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The end of life from an intercultural perspective. Mediators and religious assistants in the health service

*Khalid Rhazzali**

Abstract: The present article intends to analyse the role of intercultural mediators in a healthcare setting in relation to the end of life and their relationship with figures providing religious assistance. The symbolic complexity of what in the immigrants' cultures coalesces around the event of death constitutes a testing ground for the ability of the welfare system to dialogue with cultural diversity. The mediators' action crosses path with a manifestation of needs that go beyond simple service provision and that call upon the resources of religious traditions. Our case study, looking at Islam in relation to the end of life, examined the evolution of mediation practices from an intercultural perspective. These practices, which were introduced as tools to facilitate communication in the relation between public services and immigrant users, now tend to involve an ever widening portion of the life of institutions, and at the same time to impact on the transformation of the cultural legacy of immigrants themselves.

Keywords: intercultural mediation, religious assistance, cultural diversity, contact zones

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Introduction

Research in the field of interculture has grown considerably in the last decades, and continues to offer significant stimuli to the theoretical and methodological debate within the social sciences and, in particular, to the sociology of cultural processes and religion.

This results in an abundance of outcomes when different organised views regarding the meaning of the most important events in life meet, forcing distinct cultural mind-sets to rediscuss, at least partially, their structures. A paradigmatic example of this can be found in our Italian and European contemporary society, characterised by a substantial rejection of the experience of death and therefore by a constantly tense and restless relationship with its implicit pervasiveness in all facets of existence: a different propensity arises to elaborate this theme by individuals and groups that act according to other cultural codes. It is evident that what lies in close proximity to death touches upon a very complex tapestry of themes of sociological importance: the nearing of the end of life; the way in which this is experienced by the individual, by his family and his network of relations; the rites of passage that are offered by the different religious traditions and their negotiation in the context of the rules and customs of local society; the issue of the affective and symbolic continuity of the “world of the living” with that of the dead; the meaning of burial customs and their location, complicated by the overlapping of old and new countries of origin. To this one must add the juridical and political implications of what just mentioned. One need only think for example of the difficult status of second-generation immigrants, new citizens, who live simultaneously the rooting of their personal experience in Italy and the impossibility of doing without the cultural resource represented by the traditions of the parents, which also keep evolving within the communication networks connecting the motherland with the country of residence. A vast array of studies can arise from an analysis of the theme of the end of life, but the subject of the present work, on the basis of empirical observations¹, is an

¹ The present article is the result of a decade of fieldwork conducted by the author, both as researcher and as intercultural mediation consultant for the public sector (some of his previous scientific contributions could be seen as a prequel to this, cf. (Rhazzali, 2009a; 2009b); (Soru, Schiavinato, Rhazzali, & Aiello, 2012; 2013); (Rhazzali & Schiavinato, 2013). The 15 interviews conducted with intercultural mediators, gathered in the period between October 2012 and February 2013, have been made possible by gaining access to the register of mediators that are currently operating in the various healthcare structures in the

analysis of the modalities with which intercultural mediators in a health service setting relate to the symbolic complexity of what coalesces around death and an analysis of how the operational paradigm of the welfare system is called to change in the face of cultural diversity. In particular, due consideration is given to the importance that the religious sphere has in the sensitivity of other cultures, and to the role that different agents have within this sphere.

In this perspective, it becomes possible to consider those praxes that try to answer questions often laden with radical implications, dealing with the negotiation of meaning between the agents involved in the interaction and with the general change in social practices due to ever-increasing social complexity. It is a scenario that involves social service mechanisms and procedures coming from the State and local government bodies (Cacioppo, & Tognetti Bordogna, 2008) that in the last twenty years have, even with difficulty and delays, known a progressive increase in the role of

Veneto region. At the time they were involved in a training course for mediators in the healthcare sector, a course unique in its kind, in the framework of an agreement between what was at the time the Interdepartmental Centre for Research and Services for Intercultural Studies (CIRSSI) and the local health authorities (Ussl 16) of Padua, focal point for local surgeries and clinics of the Triveneto region. This occurred in the context of PASS (<http://www.inmp.it/index.php/ita/Progetti/Progetto-PASS>), a national project promoted by the Ministry of Health and realized by INMP, the National Institute for the promotion of Health of immigrant populations and for the control of Poverty-related diseases, in a time period of 18 months between 2009 and 2010. To this initiative the author participated both as teacher and as coordinator of the researchers' and teachers' group to which most of the academic and practical courses were assigned within that lecture series. The other 15 interviewees were imams, and were selected in the same period (by a group of more than 130 Italian imams that participated in the study). They were interviewed as carriers of an experience that ripened in the same territorial setting as that of the mediators (the Veneto region), in the context of a broader research project carried out in years 2011-2013, in the framework of a PRIN-MIUR grant connecting five groups of different universities (Padua, Bologna, Rome, Turin and Palermo). It was entitled: "Religious pluralism in Italy: mapping and interpreting socio-religious diversity in Italian society", and lead by Enzo Pace. The writer was part of this project as coordinator of the research unit that was studying the Muslim presence. With both groups a qualitative investigation was carried out, utilising mainly the key informant in-depth interview method. The group of mediators comprised 10 females and 5 males (this appears to be a mainly female profession), trying to represent the greatest number of geographic areas of origin of immigrants (Maghreb, Anglophone and Francophone Africa, Balkans and East Europe). The imams are all male and originating from the Maghreb and Middle East, an Islamic presence that is more rooted in the Italian territory when compared to that of other parts of the world, such as South East Asia and Africa.

intercultural mediation. Indeed, there is a growing awareness of the impossibility not to take cultural differences into consideration. But the consequent necessity to handle such complexity is possibly highlighting the intrinsic limitations of the Italian welfare model, based on rights and services.

The realm of the end of life and of its elaborations by different social groups, constitutes a reality that the secular State in the Italian context has historically always acknowledged as the prerogative of religious institutions that are considered by most to be the repository of a knowledge and a know-how that is more appropriate in extreme and upsetting situations (serious illness, terminal illness, death), although in recent years, even in Italy, the debate on end-of-life revealed an important sum of positions inspired by a markedly secular feeling (Falzea, 2009; Pugliese, 2009; Villone, 2011; Gensabella Furnari, Ruggeri, 2010; Neri 2010). A State whose constitution recognises freedom of speech and of religious belief cannot obviously abstain from recognising these principles in actual practice. At the same time it finds itself facing problems that are linked to their translation in practice in context that is becoming more and more globalised in nature.

