

ATOL: Art Therapy OnLine

Construction of Adam's Hut: an adaptation of Art Therapy for men living in the special ward of an acute psychiatric hospital in Finland

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Abstract

'A hut, a shelter, or an object serves as a transmitter between unknown forces inside and outside the self' (Kaj Noschis, 1986).

The project described here used an adapted Art Therapy group in ways intended to provide localised *primary experience* for adult men who had histories of deprivation from early childhood. The men had great difficulty in taking in any benefit from their usual psychiatric care because of their early deprivation and also their difficulties in interacting verbally and in using symbolisation.

The idea for this art therapy group project emerged from an interest in studying the needs of male patients treated by a special ward. The men were admitted to the special ward when they could not be treated in a mixed ward because of their very impulsive or aggressive behaviour. The paper is a description of the realization of the group treatment and the work process of two art therapists who were satellite workers for this special ward.

Recognition of some of the vital needs of these patients was an important part of the work. The group was rewarding for all the participants and this was in stark contrast to what were usually negative experiences and difficult attitudes towards psychiatric care.

The art psychotherapeutic approach is based on the Winnicottian work of Dockar-Drysdale. The final artefact is discussed as a piece of architecture and as a metaphor for the early bodily experience. The overall outcome is discussed using the ideas of Ester Bick, Didier Anzieu and Winnicott. The hut serves as a transmitter like the skin of the human being. The therapeutic idea would be 'the consolidating of the hut'.

The idea of Adam's Hut was born as a result of an accumulation of clinical and artistic experiences, knowledge about psychic development and a set of problems present within the particular ward.

Keywords: Primary experience; transmitting object between inside and outside the self; Symbolic realization by making art; Art therapy adapted to acute psychiatry; Skin.

Identifying features such as the names of patients and the hospital have been anonymised.

Introduction

My first contact with art made outside the art institution was a catalogue of a Collection of 'L'Art Brut' of Lausanne (Dubuffet, 1967) with pictures made by psychiatric patients and outsider artists. It made an impression on me as something unseen and out of the ordinary. I had recently finished studies in Helsinki in Textile Art at the Athenaeum Institute which nowadays is the University of Art and Design Helsinki (UIAH). The powerful impression lasted so long, that I was among the first ten postgraduate students who started Art Therapy Training at UIAH in 1974. It was a three-year Pilot Programme, in which the team of students and teachers planned the training curriculum together, in the spirit of work done in the sixties. This approach was very inspiring as we were facing something so new. Polarized visions were presented, but the atmosphere was enthusiastic. We had very prominent Finnish psychotherapists, psychoanalysts and artists as lecturers. For me Edith Kraemer, Winnicott and the writer Gaetano Benedetti

were the most important authors at that period. Students were supposed to find a place to practise within local Psychiatric Services, where we were received with curiosity as I remember it. It really opened a new world for me, but it was also an outsider position.

After having finished the training it took a while before a vacancy as an art therapist was available. There I had the opportunity to be supervised by a very experienced psychotherapist Ritva Kajamaa, who had developed the Winnicottian Dockar-Drysdale method with deprived children in group therapy. The discussions with her gave me a fine opportunity to learn as a beginner. This knowledge I was able to use later on and modify it for the art therapy group project that I describe here.

Things I learned in psychotherapy seemed to make sense and link with things that I already knew about art. Looking back at my interests in the Arts in general, I realize having been especially fascinated in the non verbal art forms, including dance, mime, and Bhuto (which combines both dance and mime), as well as the visual arts.

In my work as an art psychotherapist I use these experiences and knowledge in a similar way to the way I use my experience of my own psychotherapy. Putting it very briefly, in my work with the patient, I am practising and studying a rite, which is both aesthetic and psychoanalytic by nature.

In Finland the health care authorities have set new regulations for psychotherapy training and these regulations influence art therapy training. This means that art therapy in Finland (just as in other countries) is exploring new forms of adaptation. The story of the construction of Adam's Hut was published in Finland in 1992, I offer this English account as a contribution to thinking about different forms of art therapy practice in the contemporary period.

The setting

'A hut, a shelter, or an object serves as a transmitter between unknown forces inside the self and those outside the self' (Kaj Noschis, 1986).

In the late 1980s, I worked as a part-time art therapist in a psychiatric hospital. Male patients affected by severe early deprivation were often placed in the special ward, which was designed to deal with problems like aggressive or very impulsive

behaviour. During this time, with my colleague Sirkku Ruusulampi, we developed a group treatment that we named 'Construction of Adam's Hut'. We used the name Adam in reference to the Book of Genesis, with its archetypal figures Adam and Eve. After having been exiled from Paradise, shelter was needed and it would be the first (archetypal) habitation on earth. Another story we used was that of an island as a refuge for a shipwreck.

The project aimed to provide a way of working with adult men who had a history of deprivation in early childhood. The idea of this art therapy adaptation came from our interest in the needs of male patients living in the special ward. They could not be treated in the mixed-gender ward because of their aggressive behaviour. The aim of this paper is to describe the group work and the construction of Adam's hut, as a way of understanding the challenging mental situations experienced by these patients.

The therapeutic idea is to try to start treatment where the early development has 'frozen' and in doing this find long-term benefit for this particular segment of patients. I propose that this kind of art psychotherapeutic intervention is worthwhile in hospital, because the closed-ward situation, the art materials and the careful adaptation of treatment, can provide elements of containment for the unintegrated psyche. My impression, based on this work, is that a limited primary experience, even for adults, can be offered successfully in some hospital circumstances.

I consider the hut as a metaphor for early bodily experience; the characteristic functions of the human skin; and how it powerfully illustrates the person's experiences of interaction and need of protection. I give a summary of the twelve group sessions, during which the hut was constructed. I describe the outcomes and challenges of the group project, concluding with some reflections. Finally, the discussion considers Adam's hut as a piece of architecture, the role of aesthetic element in the art psychotherapeutic process, and the curative potentials of the experience.

Primary experience and its impairment

Primary experience concerns the first year of life. It concerns childcare where the infant's individual care needs are met in ways that are good enough.

Containment, a specific quality of presence and care for the infant, is crucial in the first year of life, as described by Esther Bick:

‘Until the containing functions have been introjected, the concept of a space within the self cannot arise ... In its absence, the function of projective identification will necessarily continue unabated and all the confusions of identity attending it will be manifest’ (Bick, 1968: 484).

Winnicott indicates that in very early development some imaginary ‘space’ is necessary for, ‘the indwelling’ of the psyche in the soma (Winnicott, 1949). His thesis is that:

‘... psychotic illness is related to the environmental failure at the early stage of the emotional development of the individual. The sense of futility and unreality belongs to the development of a false self which develops in protection of the true self ...’ (Winnicott, 1954: 286).

