AM
Rivista della Società italiana di antropologia medica / 27-28, ottobre 2009, pp. 161-182

Self-control and administrative-grotesque in psychiatric practice

Massimiliano Minelli

University of Perugia

In reasoning about the "bodily life" of State power, we could turn our attention to the practical relationship between the State, the bodily transformations of its bureaucrats and those of its "citizens". In this regard, it maybe useful to consider that bureaucracy and citizenship are two sides of the same social process and that clients and bureaucrats are «participants in a common symbolic struggle» (HERZFELD M. 1997a: 5). Both are involved in an interaction of dominion and consensus, of which we could perhaps retrace the social configurations and the historic changes in specific local contexts. In the case of psychiatry, it is possible to see such interaction as a result of a contingent combination of proximity and intimacy between patients, operators and health institutions. Along this research line, and following the thought of Antonio Gramsci (GRAMSCI A. 1971 [1929-1935]), we can study those cultural processes which make of a plurality of daily actions an hegemonic practice. The ethnographic observations of psychiatric practices in a Community mental health centre in Umbria (Central Italy) [(1)], that I propose in this paper, go in this direction. My considerations regard a very complex phase, in the daily activity of the psychiatric service, which began in the second half of the Nineties and has not yet ended. That phase coincided with the transfer of hard copy documentation concerning work loads and patients undergoing treatment into a regional electronic archive. Through a local and situated interpretation of such a process, I examine the interaction between administrative procedures, patients and psychiatric workers. As we shall see, in the functioning of the "bureaucratic machine", the bodily life of the State can emerge in some circumstances whereas in others it may remain covered. In order to speak about the negation of the bodily presence in the administrative *routine*, an ethnographic approach to the embodied signifying practice and the plurality of daily life is necessary. To this end, I will follow the traces of an often used class of drugs, the benzodiazepines, and a widespread diag-

09-Minelli.pmd 161 02/11/2010, 16.55

nosis: *Panic attack disorder*. We shall see how this choice has its ethnographic motivation, as far as it will allow us to consider in a common field of embodied and embedded practices (MOL A. 2002) aspects that, if considered only from the perspective of the diagnostic classifications, would be placed in different spheres. By comparing bureaucratic language with reflections (of patients and psychiatric workers) on anxiety, in relation to controlling the new processes, we can deal – "in practice" – with questions that go to the heart of what Foucault has called the "administrative grotesque".

Administrative grotesque

On the 8th of January 1975, in his lecture at the College de France, Michel Foucault (2003 [1975]), reflected once again on the role of psychiatric expertise in the relationship between truth and justice. On that occasion, he decided to read a selection of psychiatric reports produced in the French law courts of the 1950s, in this way provoking the laughter of the listeners.

In the opinion of the psychiatric experts, as explained by Foucault, everything occurs as if the actions and the people involved undergo repeated doublings: a psychological and ethical doubling of the crime, a doubling of the *author of the crime* with the *delinquent subject*, a doubling of the *doctor* with the *doctor-judge*. By means of these splits, the bureaucratic technique develops into pronouncements where power interweaves with the parody of scientific discourse. In the complicated calculation of the mitigating circumstances of a court of law, documents are produced that have the status of "true discourse". Furthermore they have legal consequences without, however, respecting the rules of "scientific knowledge" from which they would draw legitimacy. In this way, according to Foucault, in the psychiatric-legal report we find discourses with the following three characteristics:

(*a*) they have the possibility of determining legal decisions, sometimes to allow life or to give death;

(*b*) they draw their power from being considered as scientific discourses that state the truth in legal settings;

(*c*) they make one laugh.

The result of this reading is very serious indeed. According to Foucault «these everyday discourses of truth that kill and provoke laughter are at the very heart of our judicial system» (FOUCAULT M. 2003 [1975]: 6). The effect on the listeners is a confirmation of his thesis, according to which at

09-Minelli.pmd 162 02/11/2010, 16.55

the point in which the judiciary device for the ascertainment of truth (the law court) and the institutions authorised to "pronounce the truth" (the medical and scientific discourse) meet, "grotesque" texts are produced.

It is worth remembering that Foucault associated the attribute of "grotesque" to «the fact that, by virtue of their status, a discourse or an individual can have effects of power that their intrinsic qualities should disqualifies them from having» (FOUCAULT M. 2003 [1975]: 11). The prototype figures are some Roman Emperors (Nero, Heliogabalus), who are described by historians as despicable and mediocre beings endowed with limitless power [(2)]:

> «the person who possessed *maiestas*, that is to say, more power than any other power was, at the same time, in his person, his character, and his physical reality, in his costume, his gestures, his body, his sexuality and his way of life, a despicable, grotesque, and ridiculous individual» (FOUCAULT M. 2003 [1975]: 12).

In Foucault's view – which is particularly interesting for our purpose – the "grotesque", instead of being a *deviation* of power, seems rather to be like the cogs of the functioning mechanisms of power itself. It is by demonstrating the infamous and abject nature of whoever incorporates the *sovereign power* that the inevitability of that power is publicly affirmed [(3)]. The *intrinsic quality* of the grotesque discourse, transferred to an individual with an abnormal appearance with nuances of clownery, will end up taking on the mechanical forms of power in Nazism and Fascism [(4)].

> «The grotesque character of someone like Mussolini was absolutely inherent to the mechanism of power. Power provided itself with an image in which power derived from someone who was theatrically got up and depicted as a clown or a buffoon» (FOUCAULT M. 2003 [1975]: 13).

The example of the dictator places a generative element of power in the histrionic traits of the discourse and in the theatrical gestures [(5)]. The bodily movements however seem to prevail upon the articulated language. In this way, in the grotesque imagery of power we find what Roland Barthes called *obtuse meaning*: indirect meaning that has no structural location and appears to operate in perpetual oscillation [(6)].

In fact, one should take into consideration that what interests Foucault, besides the unrefrained laughter of sovereign power, is also the *administrative grotesque* of procedures and language of "applied bureaucracy": a machine characterised by *insurmountable effects of power* and embodied in "impotent" and "imbecilic" functionaries.

> «Since the nineteenth century, an essential feature of big Western bureaucracies has been that the administrative machine, with its unavoidable ef-

09-Minelli.pmd 163 02/11/2010, 16.55

> fects of power, works by using the mediocre, useless, imbecilic, superficial, ridiculous, worn-out, poor, and powerless functionary. The administrative grotesque has not been merely that kind of visionary perception of administration that we find in Balzac, Dostoyevsky, Courteline or Kafka. The administrative grotesque is a real possibility for the bureaucracy» (FOUCAULT M. 2003 [1975]: 12).

In other terms, the caricatured nature of the ridiculous sovereign can be socially distributed in a "molecular" way (PIZZA G. 2004 [2003]) in the daily actions of anonymous bureaucrats. This outlook could be applied to the effects of bureaucratic practice, by considering the connections between the forms of expression of power and the ordinary manners of the administrative apparatus. A mixture of language and body techniques (MAUSS M. 1936) which is the basis of the intellectual activity of functionaries and therefore plays a role in the organization of a system of consent (GUAITINI G. - SEPPILLI T. 1975) [7]. For this reason, according to Antonio Gramsci, the problem of functionaries is strictly related to that of intellectuals, and it must be approached with a study of the links between manual and intellectual work [8].