A space thus opens in which the activity of the intercultural mediator is woven in with the semantic evolution of traditional roles and practices, which are nearing a profound transformation. The cultural mediator is involved in situations where the religious experience of his interlocutors emerges. At the same time, figures such as the imam, in the case of Muslims, in addition to fulfilling more and more the role of religious assistant, which is new for their tradition and similar to that of Christian chaplains, find themselves acting also as *de facto* intercultural mediators, filling legislative and organisational gaps left by the governing bodies with “their” cultural and religious welfare system, through which they mobilise the help of the community they belong to.

In the following pages, the aspects that comprise the subject of this study will be outlined through the analysis of the modalities with which they emerge in the words of intercultural mediators and religious assistants. Amongst them, the vast majority of individuals chosen are connected to Islam. In the context of a wider negotiation with the Italian State, Islamic groups have maybe more than others insisted on the issues of legal and material recognition of Islamic worship needs in relation to the end of life (religious assistance in hospitals, spaces in cemeteries, burial modality).

Mediation and death: dimensions of interculture

The objective that we have given ourselves with this study starts from its very conception by adopting an intercultural meta-logic perspective. The term interculture and its different derivatives are currently used in a variety of communication settings with meanings and intentions that can also be very different from each other and in many cases characterised by a strong and symptomatic confusion. Even the term intercultural mediator² harbours a series of approximations in which one can read the communication uncertainties present in public policy, politics, the media and common usage. As a scientific approach, the intercultural perspective actually tends to define itself within the social sciences debate on large globalisation processes (Fetherston, Lash, Robertson, 1995; Bauman, 1998; Beck, 2007) to which it brings critical reflections on its fundamental categories and concepts. It initially configured itself in contrast to the already current concept of multiculturalism³, of which it highlighted its limitation, represented by an essentialist and reifying vision of culture (Mantovani, 2004). The risk of such essentialist vision is that of conceiving social categories as compact entities, internally consistent and totally self-contained. The intercultural perspective on the other hand conceives cultures as always involved in mutual interaction and consequently proceeding by transformation, admixture and redefinition: cultures are at the same time the process and the product of intercultural exchange (Hermans, 2001). Sharing, disputing and negotiating are therefore intrinsic characteristics of culture as narrative (Benhabib, 2002). In this view, therefore, the encounter between cultures is no longer a marginal incident in their trajectory, but an event that is ingrained within the fabric of each culture in its own right. For this reason the intercultural approach draws attention towards “contact zones”, where cultures are really growing (Hermans & Kempen, 1998). The very notion of contact zone indicates the importance that the redefinition of the notion of territory assumes in

² We cannot deal here with the whole issue of mediation practices in general and of the figure of the mediator and its job description in particular. On this topic please see: Castelli (1996); Castiglioni (1997); Fiorucci, M. (2000) Jabbar (2000); Johnson & Nigris (2000); Favaro (2001); Belpiede (2002); Ceccatelli Gurrieri (2003); Aluffi Pentini (2004); Porter & Dusi (2005); Luatti (2006); Luatti (2006, 2011); Baraldi, Barbieri. & Giarelli (2008); Mantovani (2008b); Rhazzali (2009 a, 2009 b); Hsieh (2010); Soru, Schiavinato, Rhazzali & Aiello (2012; 2013); Rhazzali & Schiavinato (2013).

³ For an analysis, see: Blau (1995); Baumann (1997); Benhabib (2002).

intercultural research.

Territory in this case is defined not on the basis of the fenced demarcation of stable boundaries of everyday geography, but more as the ever-evolving product of the interactions that keep on shaping it. When delineated in such terms, territory highlights the network of relations connecting agents and situations within the extent their interaction; they are in turn caught in the dynamics that every day modify the territory's configuration (Schiavinato & Soru, 2008). This entire aspect of territory might otherwise risk being set to one side, to give centre stage to cultural categories that are incapable of capturing the complexities of social transformation. Interculture thus defined cannot reduce itself to a research method on immigration (Mantovani, 2008b). Cultural difference and exchange operate even between entities that would appear to belong to the same context and under this approach such viewpoint is relevant for many reasons to the interpretations of our overall reality. However, migrations have been very important in highlighting the usefulness of the intercultural approach. They indeed demonstrated how intercultural contact involves immigrants and the hosting society with different but closely connected modalities. Territory, in the above-mentioned connotation, and especially at the most proximal level, the local one, that of the city and the district, becomes the place in which intercultural exchanges are abundant and in which they are shaped by the "micro-politics of daily contact and encounter" (Amin, 2002, p. 959). At this level all "cultural interfaces" (Schiavinato & Soru, 2008) such as public administration, schools and hospitals assume an important connotation, as places where the immigrant encounters the mind-set that informs the organisation of work, the relationship with laws and regulations and the provision of services, a mind-set that is not always embraced. These are contact lines along which a difficult communicational osmosis occurs, in which very often the potential cognitive implications are not given their worth, unless they are adequately gathered and interpreted. This gathering and interpretation could reveal itself important in highlighting, beyond what does not strictly pertain to the immigrant, the social processes of change that should dictate to administrative and political agencies the search for innovation in both form and content.

The context in which one of the most complex and significant forms of cultural interface is generated is undoubtedly the healthcare system. This needs to be conceived as a place where the meeting between demand and service produces an interaction between healthcare professionals, users and

the institutions. In this interaction an important role is played by the alternation of negotiation and resistance, communicative aspects in which the positioning of various actors is important, together with their interchange depending on the circumstances, influenced by internal and external dynamics (Schiavinato, Cottone & Mantovani, 2006). Amongst the consequences that are derived from the presence of immigrants in a hospital context is the emergence of a new figure, that of the mediator, whose work is considered necessary for inclusion of a subset of users who for cultural and linguistic differences would not be able to grasp the essential communication needed to give consent to the implementation of the service. Our focus is on a particularly problematic facet of hospital organisation, where it seemed to us legitimate to identify an important theme that creates around itself a complex contact zone. When within the sphere of the end of life there are individuals linked to cultures where its presence has a different quality, death and the nearing of it can evoke symbolic planes of awareness and create an extremely important connection from a cultural and intercultural perspective, linking together the fragmented images of life and giving meaning to existence, experience through the lack of repression of death⁴.

