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From the courtyard to a possible encounter: clay on the treatment of a psychiatric patient

Sergio Luiz Alécio Filho*

Abstract

This article aims to report the experience of psychological treatment offered to a patient living in a hospital specialized in mental health. He presented symptoms of self and hetero-aggressive outbursts, as well as a ritual of spreading his own feces on the hospital walls. An intervention with the use of clay was proposed as an expressive resource. This material was shown to the patient during sessions that occurred three times a week over the course of one year. During the process, it was possible to observe the improvement on the aggressive symptoms and the remission of the rituals with the feces. The clay provided the de-potentialization of the aggressive contents of the client's psyche and acted as an intermediary object between patient and therapist. ■

Keywords
mental health, clay, expressive resource, de-potentialization.

* Psychologist graduated from the University of São Paulo (FFCLRP/USP), candidate to analyst at the Institute of Analytical Psychology of Campinas (IPAC), connected to the Jungian Association of Brazil (AJB) and to the C. G. Jung International Association for Analytical Psychology (IAAP). Former trainee at the Museum of Images of the Unconscious, in Rio de Janeiro. E-mail: sergio_aleciofilho@yahoo.com.br

From the courtyard to a possible encounter: clay on the treatment of a psychiatric patient

Dehumanized[1]
They put me in this hospital
Tied to my body, mind and space
Suffocated in this ward
Multiplied by a thousand equal wards
They did it all for my own good
In the Health that they want for me
Taking only pills after pills
I feel, sad and dilacerated,
Dehumanized.

Currently, one of the challenges of Mental Health and the Psychiatric Reform movement is based on how to treat patients in a more humanized way, so the treatment is not only focused on the traditional biomedical model. Moreover, according to psychiatrist Paulo Amarante (1999), the challenge is "to build a new social place for madness, for difference, diversity and divergence" (p. 49)[2].

Classical Psychiatry is centered on the illness of individuals and the use of medications. Patients are often labeled and reduced to a number from the Psychiatry textbooks. Professionals often forget to fully observe patients and understand their symptoms as a fabric of internal, symbolic, and relational meanings. According to Hillman (1993), there are "problems that are not merely classified as behavioral acts or medical categories, they are above all experiences and sufferings".

In Brazil, the psychiatrist Nise da Silveira was a pioneer on Jung's ideas and on the search for a humanized treatment of patients in psychiatric hospitals. Once, Nise told how she was in the hospital with a patient that was about to undergo a session of electroconvulsive therapy. Her colleague, a medical doctor, asked her to push the button of the electroconvulsive device and "Nise firmly refused to turn on the device; her healthy rebellion was already manifesting" (MELLO, 2014). According to her, at that moment, the rebel psychiatry was born, as her known way of working. With that transgressive spirit and contrary to Classical Psychiatry, Nise founded the Museum of Images of the Unconscious, which has the world's largest collection of art pieces created by psychiatric patients, and the *Casa das Palmeiras*, which is considered one of the first Psychosocial Care Centers (CAPS) in Brazil, and where the treatment is offered outside the hospital environment. In addition, Nise created the service of occupational therapy, in which the clients participate in artistic workshops in order to develop the free expression of their internal contents.

Free expression, through drawing, painting and pottery, in the field of Psychiatry and Psychology, has become of scientific interest, among others, for its potential as a means of easy access to the inner world of the psychiatric patient (SILVEIRA, 1992). Rarely can the verbal language encompass the totality of the psyche and there may be a verbal crystallization of verbal aspects. In this sense, the use of non-verbal techniques may aid the appearance of symbolic contents that arise in the plastic productions and that can "put the verbs in motion again" (GOUVÊA, 1990).

According to Nise da Silveira, art may diminish the power of threatening internal contents that create a disturbing turmoil in the patient's psyche. Therefore, in the different means of expression, the patient may shape the fragments of their internal drama and emo-

[1] Parody produced by me on the poem "*Desfavelado*" by Carlos Drummond de Andrade (1985).

[2] All the citations were translated by me from the texts published in Portuguese.

tions, in addition to de-potencialize disturbing internal figures (SILVEIRA, 1982).