> «The problem of functionaries partly coincides with that of intellectuals. However, though it is true that every new form of society and State has required a new type of functionary, it is also true that new ruling groups have never been able, at least initially, to ignore tradition or established interests – i.e. the categories of functionary (especially in the ecclesiastical and military spheres) who already existed and had been constituted before they came to power. Unity of manual and intellectual work, and closer links between legislative and executive power (so that elected functionaries concern themselves not merely with the control of state affairs but also with their execution), may be motives of inspiration for a new approach in solving the problem of the intellectuals as well as the problem of functionaries» (GRAMSCI A. [1929-1935]: 186, III, Quaderno 13, 1932-1934).

Daily bureaucracy

The outline that we have drawn, beginning with the psychiatrists' reports in the French law courts of the 1950s, has brought us to reflect upon the mixture between the bodily dimensions of power and the molecularisation of its effects on daily actions of bureaucrats. By oscillating between the grotesque of the sovereign and that of administrative life, we have gone from the general abstract dimension of power to that embedded in ordinary practices. These changes of perspective and scale of analysis are useful in ethnographic observation. For example, the ambivalent images of the exchange between acting bodies and the surrounding world could show

09-Minelli.pmd 164 02/11/2010, 16.55

us areas of proximity and overlapping where we may be lead to see uncrossable confines or borders [9].

The impotent functionary who goes round the archives and the administrative offices is the principal vehicle of a power that he says he does not have but which he exercises without acting. The discarded files and the accumulated dossiers in the archives constitute the insurmountable wall that whoever is "before the law" has to deal with. What prevails is oblivion and annihilation, the slow passing of time of documents accumulated in worn out, dark and dusty places. Time that takes on a corporeal dimension through repeated gestures of sleepy eyed anonymous functionaries. Many scholars and visitors to Italy have spoken of this kind of bureaucracy [10]. Many patients and psychiatric workers with whom I have worked in the mental health field have spoken of this bureaucratic inertia.

In this regard, I have often had the opportunity of participating in dialogues on bureaucracy when carrying out an ethnographic study on the policy and practice of mental health in Umbria. In the conversations, which had a certain familiar intimacy [11] the opaque nature of an intangible and anonymous power was the object of ironic considerations on the part of the people I interviewed. Many utterances recalled the vacuity and the complexity of a public administration that had reached such levels as to arouse at times a reaction of laughter and derision. Or rather resigned desperation.

The verbal exchange with patients concerning bureaucracy was often accompanied by joking remarks. In the conversations about their experiences what prevailed was references to family relationship and personal interaction with parts of the state. They would talk of the necessity of doing new training programmes and of sending their *curriculum vitae* to offices and local authorities (in order to bank, like so many others, on the vain hope of getting a permanent state job in some local office). They then ended up having to come to terms with the necessity of having to put themselves in the hands of personal acquaintances and asking for recommendations [12] in order to be put on some job data bank of some firm or other. More often they would speak of "people they knew", employees and managers within the public administration, who were necessary in getting an invalid's pension or a nice cosy job. These strategies were congenial to Pietro N., a 30 years old patient, as I have annotated in my fieldnotes.

> Pietro lives in a small village near Gubbio. In his village, he says, "people like to gossip". So he prefers keeping to himself, to go for long walks in the mountains behind his house and when he can to go to Gubbio. The next time he goes to the rehabilitation Centre, he says, he will bring the social

09-Minelli.pmd 165 02/11/2010, 16.55

> worker a bunch of asparagus. Pietro is in Gubbio, practically the whole week. He arrives on his own, when he can he hitches (a ride with a friend) otherwise he has to catch three different buses. He has to get up early in the morning, at six, in order to get to the Centre on time for the psychiatric rehabilitation session. He is given a job placement. In this period, it is difficult to find work. Pietro says that today you can only get a job if you know someone who "recommends" you. When the social worker argues against this position, Pietro replies that if he is now working three days a week (in a small mechanics company) it is only because Giovanna, the psychiatrist, has spoken of him to the owner and she "put in a good word" on his behalf. In the end it is only because of this "good word" that he is now learning a trade [fieldnotes].

At the moment of the reported conversations I had with Pietro, the psychiatrists of the Mental health centre were alarmed principally because of the fragmentation of the therapy programmes. The cut in funds for health and social welfare was accompanied by new definitions of psychiatric practice according to more managerial and efficient models of service. The health budget tables, together with the sluggishness of administrative decision making, provoke (the psychiatric workers said) a "loss of meaning" of the psychiatric service. A service which was previously considered as above all a well-integrated system of competence and professional approach. Furthermore, the psychiatric workers complained of an excessive division of competence, an increase in therapeutic technology at the expense of human relations and the imposition of a hierarchy based on a series of career upgrades encouraged by "permanent training" (the new magic word). A situation which by some counts seemed paradoxical arose from the fact that in this new organisation the doctors, while lamenting the diminishing importance of the therapeutic relationship, began to assume a clearer collocation in the health care hierarchy, thus becoming "managers" of administrative sections.

The problem of human resources was the main subject of the worried comments of the psychiatrists over the re-organisation of services according to the management logic. The training of nurses, for example, could be seen as a point of contention between community psychiatry and the new management of health services. In such new situation, the actions needed for change were evaluated with reference to the possible political alliances. Alliances that could be formed from time to time across the spectrum of the various agents of the psychiatric field – doctors, nurses, social workers, patients grouped together according to a specific diagnosis –. The following comment of Paolo G., psychiatrist, suggests that new political alliances are linked to a network of power relationships and a different administrative reasoning in community psychiatry.

09-Minelli.pmd 166 02/11/2010, 16.55

> PAOLO G. (psychiatrist): One of the things to do, in my opinion, as an institutional priority in psychiatry, is to qualify the nurses, specialise them, give them a salary in accordance with this specialisation and not allow them to take up service at all before six or seven months of pre-specialisation. So the question is: in a situation of marketing orientation can this be done? This depends on how strong psychiatry is.
>
> MM: And how strong is psychiatry?
>
> PAOLO G. (psychiatrist): Almost nothing is done by itself. Indeed, it has possibilities of applying pressure that no other [branch of medicine] has, because there are families behind it. Also because psychiatry directly touches on the human dimension. And also now it is absolutely transversal – if what we had before was the MENTAL ASYLUM, now we have the PANIC ATTACK.

Paolo counters the "old" image of the *mental hospital* with the "new" image of a *panic attack*. Using these representations, he recalls two different periods of Italian public psychiatry which are important in actual political debate. On one hand he speaks about the *Asylum*, a structure including insanity that, alienating mental illness, "represents madness" publicly in society; on the other hand, with the *panic attack* he remembers a disorder, invisible and widespread, which potentially can strike anyone in daily life. In fact, the peculiarity of panic attacks is that they strike without warning the active members of society: people who are often the backbone of family organisation and economy. They all of a sudden feel like they are about to die.

> PAOLO G. (psychiatrist): While some time ago we [community psychiatry] were a marginal part [of biomedicine], now with panic attack disorder we have entered a crucial point. Because panic attacks can attack people who produce, who are efficient, who are...

In Paolo's narrative, *Panic attack disorder* seems to be one of the bridges which connect the psychiatric service to the external environment. Sometimes he uses a warlike metaphor to describe the symptoms of this psychiatric disorder: if psychosis is a nuclear weapon which explodes in all its power, the panic attack can be compared to background radiation to which everyone is exposed.

