

HOW ARTWORKS CAN GATHER UNSPOKEN YET DEEPLY FELT EXPERIENCES. USING NARRATIVE LAB IN DAILY PSYCHIATRIC CENTER

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SUMMARY

In this paper I'm going to illustrate my experience related to the six month narrative laboratory with the psychiatric patients of the Daily Psychiatric Center located in Rutigliano. This project originated from my own way of conceiving the concept of Psychiatric and Psychosocial Rehabilitation in terms of Therapeia, that is in my view the regaining "sense and meaning" as the essence of rehabilitation therapy. My goal was to awaken thoughts, words, gestures, emotions in order to reconnect an interrupted dialogue with themselves and start an initial storytelling experience. By telling this new story the relationship between the Self, the Story and the Character is recreated so that freedom and life planning are generated again. In order to "gather unspoken yet deeply felt experiences" I used artworks extracted from the catalogue "tutti uguali, tutti diversi"; catalogue created during the awareness campaign and the fight against social stigma and social exclusion by Art, that the Center of Mental Health 3 – CSM 3 - in Troia (Puglia, Italy) held in 2007 in synergy with the School of Fine Art and with the Monuments and Fine Art Department.

Key words: artworks - psychosocial rehabilitation

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INTRODUCTION

*How can I put up with this stranger within me?
The stranger that I have been to myself?
How can't I see him?
How can't I know him?*

*How can I be forever condemned to carry him with me,
within me, at the sight of the others and of my own.
(extracted from Uno, Nessuno,
Centomila, by Luigi Pirandello)*

The aim of this paper is to report my experience related to the six month narrative laboratory with the psychiatric patients of the Daily Psychiatric Center located in Rutigliano (Bari). The structuring of this lab originated from my own way of understanding the concept of Psychiatric and Psychosocial Rehabilitation in terms of "Therapeia", that is the Cure. *Therapeia* means regaining "sense" and this is the essence of the therapy. Regaining "sense" and generating new opportunities to find a sense that leads to the creation of new meanings and therefore to a progression of the Story. Story that is often frozen while waiting for a new narration and for a renewed capacity of change. Change that happens through actions and passions.

Using this different point of view, the traditional concept of psychiatric and psychosocial rehabilitation is overturned, where to re-enable it means to re-give some forms of support for the quality of life, some lost skills, starting from a "damage" that has been operated, in some way, in the psyche. I believe that this is a limiting aspect and limited to a specific sector. The concept of Re-habilitation doesn't have the concept of therapy/treatment/cure in itself, whereas the concept of *Therapeia* can easily include in itself the rehabilitative aspect in the strict sense.

In the opening lines from Pirandello's poem we can observe the concept of otherness to itself and of itself, the being mine of experience that does not belong to me. The fact that experiencing does not belong to me and therefore it does not correspond with how every time my life acquires a meaning, leads to life experiences that are not reconfigured in terms of identity, not intelligible, where the Story can no longer narrate the happening of experiences. And this leads to the emergence of psychopathology.

My goal throughout the lab experience was to awaken thoughts, words, gestures, emotions in order to reconnect an interrupted dialogue with themselves and start an initial storytelling experience. By telling this new story the relationship between the Self, the Story and the Character is recreated so that freedom and life planning are generated again.

The instruments I used to gather unspoken yet deeply felt experiences were artworks able to reveal parts of the Self, known or unknown. Artworks telling angst, pain, difficulties, suffering, desires, doubts, fears, hopes, perplexities, prejudices, refusals, stigma. Artworks to understand more, to observe from within. Artworks in order to know, to listen, to think, to understand, to get involved and involve, to claim. Artworks to solicit, to propose, to invoke, to promote.

I extracted the artworks I used from the catalogue "tutti uguali, tutti diversi". This catalogue was created during *the awareness campaign and the fight against social stigma and social exclusion by Art*, that the Center of Mental Health 3 – CSM 3 - in Troia (Puglia, Italy) held in 2007 in synergy with the School of Fine Art and with the Monuments and Fine Art Department. *Project, an opportunity to firmly take position against the inhuman culture of social exclusion, which denies*

rights and opportunities to the people with mental disorder. The project originates in a poor and difficult land, as the southern Sub-Appennino Dauno... It arises from the fusion of two worlds, that of the mental health and that of the art; worlds that are complex and therefore hard, full of contradictions and brilliant manifestations, sometimes obvious sometimes absolutely unpredictable, fascinating and mysterious... so far but also so close and, above all, as fusion of their protagonists: students, teachers, mental health workers and people with severe mental disorder.

