Therapeutic Factors?
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Abstract
Re-examination of the therapeutic factors in group treatment is not a rhetorical exercise. Developments in our understanding of the group psychic apparatus suggest that this unconscious dimension structures the subject’s psyche from birth onward. Moreover, given the current socio-cultural context’s increasing inability to anchor subjectivity to shared unconscious alliances, community therapy offers valuable tools for the treatment of narcissistic, psychotic and borderline pathologies. Illustrated, in particular, are the stimulus shield, the narcissistic contract and transitional and creative processes.

Key words: singular plural subject, narcissistic alliance, stimulus shield, transitional area, rehabilitation, creativity

Introduction
How do we become sufficiently strong as subjects in touch with our intimacy and faced with the unknown other? Discussion of the toolset of the therapeutic community (TC) may seem a monotonously rhetorical exercise. Every innovative development seems blocked by a perennial wavering between an institutional perspective that inherits from psychiatric hospitals the nature of exclusion from the life-sphere and protection from madness at individual and group levels, and a relational one that inherits from social psychiatric practice the need for social inclusion and nurturing relations. The inherent risk in seeking once again to confront this theme lies in advancing valid but under-stimulating and sterile considerations. After all, what more can be said that is innovative? Perhaps the main problem lies simply in transforming into social practice what have become accepted stances and guidelines such as those contained, for example, in Marta Vigorelli’s excellent contribution (Fattori terapeutici della comunità residenziale, 2012), through efficacious policies and adequate training.

I believe that it is important to think of each time as a new beginning, to focus on the specificities of the current situation both as regards the development of psychic research as well as changes in socio-cultural conditions: a unique moment to be understood and used to its best advantage. With Bollas (1992) we can say that we are created upon each encounter with others: "Each entry into an experience of an object is rather being born again, as subjectivity is newly informed by the encounter, its history altered by a radically effective present that will change its structure." (p.59)

In the study of psychic workings in the analytic relationship, we begin to see the “singularity” of the psychic experience within the multiplicity of subject-world encounters with the subjectifying other, of which Tiziana Bastianini speaks (2014): a creativity intrinsic to the potential of the link, by means of which the subject actively builds and negotiates forms of psychic experience.

The subject considered is a “singular plural” psychic subject (Kaës, 2007): the forms of becoming subjects are located in the transitional area between intra-psychical and intersubjective that contains the dyad, the triad, the family group and the social group (Neri, 2014).

Kaës’ studies (2015) of the group psychic apparatus describe intersubjectivity as a dynamic structuring of the psychic space shared by several subjects linked by ordering or alienating submission: ‘pas l’un sans l’autre et sans l’ensemble qui les contient’ (2015, p.249).

The psychic reality of the unconscious that is the realm of the psychoanalyst exists not only in the individual subject, as emerges from the classic treatment context, but is also a product of relations with the groups that create the subject, and contains the object’s subjectivity. Psychic reality is tied to infantile psychosexualty as well as to intersubjectivity. The psychic reality in
the group space has its own specific consistency that structures the subject. Alongside object relations (effect on the psyche of relations with the other), there is the psychic space of the link, which retains its own specificity and is not simply a shifting of investment.

A subject cannot exist without links. The need for psychic work is imposed upon the subject not only by his body but also by his link with other minds, which demands confrontation of the conflict between being as an end in itself and being a subject in a group and for the group. It is necessary to underscore the role of the object in facilitating or obstructing the subject’s creativity, placing particular importance on the conditions in which the subject encounters the others in an effort to ensure they are able to allow subjectivity either to expand or recede. The subject’s Ego development includes the integration of the plural aspects that precede it. Group psychoanalysis is an joint endeavor, much like a musical ensemble, in which the Ego becomes a synergy of interconnected elements. The subject has become a singular plural.

Thus the TC and its treatment apparatus activate complex psychic mechanisms in the service of reorganizing subjectivity in relation both to the subject’s childhood history and his need to belong to a group, and of integrating the plurality of which it is composed. A complex dimension that concerns the integrative processes that continually recreate the subject and his plural capacities. The procedure is one that requires the activation of individual and group therapeutic encounters and a professional preparation that ensures operators’ awareness of the structuring nature of the group dimension, which can be freed of its potentially alienating grip and allowed to regain its nature as generator of shared pleasure.

