about the criticism of Subaltern studies with respect to this point and the accusation of «trying to ride two horses at the same time», they were reminded of the balancing act performed by stunt riders attempting to take advantage of the productive tension between the two authors (SAID E. 2002: 9). According to Said, the problem is how to combine a reflection on power with a commitment to social transformation that is supported not only by a theoretical constituency but also by a political constituency. Foucault can be criticized - Said declared – insofar as he regards social reality from the perspective of power and therefore it is difficult to find in his work forms of resistance from below. In other words, in the struggles observed by Foucault we have the impression that we already know how the story is going to end.

In Gramsci, instead, Said continued, evolving political situations have a decisive role because his critique directly involves a political constituency. Even during his imprisonment he reflected on the relationship between the state and civil society, having in mind the social transformations he had experienced first hand in the working class struggles in Turin. For this reason, Gramsci's writings seem to be particularly useful for those interested in reaching historical understanding, in specific circumstances, of transformative actions from below.

«What I say is basically that Foucault writes always from the point of view of power, there's never any doubt in your mind when you pick up one of his books that power is going to win out in the end. So that the whole idea of resistance is really defeated from the start. [...] Gramsci, unlike Foucault, is working with an evolving political situation in which certain extremely important and radical experiments were taking place in the Turin factories in which he was involved, and from them he generalized periodically, I mean in periodical form. You don't get that sense in Foucault; what you get instead is a sense of teleology where everything is tending toward the same end, and so the attempt to bring the two together involves in a certain sense breaking up the Foucaldian narrative into a series of smaller situations where Gramsci's terminology can become useful and illuminating for analytical purposes» (SAID E. 2002: 9).

Said's considerations and his image of the stunt riders constitute a good starting point for an ethnographic exploration of the relationship between agency and power in the transformation of Italian psychiatry from the mid 1960s to the present. Not only because the works of Foucault and Gramsci have in fact played a significant role in the emergence of democratic psychiatry in Italy, but also because what Franco Basaglia called the "utopia of practice" (BASAGLIA F. - ONGARO BASAGLIA F. 1982 [1974], BASAGLIA F., ONGARO BASAGLIA F. - GIANNICHEDDA M. G. eds. 2000) referred in large part to situations in which the question of power was at the center of local social conflicts.

In this regard – I would suggest – Gramsci's continuing importance consists in his elaboration of an analysis in progress, securely anchored in practice, which does not neglect the complex reading of social processes within which to study the historical formation of a *collective will*⁽¹⁾. Gramsci deals with this question in the Italian context, by concentrating on the relationships between the state and civil society, the formation and function of intellectuals, and the politics of culture, by trying to capture the nerve centers in the social reproduction of the changing and established relationships of domination and subalternity. He is quite aware, in fact, that practical activity cannot be separated from the materiality of power: from the materiality, that is, of relationships and the circumstances in which "the power of a ruling class, exercised through the state, does not merely dominate but ultimately comes to merge with civil society" (FRANKENBERG R. 1988: 328, cf. CREHAN K. 2002: 172-176). It must be recalled that Gramsci is interested in the analysis of concrete historical situations (with an interpretative framework capable of penetrating to the heart of transformations in "smaller situations") in the prospect of social change. In this sense, the subjects to whom he refers are historical subjects, in relationships of inequality, who experience in their own flesh and blood a molecular transformation⁽²⁾. Gramsci is also well aware that the question of trans-

formation cannot be understood without an in-depth interpretation of those elements that, in a given historical moment, saturate the field of power in the naturalness of daily practices. This is true because power is tied up in a self consciousness and a consciousness of the outside world aimed at defending or transforming the "state of things" by acting through a practical, implicit, and at times inarticulable knowledge. Transforming reality thus requires an interpretation of power relationships and a cultural critique that opens up the concept of "person" and considers historically and progressively the relationship between processes of embodiment and hegemony ⁽³⁾. Such a critique must be developed on the basis of an "organic" idea which, avoiding, on the one hand, what Gramsci calls "economicism," and on the other, what he calls "voluntarism," considers both the question of the formation of a collective will and the historical nature of social consciousness understood as a struggle of political "hegemonies":

«Critical understanding of self takes place therefore through a struggle of political "hegemonies" and of opposing directions, first in the ethical field and then in that of politics proper, in order to arrive at the working out at a higher level of one's own conception of reality» (GRAMSCI A. 1975 [1929-1935], II: 1385 / English translation: 333).

It must also be recalled that Foucault himself insisted, on several occasions, that his work must be contextualized in a precise historical moment, namely the phase that he called "the insurrection of subjugated knowledge", in which posing questions to power had been the result of a happy meeting between kinds of subjugated knowledge, scattered or diffused throughout society, and historical studies on particular forms of power-knowledge (FOUCAULT M. 1977a [1976], 1977b [1976]). By subjugated or ingenuous knowledge he alluded on the one hand to the emersion, by way of a genealogical study, of historical content that had remained masked for a long time (the case of the History of Madness (FOUCAULT M. 1990 [1961]) is emblematic in this regard) and on the other, to the appearance from below of particular, local, or differential kinds of knowledge, which had been part of the "continuous and widespread offensives" in the social conflicts of the closing years of the 1960s. Foucault was referring either to specific social actors or to the kinds of knowledge that viewed them as subjects in the double meaning of agents and objects of analysis (as in the case of "psychiatrized", "patient", "nurse", "delinquent"). Foucault's considerations regard then a crucial point: the historical knowledge of those conflicts was the result of the union between the buried knowledge of erudite scholarship and the denigrated knowledge of the political movements for the liberation of women, of the processes of psychiatric deinstitutionalization, and of the critique of the penal code and prisons (DI VITTORIO P. 1999).

Said is probably right in saying that this opening to struggles that change social reality and to the possibility of reading power relationships in the prospect of transformative action belongs to a specific moment in Foucault's intellectual biography and does not seem to have been developed in his later works on power. Nevertheless, as we have been reminded by Gilles Deleuze, Foucault's works contain many references that indicate a specific interest for social transformations and processes of subjectivization⁽⁴⁾, both with regard to the work of formation of knowledge and the treatment of subjects and as a form of struggle for those whom he calls *specific intellectuals*. In this sense, Foucault spoke of power relationships in a genealogical perspective which, in addition to analyzing the logic of social practices and discursive regimes, also provides for a strategic moment that aims at identifying the possible ways of freeing oneself from the grip of power and changing the rules (DELEUZE G. 2000 [1990]: 137-158, cf. DELEUZE G. 2002 [1986], 2002 [1989])⁽⁵⁾.