(Giuseppe Pillo, director of the CSM 3 in Troia, project developer).

This project included educational-training meetings on the theme of "madness" and its origins, addressed to 100 students from the School of Fine Art, through videos, testimonies, role-play, interactive discussions, interactions with patients and their relatives and production of artistic creative activities in collaboration - and side by side - with psychiatric patients themselves. At the end of all the meetings, students were asked to produce original artistic works that would be used in the awareness campaign and fight against social stigma. These 73 artworks, realized after the meetings of fusion and indispensable collaboration between artist and psychiatric patient, have been collected in the catalogue "TUTTI UGUALI TUTTI DIVERSI".

I color photocopied all the artworks contained in the catalogue and I submitted them to the group of 11 psychiatric patients belonging to the Day Center Phoenix (Figure 1). I told them to look at them, to rest, to reflect and choose the ones that "touch the soul more". I asked them to verbalize and write; and to be with themselves but also to share with the Other. I told them to express themselves using different forms of language: gesture, prose, color, object, poetry and more. We worked to put together the fragments of stories and complex personalities, fragments of events left in the space of a past life, never collected, never understood, never felt.

In the impact with the complexity that an artwork arouses, it is as if the patients had built a bridge able to meet themselves, to recover those absent-minded and incoherent realities in order to find the path of perceiving oneself as "a whole" and to weave a new dialogue with themselves and their affective-emotional aspects.

In this paper I am going to report, for each individual patient, the most highly affecting artwork and the reflections based on them. I would state that the patients did not know the title of the artwork to avoid to be influenced. I worked in a transversal way despite the different diagnosis and the personality styles, while considering their psychological and psychopathological aspects. During the lab sessions I availed myself of the precious collaboration of a young psychologist, Carlotta Rubino.

Patient n.1, G., 50-year-old male

Patient n. 1 worked on "SEGREGAZIONE" (that is "segregation"), oil on canvas, by Rosanna Roggia, bringing the theme of loneliness: a life, emotional and interior loneliness; an immense existential emptiness. G. has always showed an image of bravado and hardness, so completely rejecting a daily reality full of survival and gratification anxieties and suffering from a "black dog" represented by loneliness, abandonment and alienation. Bringing out to oneself and to the others the theme of loneliness opened a gap that allowed other members of the group to enter his inner world and introduce warmth and the color of life. Below there are a series of thoughts on the theme of loneliness that G. shared with the group.

Why me? Why this feeling of emptiness? Loneliness. A desert in which you will find your way. Loneliness can be therapeutic, I mean that if we overcome this discomfort alone, we can face it better, perhaps! Meditating and feeling our soul over and over.

Loneliness is isolation from the World and from the Others. Nobody understands me and my dream is to be read out. I dream in an empty room, I'm alone in the real world, but in my dreams I take shelter.

Loneliness is a beast. Why me?

Patient n. 2, M., 26-year-old male

Patient n. 2 worked on "INSIDE", digital processing on colored photographic paper, by Gianfranco D'Aversa, telling himself in terms of "mental confusion" and "the earth with its disorder". M. had just entered the day center; his behavior was characterized by emotional lability and discontinuity. He followed, often opposed, thoughts, impossible dreams and unavoidable frustrations. He was very confused and in anguish of non-success. Starting from "INSIDE" read as a brain with its chaotic cells, the patient with the group worked on the theme of "having on my mind a network of infinite thoughts that I cannot solve", by analyzing all the facets through the use of various expressive mediums: the metaphor of the ball of wood, the writing and various theatrical techniques. It was remarkable what a mate (D.) said to him in a lab session: "It happened to me. My mind created lies that were true to me and I had to face those lies and the truth. It was like resolving a dilemma!" This sentence resulted from the analysis of the following lines from Patrick Ness: "Your mind will believe comforting lies while also knowing the painful truths that make those lies necessary. And your mind will punish you for believing both".