With regard to the traces that constitute a personal marker of primal somatosensory experiences, Monniello (2014) observes that these are not in contradiction with their continual transformation and reorganization because of contact with complex forms of otherness. “Sensory experiences gradually build memory maps; with time they leave fragments owing to repetition and rhythm that coexist with subsequent transformation processes”. (p.660)

What do we think of a vision of the analytic journey as the successful integration of additions to the interior organization? Can we consider recurrent dissociative states and partial experiences as continually capable of being integrated, or must we think of such situations as pathological emergences and regressions in the light of an established structure of the psychic apparatus? Are we in favor of the development of a dynamic interaction with the other, in continual transformation, or of simply revealing the gaps and glitches in the various areas of the psychic apparatus’ organization and trying to fix them? Gallese (2014) holds that embodied simulation “makes present our dynamic authenticity in the form of the relation. It is at one and the same time the handprint and the hand that makes it.” (p.700)

The traces that identify the ways in which primal experiences are represented constitute the indelible signposts pointing the way to the configuration of the subjective world: the eye of the painter, the hand of the sculptor, the sound and word of the poet and the rhythm of music.

Primal experiences confer their meaning, and encounter with the others continually transforms that meaning in a developmental process: we are exposed, from birth and for as long as we live, to encounter with the moment (Monniello, 2014).

That incorporative aspect of TC treatment, which concerns the construction of the singular-plural, from its beginnings and in its creative and re-creative development, is especially important also in relation to present-day socio-cultural conditions.

This complex work of dialogue and development between traces of identity and adherence to groups seems to encounter particular difficulty in the current psycho-social milieu, which Kaës (2015) summarizes at the end of his latest book on the extension of psychoanalysis. He believes that the dysfunctions and deficiencies of meta-psychic frameworks and guarantors have to do not only with the structuring and development of each individual psychic life, but also with the very conditions that make it possible. He indicates three major areas of current dysfunction:
- stimulus shield mechanisms
- basic intersubjective alliances and identifications
- mediation processes

Rethinking the therapeutic factors of TC treatment could help to update the discourse, with a view to the further exploration and articulation of these parameters.

**Stimulus shield mechanisms**

Regarding the need to be able to access stimulus shield resources, the function of the therapeutic community is particularly appropriate because it allows the caring group to modulate the intensity and quality of stimulus shield contexts in accordance with the individualized path of each patient. In this regard, we can describe some extreme clinical situations for patient/guests of a therapeutic community: subjects who need group treatment in order to access a free psychic space-time in which to avoid the traumatic impact of encounters with objects that overwhelm or colonize (Faimberg, 1985) the embryonic resources of a self in search of individuation. Or else subjects that have developed forms of pathological dependence on stimulating substances or relations that have paralyzed their ability to contact an inner reservoir of dreams and desires, and who do not experience a state of tension but immediately drown in a flood of external substitutes.

Here, between these two strained situations, lies the broad spectrum of TC guests seeking encounter with the other that will make it possible to develop the perceptive and sensory abilities sufficient to preserve the evolution and formation of a potential budding or dying subjectivity.

From this point of view the therapeutic factor of the community that acts as a stimulus shield necessitates the preparation of highly individualized, customized, paths. The moment in which the patient enters treatment and, after a period of getting acquainted, the moment when the team meets for a group clinical diagnostic seminar – the elaboration of a course of treatment tailored to that patient and that therapeutic community – together represent a fundamental therapeutic factor, precisely in light of the importance of the stimulus shield. The TC can offer multiple and repeatedly modified variations of the Ego-other encounter beyond standardized and anonymous formulas.

Crucial to providing this therapeutic function, however, is the training of caregivers, who need to be sensitive listeners to patients’ verbal and non-verbal communication, and firm in maintaining the stability of the context, not in the interests of pedagogical severity but in order to fully grasp the importance of the stimulus shield for each patient. Some patients may participate in activities (e.g. cooking, painting, etc.) as silent observers, others may need the immediate experience of being the active subject who does not undergo intervention but who, in fantasy and also partly in practice, produces it. Like an infant who, when he begins to be fed solid food, immediately wants to hold the spoon and feed his caregiver, continuing to cultivate the unconscious fantasy of being the breast. Humiliation in the name of “sense of reality” is especially inhibiting to the development of psychic functions; as is the continual offer of stimulus to relieve the anxiety of the caregiver, which risks depleting the subject’s autonomous resources for desire. Patients need to be provided with psychic envelopes of varying degrees of permeability depending on their “porousness”.