Nise also prioritized the catalyzing affect, which focus on the importance of an affective bond as an enabler of development, and it is born from a high-quality human contact. In her innovative work at the Museum of Images of the Unconscious, in Rio de Janeiro, she developed therapeutic workshops with her clients and highlighted the importance of a monitor who accompanied each patient. The role of the monitor was to encourage the patient and accept unconditionally their plastic production, without aesthetic judgment. That role was called catalyzing affect. For instance, a client in one of the expressive workshops, who was called Fernando Diniz, had painting motifs related to his life history while being accompanied by a monitor of the studio. When this monitor went on vacation, Fernando started to paint a series of scribbles and doodles representing his internal chaos. There was probably a regression of his psychic energy. The theme of abandonment, already experienced by Fernando, was updated with the vacation of the hospital staff.

Among the different forms of free expression, there is pottery, and in it, the use of clay may work as an intermediary object (PAIN, 1996). This material may provide a "more subtle approach, it helps in the release of emotions through the expression of tactile sensations, enabling the establishment of the therapeutic bond" (CARRANO, 2002).

According to Dias (1996), the act of handle and touch the clay may help in the process of a new focus, in which the subject relives when recreating images produced with this primordial material.

In the opinion of Gouvêa (1990), a dialectical relation between object and subject, in this case, clay and person, is established, and a creative process can emerge.

Violet Oaklander (1974) adds that this material has flexible and malleable features that adapt to different needs. Clay has the quality and ability to provide the active manifestation of primary internal processes, enabling fluidity between the material and the handler.

From the references aforementioned, I intend to report my experience in a psychological intervention with the use of clay during the treatment of a psychiatric patient, suffering from a severe mental disorder of long evolution, classified according to the category proposed by Furtado (2001). The intention was to mitigate the individual's psychic suffering, offering a space for listening, welcoming and helping.

The encounter

> People are people through other people[3] (Xhosa saying).

The intervention in this case was carried out in a hospital specialized in mental health, located in the interior of the state of São Paulo. I was under the clinical-institutional improvement training program offered by the Administrative Development Foundation (Fundap), an organization managed by the government of São Paulo, which aims to train professionals to work in the Brazilian Unified Health System (SUS). I was under a one-year contract and I received a scholarship to perform the activities, which consisted in caring for patients in group and individual sessions, over the different wards of the hospital, such as the ward for acute patients (where people were temporarily admitted in times of crisis), and as the ward for chronic patients (where people with long-term disorders lived in the hospital). In this sector, many of the patients do not have known histories or located family members. They have lived in the hospital for many years and many were baptized by the staff. The objective of the professionals working with these patients is to promote psychosocial rehabilitation and a subsequent move to therapeutic residences, which

[3] First language of Nelson Mandela (*apud* ROSSETTI-FERREIRA et al., 2000).

are houses maintained outside the hospital. Despite this, it is common to hear phrases from patients, such as: "I am going to die here, right?". One patient used to say: "I have arrived today, I have arrived today"; however, he had already been living in the hospital for a long time. It was in this sector that I met the patient whose case will be described below. The sessions took place three times a week in the courtyard of the hospital and sometimes in the activity room of the rehabilitation sector, for one year.

The history of José

> Nobody is crazy. Or everybody is[4]
> (Guimarães Rosa).

José, a fictional name, 44 years old, was diagnosed with severe mental retardation, an unspecified mental disorder due to injuries, and psychotic symptoms such as hallucinations. According to his medical records, which contained incomplete information, he had been transferred from different psychiatric hospitals.

He had been transferred from a psychiatric hospital that had been closed after the anti-asylum movement and the psychiatric reform. In his medical record, his name was registered as José de Tal (which could be translated to John Doe), but after some time, he received a surname created by the hospital staff. The medical record also reported that he had no acknowledged history or family. Moreover, the staff of the original hospital reported at the moment of the transfer that José was a violent patient.

José was known in the rehabilitation ward as an aggressive and aloof patient. Some workers would say: "He seems like an animal". He used to punch other patients, break glasses and windows of the hospital and pull tree branches. During the walking activity around the hospital, he used to break rearview mirrors of parked cars. In the kitchen, he used to throw glasses, plates and cups. In the bedroom and in the living room, he used to tear pillows off. It was also reported that José used to hunt pigeons in the courtyard and rip their heads off. In addition, he was self-aggressive and pulled out his own fingernails. During shower time he presented a type of ritual: he would defecate and spread his own feces in the toilet, on the bathroom walls, and sometimes, he would throw them at the staff. José had difficulty using the bathroom and usually evacuated in the courtyard. He used to spend most of his time isolated in the courtyard and had no social contacts with the staff or other patients. He often used to tear his clothes apart and remain naked for a long time lying on the ground. Because of all these facts, he was a patient who mobilized the powerlessness of the staff and made everyone apprehensive about a possible intervention. Thus, the challenge was to think of a way to approach the patient.