The theme of the end of life, which would appear essentially the prerogative of bioethics, probably finds within an intercultural perspective a favourable condition to the manifestation of its subversive potential when confronting the life style of our prevailing cultural model.

This is a setting in which the relationship between operational criteria and the sensitivity of the patient and of whom is close to him can become

⁴ Importantly, our legislation contemplated until 1999 the possibility to cover the expenses for repatriation of the bodies of deceased non-EU workers through the healthcare system. The repatriation fund, introduced with law 953 of 1986, was financed by 0.5% taxation taken from the wages of these workers. The aim of such fund was not only to cover expenses for the bodies of workers that had paid at least one mandatory contribution, but also the payment for the travel ticket for regular immigrants that have been left without an income. With the approval of law 40/1998 (Turco-Napolitano), the repatriation fund was set to operate until 31 December 1999 and was then abolished. The following provision 189/2002 (Bossi-Fini) targeted the firm or the person employing the non-EU worker as the responsible for payment of travel expenses or forced repatriation, but the issue of repatriation of the bodies of the deceased was not touched upon in the slightest. Nevertheless, in the absence of a national law, the competence was delegated to the local authorities. But currently the issue is addressed in many different ways, according to the receptiveness of the individual regions (Emilia-Romagna provides a refund of at least 50%) or cities (some districts in Campania or Sardinia draw from the regional immigration fund).

difficult: the divergence between the values of the respective parties tends to widen. Therefore we must find ourselves in a predicament in which the work of intercultural mediators should appear even more necessary. As we shall endeavour to demonstrate, in these cases the mediator experiences the importance of the function that he is called to carry out, but at the same time notes that to obtain some results he must extend the notion and perception of what mediation entails, transcending his own individual role. Here, in the context of mediation, the role of religious assistant seems to fit well: the religious assistant relates more spontaneously to the essentially religious symbolic sphere that tends to form around the terminally ill person or the deceased and his network of relations. Here a complex form of mediation takes shape, transcending the delegation to a single operator figure and, without belittling the importance of such operator, takes on a more definite form as a grouping of actors and different practices in dialogue between one other. This urges to consider the intercultural perspective as destined to pervade institutions, their competence systems and their operational modalities.

Institutions will find it difficult to achieve positive outcomes from their own intercultural investments without being offered stimuli and suggestions that might prompt them to reconsider their own tenets. Analogously, for religious confessions that experience the necessity to understand the intercultural dimension in which the vicissitudes of their communities occur in order to carry out their function, there will be a strong need to obtain from this experience the inspiration to introduce innovative developments in their theological elaborations.

The intercultural mediator in the paths of the end of life

It is not a coincidence that the intercultural perspective today in Europe lends itself to interaction with the knowledge base used in welfare systems. This happens in the elaboration of practices that complement the resources of the social State when facing circumstances such as those connected to migration. At the same time, an intercultural viewpoint can highlight a set of serious problems and issues in the interaction between migrants and the hosting society, not exclusively traceable to the presence of migrants, but to the intrinsic limitations in the relation between State and citizens, and in particular between the rationale of the welfare system and a new map of needs present in society.

Importantly, intercultural mediation takes root, nearly everywhere, as a specific branch of social mediation. In other terms, in order to include in the provision of its services citizens with different cultural backgrounds, the social State employs figures and practices that allow this objective to be reached. In some national contexts, in particular in the south of Europe, characterised by relatively weak welfare structures and a more recent experience with migratory processes, such mediation has even been conceived as a model of “integration” and of global management of cultural diversity.

Thus in Italy, welcoming structures and service access facilitation tools will end up providing an implicit immigrant inclusion model (Ambrosini, 2001), making up for the near absence of the political sphere, interrupted only by emergency- and security-driven legislation (Ambrosini, 2005, p. 213).

Italy constitutes in this respect an interesting case study, even with regards to what pertains this study, i.e. the relationship between intercultural mediation and the social interactions that develop around the theme of the end of life.

It is worthy of note to mention how in Italy intercultural mediation and professional identity of the mediator are the topic of debates that have been going on for nearly twenty years. Foremost, it should be mentioned that in all the vast array of intervention settings where a mediator is present (school, healthcare, jail, social and administrative services), a considerable set of practices has developed. Some of these local settings can be rightly considered to be at the forefront in Europe⁵. Even considered this, apart from the routine rhetorical celebration of the importance of the encounter between cultures and of social inclusion, public policy is silent, in line with a wider incapacity to conceive far-reaching reforms at a programmatic level.

One must specify that the research presented here has been carried out in the Veneto region, a setting that is characterised by welfare structures that are very developed compared to the Italian average, and characterised by a strong integration between publicly and privately run social structures, especially of catholic leaning. In this mixed welfare system, with regards to immigration different social actors take the lead, from local secular and catholic associations, to those promoted and organised by the migrants

⁵ See for example the “Intercultural City network”, established in collaboration with the Council of Europe.

themselves (Mantovan, 2007). There are also many associations and cooperatives that are involved in intercultural projects and provision of mediation services, being able to rely on a significant spending budget of the regional, district and local administrations, and also to draw from other resources by participating in funding applications at the national and European level.

The theme of the end of life finds its main manifestations in the context of the healthcare system, which by the very nature of its service has been amongst the first to experience the need for linguistic and intercultural mediation for immigrants and that has progressively discovered the complexity of the intercultural dimension, experimenting with specific formative activities for its own personnel and in a few cases managing to plan and realise far-reaching projects in collaboration with universities⁶. This perspective, at least in the current state and beyond pure statements of intent, seems to have more of an impact on emergency service practices than on organisational strategies approaching healthcare in general.

As we have been able to ascertain during our research, in the mediators' experience the relevance of an intercultural perspective that is not reduced to the facilitation of functional communication tends to establish itself fairly early. Mediators operating in this setting mention to varying extents in their interviews how the impact with cultural differences creates complications for a repertoire of criteria and protocols with which it could otherwise seem to be able to coexist without excessive problems.