Bion introduced the term ‘container’ to describe the inner space that develops through interaction with the mother (Bion, 1962). When the internal containing space is impaired, storing of memory images, even of good experiences, is impaired. As a result, even as adults, people have little capacity to contain emotions and to process mental images.

Dockar-Drysdale describes the primary experience:

‘as a process where the infant moves from being contained (by the mother) to becoming a container (able to contain personal guilt and anxiety). Emotionally deprived children have not completed this process’ (Dockar-Drysdale, 1990: 129-130).

She suggests that as result of impairment of communication, acting out of unbearable states of mind follows. A symbolic attitude, characterized by symbolizing and conceptual thinking, is not reached or is impaired. These skills are needed to be able to self-reflect, interact with people and work in a creative way, and to share cultural activities.

Therapeutic Approaches

Our project was based on: Winnicott’s work on the subject of unintegration (1949) and early development of the infant (1958; 1962; 1971); Esther Bick’s (1968) findings on the

primary experience; and Dockar-Drysdale's later adaptations of Winnicott's work (1973, 1990). Dockar-Drysdale made her adaptations as a result of her work with deprived children in UK. The clinical work done by Sechehaye (1951) and Kajamaa (1982) also indicate that correction of primary experience can be provided in special circumstances through therapeutic adaptation and management.

Kajamaa worked with boys at a Family Counselling Unit. Many of these boys were similar to some of the patients in the special ward for men in that they did not benefit from more traditional forms of psychotherapy. Kajamaa's groups for boys were called 'groups with laundry baskets'. They were based on the work of Winnicott and Dockar-Drysdale, and they constituted a new treatment mode in Finland. In these groups, every boy had his own laundry basket, with pillow and blanket and a feeding bottle. Latent-age boys were given juice, snacks and told fairy tales (Kajamaa 1988: 218). Reading fairy tales for therapeutic purposes is an approach which had been used in the 1960s in Sweden in Hagen's special institution for children (Brudal, 1968).

These treatments inspired Sirkku Ruusulampi and myself to undertake our art psychotherapy project. The task that we undertook was to try to make contact, where it was psychologically possible, with a specified group of the patient population and to understand something of their core difficulty by means of art psychotherapy.

The form of deprivation that we were considering concerns the development of an 'inner space' for imagery.

The Patients

One patient had a conversation with me prior to the project, saying: "Do you think I am sick? I am homeless."

This tells of the quality of problems to be dealt with in treatment. He is not feeling ill and does not realize his need for psychiatric help. He does not have the kind of 'inner space' where the memory images of his experiences concerning his long and frequent hospital visits could be kept and processed.

We told the staff that we were interested in having patients who had a history of deprivation in our group.

The Special Ward

To deal with patients who are often unpredictable in behaviour is a delicate situation, requiring great skill, and the particular ward that I refer to in this chapter had a reputation for being an effective special ward. It offered meals, medication and television. Each patient had a room with two other patients. There was a smoking area, weekly art and music therapy, and physical therapy sessions. For times when overwhelming states of mind occurred, there was an isolation room. Rules and agreements were the basis of interaction in the ward, and the daily programme helped to orientate the residents in time and place within the secure environment. The purpose of a patient's stay in this ward was to calm down major restlessness (MAO, 1985-1995). The ward environment included the personnel, visiting specialist workers, shelter and the daily routine of morning meetings, all of which aimed to provide a feeling of security. The workers understood their approach as collectivistic, with clear rules and not much individual conversation. At a meeting with the staff nurse, where we presented our proposal for art therapy treatment, she told us in a simple and open way that the ward staff felt deep concern about the frequency of having to put the individual men into periods of isolation on the ward. We, as specialist workers, took this seriously as a problem not to be solved, but managed. Another problem presented by the staff nurse was that patients were demolishing materials and furniture, and that replacing these objects was costly.

State of unintegration and disintegration

Winnicott (1962), Bick (1968), and Tustin (1981) write of unintegration as a normal state of being in infancy. This can become a dangerous disintegration if maternal containment is not accessible, for example if maternal containment is not available before the baby has developed a stable psychic skin. Winnicott refers to the 'capacity to experience unintegration as relaxation' (1958), as a 'capacity to be alone' which also occurs only after the child has had the opportunity through 'good-enough mothering' and 'the experience of being alone in the presence of the object' to build up a belief in a benign environment (Mitrani, 2001: 26-27). Without this experience the baby may fall into a void of meaninglessness and this otherwise normal state of unintegration may become a feeling of disintegration (Winnicott, 1962).

Problems for maturation

The early deprivation outlined above hinders the patient's capacity to function as a whole person. Rather than developing a 'true self' (Winnicott, 1954: 281), the patient adopts different adhesive and changing identities. Ageing does not improve or worsen the situation (Dockar-Drysdale, 1973).

In the most severe cases, my impression is that this deficit makes it so difficult to form relationships that the person will tend to remain an 'outsider' in relation to social groups and much of the culture as well. My clinical experience is that open psychiatric care rarely provides any long-term benefit for people with these difficulties, and they often end up in hospitals or prisons or find themselves in situations where family members or healthcare professionals have to intensively take care of them. In crisis, emergency hospitalizations, which constitute a type of imprisonment-care, can bring relief to caretakers, but do not bring about fundamental change in the patient's psychic status.

As patients, they can be challenging because they tend to panic when frustrated and act impulsively, or violently. They may behave antisocially and disrupt the activities of others, or they might turn to addictions. Panic might be manifested by temper tantrums and smashing things or freezing in immobility (Dockar-Drysdale, 1973).

As a result, as indicated by the ward staff nurse, isolation and other emergency measures are sometimes taken to manage the person's behaviour and limit damage to self and to others.

Materiality and Art Therapy

Experiences that occurred before the development of speech and language have a special opportunity to be mediated by the materiality in the art therapy studio, in presence of specialized professionals i.e. art psychotherapists. The qualitative aspects of materials, which are in part subliminal to consciousness, seem to activate the whole person. They can sometimes provide an effective way to reach the early experiences and make corrections possible.

Materiality has a special importance in this enterprise because materials have a feel, a texture, a colour and a smell, which enhance sensations and mental images; they

address us. The art materials are substances that connect the user to the concrete reality. A therapist must also keep in mind that their qualitative aspects can sometimes be taken in like nourishment and sometimes provoke memories of something traumatic.

The concrete nature of the work that a person engages in when building something in art therapy is parallel to what happens in the world of actual construction sites. There is a 'preliminary construction' a phase of cleaning the soil and installing the basics for the plumbing and electricity, prior to making a physical connection to the community infrastructure.

