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GEOPOLITICAL BORDERS AND PSYCHIC BORDERS: IS A DIALOGUE POSSIBLE? TOWARD A GEOCLINICAL PRACTICE CENTERED ON THE SUBJECT OF MIGRANTS

By Elise Pestre

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As the current burning topic of border closures demonstrates---whether they result from the Covid-19 pandemic or the construction of anti-migrant walls---in today’s world, borders are making a comeback. My experience as a researcher in France’s Calais Jungle, a migrant encampment situated close to the border with the United Kingdom---as well as the case study of a refugee patient seen in psychanalytic consultation in Paris---serves to demonstrate how the experience of borders enduringly affects the psyches and bodies of migrants. This article examines the close relationship between psychic life and geopolitical life, as well as the way in which the border experience desubjectivizes as much as it opens up the possibility of resubjectivation.

Keywords: Borders, subjectivity, migrants, interdisciplinary, encampment, creativity.

INTRODUCTION

In 2016, geographer Michel Foucher stated that “borders are coming back” (Foucher 2016, p. 7, my translation). They are proliferating as a result of the loss of sovereignty by nation states in response to “globalization and the increase in movement of people, goods, manufacture, religions, capital, and political groups” (Brown 2014, p. 54 my translation), as well as to combat the panic felt by many states regarding their potentially compromised security (Selter and Mutlu 2012). In fact, at the time of my writing this article in France, borders all around the world remain closed. States have frozen them to try to erect a barrier
to the progression of the Covid-19 virus that has swept across borders worldwide. With the onset of this virus, we have witnessed a shift from a time in which the flow, whether human, financial, or otherwise, was usually uninterrupted---to a time of uncertainty, when “barrier gestures” have begun to punctuate all our lives. These gestures represent an attempt not only to combat transmission of a deadly virus, but also to stem our fear of contagion and death. Each individual has become a sort of human border in relation to others.

The current context of crisis linked to the propagation of this virus on a global scale highlights, in a paradigmatic way, the paradox of our globalized world, in which a limitless circulation resulting from the erasure of borders (financial flow, internet traffic, etc.) is taking place at the same time that there is a dramatic increase in material, physical borders (walls, fences, etc.). With this twofold movement, we see that “the abolition of limits and all forms of constraints results ultimately in an increase in boundaries” (Foucher 2009, p. 3, my translation).

A manifest sign of our times, the amount of research on the topic of borders has increased exponentially for more than a decade in all contemporary academic fields. A discipline exclusively devoted to border studies has emerged in the Anglo-Saxon world. Institutionalized around 2010 (Agnew 2008; Brunet-Jailly 2005; Kolossov 2012; Prescott 1987), it offers a wide range of literature on the subject drawn from many disciplines. Given its conceptual elasticity and the ambiguity attached to its very definition, the idea of borders invites us to appreciate an epistemological and polysemic range of vertiginous proportions. We talk of borders in geography, in the geopolitical and social sciences, but also, by extension, in virology, linguistics, psychopathology, psychoanalysis (“borderline,” for example), and in political philosophy. We also talk of the border between life and
death, sexual boundaries, the frontiers of gender, the border between the normal and the pathological, and so on.

I shall attempt to demonstrate, however, that from the standpoint of research in the field of psychoanalysis and from my own clinical experiences with migrant people, the notion of frontiers conceals a geopolitical potential that both delimits and borders in terms of clinical practice. The border seen as a dynamic process of opening and closing (debordering or rebordering), in my opinion, allows for the elaboration of a valuable and novel articulation between a symptom of the political and a symptom of the subject (Amilhat Szary 2015). This approach, which to my knowledge has not yet been fully explored, can contribute to the formulation of a contemporary clinical approach that will both accurately characterize the traumatic experience of migrant subjects and support them through re(subjectivation) when desubjectivation overwhelms them.

Whether we practice in Europe, in the United States, or anywhere else in the world, these are fundamental clinical challenges: with 270,000 migrants worldwide (of which more than half are in Europe and North America), and 250,000 kilometers of land borders in the world, the issue of border crossing is a global concern. Thus, we might ask: what does the crossing of borders (and/or its prevention) produce in the migrant subject who is condemned to remain stranded in a transit area?

It is on the basis of research undertaken in migrant camps in northern France, as well as my practice as a psychoanalyst in Paris, and with the presentation of the case of a migrant patient seen in consultation, that I shall explore the relevance of a geoclinical practice of the subject.
The questions I shall ask are: Is it possible to establish a fruitful dialogue between geographical studies and psychoanalytic studies? How should we understand the trauma and processes of desubjectivation of migrants in a border situation? Finally, how can we develop a clinical practice with exiled people who suffer from a longing for their homeland in a way that fosters the processes of resubjectivation? The first of these questions will be answered by way of the responses presented to the other two.

From the basis of my psychoanalytic perspective, I here enter into a dialogue with other disciplines, among them geography, political and social sciences, and philosophy. Indeed, it is this dialogue that has helped me elaborate a fruitful clinical practice to employ with exiled people, whose complex psychic difficulties intertwine with many external areas (political, legal, social, cultural, etc.), often resulting in confusion for us as clinicians.

As a discipline, beyond the analytic cure, psychoanalysis promotes, in my view, a dialectic with affine disciplines (Frosh 2018; Leo 2012); it allows an “opening of the enclosure” (Laufer 2018, p. 5, my translation) between epistemological fields that at first seem heterogeneous. It appears to me that it is in the dialogue between psychoanalysis and these related disciplines, incorporating their areas of friction, that the hybridization of knowledge (Sous 2017) that contributes to a dynamic, creative, clinical reflection can occur---something that ultimately helps in the care given to migrant subjects. I therefore position myself within an interdisciplinary perspective, one that brings several disciplines to a new level of integration (Caldwell 2015). I also adopt a transdisciplinary view that concerns that which is simultaneously between disciplines, across disciplines, and beyond all disciplines. As Nicolescu (1997) stated: our “goal is the understanding of the present world of which one of the imperatives is the unity of knowledge.”
PRIMARY RESULTS OF MY STUDY: DESUBJECTIVATION AND DISORDERS IN BORDER AREAS

Shortly after the large-scale migration crisis of 2015 when over a million people attempted to find asylum in Europe, I took part in a human and social sciences research program put in place by USPC (Université Sorbonne Paris Cité), which focused on mental healthcare in the refugee encampments of northern France. Together with four doctoral students in psychology, I went to meet the refugees and those who support them in this region where millions of people wait to cross the border for the United Kingdom, the dreamed-of country which all too often they never reach.

By returning the following year to pursue this fieldwork, I was eventually able to collect more than fifty informal interviews and eighteen research surveys with exiles (four of whom it was possible to see on at least two other occasions). Finally, we conducted fifteen interviews with volunteers and/or humanitarian aid professionals (such as interpreters, psychologists, psychiatrists, and those in law enforcement). The main objective of this research was to meet with migrant people in a situation of extreme precarity at a border zone in order to observe the effects of life in transit on subjectivity and the physical human being, as well as to identify the kinds of psychological and collective care deployed in the trenches by mental health professionals.

When we look at the international literature on the subject, notable is the fact that it is unusual for researchers in the field of psychoanalysis to go to refugee camps and do this kind of fieldwork more typically undertaken by anthropologists or medical doctors. Yet all the professionals on the ground (in healthcare: doctors, nurses, psychologists; and in other fields: lawyers, interpreters, and others) have observed to what extent the migrants can be
pushed to despair, to the actualization of painful traumas, and even to madness when they remain in a state of prolonged waiting and uncertainty about the future and that of their loved ones. In general, works that examine intercultural clinical practices, the mental health of migrants, and trauma linked to violence in the context of exile are today more in evidence at an international level (Hamburger et al. 2018; Klingenberg and White 2020; Yatzimirsky 2018). However, works specifically exploring the unconscious in the context of real border situations, and that address the articulation between geopolitical and psychic life in these places of transit, are much fewer (De Smet et al. 2020).

