

A therapeutical community on its way towards dreaming

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Abstract

For about a year, that is since we have assumed the community project 'therapeutic responsibility for the structure has been given to a psychiatrist (psychoanalytic psychotherapist) to which were joined a psychologist (group analyst and expert in institutional dynamics), a clinical psychologist doctor (psychoanalytic psychotherapist, expert group phenomena), a psychiatrist (psychotherapist with special training in psychodrama). The authors are two psychologists, one leads to an experiential group with members of the structure, the other part weekly group organization and planning. A brief description of some of the tracks the experiences of these two moments groupal. The authors from experience groupal, observe that in some places appear fantasies similar to those that occur during pregnancy: what seems to us to support the use of metaphor (the teacher who proposes the work on the garden perhaps testifies to a fantasy of care something that is growing, the mental group, the possibility of therapeutic work with patients, patients fig, the therapeutic community).

Key-words: community, group, dreams, metaphor, psychiatric patients

The experience we are about to describe takes place in the context of the Patients' Health Rights in the north-west zone of the Health Structure of Florence. This is a situation of services historically rich in both residential and day facilities, in which however no therapeutical community is included.

One of these structures is Le Prata, a residential centre arising to place outside of the psychiatric hospital of San Salvi the last patients of the area who had been in the hospital.

Le Prata is an old-fashioned farmhouse surrounded by an orchard in an industrialised countryside situated a few kilometres from the inhabited centres of Calenzano, Campi Bisenzio and Sesto Fiorentino. This is one of the most industrialised metropolitan territories of Florence. Working in the centre we find mainly professional nurses, social assistants and educators. The centre is occupied mainly by former patients whose conditions have deteriorated considerably both from the psychic and physical points of view, while more recently a number of younger patients have been introduced suffering from structured mental disturbances (psychotics and serious borderline cases).

Since one year ago, that is from when the project of a therapeutical community was hypothesised, the responsibility for the structure has been entrusted to a psychiatrist (psychoanalytical psychotherapist) backed up by a psychologist (group analyst and

expert in institutional dynamics), a clinical medical psychologist (psychoanalytical psychotherapist, expert in group phenomena), and a psychiatrist (psychotherapist having a specific training in analytical psychodrama).

The writers of the present article are two psychologists: one leading an experiential group with the operators of the structure; and the other taking part every week in the organisation and planning group. For the purpose of having material on which to propose this elaboration of ours, we will now briefly delineate certain aspects of the experiences of these two group moments.

Organisation and planning group

Initially the group had to deal with the impact that the dream project of the Head Physician and the Institution had on the dream-representation of the operators of the structure concerning their task and the place occupied by them. It should be explained that until that time the Centre was a place where therapeutical prospects were largely absent. As also were major elements of change. In fact also the configuration of the group of operators, but above all its internal arrangement was seen to be extremely static, to such an extent as to suggest a fantasy of isomorphism between the function of the walls of the structure and the function of custody referred to the operators.

The destination of the structure to a different task created the practical need to revise the composition and characteristics of the group of operators.

Quite understandably this created a sensation of threat. The defensive stance prevalent in the group consisted of a hostile attitude, experienced by me as an almost total paralysis of the group's capacity to let itself go or to dream. The questions which totally occupied the group's attention concerned more or less exclusively the concrete aspects of the patients' problems. "How will such and such a patient manage to go on drawing a subsidy for a protected job which he is not really carrying out...?" "This patient is irritable, he keeps hitting that other one, something must be done about it..." These conditions continued for a long while with meetings at times slow and boring, and at others latent with tension and hostility. The presence of a dimension of leadership around which the group coagulated its efforts at maintaining a custodial outlook based on the status quo seemed to have the function of keeping the whole group in a "walled in" position, or at other times marked by turbulence and protests of all kinds.

Even the medical-psychological staff gave the impression of being divided and disconnected (and did not succeed in thinking-dreaming together).