Similarly an adaptation of art therapy, for the particular needs of the client group that I have described, could, if meaningful enough for the participants, strengthen a person's 'foundation'. In art therapy, there is the possibility (using the ideas of Winnicott) of working like an 'environmental mother/carer' by presenting material that is appropriate for the user. Further, this enterprise, situated in the cultural field, is happening in the 'potential space' (Winnicott 1971: 135) between the individual and the environment.

Where development is needed in the area of symbolization, which has been difficult for some as a result of the impaired containing capacity, there is a need to develop trust. As Plaut, a Jungian analyst explains, trust is necessary for transformation:

'The capacity to form images and use these constructively by recombination into new patterns is – unlike dreams and fantasies – dependent on the individual's ability to trust' (Plaut, 1966: 113).

We sought to create containment and holding, without direct confrontation, as the psychological attitude to the work. I understand this approach to be in line with the one Helen Greenwood describes when she refers to her 'side by side' approach that she uses in working with patients who experience psychotic episodes (Greenwood, 2012). Greenwood states that, as a therapist, she is 'interested in points of growth, not in pruning or restructuring personality' (Greenwood 1997: 106).

Preparation or generating the idea

Based on our past experiences, Sirkku Ruusulampi and I had a general idea of the special needs of these patients, as discussed earlier. We aimed to build on the

principles of Kajamaa's 'groups with laundry baskets' by providing a limited primary experience in a group situation for grown men.

One of the boys in a therapeutic school in the UK, Joseph, who had been diagnosed with severe deprivation symptoms after having been seemingly unchanged and destructive during two years, said: "I have a magical vest, but there is a hole in it" (Dockar-Drysdale 1973: 76). Filling 'holes' in the primary experience of adult men is a complex task. We thought that constructing could contribute to this task because of its concrete nature.

The Plan

Initially, we started to see the laundry basket 'upside down'. The plan was to offer a possibility for every participant to make an individual hut for himself out of natural materials we had gathered. The idea was that the hut construction in the men's group corresponds to the laundry basket in the boys' group. We dedicated one of the studios exclusively for the project.

In our preparation phase we spent much time discussing the project, studying architecture and gathering the natural materials for construction, including bamboo, rice roots, rope, chicken wire and rush. During this phase, we reflected on our own childhood hut-constructing memories as well as on architectural examples, such as the ancient habitations made in the ground by Finno-Ugric peoples, in African villages and in European shantytowns.

During our preparation phase, we had two 30-minute meetings with staff dedicated to this project. Sirku and I proposed a 12-session group treatment with twice weekly sessions for those who wanted to participate. We agreed upon this with the staff. Project information materials, including text and pictures, were given to the staff and patients. In the information we described Adam's hut as a way of providing an experience of communal constructing. We provided a box with Adam's picture on it, into which the men wishing to participate could slip their names on little bits of paper. Later, we briefly interviewed the candidates in the smoking room, or in the corridor, and they interviewed us.



Figure 1: “Adam on the box”

The project and the stories

The mythical figure of Adam gave a frame for the therapeutic situation. Adam was expelled, with Eve, from the perfect Paradise because he was not able to follow the rules. (In the history of these patients, destruction of habitations is not rare.)

We focused on the story of the ‘survival of Adam’ in exile and on the manifest content of the expressions of the participating men. Adam's name was only mentioned a few times, but experienced as a constant background presence. In the story, the island location and the ‘salvaged’ materials were important. The ‘Island’ both created a frame for the events and also stimulated mental images. This story reflected the situation where these patients find themselves – in a closed ward often against their will and as a result of dramatic events. The similarity to Robinson Crusoe’s fate implicitly informed the group of a shipwreck. The patients could accept catastrophe in the form of a fictional shipwreck. Other familiar themes that arose in the story included captivity, shame, and isolation, all of which they could survive as a group.

Procedure

At the beginning of sessions the therapists presented an interpretation to the group, embedded in a narrative style: “What has happened until now?” We presented the

'island' situation as a kind of 'painting' to the group – just enough to keep the illusion of an island alive. The idea was to keep the story suitably distant and general so that each group member could take from it what was fitting to his situation.

The therapists met the supervisor weekly to discuss the method and formulate the subsequent interpretative story.

Construction roles

During the course of the project the patients were left to take care of the construction job. The therapists only followed the events of the construction as keen spectators, listeners and sometimes as assistants, holding a piece of material when it was sawn, for example. Further, the therapists functioned as containers of the patients' ideas, observations and discoveries and at times became verbalizers for their ideas. The focus, however, remained on concrete phenomena. The therapists also had an occupational health and safety role, ensuring that everyone remained safe.

Food

We decided to include food in this project. For a child, and in our case for grown men, a material object, something concrete like food, is needed in order to enter the plateau where going 'side-by-side' is possible.

The Construction of Adam's Hut

What follows is an edited version of the process, but in one sense, all is present in the final artefact.

Session one

Five men, escorted by Matti, their ward's physical therapist, arrived on a brilliant spring morning at the Art Therapy location in an old, two-story house. All kinds of natural materials, including bamboo, rush and rice roots had been gathered for the group. All the necessary carpentry tools were available on a table. Piled in a corner, there were lightweight, concrete blocks.



Figure 2: “Materials”

First, we explained the rules about smoking on the balcony and not causing any harm to anything or anybody and everyone agreed upon that. Then the instructions prepared by Sirkku Ruusulampi and myself, were told in the form of a story.

Here we sit on an island where these materials were found. Everybody can use the materials for their own hut or shelter. Everybody can figure out what kind of shelter he needs and in what kind of surroundings it would be. There is no human habitation in this region.

Very soon it became clear that things were not going according to the guidelines. Two men made sketches, which were soon combined and a single concept became a common plan for the group. Tapani declared: “Let’s start!”, and immediately, the room was full of action. With light concrete blocks (breeze-blocks), the group started to construct a round shell with no windows in it. The roof was made of cardboard and covered by long branches, “in order to be safe from vultures” as one group member mentioned. The construction was situated beside the stove and the doors of the stove were opened to get some draught from it. Inside the construction, there were two seats. The ‘islanders’ wrote their names on the wall of the stove: Hannes, Kimmo, Osmo,

Tapani, Sirkku and Liisa – all except Pertti, who was worried about the fragility of the construction. He did not return to the group after the first session.

When others had left the room, two of the men stayed in their seats and one inquired: “Shall we now start copulating?” The first session was closed by a short discussion about this subject and all left the room peacefully.