To save their lives, often fleeing wars or other armed conflicts (as in Afghanistan, Sudan, Eritrea, and Syria, among other areas), millions of people have crossed borders into Europe since 2000, by land and/or by sea, en masse, seeking refuge. In 2015, many found themselves stagnating in Europe, including in the north of France, where they waited to attempt the crossing of the channel that separates France from the United Kingdom—a country they want to reach at any cost, in the hope of a better life. Indeed, as we have systematically heard from migrants, England represents not only an ideal of occidental life, but also a country that facilitates finding work, integration, and security, and that has a society accepting of communitarianism. For people coming from the Middle East or from previously British African colonies (e.g., Sudan), the fact that English is spoken is also a significant attraction of the UK.

In response to the emergency need to ensure the survival of these individuals in a border situation, humanitarian encampments were created by volunteers in northern France (Agier 2015). Halted along their journeys owing to a lack of required documentation, these exiled people have grouped together in camps while they wait to undertake the channel
crossing by any means possible or imaginable (such as hiding in a truck bound for the Eurotunnel, escaping aboard a fishing boat, and so on). With the proliferation of technology for remote surveillance, increased security, and the difficulties connected with illicit border crossings, these migrants usually find themselves inhabiting these transit zones for much longer than expected. Thus, these exiled populations experience the full force of the segregating impact of updated border technologies (Blanchard, Clochard, and Rodier 2010) and their humiliating aspects (Brough Rogers 2017).

In 2016, together with the group of psychology students I was managing, I discovered the so-called Calais Jungle, the largest shantytown ever built in France. Located only two hours from Paris, it has sheltered up to 8,000 exiles. From the standpoint of observations made in the context of research and actions undertaken at the intersection of psychoanalytic research and anthropological-style investigations, these hypersegregated spaces revealed a considerable quantity of unsymbolized, raw clinical material. This immersive stay in a no man’s land (Agier 2011) was an extraordinary experience in the literal sense of a perilous crossing, one whose aftermath on our subjectivities has been both significant and troubling.¹

In these camp-spaces, tents stand alongside trailers, spread-out tarpaulins, and heaps of litter (Galitzine-Loumpet and Yatzimirsky 2018). Overall, the vast encampment forms a kind of surrealist collage, a tableau in motion that stuns and fascinates in turn. The experience brought about the risk of a potential loss of self owing to the ambient desolation, but simultaneously also a possible “increase of subjectivity” (Appignanesi, Caygill, and

¹ The etymology of the word experience expresses what took place on this occasion: ex (out of) and periri (peril), signifying to cross a peril or trial in which the risks are significant.
Coles 2010, p. 72), linked to the continually teeming individual and collective activity that takes place to combat despair---and simply to survive. Indeed, on the ground, individual and collective psychic resistances ceaselessly develop among both the exiles and those caring for them. This activity generates new modalities of (re)subjectivation and the possibility of psychic reterritorialization in the sense of ‘re-creating territory’. These processes therefore require creativity and novelty (Deleuze and Guattari 2004) - a topic I will come back to.2

Disorders at the Border

The border zone camp that is the Jungle constitutes an exception in the sense given by the philosopher Agamben (2000): that of “a piece of territory that is placed outside the normal juridical order; for all that, however, it is not simply an external space” (p. 51). The area’s warlike context---resulting from scaled-up mechanisms for control and the overall atmosphere (in which the exiled population must endure social and spatial segregation, violent confrontations between police and exiles, and many other traumas)---reminds us that the term frontier contains the etymological root front, which relates to a military front---that is, a military formation facing the enemy and ready for combat.

It is through listening to residents of camps in this situation of exile, as well as to those who take charge of them, that we are able to observe firsthand how waiting and

2 This neologism, coined by Deleuze and Guattari in their joint work Anti-Oedipus (2004; see also Deleuze and Guattari 1994), denotes the way in which two movements, deterritorialization and reterritorialization, are locked in a permanent dialectic, following and responding to each other while producing various changes, especially at the level of meaning and of subjectivity more generally. Reterritorialization involves something “of a different nature’ than what one has left behind” (Deleuze and Guattari 1994, p. 67).
enforced immobility give rhythm to the migrants’ days, and how these also infringe on their subjectivity. Indeed, the general context of segregation and violence produces desubjectivation. By desubjectivation, I mean the inability of the subject to control the experience he/she encounters, and the triggering of processes of psychic deconstruction coupled with bodily disorganization (removal of the subject’s psychic and somatic boundaries due to the actualization of traumas accumulated in the violent environment, identity and cultural deconstruction, and so on).

Thus, we observe that the exclusion experienced by these people who are enclosed from without in effect engenders and/or reinforces many psychopathological disorders already prevalent in this population. The violence of ambient reality takes on numerous and varied forms: being obliged to wait a long time to perform routine actions (eat, wash, get through the night, etc.); not being authorized to work to earn a living; existing in a permanent state of uncertainty regarding the future; and feeling adrift geographically, legally, and psychically. An additional kind of violence, one connected to social interaction, affects migrant people—namely, living or witnessing the following: daily confrontations between exiles and the police, conflicts and possible aggressions in the camp, sexual aggressions (particularly for women and children, but not exclusively), and the confrontational and menacing relationships with people smugglers.

All these constraints, including accumulation of occurrences of violence, severely impact the mental health of the migrants, generating massive fear and anxiety. The reality of this appears to result in a deconstruction of each person’s identity, whatever the previous level of psychic organization (neurotic, psychotic, or borderline). Consequent to forced adaptation to this new camp life, entailing lives both put on hold and hanging on
precariously, we---along with other mental healthcare professionals on the ground---
observed the appearance of post-traumatic stress disorders (PTSD), including increased
manifestation of sleep disorders, physical pains, attitudes of constant hypervigilance, and so
on. Also noticeable was the appearance of disorders that were new to some individuals:
anxiety, depression, phobias (notably in connection with trucks crossing the border),
paranoia, and regressive phenomena that seemed to lead to serious melancholic collapse.

Other researchers have identified some of these phenomena in this region (Juul
Bjertrup et al. 2018), as well as more generally in refugee camps around the world
(Bäärnhielm et al. 2017; Panter-Brick et al. 2018). But they have done so, it seems to me,
without pointing out the desubjectivation and concomitant resubjectivation taking place in
these environments. In these border zone camps, we witness a kind of symptomatic acme
in which these kinds of disorders are often precipitated by the accumulation of past
traumatic events, as well as by the violence of camp life and all the other difficulties
experienced.

For example, I remember a migrant who had given up the idea of reaching the
United Kingdom following a number of failed attempts to cross the channel. Little by little,
he completely isolated himself, curling up in his little tent on the side of a sand dune in the
giant shantytown. He no longer came out and seemed to have reached a state of
melancholia such that he could not nourish himself, as though he had resigned himself to
death. An inhabitant of the camp had mentioned him to one of the NGOs
(nongovernmental organizations), but the ambient chaos did not make it possible to
effectively treat his massive collapse. This case, among others, brings to mind the
“pervasive retreat from life” of which Magnana (2012, p. 203) speaks in reference to
asylum-seeking children who have been abandoned by political authorities and who seem “compelled to die” (p. 191).