In this sense, Italy's public psychiatric care (and in the specific case at issue here, public psychiatry in Umbria) (cf. GIACANELLI F. 2002) appears to constitute fertile terrain for an anthropological reflection on the ways in which power is played out. Indeed we could consider psychiatry as one example of a theoretical and practical locus within which was produced a new discourse on power. A discourse arising from specific historical circumstances where political confrontation had to come to terms with a transformative practice that seemed to elude theorization and systematic conceptualization. Probably for these reasons, the central theme of political confrontation and debate in those years was subjectivity; subjectivity understood as a collective politics developed in an intersubjective space, an aspect that Franco Basaglia, in trying to draw up a balance sheet of the results achieved by social movements in Italy, would highlight on various occasions.

«[...] all these movements and struggles made it evident that, beyond the struggle of the working class that demanded change in living conditions and participation in the administration of power, there was also another fundamental struggle: the desire to affirm oneself not as an object but as a subject. This is an important phase because it is the phase we are living in and it is a challenge to what we are, to the relationship between our private lives and our lives as public and political men. When a patient asks a doctor for an explanation of the treatment and the doctor doesn't know how or doesn't want to respond, or when the doctor insists that the patient remain in bed, the oppressive character of medicine is evident. When, on the other hand, the doctor accepts the objection, accepts being one part of a dialectic, then medicine and psychiatry become instruments of liberation» (BA-SAGLIA F., ONGARO BASAGLIA F. - GIANNICHEDDA M. G. eds. 2000: 7).

It seems to me that Gramsci and Foucault, together with the legacy of the experience of psychiatry in Italy, indicate a line of research that consists in recognizing scattered and subjugated forms of knowledge and examining the plurality and dispersion of social practices. Ethnography, therefore, must face a decisive question, consisting in the possibility of bringing to light individual and collective agency in the indeterminacy of social life, with a perspective (perhaps suggested by the stunt rider metaphor) focused on bodies that act and produce intersubjective knowledge⁽⁶⁾.

Pursuing these insights, this paper attempts to elaborate on the, in many ways, "disturbing" reappearance of some forms of social action (playing football) in my ethnographic experience, by looking at "play" as a social practice in which processes of embodiment are produced and the position of the agents is exchanged. My point of observation, therefore, is restricted: I am not interested in developing the pairing of play and power in the metaphorical sense. Instead, I do consider important the intersubjective dynamics in which I have been directly involved through the movements and the ludic sensibility of my own body.

What I will try to do then is reconstruct some ways in which power is played out, beginning with ethnographic situations that highlight practices and language centered on social poetics that have as their object the self; a self understood not as a deep identity, but as a negotiated construction of belonging which is developed intersubjectively in a specific "moral and professional world." In going about this I will try to reposition the question of agency in the midst of social action by showing some correlated and ambivalent aspects of the exercise and the subversion of power relationships.

There are correlated and ambivalent aspects of power that can be placed within the problematic relationship between social knowledge and agency through the interpretation of some social practices considered to be marginal in the management of the public mental healthcare system. Playing football or soccer, for example, is something that we would find it hard to recognize as a kind of know-how that is somehow related to psychiatric treatment. In fact, sport is often considered to be one of the elements of psychiatric entertainment (cf. SARACENO B. 1995) rather than as a way of mediating one's relationship with the world and the possibility of interpreting it and transforming it through social action⁽⁷⁾. Nevertheless, the game of football offers one of the many possibilities for observing how, in the indeterminacy of social practice, specific meaning attaches to the materiality of relationships and circumstances in which the embodied knowledge and the actions of patients develop and come to be recognized or not

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by psychiatric caregivers⁽⁸⁾; caregivers who have in any case elaborated strategies of political confrontation that require a certain reflexivity on their own practices and on the social context in which they operate.

Football and the Nostalgia of the Ethnographer

In Gubbio, one day a week, two mixed teams of patients and staff of the local mental health center face each other in games of five-on-five football played on a field on the outskirts of the city. I have had the opportunity and the pleasure of participating in these games during a sojourn in the city to conduct my ethnographic study on community mental health through personal observation of the practices of public psychiatry⁽⁹⁾. These matches gradually showed themselves to be an occasion for mutual exchange and recognition that had a more familiar tone for me than other experiences in other places of the local psychiatric care network. An opportunity, accompanied by sometimes ambivalent sensations, to rediscover some forms of action that I partially recognized in my embodied memory: those situations in which one is called on personally to participate directly, to show what you can do, to put yourself and your abilities on the line, demonstrating in any event to know the rules of the game and to respect them. By rules I mean, obviously, those strange combinations of spaces and distances, of boundaries and equilibriums, characteristic of matches played in the street or on suburban fields, where there are no referees or line guards, no off-sides rule, where even the goals can be made wider or narrower depending on the circumstances, especially when there is no goal keeper available to guard the home goal.

Maybe for these reasons, the weekly football games in that period of my field work represented a pleasant escape from my ethnographic commitment, occasions for getting outside of my work routine and leave behind the complex flux of positions, tactics, schemes of attack and defense that I had become familiar with in the psychiatric field. In a relatively ingenuous way, perhaps, I had left to football the task of marking off for me a terrain of free action, in which my attention was fluctuating and ludic. At the same time, it seemed at least curious to me that a study of forms and of psychiatric treatment and local mental health care policy, that was attempting, that is, to view psychiatry in a complex way as a field of interactions, meanings, and power relationships, could and should in fact focus its attention on the place and activity that most recalled to my "embodied memory" a practice characterized by parity and competition, that I would place in the disinter-

ested ambit of play. With my research now completed, perhaps it is a kind of nostalgia for those matches that has spurred me again to reflect on the role of game playing in reference to the dynamics of power in the psychiatric field, and specifically, in relation to those processes of effective activation of the rights of patients.

Perhaps for these reasons, I had the impression that those football games and the discussions that accompanied them constituted important moments in the construction of a relationship of sharing and "cultural intimacy" (HERZFELD M. 1997) with the people whom I had met in various places in the psychiatric network with other roles, following other rules, negotiating other relationships. By recalling the expression "cultural intimacy" I mean to focus on those aspects of the definition of self and one's sense of identity that create a feeling of embarrassment with strangers while ensuring internal spaces of shared sociality (HERZFELD M. 1997: 3-4). While in my case the games seemed to guarantee a limited space of play and rediscovered gestures, I was nevertheless aware that football is also a device for producing those images of the self, individual and collective, that pervade the definition of male gender, and for changing (home town, regional, national, ...) identity formation. Football, in fact, is not only an elaborate way of "thinking with one's feet" (Pensare con i piedi) as suggested by the title of a story by Osvaldo Soriano (SORIANO O. 1995 [1994]), but also a system of action/reflection that allows us to transform bodily styles into real and true social rhetoric. It is the object of continuing disputes and discussions that reproduce in different ambits the competition acted out on the field. It is a topic of discussion about which everyone may be called to speak and to be observed and judged on the appropriateness of their language and the quality of their knowledge of the game. In this sense, the game of football, played on a small suburban field, cannot be distinguished from discussions about the great challenges of a national and international nature.