Even starting with the functional need to exchange practical information, it rapidly appears – a feeling that can also be denied and repressed – that there are very different ways of living the relationship between illness and health and that to somehow acknowledge the different life experience of the foreigner can become an integral part of that assistance and care that initially was thought they could do without. Eventually it is the overarching structure of the medical and clinical mind-set that is the most criticised, called to question the systemic coherence of its own cultural assumptions, in the hope that a different appreciation of diverse cultural institutions would follow.

This becomes even more challenging of the status quo when dealing with the nearing and occurrence of death, rather than solely with treating an illness or accident. In this context the behaviour of all people involved is

⁶ We shall mention here the project “Intercultural hospital” of the region Emilia-Romagna, coordinated by the local health authority of Bologna.

not as predictable, less solvable in terms of protocol, and the cultural resources of each person are called to be spent without holding back.

The interviews with intercultural mediators⁷ can offer us many elements to put into perspective what happens in the life of the immigrant, of his family, his friends, in that of the Italian context in which he finds himself, when the event of death is nearing or has happened.

Undoubtedly, when the event of death and its nearing is linked to disease (disability, psychological unrest), but also to the handling of the ritual moments of funeral, of burial, of the possible sending of the body to the country of origin (in case there had not been a prior problem regarding the repatriation of a terminally ill patient, as if planning that death should happen in the home country), it involves a sometimes difficult exchange of views between the sensitivities of the immigrants and the habits and practices with which these circumstances are ordinarily dealt with in Italy.

The intercultural mediator carries out his activity in the context of a work relationship that involves his intervention only when need for him appears to be particularly called for⁸. Therefore these operators assist only during some portions of the event in which they take part. Nevertheless their testimony can be rich of important elements, highlighting how apparently simple and modest circumstances can link to far-reaching issues.

In the hospital the mediation issues are going so so and they call us to work when the patients do not talk any more. We try to speak with them in English or call another patient from the same country or if there is a member of the family around [...] I also followed some case of terminal illness or death but only to translate the necessary things... to the relatives, to explain a few things, how it works [...] a discontinuous work and we do not know what happens in the whole hospital (Cristian⁹, 32 years old, Romania)

As a consequence, mediators often find themselves within the context surrounding the end of life only for limited time periods. They are not witnesses of the whole event, but the fragments that are known to them through the circumstances are often internalised with the surprise that can lead to recognition of the “Other”.

⁷ Some of the foundations of these investigations are laid out in our: Rhazzali (2006, 2009, 2010).

⁸ See note 3.

⁹ For data protection reasons, we have used pseudonyms for all our interviewees.

Well, I assisted a terminally ill patient. He was a young male, around 30 years old. He was also very serene with respect to the disease that was devouring him. Poor him, I pitied him a lot. He was very lucid. But the thing that affected me most was his concern with what would happen afterwards. Where would he be buried? He did not have any relatives here. He had some fellow countryman who would visit him. He did not have any documents and therefore he was a clandestine. He always asked me for help on this and the doctors and the personnel did not understand him well. According to them he had to fight the disease and try to get better. But he often had paranoia about this. At some point I contacted one of the people responsible at the mosque, an imam; actually it was him that asked me to do so. Then the imam started visiting and sending him a few people. Many people gathered around him. He resisted well and at some point there was not much more that could be done and they were about to discharge him. The same people, the same imam, with the help of the social services and of the Tunisian consular authorities, helped him spend the last days of his life close to his relatives in his country (Samira, 42 years old, Morocco).

Amongst Samira's reflections on the unsatisfactory aspects linked to the limitations of her work and the story of the young terminally ill person a link emerges that cannot be overlooked. The bureaucratic framework of her mediator job and the difficulty of the doctors to obtain some results in giving psychological support to the young patient, notwithstanding their efforts, seem to derive from a single cultural distance with regards to the affective and symbolic priorities experienced by these two individuals from Maghreb, the mediator and the patient. Indeed, in dealing with this case, the anguish of the young man, who more than death fears the burial in a foreign country, opens itself towards the introduction of representatives of the traditional world from which the young man originates. Through the intervention of the imam and of the members of his community the fabric of the social experience of the individual path towards death is recreated, reducing solitude and symbolically marking the moments that culminate in the final ending. Progressively a de facto agreement is reached between the praxis of the healthcare service and the resources of a traditional context. The mediator introduces the imam, who in turn brings the community together and at the end the fear not to be buried at home is mitigated thanks to the "intercultural" support of the service and the community of the young man, which during the course of the event managed to find a way of cooperating. The imam, similarly to a chaplain (i.e. a figure that especially in Europe is perceived as analogous to the Christian priest as minister of

religion), and the mediator create a polarity in the equally cultural and religious field surrounding the end of life.

I have not been in contact with death much in my professional experience [...] Everybody is afraid of dying and to die here is even more painful. They are fearful because they feel alone and they must fight against death on their own [...] I can also talk of the theme of death outside the hospital. One does not hear about Albanians much in this sense because the body is always transported (home). Families organise themselves. If student insurance is present, the insurance will cover the costs. Workers should be covered by the National Social Security Agency (INPS) (Ada, 28 years old, Albania).

The mediator does not recount a particularly vast professional experience in the hospital context, but she indirectly shines light on one aspect, that of the fear of death in solitude, which strengthens the attraction towards the homeland as the place where exile and isolation can finally cease to be. This mediator, who deals in mediation also in other contexts, makes the significant discovery of a state of being that in her opinion characterises older Albanian immigrants.

But the thing that is most striking is the older Albanians' fear. In the last years, many parents of Albanians have come to Italy and here they often receive state pension¹⁰, with the precondition that they need to stay here in order to continue to receive it. They cannot go back and forth as they used to do. It has been quite a few years now that things have changed and checks have increased. They can go back home only a month a year. And it is for this reason that this jail-like condition has been created. And they have a terrible fear of dying here. They tell me, they worry about it and it makes them suffer a lot... This is happening now with parents who came to join their children for family reunification, but perhaps this already started with the first Albanian workers that now have children and are starting to retire [...] (Ada, 28 years old, Albania).