Paolo's approach is interesting. He gives the example of the *panic attack disorder* as a new diagnosis with respect to "psychoses", which represented the structural basis of the practice of the service when it began [13]. Furthermore, the past struggle against the Asylum is associated to present social networks concerning stressful events and social suffering. Within these networks, fear and loss of control circulate. The comparative example and the metaphor he used, which are usually communicated in the weekly meetings of the psychiatric staff, seems good to think the actual changes of the field of mental health for three reasons:

09-Minelli.pmd 167 02/11/2010, 16.55

(1) it outlines a conscious political perspective in the recent transformation of the psychiatric field;

(2) it circumscribes a terrain of dialogue, focusing on experiences of affliction that are embodied and socially diffused;

(3) it recalls the contradictions in psychiatric praxis, which emerges particularly in therapy programmes when individual actions and collective transactions have to find points in common.

In managing panic attacks, psychiatric workers and patients seem involved, through their sensitive bodies, in a out-of-control environment. In any case, possible political alliances, to which the psychiatrist alluded using the panic attack example, include a paradox: the social field and psychiatric political negotiation can be identified only by using an idea of *individual vulnerability*. In other words, the political alliances which the psychiatrist speaks about seem to outline a zone of anxiety and a peculiar "stress discourse". But ironically political action based on stress discourse implies, as Allan Young has shown, a tacit knowledge of the abstract individual based on «a wholly decomposable society» (YOUNG A. 1980: 142).

> «By displacing the human subject from his place in society to a desocialized and amorphous environment, the discourse banishes the arena of conflicting class and group interests from the real condition of existence. In its place, the discourse substitutes a *zone of anxiety* within which the power to affect people's well-being is diffuse and subjective (hence the emphasis on "psychosocial supports", "coping mechanisms", "stressful life events"), and "change" is constituted as a pathogenic environment-out-of-control» (YOUNG A. 1980: 133).

Self-control

From some points of view, the experience of a panic attack is similar to that of delirious experience – the person does not say that he or she is afraid of dying, but literally "I am dying". On one hand, the panic attack is by definition incomprehensible. It is manifested as a limit of communication with the family members, to whom one is saying "I feel that I am dying". On the other hand, once diagnosed, it is perfectly communicable by means of biopharmacology indicators (levels of CO2, alteration of various physiological parameters and response to a given pharmacological therapy with good possibilities of recovery).

According to DSM-IV criteria (APA 1994), the patient with panic attack disorder has had, in his life, at least two or more attack without any apparent reason. During these attacks, suddenly anxiety and fear arise. After initial

09-Minelli.pmd 168 02/11/2010, 16.55

mounting moments of panic one reaches a peak which may last for hours. The attack must be characterized by at least four of the following symptoms: tachycardia and palpitation, sweating, disturbed breathing, suffocation, trembling, chest pain, stomach-ache, dizziness and vertigo, fear of losing control, fear of becoming mad, fear of dyeing, tingling, torpor, hot flushes, shivers. Attacks modify habits and attitudes toward anguish situations. In particular the patient tries to avoid places that could generate panic. In the majority of the cases panic attack disorder is related to the fear of incurable diseases.

After the panic attack emerges in such an extraordinary and catastrophic way, breaking up the daily routine (driving, shopping, going out to dinner with friends, …), and not being recognised throughout the many diagnostic tests undergone, in the end it is objectified and resolved with a combination of cognitive and pharmacological therapies (benzodiazepines and anti-depressives).

Laura M., psychiatrist of the Community mental health centre, sustains that when the patients who are diagnosed with panic attacks arrive at the service they already have a technical definition. They speak in psychological terms, even though at the beginning they could have had symptoms that made them believe that they had an organic illness: the fear of dying from cancer or tachycardia announcing an imminent heart attack (as in Margherita's narrative).

> LAURA M. (psychiatrist): However, they already have an explanation… and therefore at that point it is a technical explanation so they know it does not have to do with the heart, but it is a sensation that is located there and therefore they are not interested in a thorough analysis. Also because finally people who experience panic attacks are quite operative.

Since the panic attack includes a series of symptoms, practices and technologies that are relatively organised in a ecological niche (HACKING I. 2000 [1998]), one runs the risk of including in this category types of personalities that are very different one from the other. The ease of diagnosis could, therefore, conceal a number of traps.

> PAOLO G. (psychiatrist): Panic attacks in reality are a false category. Why? Because in a panic attack you have normal people who find themselves burdened by a thousand things, which they have always dealt with and with which they can no longer deal. But you can also have distorted personalities who find themselves on the verge of suicide and instead of suicide they get a panic attack. Therefore when it is there [a panic attack], you have to be very careful because it may be hiding the spectre of suicide.

Let us see how this affliction is explored in a patient's narrative. Margherita V. is 36 years old, she works part-time in a bar, and at the moment of our

09-Minelli.pmd 169 02/11/2010, 16.55

interview, she is undergoing pharmacological therapy, mixing anxiolytics and antidepressants, combined with a cognitive-behaviour therapy in the Mental health centre of Gubbio. She is in a difficult period of her life. She tells me that she is tired and feeling hopeless, although she considers it useful and important to communicate her experience. She speaks about loneliness, her love for her little daughter, having made the wrong decisions because of her parents imposition. During the interview she plays with the box of pills and the little bottle of drops to help her sleep. Her story began a year and half before our interview with an unexpected and sudden fear.

> MARGHERITA: It happened a year and half ago. I felt a very strange illness, that didn't' belong to me. This illness was… dizziness, loss of equilibrium, and my ears were plugged. It was something that didn't allow me to live a peaceful life. At work I was sometimes uneasy. It was the first time in many years. I went to the doctor. I went to my doctor because a year and half ago, in July, I was sick to death. I felt dizzy. I did not have the usual dizziness, but terrible fits of giddiness, with tachycardia at 146 heartbeats per minute. I had gone to the Emergency Unit to measure blood pressure and it was all right… But I had a terrible nausea. A dreadful nausea. And anyway I was completely aware, and asked myself "what the hell is going on?". [...] The next Sunday I wasn't able to breath, I couldn't breath at all. My daughter was with me and I wasn't able to... I was afraid that I was not able to tend to her. I was afraid that something terrible was happening. I thought I was going to die. I was terrified of dying, a feeling I had never felt before.

Margherita describes situations that are as elusive and fluctuating as are the multiple symptoms and the heartbeats of feeling out of control. These experiences are frightful because they are without an origin and invade daily life. In fact, multiple sensations and catastrophic cognition regard the small and diffused ordinary practices. They require a personal inquiry within the intimacy of family relationships in order to find «specific cues and zones of bodily surveillance» (HINTON D. *et al.* 2002: 146). These symptoms only at the end of a help-seeking path will receive a name and will be exchanged in clinical settings as «cultural syndromes that generate catastrophic cognition about bodily sensations» (HINTON D. *et al.* 2002: 147).