(extracted from *A Monster Calls*, by Patrick Ness)

Patient n. 3, V., 33-year-old male

Patient n. 3 worked on "LO STIGMA FRAMMENTATO DALL'IRA" (that is "stigma fragmented by anger"), a glass fusion mosaic by Leonardo Avezzano, re-

Patient n.1



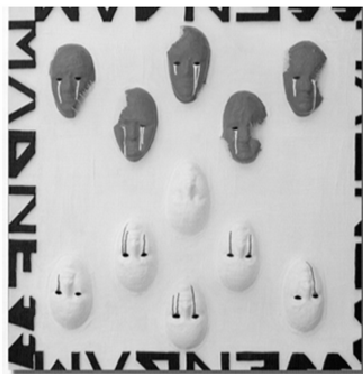
Patient n.2



Patient n.3



Patient n.4



Patient n.5



Patient n.6



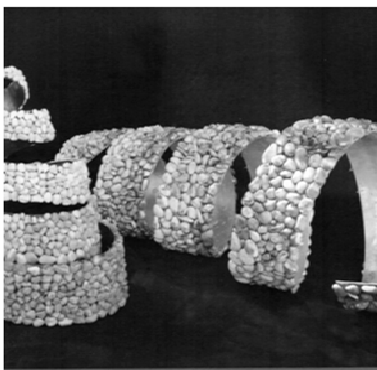
Patient n.7



Patient n.8



Patient n.9



Patient n.10



Patient n.11



Figure 1. Artworks

naming it in "*the scream. The angry man who screams*". V.'s main characteristics were his bonhomia, his mildness and his calmness that were opposed to the behavior that his relatives reported he had had at home since the beginning of the psychopathology. The mental health workers of the day center had never observed such behavior: explosion of anger leading to rage! An extremely compliant and peaceful behavior and the absence of clinical symptoms (without depression, anxiety, delusions and hallucinations) made us perplexed. The only typifying traits were an eternal fake smile and the difficulty with meta-communication and insight. It can be easily argued that the choice of this artwork could represent a communicative channel between us and his "inner anger". This artwork represented the hammer that knocked down the wall of the patient's incommunicability. During the lab sessions we worked with drawings, poems (telling myself through poems) and with theatrical techniques. V. who wasn't able to tell about himself, at last he was able to find, using these instruments, a communicative channel in order to regain himself, his emotions and his meanings. The use of art, in any form, became fundamental medium to convey a new meaning and allowed getting to a place the patient's inner world where words were not able to. For example, the poem on which V. worked and recited is extremely interesting and extremely meaningful from the psychopathological analytical point of view of the individual; the poem is reported below:

*I have the feeling I am fighting against stones,
the future opens wide in my eyes
but my gut is frozen,
the only possible space is far away,
the only possible time is never,
when I am with them nothing else exists,
my mind is fragile,
it can't stand ups and downs,
it avoids the human presence,
it forces me to catchphrases
and fake smiles
while a lot of earth inside of me is miserably on fire
and in every moment my skin is peeling off.*

(extracted from *Mancanza*, by Ilaria Palomba)

Patient n. 4, F., 31-year-old male

Patient n. 4 worked on "MADNESS", paper on canvas by Paolo Lupoli that F. renamed "*crying masks, fight between good and evil, black and white, the contrasts*". The reinterpretation of this artwork in terms of contraposition is extremely interesting because this recalls the lack of flexibility, the incapability of F.'s stiff obsessive system of integrating within himself the shades, perplexities, and the imperfections that reality necessarily brings about. The presumption of including the variability of human experience in his orderly system, without modifying it or adapting it to reality is a

typical psychopathological condition in F. Every condition that doesn't coincide with his principles generates in him a sense of uncertainty that sometimes turns into doubt (and therefore indecision), sometimes into self-loathing. During this lab experience F. composes the following lines:

*The battle between good and evil is eternal,
War leads only to hate and destruction,
Mars and Venus, the Sun and the Moon,
Falling asleep and awakening, chaos,
Possessing evil and wanting good,
Emptiness is by my side and in the end everything is accomplished.*

As an operative we have used both the artwork and the lines in order to work on shades of grey, on the faces that men can show without necessarily being a betrayer, on the others...between light and shadows, on the relationship between the theoretical and practical, between the ideal reality and the experiential reality.

Patient n. 5, A., 42-year-old male

Patient n. 5 worked on "ESPRESSIONI NASCO-STE" (that is "hidden expressions"), acrylic and oil on canvas by Cristina Trentalange, that A. renamed "*Masks, a number of smiley faces, that reveal while concealing*". A. is an ever smiley, helpful, gentle, willing "boy". His psychopathology is due to mild cognitive impairment that entailed a sense of unsuitableness and diversity worsened by life and educational experiences. A. loves working and successfully worked in a bakery for about two years as an intern within a project that came to an end and was not set up again perhaps for economic or political problems. Despite the unemployment condition and the obvious consequent frustration, A. has always given and shown off a self-image of serenity. In the view of this, we will understand how the choice of this artwork has opened a way towards the understanding of inner unease hidden by the patient. In order to develop the topic brought up in the lab experience I asked A. to find in literature a poem that could represent better his feelings and he chose the following extract from the letter written by Luigi Pirandello to his sister Lina, on 31st of October 1886, in which the theme of the meaningless life is remarkably present.