Another man, for his part, had proclaimed himself Jungle Man. He constantly moved around the camp with his broom, shifting litter and mud from one place to another, as though assimilating himself into the detritus in the camp, identifying with the soiled environment in which he was forced to live. In a manifestly manic reaction, this man seemed governed by a ceaseless obsession; he was fixated on the attempt to achieve an impossible cleanliness within the Jungle---but this jungle was more akin to an enormous dump that he compulsively tried to clean.

Thus, we observed that both these individuals---who had arrived in a more or less stable mental state, although repeatedly traumatized by persecutions and/or other horrific aspects of their journeys---underwent a rapid deterioration, or desubjectivation, as though mirroring the splintered and chaotic spatial environment. Life in this giant shantytown went a long way toward eroding all self-esteem and human dignity; it appeared to have the power to create extreme psychic and somatic disarray, whatever the individual’s previous psychic organization.

Once the migrant inhabits the camp, internal conflicts are expressed at an intrapsychic level in the subject’s relationship to him-/herself---as guilt about having left the home country and “abandoned” the family, and sometimes even about having left the home country in wartime. Shame also frequently emerges due to living in such deplorable conditions. This leads some people to the impression that they are compelled to become “savages” or animals. (This is something I will return to later.) Intrapsychic conflicts linked to telling one’s family that “all is well here” so as not to cause worry, and regrets at
having fled one’s country at war, are frequent. Additionally, for many, having had to renounce a cherished ideal---that is, to reach the dreamed-of country, a project that held hope and that enabled them to hang on up until this point---further precipitates the phenomenon of desubjectivation and a depressive collapse.

On a more theoretical level, in this context of life in transit with its worries and its strange rhythms, the ego appears to be particularly vulnerable to forces that are both unknown and impossible to master (Groddeck 1923). The ego of some migrants is forced to develop a “flight-reflex by withdrawing its own cathexis from the menacing perception” (Freud 1923, p. 57), a phenomenon that sets it on the path to withdrawal, to an *internal exile* that pushes the subject to withdraw from the world, to curl up within the self. With his concept of the boundaries of the self, which Federn gives in the preface to a work by Weiss, Federn describes how, owing to external stimuli that “are experienced [by the subject] as foreign, unfamiliar, unreal” (Federn in Weiss 1930, p. 18, my translation), the subject’s senses are penetrated, and the external protective boundary of the ego is destined to lose some of its investment, risking being pierced or cracked. It seems to me that the egos of some of the migrants went so far as to become deeply disorganized from their reference points and habitual defenses, as has been demonstrated with some of the examples mentioned earlier. I would say that in these hypersegregated places, therefore, the ego runs the risk of being *dismantled*; here I echo the word used by the French State, which would later destroy, or *dismantle*, the so-called Jungle Camp.

It is evident that the subject’s environment and increased vulnerability in this hostile context furnish crucial data on the importance of these factors’ impact on both the psyche and the body. Here I underline, along with Peltz (2020), that these aspects are still too
often overlooked in the field of psychoanalysis, where the reality of the environment is
shunned despite its significant impact on subjectivities. In Peltz’s words:

What we don’t always consider in our field is how the impact of social life
reverberates in our internal worlds—and how the relationship between internal self
and object relations is predicated on a dependency on societal holding and
containing—live societal thirds. [2020, p. 173]

SULEYMAN, OR THE IN-BETWEEN WORLD

A year after undertaking this study focused on subjectivities in border situations in
the Calais Jungle, I treated Suleyman, a 26-year-old refugee from Central Africa who had
resided for six months in the Jungle Camp before it was “dismantled.” I saw Suleyman for
three years at a frequency of twice weekly in my office in Paris.

As our work together begins, I find that Suleyman is able to express himself in
French sufficiently well for us to work together in that language (which he in fact wants to
speak with me). When necessary for any words that he does not already know, he translates
for himself with the aid of an online translator. I see him face to face for psychoanalytic
psychotherapy, which rapidly takes the form of an actual psychoanalytic treatment. For
reasons connected to his irreducible need for psychic containment—but also owing to
cultural and sexual differences that need to be taken into account—I choose not to have him
lie on the couch. (I will discuss this in what follows.)

Resident in France for five years, Suleyman now lives in a Paris hostel for young
foreign workers. He renounced reaching the United Kingdom after numerous failed
attempts to cross the channel. He has resumed his studies at university, following the same
curriculum initiated in his home country.
Suleyman had to flee his country because of his political involvement. One day, during a demonstration with other militant students against the repressive government, a riot started, and the young people were violently quashed and beaten by the police. To defend himself, Suleyman stabbed one of the policemen, seriously injuring him. Fearing reprisals and in real danger of being killed, he fled---without a visa---in the hope of reaching the UK. He undertook a long and dangerous journey by land as far as Egypt, where he then took a boat to Europe.

Since settling in France, Suleyman feels unable to “find his place,” as he often tells me. He feels cut off from others and from women in particular, despite wishing to have a girlfriend. His isolation perpetually overwhelms him, to such an extent that he comes to consult me because he thinks he will die. He is having suicidal thoughts and imagines throwing himself from his window.

After a year of consultations, during one session he recounts a dream about his crossing of the Mediterranean, a journey he has until then never mentioned. He describes an “overloaded boat, we were too many in there,” and offers this detail from the dream: “I was positioned right at the edge of the water; I was almost touching it and at the same time I was toward the center, with the people; it was strange…. At a certain point, while the boat made headway not in the direction of Europe but toward the homeland that he had left, Suleyman saw in the distance a “base,” “kind of a platform.” It was, he says, a machine like a merry-go-round suspended in the air, with “pincers” that travelers had to grab to pull themselves out of the water. This contraption “turned and caught up people as it moved.” The young man explains how concerned he was about this device in the dream, to the point that his anxiety awakened him.
Following this narration, Suleyman associates for the first time to his actual crossing of the Mediterranean. He recalls two moments from this crossing when he was seized by terror: when they had to change boats while at sea, and when a passenger almost fell in the water.

Of this journey that lasted eight days, he tells me: “After three days, I could see everyone getting agitated; people were beginning to be afraid. So everyone prayed, sang to reassure themselves, and some regretted being there; some cried while others shouted. Me, I’m an atheist---I didn’t pray, I just thought about life and death; in fact, I was not afraid of death….It’s strange, isn’t it, not to be afraid of death?”

Based on this dreamlike landscape that he describes to me as a scene “where everything has the same tone, the same color,” I imagine a very clear sequence in which I feel myself transported visually into the blue of the sea and the sky, which are separated by only a thin line. Against this expanse of ocean, time appears suspended. I imagine Suleyman floating in the boat, surrounded by a crowd of people yet at the same time isolated, seated at the edge of the boat, on the periphery, while also…at the center. He is at once within and outside the boat, immersed in the water, on the outside---trapped between life and death.

The significant sensorial aspect of this dream gives an idea of how fearsome the Mediterranean crossing is. I should point out that, along with the Nigerian desert, this crossing is one of the two largest “open-air cemeteries” in the world, where each year thousands of people disappear and are presumed dead. It seems to me that through this dream, the theme of borders returns on various levels: in the political reality, certainly, but also at a more symbolic level with this patient, for everything within him seems
undifferentiated (life/death; inside/outside). Even the boundaries between dream and reality seem blurred.