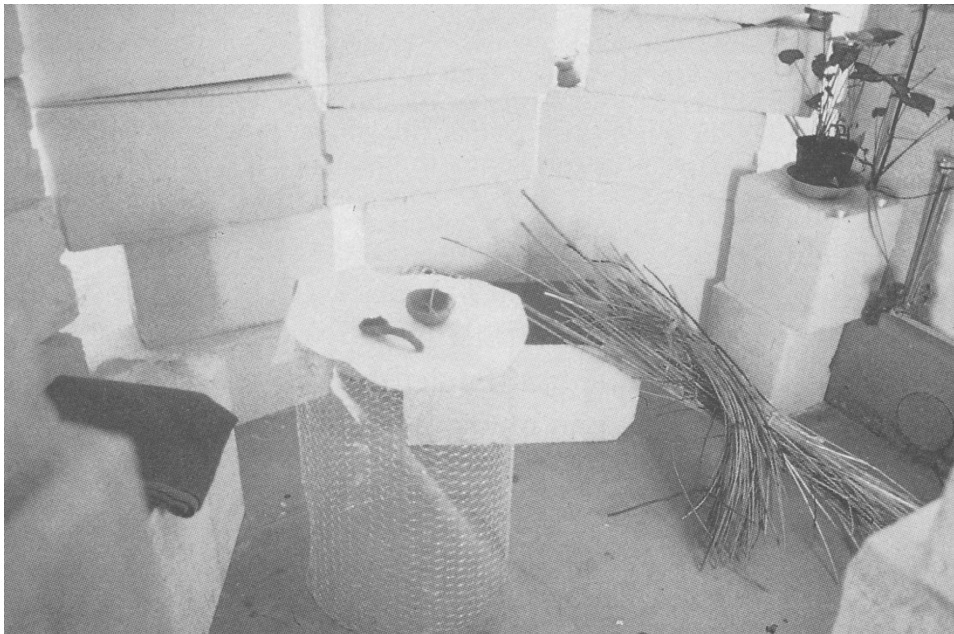


Figure 3: “Inside the hut”

Session two

In the beginning, a short resume of the previous session was given to the group.

The islanders have constructed an emergency shelter. Everything happened quickly as is natural in an emergency situation. There is room for two people in the hut. The islanders wanted to secure the continuation of life on the island in this way.

There was a new member of the group, Jari, who now had got permission to go outside the closed ward, which was necessary for participating in this project. The hut was made tighter and safer with tape and copper threads. Jari quickly made a thermostat for the hut with a piece of rush, a ruler and a bowl filled with glue that he had made himself. He also fetched little branches for the stove. Tapani proceeded to paint the hut

walls with camouflaging grass figures. Hannes drew stars around the door opening. Their number was the same as those on the island and he also drew red grasses beside Tapani's green ones. Jari found a thermometer and glued it onto the wall.

Osmo and Tapani discussed the structure of the roof. They laid some paper and rush on bamboo sticks over the roof because Tapani thought it was important that predatory birds could not see the hut. Jari placed the curved cardboard pieces around the hut to protect it against storm. He also made a harpoon and carefully placed it between little cavities in the wall.



Figure 4: "The structure of the roof"

Session three

First, Osmo and Jari arrived. Jari told us that this would be his last time with the group because the next day, he would be transferred to a long-term hospital; his face was very grey. Other participants arrived and Liisa told them that Jari was obliged to leave the group for reasons out of his control. The atmosphere was heavy and tension was building. Sirkku continued: "The barbarians have imprisoned Jari but he has proven to be resourceful – maybe he will find a way to sort the situation out". (After the session, we learned that someone on the staff had found an old referral for Jari, which was

referring him to a long-term hospital, ignoring that Jari was a member of the Adam's hut group. The error was corrected immediately.)

Throughout the session, Kimmo was talking, explaining what the island looked like, especially regarding the island's morphology and vegetation. His speech was colourful and flowed without pause. Then he made a large, black clay snake. Jari found a stick for digging worms and the other men initiated a discussion about starting the agriculture. Tapani said: "We should plough the earth and sow". Everybody was busy doing something. Liisa made a bowl and Tapani made a spoon to accompany it. Osmo and Tapani started a project called "A chair which is rainproof". It was also, "a sun-bathing chair on the best site for a view". Jari drew a calculator for Adam on the hut wall and also fabricated a 'sun heater' and some other complicated devices. Jari told us: "These are the new basic colours: red, green, yellow and blue. I made this when the sun was warming my back". The purpose of these artefacts was "that the others could get brain impulses out of them". Jari also made a lightning conductor and lit a candle beside the plant inside the hut. Osmo mentioned that the hut should have rainwater pipes for preventing the rain from coming inside. Osmo fetched some firewood and Tapani put a big branch on the roof for camouflage against the predator birds. With wire, Jari fixed a single match in case of emergency and a matchbox strike plate for lighting it on the wall.

The feedback summary given to the group was: "everybody has been very efficient in a threatening situation and made their best to preserve the base and keep it functioning. Important issues and feelings have been communicated without words". The men nodded.

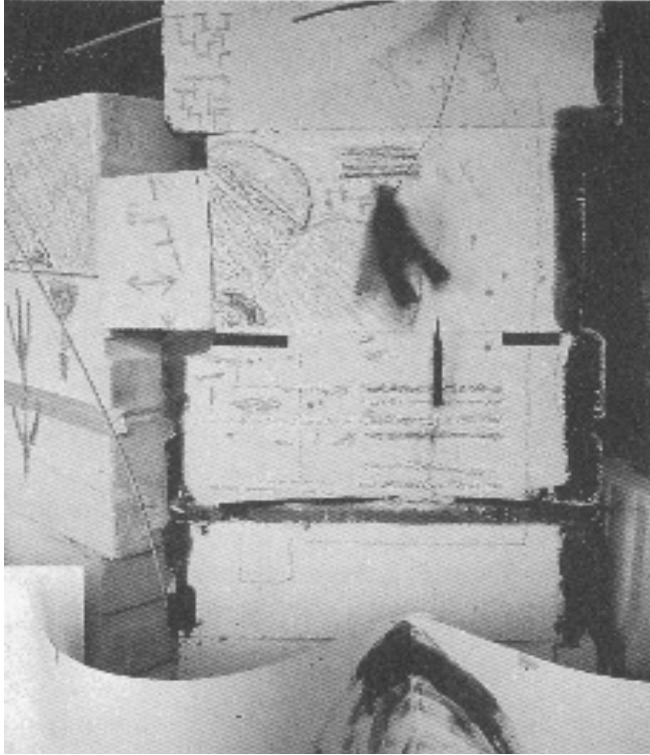


Figure 5: "Jari's installations"



Figure 6: "The fish trap-reservoir"

Session four

With watercolours, Hannes painted multi-coloured flowers on the walls. Tapani placed the “background devil” in a hole in the wall to keep watch. Out of chicken wire, Osmo and Tapani fabricated a rifle and a combination fish trap-reservoir for fish. Sirkku made a cone-shaped mask for spying on barbarians. Liisa made a little pig. (Later, this made me think of the tale of “The Three Little Pigs” who build houses to stand-up to the threat of a big bad wolf. My recalling this tale was a response to some distress that had been expressed and also to the fragility of some of the construction techniques the men used. With Osmo’s announcement, “This is a summer hut. We must build a sauna”, the session concluded.