**Unconscious narcissistic alliances**

Another area of dysfunction that distinguishes the current socio-cultural context is that which Kaës identifies as the dimension of “basic intersubjective alliances and identifications”.

Unconscious alliances are intersubjective formations built by the subjects of a group to reinforce in each of them certain processes and structures from which they draw benefit. The unconscious alliance that seems to vacillate the most, and to which the TC must pay particular attention, concerns the narcissistic contract as an appeal to the subject to take a place in the group and confront the conflict between being as an end in itself and being also a subject in the group for the group. The psychic experience of the TC can be a precious treatment tool for reconstituting the fabric of a necessary narcissistic contract, which concerns not only the individual subject, nor only family members that have left unconscious aspects inside him that besiege and invade him. In
accepting the transitory experience of the TC, the subject upgrades to a narcissistic Ego-world contract in which, in exchange for a place in the group that he has the possibility of occupying relatively independent of parental bonds. The shared psychic reality is underpinned by unconscious alliances and threats of alienation or self-alienation are frequent. In the TC’s work, the question of the narcissistic pact inevitably surfaces, requiring reformulation and redefinition. In this sense, the seminal moments of the therapeutic journey in the community setting are those of reception, work with the families and the re-elaboration of the experience in personal clinical meetings. One issue that the TC confronts concerns how to separate the group aspect of the treatment from the personal reprocessing.

Here too, there is oscillation between those who view the therapeutic dimension as participation in the overall project, and those who see individual psychotherapy as a moment of transformation. I believe that this is one of the most difficult aspects of therapeutic community work. The risk of collusion, given the not infrequent presence of charismatic leaders, facilitates the boundless repetition of an analogous dimension in the relationship between individual analysts and individual patients who end up mirroring dual narcissisms, without plural integrations, with the risk of reintroducing what tend toward clauстро-filio-phobic relations. As regards the narcissistic contract in the work of the TC, specific responsibility rests with the facility’s clinical director, who must keep in mind the obligation to integrate a variety of capacities along the lines, as mentioned earlier, of a musical ensemble. It is the overall apparatus that treats, thus foregrounding the therapeutic functions of this or that activity (cooking, art, psychotherapy) reduces value and effectiveness and results in disharmony and misunderstanding. A good instrument that allows the apparatus to evolve through the active contribution of all operators/caregivers is a group analytic seminar (Hautmann, 2007; Ferruta, 2010) run by a psychoanalyst who is not part of the facility in question, with all those who deal with the patients attending. Discussion of a case according to the method of free association and of Bion’s work group mentality, allows all the participants to have the experience of the deep otherness of the other, of the patient and of his unconscious workings, with respect to which the group activates the potential for resonance, understanding and thought. This, at the end of the session, yields the possibility of a new depiction of the patient in his wavering dialectic between conscious and unconscious aspects, between singular and plural senses of belonging. This new “portrait” that emerges from the experience of community treatment constitutes an important element that becomes part of the subject’s identification process. A process that, as mentioned earlier, lasts for his entire life, and that is resuscitated by encounter with other subjects. This increases the possibility for a self-expression that has been inhibited, hindered, denied and ignored in the course of previous experiences, sometimes traumatic sometimes excellent, but often overly dominant, tyrannical and capable of occupying and engaging all the psychic space available without leaving free and uncultivated zones.
Perhaps it is for that reason – and not only for issues associated with the exploitation of the planet and the swelling world population – we find in many subjects a particular sensitivity and mistrust toward manufactured products, both concrete and symbolic, and a yearning for uncontaminated food and virgin lands to be cultivated. Lands that also exemplify a psychic terrain immune to the narcissistic invasion or interference of even well intentioned objects. They are the terrain of subjects reaching out to express themselves and toward the population of the world of intersubjective relations. The TC can offer this psychic space-time in which to take a further step towards subjectivation in intersubjectivity.