In this way, my social experience of football at the Center for psychiatric rehabilitation was to be viewed as something that went beyond the weekly games and that also required a capacity to hold forth on tactical choices, to participate in the "fine" evaluation of the weekly exploits of the heroes of Sunday's professional games. This meant, for example, possessing an awareness that the discussions concerning the progress of the European football championships, the dominant theme in the city's bars in that period, were part of the same ability to understand and act as the weekly game where we faced each other at the Center for psychiatric rehabilitation. These discussions of an international tone were amplified by the multiple ways through

which social reality is represented and symbolically transformed by the filter of football discourse. A combination of oppositions and contrapositions at the local and national level just as they are interpreted in the grand-stands of the city's stadiums in the lower professional and amateur leagues. On the local level, the provenance of the patients from the Apennine area's two principal towns, Gubbio and Gualdo Tadino, historic rivals, was often translated into memories of football contests that had seen violent clashes between opposing groups of fans. In a larger sense, the agents of polemical exchanges boasted of their belonging to clubs of the upper leagues in disputes in which their adversary was faced with a language of strong sexual connotations⁽¹⁰⁾.

This same elaborate redefinition of local identities, for example, took on a peculiar tone when it was decided publicly and officially in the city to play a football match in honor of the patron saint. That's what happened one evening in September 1999 at the town stadium, when for the purpose of raising funds for the restoration of the 16th century statue of the town's patron saint situated in the main street of Gubbio, Via Garibaldi, a triangular football match was played between representatives of the "ceraioli". Ceraioli are the men who, each year on 15 May in honor of S. Ubaldo, run first around the town and then up to the chapel at the top of the mountain where the relics of the patron saint are conserved, carrying enormous wood structures, each bearing on the top one of the three protector saints of the cities three medieval guilds (S. Anthony, S. George, and S. Ubaldo). The restoration - officially promoted by the groups responsible for the organization of the annual *festa* and sponsored by the local public administrations - had been announced by a number of posters with the slogan "With S. Ubaldo Toward 2000". On the night of the contest, the local TV announcer, dwelling at length on the reasons behind the initiative, showed a touch of embarrassment in a poorly concealed effort to maintain equal distance and impartiality with respect to the three teams on the field. Indeed, the combination of the football game and the feast of the Three Ceri required a special prudence on the part of the announcer, who, relying on the opposition between "sacred and profane," emphasized how the seriousness of religion would not be even minimally compromised by this noble way of playing in honor of the city's patron saint. The speaker also underlined how important it was that on such a special occasion the two great passions of the men who took the field could come together: football and religious devotion. One could feel, that is, that since the players on the field were the "ceraioli" - those very men who are in a certain way the representatives of each of the three saints – the game was not just a match

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between football teams but a challenge involving the entire system of weights and counterweights in the contest of local identities.

Playing (with) Power in a Psychiatric Field

My participation in the five-on-five football matches coincided with a moment when the rehabilitative activity was being examined in its overall meaning and prospects by the various agents with respect to the possibilities of tracing the outlines of a rehabilitative project defined explicitly in terms of play⁽¹¹⁾. This means, on the one hand and above all, problematizing the question of athletic competition, the confrontation that presupposes the will and the determination to defeat the opponent, but also, on the other hand, questioning and working through the fear of facing the opponent, which is also the fear of directing toward the opponent that violence which the game at the same time denies and feeds. For staff members this meant rethinking competitive activity in the prospect that this internal contest could be expanded to other situations, matches to be played against other opponents (teams from local parishes, from other rehabilitation centers, etc.).

The game of football, moreover, posed a key problem in psychiatry concerning the relationship with corporeity⁽¹²⁾. There are other activities promoted by the Center for psychiatric rehabilitation, such as postural gymnastics, for example, or swimming, which attempt to explore the possibilities for patients to recover deteriorated motor skills. The question of corporeity goes beyond the desire to activate rehabilitative practices to directly impact the possibility of reinforcing patients' abilities and to expand their autonomy. In this interpretive framework, the above-described practices connected to football are also meaningful for understanding how sports can have a place in a web of meanings that allows the various agents to occupy different positions within the same network of social relations there are, that is, patients who cannot play for physical reasons who are assigned roles as organizers and facilitators - and how the psychiatrists in charge of the center have tried to translate this common legacy into a rehabilitation project. The process of promoting patients' agency can be divided into various phases and focused interventions: correcting posture (those not participating directly should, for example, refrain from smoking and lying down on the wall), gradually putting in the game even those who would rather not play, or opening room for discussion in which, as we will see in the two ethnographic examples that follow, the patient's resistance becomes the fulcrum of processes of social exchange.

In the strategic perspective of redefining interpersonal relationships, staff members have discussed the therapeutic and rehabilitative function of the game of football, highlighting the fact that it is a "game" and not "play." The specific objective of a team sport is thus identified as winning without hurting your opponent, promoting a form of competition that follows several agreed-upon rules. This presupposes a reorganization of the rules of the game, understood on the one hand as rules to be respected in both training and matches, and on the other hand as an instrument for guaranteeing, through the coach, the correct progress of the game and a positive relationship between justice and injustice during the game ⁽¹³⁾.

In mixed patient-staff games, furthermore, it came out that in order to look after users who remained outside of the playing field, staff would have to attempt to observe everything that was going on and not all play at the same time. For this reason, staff decided, after some time, to keep one of their number on the sidelines, with the task of supervising what goes on during the game ⁽¹⁴⁾. This operative decision, agreed upon with the psychiatrist in charge of the project, to resolve the staff's problem through the use of an outside coach, opened up a discussion in which the space for negotiation underwent a drastic redefinition. The paradox noted by staff members in the perceptive experience within their daily activities, as we shall see, do not elude the critical reflection of the patients. A sort of euphemism would have it that everybody was part of a group. But, I would add, a group that must be understood for what it is: an aggregate of subjects in the field of psychiatry.

In fact, the redefinition of the game led to an operation of framing, or perhaps better of *keying* (a true change in the musical key) (cf. *keying* in GOFFMAN E. 1974: 40-82) which, like other kinds of framing, has metacommunicative value (BATESON G. 1976 [1972, 1955]). The interesting aspect in the case at hand is that the metacommunication implicit in the frame changing operation, the unsaid, communicated in the facial expressions of staff, is what was immediately understood by several patients and rejected by one of them, thus highlighting the risk of setting the game in a hierarchical "psychiatric frame."

In this regard, I will now sketch two ethnographic examples concerning how, in psychiatric rehabilitative activities, conflicts and processes of negotiation make it possible to explore the relationships between social action and emerging practices, highlighting the role played by some structural contradictions in the definition of current community mental health policies.

