

4 RITES OF PASSAGE

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Rites are a complex of material and symbolic actions operative at different levels of experience.

(Fabiotti, 1982)

PART 1

Generally speaking I think it is possible to identify two specific levels always present in any rite: the psychological and the sociological. This is particularly apparent in rites of passage where the individual emerges 'changed' both psychologically as well as in his or her social status. Very often the change in status is the more visible and recognizable but, although the two are intrinsically linked, it is the internal, psychological change that is ultimately the more dramatic and long-lasting. Some anthropologists consider this as an 'ontological change in the existential regime'.

Very few initiation rites are especially enjoyable; on the contrary, more often than not they are extremely painful and testing. Mythologically they involve metamorphosis, doing battle with monsters, visits to the underworld, etc. Above all there is the recurring theme of dying in order to be reborn. This is the essential function of the rite of passage: to enable the 'novice' to die as the person they were and to be reborn as the new one. This applies as much to puberty as to the initiation into a social group.

But the rite has another function. Apart from simply affecting this 'before and after' change, the visions, dreams and thoughts the novice has *during* the rite are conveyed back to the 'medicine-man/woman', the 'shaman' performing the rite. These 'experiences' then become the basis of accumulated knowledge on which the shaman will build and will refer back to over and over again. It is in this respect that my placement served

as a 'rite of passage' for me, as I believe it has for many other students. Alexandra Fanning, writing about her placement (1990; and see below, p. 134), says: 'I still remember walking through the front door of the community and the strong sense I had of leaving one world and entering another. In crossing that threshold, I left behind me theories and ideas and entered the world of "being".' She also stresses how, when reading other students' reports on their placements, she frequently found reference to the phrase 'having to survive'.

This sensation is perhaps evident in the second part of this chapter, which was written straight after the placement. The experience is described in a fragmented and sometimes chaotic way. It is the distillation of hundreds of frenetically written pages attempting to make sense of and to record what was happening inside and outside me.

The essential role of the placement was that it forced me to think and make decisions about two particular issues which are crucial in becoming a psychotherapist: *'how' to be a therapist* and *'what' being a therapist entails*. *'How' to be a therapist* is, I believe, inextricably linked to one's own philosophical/ethical stance, which of course needs to be explored in regard to the interpersonal aspect of any profession. But I feel it is especially important for any 'helping' profession, particularly around issues of power and responsibility.

We are, as psychotherapists, in a position of power; a power arising from the subtle and delicate nature of the relationship. We also have responsibilities; responsibility to help our patients, while at the same time maintaining respect for their integrity as individuals. I start from the assumption that every human being has the right to choose and to be respected in his/her choices. When does help become infantilizing? Where are the boundaries between respect and responsibility when confronted with very harmful and self-destructive behaviour? A full examination of these questions is out of the scope of this chapter but hopefully by the end of the training one will have thought about these issues and made a conscious or preconscious decision which will shape one's work.

I feel very strongly that these issues are not talked about enough and are too easily summarily resolved through the fixed division of roles within the therapeutic interaction. One unique aspect of a placement in the community is the upsetting of this balance of power. Although I was a 'helper' and a 'trainee', I was ultimately a guest. My uncomfortable privilege was to be allowed to witness the therapeutic process from the other side and without any fixed roles to protect me.

In the community one was faced with the dilemmas of responsibility,

not in a sterile, academic environment, but with the terrifying immediacy of physically and emotionally self-destructive behaviour. Directly linked to this experience of crisis management and crucial to 'how to be a therapist' is the issue of technique. The privilege of being a witness allowed me to see the effect that therapy has on people. We don't normally see how our patients carry our interpretations into their daily lives. Living in the community gave me the opportunity to observe and to reflect on this, as well as noting how and when interpretations were delivered, the tone of voice, the choice of words, etc.

As for 'what being a therapist entails', I am not referring here to what the therapeutic process means in terms of theory and technique and our role within that process. I am referring to the experience of sitting in a room, day after day, for an indefinite period of time, with people who in varying degree and intensity attack and reject one's best efforts to help. Therapy is a long and difficult journey and it requires endurance and strength; we all know this from having been patients ourselves. My question is: how can a trainee know how it feels to be on the other side? And without this knowledge can anyone realistically decide to become a psychotherapist? No theoretical training, or even one's own therapy, can prepare a trainee for the power of the emotions one has to cope with when you are at the receiving end.

