

**Playing and group work within a day-care therapeutic Community for dependent adolescent individuals.
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Playing is universal, leads into group relationships and can be a form of communication with oneself and others, as well as a way to communicate in psychotherapy, conveying a person's or a group's ideas, thoughts, impulses, sensations. Perhaps only in playing a child or an adult are free to be creative, as D.W. Winnicott (1971) states. It is well known that infants as soon as they are born use parts of their own bodies (i.e. thumbs), in stimulation of the oral erotogenic zone and in satisfaction of its instincts. It is also known that after a few months infants become fond of playing with objects (i.e. dolls). To describe the intermediate area of experience between the thumb and the doll, between the instincts and true object-relations, between psychic and external reality, Winnicott, coined the term of "transitional space", involving "transitional object". Later on he supported that, transitional objects and phenomena are neither subjective nor objective but partake of both. On this basis, R.Young (1989), provides an exposition of these concepts and has generalized their role into psychic phenomena in adult life. The use of a transitional object is there to reduce anxiety of the infant or child by making it feel safe so that they can go on when separated from their mothers. The object might have various forms, from a material object (a doll or blanket), to non-material objects, such as a fairy tale or a nursery rhyme or even a game.

Play can become a way to achieve a purpose, overcome anxiety or even enhance trust between the therapist and the individual, and equally between the members of a group. Through play it is able to tap into a person's earliest way of knowing and reacting to the world.

Working and understanding adolescents (in our case ages between 16-20), is a challenge at best and the adolescent who is using and even more who is addicted to psychotropic substances is an even greater challenge. Work in the therapeutic communities of KETHEA in Greece, (Therapeutic Centre for Dependent Individuals), is mainly based on occupational therapy, encounter groups and is principally ruled by the logic of systemic and cognitive therapy.

Taking under consideration that analytic group work is not a common practice in the Therapeutic Community, but having seen the benefits of it in various group settings, proven by clinical material and personal knowledge and experience; I suggested the creation of a Task Group within the Community. A range of tasks, such as games, writing, painting and even body action, some of which I am going to present later in the paper, would be initiated to the Group, aiming to contribute to the participants' therapeutic course in a different manner from what so far was widely used.

After all, addiction is a substitute for interpersonal relating so belonging in a group helps people self-regulate their emotions through relationship and interconnectedness, rather than through the isolating experience of drug dependency.

This group would give the members the opportunity to interact with each other in a different manner, share their difficulties, worries, fears or even dreams using an intermediate object to convey their inner psychic reality to the external one. In such a way, having an object to speak for themselves (a picture, a letter etc) or through playing (games, roles etc) the members could express themselves feeling safe that they are not being exposed since it's not them but the object in particular that speaks out.

At this point I have to say, that the suggestion of the creation of such a group was well accepted by the people in charge of the community, though there was some hesitation at the beginning mainly on the basis that this would be something new for the community and there was worry on how the members would respond to that. As the group progressed though, it was proven that not only this was not the case, but it worked to such a point, that it was even incorporated in the design of a therapeutic Marathon of the community, an example I am going to refer to later on this presentation.

Let us think on the parameters, we have a group of dependent individuals, most importantly of adolescent individuals, who are already members of one or more groups, either in the same weekly therapeutic group or even at their day work groups. Also, the membership of the group is hard to keep stable since people might either drop off during their therapeutic course; others may progress and join the social rehabilitation unit, whereas at the same time new people are admitted into the community. Furthermore, the setting is a day care therapeutic community, meaning that its members do interact for at least 10 hours daily with each other sharing apart from the above their daily routine as well. As a system by itself the community has its own principles, regulations and functions, a life of its own.

Taking all that under consideration, the day, time and the place for the Group was defined and so the Group was conducted every Monday afternoon from 17.00-18.30 in the big room of the community so that enough space would be available. It is important to say that since it's day care community, the members return home everyday and of course they also spend the weekends at home following a specific schedule, so Monday was a good selection, for the group could bring in difficulties and anxieties from that time, reenact them through imagery or play, share and work on them in a relieving way towards a corrective experience, being reminded that they 've might been apart from the group, but they are also and most importantly a part of it.

The tasks were introduced to the group by the conductor of the group, though sometimes the members suggested something that we might have played another time and that they've probably enjoyed and wanted to repeat. A variety of psychodynamic tasks, such as a game, or making up a story, or make up crosswords with whatever comes spontaneously in mind, or draw and paint over a specific theme or even freely, was involved. Another novelty for the work done in the community is that the group conductor was actually participating in every task of the group along with the rest of the members, while usually our work is to conduct, lead and observe the groups. In every session a thirty minute time was given at the end for the group to discuss and reflect on what it was created or what happened and share their feelings.

The participation of the conductor and the time taken to reflect on our work, offered a form of communication that was non-threatening, reduced anxiety and has helped to overcome the fears of exposure and pain that might have been expected. Furthermore, adolescents feel "lucked out" not having to participate in situations of verbal cross-examination and are quite content belonging to a group which is interested in their opinions, of their world, as expressed through imagery.