Michele: Getting Out of the Habitus

Psychiatric rehabilitation implies differences and substantially asymmetrical relationships between patients and staff. An example of how these asymmetric relationships can be subverted is the choice of Michele⁽¹⁵⁾, a patient who comes to play, to bring with him some friends from his home town, thus occupying a position not easily definable by the social service staff themselves. Michele does not help to clarify the obscure aspects of his presence at the matches; he comes to play, arrives on time, but he doesn't seem to belong to the Center for psychiatric rehabilitation. He seems instead to constitute an active presence that allows the users of the Center to get some physical exercise, a kind of personal mission to be inserted entirely in the rehabilitation of his friends the patients. Not that Michele fails to recognize his own condition, but he conceives of his presence as a support for the collective project. He presents himself in order to allow the others to lead a healthy life and get themselves into better physical shape.

I first met Michele and his friends during a football match. On the field he is a tenacious defender, with a good game vision and good touch with the ball. Later on he will tell me that he understands football as a game to be played «savagely... but always with certain values.» His friends play on various amateur teams in the area and are in good shape; they run more than the rest of us and sometimes we are forced to divide them up evenly between the two teams to ensure that the game is fair. During future games, and in our dialogues at the Center for psychiatric rehabilitation, I constantly hear in Michele's words references to his intimate belonging to the world of nature. He told me about a machine that can draw energy from forms of natural life, of the necessity to slow down or anyway to fight against things that can interrupt the life cycle, death and decay. Something that goes beyond the aging process, which for Michele carry traces of the Angel of Evil. Even in the way he expresses himself, with an enthusiasm that at times seems to cover up a certain preoccupation, he communicates his ambition and a vision of the world in which everything seems to be a process of production and transformation.

Michele – «Animals, I mean me for example if I could be attached to the earth and bring all of the earth back with me when ... according to the Bible versus, when we go back home. Because death ... there will be the living and the dead, and so in the Christian way the earth is life, everything is life. What you touch, that is life [striking the wall several times]: it's fossils, it's minerals, but it's life. And in the story of plants has had a lot of this too. I didn't believe, I've made some progress, you know, but maybe even I have behaved like Saint Thomas, I don't know».

Michele's relationship to the public psychiatric service has a specific story, based partly on his ambivalent search for autonomy and protection of his possibilities for self-expression and affirmation. It is a story that has also had moments of sharp conflict, like the time he was hospitalized against his will. To Michele, this compulsory psychiatric treatment could not be anything but a brutal struggle, a war, an armed conflict.

Michele – «I saw it differently, I mean, you understand? Like... it's like they completely block you. Or, nothing that you... for nothing, of nothing ... I mean, no, nobody even knew if they... if they'd locked me up, I thought they wouldn't even... I mean for things to get to that point, I mean... it's not like I'd killed somebody. I mean, a thing... a trauma like it must have been in Bosnia [...] I don't know. Back then, in those days I went from one ... I was starting to see, I was starting to get into a world that I had never seen. The Tso [compulsory psychiatric treatment] is really ... The Tso was really, the way I see it, was a mistake that they didn't realize, or maybe they wanted to do it that way, maybe sedating me two minutes and then... holding me a little. It's clear that I'm the only one who lost out».

Michele's recollection of his hospitalization is now partially influenced by a difficult work situation, a sort of battle against demons and, irony of fate, their symbolic representation in the game of football.

MM - «So why did you leave your job?»

Michele - «Hey, because my life was at risk».

MM – «On the job?»

Michele - «Those were the years when Milan was winning everything».

MM – «Ah, the devil » [referring to the symbol – the devil – of the Milanese football club].

Michele – «There was a red and black SX [referring to a car] with horns on the front right on the hexagon. You know what a three means on the hexagon? Six, six, six. And it had three doors».

MM - «And how come you had all of those things?»

Michele – «I don't know. When I saw that car I put myself up on my feet and I tried to send that devil away. Because I've gotta fight that car, you know, every year. But I didn't notice that there was a car like that. Later... Because there was the market, the price, the whole bit. Then, black and red, Milan was wining everything. My friend was left paralyzed with that car».

Michele's therapist told me that it was she who decided on the Tso the day she had to go up to the top of the mountain to get him, when Michele had stopped communicating altogether and wouldn't let anyone come near him, completely on his own by then to fight the demons. There followed a long series of re-approaches and separations. When he was released from the SPDC (Psychiatric Diagnostic and Treatment Unit) Michele began a peri-

od of nature activities. Together with a group of staff and patients Michele, who is a passionate expert of local flora and fauna, went into the woods, hiking in the mountains, to observe the animals and plants. Afterwards, when there were discussions with the psychiatric staff concerning the possibility of patients moving about the service area on their own, the nature activities of which Michele is a leader became the first rehabilitative project to show possibilities for development.

Staff members often discuss among themselves the caustic remarks that Michele sometimes directs to his fellow participants in group activities, whether in nature outings or football matches; about his references to his companions' being out of shape, or their lack of stamina of agility. Some staff members say that Michele sometimes makes hurtful remarks that should be corrected. "Things that should be returned to the sender." Nevertheless, others say that the problem is not so much Michele's lack of patience as his view of the world and his way of being together with others. In fact, his choice to participate as an "animator" of the football matches is understandable when it is considered that thanks to his emphasis on staying in good shape and his friends are with us during the matches the linguistic exchanges between the other players are centered on the accounting of strengths and weaknesses, on the "energy" we have left, and on the possibilities of being able to "make it" to the end of the match.

One day, in a group discussion dedicated to the redefinition of the football activity, a nurse began to explain the changes and present the new experts. He referred several times to the need to respect the rules; he gave everyone a photocopy of the rules promulgated by the five-on-five football association, which provides for a direct penalty kick in the case of a feet-first slide even in the absence of physical contact. His references to the rules and to the new coach are central, he said, for a fair and orderly match, and for gradually getting to the point of having everybody play, all together, including those who at the moment are only spectators. One patient smiled and observed that taking the field at age 45 is rather complicated.

It could be seen immediately from the interplay of glances among staff members that the nurse's speech had not hit the target and, on the contrary, the risks of creating confusion had become greater. Indeed, Michele, accompanied by two of his friends – straight from work in the factory where, in that pre-holiday period, they worked ten hours a day, said that these were questions of no interest to him, adding that «We don't need to talk about schemes, we play to have fun, and that's all there is to it.»

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The nurse then answered with a long digression, which didn't permit other staff to intervene, on the fact that the experts are experts and that a brief presentation will be enough to understand that and rely on their competence. The expert/coach, embarrassed, said a few words by way of presenting himself, giving a brief curriculum of his athletic activities.

On that occasion Michele concluded that «we don't need experts to play football» and that he was «not going to be anybody's horse». His personal relationship with the Center for psychiatric rehabilitation was certainly not going to be changed by the nurse's strategic proposal⁽¹⁶⁾.