The placement helped me to discover that the human process of healing, likewise that of development and living, is not smooth, linear and predictable. In spite of the illusion conveyed by some literature and the neatness of theory, a therapeutic process does not follow charts nor develop in clearly defined phases. My initial reaction to this was a sense that 'Theory' was not only useless, but had betrayed me. Later I realized that I was going through my first real encounter with how theories are or should be formed; by real, un-sanitized, close-up experience of the issues and problems we are dealing with. From this point of view, I feel that the placement, with all its difficulties, was the only possible and 'realistic' introduction to the incredibly ambitious task of helping people to heal, to take control of their own lives and empower them to change.

PART 2

I believe that my experience in the community was not unique, and that the difficulties I experienced are shared by others involved in therapeutic communities. Deeply influenced by R.D. Laing's work, I had expected to

find a large degree of 'solidarity and shared experience' among the residents in the community. I thought that through madness people would be freed of the ties that stopped them from sharing deep experiences. Better able to communicate, I thought they would be able to 'read' each other, to understand the stages they were going through and therefore help each other. My staying in the community brushed away all these ideals and I now wonder whether they share any more than their pain and desperation. It seems that one of their major problems is, in fact, isolation and difficulties in communication.

I was struck by their fear of sharing with others and their unwillingness so to share. I felt great frustration in seeing people so blocked in themselves, still living in their islands of pain, anger and resentment, while having so much to share and confront. I hope I will be able to show how my views and ideals had to change, how I became aware of other underlying dynamics and how, eventually, I was left feeling incapable of helping any longer. I desperately wanted to get inside the community as quickly as possible while unaware of how terrified I was of doing so. It was only when the full explosion of feelings, sensations and reactions hit me that I realized that I was truly immersed in a therapeutic community.

It may be impossible to describe fully what it meant for me seeing people creep like shadows against those yellow walls, the smell, the dirt and the depression everywhere. I was all the time aware of people alone in their rooms, fighting with their ghosts, unable to fall asleep, going thousands of times over their problems and their past while the world slept. It was painful to find some residents awake at eight in the morning after a night with no sleep.

Sometimes it felt as if everything was pulling so strongly in different directions that the situation was going to break into pieces. One of the attempts to contain and negotiate these differences was through the house meetings. These were among the few structured and regularly held events, together with the network meetings, art therapy, yoga and, more recently, movement therapy. There are two house meetings a week, each chaired by one of the co-ordinators. The official meetings last for one-and-a-half hours and start after the evening meal; these were followed by unofficial meetings carried out in different parts of the house by various residents.

Residents used the house meetings in different ways. Some wanted them to be informal and relaxed; others took them as a duty to be performed to keep a place in the community, or to please the co-ordinators. Others would have liked the co-ordinators to be more directive and ask questions, rather than leaving the task of raising

important issues to the residents' initiative. Other more long-term residents who had already been to hundreds of meetings simply felt they were a waste of time.

Generally speaking, the residents' expectations of these meetings were very high and yet the majority were spent in intense silence. The atmosphere was dense with frustration and anxiety. When I was not completely immersed in these same feelings I often resented the residents for being so nice during the meetings, then saying such terrible things afterwards. They seemed reluctant to accept any responsibility for the success of the meetings and needed to blame someone else for a situation they were partially responsible for. As far as my position in the house meetings was concerned, I never understood completely what was expected of me by the residents. Something was clear: it was very difficult to do the right thing. Very often their confusion and ambivalence affected me so deeply that I felt paralysed, torn between doing what I thought was right, what they expected of me and the desire to avoid hurting anybody.

One source of great controversy was the issue of confidentiality. The unwritten rule was that if a student was told something confidential s/he wasn't supposed to repeat it in the house meeting unless the person concerned started talking about it. I found this quite reasonable at the beginning, but soon became aware that residents often used this rule destructively to control and sabotage the meeting. Silence and paralysis were the result. The alternative was to dare to break this pattern, which I and other students attempted a few times with disastrous results: fury and rage from the confidant, explosion of persecutory feelings, accusation of using confidential information by the 'vicious' student against the 'harmless' resident in public, and temporary withdrawal of information. At least one could see the community united in a common goal against the scapegoat.

I felt very strongly about the way both individual and group supervision were handled. My opinion is that residents should be told clearly that these mysterious events actually happen. It is then up to the student to decide how much s/he wants to reveal. In my view continuity and firmness are the only things that could decrease the paranoia. All this information should be passed on to the new students. In fact, although it is true that the residents feel persecuted, talked about and spied on, it is also very reassuring for them to know that the students are professionally supervised. Because I do not think matters like these have been taken seriously enough until now, I can partly understand the shared feeling in the community that decisions are taken elsewhere. To label the residents'

confusion as paranoia is a very effective way to get rid of our responsibilities and deny the confusion we help to create.