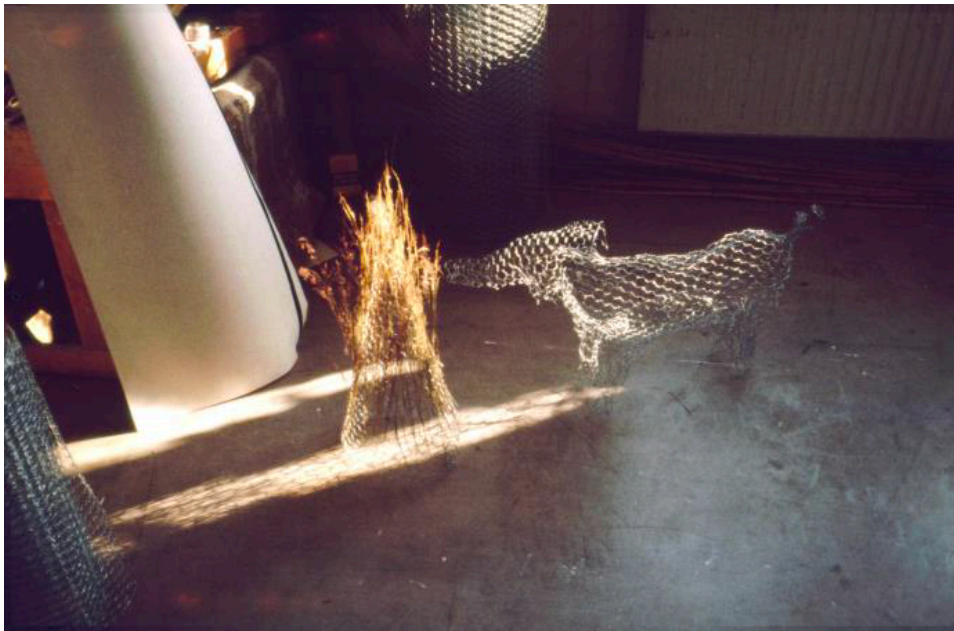


Figure 7: “The Mask and young pig”

Session five

At the beginning of the session, a summary of the events on the island, that is the group’s activities, were again presented to the group:

Some islanders have concentrated on sealing-up the hut, camouflaging it and making it safer in other ways. Some made an excursion with the group and made contact with barbarians, experiencing imprisonment. (This referred to Jari’s return.) Some went to

other parts of the island perhaps thinking that they would be better off alone. (This referred to Pertti leaving the group.) Those who were away at different times did not know what happened on the base. Living and working together is not an easy task.

This time a sauna was built on the sunny side of the room. It was visited occasionally by Osmo, Tapani and Hannes. Jari and Hannes designed a round table for the interior, and Jari made a fish trap with two holes. Jari said: “Little fishes go in this way and out that way” and “It is more like a wood there in the corner, so that the pig can enjoy that”. Everybody had vivid imagery of the hut’s surroundings and these images were shared with others.



Figure 8: “Sauna”

Sessions six and seven

During these two sessions, the men were more thoughtful and constructed less than in previous sessions. Jari fabricated a shed by himself. Osmo said: “It’s Jari’s job, let’s leave it to him”. Now and then, Tapani went inside the hut and sat there a moment. He proposed that we could interrupt the group before the final session. Osmo contemplated the sauna and said: “It looks *‘perceivably’* better when it is not closed”. Tapani placed a bunch of rice roots, which looked like harvested plants, near the greenhouse-jetty combination. The lightning conductor also functioned as a television antenna.

Session eight

Hannes made a flag out of chicken wire and bamboo. Somebody asked if it was a flag for the base, the kind of flag that is mounted on a hilltop when conquered. A fervent discussion started on the flag subject. Tapani insisted that it is not possible to mark land because land cannot be possessed. Hannes presented a solution: “It’s a religious flag used when needed”.



Figure 9: “Boat”

Session nine

Tapani was thoughtful and sighed deeply when he entered, dressed in a suit this time, instead of his usual hospital outfit. He stayed inside the hut for a long time. Osmo wanted to build a boat. Although the others had ideas for different types of boats, the group chose Osmo's idea, which was a boat made of cardboard. Everybody participated in building the two-person boat. On the floor, somebody wrote "sea".

Following the session, the staff informed us that two hospital patients had died that week. In the Finnish epos *Kalevala*, the deceased are transported by boat to Tuonela, the land of the dead. None of the group members had told us directly of these deaths.

Session ten

Only one member of the group was alone on the base. He took care of Adam's 'duties' as it seemed and started to build a bedroom of bamboo. It was a very hard enterprise for him. He could not join the bamboo sticks properly with the extremely short strips of tape. He was perplexed and frustrated and tried again in the same way even after we discussed that the tape strips were too short. Despite his difficulties and frustration, he remained composed. By the end of the session, the construction was able to stand upright when leaning against the wall.

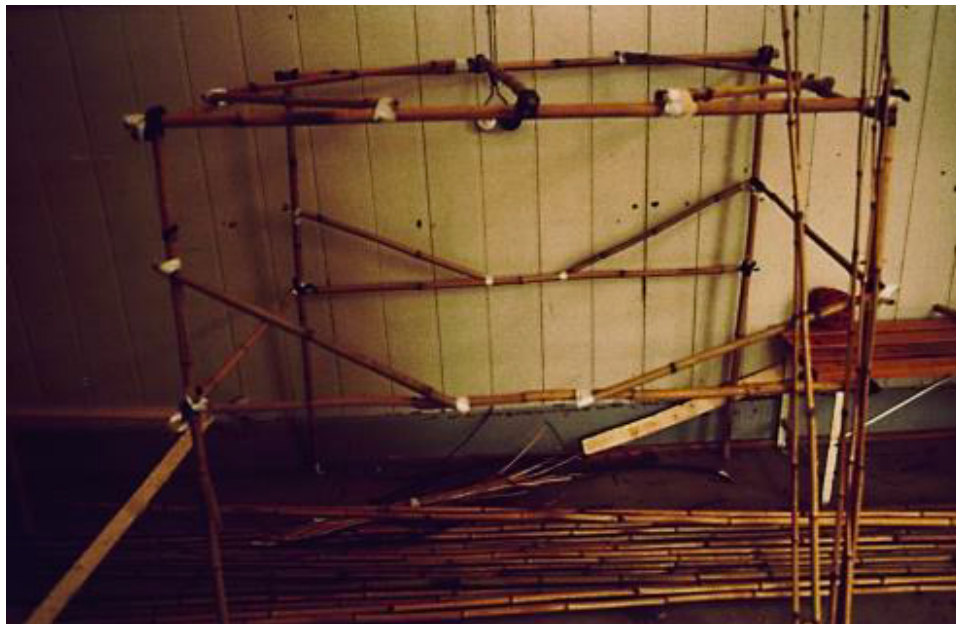


Figure 10: "Bamboo bedroom"

Session eleven

Osmo was the only patient present. He continued to stabilise the bamboo construction. Finally he laughed and stated: “A Lapp hut would have been easier; I was ahead of my time”. He recalled having heard of African nomads, whose body temperatures decreases considerably when sleeping on the chilly sand and increases when the sun rises and warms them. He asked: “Am I supposed to come next time?”