Listening to this patient in my office, far from the geopolitical borders of northern France where I had spent time a few years previously, I suddenly realize how much Suleyman appears to me to be---as in the dream---immobilized, bogged down, and floating in the present moment. He is still psychically suspended between two worlds: that of his past in Africa, and of his time in the Calais Jungle where he lived for six months in transit. The dream also reveals the weight of the trauma of the sea crossing, in that it portrays its frightening reality without any noticeable oneiric transformation or process of displacement.

Despite his years in France, Suleyman is still anchorless in his existence and caught up in the impossibility of making a true home---a place of his own and attendant social connections. His current life clearly reflects this dream content; even if he has been “caught” by the institutional “pincers” of France, arbitrariness and his quality of psychic floating have followed him. He appears to be constantly suspended between (sur)vival---vitality---and death, still inhabiting a transit zone where spatiotemporal points of reference are difficult to integrate into his daily reality. Indeed, owing to his difficulty in assimilating these points of reference, and also probably to his resistance to the therapeutic work, he often arrives late or too early for his session, sometimes mistaking the day or time---parapraxes that intrigue me and that I seek to understand.

Suleyman’s dream sequence indicates a young man who is psychically, territorially, and legally displaced (he has a temporary residency permit). Ultimately, as in his dream,
one direction taken seems to substitute for another. He inhabits a psychic and political nowhere.

Following his recounting of his dream, I offer this interpretation, which he appropriates: “You seem lost between two shores with no given direction; indeed, in your dream you do not know if you are returning to Africa or coming to Europe. It is as though you are not back there, nor on the other hand are you here. You have no place of your own, as you often say.” Suleyman tells me that, in truth, he feels “as though on the outside of the world.” At the end of the session, he announces that “I am like a corpse.” On several occasions, he was to express this sense of being a member of the “living dead” who has “zombie days.”

It is while listening to this dream that I become aware of the significant effect of my countertransference connected to Suleyman’s anchorless state, which leaves me with the strange impression of being myself adrift in my treatment of him, and of “sailing by sight” between nosographic markers---despite my having seen him for a year.

It is clear that this patient presents with psychological trauma (PTSD)---with the symptoms characteristic of this syndrome (repetition, nightmares, attention deficit, hypervigilance, a prevalence of somatic complaints, and so on)---linked to the aggressive act that he committed in his home country in self-defense and compounded by the sea crossing, when he in effect cut himself off from his affects in order to psychically survive. The prolonged stay in transit at Calais, and his loss of the desired object, the United Kingdom, also greatly contributed to undoing the possibility of his achieving a solid anchoring through the construction of a psychically habitable home in a foreign land.
In Suleyman, the phobic dimension is very pronounced and the experience of persecution is invasive. Suleyman feels penetrated by people’s gazes, especially by those of the local white people. At university, he tells me, he feels isolated and “very Black.” It is as though an insurmountable social barrier between him and others has little by little been erected. He senses that “the others,” as he calls them, judge him, scrutinize him, and perceive his body as strange, with his arms being “too long, bizarre,” a perception that seems out of his control.

Furthermore, the omnipresence of the body in Suleyman’s complaints leads me to consider that there may be a hypochondriacal fixation. This is observable in the symptomatology of many refugees: an overinvestment of the body as the receptacle of the suffering of exile, as well as the traumatic experience of being a stranger (Peltz 2020; Pestre 2010). As Felman and Laub (1992) propose, it is the body that is speaking, evoking trauma and scandal. Indeed, Suleyman complains frequently of physical symptoms, and in particular those connected to gastric problems. He mentions an ulcer, a priori healed, which nevertheless continues to bother him; he is in fact being treated for these nagging pains.

Suleyman’s weightless body appears bizarre and foreign to him, he tells me, “as though it works by itself,” no longer responding to his will. At a psychopathological level, this experience indicates a situation of schiz-: a dissociation between his actual body and his physical experience. The distorted image of his body envelope indicates a troubled, even discordant relationship in which certain parts seem excluded from the ego’s control. Libido has in effect been withdrawn from the external object of the world to swamp his own body. Suleyman’s case reveals a profoundly disoriented ego that has lost its
boundaries and that seems to continuously pour out onto his body, which itself has become a foreign object (Freud 1923).³

RACISM, DISCRIMINATION, AND EXCLUSION

Suleyman rarely speaks to me of his life in the Calais Jungle, but he repetitively recounts a racist scene that took place in the town itself. When he once went to town on an errand, a man walking on the opposite sidewalk with his wife and child, on seeing Suleyman, suddenly drew his wife closer to him. Suleyman comments: “In a way, I was taken for an animal.” This brings to mind that, in the Jungle Camp, we often heard migrants express feelings and fantasies of being animalized in this way (“I’m less well treated than a dog here”; “but we are not animals!”, etc.).⁴ In these places that are segregated from the local community, some have the feeling of losing their status as humans, and many testimonies bear witness to this aspect of desubjectivation at work.

Since the time of that racist scene, Suleyman has been “fearful of causing fear.” He is constantly inhabited by a fear of triggering horror in others, especially women. Had that scene of racial discrimination become a new traumatic event? It seems to me that it

³ Shortly before using this expression, Freud writes: “A person’s own body, and above all its surface, is a place from which both external and internal perceptions may spring. It is seen like any other object, but to the touch it yields two kinds of sensation, one of which may be equivalent to an internal perception. Psycho-physiology has fully discussed the manner in which a person’s own body attains its special position among other objects in the world of perception. Pain, too, seems to play a part in the process, and the way in which we gain new knowledge of our organs during painful illnesses is perhaps a model of the way by which in general we arrive at the idea of our body” (1923, pp. 25-26).

⁴ The term jungle, circulated in the media and among the shantytown’s inhabitants, is interesting for its unapologetic evocation of colonial imagery, mixing in the exoticism of a natural environment perceived as hostile, far from the laws of civilized beings and peopled with dangerous animals. The term seems to me to indicate the perpetuation of a French and European colonial past reemerging as a repressed linguistic element.
reinforced a sense of exclusion for Suleyman, something expressed by many migrants who find themselves in a situation of spatial and social segregation. In Suleyman’s case, this is compounded by a childhood experience of exclusion from his family (something I will come back to). This scene, which recurs in our session, crystalizes his feeling of being radically foreign in the eyes of the French. “It is like a border,” he states, “and the barrier with others becomes even greater with this feeling I have of bizarreness.”

The patient’s frequently expressed sense of bizarreness or strangeness throws him into what he one day calls an experience of “strangerness,” picking-up without knowing it on one of Derrida’s (1991) neologisms, *étrangèreté*, which condenses *stranger* and *strangeness*. The way in which this expression portrays his twofold experience of exclusion---as foreign to the country and as a subject foreign to himself---seems very revealing to me. It demonstrates the desubjectivation still taking place within him. He repeatedly alludes to the “barrier with the other people” and to interactions with his peers that inevitably end with “I can’t do it – the way is blocked.” Indeed, he pronounces these words, which introduce the idea of *borders* into his experience: “I can’t manage to cross the borders with others.”

For Suleyman, the feeling of unreality seems clearly amplified by this experience of rejection linked to his skin color. The racism and discrimination that he perceives in the university and in other social contexts affect him greatly, mingling with childhood psychic experiences of rejection by his family. As studies in medical anthropology have demonstrated, experiences of being discriminated against impact subjectivity and negatively affect the health of migrants. Indeed, the political and social climate of exclusion has a significant effect on the foreign subject (Fassin 2000). Racism and
discrimination prevent migrants from integrating and complicate their internal negotiations with their cultural identity (Tummala-Narra 2014).