Based on the staff's reports, I proposed working with José using clay, a material that could help to de-potentiate his aggressiveness and that would also allow a symbolic equivalence with the feces through the handling of this sensory object, as the patient had a ritual with his own waste. At first, the team was afraid and concerned about a possible worsening in the regression with the use of clay. However, after some conversations, the staff decided to accept the proposed intervention.

The intervention started with the introduction of the medication Clozapine by the ward's psychiatrist. This medicine is called by the nickname "Our Lady of Clozapine" or "Saint Clo" by some doctors because of its effectiveness. However, this medication is one of the last resources used by psychiatrists, as it needs more rigorous monitoring, with regular blood tests so that the level of the substance does not become toxic.

The first encounter

I arrived at the courtyard to talk to José, finding him lying on the ground (as he was most of

[4] Excerpt from the short story "*A Terceira margem do rio*" (1969) from the book "*Primeiras Estórias*" (ROSA, 1969).

the time). I had taken a package of clay in my hands and presented the material to him, who at first reported not knowing it, asking if it was something to eat. Then, I started to knead the clay next to José, showing him how to use it. We sat on the floor, and sometimes José got up and went to the opposite side of the courtyard. At those moments when he withdrew himself, I tried to get in touch with him again, always asking if I could come closer. The initial idea was to introduce the clay to the patient and understand the possible repercussions.

At a certain point, José asked me to throw the clay away, and then I asked if he would like to do it himself. José, then, took the clay and threw it on the roof of the ward. After a few moments, I started handling another piece of clay and invited José to go to the activity room, saying that he would be able to put water on the clay so that he could knead it with his hands. The patient accepted and, in the activity room, he sat down at the activity table, where there was a bowl of water and clay. He started to handle the clay using water. Then he said: "This is shit" (*sic*) and got up in anguish to leave the room. I tried to talk to him, but he decided to leave the room after agreeing to continue the session another day. Because of this, it could be seen that he had difficulty in metaphor, in which clay was concretely equal to feces, like a symbolic equation. I decided to respect José's limit, without forcing him to continue the session because he wanted to leave the room immediately.

Other encounters

At the second encounter, José agreed to knead the clay on the hospital courtyard lawn, not wanting to go to the activity room. Then, he threw the clay to the ground. I, as an auxiliary ego, continued to mold a piece of clay. José watched and said: "It is a sparrow." My attitude, then, was to try to plastically represent a bird after the patient had named it that way. Then, José said: "It is a bird in a cage" and then: "birds shit on us" (*sic*).

I noticed that a contact with the patient's internal world was initiated, and he began to project his internal images. An interaction began to emerge in the triad patient-companion-clay. At the end of the meeting, I asked José what I should do with that object and, once again, José preferred to get rid of the produced material and throw it on the roof of the hospital.

The following week, José began to tell me about his origins, where he was born, cities and neighborhoods where he had lived. Sometimes he walked away to the other side of the courtyard, and at other times he returned to continue the conversation. That day, he preferred not to handle the clay, which did not stop him from interacting with me, while I was modeling the material, trying to reproduce what emerged from the conversation. Images of snake, duck and bird emerged. In the end, José asked to store these objects, and then helped me take them to the activity room. This was the first time he did not get rid of the modeled objects and a box with his name was made available in the activity room for his work to be stored.

Gradually, other sessions took place and more information about his history was remembered, such as the name of his mother, his father, the places where he had worked, the day he arrived at the hospital and accounts of his childhood. José brought back a memory from when he was a child: he had fallen into a river, almost drowned, but was rescued by a man who saved him.

I continued to model with contents of José that emerged from our meetings. "Beasts that attack us", "wild animals", "cougar", "alligator prey", "alligator", "cow", "ox", "vulture", "corn pestle", appeared. One day, the patient said that he had made a sparrow, which he gave to me, saying: "It is a sparrow, keep it, and take it home". In another interesting moment, the first human figure appeared: while I was manipulating the clay, José told me: "it is a boy who works in the fields".

Many times, the "no" was present in the sessions. José reported not knowing how to do

anything with the clay, saying he did not want to go to the activity room and moving away from contact. However, at the end of the session, he always said "see you tomorrow", agreeing to a next meeting.

There were meetings in which José also agreed to go to the activity room and used other expressive resources, such as paint on cardboard.