The terror of dyeing and the apperception of an imminent catastrophe will be articulable after becoming a subject of psychiatric language and technology. Patients with Panic attack disorder are indeed involved in technical and narrative plots, where institutions, practices and forms of treatment interact. Furthermore they play a role in the psychiatric field by organising Self-help groups

In Gubbio, Salvatore B. is one of the patients who has become active in constituting one of the first mutual and self-help groups. Salvatore, 30

09-Minelli.pmd 170 02/11/2010, 16.55

years old, married, with a child, works as a chemical analyst with a municipal company. He is a well groomed person, who cares about his appearance. He speaks rapidly and tends to digress somewhat. He feels he has a more than satisfactory level of life-style and he likes to travel, for example. At the same time, he is not satisfied and he does not know why. He has been having panic attacks for ten years. He had his last attack ten days before the interview, on his way home from work. He repeats constantly that he has learnt to live with it and that you have to be on the look out, without being overcome by paralysing anxiety.

> He did not think or rather he did not want to think about death. Then when the panic attacks came, he began to think about it and to adopt strategies in order to exorcise the presence of death. He had many tests and visits to specialists – at first, because of heart problems, and then, anxiety and depression. Only after having undergone a constant monitoring of vital parameters, did he go to the psychiatric service.
>
> Salvatore is informed about the initiatives of the mutual and self-help groups that operate in the region. He wants to try and set up a self-group in his own town. He has already talked to his psychiatrist and psychologist that he is contacting other patients with the same diagnosis as he has. The self-help group that he intends to set up would be involved in the phase were patients are leaving the clinic and would open up a moment of confrontation with other patients concerning the "disease". After using the word "disease" Salvatore corrects himself. In the psychotherapy group he has been attending over two years he is reprimanded for not using the correct word: "disorder".
>
> Then he takes out the tablet of *Tavor* that he takes with him everywhere. It calls the drug tablet "*Santino*": evoking a "presence" similar to small holy cards with devotional pictures and stories of saints. If the police were to stop him he does not know how he would explain the correct use of a drug which is often found on drug-addicts. But he says that that tablet in his pocket calms him down. It is something that can have an effect on the "fear of fear". [fieldnotes]

The panic attack disorder is a category that takes shape within complex interactions linking symptoms to the person. It is a bio-social loop that progressively articulate suffering, language, technologies of diagnoses and therapy. It is in such looping interactions that we must consider the anxiety to control of psychiatric workers engaged in managing administrative change.

Problems of budget

When I was in the field, I was struck by the mixing up of discourse on the administrative procedures of the National Health System and the pressing activity of the Community mental health centre. The centre, in the last few

09-Minelli.pmd 171 02/11/2010, 16.55

years, has had an increase in the number of patients, a decrease in staff and a cut in financial funding with regards to the socio-rehabilitative area. In such altered division of labour, at the psychiatric service, situations have been created around the distribution of Benzodiazepines – the drug used to manage anxiety – that seem grotesque. Nicoletta F., a 31 years old nurse, smiles when she talks about the *job rationalisation process* and the new directives on spending. She tells me that in the past the patients would always show up to the service with the same doctor's receipt to ask for the medication. The older patients had become quite adept at not paying the cost (ticket) of medication by using the same receipt they were able to stock up on "sleeping tablets" and "drops for not feeling anxious". The Service, thus overloaded, was able (not able) to properly evaluate the specific therapeutic situations.

> NICOLETTA (nurse): Because then it would happen, that for example, on Tuesday, because there was a local market, about fifty people would arrive to get medication. Which medication? A box of Tavor. At that moment, we had everyone who was (hooked) on Tavor, on our doorstep, because there was the little old man who had been taking Tavor for ten years and he needed his Tavor. So we directed those people to their family doctor. And now we luckily we no longer have a long cue. We use to give them a number.
>
> MM: They would arrive with a prescription?
>
> NICOLETTA (nurse): They would arrive with a blank prescription, six years old, that granted it [the medication] for free. There was a doctor [from our service] who would register it. It would be registered in a file that the drug was being given. Though, it could well be that the medication was no longer needed. That the patient could well do without it. So for all these patients a visit was set up to assess if the medication was really needed. If it was needed, the family doctor would then prescribe it. So now there are no longer these enormous requests. Anyhow, whoever takes Tavor only, can easily buy it. It costs very little, so they can easily go to the chemist and buy it. The other benzodiazepines we give only to those patients that are undergoing a complex therapy. So if a little old man comes requesting Tavor, we no longer give it, and that drug is only given in combination with antidepressives, with antipsychotics, or with neuroleptics.

In Nicoletta's account, the crowded scene of the market in the piazza opposite the General Hospital of Gubbio and the scene of the cueing up for the medication on the doorstep of the Centre for mental health, seem to overlap and fade into each other. Only the transcription in the new "big book" of the administered medication and the meticulous count of every pill has put a stop to "assault on the anxiolytics".

> NICOLETTA (nurse): If you go over there, there are two large books in our pharmacy, which have the therapies that are given to these people... that are updated, because it would happen that the old man who came on Tue-

09-Minelli.pmd 172 02/11/2010, 16.55

> sday, would also come on Thursday, and we were not able to control this thing, because there were two different doctors that would give out the prescriptions. Now, however, we record everything: we count the tablets, a very simple technique, a box lasts five days, and you come after five days to get a new medication. And this, however, has happened because from the moment that there has been this new management, we have had everything tightened up, the budget has been tightened up, and we saw that the pharmaceutical costs were astronomical. Where do we spend this money? How do we spend it?

The different images are constructed by combining the economic-bureaucratic jargon with the technical-scientific one. The service strategies described by Nicoletta – the counting and the transcription into the book of medications – concretely demonstrate how, in recent years, the activity of the service have been invested with new assessment parameters, that have come about with the cut in funding and the "company-type management" of public health. And all of these takes on a bodily life which goes beyond the confines of the market stalls in the piazza (with the fruit and the vegetables, the cheeses and the meat) and penetrates into the psychiatric wards.

Demanding the insignificant

The reordering of the division of labour at the psychiatric service is connected to the computerised system of collecting and organisation of data concerning patients and the health services offered. These services need to be inserted into computer modules according to predefined grids in which there is also an evaluation of costs. The tables, set down by the Health Ministry, have been inspired – Paolo G. sustains – by internal medicine which is strongly linked to the management of hospital wards. The very thing which "by definition" a Mental health centre wants to counteract. Psychiatrists and psychologists have difficulty in including many activities of the Service in the module entitled "PROCEDURES CONCERNING THE PSYCHE". In the "terminological confusion" of specialised services, some important therapeutic rehabilitation techniques carried out by nurses externally are missing, for example.

> PAOLO (psychiatrist): And therefore they put us in with all the others [services], obviously. The number of services, equal services and services for externals. The CLINICAL PSYCHOLOGICAL INTERVIEW, is carried out by the psychologists; the PSYCHIATRIC CONTROL VISIT, by the psychiatrists and neuro-psychiatrists, [then there is] the PSYCHIATRIC INTERVIEW, the INDIVIDUAL PSYCHOTHERAPY, HYPNOTHERAPY, FAMILY PSYCHOTHERAPY, GROUP PSYCHOTHERAPY. The result: all of that information, all the work that is carried out on a daily basis, the sup-

09-Minelli.pmd 173 02/11/2010, 16.55

> port on the part of the nurses, is not in the least considered. Because the only heading under which it could be included is SERVICES FOR EXTERNALS, so therefore you treat the psychiatrist as if he or she is just any specialist. The result of this? This gives you a model – here are the prices, according to how much you produce… Well, then I will have to give you the data by the end of the week. I have to make terrible choices, because I will have to decide whether the nurse's interview with the patient who lives in a group apartment is an external service. And it cannot be.
>
> MM: Why not?
>
> PAOLO (psychiatrist): Because it is not a professional service and it is not part of list of services offered. What does this all mean? If I don't put it in, it doesn't make sense, if I do, it changes all my data. What do I put here? How much monetary value do I give this? As usual they're always the wrong questions, never the answers.