The gradual breakdown of the function of leadership and the recent introduction of a new patient (a serious borderline case) would seem to have brought about a change in the group. Albeit in the continued presence of concerns by certain operators of being taken away from the group with, at particular moments, impulses to take the problems outside of the group, however it was possible to begin to appreciate a greater capacity of focusing on the task, with an increase in hope, which seems to me

to coincide with the appearance of a moment of free associative vagueness; certain operators who until that moment had been very sparing in their contributions or had simply gone along with things when it came to concrete considerations, now took part in discussion more often, in a propositive manner. In this line one lady educator made the proposal to set up a course in gardening for the patients, with the idea of letting them deal as far as possible with the adjacent orchard.

Shortly after this the group began to discuss the arrangement of the premises and the best use to be made of the rooms in the structure, and this debate in fact continued to be dealt with in various meetings.

We feel it may be important to underline that, recently, the group changed rooms. Until a short while ago the meetings took place in a room situated more or less in the centre of the structure, a long room, giving on the back of the establishment and with decorative iron railings against the windows; a room which was pleasant enough in itself, but rather dark and rather narrow for the purpose of gathering round in a circle. Whereas the present room is situated at one end of the structure, with windows on two sides, it too has bars on the windows which however give a more intense and better distributed light; in addition it is definitely larger and is square in shape so that it is much more suitable for a circular layout, and furthermore has a direct independent access, it is further away from the patients' rooms and thus from possible interferences.

Only quite recently has the group appeared capable of imagining to take over; precisely by means of the association in the group of various images and representations of the patient referred to earlier, of his family relationships, his way of dealing with these and his life in the community with the other patients and operators, it would appear that the capacity of the group to build a path and a transformative project for the various patients is gradually emerging.

We feel that we are justified in reporting that the appearance of these moments of free association activity could present the characteristics of a waking oneiric state.

Experiential group

About a year ago I began to lead an experiential group with the operators of Le Prata. We meet up once a week, gathered in a circle, in the time between the two service shifts (when the morning shift has finished and the afternoon shift is taking over), a time of day requested specifically by the operators.

I clearly recall our first meeting.

The room was in semi-darkness, it took a full quarter of an hour for all the persons to come in and sit down, some were wearing white overalls, and some a sort of blue boiler-suit, while those who were dressed normally were carelessly turned out. Most people smiled a little formally while their eyes searched anxiously for other known faces. There was a slight smell of urine coming from the corridor. Though systematically closed, it was as if the door were open: so that now a patient arrived to ask for a cigarette which someone promptly offered him, and then another one would

arrive wanting to be given his therapy. It seemed as if there were no confines, except the concrete ones of the walls of the room.

The first thoughts and the first words were of protest against the main group of the service that did not understand or appreciate the smaller group of the structure.

The prevalence of this projective state outside of the group began to diminish as time went on, with the appearance of a feeling of depression determined by the perception of the distance existing between the present condition of the structure and the thought of what the future therapeutic community could be like.

On this element the first mental embryo of confine and accordingly of container took form.

Thereafter, in a second phase, a feeling of persecutory type emerged, expressed as a reaction to the realisation that from outside the Mental Health Service was planning future changes in the structure and in the group of operators itself. The field of the group was constantly permeated by a sense of suspicion.

Accordingly not only did the group not succeed in dreaming of itself, but even resisted the possibility of being dreamt by anyone.

By working on the strengthening of the group's affective qualities and on dealing with any threatening elements in it, we arrived at phase denoted by the production of a dream.

The dream tells of a cruise taking place with known persons, members of the group and patients of the structure on board ship: some were wearing a black hat on their heads, perhaps a bowler hat, then (the woman dreaming it) took it off, and at that point it was possible to relax with the sensation that the journey could go on enjoyably.

It would appear that the metabolising function of this dream may be traced back to a process of disintoxication: freeing the persecutory thoughts coagulated in a black hood and thereby transforming a state of tension into a more relaxed and pleasant dimension.

