



## Case Report

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# Faith and Belief Versus Truth and Reality: The Boundaries of Mental Illnesses in the case of a Refugee - a Psychoanalytical Approach

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This is a case of a woman from middle Africa who seeks asylum in Greece. Her case brings about critical clinical matters regarding the relationship between diagnosis, abuse and cultural beliefs. It also raises the question of what stands for a good psychotherapeutic approach to these people.

**Keywords:** Mental illnesses; psychoanalytical approach; diagnosis; witchcraft; cultural beliefs

**Case Report**

Mrs. K came to Day Center "Babel" (a public mental health unit addressed to immigrants, refugees or people seeking asylum in Greece situated in the center of Athens.) following a referral from her lawyer, after breaking down emotionally in one of their appointments of preparation for the asylum interview, referring to incidents of abuse by her family. In her first attendance to Day Center "Babel", it was more than obvious that she was in great distress: she was narrating parts of her life history without being able to be coherent and she was uttering in cries questions like "how can anyone abuse a child?". In order to lessen the emotional distress, she was also seen by the psychiatrist of our unit who prescribed her medication. Mrs. K soon began to talk about her life, expressing her difficulties, which were dominated by an incomplete sense of identity and fear. She linked those feelings to two central points in her story: the abuse she suffered at the hands of her family members, and the

witchcraft that she claimed had affected both her and her siblings for years. The latter, as she said, prevented her from "living normally", creating a series of worries about every aspect of life, as well as a constant fear of abandonment in relationships with others.

**Personal History**

Mrs. K grew up until the age of 13 with her maternal uncles experiencing abuse from both of them: Her aunt had her "like a slave" as she says, making her do chores and often punishing her, sometimes even leaving her without food. Besides that, by the time she reached early puberty she was also sexually abused by her uncle more than once. She was living until that moment in a state of fear, not feeling trust to anyone to share her suffering. At the age of 13 her parents took her and her siblings to live together. Her hopes that she could finally find a safe house and environment soon

diffused. Her father was an alcoholic, and after drinking he used to become violent towards his wife (K's mother) and also towards his children. He was also at times even denying that his children were his own, accusing her mother of cheating.

On the other hand, neither from the side of her mother, she was managing to find some affection, since she (the mother) was mainly occupied by work and her husband behavior. Things in K's life became even more complicated after a disagreement between her mother and the father's sister over inheritance issues. As she explained, enraged by this disagreement, her aunt uttered some curse and afterwards she started using witchcraft against her mother and her children, taking also advantage of her brother's accusations that the children were not his own. From that moment on, according to Mrs. K claims, a series of suffering and misfortunes began for K and her siblings: mysterious illnesses, mental issues (a sister got mad), and even death (her brother from heart attack). These illnesses could not be explained and cured medically. She has been experiencing for years various physical disturbances, without any medical condition to justify them. She sought medical care but after not getting better she resorted to traditional ways of treatment (with rituals or other mystic remedies) and also religious treatments (exorcisms).

Also, during that period of time she describes having several paranormal experiences, (with the presence of figures, like ghosts, or moving nature). The decisive event for her departure from her country came in her late twenties. As part of these paranormal experiences at one point she started experiencing a sexual encounter with a person that resembled an uncle of hers. She could not define if these were incidents of a dream or reality. She could only recall vague images, her inability to react and the feeling of being frozen. After a few weeks she discovered that she was pregnant. Her doubts of the reality were even more completely dispelled when this uncle visited her sometime later and told her that they were bound together by witchcraft. After all this, not being able to feel safe as she was afraid of the influence of witchcraft, and since there was no one to confide in what she had suffered, she left for another country to have an abortion. Sometime later, she came to Greece. As she has said many times, what she hoped was that by leaving this environment and putting some distance from her family, she would be able to free herself from what was tormenting her and move on with her life.