The economic value scales that have to be attributed to the forms of therapy/rehabilitation, with which Paolo G. and his colleagues need to deal with, highlights the problems that community psychiatry policy is faced with. The operators speak of these problems, especially when they complain about the lack of visibility of the work they do in the community, and they claim the specific nature of their social action with respect to that of medical practice within the hospital structures. It is the latter that, with its discursive manner, defines the logic of the new administrative practice, which fixes the fluid actions necessary for community psychiatry in a rigid grid in the new computerised system.

In the new division of labour, the psychiatric practice seems in rationalising the pharmacological treatment, the clinical interview and consultation, while it becomes more complicated to describe with numbers the social dimension of psychiatric work. In particular, become invisible those processes where the patients, operators, health administrators, medical and social institutions, make projects and try to realise diverse forms-of-life through job placements, experimental forms of family living or cultural activities like writing or painting [(14)]. It is very difficult, for example, to include the activity of psychiatric rehabilitation – which has many facets and oscillates between the social and health spheres – into modules for the management of "SERVICES OF SPECIALISED AMBULATORY ASSISTENCE". The attention for all those aspects of life that should concern the patient's person in the end become a kind of quantification of therapeutic acts. Ironically, the logic of the treatment and cure, according to the new rules, produces a multiplication of groups of professionals. And they are distributed in a complicated hierarchy of tasks, that have no other temporary synthesis than the "therapeutic project", which refers to a single specific patient.

09-Minelli.pmd 174 02/11/2010, 16.55

Therefore the social sphere of relationships is diluted into a process of continual control of individual behaviours. This process, projected onto images and rhetoric that insist on the *territorio* ("territory as social and political milieu") and on *reti sociali* ("social networks"), has an alienating effect. The *territorio* is evoked with nostalgia by those who remember the centrality it had had in the past. It is recalled with insistence to the health programme, as if to confirm its definite disappearance. From the administrative side we thus see a kind of disappearance of living and acting bodies. If the modern clinic was born with the "view of the corpse" (a grotesque image), as Foucault shows in *The Birth of the Clinic* (FOUCAULT M. 1975 [1963]), now in the psychiatric field it feels like finding oneself on the scene of a crime in which everyone is searching for the body which has disappeared.

Indeed, the psychiatric workers move within a system which is characterised by a continual control of the health services that are offered. A form of control which is based on the procedures of data banking [(15)] and that, in part, is delegated to external specialists [(16)] who are called upon to certify the quality of the work methods and services offered. The certification is part and parcel of the logic of the *audit culture* (STRATHERN M. ed. 2000, FRANKENBERG R. 2004) and is expressed in a language which reiterates terms like "quality" and "standards". All of this impacts upon the definition of professional qualifications, the hierarchy of the administrative jobs and upon "permanent training" [(17)]. In the sphere of public administration permanent training is what makes one progress in one's career. Therefore many operators attend courses in order to move along in their careers and become functionaries. Some doctors see themselves working within the public health system hierarchy with administrative responsibilities and with the crisis in taking on new staff they find themselves being managers without having anyone to manage.

The *zone of anxiety*, where patients and operators interact in daily practice, highlights the grotesque in bureaucracy and in the new administration. What is difficult to recognise in the actual situation of the community psychiatry is the pervasive nature of the corporate *audit culture*: a political technology «that marks a new form of coercive neo-liberal governmentality» (SHORE C. - WRIGHT S. 1999: 557). In particular, the psychiatric workers, while they witness the disappearance of many of their areas of therapy due to the computerised classification system, also take part in the process of computerisation of the health system. When they spend hours of their day in front of computer screens compiling health system files, they are participating in a complex process of transformation which oversees:

09-Minelli.pmd 175 02/11/2010, 16.55

(1) the disappearance of hard copy documents substituted by computer databases – a progressive de-materialisation of information support for each single patient – ;

(2) the multiplication of therapy projects whereby a patient has a series of interventions which are managed separately by different services;

(3) the impossibility of translating the specific action of community psychiatry into a classification based on the hospital model;

(4) the widespread use of a specific language of managing medical services which copies the rhetoric of business organisations and which the operators use to denounce their extraneity.

The collection and organisation of the information in the data banks requires two procedures – "objectivation" and "totalization" – that by definition belong to the molecular production of the State (BOURDIEU P. 1994)[18]. To fill in an application form, or to send a file to the administrative database, implies attention to invisible gestures and small procedures: abilities that require expertise and a taste for the particular. «The whole trick of pedagogic reason lies precisely in the way it extorts the essential while seeming to demand the insignificant» (BOURDIEU P. 1997 [1972]: 94-95).

Concluding remarks

As we have seen, Michel Foucault coined the expression "administrative grotesque" to recall those "everyday discourses of truth", placed in the heart of our judicial and medical institutions, "that kill and provoke laughter". Through the expression "administrative grotesque", it is possible to outline a blurred zone where the discursive practices of bureaucracy, and the daily actions of the public administration, saturate the bodily life of State-power. The grotesque effects of the psychiatric reports indicated by Foucault are determined in an area where legal and medical discourses overlap. They are therefore the result of the seizing of *sovereign power* on the body of the accused in legal proceedings (the hearing of the court) and of a *disciplinary seizure* on the part of medicine on the body of the patient (the visit and interview in a medical ward). I would like to point out that for Foucault *sovereign power* and *disciplinary power* are modalities of action of the State on the bodies of citizens that cannot be seen as separate. The relevance of Foucault's consideration in relation to psychiatric power seems to me to be evident in his attention towards these areas of overlap and transformation between *sovereign powers, disciplinary powers,* and *powers of control.* We should, therefore, seek out these areas of overlap. Psychiatry as

09-Minelli.pmd 176 02/11/2010, 16.55

a place of conjunction, exchange and articulation of powers which develops by means of intimate ties is one of those areas of overlap [19].

We have tried to see some of the aspects of these different forms of management of power by means of local and peripheral experience: a Community mental health centre in Umbria (Central Italy). The interpretation of the concrete daily actions in a "family setting" (characterised by intimacy and hierarchy) has constituted a key in order to grasp the transformation between sovereignty, discipline and control. These transformations are produced in practice, when patients and psychiatric workers interact in a fluid situation, and seek information about an uncertain future; when they are directly involved, through their sentient bodies, in a hegemonic struggle. Panic attack language and stress discourse are local ways to indicate such a hegemonic struggle in the mental health field. In particular, panic experience is used to refer to personal distress or to the fear of losing control over new management processes. In this intimate language, where the public side of the psychiatric work meets the private side of the bodily experience, anxiety and incertitude prevail.

The ways in which the different subjects play with the rules, embody and "act out" power relations, vary. In this regard, different knots of the psychiatric network, where power relationships are once more called into question, even if only for a moment, become clear. These are encounters in which, in daily life, there is an interaction between: the "background radiation" of the disorders of panic attacks evoked by the psychiatrist, the "*santino*"-"drug" used by the patient who is setting up a self-help group, the "market of drugs" that was put in turmoil by the elderly patients, the computer screens in front of which the operators spend more and more hours trying to insert data into the computer system that it refuses to accept.