Session twelve

Hannes and Osmo were present. As building tradition dictates, there was some food on the occasion of finishing the building – we had fruit, raisins, orange juice and a coconut. Hannes poured juice for every one and opened the coconut. Hannes painted a cross on the wall and asked if he could have a bamboo stick for himself. Sirkku and Liisa had carved from tree bark a little sailing boat for everyone. A final statement was announced: “The Island shall remain in some form in our minds and we can return there in our thoughts whenever we want to”. Hannes left the room using his bamboo stick as a hiking staff.

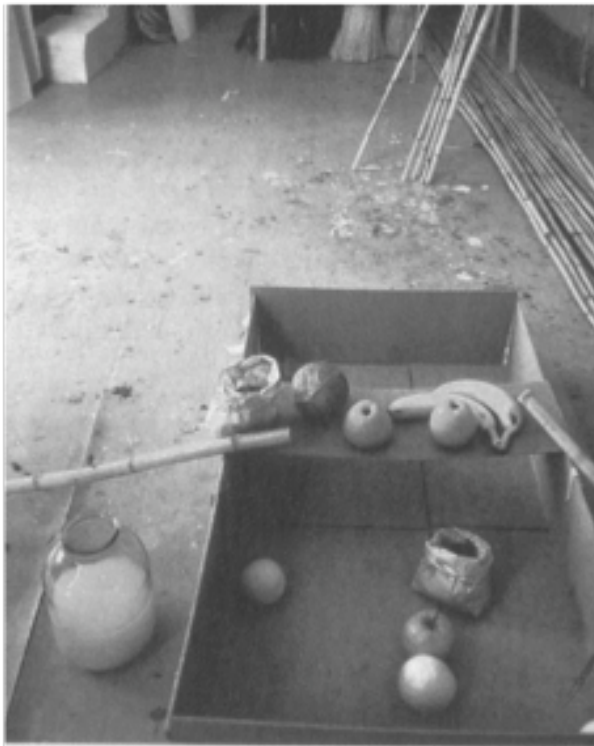


Figure 11: “Last session”

Discussion: the ancestral hero as role model

After the group experience it was easy to see how, in exile circumstances, the men constructed the hut as an urgent accommodation. It was a question of crisis. How could Adam survive on the island, far from any human habitation? In this situation, taking care of Adam's survival, these men were able to cooperate and unite their different capacities. They decided to construct a hut in order to protect Adam from natural forces and dangers. Everything happened very spontaneously. Following a disaster, reconstruction had to be achieved. For them, the idea of 'correcting' seemed to be important. There was no need of debate of the significance of this activity.

The cultural anthropologist Juha Pentikäinen states that mythological heroes demonstrate models of behaviour and 'myth' is an example of this and 'rite' is the practice of it. This seems especially relevant for people who have had difficult experiences with adults in infancy.

A method

The method that we developed had a similarity with a cultural anthropologist's fieldwork. The researcher must participate in the culture when making research (Boas, 1965).

This brings us to the concept of an 'interactional field' presented by Colman (1995), where the mother, responding to the infant, confers meaning on the raw experience, 'the gesture' by 'recognising it' as a 'potential communication'. I find this strongly corresponds to the situation at Adam's hut construction site, which seemed to function on an unintegrated level.

Skin

Much later when I was looking at the slides of the hut, I could see the hut having all the functions of skin. This connection of the hut to skin was not verbalized in any way by the participants. Instead, fundamental early experiences were shown through the artefact. The multiple functions of the construction became apparent. On the walls, the participants hung the sensor and thermometer. Layers of things were on the walls: grass drawings and even some cryptic marks and numbers. The roof and walls of the hut served as a protective surface against 'predatory birds'. Also 'a little devil' was put in the wall for self-preservation.

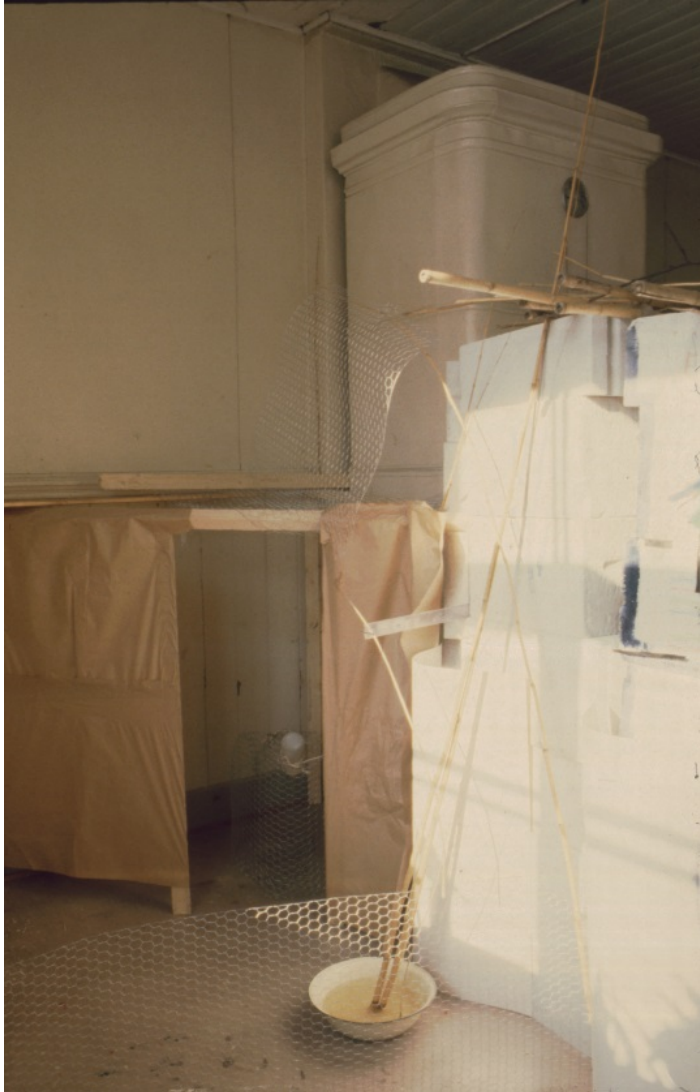


Figure 12: "Sensor"

For a human being, a house functions like one's skin: it serves as a *transmitter* for the traffic from outside to inside and vice versa. Like skin, a habitation envelops its occupants and their belongings and lets the inhabitants dwell inside and outside of it. A house has openings, windows and doors and other small openings, that serve to regulate the temperature and the air-quality inside.