### A Critical Clinical Moment

In one of our sessions, Mrs. K came discouraged and asked with great anxiety if we believe what she was narrating to us. This question was prompted by a meeting with her lawyer in view of the next asylum interview, (as she had got a postponement at the first interview due to her mental status). In this meeting with her lawyer, she detected a certain distrust in her regarding witchcraft and its effect on her life. It appeared that this distrust was linked to fact that arguments relating to witchcraft are not usually accepted by the asylum committee. On the occasion of this appointment, the intense mental distress with which Mrs. K had initially appeared a few months earlier, returned and expressed itself in the form of a

great reluctance to attend the interview, due to her fear that "they would not believe her", something she seemed unable to bear. This element, which emerged mainly on the occasion of this particular session, namely the other person's possible distrust of her words, is a point which we believe it is important to dwell on. The confirmation by the listener that he believes her seems to offer Mrs. K an acknowledgement with great subjective importance, since what is at stake is precisely the validation of her as a human being. It seems to be a recognition of existential nature, which is related to her feelings of lost identity and personality. Let's not forget that her father's alcoholism and his subsequent claims that K was not his child, was used as a stepping stone for the malevolent propositions by her aunt (which resulted in decisive consequences in her life. In this context, the asylum interview seems to be a defining moment for her, which explains why, when it is imminent, it is capable of causing her so much emotional distress.

## Clinical Inquiries

### Diagnosis

The question of the diagnosis is the first that critically emerged in the case of Mrs. K. Are we dealing with a delusional person or not? The fact that she attributes her life's difficulties to things that in western culture are described as paranormal (meaning the witchcraft) is something that we have to take seriously into consideration, since it can have an impact on our approach of thinking. So, the essential issue on our part was to retire from the question of the diagnosis. That is what allowed the benchmarks of her personal matters to emerge: faith/trust, recognition and subjective identity. Otherwise, persistence in matters of diagnosis would interrupt the development of this process too early. To conclude, maintaining an open attitude on our part, especially towards elements that are culturally alien to us, leaves more space for a meaningful human encounter with our beneficiary.

### Political – Vulnerisation

When dealing with cases of refugees - we have known that for a long time now - we have to take into consideration the effect that their political status has in their psychic world. In Greece (but also in other parts of Europe as we came to know) vulnerability has become a sine qua non condition in order for someone to get the asylum status. Ironically this has an impact in the asylum procedure itself, as the persons in charge of the decisions have become even more skeptical about the vulnerability of asylum seekers (and that is why they ask for more and more medical certificates) [1]. Subsequently, mental health professionals have to walk in the tightrope between being "practical" helpful with political and social matters on the one hand, while preserving the focus on the psychic world of their beneficiary, on the other.

### Belief/Faith vs Truth/Reality

Last but not least, the matter that arises through this clinical case is the relation between belief/faith and truth/reality. How can we intervene or deal with ideas that belong to the realm of faith? But why not expand this question to everyone committed to a

singular idea or explanation of the world? Why shouldn't we even include science in that? Mrs. K questions western science. The latter can respond either through strictly scientific evidence - trying to label her with a disorder -delusional or dissociative - or using "less" scientifically fields, that being for us, the field of psychoanalysis. It is true that Mrs. K feels like she is the target of some malevolent other: the witchcraft that affects her until now. In psychoanalytical terms she feels she is the object of the "jouissance" of the other. While this is descriptively true what is a more delicate insight is that she is trying to fill with some meaning, with some reason, a basic void in her knowledge.

Knowledge about the reason of her suffering, which starts from her abandonment and abuse by the Other (we chose to write it with a big O implicating the Other of language in psychoanalysis which is usually represented by the first caregivers of the child thus the parents). So, she resorts to witchcraft or religion to give her that explanation. But it is an explanation that for everyone always indicates a short circuit of the desire (desire, in the psychoanalytical terms which does not coincide with appetite and is referring to that constant discordance that motivates and indicates life instead of survival). So even if someone can settle down relaxed by the certainty of things through religion, this is not without a charge: that is the surrender of his/her desire [2]. Mrs. K suffers from that surrender. How could not that be the case, if we

consider the distrustful and abusive environment that she grew up in. And that is the reason why she is very susceptible towards the slightest indication from the other that she is not loving or believing in herself while at the same time she is very dependent on the other [3]. So, there is only one thing left to do: And that is to believe in her (and not just her) and to respond to her request for trust with knowledge.

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### Conflict of Interest

No Conflict of Interest.

### References

1. Papadopoulos RK, Nikos Gionakis (2018) The neglected complexities of refugee fathers. *Psychology and Politics International* 16(4): e1438.
2. Bruno Pierre (2007) *L'occulte et le reel. Critique de l'initiation.* *Psychanalyse* 10(3): 33-40.
3. Leethen Bartholomew (2015) Child Abuse linked to beliefs in witchcraft. *Transnational Social Review* 5(2): 1-6.