It can be understood, therefore, that the link between administrative management, embodied anxiety and incertitude, and the medical-scientific discourse, always has a local dimension and it is the result of a specific intimate language and practice. In this regard, we need to refer not only to the discourse, but also to the concrete gestures. Foucault's bureaucrat mentioned at the beginning of this text, recalls, for example, what Walter Benjamin said about the gestures of the characters of Franz Kafka [20].

> «Among the gestures in Kafka's stories, none is more frequent than that of the man who bends his head deeply into his breast. It is the fatigue of the lords of the court of law, the noise in the hotel porters, the lowness of the ceiling in the visitors of the gallery» (BENJAMIN W. 1962 [1955]: 298).

Gestures that have the distance and anonymity of bureaucracy and at the same time they recall family and domestic attitudes. Indeed, in Benjamin's

09-Minelli.pmd 177 02/11/2010, 16.55

considerations, there is a disturbing intimacy among characters who we would have placed in different areas of daily life. The functionaries "could be almost considered as giant parasites", in the same way as also the father, in Kafka's families, lives through the son, and «weighs on him like an enormous parasite» (BENJAMIN W. 1962 [1955]: 278). The metamorphosis of Gregor Samsa, and the parasites of the offices, live a daily sphere of "indistinction" between the domestic activities and the practices of the State. By following the gestures of the administrative grotesque, we find ourselves, so to say, in the family.

Notes

(1) In the Mental Health Centre in Gubbio (Province of Perugia, Azienda Usl [Local Health Unit] n.1 of the Region of Umbria) I carried out an ethnography of the therapeutic/rehabilitation practices and community policies promoted by community psychiatry. In the initial phase (November 1998 - June 2000) the field study was carried out by focusing on the psychiatric care and on community action; it then continued (in 2002-2004) by reconstructing specific psycho-social rehabilitation initiatives in other areas of the region of Umbria. The research was conceived and conducted with the supervision of Tullio Seppilli (within the framework of the Phd activity in "Metodologie della ricerca etnoantropologica", Universities of Siena, Perugia, Cagliari) and it was concluded thanks to a "research grant" within the framework of the project "Rhetoric of madness and Practice of Healing" (headed by Giancarlo Baronti), Dipartimento Uomo & Territorio, University of Perugia. In accordance with those who have participated in the research, I will hereby use pseudonyms and avoid providing information that could lead to the identification of the persons involved.

(2) In order to better clarify this aspect, Foucault uses the adjective *ubuesco*, which entered the French language after the theatrical works of Alfred Jarry *Ubu roi* (Paris, 1896). King Ubu is a cowardly, cynical and cruel character (FOUCAULT M. 2003 [1975]: 28n).

(3) In this sense, for Foucault, the body of the abject and inept sovereign provokes a laughter which has an inverse function with respect to the rites described by Pierre Clastres in *La société contre l'État* (CLASTRES P. 1974), who ridiculed authority by showing the terrifying side of power.

(4) According to Agamben, in the case of the dictators of the 20th century, we should look for the line of continuity with the principle of *auctoritas prinicipis*: «The qualities of the Duce or the *Führer* are immediately linked to the physical person and belong to the biopolitical tradition of *auctoritas* and not to the juridical one of *Potestas*» (AGAMBEN G. 2003: 107). Agamben develops this aspect in *Homo sacer,* when, on the traces of the double body of the King studied by Kantorowicz (1957), he reflects on the *consecratio romana*: the funeral rite in which the body of the sovereign was represented by a double effigy, which established an ambiguous relationship between the *absolute nature of power* and the *perpetual nature of power.* A macabre and grotesque rite in which «the political body of the king seemed to get closer, to the point of being confused with it, to the killable and unsacrificeable body of the *homo sacer*» (AGAMBEN G. 1995: 105).

(5) As Sergio Luzzatto demonstrates in *Il corpo del duce* (1998), the grotesque body of the "duce", in his ambivalence, is the mask of power and the object of desire of the masses. This aspect is efficaciously outlined in the writing of Carlo Emilio Gadda, Italian author who has experimented in his works the polyphony of genres and plurilinguism.

(6) *Obtuse meaning*, «indifferent to moral or aesthetic categories (the trivial, the futile, the false, the pastiche)» (BARTHES R. 1977 [1970]: 55), is on the side of carnival. It «belongs to the family of pun, buffoonery, useless expenditure» (BARTHES R. 1977 [1970]: *ibidem*, cf. TAUSSIG M. 1987). There is an

09-Minelli.pmd 178 02/11/2010, 16.55

organic relationship between embodied knowledge and the exercise of power. Obtuse meaning is related to what Michael Taussig called *implicit social knowledge*, a bodily and inarticulable knowing of social rationality. According to Taussig, obtuse meaning has strong political implications and can be conceived as a shared tacit knowledge of history and social memory. We could see implicit social knowledge as a daily process of production of «what makes the real real and the normal normal […] what makes ethical distinctions politically powerful» (TAUSSIG M. 1987: 366). A politics of surface and depth that is acted in specific relations of force albeit remaining a *public secret*: what «is generally known, but cannot be articulated» (TAUSSIG M. 1999: 5).

(7) The continuity of bureaucratic action, as is commonly known, has its own temporal specificity and connection with the past and the construction of the memory of the State (GRAMSCI A. 1971 [1929-1935]). Furthermore, it has close ties with the definition of the standards of style and regulations of the "national language". In this regard, according to Craig Brandist (1996), there are interesting analogies between the work of Bakhtin and that of Gramsci, who both have questioned themselves on the relationship between dialogic plurality of social discourse and modalities of establishing dominant language: «What Bakhtin calls the 'posited unitary language' Gramsci calls a 'normative grammar' presented as the only one worthy to become, in an 'organic' and 'totalitarian' way, the 'common' language of a nation in competition with other 'phases' and types or schemes that already exist'. [...] Like Bakhtin Gramsci sees the ruling discourse to have a tendency to become 'fossilized and pompous' and breaking up 'into so many refractions and dialects' when it tries to 'become informal'. This is the fate of the ruling discourse on Bakhtin's carnival square» (BRANDIST C. 1996).

(8) On the labour of government workers in North America, and how the production of immaterial labour remakes the state, see Harney 2002. «Perhaps a phenomenology of government work might show that there is something about laboring in the state that becomes laboring on the state and in turn becomes activity for others without bounds, a place of fantasy. Moreover, it may be an activity not only for others but with others, where administered publics are sparked to recognize something of the labor in themselves, a labor that is not a displacement of society but a practice of it, a practice of society on society. In each concrete instance, this labor is experienced not just as the line at the Department of Motor Vehicles and not just as a symbol of a universe of citizenship but also in its contradiction, as this practice of society on society, of which the universe of citizenship is only one public, and not very satisfying, result» (HARNEY S. 2002: 5).

(9) As Bakhtin has shown, at the base of grotesque images there is *a particular concept of a body set and its limits*. «The confines between the body and the world and between the different bodies in the grotesque are traced in a completely different way with respect to classical and naturalistic images». (BAKHTIN M. 1979 [1965]: 345). In a sense, the existence of grotesque bodies, characterised by openness and flexible boundaries, can be really «dangerous for the modern project as it makes a mockery of any strict hierarchies, controls, or disembodied reason which seek universal recognition» (MELLOR P. - SHILLING C. 1997: 10).