My first contact with therapeutic communities had been through a thesis I wrote for my studies in Italy. I wanted to live in a community to gain some clinical experience and hopefully to help. I believed that I could learn more by sharing the experience than by observing it and judging it from the outside. The fact that my involvement with the community was not part of my training had made my position even less clear than that of the other students. Where did I belong? I was not a resident, nor was I in the Training Programme. Sometimes it seemed that I was there to fit in with all the residents' fantasies. They saw me as a wonderful person who was not going to use them as guinea pigs for the Training Programme. I had come because I was interested in them. However, had I not done so by then, I disappointed them deeply when, after six months, I joined the Associate Programme.

Anxious to be helpful, I was trying from the beginning to find out what a helper was expected to do. This proved to be a very difficult task as the following quotes from the residents show, illustrating their ambivalence: 'We need at least two or three students to provide enough support for everybody.' 'It is impossible to cope with more than one student. They are different and things get confused.' 'The students should not have problems. If they do, I get involved and I did not come to an Arbours community to help a student.' 'I don't want a superhuman student who does not change mood or has no problems. It is reassuring to see feelings and weakness in a student.' 'They should care more about us; they close the door behind our problems, go home and forget about us.' 'They should not chase people around and follow them everywhere they go - even in the garden we cannot get rid of them.' These contradictory messages left the question about who I was for them and what they wanted from me still unanswered. Perhaps the famous Phoenix capable of rising from its own ashes would have been the prototype of the perfect student.

I was certainly a parental figure. I was expected to feed them, not to be fed by them. There was competition for my attention and a constant attempt to draw me out of the group and into their own rooms. There they could be reassured that I was really there for them and that I liked them; they could confess that they were angry with me only because they would have liked to have me completely for themselves. For some residents, little by little, the time we spent in their rooms became a sort of ritual which took place with a certain regularity. That reminded me of feeding time and of a child holding on to the image of the mother until

the next feeding session. It reminded me of Winnicott's remark about the child adjusting his needs to the mother's, and waiting patiently without pushing too much. For some residents it meant gradually establishing a relationship.

I do not know whether it was human vanity or omnipotent ideas, but I felt that had I been able to give them all my time they would have felt safe. Or was this just my anxiety about the helplessness of their situations? For a while I actually thought it would have been a solution. But it was not. Not only because the residents wanted more and more, but also because another role I played for them was to be the envied object. In fact retrospectively I think that one of the main contributions a student can give is to provide an example of 'normal' life, to have varied interests, to bring life into the community but to be deeply hated and envied for the same reason. Due to projections and identifications, the same situation could be experienced in two different ways. For example with regard to my going out to work, to 'Carla' I represented her independent and strong part, getting on with life and not getting stuck at home as a housewife. For 'Sarah', however, my going to work brought up her anger at having to cook for me, because she experienced me as the husband who goes to work while the wife stays at home.

What I found disquieting was that a student is not only a giver of love and attention, but also a container of anger and depression. The residents desperately need someone whom they may perceive to be bad, be persecuted by and to blame. At the beginning I felt persecuted by this and only later did I realize that this was an important function. By accepting the polarities of the role I could offer an integration they did not yet have. For example, one of the residents woke me up in the middle of the night to tell me how much he hated me: 'Why do you think I should be your friend?' He told me: 'I have been officially unemployed for 10 years, to find a job is so difficult for me and you come, foreign to my country and get a job. You complain about something it would be so important for me to have. Besides you came to spy on me; I have been hating you since you walked through the front door. You said you wanted to be friends, no way, you are a student, even more dangerous because of this.'

The situation changed drastically when he worked for a while, coming back at 5 pm and receiving the anger and envy from other residents. He experienced feelings of rejection at being cut off from what had been happening in the house during his absence. At least with me they did not pretend to have had an interesting and exciting day, as they did with him. They knew perfectly well that it was much more effective with me to

highlight the fact that I had left them to their despair and depression. At the same time, I felt that people were testing the outside world through me: the external world and the routine were not so threatening if I was not destroyed by them.

I soon came to realize that the residents had been acting on the inner part of myself. I started to feel very angry and yet I could not understand where the anger came from. Was it coming from the realization that my identity and personality did not matter that much and that the space in which I could act beyond their projection and investment was rather narrow and limited? Was it because I had identified with these projections and unwillingly colluded with their repeated patterns when I could have been more confrontative? Or was it because I realized how much the residents had been able to touch hidden parts in me, sometimes hidden also to myself?

