

## **A home for the dragon (1)**

*Donata Miglietta*

### **Abstract**

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When Anna Baruzzi (1979) spoke of therapeutic groups with children (developmental age), she described working with emotions as “giving a home to the dragon”.

One of the functions of the leader in a therapeutic group of children is to facilitate and witness the process that evolves through the transformation from action into playing and, only later, from playing into words. It is clear how the therapeutic work in a group of young children cannot leave aside playing all together, which includes the involvement of the therapist him/herself at a body level. The bodily engagement becomes the *first home* that is able to welcome the dragon – that is, the hot emotions. To give a home to the dragon is the same as to provide a container, so that emotional charges, instead of being evacuated, can gradually be canalized and therefore become thoughts. Along this path the body also is an important means to transform the proto-experience states, give them a scenery and favour their translation.

Without any doubt, we can state that body contact in therapeutic groups with children has this very function: to give a home to the dragon so that the fire of excitement turns into a sufficient warmth to let emotions become thinkable and narrable.

**Keywords:** Children, acting, Playing, Emotions thinkable

One of the functions of the leader in a therapeutic group of children is to facilitate and witness the process that evolves through the transformation from action into playing and, only later, from playing into words. We need to keep in mind that in children communication is still contiguous to merely kynethic modes, and the mental path of growth goes from body to playing and, only subsequently, from playing to thinking – for all human beings body and action are the precursors of spoken language. Acting itself, as a pre-verbal expression and an early functional model, is part of the early development of the mind that, like other early functional models, is going to be integrated in more evolved ones later (Corbella, 2003, p. 211). In child development action comes before activity, before playing and before thinking – viewed as expressions of the sensory-motor world – and it appears in therapy groups for children quite frequently, sometimes in the form of acting, sometimes as a hand-to-hand fighting. Moreover, the theoretical interpretative codes are not suitable to communicate with children unless they collect and tap into the *local resources* – that is, what comes from

the children themselves, what they feel and let emerge in the field, with their spontaneous dramatic representations as well as their exhibited motor figures.

Freud considered action as being one of the functions employed by the ego to achieve awareness about reality, and Bion suggested that action can be placed at different levels, as beta-element, alpha-element, pre-conception, conception, and concept (Neri, 2004).

It is a common experience to all the therapists leading therapeutic group with children to go through stages, the development of which shows that organised playing and cooperation are far away points of arrival, steps that become possible only when the leader and the small group have gone through the previous stages, which imply body contact among the children but also between the children and the therapist. Thinking is absorbed by the motor activity explosion, and words, depleted of their meaning, lose their value as a communicative exchange. Language is the primitive body language, where the alphabet is made of sensory and motor functions and it elicits the emotions directly; hence one needs to start again from that archaic language – the body language – which is characterized by a direct contact with a primeval emotional world. Malaspina says: *“As a group leader, I experienced the children’s need to get in touch with worlds that recall a primitive world made of bodies that touch one another, look at one another, smell one another, bodies of children who are exploring new physical and emotional places that stir up some worry and not only curiosity”* (Malaspina, 1997, p. 64)

To train therapists to lead children groups means to train them to bear such moments, to tolerate the feeling induced by confusive thinking, to accept that their body can also be involved into playing and sometimes into clashing with the young patients, and to become able to recover archaic languages and to stand the stream of acts.

Recently A. Ferro said that *“Transference can be understood as opening the communicative channel which allows for the transit of bullets into the mind of the other, where a process of transformation and alphabetization of such bullets can initiate – through a controlled explosion”* (Ferro, 2007).

This seems quite an apt remark about the work in groups with young children;<sup>1</sup> in these groups proto-emotions travel like bullets, carrying attempts at very quick and intense projective identifications, so that, unless one gets a controlled explosion, they cannot take on any thinkable or describable form. The younger the children are, the more the group and its leader will be immersed in a sensory and kinetic earthquake, especially in the beginning stages. At first the elements going through the room seem unintelligible, and it will become possible to see their meaning only through narrative derivatives that stem from action. In child analysis these narrative derivatives are shaped like sensory, motor, playing, and graphic derivatives.

Therefore, we need to keep in mind that the narrative in children groups is generated through forms of contact that often border on the boundaries of acting-out.

