# PHENOMENON-STRUCTURAL PSYCHOPATHOLOGY APPLIED TO PERIPATETIC GROUP THERAPY

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## Abstract

*Peripatetic therapy, also known as therapeutic accompaniment, emerged as a form of supplementary secondary support for psychiatry, psychology and psychoanalysis patients that did not adapt to conventional clinical and hospital care modalities. The practice was notable for its non-stationary therapeutic setting, which went beyond the doctor's office or health care institution, and peripatetic group therapy has emerged as one of the ramifications of its evolutionary process. After maturing over the decades, it has now become an independent therapeutic alternative whose results often differ significantly from those of conventional psychotherapy by integrating the territorial element into therapeutic care. The study discusses a peripatetic group therapy project carried out with patients of a mental health day hospital in Brasilia, Brazil. Results are presented based on qualitative records of action research aimed at understanding the genesis and group dynamics processes involved and the application of phenomenon-structural psychopathology to the activity participants' individual understanding of their lived experience of time and space, as well as of their own illness. The therapeutic activity, offered by the day hospital on a weekly basis (four hours per session), was observed over a*

*period of six months. It was possible to identify that the transference relationships established between patients and therapists were a crucial element in allowing the activity to take place and participants to cope with the stress of being outdoors, far from the institutional therapeutic setting they were accustomed with. The group sessions also helped some patients exercise greater autonomy than in their households, including by providing care to other patients with less autonomy. It was also possible to note that working physically outside of conventional clinical settings makes it possible to acquire unique insights into patients and the different ways through which they experience the world. The positive results of patient interactions within and outside the group while carrying outdoor activities, their increased autonomy and the better understanding we have acquired of them allowed us to clearly envisage the importance of continuing research on what is still a little-explored topic.*

**Keywords**

Genesis and Group Dynamics, Phenomenon-Structural Psychopathology, Peripatetic Group Therapy, Therapeutic Accompaniment

## 1. Introduction

For about six months, I was able to join the "Afternoon Walk", a collective activity developed for the users of Anankê, a private day hospital in Brasília, Brazil. Weekly outings were organized to locations chosen by the participants themselves, hospital users and the health team. The activity was developed to offer participants a leisure option without clinical goals, since the therapeutic work for these patients was provided in their group and/or individual therapy sessions. However, I was able to observe that, when faced with the streets of Brasilia, the patients, assisted by a professional team that offered the group both a bond and a sense of security, created a united whole, ready to explore the city.

The in-hospital interaction space used for this research on peripatetic group therapy replicates some of the conditions offered by conventional therapy settings during the participants' routine activities, including tranquility, security and privacy from the outside world for both patient and therapist (Quinet, 2007). Everyone knows each other and routinely lives in a protected context, which creates a number of advantages that facilitate the therapeutic process for people who use these services. On the other hand, this protected space is inherently limited when compared with public spaces where patients can interact with other people (passersby, bus ticket

collectors, waiters, street performers etc.) in the community and have a chance to act outside their social roles, many times stratified under their family (caregiver-care recipient) or therapeutic (professional-patient) relations.

Anankê's initiative was inspired by the 'A Casa Institute', which also offers the same "Afternoon Walk", described by Gioso, Bonalume, Yabiku, Peixeiro & Aguirre (2008): participants, mobilized by the dynamics of walking in public spaces, use the outing to expand on issues elicited during activities conducted in other therapy spaces (such as the participants' individual/group therapy sessions).

This non-stationary dynamics, with a group of participants specifically led by a team of professional therapists integrated through transference relationships, became the trigger of this research because it fits the definition of peripatetic therapy adopted by this study, despite not being called by that name in neither of the two cities in which it was implemented (i.e. São Paulo and Brasília). The fact that they did not define the activity as peripatetic therapy,despite the fact that the Brasília experience was conducted by staff who feature experienced peripatetic therapists, may be explained by the belief held by the majority of these professionals that therapeutic accompaniment is a service dedicated exclusively to individual care. That same closely-held belief was also observed by Pelliccioli (2004).

The experience of the Afternoon Walks stirred not only the patients, but also the health team, who found themselves uncommonly outside the day hospital environment. Similarly, Minkowski (1970) describes a work experience in which he lived for about two months with a psychiatric patient under the same roof, outside the clinical context. The greatest contribution of this experience for Minkowski was the daily comparative reflections this setting allowed him to make between the patient's and his own psyches, built from daily, intense relationships.

Minkowki (1966) confirms my impressions of the therapeutic potential of the Afternoon Walks by refusing to define 'psychotherapy' as a closed set of practices due to the inherent complexity of human existence, pointing out that even a simple conversation may have therapeutic results. He suggests that psychotherapy practices for schizophrenic patients should go on the opposite direction of conventional treatment paths in which the defense mechanisms of a

neurotic patient are attacked, precisely because the suffering of schizophrenic patients comes from their vulnerability.