**Mediation processes**

Mediation processes lie at the core of TC treatment in keeping with Winnicott’s theories (1970, 1971) on the transitional space. In the words of Marion Milner (1969), TC offers patients a full range of “malleable mediums” consisting both of workshop activities as well as daily chores (food shopping, cooking, cleaning, personal hygiene). The major ambiguity to be confronted regards understanding the meaning of all these “in between” activities, and here the contrast between
rehabilitation and subjectivation leaps to the fore. The therapeutic value of intermediate activities lies not in their immediate result (building a vase, making a drawing, growing tomatoes, cooking a meal, having a shower, etc.), but in the patient’s psycho-emotive experience of being an actor in a world on which he leaves his own transformative imprint, and in which he does not feel nullified by overwhelming external imprinting. Through these transitional experiences, the subject makes contact with the “not-me”, tests otherness and extraneousness, pleasure and displeasure. In any case, he feels the not-me quality of the object and transforms it into something he himself has created for his purposes, not in a delirious hallucinatory dimension, but as a creative act in which the object recreated does not lose its distinct and perceivable features (Ferruta, 2003).

In these transitional activities, the subject builds himself as the creator of his subjectivity who interacts with the other without being anulled or isolated: the experience of creativity is a prerequisite for mental health. Today’s socio-cultural pressures are daunting, both in their demand that subjects in difficulty adapt in order to achieve performance results independent of the individual’s personal contribution, as well as their attribution of value to a creativity devoid of the energetic thrust needed to convey their message to potential receivers – who are, instead, either distracted or non-existent. An example of this interrupted communication – at once an appeal to the other as well as the truncation of all dialogue – is the recent proliferation of tattoos, which seem to alternate between demand for encounter and for rejection, affirmation of individuality and refusal of separation, creative tension and frozen indelibility. The TC allows for the manipulation of materials and of those daily events that lend themselves to manipulation, i.e. moments of sensory and perceptive experience and, at the same time, opportunities to prove one’s ability to be effective, an agent, an actor on the world stage. Human beings want to feel they determine their own lives and experiences. For that reason, protests against someone who has not given them what they needed for survival must be carefully and cautiously interpreted. Often what the parent category has not given children is the chance to feel they are actors within their own experience despite the support and assistance they may receive. Too many routine answers are dangerous and only worsen the situation. The creative dimension of transitional activity is, in general, the most common to and best handled in TC treatment because of the quality of the apparatus that provides it, and because the operators who run it have had personal experience in exploring creativity in which they have felt helped and recreated themselves.

The function of the leader in developing therapeutic factors
The group functions by virtue of the contracts members unconsciously establish through the attribution of roles, which are essential for the safety and survival of the individuals and the group. For the contract to be adequate, careful attention must be paid to the question of ‘meta-psychic guarantors’, which is the expression Kaës (2007) uses to indicate the conditions under which any group will implicitly agree to function, and that are indispensable as a common foundation for the free psychic structuring of each subject. The narcissistic contract is an important one that is specific to the foundation of any possible individual-societal relation; its role is to guarantee the stability of the self-preservation investment for each subject and the group to which he belongs. It does that by ensuring that the narcissism of one member does not encroach upon that of another, as can happen when a leader sets excessively high therapeutic goals for operators or patients in order to satisfy his own narcissism. The function of the leader is to safeguard the meta-psychic guarantors that allow the narcissistic contract to function between the caregiving group and the patients, as well as the stability of the self-preservation investment for each subject and the whole. Only by protecting the life of the community as a whole, of caregivers and guests alike, is it possible to ensure that the treatment project safeguards the healthy narcissism of the individual. Not only through his simple repression of violent impulses, but in the awareness that he can only grow by planting his roots in the personal terrain of his group membership.
From this standpoint, the leader performs the crucial function of protecting the group from the destructive narcissistic abuses of psychosis and of safeguarding those anonymous, unconscious elements of group experience that constitute an element of nurturing linkage (sharing meals, avoiding the formation of cliques, ensuring the stability of the treatment method through personnel turnover, protecting the psychic intimacy of operators and patients from interpretative intrusions, and so forth).

**In conclusion**

The therapeutic community offers major therapeutic prospects, both in terms of developing our understanding of the workings of the group unconscious psychic apparatus, which in individual treatment is difficult to activate in all its implicit potential, as well as in relation to the current socio-cultural context, which reveals a fragility in the unconscious narcissistic contracts that structure the developing Ego in the group.

Moreover, the subject’s space for creativity, his feeling an actor in his relations and experiences and his optimal potency are often stymied by encounter with facile solutions that repress curiosity, inhibit desire and force him to seek out repetitive forms of stimulation. Relational tension, which the TC makes available through the stimulus shield and malleable experiences, is a dimension in which to experience the pleasure of being.

**Bibliography**


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