Ada's narration highlights how the relationship with the idea of death can bring up important aspects of immigrants' lives, which mostly remain unspoken. It is the case of the old Albanians domiciled in Italy to take advantage of the opportunity of a modest pension, which furthermore strongly reduces their chances of frequently visiting their country. Parents

¹⁰ The interviewee refers to the older people state benefit provided by INPS. It can be released only on the basis of living permanently in Italy.

of immigrants are often amongst the keenest in seeking rapid and permanent insertion in Italian society, even resorting to forms of mimicry (Romania, 2004) dependent upon the suppression of the relationship with the origins. These old people seem to retain a very strong relationship with their land of origin, which carries in their perception the essential meaning of their existence. And it is the idea of death far from it that provokes an anguish in which one can read the menace of dissolution of the overall reasons for living.

I have worked in the hospital for many years and I have seen all sorts of things [...] us mediators are always called upon and are asked all sorts of things. We do not always have a mandate [...] the hospital does not pay us for all the things we do [...]. Personally I do not hold back and I have many years of experience in working as part of associations, even in my country. Sometimes we are called by the wards and sometimes by countrymen [...] in the case of ill people and terminally ill patients, they call us only when there is an emergency, if someone refuses a therapy... but because countrymen know me and so do even other people such as Romanians, relatives turn towards me... sometimes from their country via phone and then I cannot bring myself to say no...

What do you do in the case of terminally-ill patients?

I deal with bureaucratic problems, many times they have these problems, but they mostly need close psychological support from some fellow countryman. It is difficult and it is a... I call our [orthodox] priest. He has a lot of experience and has been involved in this for many years and they call him when there is a dead person to repatriate, sometimes I think also to help them identify the person when he/she does not have any documents (Florian, 35 years old, Moldavia).

As it often happens, the mediator feels the need to point out the existence of a gap between the fragmented nature of his intervention, which happens only in certain moments of the experience of the terminally ill patient (those in which the people that are looking after him consider it indispensable), and the needs of the patient that should be more fully attended to. The mediator struggles to identify the limits of his own intervention space when contact with the patient marks a need that goes beyond facilitation or support in dealing with bureaucratic obligations. Religion appears as a dimension in which the recognition of the need to give meaning and expression to the life experience of who is heading towards death finds somehow a listening ear that recognises in some

measure the moral complexity of the situation in which the ill person finds itself. In short, the intercultural mediator, per se a secular social figure, in order to really fulfil its role calls into play a religious figure, because a decisive component in following the ill person finds in the religious horizon an array of discourse structures, gestures and symbols that culturally seem to carry out an effective mediation, in the eyes of the mediator itself.

It is a theme [the end of life] with which I had dealings with often. We as cultural mediators work when a person is ill. Sometimes [in the case of the terminally ill] one needs to find relatives, acquaintances or community friends to identify and look after a young person. Some young person found dead and brought from outside the hospital because he had a road or work accident, someone who had alcohol problems... someone for which one might need to contact the relatives in the country of origin and the consular authorities. But then it is always the relatives and the friends, his church and some pastor that deal with it and organise themselves to do the rest. They collect money amongst immigrants of their community, in the case that relatives, children or wife, do not have the means, and send the body down (Elisabeth, 38 years old, Nigeria).

For Elisabeth death appears essentially as the final event and therefore as something that calls her to act mostly going beyond her strictly professional duties: the mediator devotes his activity to the ill. And yet when facing the necessity to weave the web that brings around the dead the network of participation and solidarity that normally should be implicit in a community to deal with funerals and repatriation of the body, the mediator appears not to be able to stop herself from going beyond the protocols she should be following. In short, for who perceives the continuity between his own institutional duties of mediator and a wider sphere of social and territorial mediation that healthcare services do not appear to have considered as one of their duties, finds himself in a difficult situation. Also in this case resorting to religious figures appears as the way to delve deeper into the issues of intercultural mediation.

What comes to mind is one of our sayings: "A grave as a foreigner is better than having an empty wallet". This is how emigration has been discussed in Morocco in the last twenty years, which meant also dying abroad[...] In my work, I have seen with my own eyes men cry after possibly many years in Italy. I have seen men, or even women, when caught by serious illness,

having fear of dying. When death comes nearer it is hard for everyone. And because of this, behaviour changes too. It depends on the faith of people. Faith helps to be serene when facing a slow death. There are those that come closer to God, but I have seen people, even Muslim, moving away from God and not believing anymore, gone crazy, suffering and considering their situation unjust.

In what sense?

Who is a believer asks for mercy and maybe would prefer that death came sooner; who is maybe distant or does not believe, suffers a lot, especially if he is young (Aisha, 41 years old, Morocco).

Prompted on the theme of the end of life in her work setting, Aisha spontaneously presents death as something that shakes the certainties of the emigration project of many of her countrymen. Even a symbolic high cost as that engendered by a burial in a foreign country seems acceptable, as long as a level of dignity guaranteed by minimal economic safety is reached. One can also come closer to adhering to a model of society in which death tends to be repressed, silencing one's own religious sentiment, but when a real event occurs the problem opens up again. Aisha notes how when being at the end of life it is inevitable to experience a restlessness that brings into the picture a religious dimension that can be lead in the most different directions, from the strengthening of faith to resentful disbelief. In any case, the space for religious elaboration appears to her to represent an irreplaceable resource in the attempt to make paradoxically more liveable the end of life.

Could you talk to me about the hospital structure where you work, with respect to the end of life?

Yes, well. Now our role is important and everybody knows this. But there are some issues relative to the presence of immigrants. Maybe Moroccans or Muslims are more demanding because our religion gives precise rules on how to treat people even when dead: washing and other things according to the Muslim rites. But it appears to me that for all foreigners there is a lack of opportunity to have an path accompanying them to death in a country that is not theirs [...] We do not have a say in this, as cultural mediators. Personally I have a good relationship with the youth from the mosque and with the imam and I call them when there are difficult situations. Therefore, shall we say, even religious ministers need to be considered as important figures. And not only in the case of Muslims, even for Africans, Asians... (Aisha, 41 years old, Morocco).

In outlining her experience, Aisha highlights how the importance of mediators is now a given, but how at the same time the hospital seems to find it difficult to draw some organisational consequences from what is brought to light by the work of mediators. Probably thinking of the presence of catholic religious assistants, she notices that for all other denominations there is a lack of an analogous offer. Which she believes is important for all and should be a right for everybody, even though one cannot but stress that for Muslims the need for a religious cultural elaboration of the end of life appears to be particularly strong. Even in this case the intercultural mediator believes that her role nearly forces her to go beyond the duties that have been formally assigned to her: she cannot renounce to resort to additional resources such as those that are made available by the presence of religious agents in the territory.