As for the handling of transference, Maeder says "*Affective transference from patient to the doctor is, therefore, more than the projection of childish attitudes. It is also a new attempt to establish a human and constructive relationship,*" (*in* Minkowski, 1970, p. 46). Maeder also explain that "*The over-emphasis on the erotic side of transference and the reduction of all relationships between human beings to almost nothing but sexual instinct certainly does not contribute to the cultivation of a sense of community*"(*in* Minkowski, 1970, p. 46).

The psychopathology developed by Minkowski (1966) seeks to understand the patient and his lived experience of the world. To this end, it proposes the use of two axes of perception of one's existence through which psychopathology can manifest: time and space. Both axes are perceived personally, learned and developed throughout life.

Expectations are not present in human consciousness within a timeline, but as an open horizon of possibilities. For Minkowski (1966), the future appears more important in the experience of time because it mostly occurs as it is expected to occur, while the past works more as a knowledge framework than as an existential dimension. The past, present and future can be associated and understood as concepts without being lived as such. As an example, Minkowski (1938) cites a particular experience in which he gave up trying to convince a patient that he ran no risk of dying after three consecutive sleepless nights, noting that *"The subject lacked the ability to integrate the different aspects of time and notice alternatives in their future, leaving only suffering"* (Minkowski, 1938). The same rule applies to the experience of space; Minkowski (1970) cites the example of a patient afflicted with the delusion that his psychiatrist accessed all his thoughts.

In addition to the fact that the action research method (Mailhiot, 1970) maintains affinity with the psychopathology of Minkowski (2000), it was also chosen for this study because it presupposes the participation and interference of the researcher as a known and natural variable, eschewing the pursuit of a longed-for "neutrality". Kurt Lewin (Mailhiot, 1970) questioned social event simulations because the simulation itself already removes the spontaneity of the event. Indeed, the very reproduction of such an activity outside the day hospital would have

ethical implications, considering mental health users might respond negatively to the stress of initiating an activity with patients and researchers with whom bonds had not been built.

W. C. Schutz (*in* Mailhiot, 1960) cites *interpersonal needs* of *control, affection and inclusion* as the mandatory elements that permeate all communication and relations within a group. Even if these needs are inherent to all people, their satisfaction is individually learned and matured throughout life. As such, the afternoon walks, as a research field, emerge as another space where patients can improve their social skill set in order to meet their *interpersonal needs.*

Interpersonal needs (Mailhiot, 1960), as mentioned above, are those of inclusion, control and affection. The need for inclusion appears when a person feels the need to feel accepted and recognized within a new group. The need to control reflects the need one feels to understand the functioning of the group in which one is inserted and what the roles of its members are. The need for affection manifests when it is important for an individual to confirm that it is accepted and recognized within a social group, either because of a given skill or because it is valued as a person.

Peripatetic therapy arose spontaneously in different places, with diverse practices associated with different theories. However, regardless of the diversity and lack of standardization, these different practices have two fundamental principles in common that define them as peripatetic therapy (Coelho, 2008):

- A 'therapeutic contract' between patient and companion, establishing the conditions of the activity regarding its amount, frequency and duration;

- The "outdoors" as the peripatetic therapy setting; a session may occur anywhere, provided it occurs outside the office or institution.

Despite the lack of standardization and formal regulation of the profession of peripatetic therapy, individual care appears as an 'unwritten rule' (Pelliccioli, 2004). In 2012, I conducted a literature search in the databases of the Brazilian Digital Library of Theses and Dissertations - Ibict; the Virtual Health Library of Brazil; the Virtual Psychology Library of Brazil; and the Online Scientific Electronic Library (SciELO). These repositories were queried for the terms "therapeutic accompaniment group", "therapeutic accompaniment" and "group" + "outing" (in

Portuguese and English), all in an attempt to find works on peripatetic group therapy with clinical affinity. However, I was only able to find two publications on the topic: one collective essay produced and made available on the Internet by the A Casa Institute in São Paulo in 2005, and a master's thesis from the Pontifical Catholic University defended by Eduardo Pelliccioli in 2004. However, it is also important to note that only Pelliccioli calls the practice peripatetic group therapy. Benatto (2014) also found no references enough of peripatetic group therapy to justify its mention as a category in his systematic literature review circumscribed to Brazilian's databases, reinforcing the point that scientific literature on the subject is lacking.