The contrast opened by Michele is tied to his heterodox behavior with respect to local forms of negotiation. He continuously moves outside the role of patient and gets out of the *habitus* (FARNELL B. 2000), acting creatively time after time to redefine the boundaries of the psychiatric field. In this case, Michele proposes a different way of viewing football which corresponds to a different way of viewing the world and its conflicts. Michele's struggle is a struggle with the world which directly involves the classifying logic ⁽¹⁷⁾ which places him on the side of the patients even in those rehabilitative activities that, more than others, should transform the distinctions between psychiatric service staff and users. Subjected to Michele's evolutions, the terrain changes the way it does in the imaginary 1942 World Cup championship in Patagonia in 1942, described by Osvaldo Soriano in *Pensare con i piedi*: the goals move, the teams change, the ball disappears (SORIANO O. 1995 [1994]: 198).

Alessandro: Crisis or Contradictions?

It cannot be excluded that the ambivalent situation that staff members found themselves in was also the result of an timely question posed by Alessandro, a 35 years old service user, and the center forward of our football team, who asked explicitly if "the experts were experts for everybody, even Michele's friends, or only for us patients". Alessandro's sensitivity for the internal divisions in the social network of psychiatry and his capacity to highlight the embodied character of the conflicts give us the opportunity to explore another meaningful aspect of the game of power in outpatient psychiatry. A game, as we shall see, constituted by the relationship between agency, intersubjectivity, and processes of subjectivization.

Alessandro came into contact with the psychiatric service in 1987, after experiencing his first problems during military service. He had some long periods of hospitalization in the Diagnostic and Treatment Center before

entering a therapeutic community where he was until 1996, the year he came to live in Gubbio in a "group apartment" of the mental health center. With Alessandro, as we have already seen with Michele, daily life experiences and collective history is expressed with the same language of struggle and armed conflict. The tiredness he frequently complains of is tied to an everyday struggle against difficult situations that present themselves in brief daily encounters: mothers distracted toward their own children, people that have no concern for others.

Alessandro – «Yes, life is a constant struggle, Massi. But... it's not like I'm giving in, but I do have a bit of difficulty getting myself settled... settled into daily life. I feel like a kid who has fought in a war, far away, I mean».

MM – «You feel tired».

Alessandro – «Oh yeah [...] Because I've always had to struggle, Massi. There is no rest in my life».

MM - «What do you need to struggle against?»

Alessandro – «Hey, I fight against everything, Massi. I fight for the animals, I fight for... to stay at home, to get people to go back home when they take the car, when I work in my parent's store I always say "hello Miss, your mother loves you, try to love her back"... Because her mother cares about her a little. It keeps me really busy».

His is a rigorous personal commitment, there are no social ties, given that societies, made up of states and super-powers, are necessarily carriers of values contrary to human solidarity.

Alessandro – «But mostly people today, Massi, are looking to expand their territory. They want to be bigger, bigger, bigger... States, for example, the continents, no, Massi, there's a little bit of nasty guerrilla war, but the third war, I don't think the third world war will ever come. No, Massi?»

MM – «And this expansion, at the expense of others, does it regard only states or relationships between people too?»

Alessandro - «Between people too, even between people in the neighborhood».

Sometimes Alessandro senses that something isn't going right; he alternates moments of hyperactivity with moments of gloomy silence. At home, his housemates see him go off on his own and avoid conversation. He sits in the kitchen keeping a tight hold on the little statue of the Madonna that usually sits on top of the television. Or else he goes out for a walk, to think, in the public gardens, in the church near the square, or sitting on a bench under the monument to Saint Francis. Alessandro's dialogue with Holy Mary and Saints, observed with interest and participation by social workers and his friends, can be seen as a modulation of relationships that leads him to negotiate his "presence" in an intersubjective environment. This modulation of relationships, characterized by a religious idiom, is the key

that leads Alessandro today to actuate a strategy of hospitalization/withdrawal in the local General Hospital; when he feels bad he goes by the Psychiatric service and asks his therapist to arrange for him to be hospitalized in the Internal medicine department.

On one occasion, there was an incident at the Psychiatric Center. One afternoon, while we were waiting at the Center for Psychiatric Rehabilitation for our weekly match (and realizing that there weren't enough players) the air became rather tense and we saw a nurse going off several times to make phone calls. The situation was one in which people talk without talking⁽¹⁸⁾. Somebody asked "How is...?" without mentioning any specific names. The nurse answered that he was doing well now, that he had gone to bed. The one who showed the most disquiet was a social service staff member who invited a patient to not go near the door of the room while the nurse was on the phone. Outside the people continued playing at football, kicking the ball around... a few calling back and forth in loud voices, some laughing. A staff member went out to see what's happening and assured us: "Everything's okay".

The next morning I had a previously scheduled meeting at the psychiatric service with a psychiatrist who attempted to reflect on the previous afternoon's episode in which Alessandro was involved. Yesterday morning a staff member had forgotten to give Alessandro his usual medicine. In the afternoon somebody at the Center for Psychiatric Rehabilitation probably made an inopportune reference to a difficult situation experienced by another patient at the Center for Diagnosis and Treatment in Perugia and Alessandro became really angry. Usually he directs his anger at the Germans and sometimes at the Americans but on that occasion his accusations were addressed at those who were on duty and particularly at his own psychiatrist. At that point, the psychiatrist had to make a decision and refused hospitalization, trying to resolve the crisis without it. He told me that it had been necessary to talk for a long time, but above all to take time to reflect.

This incident was an opportunity for me to explore ethnographically the presence of contesting hegemonies in the psychiatric worker's daily practice. On that occasion, the psychiatrist and nurse interrogated themselves as to why there are some (particularly the professional nurses) who, remaining strictly within their own area of competence, forget what must be understood and dealt with in a team dimension. In this regard, it is interesting to note how the reconstruction of the episode in the words of the psychiatrist impacts directly the critical current condition of local psychiatry.

Psychiatrist - «There is now, and has been historically, a problem with the staff meeting... only a few participate in the meeting... [...] A public service, in my view, only works well when there is continuous exchange, a continuous confrontation of roles... and when everyone continually knows what the other "does" [...] Because if Alessandro comes up, he comes up and somebody makes sure to give him his medicine only because he is the patient of Doctor X and nurse Y; it means that we expect something like that [referring to the crisis] today, tomorrow, or the next day. And then we think that Alessandro is sick... I'm not sure if I'm making this clear. I am convinced that the local psychiatric service can only function like a tribe. A tribe without totems. [...] Yesterday, for example, the nurse and I got together to recount, no, to reformulate, why it was that Alessandro became angry. That is of a quality, that work... It seems like a dumb thing, but it goes back to the nurse, goes back to me, that in reality I'm reading something. I'm looking for a story, I'm not looking for some device for Alessandro's symptoms. Because really it's the story that explains him to me, it's the story that makes it so that yesterday I decided not to hospitalize him. No hospitalization yesterday, maybe today he's already worse, but it means that ... ».