WHEN PROBLEMATIC PSYCHIC REPRESSIONS ARE ACTUALIZED THROUGH MIGRATION

Suleyman often recounts to me nightmares that play out his traumatic experiences (he is stabbing a man, is lost at sea, etc.). He also brings dreams whose content demonstrates the “subjective circumstances of exile” (Assoun 2016, p. 46). That is to say, these subjective circumstances include the manner in which migration affects each individual in a different way, awakening intrapsychic problematics that show both the universal character of the defense mechanisms put in place to survive, and the way they are put to the test by a perilous experience of migration.

Relationships with his family are described by Suleyman as offering little containment, on the whole---as excluding and as the continuation of a childhood with a mother insufficiently loving or protective. His father whom he loved had not been very present in family life and subsequently died. Of his mother, Suleyman would say, “She never defended me and always favored my brothers; she was authoritarian and very frightening.” As a child, he had been called the “matchstick” by his brothers because he was very skinny. The young man’s ego had thus taken shape in a pronounced rivalry with his bullying brothers, whom he perceived as enemies who ceaselessly made fun of him.

At the age of nine, Suleyman had been sent to Koranic school, where he was forbidden to speak his mother tongue under threat of heavy sanction. He had spent years in this harsh place, far from his family and, in particular, far from his father, who represented the only caring figure close to him. This first exile, probably marking the symbolic
crossing of a border, had for Suleyman been formed as a traumatic event linked to a migration that caused an early childhood separation. He often speaks to me of the suffering linked to this isolation in a religious setting, where terror reigned and where he felt far from his family. Memories of these past partings and losses---separation from his family and from his mother tongue---reinforce a primitive narcissistic fragility that is violently actualized in the present situation in a foreign land.

Here I underline that phenomena of traumatic actualization linked to past events relating to separation and object loss are frequently observed among exiled and refugee people; partings and early separations are reawakened and resurface owing to the spatiotemporal distancing from the terra patria that has been left behind. Indeed, from my clinical observations, migration acts as an amplifier of an existing malaise that had not necessarily emerged before the geographical displacement.

On a more theoretical level, we might surmise that within the context of migration, the ego is forced to accommodate the new external reality: a new country and often a new language (Pestre 2015). In the case of Suleyman, early experiences of separation and exclusion from his family have been violently revived in this foreign land. The aggressiveness meted out against him as a child is actualized, and it inundates relationships with others since his arrival in France. The other is no longer anything more than a disquieting or tyrannical figure, as his mother and brothers were for him as a child. This reveals to what extent subjectivity is put to the test by migration; narcissistic wounds are revealed, no longer contained by the cultural cocoon that was present up to this point (the mother tongue, the family environment, etc.), which could contain primitive frailties.
EARLY TRAUMA AND ABSENCE OF PSYCHIC OR POLITICAL AID

With Suleyman’s dream, we see that the crossing of geopolitical borders and its traumatic dimension durably impacts the fantasmatic scene of the refugee subject. Rescue by any official institution appears very arbitrary, distant in both space and time, represented by a sort of faraway and inaccessible merry-go-round that resembles a machine with its objectifying properties. This mechanized set-up in Suleyman’s dream is not without an analogy to migrant triage centers that exist throughout today’s world---where migrants are separated from each other, including from their own family members (men, women, women with children, and foreign minors). Short, life-saving “pincers” emerge from the merry-go-round in Suleyman’s dream but remain inaccessible. He is confronted with an imposing machine that erases him and does not recognize him as a subject. In my view, this fragment of a dream brings to mind the nonrecognition by the State of a subject seeking refuge, as well as his or her condition of unacknowledged human distress.

Thus, the human being in a state of helplessness (Freud’s hilflosigkeit, 1895) emerges in Suleyman’s dream, demonstrating that a social environment that must struggle to be supportive promotes its appearance. This dimension of abandonment is something Suleyman often brings to our sessions.

Another of Suleyman’s dreams takes him back to a deep well in his village in Africa. He finds himself inside the well, trapped between two ledges after having slipped down into it. The way out, at the top, is inaccessible and the bottom is covered in excrement. “I find myself at the halfway point,” Suleyman says, “where the shit is. I’m

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5 In France, an example is the center for migrants set up at the Porte de la Chapelle by the Paris Mairie between 2016 and 2018. There are similar camps in other countries, such as the US camps for migrants from Central America and Mexico.
rapped between the two. And I’m getting very cross with my mother. I’m very cross because she wanted to throw me down the well.”

In this dream, the relationship with the most archaic imagoes resurfaces and underlines the universal character of early emotional deprivation. The experience of rejection and abandonment pervade this dream; however, the dimension of revolt in the patient against maternal rejection (“I’m getting very cross with her”) indicates an attempt to resubjectivize the distressed childhood experienced. This is made possible by geographical and temporal distancing and by the solid transference-countertransference connection that has been established in the analytic treatment.

On this topic, the extent of my countertransference led me from the start to want to mother Suleyman, to take care of him as though he were a small child whom one wishes to protect. I nevertheless remained alert to these impulses so as not to fall into a position of parenting or saving him, recognizing that this is a very common countertransferential phenomenon among psychologists and psychoanalysts who undertake clinical practice with exiled people. Indeed, my previous research in this field, as well as my activity as a supervisor with psychologists and interpreters who work in what I have called the “clinical practice of asylum,” supports this (Pestre 2010).

Burgeoning countertransference on the part of the psychologist/psychoanalyst indicates the position of a containing receptacle that has been taken up in response to the migrant’s radical abandonment, in which primitive rejection (whether during childhood or resulting from more recent trauma) is mingled with that of current government policies in the new country. This context of survival can push the psychotherapist to take care of the patient in an overly active way, stepping out of the therapeutic framework through acting
out (giving money, sharing bus tickets, unduly extending the session and thus becoming overworked, etc.). The risk is that the therapist may sink into an overwhelming empathy, the effects of which are ultimately antagonistic.

Indeed, as Fédida (2002) rightly suggests: “Too many humans in the name of a language of mediation and understanding end up dehumanizing” (p. 157, my translation). Too much empathy and optimistic hope can reinforce the desubjectivation taking place within the patient and crush him/her by way of denial of his/her suffering. Such an outpouring—and/or blindness to the subjective situation of the migrant subject—can even trigger hatred because of the tremendous disappointment he/she believes has been triggered in the therapist, or it can result in the acting out of aggression either against others or against the self.

THE WORK OF RESUBJECTIVATION AND SYMBOLIC HOSPITALITY

In the course of our analytic work, in which Suleyman invests himself a great deal, I maintain the therapeutic framework that he puts to the test. I take a firm, containing, and consistent stance; I am framing—that is to say, I maintain the therapeutic framework that is symbolically ordered by rules, but without imposing an excessively rigid defense of the analytic framework, which would have been counterproductive and experienced by the patient as rejecting. Indeed, my clinical experience indicates that a fetishization of the therapeutic framework (extreme enforcement of timetables, lack of flexibility for changing sessions, etc.) when working with patients in a state of migration—people like Suleyman—is to a great extent ill adapted. More often than not, it will be interpreted as rejecting, in effect, and will hinder or suddenly interrupt follow-up care.
In the case of Suleyman, I showed a degree of patience in the beginning with regard to elements of the frame (e.g., scheduling), while pointing out to him when he was late that he needed this time for himself. We also established together a fee for his sessions in accordance with his means. Once transference was established, I felt it was important to tell him that he must pay for any sessions that he missed without cancelling or that he had cancelled at the last minute; thus, when he subsequently missed a session, he understood that he was nevertheless financially responsible. He would warn me progressively farther in advance if he was going to be delayed, and of his own initiative, he gradually paid more promptly without my having to underline or remind him of this rule.