The leading function in a therapeutic group with children is based on the therapist's ability to transform the kinetic earthquake into scenes that make the bullets also thinkable, in the direction from beta to alpha, that is, into "*balpha scenes*" – using Ferro's terms – and from there to a possibility for alphabetization, which in therapeutic groups with children needs to go through a scenic language before a narrative one. The very motor discharge contains some seminal characters that, in order to be generated and shaped, need a stage and a scenery which arises from the mental disposition of the group leader, his/her ability to accept the *bullets* and favour the translation from the somatics into the mental.

Let us try to explore this in the clinical practice with small groups of children. As an introduction, I need to say that almost always in the first sessions of a newly formed group children are excited and continually move, bump into each other, jostle and shove.

*In a group with pre-school age children the kids pierce a rugdoll with a letter opener. They say the doll has got the temperature at ninety-seven degree and she needs ice "right away" to bring the fever down. The therapist's interventions aim to try to cool the climate which is actually overheated.*

*In the following sessions the children take the balls and tie them all together with a rope. They say those are all dangerous rabid/angry [in Italian the word for "rabies" and "anger" is the same] dogs. A girl takes the plastiline and mixes different colours to form one single ball. This seems to draw the attention of the other children, who ask the leader to help them make the ball soft, "soft enit" as another girl says. The kids immediately break up the plastiline and start to throw platiline bits at each other while shouting.*

*"We need to soften all this anger" – the group leader says and prepares one big piece of drawing paper to invite the children to identify the colour of anger and lay it on the paper. Finally this suggestion involves all the children and the sheet of paper becomes a container capable of bringing the temperature down, "like Tachipirina" [a febrifuge medication], says one of the girls. The paper is covered with brown, black and red. A boy says: "This is really the colour of anger!" and adds: "Now that we have the colour, let us make the anti-rabis/anger vaccine for the dogs" (Miglietta, 2007).*

The making of this "vaccine" is the first mutative function of the group.

In an analytically-oriented psychotherapeutic group with children we go through the forms of chaos where everything is indecipherable, playing is never completed, the room is turned upside-down. Yet all the group leaders who work in this setting agree about the need to tolerate this state of pervasive chaos before achieving a fruitful climate. To tolerate the no-sense (lack of sense) means to wait for the time when the group open up to other possibilities.

Later the therapeutic group leader becomes the narrating voice of a story that comes from the scene. As the first defences and anxieties give in, the group come close to a collective processing that shows a  $PS \rightleftharpoons D$  oscillation.<sup>2</sup> Namely, the group venture into

the processing of something unitary that often initiates from the scenery: primordial worlds, the marshes, the forest, the sea, the pool and so on. Inside this scenery the therapist can take on dangerous roles and personify them. In the marshes he/she might be the alligator, in the forest the tiger, in the desert the snake. Now the transference enables the therapist to become an adult with whom the children relate, and they do so by admitting him/her to participate in their new way of playing.

At first the representation capacity appears on-and-off and the children only gradually find out that it allows for the construction of a playing language. With this language they finally succeed in representing what they are feeling, in making connections, in finding new ways to look at reality (Baruzzi, 1990).

In one of the groups that I followed in supervision, at some point, the wildly yelling children were told to do a yelling competition. After such a competition, the group discovered the possibility to sing all together.

We have seen how stories can be generated through the production of graphical and motor sequences, and the stories will in turn generate new stories. In the initial stages, fragments of meanings, letters, words fall in the group space and, with the day dream work, they become narrative fragments. In order for this not to turn into a flight into imagination, the analytic function in the therapist's mind is essential; through his/her reverie, at the right moment, the therapist intervenes to put in some sense and to provide the necessary threads to weave the texture of a story. The experience shows that as movements, which seemingly cannot be connected by any thread of meaning, follow one another, a texture appears at some point. It is formed by repeated playing trajectories that go from body to playing to thinking, and the stories, which have been placed in the field by the sequences of movements, will become alive.

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Let me open another window upon clinical practice to give an idea about what may happen in groups of young children when – through an alphabetization work – chaos starts to turn into narrative.