At this point I would like to refer to some clinical examples in different sessions of the group. On one occasion the group was given paper and markers, pencils and oil pastels. They were asked to draw or paint whatever they wanted to. They could even use words, a mark or whatever came to mind. The room was set up in such a way so that they had plenty of space to sit or lay on the floor on a carpet and all the materials were scattered around on the carpet area so that everybody had access to them. After

spending some time in hesitation, just sitting there and looking at the blank paper the group started creating. It was observed that as soon as the conductor of the group started his own work the rest of the group followed, probably overcoming suspiciousness and heading towards trust. Surprisingly (?), all the group members drew the community building and themselves in it, in 5 out of the 7 works the group was holding hands! Also, the building itself resembled more a proper family home. Quite interesting is the posture the members took up during the task. They were lying on the floor, with their faces so concentrated on their painting one could think that their noses would touch the paper. The phantasy of little children drawing on their house floor was the first to come in mind and by knowing that the vast majority of the members started using substances around the age of 12-13, the regression to childhood is a revealing case.

In the discussion that followed, the group members said that they liked the fact that everybody drew the community but also that at this point they feel quite stressed in the community and they depicted it the way they would like it to be. In no other instance had any of the members' complaint about the situation of the community.

Imagery, such as a sketch or painting, can provide a wide range of information and through visual representation a group's expectancies and desires can be clearly expressed.

Another example I would like to refer to is a simple game I suggested to the group that involves body action. The game was quite simple and involved a circle of chairs, their number being one less from the number of the group participants, as in the game with music chairs. Everybody had to sit on a chair and the person standing would ask them to change seats with one another based on a common characteristic, either an obvious one or a personal characteristic. For example "everyone who's wearing jeans, change seats now..." or "everyone who has a sister..." or "everyone who would like to....". An infinite number of options is available. Only the people with the characteristic asked had to move and change seats, meanwhile the person who was standing and gave the order had to take the opportunity to take a seat, so the person who didn't manage to change place on time had to stand up and give the next order and so on...Initially, the task was met with hesitation and sublimation by the participants, who said that it's childish and that they used to play such games many years ago. Masked beneath this excuse was the fact that even though adolescents they do carry the identity of a drug abuser, who while in reality is vulnerable, wants to present a fearless and cruel character. This of course stands as a good self defense tool especially for the ones who spent time on the streets and faced the cruelty of the market. On top of that body action and motion was involved and having their bodies treated with the most violent way of self harm and punishment by shooting up heroine and so on, this task might be simple but no easy to perform.

But, through loads of reinforcement by the group conductor and with the older members of the community to trust and try it out the rest of the group followed, leading to remarkable observations. It was as if the group was charged with energy the people were moving fast and lively to change seats expressing their enthusiasm and obviously feeling more at ease with their bodies. Most importantly as the group progressed, the characteristics were referred to more personal statements that the members of the group wanted to shared, and the fact that others had common issues served as a relief and reduced anxiety significantly for the people involved and the group as a whole. The self disclosure of the conductor also built more on trust by the members. It turned out that people met each other better and new information that so

far was in the shadow, for the group and each of the participants, was revealed, making the group bonding stronger.

As my last example I would like to refer to a quite different session that took place during a three-day therapeutic marathon that was conducted in the premises of a live-in therapeutic community that hosted our community for the needs of the marathon. Therapeutic marathons are still a common practice in the therapeutic communities of KETHEA in Greece and the idea of conducting it in “a community in community” system was very challenging. Marathons are a really exhausting, pressuring and anxious experience though most of the times we end up with lots of material. After finishing each session, the therapists team had to re-design and decide on what we were about to do next. So at the end of the second day of the marathon it was obvious how tired the group was both emotionally and bodily, so we wanted to do something to relax and discharge them from the anxiety as the day was reaching its end and that would be the last session before sleep.

Instead of using a specific object to be used to convey each person’s situation, the only instruction to the group was to move around, meet with as many persons they wanted and try to communicate without using any words either spoken or written, just their bodies. To reduce anxiety and provide some kind of rhythm, music used in meditation was used as a background. The participants started walking around obviously in great stress and difficulty. To support them me and the other two coordinators in this task started communicating with each other as if we were playing pantomime. Sooner or later the rest of the group started doing the same thing, at the beginning having one repeating exactly what the other person has done in pairs but gradually smaller groups of 3 or 4 were created. Then they started representing everyday life situations, morning waking, driving, and going out with friends. As the session progressed the groups reduced to 2 with 5 to 6 members and surprisingly they were both playing children’s game, hide and seek, ball games and even jump rope! At the end participants could not exactly describe their feelings, but they had discharged tension, were calmer and relieved. Play was there to provide them with a connection to their inner self, let them communicate with others and provide a safe place to interact in.

Play can be very helpful in the process of recovery from addiction. It can provide time and space to get in touch with the inner self and can provide a form of expression for feelings that cannot be easily identified or put into words. Relating to others, hence relating to real life facts that are not seen anymore as threatening and traumatic discourages substance abuse as a reparative attempt since tensions can be tolerable.

Also, task groups involving play through some kind of art can be very effective for adolescents who usually see it as a non threatening form of treatment. The material produced can help the therapist gain some idea of the person’s concerns and life circumstances, especially those situations that one is hesitant to reveal. This awareness does help us to support better people in therapy. Addicts’ actions are less directed toward a positive aim of achieving a goal but rather more toward the negative aim of getting rid of tension. Using play as an intermediate, a “transitional object” within a task group, relieves from anxiety and provides sufficient space where safety can be established for the person and the group and consequently inner worries and realities reach the surface. In the search of the Self, play, can be a very useful and powerful tool and in working with dependent individuals this becomes quite obvious.