When they are called to respond to the theme of the end of life, the mediators that were interviewed by us all tend to highlight that what is generated by this particular cultural contact zone ends up revealing a set of problems that the traditional healthcare mind-set and more in general the social services find difficult to interpret. The insertion of mediators in this service provision context is certainly very important in the management of cultural diversity. But what was in the best of hypotheses a useful system for welcoming immigrants has instead been considered a sufficient global answer to the problems posed by the novelty of the situation that has arisen. In particular, the scale of transformations surrounding the immigration phenomenon has not been recognised; handling cultural diversity merely as an emergency and therefore as a marginal problem is very unrealistic.

Conversely, the need for an effective recognition of cultural pluralism seems to call for the development of the whole of society and therefore to push for the adoption of an intercultural perspective in the overall conception of culture and service provision, rather than a restricted delegation of functions in for handing cultural diversity.

Our current reality now rarely shows a compositionally stable society facing the novel presence of immigrants, case in which the situation can be handled by putting into place forms of mediation that are aimed at allowing their integration with the least possible amount of transformation of the overall context.

In other terms it is difficult to think of the present situation on the basis of a minimal form of multiculturalism, aimed at leaving each ethnic and religious entity in a state of uncommunicative separation, from which to access contact zones by undertaking a process of adaptation; this so as to

appear legitimate everywhere and immediately compatible with the expectations of the context, a demand which is particularly and systematically made of non-structured religions¹¹ in their relationship with public space, following the partnership model between State and Church. The end of life is a boundary zone in all senses, boundary between life and death, but also boundary between a system of behaviours that is based on the repression of death and of a series of aspects of life that emerge to the foreground only when death is not repressed. For this reason the aspects of life that arise in these situations, when looked at closely, seem call into play the religious element but also to highlight the setting as an element of intercultural tension.

Between intercultural mediation and religious assistance: the case of Muslims

As we tried to highlight, both the event of death and the dimensions linked to it, that of illness, of the funeral rite, of the synthesis that a life gives to the collective memory of a social group, confirming or modifying their traditional values, seem to find in religious traditions a resource for their elaboration that is difficult to replace.

In this perspective, the case of Muslims lends itself to highlighting a significant part of the reasons that make intercultural analysis of this topic important when trying to understand the transformational processes that are occurring in Italian society. As a matter of fact, the Muslim presence is denoted by a particularly intense reaction, diverse in its modalities, to the problems posed by its insertion into a new sociocultural context¹². Beyond the tangible dimension of the mediation practices that are present in the territory, which see the involvement of religious figures, summoned by mediators and hospital personnel, one needs to bear in mind that “Italian” Islam is trying to answer to the cultural transformations that are imposed on its social fabric. This can be seen for its constant striving to negotiate with the Italian state a formal recognition that would give a legal framework for

¹¹ Roy (2008) has called these processes the formatting of religions, seeing them as becoming more indistinct. This feeds indirectly a “theological standard form” applicable to everything that defines itself as religious.

¹² It is worth mentioning as an example of Islamic reflection on bioethical issues strongly inspired by the demand of comparison with the European reality: Atighetchi (2007).

their religious practices. At a broader level “Italian” Islam is trying to answer to the need to structure the organisation of daily life of the members of their faith according to the principles of Islam. Because of these pressures, it has faced a path of redefinition of the features of religious authority and of its relationship with the needs of the community. This figure called imam, who has become familiar as part of the mental imagery linked to the public arena, represents the original product of a cultural elaboration undertaken by European Muslims of the last decades. The imam, who in traditional Islamic context has a different role, within an elaborate system of religious and juridical figures, in Europe and in Italy presents itself as a figure in evolution in which old and new roles tend to coalesce, giving rise to the invention of an institution that could be defined as “European imamate”¹³. Besides functions connected to the religious practices of the community and its representation in the public arena, the imam, in order to have an official relationship with “institutional interfaces” such as school, jail and hospitals, has been led to take on the role of religious assistant, analogously to what has happened for Christian churches and later with other religions (Ferrari, 2013).

The imam, therefore, should comfort the ill, assist the dying, celebrate funerals and also coordinate the relationship between the family of the deceased and the many bureaucratic agencies that are involved in matters surrounding a death. But what interests us here is that in these contact zones, members of Islam manage to gain access mainly due to being recognised as useful in intercultural mediation; mediation on one hand seeking the attention of the public authorities, on the other hand, it stimulates the trend to create a sort of relief-system parallel to the aid agency and managed directly by Islamic organizations.

In this regard, it has been fruitful, in the context of a national research project on religious pluralism, to involve some imams in the Veneto region with relevant experience.

[...] it annoys us how we are treated in the words of politicians: “we do not want the mosque...just go home... we also want to go and build churches in

¹³ Due to space limitations we can only point towards a few books that relate to the European context: Landman (1997); Shadid & van Koningsveld (2002); Boender & Kanmaz (2002); Kroissenbrunner (2002); Lewis (2004); Moreras (1999) Dassetto (2011), Frégosi (1998, 2004) Cesari (2004), Cohen, Joncheray & Luizard (2004); Ciauriz, M.J. (2004); Caeiro (2010); Manço & Kanmaz (2005); Dassetto, Maréchal & Ferrari (2007); Saint-Blancat (2008); Jouanneau (2013).

their home countries” [...] We have a good relationship with catholic groups. We respect and understand each other and we have conducted many interreligious initiatives.

You said that you wanted to tell Italians about the role of the mosque.

I would say that the general public is not very well informed. In hospital the personnel is sensitive and we have many years of experience. This is what I want to say to who does not know. They call us, also with the help of cultural mediators, in difficult cases of patients with serious illnesses, to support them, to give spiritual assistance to ill people, to their families... welcome the families, support them... we welcome families, not only those that come from abroad, but also Muslim families that come from the south of Italy.

And have you dealt with terminally ill patients?