A few months into his therapy, Suleyman says: “You know, Madame, I have been interested in you…but I was afraid to say so and thus no longer be able to come here.” These words reveal the patient’s transference love toward his therapist. This is probably mingled with a more culture-bound dimension in that I am a woman who receives him and listens to him---circumstances that are completely novel in light of his personal history. He had been surrounded by rejecting maternal/feminine figures; furthermore, the reception extended by a female care-giving professional was alien to his cultural origins.

I realize that, once again, what is at stake in the transference, and what Suleyman expects of me in response to this statement, hangs on the stability and solidity of the analytic framework and on respecting its fundamental rules. Significant in this instance, I believe, is the idea of abstinence. Even more important is the fact that I am able to receive his words without rejecting him, and without being either seduced by or fearful of him. I reassure him that this is a normal reaction of love for the therapist. In this instance, once again, the firmly established connection of transference also has a delimiting, bordering
function, and it operates, in short, in a resubjectifying manner. That is, it produces meaning and symbolization that enable a subjective repossession of the patient’s present life to take place. Subsequently, Suleyman makes less mention of his body as separated from his psyche; he invests himself more in his university work; and he is able to form relationships with other young people (and though this continues to be a difficult area for him, he can begin to form connections again).

I decide to see this patient face to face for the entire treatment and not to have him lie down on the couch, as I do not want to promote fantasies that might have the effect, it seems to me, of reinforcing these nonrepressed erotic drives. I would like to emphasize, however, that based on the analysis of unconscious material and the use of transference, a true psychoanalytic process took place. Therapy was conducted within the framework that I adapted to the patient’s migratory state and his psychic life, as well as to his position as a migrant man encountering a White, female therapist.

Toward the end of the treatment, a dream of Suleyman’s in which I figured led me to think that my symbolic hospitality operated as a place of refuge for him. In the dream, at a time when he needed to flee an imminent danger, he “found protection for myself at your home,” he tells me. “Your husband opened the door to me and settled me into a separate room where I should wait for you to come.” The presence of this male third person, the spatial arrangement of the apartment where there were distinct rooms, the subject of a refuge found in my consultation room, etc., made me think that something within the patient had reconfigured itself.
CLINICAL AND THEORETICAL DESCRIPTIONS

Through the welcome given to Suleyman by me as a psychoanalyst in the new country in which he now lives, and through the punctuated, regular, framing, psychotherapeutic work that we undertook, Suleyman gained a place as a subject in this new community. Gradually, he came to feel “less uncomfortable with others” and less “blocked” in his social interactions. His internal boundaries regained consistency, demonstrating that the ego can restructure itself when a kind of symbolic and abstinent hospitality is offered through the transferential space of the treatment. I am describing a position of psychic and ethical containment that offers a real connection through listening to the subject who has been confronted with a pronounced lack of political, social, family, or psychic aide.

This position of the clinician implies an openness and a welcoming attitude extended to the other—a position that takes into account not only the other’s cultural differences, of course, but also the fact that the patient’s is a singular subject, free to bring to the sessions what he/she wishes to express of his/her symptoms and/or problems without being intruded upon with regard to traumatic experience or current suffering. The risk is that this experience would constitute a renewed intrusion for the patient, or a negation of his/her condition as a radically lonely being, held in suspense in an uncertain existence. The clinician’s aim is to maintain an open ear to the universal aspect of the migratory difficulties that the individual has been through, while at the same time giving free rein to the singular narrative being expressed.

This fundamental hospitality harks back to a humanized and humanizing posture that encompasses a twofold dimension: a primordial, containing welcome akin to the earliest relationship of the infant with its mother (or primary caregiver) and the manner in
which the mother contains her baby. But this hospitality also appeals to another, more symbolic dimension, which belongs, if I may say, to the father---with well-maintained rules, a place where one does not permit oneself any familiarity or fusion.

This benevolent way of listening does not sink into empathy, and still less does it devolve into sympathy, but it provides a refuge in the sense of an asylum for the foreigner-who-is-similar. In my opinion, this symbolic hospitality is, to some extent, what made it possible to end Suleyman’s experience of exclusion from his new community. This exclusion was both real and imaginary; furthermore, it came from a community that had been greatly idealized by him before his arrival.

It seems essential to me that, in clinical work with a population of survivors, and/or with people who have experienced a desubjectivizing life in transit, we need to be particularly vigilant in maintaining a humanizing quality of listening, as well as a sincere belief in the narratives brought by these exiled and vulnerable people. All of them have been ill treated in some way or another, setting aside the validity of their reasons for leaving their homeland and the difficulties of the journey. In short, a nonjudgmental position with regard to the patient’s narrative is one of the prerequisites that allow us to effectively accompany the migrant in the (re)construction of a link to oneself in a foreign land.

On a theoretical level, this kind of symbolic hospitality, given here by the psychoanalyst, brings to mind the primary bond between the infant and its mother (or primary caregiver). This bond begins to take shape when a mental healthcare professional is capable of representing the Nebenmensch, that helping other---an expression that can be translated from the German as the man next to. This person is another human being who
contains and takes in suffering without reducing it to a single dimension (e.g., the mourning of migration, cultural difference, etc.), and without judging or taking up the position and function of a *system of validation* (Fassin and Rechtman 2007) whereby the caregiver becomes a *certifier of truth*.

Let us recall that the *Nebenmensch* complex is at the foundation of the primitive bonds that are established at a time when subjectivity is constructed, and that this occurs when the infant is in a position of complete dependency on its closest parent(s) (or primary caregiver(s)). According to Baligand, this figure of the *Nebenmensch* is “solicited in transference in instances where the home is brought into question” (unpublished, my translation)---that is to say, when the subject no longer has a personal space, a place of his or her own, as we witness in clinical practice with migrants inhabiting an area of transit. However, from a more symbolic point of view---that of the father, one might say---there is also a re-anchoring through circumscribing time and space.

This twofold approach makes it possible to trigger a process of resubjectivation in which the foreign person can henceforth feel respected in his or her cultural differences, in singularity as a migrant subject, and thus be able to find the spatiotemporal coordinates of personal existence. This attitude of hospitality also holds a strong symbolic power. The subjective contours that have up until then been “de-bordered” can be progressively redrawn, becoming once again consistent and circumscribed. The psychoanalyst thus provides a real and symbolic refuge that is not always granted to the migrant by the political.

The transference that unfolds with the speech of the migrant addressed to the attentive therapist opens the way for new psychic translations that trigger a process of
displacement of the trauma and open the possibility of *retransitionalization*. By *transitionalization*, I mean the work of elaboration that necessitates going to the core of trauma by way of the patient’s speech, which is translated into the therapist’s language---in this instance, by Suleyman himself into French. Through both linguistic and psychic translation, the patient is enabled to take an active position.

In the case of Suleyman, the process of historicization was helped, in my opinion, by the use of a third language, French, which the patient had chosen to speak and which helped promote the gradual resurfacing of repressed material. The migrant person who has been a victim (of persecution, of people smugglers, and so forth) has been made passive by traumatic experiences, and often finds him-/herself obliged by the host culture to conform to numerous new demands: cultural, administrative, linguistic, and social ones (“eat in this way,” “speak this language,” etc.). By having one’s differences considered and heard, one regains an active position, which is an essential component of uncovering the trauma. This trauma has had the effect of plunging the subject into passivity and ultimately into exclusion from social interactions.