A house can give a sense of security because of its wall boundaries and the possibility to control the climatic conditions, including temperature and humidity. Further, a house serves as a stronghold from which the occupant can make

expeditions into the surrounding world and it is a place to return to. It represents the survival and continuity of life, sheltering family members and personal belongings.

We know that skin serves as protection in many ways, making a boundary for the human body. We are not able to survive if it is injured too much. If a human being's primary care is severely impaired, the consequence is that there is no proper 'psychological skin' for protection, for instance, against too much stimulation and other invasive behaviour.

Esther Bick, in observing early object relations, understood the importance of the experience of skin.

'In the most primitive form, the parts of the personality are felt to have no binding force amongst them and must therefore be held together in a way that is experienced by them passively, by the skin functioning as a boundary' (Bick, 1967, 484).

Bick also writes of:

'*second skin* formation, through which, 'dependence on the object is replaced by a pseudo-independence, by the inappropriate use of certain mental functions, or perhaps innate talents, for the purpose of creating a substitute for skin container function' (Bick 1968, 484).

Words or smells or an obsessive behaviour can serve as a protective membrane. One example of this was in Kimmo's behaviour, when he was continuously talking in an acute state of psychosis during the second session. The content of his talking was relevant to the island situation but there was no pause. It sounded like a hermetic membrane around him. This happened when the coherence of the group was threatened by the announcement of Jari's transfer to another hospital. Simultaneously, Kimmo made a snake of clay and expressed what impact this announcement had on him and seemingly on the whole group.

Joan Symington made an expansion of Bick's *second skin* concept, describing it as a survival-function with omnipotent protection. For example, the constricting of some

muscles provide a baby with a sensation of a continuous skin, without gaps through which the self risks spilling out (Symington, 1985; Mitrani, 2001).

In this vein, Didier Anzieu (1989) has developed a metaphoric notion of 'skin ego' for describing the functions and the role of the skin in human psychological development. He assigns three functions to the 'skin ego':

- A containing, unifying envelope for the self; -
- A protective barrier for the psyche; and
- A combination of exchange-filter and inscription surface for the very first traces for the infant.

The filter and sieve refer to osmosis, which is the fundamental 'biochemical phenomenon that regulates the traffic of ingredients from one organ to the other through a semi-permeable membrane, resulting in biochemical transformations on both sides. The osmosis process illustrates the traffic between the conscious and the unconscious. The possibility of change lies in crossing the boundary (Deri, 1984). The maturation process of a creative mind, dependent on the ability to symbolize, is based on this traffic. The trauma of deprivation blocks this traffic, causing, at least, impaired perception of the outside world as well as the inside one. This consequence was evident when Tapani was constructing the bamboo bedroom. He had *great difficulty in perceiving* that the tapes were too short.

Patient selection

The participants' diagnoses were schizophrenia or character disorder. In this kind of treatment patient selection is crucial, because the patients who have reached a state of integration are troubled, or irritated by, the behaviour in the less integrated patients. They are afraid of losing their own integration, they get angry at those who smash and they stop using their own abilities. Mixing of patients of these two categories is not a wise thing to do (Kajamaa, 1988). The integrated patients (Kajamaa) did not join the group or they left the group as did Pentti, the one who saw fragility in the hut's construction and, finding it insecure, left the group after the first session. It's possible he

left because his personality was integrated and he needed another kind of approach for his problems.

Symbolic realization

It seemed that providing the possibility to experience a way to be safe in a very concrete way, such as constructing a hut, and to belong (to a group) was a fundamental experience, similar to initiation. In this way, the Adam's hut group was about the symbolic realization of a good experience, which happened in a concrete, material way.

According to Winnicott, the therapeutic idea is to unfreeze the frozen situation when development stopped. He also presents the idea of:

'psychoses being closely related to health, in which innumerable environmental failure situations are frozen but then touched upon and unfrozen by various healing phenomena of ordinary life, namely friendships, nursing during physical illnesses, poetry, etc.' (Winnicott, 1954: 281-284).

The everyday-life maturation process can then continue.

The functions of the skin described by Didier Anzieu in his *Skin ego* (1985/1989), consisting of *making a border, protecting, breathing, enveloping, containing, storing, sensing and receiving marks*, are very similar to the functions of a house. A house is, in principle, a place to feel safe, which is also the result of sufficient primary experience, based on early bodily experiences transmitted by the skin.

Winnicott states that 'it is only lately in the literature that regression to dependence has taken its rightful place in clinical descriptions' (Winnicott 1954, 284). Further, for the infant, the primary bond is created with the mother and, later, in principle, there is a gradual, safe separation. In adult treatment, when provision of a localized primary experience has been accomplished as a *reparation* process, '*feeling real*' (Winnicott, 1957, 290) follows. In this sense, the house can be a place to feel real.

One's 'house' is a base from which to explore the world. The provision of the early care in an adaptive form, as in art therapy, could be a pivotal point in the psychic repair for a selection of patients with continuing-needs.

The way men in the Adam's group used materials was interesting. It was sparing. In the beginning they worked in a hurry to get the emergency shelter made for Adam. They did not elaborate on the materials very much.

Archetypal Adam

Being familiar with the iconic figure of Adam and his fate, the group appeared to have a very distinct feeling of empathy for Adam. Action followed in order to guard him from dangers. His survival was important for this group of men.

In Finnish culture, man is traditionally, and often literally, a constructor of his own house. There is a certain appreciation and pride involved in this activity. In this series of events, it appeared that house-constructing men were symbolically brought into this male community as well as into the partnership with a woman in principle. Their patient status was also altered because they had permission to leave the closed ward for participating in the art therapy project.

One of the group members, Jari, presented the question: "Is this an old tradition or a new direction?" The answer could be: both. In my view, tradition in this case refers to rites, to earlier generations, and the role of rites in creating sense of continuity.

Adam's hut as architecture

Heidegger writes of corresponding features between constructing and 'the quality of the beings who are doing the constructing' (Heidegger 2009, 37). Adam's hut seems to open up a window to study this connection. It represented a very basic provisional hut for a couple, with a sauna, vegetable garden, shed and a boat. When looking at the hut after the project was over, I saw it as a multi-faceted piece of architecture.

The facade, with its cardboard half-columns, reminds me of gazebos and a small, round Antique temple

- The piled blocks of concrete are similar to *igloo* construction.
- The interior has strong characteristics of a bomb *shelter* or a *dungeon*.
- The interior space was like a shell or *envelope*.