A relevant fact was when I went on vacation. This information was notified to José a month in advance. After the announcement, the patient was more distant from contact than usual and informed that "the house will be alone", a reflection on his feelings of feeling abandoned. With this "separation", the client presented a recurrence of his hetero aggression symptoms, which had been less intense since the beginning of the intervention. At this point, it seems that the patient experienced aspects of an abandonment/rejection complex, which may have been activated in his psyche. Unfortunately, we do not have precise data on his history, but the fact that he had lived most of his life in a psychiatric institution and without a localized family makes me wonder how much this theme of abandonment could be a psychic wound for him.

This episode brought the recognition to the importance of the therapeutic bond for the treatment, contrary to what some medical professionals representing traditional medicine said, associating José's improvement only with the use of the drug Clozapine.

When the sessions resumed after my vacation, José was angry, barely speaking, avoiding approaching, running to the opposite side of the courtyard, and not making eye contact. In a spontaneous gesture, I apologized to José, who was lying on the floor with his arms covering his face. Immediately, he reached out his hand and said, "I forgive you." I reciprocated the gesture and, after shaking hands, José no longer avoided contact.

As the work progressed, it was interesting to notice that the clay started to mobilize more anguish in José than facilitate the session. The patient was resistant, reporting not wanting to handle the clay. Thus, I decided to no longer use clay, which had previously helped the work, functioning as a "bridge" connecting patient and companion. The presence of this material as an intermediary object was no longer necessary, as José continued to interact and maintain verbal contact spontaneously.

Finally, after a year of work, my professional contract would end and I would have to terminate activities, including the sessions with José, who was once again notified in advance; but, at this point, he was not averse to the interruption of the sessions. Below is an excerpt from the last session with José that occurred in the courtyard under a mango tree:

> José, has been almost a year since we met here.
> No! We have been in this hospital for a couple of years! There are no more mangoes on the tree... (José).
>
> That is true. But what happens after that? It will bloom again, right? (José).

Reflections

> What is essential is what exists between people[5] (Ronald Laing).

After the beginning of the intervention, José started to show some improvements in his general condition, especially in his episodes of aggression. However, at first, this fact was only associated with the medication Clozapine. The psychotherapeutic work was only recognized when I went on vacation and there was a significant worsening of the patient's symptoms. At this point, the psychiatrist asked me when

[5] Excerpt from the book "*Saúde mental e atenção psicossocial*" by Paulo Amarante (2007).

I would return from vacation and continue to work with the patient. I noticed at this moment the beginning of a multidisciplinary integration and decentralization in mental health intervention, which had been, until then, focused on the physician. Still on this episode, analytically, one can think about the bond established between patient and psychologist and the issue of transference-counter-transference in the analytical process. When resuming the sessions, the patient was sad, feeling abandoned and at another time he showed anger and even threw feces at me. Facing those projections of the patient, counter-transference, I felt invaded by the feeling of guilt during this period.

In addition to reducing hetero and self-aggression, with more spacing between one episode and another, José spent more time dressed and wearing shoes. He also spent more time sitting on the ward's sofas than lying on the courtyard floor. In this sense, his behavior became less instinctive and impulsive and more "humanized" (remembering that some employees referred to him as "an animal"). A possible reflection would be that, through the appearance of animal symbols (cougar, jaguar etc.) in the modeling of the clay, he could de-potentiate this threatening energy within himself. According to Jung (1964) "the profusion of animal symbols [...] shows how vital it is for man to integrate into his life, the psychic content of the symbol, that is, the instinct. But in man, the animal being (which is his instinctual psyche) may become dangerous if not recognized and integrated into the individual's life".

Thinking about the psychic energy, a term used by Jung (2007), which refers to the movements of all the phenomena of the psyche, it can be said that the patient, before the intervention, was going through a period of libido regression, when the psychic energy turns to the unconscious. We can observe that, with the improvement of his symptoms, there was a reduction in his isolation, suggesting a possible progression of his psychic energy, which turns toward the external world.

The staff started to look at the patient in another way, not only as the 'one who hurts the other patients'; and at the psychologist's work, not only as 'the professional who talks to the patient in a closed room within a limited environment'. The staff could see possibilities for intervention with patients that were not based on medications, but focused on human contact and bonding between people. For instance, I quote something that the manager of the rehabilitation sector said to me: "you squat down, sit next to him and look José in the eye".