I had very strange feelings going into Carla's room. It was like a cave of darkness. She used to sit with just a candle in front of her, smoking. She curled up on the floor which made her look even smaller. I used to feel a cold shiver going through me; basically I did not like being there, but somehow I felt it was worthwhile. In fact only when we were there was she able to show me all her 'madness'. She felt secure enough to let go of all her anger without caring about the reactions her words might have caused. She could let go of the 'dark' side of herself and be suspicious, mischievous, ruthless and hard toward others, and terribly destructive.

But only when she calmed down did things become difficult. At the beginning it was almost devastating. It seemed that only after the rage was there space for her tormented self, for the pain and desperation; then she could show her fear of being hurt, together with the need to be accepted and loved. Sometimes I just could not follow her: I could gather, from the way she was presenting facts, the existence of a preconceived reality so powerful that everything was coloured by it. My knowledge of the external reality made it easier for me to realize that, in her perception, there was something which did not belong to the 'here and now' of the situation; it came from within, so strongly that it left very little space for the facts themselves.

She was starting from an internal reality which had stayed untouched for all this time and from which she could not detach herself; this 'something' cemented inside of her was becoming 'the world' and I could see the pain when she could not understand or be understood. Little by little the single individuals for Carla had started to lose their boundaries,

the differentiation between one another becoming a tormenting mass with a thousand faces, a persecuting mish-mash she could not escape. Concepts like time and space, cause and effect were totally suspended; she could jump from a person in her past to one in the present with no distinction, and episodes in her life seemed to be happening at the same time.

The contrast between the two images of Carla was really striking: she was incredibly alive, humorous and articulate; she appeared to be the most open person in the community, open to dialogue, openly self-centred and petulant, but surely very capable of making contact with and relating to people. The person I encountered one-to-one in her room was the most isolated of all. I could not say what the most difficult part of it was for me; the pain of being the helpless audience of her suffering, or the anger at her destructiveness and her seeming resistance to change.

Winnicott (1975) said that feeling real was more than existing; it was having a Self into which to retreat for relaxation. Carla did not have this; rather her Self was a prison and like a blind bird she was bumping painfully against the walls. I felt terribly helpless and powerless and sometimes it was very difficult not to impose my reality on hers. Only by setting my boundaries was I able to listen to Carla's reality and to respect it without feeling I had to destroy it to be safe. It is relatively easy theoretically to accept the existence of realities different from one's own, but very difficult not to feel confused and threatened by them. The fact that there was no point in arguing which was more valid, and the fear of losing her confidence, in a sense pushed me to collude with her. Keeping her hatred in her own dark room, she could save her image in relationships outside; a nice split to protect her ambivalence. I often felt helpless and impotent and I was constantly confronted with my limitations. On the other hand I was not a therapist and her pathology was a solid wall in front of me. Still I felt I was somehow helping her. If nothing else, I hope I was able to show that being close to her had not destroyed me and if that was possible she could take the risk of being herself with someone who was capable not only of listening but also of helping.

To accept the limitations of my role in the community helped me to appreciate the value of listening and paying attention to people. The starting-point is still to respect the dignity of people without dismissing what someone is experiencing as just 'madness'. Both interpretations and immediate experience are important, and will co-exist in a properly functioning community. For instance, Sarah's recognition of the fact that she was angry with me because I represented her husband did not eliminate other elements of the relationship between herself and myself

as Irene. The fact that she could be angry with me as though I were her husband, and yet see me as Irene and not her husband, was a step towards integration of all the conflicting feelings she had towards me, and hopefully between all her different realities.

I think the element of freshness and actuality in the community is as important as the analytical one. The 'here and now' of each situation has to be respected without trying to interpret every single breath. This respect means the possibility of people having space as real people capable of being angry or happy about something happening now. If we do not leave this space, we sentence people to be only ghosts of their past, without any real existence in the present. We prevent them from integrating these two parts of themselves. The uniqueness of a therapeutic community lies in the fact that projections and identifications are continually discussed in a context of genuine human interactions. Along with the richness of being able to recognize a projection, people are continually confronted with external reality, with real people day after day, and not merely left with their thoughts and their ghosts. The student offers a special sort of zone in which these interactions and confrontations can be worked out relatively safely. This, at least, is how I came to see my role, and to understand my usefulness in that therapeutic community. To return to the 'rite of passage' model. My change of status at the end of the placement was obvious: I became a trainee psychotherapist. Still today, after many years, the internal change in my psychological, ontological state is much more difficult to describe, but finds expression in my day-to-day work with patients.