In fact, whoever failed to give Alessandro his medicine felt that that it wasn't part of their duties and that the administration of medicine had to be handled by the nurse and the psychiatrist, thus precluding any collective management of the crisis. But the psychiatrist recognizes in this a deep contradiction of the current redefinition of public psychiatry: the fact, that is, that a local community approach cannot be undertaken by a "specialized" psychiatry in a health system made up of professionals. A crisis is never a crisis of the individual, but a crisis of the service. The challenge, as Franco Basaglia well understood, is to let oneself become involved directly in the social contradictions opened by an individual crisis, looking at social transformation in a broad sense and not in a merely institutional sense (BASAGLIA F., ONGARO BASAGLIA F. - GIANNICHEDDA M. G. eds. 2000: 13).

With regard to the above-described episode one should observe the shadow projected by recent institutional transformations. The incident, as we have seen, called into question the use of drugs as a regulator of social relationships. What is the place of the handling of the drug in this tangle of meanings and power relationships?

The reading of the failed administration of the medicine can be seen, in fact, by some as the effective "cause" of Alessandro's crisis; but some staff members perceive a subtle and problematic aspect of the event when they consider the interruption of the medicine to be a "reason" for Alessandro's anger, who perceived the missing act of care as a form of negligence and incompetence, connected to a failure to take responsibility with regard to his condition. Alessandro's perception, which evidently must have been indirect, was progressively fueled over time in relation to the questioning

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glances of the staff members called into talk about the responsibility for the omission. In both cases, the drug must be placed in a intersubjective and generative network of practices, knowledge, and institutional relationships, in which it plays a role of a symbolic and social shift.

Concluding Remarks

By taking advantage of the inspiration that comes from the teachings of Gramsci, and using one of the escape routes that Deleuze suggests in Foucault, I have attempted to show with two ethnographic examples how power is no longer merely reproduced and manipulated but ironically explored by agents as molecular forms of transformation of the embodied self.

The first example brings out the relationship between practice and embodiment. In a sense, psychiatric caregivers play various games, but they fail to notice the crucial places in which one game turns into another. In this regard, caregivers try to expand their control through a series of procedures that lead to a breakdown and re-articulation of what is the embodied knowledge of the patients. Therefore the intention of promoting the empowerment of patients conflicts in this case with the failure to recognize the patients' embodied knowledge.

In their direct relationships with patients, psychiatric staff members are involved in forms of decodification of the other's behavior that require a certain kind of reciprocal trust. When they move, however, to the operation of psychological framing they fail to notice that they are not only changing frames but the entire linguistic game. And since every linguistic game can be understood only by exploring its grammar against the background of a form of life, sometimes the caregivers fail to notice that the interrelationship of agency and structural power takes place within a conflictual and dynamic relationship between emerging bodily practices and strategies of governmentality (FOUCAULT M. 1992 [1988]: 14).

This kind of contradiction emerges particularly in situations in which the inarticulable part of social activities takes on a crucial role. Failure to deal with the consequences also means not being able to recognize resources that are present in the community. The ironic effect in this case is given by the dissonance between the process of acquiring corporeal ability, actively promoted by staff members (to which as we have seen corresponds a vision outside of the game on the part of social service staff) and a kind of "panoptic drive" among social workers. Those social workers go into crisis when a patient thinks of sport as the reinforcement and development of the life

force at the expense of the regimentation imposed by the new "idea of the team." One way of exploring this kind of contradiction may be to concentrate on the intersubjective dimension in which practices are acquired in a context and on the situated experience of participation or non-participation in such practices.

In the second ethnographic example, marked by uncertainty in the management of risk and crises, the intersubjective dimension is particularly evident. Alessandro's incident is a catalyst that allows us to highlight the interweaving of relationships of power and resistance in the psychiatric field. Regarding the Italian experience, we must remember that, historically, intersubjective spaces have been formed in a period in which mental health care was considered as a social problem to be handled within the framework of the society's structural contradictions. Today, instead, staff members are becoming aware that public finance tends to distinguish between questions of health and social problems, entrapping psychiatric care in a medicalized and pharmacological framework. This situation gives rise to an aspect that Bourdieu brought to light in his La misère du monde (BOURDIEU P. ed. 1993: 337-350): psychiatric caregivers represent, in this case, those members of the street-level bureaucracy who experience directly, personally, the contradictions of a State in which the right hand of public finance prohibits itself from knowing what the left hand of social service agencies is doing. In this way, an incident which develops starting from the patient's elevated process of subjectivization can brings to light some structural contradictions of the current situation of public psychiatric health service.

The progressive transformation of local health departments into autonomous agencies is the result of a new administrative policy that has had a heavy impact on the public health care system. This amounts to a structural change in the public health system in which a business model and the language of economic rationality have begun to take the place of past struggles for expanded patients' rights. It is a phenomenon that is part of the larger panorama of welfare policies in Europe and that has affected regional governments in Italy, making budget cuts a priority even with respect to mental health. In some cases this change has met for caregivers involved in community mental health, one of the most advanced sectors of social experimentation, a step backwards into the medical management of social contradictions. Today many caregivers and social workers are asking themselves what might happen in the face of the current attack by the parliamentary majority on the Psychiatry reform law (*Legge 180*), if in fact dynamics of de-socialization of disorder and of repression of social con-

flicts have already widely penetrated the classificatory logic of the management of social services.

If the separation of responsibilities and actions of caregivers were to find economic recognition only in the hospital model of medical care, all support would be removed from the objective articulated years ago by Franco Basaglia: to bring the contradictions of psychiatry into medicine.

«One of the important things about the new Italian law is not so much and not only the question of the closing of the asylums, as it is the insertion of psychiatry within the health assistance program, because the true asylum is not psychiatry but medicine. And it is on this new asylum that we've got to act. At the moment that psychiatry as a social fact enters into medicine there develops an enormous contradiction, and it is from this point of view that I consider very important what will happen in the future, not because medicine might be able to resolve the contradictions of psychiatry but because all of the contradictions of psychiatry will also become part of medicine» (BA-SAGLIA F., ONGARO BASAGLIA F. - GIANNICHEDDA M. G. eds. 2000: 181-182).

As we have seen, in the local context, patients use a religious language to communicate those conflicts that staff members recognize in the administrative policies of the psychiatric service, but which they have trouble noticing in patients' embodied knowledge. In such circumstances, recognizing subjugated or marginalized kinds of knowledge is not only a step toward socializing the experiences of patients, but also a step toward understanding power relationships, points of resistance and emerging practices⁽¹⁹⁾. In this regard, failure to deal with the embodied knowledge of patients and psychiatric workers means not being able to recognize new forms of subjectivity and community resources for the social formation of a new "collective will".

