Dreams and serious pathologies in the group: the Potential of the Dimension of Dreaming in the Group when Dreaming is not possible

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Abstract
"The group that there isn't " means is that from time to time with the participation of patients in that day, and also that the dismissal of someone or the entry of new patients constantly changes the composition of the group. Presence of a new group for each session, in addition to clearly delimit the ability of the individual and the group to operate significant changes introduced into the room a special quality of time: a time without history, which narrowed and simultaneously accelerated, often beyond tolerable limits.

Key-words: group, dreaming, serious pathologies

". . . a traveller gets lost in a foreign country, he is unabie to speak the language, he feels bewildered and confused. Suddenly he meets someone who understands him, he immediately feels reassured and is ready to go on his way ... To be psychotie is like a nightmare where one wants to call for help but has no voice, or one possesses a voice but no-one understands his cries. Waking up from such a nightmare is impossible without help"(1)

This paper deals with a group of very ill patients I was working with in a psychiatric hospital over a period of time. They were all suffering from psychotic crises.
The group (defined by some psychology students as " the non existent group") was made up of patients who were avallable to come on the day the group was held. This meant that the composition of the group was forever changing.
Just like in "A Thousand and One Nights" or "The Decameron" where each story has a sense of its own, the group condensed its space-time in the length of a session, while the meaning of continuity and complexity was expressed by the repetition of the sessions, even though the participants varied, often interlacing, leaving and sometimes showing up again.
When I was asked to write a paper on dreams and groups, I read through the past three years work I had done on that group. What immediately caught my eye was, while there was an abundance of material concerning delirium, real emotions, somatic symptoms, attacks on the institution, suffering, fatuous behaviour, hallucinations, disassociated fragments of conversation and so on, there was a total absence of dreams.
I recalled the enormous mental effort I made to construct meaning and the impediments that obstrueted this. The overall sensation of a weight as heavy as lead bore down on my shoulders and blocked my brain. The pressure put on me by my

colleagues, anxious to avoid too many "Pindaric flights". The fear of the nursing staff for the breaking lose of sensual emotions and loss of control. A continual demand was made on me to proceed on a concrete basis of reality, when I was only too aware that there was an excess of reality. Lastly, the institution requiring a rapid resolution to the patients' problems did not favour research into the psychotie zones of the mind.
In my opinioni between the patient and the hospital, there exists a phantasy that should not be ignored, i.e. the institution's presumed availability to cure the patient, but only through complete submission on the part of the patient.
This often leads to a block in the mind of the patient that oscillates between regression and persecution (blocco Ps <-> D). As a result, a feeling of loss of hope, anguish of being devoured, megalomanic delirium or autistic closing-up pervades the group.
To me it is of primary importance to create a physical and mental space in which the group exists and knows it exists; attending these sessions has always been voluntary, the patients knew it was "part of the cure" but it wasn't compulsory.
When I invited the patients to attend, they would talk among themselves, exchanging information and setting themselves rules and giving meaning to what they were experiencing.
The hour of the session was organised around the hospital's timetable. We would start straight after visitors' hour and finish when we heard the dinner trolleys being wheeled down the corridor. This natural time slot allowed the group to isolate itself from the outside world and return gradually into the institution's setting with the sounds of dinner time.
I believe that the group space can be compared to an area of darkness in which the visible things of hospital life are barely felt, putting the group setting (to quote Malinovsky) at " the maximum distance possible from the last white man".
It is also an area where the intimacy of the experience is preserved, and where the patient feels protected against what may happen inside the group, (the circumstances of which have no influence on the pharmacological cure, nor on the duration of the admission in hospital, nor will they be communicated to relations or parents).
The group space must allow individual patients to enter into the experience: for example, to establish a contact some patients need (in certain phases) to go in and out of the room (toccata and fuga), while others need a long softer approach. This would be impossible with a too rigid structure of the setting. Also the internal pressure of the group is self-regulated for those patients who are unable to face strong, emotive situations, that could endanger their capacity of control.
The formation of a new group at each session, delimíted the possibility of significant transformation on the individual or the group as a whole, but on the other hand introduced a special quality of non-chronological time, that slowed down and accelerated simultaneously, often becoming unbearable.

This implacable element, along with the objectivity of the patients' narration, the memories lacking in affects or considered firmly to be in the present, the irruption of the acting out, the seduction of the stories being told, gave me the impression of not being able to recount or to feel emotions that were real. I couldn't find a representation that i could communicate of the group scene, nor a language or a thought that was not distant from the hallucinatory world in which we were emerged.
Perhaps we tell tales to children before they go to sleep because they represent a wealth of visionary imagery in which anything exists, and the incredible can be narrated. Often they come in help when we are searching for meaning to what is emerging from the session, conveying an expressive musical language that is harmonious with delirium.
I find the universality of these tales with their psychic and primordial events give depth and perspective to emotions that have become flat or uncoloured reactivating the temporality for only a few moments, and widening the path of meaning through representation and the syinbolic, rendering what is terrifying, more acceptable.

At this point, a clinical example may help to illustrate my thoughts
In the corridor,outside the room where the group is held, men and women from different wings of the ward gather. A woman with a hand-bag is wearing white gloves because her hands "are ruined by nettles". They are talking about the room, wondering if it will be cold an necessitate warmer clothes. Some sit down while others wander around.
After a while a patient arrives for the first time. He had entered hospital a few hours before, in a delirious state, and was apparently asleep when the patients were invited to attend the session.
The nurses told me that he woke up and asked: "They are expecting me at a meeting, will you please show me the way?"
I would like to sum up with a few considerations concerning the self representation in a group of psychotics:

1) From the beginning, the patients seemed to respond to my idea of a group. They used adult behaviour of the Ego ("They are expecting me at a meeting"), and self-represented the group as a foreign country where the weather and the customs were unknown, but a place where one goes well dressed, (hand-bag and gloves).
2) The group being a place where one takes care of oneself and "the others". It ts an "appointment" all together that gives shape and form to a self-representation of their illness, where the incomprehensible language of "the others" gradually becomes perceptible.
3) The group field is a place where antitheses can co-exist.

Perhaps the "non-existent group"is there after all, and has tumed out to be the representation of the group that the therapist has dreamed of.

Bibliography

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