"When you run out of ideals, because life seems a huge comedy, without any connection, without any whatsoever explanation, when you run out of feelings, because you have come to a point where you don't value, you don't care about people and things and therefore you run out of routine, that you can't find, and employment, that you reject – when you, in short, live without life, think without thought, feel without heart – then you won't know what to do: you will be a wanderer without no home, a bird without a nest. This is what I am."

Simultaneously with this lab, A. developed depression, for sure due to the insight and the acknowledgement, as if it was abreaction, of what he had always hidden to himself.

Patient n. 6, T., 43-year-old female

Patient n. 6 worked on “DOLORE ED INDIFFERENZA” (that is “emotional pain and indifference”), glass mosaic with electrical wires by Natalia Gentile. T. chose this artwork because it represented for her “*the giant mouth, blood molecules, mask that covers my detestable face*”. She is not very good-looking and her body and her face have always been her drama. The lack of self-acceptance has always been associated with episodes of low mood; during these episodes she would interrupt every human relationship. She would spend days wearing pigiamas as if they were a second skin. It is interesting to point out that T. attended the lab regularly. This extraordinary behavior surprised all of us, allowing deeper connections, reciprocating smiles and improving listening to each other.

Patient n. 7, G., 30-year-old male

Patient n. 7 worked on “IDENTITA’ INESPRESSE” (that is “unexpressed identities”), mixed technique by Carmen Fratta. G. expressed himself as follows: “*The homologation of man, the conventionalism of man with reduction of individual consciousness into collective consciousness ... In the future the Self will turn into a machine. It’s a total war; mankind is extinct, the world is empty. Aliens are among us, artificial intelligences that show self-consciousness to the Other*”. And he called this vision “cyber-punk”. G. has always had a conflicting relationship with his parents, above all with his father. An unbalanced relationship between a too strong and tyrannous father and his weak, yet always in contrast, son. A father who embodies a system of values at which G. aims but with which he is in contrast. A father that he can’t get rid of without arguing constantly, whose opinion he is afraid of. A father without any respect for the judgement of the son. A father from whom to keep a distance by means of an opposite behavior and to demarcate oneself in order not to feel crushed. A father always in contrast with G.’s mother, who although is ambiguous and ambivalent, backs up her son and acts as a counterpart. This son who is crushed by the personalities and parental tensions, ends up becoming insecure and fragile, and in which the sense of guilt, shame, uncertainty and inadequacy become stable traits of a way of being. With this heavy load G. goes to Germany to work, but this experience lasts a few days. The world seems alien; he feels like his moving within predefined and non-logical schemes. He feels surrounded by an unknown and obscure mankind. He escapes and has a delusion, on persecutors and persecuted. G. is an intelligent young man with whom we have worked on connections between his cyber vision and the sense of unreality that he experiences when he doesn’t find his reality.

Patient n. 8, D., 44-year-old male

Patient n. 8 worked on “GUARDA QUELLO” (that is “look at him”), mixed technique by Palmina Brescia. D. experienced the dramatic economic and social failure of his family. He experienced the transition from wealth to extreme poverty to the point that keeping warm in the winter was extremely difficult. His mother, who originally owned a house full of housekeepers, ended up working as a housekeeper in other people’s houses in order to make a living. D. was marginalized from his social circle, mocked and often humiliated. His family was disrupted, his brothers distanced themselves, their father died early. D. began to have problems of self-reference in his everyday life and to feel terrified of going out and meeting people; every event was interpreted according to the “me concernere” (everything affected me). He became abulic, impossible, neglected in appearance, tending more and more to isolation and his angst was badly controlled. The delusions that initially were of persecution became more bizarre and resistant to therapy over time. He attempted suicide. He survived without physical outcomes, as it was a non-fatal suicide. Before the lab experience, many years had passed since the acuteness and suicidal act. The patient has changed a lot, questioning the authenticity of hallucinatory and delusional experiences, distancing himself from them and taking note of improvement, but a general lowering of his aspirations and a narrowing of the field of interests remain. Fear and close attention to the signals from others remain unaltered. Every modulation of drug-therapy terrifies him, because he is afraid of his inner psychological destabilization and of retreating to a previous condition. He always wears dark glasses and the frequent attendance of the Day Center represents for him the only social activity, being very close to the Center’s mates and to the mental workers. I believe that the knowledge of the whole contextual background and of the psychiatric illness is essential to understand the choice of the artwork “LOOK AT HIM” where there is a head with an open mouth that seems to say “look at him” and there are two indices pointing towards. D. during the lab renamed the artwork in “*universal love. The finger pointing man is falling apart, he will disintegrate without the universal love that can save the world!*” Indeed, his world has been shattered and only the warmth he finds in the Daily Center, gives him strength, courage and a sense of belonging.