This, in broad outlines, is the present state of the experiential group: a phase marked by a less hardened and fatiguing mental set-up more in line with "holding" the direction of sailing towards a possible port, and also marked by the fact that the group permits dreaming and allows itself to be dreamt by its members.

In the course of our common work of reflection on these experiences a chain of associations arose which led us to the pinpointing of a third dimension of the material, that of a generative metaphor which seemed to fit the path of development closely towards the community objective. We thought of a time sequence: conception-pregnancy-birth.

One of the aspects of the multiple Chinese culture is to consider a lifetime to which one year is added, calculated as the nine months of pregnancy plus the three months prior to it, considering this last as the time required for the formation of the female cell and the male cell which will thereafter meet up in the "conception".

In fact, shifting now further west, R. Diakhtine maintains that "the child belonged to the phantasmatic universe of his/her parents from before conception, as a narcissistic complement having multiple implications... The transformation of these unconscious fantasies on birth, under the weight of perceptible maternity, is a decisive phase for the coming into being of the child". This French author, accordingly sustains that between the unconscious fantasies at birth (the three months before the pregnancy, for the Chinese) and perceptible maternity (pregnancy, for the Chinese once more) there is a meeting, or an impact, which is "decisive" for the child's development.

Utilising this metaphoric background in considering the process of founding of a Therapeutical Community (T.C.) mainly for borderline patients, we may hypothesise that "conception" has to do with the formal/institutional act of explicitation of the project (in our case, the inclusion in the Local Implementing Plan (L.I.P) 1998 of the Local Health Structure of Florence in the T.C. Project) and we may likewise hypothesise that the "previous phantasmatic universe" or in temporal terms, the "three months of the Chinese" has existed somewhere and in some way represents the initial embryo of the overall development of the T.C.

As the thought of a child takes its origin from the sharing by the two parent individuals of an experience of lack, channelled towards a desire of completion, similarly in our case the head physician of the PHR North-West (Dr. G. Di Norscia) has recorded a situation of lack of community therapeutical space for young patients, thereafter shared with the Health Company (whence the conception: precisely the Therapeutical Community Project included in the corporate Local Implementing Plan of 1998).

As regards the state of pregnancy, according to a collection of studies (Ammaniti, 1992) on the relationship between fantasy and reality in pregnancy, many women at this time in their lives present dreams and specific and marked fantasies which bear witness to the pregnancy as a moment of great crisis and at the same time of a great opportunity for change. The core around which these dynamics are played is that of the pregnant Self (Albergamo, Nunziante Cesaro, 1992). Recognition of the alterations brought about by pregnancy highlights the internal-external, inside-outside dynamics and implies a work of progressive integration and redefinition aimed at the attempt to place a limit. This does not preclude the need of accepting, as far as possible, the extreme difficulty of this task. These fantasies are clearly revealed by the presence of dreams with reference to architectural elements (Birkensted-Breed, 1992) in which interest is sometimes focused on the internal side: the house, the rooms, the walls; or else on the outside, for example, the garden, the orchard, a place where something grows. These fantasies would seem moreover to have an important penetration, to the point of being potentially set in motion not only in the pregnant woman, but also in those persons close to her (for example, for family or professional reasons).

If we take a step back to the previous description of group experience, we may note that in certain points fantasies appear similar to those occurring in pregnancy: this

seems to us to bear out the use of the metaphor (the lady educator who proposes work on the garden perhaps bears witness to a fantasy of tending something that is growing, the mental attitude of the group, the possibility of working in a therapeutical manner with the patients, the patients as sons and daughters, the therapeutical community. Also the debate relative to the situation and use of the rooms is perhaps pertinent to a fantasy of redefinition of the group Self in relation to the new task).

So that it would appear that around the cores of space, lack, dream "need" and desire, one could connect up a structuring tissue capable of functioning as a vital apparatus of therapeutical community.

Accordingly if we are travelling towards this possible port, we are moving inside a boat (the present state of the therapeutical community) whose axes are made of the material of dreams.

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