This political issue seems to me rather interesting also for ethnographic practice. Indeed, the staff proposal to redefine the practices by effecting an analytical separation between play and game recalls the complex relationship between habit, acquired ability, and ludic sensibility. In particular, the staff members' attempt to elaborate the violence implicit in athletic competition recalls, in fact, a problem relative to imagination that becomes an instantaneous embodied act. One way of exploring these contradictory processes may be to consider in our "embodied ethnography" (TURNER A. 2000) the intersubjective dimension in which practices are acquired, and the situated experience of participation or non-participation in such practices. In this research on agency and molecular transformation of the agents (including the ethnographer), it might be ethnographically fruitful to examine the different games played by the same agent and how those games have meaningful relationships to the mimetic formation of habits.

Such problem was well rendered by Walter Benjamin in two essays on play. In the first, having to do more with play as the acquisition of childhood habits, Benjamin emphasizes how repetition contains in a veiled form the element of invention and discovery tied to the initial acquisition of a practice.

«Habit is born as play, and in habit, even in its most rigid form, a small residue of play survives right up to the end. Petrified and no longer recognizable forms of our early happiness, of our first horror – that's what habits are» (BENJAMIN W. 1993a [1974-1989, 1928]: 91).

In the second essay, on gambling, and specifically on roulette, Benjamin focuses on those instants in which the gambler does not let himself be carried away by risk and uses his body to choose the number to bet on. He writes:

«The authentic player effects his most important bets, which are usually also his luckiest ones, at the very last minute. One might think that he is inspired by the characteristic sound the ball makes in the instant before it falls into a slot. But it could also be sustained that only at the last second, when the tension is at its peak, only in the critical moment of danger (when there is a risk of letting the opportunity slip away) there becomes activated in him the capacity to orient himself on the gaming table, to read astutely the numbered cloth, if 'read' were not once again derived from the field of optics» (BENJAMIN W. 1993b [1974-1989, 1928]: 602).

Benjamin does not oppose the experience of risk, the wager, the game of gambling, against his intuitions concerning the bonds between play and the acquisition of practices/habits. He is interested in seeing the deep bonds in the opposite direction of that which leads from play to habit. To the fact, that is, that it is not only possible to explore the path that goes from play to habit, but that it is also possible to see in the inverse direction the passage from acquired technique to the movement of the embodied subject in the instant of danger: the instant in which thought and decision are *motor innervation* ⁽²⁰⁾. The gambler's "sensitivity" thus resides in his capacity to let himself be receptive to the impulses of the "lightest innervation." Play thus represents the "acceleration in the central point" in the moment of danger (BENJAMIN W. 1993b [1974-1989, 1928]: 603).

We can now consider in this regard two interesting aspects of "ethnographic practice". In the first place, it is not only inopportune to attempt to separate the agonistic from the aleatory (in the terms of CAILLOIS R. 1995 [1967] the *agon* from *alea*), but it is ethnographically fruitful to examine the different games played by the same agent and how those games have meaningful relationships to the mimetic formation of habits. Habit understood as body technique and sensuous knowledge tied to a two layered notion of

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mimesis: «a coping or imitation, and a palpable, sensuous connection between the very body of the perceiver and the perceived» (TAUSSIG M. 1993: 21).

Secondly, such elements are central to an understanding the agency of agents constantly involved in intersubjective spaces, even when they seem to be subject to material and symbolic isolation. The dynamics of the game itself and the criss-crossing of different social fields allow us to place action in an intersubjective space, which produce particular forms of knowledge about the persons involved. In the specific case considered here, my nostalgia, mentioned at the beginning, that seemed to be imposing itself in my re-evocation of football, might thus have a corresponding side embodied in the practical experience of the game. And therefore the disturbing effect of the juxtaposition of football and power relationships could have activated, in Benjamin's terms, a sort of dialectic between "habit" and innervation in the ludic sensibility of my own body (BENJAMIN W. 1993a [1974-1989, 1928], 1993b [1974-1989, 1928]).

Along this line of research it might be propitious to conclude evoking a "dialectical image" (cf. BENJAMIN W. 1997 [1974-1989, 1942]) invented by Antonio Gramsci in one of his youthful writings. In that text, Gramsci compares the image of football with that of a card game (*"lo scopone"*), to observe how in the card game the *«*perverse plotting of the brain» becomes bodily movement and the reciprocal diffidence is played out in a *«strategy of the legs and the tips of the toes [una strategia delle gambe e della punta dei piedi*]» (GRAMSCI A. 1960 [1918]: 433).

Notes

(1) With the expression "collective will", which is directly related to political will, Gramsci wishes to focus attention on a particular form of human action: «will as operative awareness of historical necessity, as protagonist of a real and effective historical drama» (GRAMSCI A., GERRATANA V. ed. 1975 [1929-1935]: III, 1559 / English translation: 130). A will that, in his view, supports precisely «Those historico-political actions which are immediate and imminent, characterised by the necessity for lightning speed, can be incarnated mythically by a concrete individual. Such speed can only be made necessary by a great and imminent danger, a great danger which precisely fans passion and fanaticism suddenly to a white heat, and annihilates the critical sense and the corrosive irony which are able to destroy the "charismatic" character of the condottiere (as happened in the Boulanger adventure)». (GRAMSCI A. 1975 [1929-1935]: III, 1558 / English translation: 129). In this passage Gramsci seems to have in mind also what happened with the emergence of the European dictatorships at the beginning of the 20th century. And perhaps this is why his analysis seems to be analogous to what Walter Benjamin would write some years later with regard to the "state of exception" in his Thesis on the Concept of History (BENJAMIN W. 1997 [1974-1989, 1942]). In this specific instance, however, Gramsci is interested in understanding those molecular transformations that will go on to form a "collective will."

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⁽²⁾ On "molecular processes" and "body politics" in Antonio Gramsci see PIZZA in this volume. In this regard, as Ronald Frankenberg has remarked, following the approach of Gramsci on Marx, it may be opportune to explore the experience of the practical and practicing human subject, considering the body and embodiment as "the action zone" (FRANKENBERG R. 1990: 188-189). Tullio Seppilli (SEPPILLI T. 2002) has recently suggested paying careful attention – via Gramsci – to a well-known passage of Marx's *The German Ideology*: «The production of ideas, of conceptions, of consciousness, is at first directly interwoven with the material activity and the material intercourse of men, the language of real life. Conceiving, thinking, the mental intercourse of men, appears at this stage as the direct efflux of their material behaviour. The same applies to mental production as expressed in the language of politics, laws, morality, religion, metaphysics, etc. of a people. Men are the producers of their conceptions, ideas, etc. – real, active men, as they are conditioned by a definite development of their productive forces and of the intercourse corresponding to these, up to its furthest forms. Consciousness can never be anything else than conscious existence, and the existence of men is their actual life-process» (MARX K. - ENGELS F., ARTHUR C. J. ed. 1998 [1846]: 68).