(10) See, e.g., GINSBORG P. 1998: 405-426, JONES T. 2003: 14-17, 135-140.

(11) The contexts in which the discussions occurred where characterised by what Herzfeld called *disemia*: a set of experience that have a double face and act contemporaneously inside, at a level of cultural intimacy, and outside, showing the public dimension of the nation-state (HERZFELD M. 1997b).

(12) In order to understand these mechanisms it may be useful to see the ethnography of the "recommendation" in a town of Southern Italy carried out by Dorothy Louise Zinn (2001). About the state and the role of corruption in transactions across blurred boundaries, see GUPTA A. 1995.

(13) This distinction reproduces a criterion for the division of the mental labour of the Centre and so it is a key in order to understand the ideology of the institution. Ideology considered as «a medium that ensures the Institute's knowledge producers are integrated into the detailed division of labor» (YOUNG A. 1993: 116).

(14) In the case of psychotic patients, for whom the projects are more complex and intertwined with the "social", we are dealing with a management of the body which recalls a kind of self-imposed self-control. The most interesting ethnographic comparison for this type of practice can be seen in

09-Minelli.pmd 179 02/11/2010, 16.55

Wacquant's description of the experience of boxing in a gym in a Chicago neighbourhood (1995, 2000 [2002]). «Much like the activity of an electrician, a welder, or a potter, pugilism requires an indexical, context-sensitive, embodied competence that is not amenable to being extracted from its natural setting and grasped outside of the concrete conditions of its actualization. It is a *kinetic technique* consisting of trained physical, cognitive, emotional, and conative dispositions that cannot be handed down or learned via the medium of theory but must instead be practically *implanted,* so to speak, into the fighter through direct embodiment. This means that it takes years of arduous and intensive training, as well as extensive ring experience, to acquire proper command of the game» (WACQUANT L. 1995: 504).

(15) In the logic of control, the leads one must follow are constituted by the numerical data of each patient, lost in the multiple databases: «the new medicine, "without doctor or patient" which opens up to potential patients, who are at risk, does not at all demonstrate a step towards individuation, as it is said, but it substitutes the individual body or number, the figure of a "dividual" matter that has to be controlled» (DELEUZE G. 2000 [1990]: 240).

(16) Control can be contracted out and distributed to various bodies that are controlled and that produce a "state-like effect". The certification agencies produce a public administrative language in a circuit of private bodies. «In the era of globalization, practices of legibility and control are carried by a variety of organizations and take a variety of forms that nevertheless produce state-like effects so that the state continues to be a powerful object of encounter even when it cannot be located» (ARETXAGA B. 2003: 399).

(17) "Permanent training" seems like a *technology of the self* (FOUCAULT M. 1988) in a moral dimension made up of continual monitoring and accountability. On policy of work and self in a landscape of iperactivity, accountability and new management, see MARTIN E. 1997.

(18) Since the word *Stato* in Italian is the past participle of the verb "to be" (it seems to indicate that which is and which has always been) we find ourselves in a critical point in the process of reification. This renders evident an element that has often been pointed out, and that is that *Stato* is what ratifies existence as naturally given (HERZFELD M. 1997b). In this regard it may be useful to recall what Bourdieu writes about the collection and organisation of the information in the data banks: «Taking the vantage point of the Whole, of society in its totality, the state claims responsibility for all operations of *totalization* (especially thanks to census taking and statistics or national accounting) and of *objectivation,* through cartography (the unitary representation of space from above) or more simply through writing as an instrument of accumulation of knowledge (e.g., archives), as well as for all operations of *codification* as cognitive unification implying centralization and monopolization in the hands of clerks and men of letters» (BOURDIEU P. 1994: 7). Probably the space of this *theoretical unification*, which Bourdieu refers to, could be critically studied through a bodily ethnography of the "bureaucratic grotesque". In an analogous fashion to what Michael Herzfeld has done in his study of artisans of a Cretean town, we could then allow a *practical epistemology* to emerge, given by the «the relationship between craft apprenticeship and the social production of knowledge» (HERZFELD M. 2004: 49). Where the apprenticeship is a dynamic and corporal interface with the State: «a training in the mastery of cultural intimacy at multiple levels from the most local to the international» (HERZFELD M. 2004: 51-52).

(19) It is not a coincidence that Foucault defines psychiatry as an «institutional undertaking of a disciplinary nature destined to allowing the re-familiarisation of the individual» (FOUCAULT M. 2004 [2003]: 93). The specificity that he recognises to psychiatry is that it was the first to take on a specular function with respect to the family, which in turn carries with it a power of sovereignty that is «a point of juncture which is absolutely indispensable to the functioning of all disciplinary systems» (FOUCAULT M. 2004 [2003]: 86).

(20) In Kafka different descriptions of administrative practice combine in a unique way: on one hand, the story of the bureaucratic machine which inflicts itself onto the body of the condemned in the written narration; on the other, the office for the insurance Institute against accidents on the job for the Kingdom of Boemia were he carried out his daily life as an employee. Bureaucratic interactions in the office and the intimate relationships in the family, in Kafka writings, have points in common (BENJAMIN W. 1962 [1955]: 279).

09-Minelli.pmd 180 02/11/2010, 16.55

Bibliography

AGAMBEN G. (1995), *Homo sacer. Il potere sovrano e la nuda vita*, Einaudi, Torino.

AGAMBEN G. (2003), *Stato di eccezione*, Bollati Boringhieri, Torino.

AMERICAN PSYCHIATRIC ASSOCIATION (APA) (1994), *DSM-IV. Diagnostic and Statistical Manual of Mental Disorders*, American Psychiatric Association (APA), Washington.

ARETXAGA B. (2003), *Maddening states*, "Annual Review of Anthropology", n. 32, 2003, pp. 393-410.

BACHTIN M. (1965 [1979]), *Tvorcestvo Fransua Rable i narodnaja kul' tura srednevekov'ja i Renessansa.* Moskva: Izdatel'stvo «Chudozestvennaja literatura» [Italian translation: *L'opera di Rabelais e la cultura popolare. Riso, carnevale e festa nella tradizione medievale e rinascimentale*, Einaudi, Torino, 1979].

BARTHES R. (1977 [1970]), *The third meaning. Research notes on some Eisenstein stills*, pp. 52-68, in *Image, music, text*, Hill and Wang, New York [Original edition: *Les troisième sens: notes de recherches sur quelques photogrammes de S. M. Ejzenstejn*, "Cahiers du Cinéma", num. 222, July 1970].

BENJAMIN W. (1962 [1955]), *Franz Kafka*, in *Schriften*, Suhrkamp, Frankfurt am Main [Italian Translation: *Franz Kafka*, pp. 275-305, in *Angelus novus. Saggi e frammenti*, Einaudi, Torino, 1962].

BOURDIEU P. (1997 [1972]), *Outline of a theory of practice*, Cambridge University Press, Cambridge [Original edition: *Esquisse d'une théorie de la pratique, précédé de trois étude d'ethnologie kabile*, Librairie Droz, Confédération Helvétique, 1972].

BOURDIEU P. (1994), *Rethinking the State: genesis and structure of the bureaucratic field*, "Sociological Theory", vol. 12, n. 1, march 1994, pp. 1-18.

BRANDIST C. (1996), *Bakhtin, Gramsci and the Semiotics of Hegemony*, "New Left Review", vol. I, n. 216, march-april 1996, pp. 94-109.