The use of clay in this case reminds me of a Greek myth about the creation of the world, in which Prometheus, responsible for the creation of man, sculpted and shaped man out of clay, having the gods as a mirror, and, thus, populated the earth. With the work of kneading the clay, little by little, the patient became "humanized" and there was the deconstruction of the label "he looks like an animal" that stigmatized him. In the first visits, José made a symbolic equation that the clay was 'shit' and metaphorically discarded it, just like him, a human being discarded in a hospital. Over time, he began to creatively realizing that other objects could appear from the clay, and so a sparrow, for example, emerged. The bird could be a symbol of freedom, a word that was Nise da Silveira's favorite. She said: "The word I like most is freedom. I like the sound of that word. What heals is freedom"[6].

The importance of clay is also highlighted as a fundamental "bridge", which facilitated access and approximation to the patient, both in the external and internal world. This material enabled the establishment of the therapeutic bond, the disempowerment of the patient's aggressiveness, and the rescue of his history and internal experience. Oaklander (1974) adds that "the sensual quality of clay often offers these people a bridge between their senses and their feelings."

[6] Available on http://www.ccms.saude.gov.br/nisedasilveira/frases.php. Accessed on 21st July 2021.

One might suggest that during mental health intervention the primary focus must be on the developing person and the search for understanding their symptoms as aspects of their singularity and that reveal their autonomous complexes, inherent in the psyche. Thus, there is an attempt to "break with chronic of announced psychopathologies, but valuing the here-and-now of interactions, the present moment, as the moment of possible transformations" (ROSSETTI-FERREIRA, COSTA, 2012).

Moreover, there is the questioning about the change of position of the idea of healing, giving place to the idea of caring, in an attempt to escape the exclusive focus of the organicist theories always "concerned with the future and with the cure" (LEWIS, 1999, apud ROSSETTI-FERREIRA, COSTA, 2012).

There is also an invitation to think about interventions in Mental Health, in an attempt to break with crystallized patterns and their stereotypes. According to Lewis' ideas (1999), the tendency to get stuck in the past must be overcome, "without believing in the transforming power of significant events in the present" (ROSSETTI-FERREIRA, COSTA, 2012).

Finally, the theme of the tree appeared in the excerpt transcribed above, from the last session. Sometimes, the mango tree was a companion in our sessions, as José remained for a long time lying on its roots. The tree is a symbol of the human development and of the individual growing towards consciousness. One can think of the fertility of the analytic encounter that was seen in the reported case. The mango trees will bloom, as José said; and it was through the affection between us that the pollination of this analytic encounter occurred. Thus, as Bachelard (2019) says: "For this dreamer immobilized on the ground, the tree returns the mobility of birds and the sky". ■

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Resumo

Do chão do pátio a um encontro possível: argila no tratamento de um paciente psiquiátrico

O presente texto tem como objetivo fazer um relato da experiência do atendimento psicológico realizado com um paciente residente em um hospital especializado em saúde mental. Ele apresentava sintomas de auto e heteroagressões, além de realizar um ritual de passar as próprias fezes nas paredes do hospital. Foi proposta uma intervenção com o uso da argila como recurso expressivo. Esse material foi apresentado ao paciente durante as sessões que ocorriam três vezes por semana durante o período de um ano. Ao longo do trabalho foi possível perceber a melhora dos sintomas agressivos e a remissão dos rituais com as fezes. A argila proporcionou uma despotencialização dos conteúdos agressivos da psiquê do cliente e serviu como objeto intermediário entre paciente e psicoterapeuta. ■

Palavras-chave: saúde mental, argila, recurso expressivo, despotencialização.

Resumen

Desde el piso del patio a un posible encuentro: la arcilla en el tratamiento de un paciente psiquiátrico

Este texto tiene como objetivo relatar la experiencia de la atención psicológica brindada a un paciente que reside en un hospital especializado en salud mental. Mostró síntomas de autoagresión y hetero agresión, además de realizar un ritual de pasar sus propias heces por las paredes del hospital. Se propuso una intervención con arcilla como recurso expresivo. Este material fue presentado al paciente durante las sesiones que se realizaron tres veces por semana durante el período de un año. A lo largo del trabajo se pudo notar la mejoría de los síntomas agresivos y la remisión de los rituales con las heces. La arcilla proporcionó un desempoderamiento de los contenidos agresivos de la psique del cliente y sirvió como un objeto intermediario entre el paciente y el psicoterapeuta. ■

Palabras clave: salud mental, arcilla, recurso expresivo, desempoderamiento.

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