In Suleyman’s case, the fact that the treatment took place in French, a tertiary and neutral language, helped accomplish the translation of older, repressed traumatic material (his childhood relationship with his mother, earlier geographical separation, etc.). Linguistic translation thus furthers psychic translation (Altounian 2005; Pestre 2012). With this patient, this was all the more true because he selected the language himself, one that did not represent an ill-intentioned people (i.e., not the Arabic that he had been forced to learn in a school where he spent years in exile).
From there, the patient can at last start to come out of the untranslatable— that is to say, out of what made up the dense, mortiferous kernel of trauma, which up until then had been prevented from psychic translation, and that held the patient back in a traumatic repetition (Altounian 2005). This double translation, linguistic and psychic, can take place due to the transference that simultaneously operates in conjunction with it as a third element. In this way, we can speak of a hospitality present in the third language and in the transference, which offers the subject a form of asylum.

The psychotherapeutic work with Suleyman came to an end when he was able to start forming solid social connections; the gaze of others became less persecuting, and he became progressively less inhibited and impeded in going forward with his life. During our last session, for which we prepared for several weeks, he tells me about a dream in which I appear: “You were there, sitting quietly in a crowd of people,” he says, “and I chose to go toward another group because there was another woman whom I wanted to look at.” To me, this content reveals a separation from the transference that signals the patient’s possible investment elsewhere, a rekindling of social connections that can now occur outside the therapeutic space. He is leaving the mortiferous, static side of the border and reaching out toward a more dynamic system of openness.

In my view, the specificity of clinical practice with migrants lies in the need to take into account all the aspects previously discussed, such as the relationship with language, the robust yet flexible frame, the acceptance of cultural diversity, and so on). The intercultural dimension must be taken into account in the transference— without, however, objectifying the culture of origin, an attitude that could get in the way of a fruitful psychotherapeutic intervention. Indeed, if the therapist becomes fixed on the relationship to the patient as a
foreign other insofar as he/she is radically different, then the therapist will reinforce the patient’s feeling of foreignness, and in turn the resistance. It seems to me that it is this aspect that poses the greatest test for the therapist; it is an element specific to clinical practice.

More often than not, the caregiver finds that his/her empathy is oversolicited, and as a result s/he may feel an overwhelming desire to help a fellow human being, as with the nebenmench mentioned previously. The wandering, itinerant migrant awakens a massive countertransference. Thus, without maintaining a “good distance” and a sufficiently concept-driven perspective, the caregiver will potentially be led to overidentify and empathize too much. The risk then arises of stepping outside the analytic framework (via sympathetic behavior or seduction, for example). The therapist/analyst working with “transiting” migrants must ultimately maintain focus while navigating a narrow course balanced between containment, on the one hand, and a sturdy, symbolic frame, on the other, according to the needs of the patient. In this respect, the caregiver is in a position of clinical practice along a border.

Beyond the place of transference specific to the analytic cure, the phenomena of transformation and resubjectivation observed in the camps have also highlighted the need for a symbolic hospitality as essential to the care of subjects in a state of migration. I will pinpoint some key aspects of this before concluding.

RESISTANCE AND RESUBJECTIVATION IN REFUGEE CAMPS

“The Jungle is not only a place where trauma accumulates. It is also a transformative space, creative of new forms of life,” as Burksaytite (2018), a psychologist present during
our fieldwork in the camps, and I observed (Burksaytite and Pestre 2018, p. 45, my translation). Indeed, we saw in the trenches to what extent what we have described as an *oppressive and desubjectivizing place* paradoxically held within it attempts at rekindling life, as well as creative and resubjectivizing behaviors. In the aftermath, following our encounters with the exiles and those who were caring for them, we asked ourselves if it is possible to reanimate the vital force, the life drives, and promote the creation of small havens for the psyche to inhabit. The aim here is to reduce the experience of desubjectivation, of generalized inertia, in these border zones.

The self-managed encampments are segregated territorially and socially. They can be places where there is violence, but at the same time they also come across as spaces of liberty where networks can be woven, both as social connections and within the psyche (Abadi 2003). Moreover, there on the ground, we observed to what extent healthcare workers and local citizens could easily come together—and migrants could interact with locals as well, moving away from their habitual practices and toward creative arrangements, drawing on reduced resources, thereby allowing themselves to combat the dehumanizing tendencies taking place. Social links are promoted in this way, and processes of resubjectivation become possible (Lhuilier and Pestre 2018).

Whether making use of mental healthcare infrastructures put in place by nongovernmental charitable organizations, or of those set up provisionally *in situ* by the French government (free healthcare centers, etc.), all the health professionals we met on the ground spoke of clinical work outside their comfort zone, very far from the usual or “classic” psychotherapeutic framework of consultation rooms or in institutions.
For healthcare professionals, the work environment was experienced as uncertain, the boundaries between self and others unclear and troubling. To give psychological help to subjects in a camp environment appeared difficult and even impossible to the clinicians who were put to the test; on occasion, they were even forced to conduct their activities outdoors---as in the case of the “forays” (maraudes, in French) that frequently take place in the camps and encampments. These forays are a form of clinical practice in which professionals, generally psychologists and interpreters, go out to meet those who are no longer able to seek help, thus creating mobile spaces for psychic care. Listening is no longer confined to an enclosed space but takes place outside a formally designated consultation area, in a spontaneous way.

Even if these arrangements are temporary and ultimately insufficient, they enable a hospitable clinical encounter to occur, one in which the intent is to listen to and support those who inhabit ephemeral places of enclosure. The primary aim is to interrupt the isolation, the internal exile, and to break down the famous language barrier that impedes initial attempts to listen and offer psychic care. These forays generate a mobile welcome in situ, one that delivers a form of primordial and symbolic hospitality to those who have thus far been denied residency. This hospitality initiates a form of containing and benevolent exchange inside the camps, while remaining abstaining and limited in its contact with the other; and this is all the more so, it seems to me, when it occurs in the “open air” rather than in a consultation room.

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6 A clinical practice created by the Samu Social (French emergency medical personnel who function similarly to paramedics) in the 1990s, forays are usually performed by a mobile team that goes out to look for homeless people. This term is used to describe various interventions that follow along in the tradition of reaching out to others.
These interactions are adapted to the individual’s border experiences to promote a listening and “humanizing” speech that creates a space for resubjectivation (Dolto 2014). Indeed, it seems to me that psychic reorganizations can be set in motion even if there is no possibility of long-term follow-up, since the camps are ephemeral and the presence of migrants is arbitrary owing to their possible crossing of the border or their sudden disappearance (from accidents, among other reasons). Nonetheless, the first glimmer of possible acceptance by someone from the new host community will have been offered to the exiled subject. This is where symbolic hospitality takes place.

With respect given to their differences, their languages, and their personal trajectories, migrants are promised the possibility of new social connections in an unknown land. Listening and speech exert a kind of bordering effect on the stretched-out temporality by reintroducing humanizing reference points that open up the possibility of eventual reappropriation of significant spatiotemporal coordinates. A clinical frame emerges in which the mortiferous that inundates the subject can be combined with the living through a form of human exchange that will unfold in some way or another (through, for example, forays, art workshops and language learning). This clinical framework is thus created in the depths of the border experience and of life in transit. Thus, various forms of “clinical DIY” have been observed in the camps---in the most noble sense of the analogy, where creativity and sublimation unfold. On the ground, health professionals and volunteers attempt to weave social and psychic links with which to combat the psychic dismantling that generates massive desubjectivation.