In these cases they call us automatically. The mosque is always called, to sustain both the patient and the family. We contact the family members when they are not here, we follow the case. Also the patients do not feel lonely and they spend their time more serenely. And this is important even for God, to stay close to the weak. It is then them who start asking for our presence. In some cases they stop talking and want to talk only with the imam (Abderrahman, imam of a mosque in the Northeast of Italy).

The interviewee stresses how the positive welcoming he has received in the hospital context is connected to the evidence of his usefulness because religious assistance comes to incorporate also elements of intercultural mediation and organisational support. The imam receives therefore a de facto legitimation that gives testimony to how Muslims can be appreciated, in a situation involving practical matters and direct intercultural contact. His success seems to him not by chance to stand in contrast to the confrontational representations used in political propaganda. In particular, Abderrahman seems to take as given (as tends to be confirmed by the testimony of mediators) a near substitution of the imam to the intercultural mediator in particular in the case of terminally ill patients. In the proximity to death the possibility to recreate around the ill person a presence with strong religious connotations ends up representing the central core of assistance. In the meantime, the presence of the imam acts also as mediation between the hospital and the network of relations that is connected to the ill person.

[...] But it is not the case that we are doing something new or that there is a need amongst Muslims to produce new rules...the chaplain does the same thing. And if his role is important, this must be so for all citizens, even for

those that are not catholic. And anyhow they are the ones that call us and know that we help them and also the ill person. And also during the time of death. This is the most difficult moment: it takes time and money to answer to the desire of the deceased and his family. It is us who deal with the funeral and the transport of the bodies.

But do you not receive help from someone?

No one. Nothing. When someone dies, it is only the brothers gathering funds in mosques, butchers, bazars, Muslim businesses... for this reason at the beginning I was talking to you about politics. There is no help and there are problems in obtaining places in cemeteries. No mosques, no cemeteries, no funds to transport the bodies. And what do we do? Politicians do not want to know about this (Abderrahman, imam of a mosque in the Northeast of Italy).

We reiterate here the analogy between the function of the imam and that of the catholic chaplain, so as to highlight the “normality” of the presence of an Islamic figure in the institutions. Furthermore, we highlight the help that the mosque is able to give to healthcare structures, mobilising a sort of religious welfare based on solidarity. When this is taken into account, the indifference of public policy becomes starker.

The work of the imam in hospitals is very important and fundamental. But not all imams can do it. The imam must also have an education in intercultural mediation. For me it has been useful to have taken part in one of the very first training courses for intercultural mediators. At the hospital the imam does not only provide spiritual assistance but has also the duty to build a connection with healthcare culture, with administrative problems, with the culture that is greeting us, the catholic culture, the countries from which Muslims come from.

Intercultural education is important for imams. *Can you also tell us about the training received by the hospital personnel?*

This does not pertain only the imam but also the hospital personnel. We say that this depends upon the resources and upon how much politicians consider this important [...] Now I am in a new province but in the one where I was before, thanks to the help of my brothers, I had ended up covering all the hospitals of the province. When there was a need, the hospital would call directly the imam that was looking after that hospital. Then I participated in a project that is called “Intercultural hospital” in which I was a teacher for the hospital personnel (Bouazza¹⁴, imam of a

¹⁴ The results can be those described by Bouazza, i.e. intercultural action becomes creation of communities sharing tasks and experience in which cultural awareness and useful

mosque in the Northeast, of Algerian origin).

The imam states rather effectively the reciprocal involvement between his religious role and that of intercultural agent. And indeed for this reason he highlights the need to conceive an adequate educational path for who needs to carry out these functions, thereby indicating also the need for a more general rising of the level of intercultural awareness of the entire hospital context. In this perspective, Bouazza, who anyhow represents quite a singular case of activism, puts his effort into guaranteeing a widely diffused presence of religious assistants across the network of hospitals located in the territory and into participating in important initiatives such as the project Intercultural hospital (for which he was a teacher), promoting a path of appreciation of the different cultural competences that are present in the territory. In other terms, it is possible to create good personal relationships that make it possible to associate to the effort of reciprocal understanding also the pleasure of sharing a common goal at work.

And how is the relationship with the healthcare structure in terms of the organisation of funerals?

Let's say that the relationships are splendid and that we collaborate very well. The personnel is now used to diversity, even if a training course is always useful. They give us all the spaces to do all the necessary rites and they make things easier for us, with total respect for rules of hygiene and health. Even the cultural mediators help us, but often in voluntary capacity, out of their working hours. Let's say that, notwithstanding all that is said, there is a network that works, made of Italians and foreigners, for the good of all. These are good things to tell and to communicate to ordinary people (Bouazza, imam of a mosque in the Northeast, of Algerian origin).

The results can be those described by Bouazza, i.e. intercultural action becomes creation of communities sharing tasks and experience in which cultural awareness and useful practices interweave and in which the cultural diversity of the agents ends up appearing like the elaboration of a common resource. Particularly lucid and constructive is the reflection upon

practices interweave and in which the cultural diversity of the agents ends up appearing like the elaboration of a common resource. Particularly lucid and constructive is the reflection upon the necessity to develop good practices by providing written accounts and even theoretical explanations, thus giving the reasons for their usefulness. The networks that are working could function even better if what drives their experience could be transmitted to a wider and more systemic cultural awareness.

the necessity to develop good practices by providing written accounts and even theoretical explanations, thus giving the reasons for their usefulness. The networks that are working could function even better if what drives their experience could be transmitted to a wider and more systemic cultural awareness.

[...] everybody prefers to transport the body. Some have insurance¹⁵. But this is a personal, family choice, it is not part of our Islamic tradition. God talks to all human beings and they are all his creatures. Even the Earth is one of his creatures and all the Earth belongs to God. With God there is no North, South, West, East, Morocco, Italy... If there is respect for the body of the deceased and the commandments of God are followed all the Earth belongs to God. I say to many people, even those who have relatives here, to get used to being here and that it is not reasonable to spend a lot of money to transfer the body down.

But there is still the problem of space in the cemeteries.

It is true, this is another problem. To get hold of a space in cemeteries is another thing that has found its way to the hands of politicians, as the issue of building mosques did. But we are a democratic country and if Muslims care for this, as citizens they have the right to die and be buried here...

Who gets buried here?