In the following vignette we see the response of the group when they are given the news that a new child is going to join the group.<sup>3</sup>

*...after the first responses to the announcement, R lies on the therapist's legs, miming his own death, as if he were pierced through. F literally spreads herself over the therapist, then crouches on her knees and tries to thrust her head between her legs. The therapist says that she looks like a cub that wants to go back into mummy's belly.*

*The children do not seem to be listening and herald that the therapist has been hurt. They say she has been run over by a car and needs to be treated. The therapist describes what happens then, "Tommaso takes one of my feet and twists it till it hurts, so that I have to remind him that it is a play and he needs to take it easier. The boundary between treatment and aggression is blurred. The children are communicating their anger at me in this way. They imagine me as being a victim of a road accident and give me such a strong treatment that they hurt me. Then, they prepare*

*a bed by arranging two parallel rows of chairs and decide that an ambulance will take me there. They announce that in the hospital a surgical operation is about to be performed and they are going to carry it out. They are the ones who have power over me; I am in their hands. They are all around me, apart from P who sits astride my abdomen. They start the surgery and say that I must sleep because I am under anaesthetic. Any control on my part has been made impossible, I am even asleep! They do the cut with a marker-scalpel” (Chiorino, 2005, p. v).*

All the children together get to look at what is inside the mummy-therapist’s belly and this shows that it is not at all a wish for going back into mummy’s belly, but rather a way to express their curiosity about change!

It is clear how the therapeutic work in a group of young children cannot leave aside playing all together, which includes the involvement of the therapist him/herself at a body level. The bodily engagement becomes the *first home* that is able to welcome the dragon – that is, the hot emotions. However, it seems clear from the above clinical vignettes that the group therapy work with young children cannot set aside the bodily involvement of the therapist. We also see that any differences in terms of reference model and theory fade away or even disappear when we are working with young children. Even when the therapist does not use playing, the group cannot be assimilated to a psychodrama group; at the same time it cannot be viewed as group analysis, because speech is not the connatural medium to the age group we work with in the setting I have described.

In helping children understand that actions, ludemes and playing have a meaning, the group produce increasingly more representative actions and playing. For example, first they play fireballs, then as if they were dinosaurs, then alligators, then lions and cubs, and finally they play some human characters. Sometimes they shift from inanimate things to animate beings, something that becomes more and more manageable and allows the children to understand their emotions better.

The therapist is a witness and a guardian of playing, even when children act with their bodies. The therapist’s active participation in playing allows him/her to be used by the children in a function that is not simple mirroring, but aims to introduce effective transformations at the right moment. The therapist is the one who steers the children toward a common task, creates the connections between activities, identifies purposes, makes a texture that serves as a narcissistic basis for the group. Sometimes the therapist plays the role of the toy or the puppet, but he/she is a bright puppet and a thinking toy. This can be seen clearly in clinical practice, when the group leader is able to carry out this function of thinking puppet, and through it he/she favours the containment and the transformation of excitation (Bondioli, 1984).

As Winnicott (1974) says, playing is a universal language that is generated along a line of precariousness, and to enable children to play is already a therapy with immediate and universal applications that facilitate growth and health and lead to group

relationships. This happens as long as the group therapist is willing to play along the line of precariousness.

There cannot be any psychotherapeutic work that does not fully share this stance, and there cannot be any child psychotherapist who does not know that his/her presence has the function to help the young patients transform action into playing.

When Anna Baruzzi (1979) spoke of therapeutic groups with children (developmental age), she described working with emotions as “giving a home to the dragon”.

To give a home to the dragon is the same as to provide a container, so that emotional charges, instead of being evacuated, can gradually be canalized and therefore become thoughts. Along this path the body also is an important means to transform the proto-experience states, give them a scenery and favour their translation.

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## Notes

1) This work stems from a research on therapeutic groups with different age groups which gradually started. The outcome assessment allowed us to identify significant parameters common to all the groups. The groups show the analogies and differences in the ways children communicate, interact and deal with new and recurrent situations. The experiences of my fellow therapists who conduct and have conducted small groups show the construction of a thread that, running through events, play and stories, leads into the climate of the developmental phases and enables us to make some hypotheses about what may happen in the process both to the leaders and the young patients in the different groups.

2) The age of the children covered in this work ranges from pre-school, i.e. five-six yearsold, up to the pre-puberal stage, i.e. eight-nine years old. In the puberal stage playing in analytically-oriented groups has still a large space but it is a kind of playing that can be more easily turned into a narrative – that is, it can be translated into words-plots.

3) This is a way to describe what happens in the mind, going from states of discomfort and confusion, represented by da PS, to an understanding of meanings, represented by D.

4) The approach was group analytic and the work of Valentina Chiorino has been published in the Coirag journal

## Author

**Donata Miglietta**, Psychotherapist, Professor for the COIRAG Turin Institute and Trainer in Turin Psychoanalytical Psychotherapy Institute

Translated by Elisabetta Negri