The psychoanalyst has an important role to play here: that of listening and accompanying the subject in his/her developing ability to move from desubjectivation to
resubjectivation; but to do so, the analyst must allow him-/herself to be altered by the heterogeneity of this potentially dislocating, diffracting territory and by the strength of the very alterity itself. *To let oneself be altered* is the analyst’s task, in the sense of accepting being displaced from his/her usual posture, accepting being impacted by what is happening on the ground without being destroyed. This attitude also includes the therapist’s capacity to accept the violence of the migrants’ traumatic projections. In some sense, then, engaging in this process means to undergo a kind of trial by fire, for this clinical experience tests the therapist’s capacity to bounce back in the face of the situations of anomie and precariousness in which the migrants find themselves.

In these camps, it is the invention of a liminal framework situated at the threshold of more usual spaces (standard consultation rooms, etc.) that opens the possibility for (re)subjectivation. This includes presenting the clinical space being offered as a place for evolution, one within which “different temporalities and overlapping positions, as well as emergent spatial organizations” (Perera 2007, p. 207) are formed, despite an ambient landscape that appears desolate and frightening. Thus, one can hold a conversation in a tent over coffee, do some drawing in the open air, and engage in other casual activities while retaining one’s ethical position as a healthcare professional.

In this difficult and perilous context, it is clear that supervision of healthcare professionals---and also of interpreters---plays a significant part in these workers’ capacity to withstand such a praxis. Moreover, one can observe a significant gap between those who take part in an examination of their practice via supervision and those who choose not to engage in this way, whether based on the level and number of difficulties the workers encounter or on their ongoing activities in the field.
Beyond the camps, in a more general way, it seems important that the psychoanalyst be capable of leaving his/her comfort zone. As Cuillerai suggests, echoing the words of Bhabha (1994), the analyst must step back from a “logic of the identical to oneself” and replace it with a “dynamic of the otherness” (Cuillerai 2010, italics in original, my translation). A contemporary geoclinical practice of the subject at the border implies listening to a subject who has been left pending in time and space, putting forward an other who offers help and who is in a position to deliver symbolic hospitality when the subject is trapped in the uncertainty of a prolonged migratory state. The potential reintroduction of an element of nebenmech (Freud 1895) makes possible a directed speech belonging to the subject, to be received and heard by an other. A symbolic transitional home can begin to be (re-)created---a home understood “not as a space that one takes possession of, but rather as the guarantee of the existence of a space that cannot be appropriated” (Baligand, unpublished, my translation) since it belongs to the migrant subject.

That is to say, one must be careful to reserve an active place for the often-traumatized exile, not “doing everything in his/her place” by appropriating the transitory space (as can be observed among some NGO volunteers, full of good intentions, who take a charitable approach but one that is not always productive). For under the guise of doing everything they can for the exiles in a practical way, some volunteers leave the migrants without the possibility of mastering their own destinies (e.g., some may enter tents as though they were their own space, taking over chores such as cooking, etc.). In this way, the individual migrant’s capacity for (re)subjectivation is impeded.

This demonstrates the relevance of the intervention on the ground by clinical psychologists or psychoanalysts who have themselves undertaken an individual and/or
group psychotherapy that will enable them to step away from the massive projections and identification that often spontaneously unfold when one is confronted with a human being who is radically alone and abandoned by authorities. It is on the basis of an ethical position toward the care of people in situations of great vulnerability that the psychologist/analyst, well versed in dealing with distress linked to an often-traumatic journey coupled with an excluding political context, will be in a position—through benevolent listening—to encourage and accompany the subject, to go beyond survival and enter into life.

I will add that the *psychoanalyst on the ground*, as well as the one who welcomes migrants in private consultation, must initiate or pursue a true ethical task of *decolonization of him-/herself*, as was advocated by Mannoni (1947). That is to say, he/she must remain vigilant so as not to project his/her own cultural references onto the foreign subject with the idea that they should “do as we do” or should be thankful for the help given. For there is indeed no reason why these professionals’ psychic care should be exempt from the *narcissism of small differences* that is often reinforced in contexts of political crisis involving migrants. Stereotypical representations, a fear of the stranger—-or fascination with him/her—-and phenomena of segregation are inherent to all civilizations and to subjective life, including that of the therapist.

**CONCLUSION**

In this article, we have envisaged how the crossing of borders, the daily detemporalization of life in transit, and intense precarity desubjectivize the migrant subject and confront him or her with the impossibility of finding a place of his or her own in a foreign land. Whatever the psychic organization of the migrant before the long and difficult journey,
disorders are frequent among those who are in limbo at the border. For those who are already narcissistically fragile due to having endured a long and traumatic migratory journey and sometimes a difficult past life, the situation is even more destructuring.

Using the case study of Suleyman, we have observed how the actualization of traumas is fostered in a foreign land, and to what extent life in transit can persist well beyond the actual time in camps as the migrant becomes bogged down in a floating and deterritorializing psychic life. Through the establishment of a solid transference that unfolded within the framework of a psychoanalytic psychotherapy, I believe that Suleyman felt welcomed with his cultural difference, without being fetishized or objectified. This ethical stance, which does not sanctify the exile in the sole identity of traumatized refugee-stranger, opens the way to the subject’s speech with which to describe his past repressed traumas, and association between the past and the present enables him/her to move forward in the present life. When the ego runs the risk of being dismantled because the ideal of a better life in a foreign land has collapsed, and the unbearable reality of daily life (precarity, discrimination, and so on) becomes undeniable, the symbolic hospitality offered by a person from the new community who does not evaluate the exile’s previous life proves to be essential.

We have seen that the border is a zone where one can feel violently immobilized, enclosed, disoriented, and alienated, but it is also an open space that initiates new interactions to promote spaces of resubjectivation, of freedom, as observations made in encampments have demonstrated. The experience at the border constitutes a place of tension, therefore, that tests the subjectivity and the bodies of those who have to (or wish to) cross them, and that reveals the “problems of differentiation, of conflict, and of
belligerence, of the vectors of alterity and foreignness” (Hamman and Hintermeyer 2012, p. 8, my translation). The border is an “unstable type of space” (p. 29, my translation), but it is also a “place where the variability of identities constantly constructed, reconstructed, or deconstructed can best be observed” (Aymes and Pequignot 2000, my translation).

The concept of border, initially used in geography, seems to me very useful to understand from a clinical point of view what takes place in the transference-countertransference partnership---when the borders between subjectivity, geographical limits, and social fields are blurred in both the migrant subject and the therapist, who no longer knows how to receive all the patient’s anguish (social, political, and psychic). The idea of borders can prove to be a helpful tool in the encounter with people in a situation of migration, for it instigates a mobile clinical practice open to creativity. It paves the way to an understanding of the processes of desubjectivation taking place within the migrant person, while at the same time giving a place for the unfolding of the migrant human subject’s creative freedom through the phenomenon of possible resubjectivation; this can take place through reorganization of the subject via a new cultural identity, through care given on the basis of a creative liminal praxis, and so on). Owing to the fact that the border holds a fundamentally versatile and twofold aspect, it is possible to play with an in between of territory and of language within a challenging practice where obstacles abound, such as problems with documentation, precarity of living conditions, new cultural interactions to adapt to, and so forth).

Thus it is that, through the welcoming of difference within a human and humanizing exchange, a resumption of the social connection can begin, and can become productive of meaning for the individual who has been out of place and without social links. In that
sense, it seems to me imperative not to envisage the “shrink’s office” as a closed space whose walls are immovable, fixed, and enclosing, but rather as a space where liminal listening can unfold. This is a listening that plays with diverse languages and cultures and that promotes the creation of symbol-forming spaces, be it in private consultation or out in the open air in the no man’s lands that are the camps.

REFERENCES


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