⁽³⁾ When we consider the processes of hegemony examined in the works of Ernesto de Martino it becomes apparent that his analysis of the crisis of presence unfortunately develops only a part of Gramsci's reflections on the internal dialectic of subjectivity and the molecular transformations of the "persona" (Pizza G. 2001-2002, 2003). It might be fruitful, on the one hand, to extend those reflections in the direction of the relationship between "individual presences" and "collective presences" (cf. SIGNORELLI A. 1997 on this theme with respect to the subordinate classes in the South) and on the other, to explore the formation of the "collective will" in de Martino's work (uncompleted) on psychopathological apocalypses (DE MARTINO E., GALLINI C. ed. 1977).

⁽⁴⁾ In particular where Deleuze argues that for an adequate interpretation of the processes of subjectivisation we need to consider the historical transformation of disciplinary devices. In Foucault devices are a peculiar combination of regimes of visibility and regimes of discourse (DELEUZE G. 2002 [1989]: 65). The reference to *subjectivity* in Foucault is a rather complex and controversial question, while what he calls the *process of subjectivization* seems to be more concrete. The term subjectivization refers to those social processes in which an individual is transformed into a subject in accordance with specific power relationships. I believe it is important to clarify that such subjectivization processes are not exclusively tied to disciplinary or restrictive actions, but belong to those practices of self consciousness that permit introspection and narration, the construction of one's own actions as a "responsible person" and "citizen". In Foucault, the term subject tied to one's own identity by consciousness or by self-consciousness» (FOUCAULT M. 1989 [1982]: 241). On biopolitics and the interaction between processes of objectivation and subjectivation in the social and historical production of health see FASSIN D. 2000.

⁽⁵⁾ On this aspect and on the relationship between Foucault's thought and Basaglia's work see DI VITTORIO P. 1999. A critical anthropology of the psychiatric practice could grasp, in lively social action, two questions that permeated the intellectual and political field of those years: I'm referring to the rather contradictory conjunction between "dynamics of subjectivization" and "the crisis of the subject" in contemporary philosophy (see PASSERINI L. 2003: 46-69).

⁽⁶⁾ On relationships between intersubjectivity, intercorporeality and agency see CROSSLEY N. 1995. Aaron Turner used the concept of "socially constituting configuration" referring to «the configuration of subjects who are present, and are therefore actively involved in negotiating cultural practices and the meanings drawn from them. Since the anthropologist will generally be examining processes among configurations in which they themselves are present, this socially constituting configuration should be seen as a socially constituting 'we' or 'us' rather than socially constituting 'them'. At any one time and place this collective constitutes the embodied subjects doing culture» (TURNER A. 2000: 56-57).

⁽⁷⁾ In Italy, there are interesting experiences of implementation of social networks and mental health policies based on sport activities of psychiatric users. Cfr. CARDAMONE G. - MISSIO G. - ZORZETTO S. 1998, CARDAMONE G. - ZORZETTO S. 2000.

⁽⁸⁾ On the relationships and conflicts between the expert models used by therapists and their patients' immediate experience and knowledge, see van Dongen E. 2002.

(9) The research was carried out between November 1998 and June 2000, in a Mental Health Centre in the territory of Gubbio (province of Perugia, Umbria).

(10) On the social construction of male gender in football practices and discourses see HUGHSON J. 2000. On football as national narrative in processes of (individual and collective) identity formation see PARDUE D. 2002.

(11) Football must be viewed as part of a lager sphere of rehabilitative activities promoted by the Mental health center. Unlike other such centers operating in the region, the staff of the outpatient psychiatric service in Gubbio has opted against the constitution of a semi-residential center to be visited by all patients seven days a week. It has been decided instead to diversify the activities, on the basis of the interests and requests of users, and not to organize schedules and procedures on the basis of the available resources and abilities of the staff. This means that each patient can attend one or more activities of his choice on some days of the week, and that the Center for psychiatric rehabilitation does not require the continued presence of the patients throughout the entire day (it does not, for example, provide for lunch inside the center). Thanks to this flexibility, a rather high number of users, about 60 people, habitually attend one or more activities of various kinds: theatre, reading and writing, music, cooking, painting and images, audiovisual production, bricolage (construction of small objects, mostly toys, in wood), photography, study and organization of nature outings, postural gymnastics, swimming, five-on-five football. Each patient follows a plan which includes the activities of the Center for psychiatric rehabilitation as well as job placement, pharmacological therapies, consultation with family etc. Each rehabilitative activity provides, therefore, for each patient a double focused project - individual rehabilitation/therapy and group activities –, agreed upon with the psychiatrist and followed by a social service staff member. At the end of each day, the social service staff involved in the various activities fill out a register with the attendance and a specific "activity diary". The Center also hosts weekly and bi-weekly group meetings. The situations of individual patients are also discussed in other meetings, formal and informal, between staff and therapists during the daily activities of the center.

(12) A relationship that is particularly complex in the case of a diagnosis of schizophrenia, which has tended to be filtered through interpretive models of a medico-psychiatric nature.

⁽¹³⁾ See the metaphor for the "administration of justice on earth" represented in a football game suggested by Bromberger (BROMBERGER C., CASALINO L. ed. 1999 [1995]: 84-85).

(14) To understand social workers' attention directed to "observation" of the game it must be recalled that five-on-five football is the activity in which social service staff have greater autonomy with respect to other psychiatric service staff. There is a greater delegation on the part of the psychiatrists and this means, in certain ways, an additional burden of responsibility for social workers: if something seems not to be working they are more on their own in making decisions. ⁽¹⁵⁾ All names used in the text are fictitious.

⁽¹⁶⁾ On the relationship between strategies and tactics see de Certeau M. 1990: XLV-XLVI.

(17) Intervention in the denomination and classification of a behaviour, a disturbance, or personality trait, as is well known, is decisive in psychiatric contexts. These are precisely the cases in which "classification" is the essential terrain of political contest. A contest that can be reconstructed by referring to the circumstantial combinations of action and embodied knowledge made by agents involved in negotiations for their own recognition (BOURDIEU P. 1988 [1982]: 121-131).

(18) This is one of those moments in which the boundaries and the division of roles are most marked. Here the differentiated access to knowledge between staff and patients was most clearly determined, and I was much close to the latter. In such circumstances I had to work on glances and, therefore, to think over the limits imposed on me by my "positioning" in the interactions. I'm referring to the redefinition of boundaries around the cognitive and emotional sphere of the patient which is involved in psychiatric daily work: tone of voice; restricted communication in groups of two or three people; the closing of doors through which one can only see those on the other side staff-members entering and exiting; their doing things with attention that in other

moments are merely part of the slow and constant flux of ordinary routine actions. In fact these are the moments in which I most experienced the changing game of nearness and distance in which my presence involved the staff.

⁽¹⁹⁾ On the interaction between social practices and "emergent forms" see WILLIAMS R. 1980: 31-49. ⁽²⁰⁾ The idea of *innervation* was developed by Benjamin both in writing concerning theatre and childhood and in studies on the poetics of Surrealism. The discovering of new practices in the playful acquisition of habits is microscopically explored in BENJAMIN W. 2001 [1997, 1938].

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