- Its definitive boundaries were similar to a *hospital ward*. (A closed ward underlines the importance of boundaries.) Tapani recognised this similarity. He used to sit inside the hut sometimes, as if ‘filling the tank’.
- The mathematical formula on the wall $E=mc^2$ referring to energy and some wires connected to each other, made me think of a *power plant*.
- *An alarm detector* made of clay was formed in the shape of a little devil.



Figure 13: “The black devil”

Due to the shipwreck situation, the group had to concentrate on building the most essential hut for Adam that they could. Foremost, the hut was a shelter, protecting human bodies against the weather when it was too warm or cold, stormy, or in flood or snow. The hut was compact and universal in form because it was not differentiated and identifiable as a specific building. This made me think of the fragile hut as a 'temporary building'—a 'survival'-solution.

Curative possibilities

The therapeutic task in the case of these inpatients can be identified as: 'consolidating the hut'. The aim of the enterprise is that 'hut' gradually becomes 'house', a habitation, which is more stable and permanent and can take storms, like difficult states of mind. When open, a 'house' lets things enter and when closed it can protect its inhabitant; a house can 'lodge' and 'let go'.

What is stored in the psychic containing space can be worked with, processed into symbolic representations and become a consolidating element of the person's inner 'house'. The psyche's equipment for processing, including dealing with emotions and improving-coping abilities, are needed with all the outside and inside forces in the process of maturation. As a result, the 'habitant' can then enjoy existence in a more sustainable mode, feeling more at home in his own life.

One result of this project could be development of new methods of 'consolidating the hut', if professionals find inspiration from the constructors of Adam's hut.

As therapists, Sirkkü and I realised that some of the vital needs of these challenging patients were recognised. Mutual understanding occurred throughout the sessions and it was a very gratifying experience for all the participants. These men showed their pride in having done something interesting and valuable, which was in sharp contrast to their usual negative experiences with, and attitudes towards, psychiatric care. Further, the patient's wanted the slides of Adam's hut to be shown in the ward.

These patients were not immune to psychotherapy. They could change. Maybe not much, but at least their attitude towards psychiatric care was alleviated, which is

important. The goal is that tsunami-like emotional states would not overwhelm them so often. Instead, feelings could be tolerated and processed.

This project and many others took place in the eighties, when there were four large art studios for different purposes. Since then fluctuations in the hospital management, and a diminishing funding situation, mean that there are currently not so many studios or therapists.

Aesthetic and other containing elements

It was evident that an aesthetic element was involved, when Osmo took the time to contemplate the paper sauna from a distance, looked content and stated: “It looks ‘*perceivably*’ better when it is not closed.”

The semiotician Eero Tarasti states: ‘Aesthetic experience has a freshness and *primacy*’ (Tarasti 2002: 34). We see this in the amazements of early childhood. Yet, the primacy continues to be experienced throughout life in aesthetic experiences where time is experienced as a continuum or timelessness (Girard 2008). This is new to groups of people, for whom time is mostly a continuous present time, because they have not reached the sense of time in the early care-rhythm created with a mother or carer (Dockar –Drysdale 1990).

Tarasti continues: ‘Aesthetic experience has the *surrounding* quality, which connects it strongly to the bodily experience and makes it effective in therapeutic context ...’ (Tarasti 2002: 34). Simone Weil expresses this briefly: ‘the beautiful enables us to be satisfied by that which is’ (Weil, 1947; 1999: 180).

Adam and the problem of dwelling

Following the experience of constructing Adam’s hut, it is easy to agree with Martin Heidegger, who writes in his philosophy: ‘It seems, that we reach dwelling by constructing. Constructing has a goal, dwelling’ (Heidegger 2009: 38). This was even more profound, since these men had great difficulty in keeping continuity of their housing situations, partly because destruction of material was one of their problems.

One participant, who was in acute state of psychosis in the beginning of the project, stated, (when a bit later searching for a habitation for himself in real life): “Some day, a

human being needs a hut completely of his own, a place somewhere on the globe for recollecting himself and his strength.” Here I hear words of composure and integration. It was a pertinent thing to realize and to achieve in his life situation.



Figure 14: “Adam’s Hut”

Ingredients

The group-project was made possible by the confidence of the ward staff and the enthusiasm of a number of patients. When I reflect on the project, I realise how much

confidence the staff nurse, Sirkku, and I had in each other to even propose this construction group for these patients. For instance, we put construction tools at the disposal of these men, some of whom were placed in the special ward because they were considered dangerous. We had confidence in the project and trusted that we could work with these patients in a productive way.

Upon completion of the project, some essential ingredients can be identified about the whole process. Further, there is also the question of the connection between the art psychotherapy service and this ward. There was a clear tradition of using arts therapies inside and outside the ward. We can ask: what kind of benefit is there for a specialist worker to gain a certain degree of distance from the daily routine in the ward?

At this kind of ward restless men arrive on a daily basis. In these circumstances, the ward staff do not have much time or energy left to ponder specific approaches with specific patients. There is a similarity with the situation of the families of patients with a diagnosis of psychosis. They are often over-identified with the ill family member, doing many things for him/her in order to keep a certain standard in every day life (Cullberg 2005).

Specialist workers are special in the way that they can be more detached from the acute drama. In my mind, this is one reason why associate specialist workers are a necessary resource for effective hospital ward services. Also, if given the permission, specialist workers have different possibilities for using their time. My belief is that alongside the daily programme of seeing patients regularly, there should be a time reserved for the specialist workers to openly review and discuss specific problems and develop strategies to cope with them. Available theoretical literature can stimulate such a discussion. This can only succeed in an atmosphere of mutual respect and concern for the joint efforts with the ward personnel. This is not a new idea, but essential, effective praxis that we support.

Reflection

The main point seemed to be that patients could take part in the reparation work of their 'deprivation' by attaching their feelings to the material world. Their helplessness, rage and fear of annihilation, as well as their good experiences of existence, were there.

They felt compassion for Adam in his distress and wanted to help. They constructed a real, expressive object, which was meaningful for them and the therapists and for other viewers. These men formed a team and made what is essential for a human being – a true core of self in the form of the capsule-like hut for Adam. In contrast, according to the staff nurse, cooperation among men inside the ward was not a common occurrence.

In general, the result in these cases is not total recovery, but a neurotic status. The therapeutic goal is reached when grieving and depression have become possible (Dockar-Drysdale 1973). In practice that means that the patient would then be able to benefit more from open mental health services.

The physical Adam's hut remained intact for a long time, maybe because visitors were often strongly moved by the sight of it. I believe that the rare quality of the hut – its aesthetic, communicative dimension – provided us with fundamental knowledge about the harsh realities of interrupted processes in the very early childhood, coherence and lack of it, and the longing for reparation.

Biography

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