Poor people. People who do not have friends or relatives. We do what we can but if there is not a big will by a group of people to gather funds, and deal with all the bureaucracy, then everything stops here. Many infants, people with drug or alcohol addictions and wondering souls that had broken the links with the world, illegal immigrants who were passing by and who nobody knows ... (Hamid, imam of a mosque in the Northeast of Italy, of Egyptian origin).

Hamid's reflections provide an interesting example of how the strength with which differences are communicated in the cultural contact zone can promote an innovation in the relationship of Muslims with their own cultural theology. In Muslim communities there is a strong and widespread influence of an ideological and only partially theological viewpoint that makes a very net distinction between Dar al-

¹⁵ The interviewee refers to the insurance policies that in the event of death provide cover for the expense of repatriation of the body. These policies are offered by some "ethnic" banks or financial societies (for example Attijariwafabank, a French-Moroccan bank).

Islam and Dar al-harb¹⁶; this considers the land in which one has immigrated as one in which it is possible to live but it is not advisable to be buried. Hence the importance given to returning the bodies of the deceased to what is considered to be the true homeland. Such viewpoint lends particular strength to a call back to the land of origin, felt anyhow by immigrants in general, especially if even just the fantasy of a return home was still present; a return that if impossible during life, should at least occur after death. This is also confirmed by the commitment shown by many non-Islamic countries in financially supporting such practice. The imam on the other hand has become the witness of a rooting of his community in the welcoming country, which stimulates a reflection that is fully coherent in his opinion with Muslim theology. All the Earth is the Earth of God and the need to return the bodies of the deceased to the homeland is more due to a traditional sentiment than to a religious imperative. Indeed for this reason it would now be important for there to be the possibility to perform funeral rites and bury the bodies according to Islamic precepts in the new country. Therefore, following this line of reasoning one comes back again to the problem of intercultural mediation and adaptation of public policy to the needs of a real religious pluralism. For the moment, paradoxically the immigrants that are buried in Italy are the weak ones: infants, drug addicts, immigrants with no family ties, all those people that as immigrants seem not to fit in any category.

In conclusion, from interviews with imams, Islamic religion appears, analogously to the catholic one, as a traditional resource that needs to be called to action in order to manage and organise the event of death; this insofar as, in contemporary society, one delegates to the religious sphere those aspects for which it is not possible to obtain always an adequate symbolic effect from a secular and administrative point of view. This happens not only in the event of physical death but there is risk today of it extending even to the condition of “social death”, occurring in confined care institutes (jails¹⁷, care homes, during illnesses, wards for terminally ill patients...), also due to the complexity and the consequent specialisation of social organisation. On the other hand, a need is emerging for a religious

¹⁶ It is not possible here to discuss the opposition between the categories of dar al Islam [the house of Islam] and dar al Harb [the house of war]. We believe it to be more the result of a western orientalist interpretation of the Muslim world, than actually rooted in the theological corpus of Islam. Its unwarranted success is such that it is seriously influencing many facets of the current Islamic political world.

¹⁷ See: Rhazzali (2010).

dimension that is not reduced to a mere routine, an issue requiring novel reflections and considerations.

Interestingly, our field work has allowed us to note how in particular around the end of life some kind of field is created in which the dimensions of secular intercultural mediation and of religious assistance tend to converge and in part to cross pollinate, as when the mediator and the healthcare operators, through him, discover that only a redefinition of their identity and an openness towards the religious sphere allow the mediation to really take place; and when the Islamic devout verifies that his proximity to his coreligionists is linked also to his capacity to understand the cultural labours through which they transform when immersed in a different life style.

In summary, these are the features of an intercultural negotiation space, where questions that pose themselves to immigrants, and maybe also to natives, are provided with answers that should prompt the different traditions and the multiple political and juridical standpoints to come together in the management of a communal territory. The necessity to build a better perception of social capital and its value, today seems to require that the conditions are put in place for a central role to be given to social agents that are able to recognise the intercultural dimension as an essential aspect of their job description and that consequently are able to develop the necessary agreements to create a culture that is capable of bringing new life to the traditional aims and tools of mediation that are typical of the welfare system.

Conclusions

Physical suffering, in the case of the immigrant, is often tightly intertwined with a pain that is moral in nature, engendering a feeling of exile and marginalisation, beyond which one can glimpse the finishing line of death as a situation that needs to be addressed sociologically. All these feelings and issues converge to define a space in which religion assumes a role that is difficult to replace. It is not only about reclaiming the availability of a wealth of rituals of different confessions to deal with such mournful moments, but also about recognising that the secular mind-set, especially from its institutional perspective, finds it difficult to enact communicative modalities that involve the repression of death as their precondition. It is not by chance that the resort to figures that belong to the

religious tradition does not occur only in the moment of a death or funeral, but appears often as the only working solution when one intends to alleviate the solitude of a suffering patient or to stimulate a process of reflection upon his condition.

For this reason it is difficult for our political and juridical context to refuse space to the religious traditions of immigrants in the management of care to the ill and of the funeral rites. At the same time there is an element of discomfort in witnessing the manifestation of traditions that by comparison seem to question what for us has become a tradition. In other words, the different importance that the relation between life and death has in other traditions becomes a perturbing element due to which secular or even atheistic views can feel motivated to defend the Christian and catholic tradition, which sometimes today presents itself as a protecting force against a presumed invasion of religious expressions of other traditions.

The case of Islam seems to magnify the most problematic features of this issue. On one side it tends to exacerbate the limitations of a secular mind-set, on the other it tries to elaborate ways that would respond to the pressures of a social and political organisation that is largely accepted by the horizon of meaning of its very believers. Particularly significant is the evolution of the role of the imam, in which the need for mediation takes shape both as an answer to the needs that emerge from the changed daily life of Muslims, and as an adaptation to the expectations of the governing bodies to find also in Islam some reference figures that are judicially similar to those that can be found in other religious denominations that are traditionally found in the history of the West.

The imam, a near priest or vicar, must deal more and more with a secular imagery, still within the context of a specific relationship between State and Judeo-Christian religious tradition, which would want also for Muslims a figure similar to that of a priest, a figure that is recognised by the local context and that is able to mediate with the bureaucratic apparatus and in charge of being an interface with the general public. In this perspective, these and other aspects that relate to the process of elaboration of a European form of Islam can be referred back to the debate surrounding the imam, a figure that, in these new contexts, appears to be in a process of rapid transformation.

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