Patient n. 9, M., 29-year-old female

Patient n. 9 worked on “INCUBO” (that is “nightmare”), stone mosaic by Vita Contangelo. For M. the nightmare is represented by the death of the mother when she was still a child. Later suffering and incomprehension, always lying in wait, took place. She had emotional difficulties with her father though she wished for a safe shelter. In this way sadness has endu-

red over time by channeling into depressive crises that adolescence had then enriched with rage and rebellion, always mismanaged and misunderstood, thus turning into social maladjustment. M. has now reached a balance also thanks to a romantic relationship, very important for her. She also continued her studies graduating and that is why she renamed the artwork "*the Redemption through love. From happiness to pain through which I encounter love.*" At the end of the lab, M. faces the grieving process by creating and reciting a scene in which the mother says: "*My dear child, do not worry! Mom is fine now and doesn't want to see you so sad... now you have to face life, a great achievement*".

Patient n. 10, M., 47-year-old male

Patient n. 10 worked on "LUIGI" (that is "Louis"), digital photo by Francesca Loprieno that M. renamed "*Self-determination*", spotting him as a farmer satisfied with his lush fields. "*Homo faber fortunae suae*" is his motto! LUIGI's choice of farming the land, reflects the sense of rootedness that he has always lacked, as his life has been characterized by dissipation and dysphoria. Extreme irritability and emotional lability have been amplified by the existential emptiness filled by M. with drug abuse. A life led bouncing between high expectations and disappointment, dying every night and rising with every sunrise, in dangerous suburbs and among bodies torn by abandonment and misery. It took him time to get out of that pit and to defeat the emptiness promising to himself: I will make it! Trust me because *homo faber fortunae suae*. The mental worker of the Center believed him. Undoubtedly the *ad integrum* recovery of a life entirely torn is extremely difficult, but M. hasn't given up and is still fighting.

Patient n. 11, C., 41-year-old male

Patient n. 11 worked on "MATTO DA LEGARE" (that is "barking mad"), digital processing on colored photographic paper by Antonio Nasuto. C. simply pointed to a teddy bear wearing a straitjacket saying one only word throughout the whole lab: this! However, he filled the room with gestures, such as shooing snakes, miming talking mouths, ears and eyes always tense and attentive to silent sounds and invisible people. His mental disease as a straitjacket slowly wrapped him relentlessly and hopelessly. So C. let himself be carried away with the swallowing waves of his disease.

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CLOSING REMARKS

In the initial part of the paper I stressed the concept of psychiatric rehabilitation as *Therapeia*. *Therapeia* as regaining "sense", but also as generating new opportunities to give meaning to one's own story - perturbed and perturbing stories that, as we have seen, are difficult, complex and anguishing – and giving voice and new meaning to stories allowing the recovery of possibilities of being, which are believed lost. This idea guided me in proposing this mode of conduction of the lab. A path which, as I have described in detail by analyzing the individual cases, has represented only the initial phase, that is the phase of the disease reconstruction through the analysis and the appropriation of life themes, helping the patient to give a meaning to his psychic suffering. Deliberately in the paper I did not mention the patient's diagnosis because I believe it is not significant in the context of the work carried out. I worked with people, whose main characteristic was the difficulty of introspection and insight, and my only concern was to choose a suitable for access channel to express oneself for everyone. I think I succeeded! All the material and "the new sense gained" will be the starting point for a new goal. Which goal? We cannot know that *a priori* because reconnecting an interrupted dialogue with themselves is very personal. The project has been interrupted due to organizational problems but it is about to continue. However, I think it is useful to point out that this way of understanding the concept of Psychiatric and Psycho-social Rehabilitation in terms of "*Therapeia*"/Cure must become an integral part of every rehabilitation project, regardless of the theoretical reference models.

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