CLASTRES P. (1974), *La société contre l'État. Recherche d'anthropologie politique*, Les Éditions de Minuit, Paris.

DELEUZE G. (2000 [1990]), *Post-scriptum sur les sociétés de contrôle,* "L'Autre Journal", n.1, 1990, *Pourparlers,* Les Éditions de Minuit, Paris [Italian translation: *Poscritto sulle società di controllo,* pp. 234-241, in *"Pourparler"*, Quodlibet, Macerata, 2000].

FOUCAULT M. (1975 [1963]), *The Birth of the Clinic: an archaeology of medical practice.* Vintage, New York [Original edition : *Naissance de la clinique. Une archéologie du regard médical*, Presses Universitaires de France, Paris, 1963]

FOUCAULT M. (1988), *Technologies of the Self*, pp. 16-49, in MARTIN L.H. - GUTMAN H. - HUTTON P.H. (eds.), *Technologies of the Self: A Seminar with Michel Foucault*, University of Massachusetts Press, Amherst.

FOUCAULT M. (2003 [1975]), *Abnormal. Lectures at the Collège de France 1974-1975,* Picador, New York [Original edition: *Les anormaux. Cours au Collège de France (1974-1975)*, Seuil - Gallimard, Paris, 1999].

FOUCAULT M. (2004 [2003]), *Le pouvoir psychiatrique. Cours au Collège de France (1973-1974),*Seuil - Gallimard, Paris [Italian translation : *Il potere psichiatrico. Corso al Collège de France (1973-1974)*, Feltrinelli, Milano, 2004].

FRANKENBERG R. (2004), *The ethnographers' shared task with their informants: the eye witness as we-witness or the production of cultures by means of cultures*, pp. 71-84, in FAINZANG S. - SCHIRRIPA P. - COMELLES J.M. - VAN DONGEN E. (eds.), *Medical Anthropology, Welfare State and Political Engagement. 1: Health, State and Politics*, "AM. Rivista della Società italiana di antropologia medica", n. 17-18 / ottobre 2004.

GINSBORG P. (1998), *L'Italia del tempo presente. Famiglia, società civile, Stato. 1980-1996*, Einaudi, Torino.

GUAITINI G. - SEPPILLI T. (1975), *The state of research into social control and deviance in Italy in the post-war period (1945-1973)*, pp. 35-50, in BIANCHI H. - SIMONDI M. - TAYLOR I. (eds.), *Deviance and control in Europe. Papers from the European group for the study of deviance and social control*, John Wiley & Sons, London - New York - Sidney - Toronto.

GUPTA A. (1995), *Blurred boundaries: the discourse of corruption, the culture of politics, and the imagined state*, "American Ethnologist", vol. 22, n. 2, may 1995, pp. 375-402.

GRAMSCI A. (1971 [1929-1935]), *Selections from The Prison Notebooks of Antonio Gramsci* edited and translated by HOARE Q. - NOWELL SMITH G., Lawrence and Wishart, London, 1971 [Original edition: *Quaderni del carcere*, critical edition by V. GERRATANA, Einaudi, Torino, 1975].

09-Minelli.pmd 181 02/11/2010, 16.55

HACKING I. (2000 [1998]), *Mad travelers: reflections on the reality of transient mental illnesses*, The University of Virginia Press, Charlottesville [Italian translation: *I viaggiatori folli. Lo strano caso di Albert Dadas*, Carocci, Roma, 2000].

HARNEY S. (2002), *State work. Public administration and mass intellectuality*, Duke University Press, Durham - London.

HERZFELD M. (1997a), *The social production of indifference: exploring the symbolic roots of western bureaucracy*, The University of Chicago Press, Chicago.

HERZFELD M. (1997b), *Cultural intimacy. Social poetics in the Nation-State*, Routledge, New York - London.

HERZFELD M. (2004), *The body impolitic. Artisans and artifice in the global hierarchy of value*, The University of Chicago Press, Chicago - London.

HINTON D. - NAHTAN M. - BIRD B. - PARK L. (2002), *Panic probes and the identification of panic: a historical and cross-cultural perspective*, "Culture, Medicine and Psychiatry", vol. 26, june 2002, pp. 137-153.

JONES T. (2003), *The dark heart of Italy. Travels through time and space across Italy*, Faber and Faber, London.

KANTOROWICZ E. H. (1987 [1957]), *The king's two bodies. A study in medioeval political theology*, Princeton [Italian translation: *I due corpi del re*, Einaudi, Torino, 1987].

LUZZATTO S. (1998), *Il corpo del duce. Un cadavere tra immaginazione, storia e memoria*, Einaudi, Torino.

MARTIN E. (1997), *Managing Americans: policy and changes in the meanings of work and self*, pp. 239-257, in SHORE C. - WRIGHT S. (eds.), *Anthropology of policy. Critical perspectives on governance and power*, Routledge, London.

MAUSS M. (1936), *Le techniques du corps*, "Journal de Psychologie", vol. XXXII, nn. 3-4, 15 mars - 15 avril 1936.

MELLOR P. - SCHILLING C. (1997), *Re-forming the body. Religion, community and modernity*, Sage Publications, London.

MOL A. (2002*), The Body Multiple: Ontology in Medical Practice*, Duke University Press, Durham NC and London.

PIZZA G. (2003), *Antonio Gramsci and Medical anthropology now: hegemony, agency, and transforming persons*, pp. 191-204, in FAINZANG S. - SCHIRRIPA P. - COMELLES J.M. - VAN DONGEN E. (eds.), *Medical Anthropology, Welfare State and Political Engagement. 1: Health, State and Politics*, "AM. Rivista della Società italiana di antropologia medica", n. 17-18 / ottobre 2004 [Original Italian edition: 2003].

SHORE C. - WRIGHT S. (1999), *Audit Culture and Anthropology: Neo-Liberalism in British Higher Education*, "The Journal of the Royal Anthropological Institute", vol. 5, n. 4, december1999, pp. 557-575.

STRATHERN M. (ed.) (2000), *Audit Cultures: Anthropological Studies in Accountability, Ethics and the Academy*, Routledge for EASA, London - New York.

TAUSSIG M. (1987), *Shamanism Colonialism and the Wild Man. A study in terror and healing*, The University of Chicago Press, Chicago - London.

TAUSSIG M. (1999), *Defacement. Public secrecy and the labor of the negative*, Stanford University Press, Stanford (CA).

WACQUANT L. (1995), *The pugilistic point of view: how boxers think and feel about their trade*, "Theory and Society", vol. 24, n. 4, august 1995, pp. 489-535.

WACQUANT L. (2000 [2002]), *Corps et âme. Carnets ethnographiques d'un apprenti boxer*, Les Éditions de Minuit, Paris.

YOUNG A. (1980), *The discourse on stress and the reproduction of conventional knowledge*, "Social Science & Medicine", 14B, 1980, pp. 133-147.

YOUNG A. (1993), *A description of how ideology shapes knowledge of a mental disorder (posttraumatic stress disorder)*, pp. 108-128, in LINDENBAUM S. - LOCK M. (eds.), *Knowledge, practice and power. The anthropology of medicine and everyday life*, University of California Press, Berkeley.

ZINN D. L. (2001), *La raccomandazione. Clientelismo vecchio e nuovo*, Donzelli Editore, Roma.

09-Minelli.pmd 182 02/11/2010, 16.55