The A Casa Institute team (Gioso, Bonalume, Yabiku, Peixeiro & Aguirre, 2005) discusses their activity started and developed over ten years ago, but focuses on one specific outing to emphasize the following elements of the activity: the importance of a contract establishing collective consensus for the definition of where to go and what to do during the outing; the safety provided by the group to explore the city; and, finally, the seduction and challenges offered by the city.

The dissertation by Eduardo Pelliccioli (2004) describes the implementation and development of peripatetic therapy as a group activity in the Mental Health Integrated Center - CAIS-Mental, as it is called, in the municipality of Viamão - RS. The main motivator for the provision of peripatetic group therapy was the need to present a viable alternative to the popularization of this therapeutic modality and to meet the demand of the institution where the operation was performed.

While understanding the need to offer a group service, Pelliccioli (2004) reported as a challenge the need to deconstruct the definition attributed to peripatetic therapy as exclusively an individual service. Another complicating factor was the absence of literature and a theoretical framework to support group therapeutic accompaniment as a practice. The necessary changes in belief regarding the extent of therapeutic accompaniment and the lack of known literature on the subject represented a number of obstacles and difficulties in the development and establishment of the activity on a regular basis.

After reaping positive results for patients and training two nursing technicians as peripatetic therapists, Pelliccioli (2004) concluded, regarding Peripatetic Therapy, that, if one

wishes for the modality to be applied in the context of SUS (the Brazilian Unified Healthcare System), where resources are limited and universality of service is a requirement, the modality must be adapted to become viable. Citing as an example how psychoanalysis had to be adapted to the institutional context of mental and school health (among other environments), the author advocates for adjustments to what is today a traditionally individualized framework for Peripatetic Therapy so that it may also work as a group modality, seen as a necessary strategy for its popularization.

Perhaps as an early involuntary precursor to these two works, João do Rio (2008), poet and journalist, wrote about the streets of 1905, basically describing the setting for therapeutic accompaniment. Even at the time, he already recognized the therapeutic possibilities of the streets through the art of wandering[1]*.

## 2. Method

Data collection occurred through detailed written accounts collected immediately after the tour, supported with small notes taken during the activity. The reports were written based on my perception, always seeking to understand the perception of others involved by asking questions to patients and professionals who were aware of my research. Mailhot (1970) proposes action research using the theory of Kurt Lewin, i.e. seeking to record the episodes experienced within the subjectivity of the participants and contextualized in the social field.

### 2.1. The Participants

The engaged audience consisted of therapists and patients (approximate ratio of two patients per therapist). Despite the clinic's focus on psychoanalytical care, the group's composition was mixed: 47% of the patients had schizophrenic disorders, 30% had mood disorders and the remaining 23% suffered from various disorders (according to the ICD-10).

## 3. Results

The records of the outings were collected between December 7, 2007 and June 27, 2008, totaling seventeen activities I participated in. The walks are preceded by a health team meeting, during which the outing is planned and patient information is shared. Then, patients and staff

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1       * Strolling idly, aimlessly. (New Oxford American Dictionary, 2010)

begin the outing, usually by gathering outside the day hospital and walking together to the bus stop. After arriving at the desired destination (using public transportation), all parties involved talk and play around, either all together or in smaller separate groups. The whole group will usually gather together again for a snack, however. After the meal, non-mobility-impaired patients proceed to their homes by themselves while the team and the rest of the patients return to the clinic. After the activity, another team meeting is held to end the works for the day and discuss and reflect on the outing. All real names of those involved have been replaced in order to preserve their privacy. Below is a brief report (França, 2009) to illustrate how relationships develop in the activity:

> On June 21, 2008, we went to the Darwin Exhibit[2], held near the Brasilia National Theater. While we waited for the bus, Maria laid her head on my shoulder and complained that she was already hungry. While Felipe wondered about the route we would follow to reach the destination of our outing, Carlos followed my advice to buy a glass of water so he could take his medication, which he was already late with. After asking me to hold his jacket and glass of water, he joked that today was my butler day. We all laughed a little.

In the scene described, only the *control* and *affection* needs could be exemplified (since the need for *inclusion* can only be observed during the entry of a new member in the group). During the *inclusion* stage, the novice attempts to talk to people to "measure" if his voice is heard and how his participation is accepted within the group. The necessity for *control* was noticeable within the group when the three patients reported to me to speak of the medicine they take, report that they were hungry or even to question what path to follow. *Control* is the need for us to know the role of each individual within the group. In this case, as part of the health team, I played a leading role, and it was common for participants to report to me regarding their expectations and needs.

The need for *affection*, in turn, designates our need to feel valued and irreplaceable in the group. Because the satisfaction of these needs is learned, they can appear immature or

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2        An exhibit on the scientist and his theory of evolution, temporarily available in Brasilia at the time.

unbalanced. This was the case with Gilberto, who remained behind a therapist during the entire tour, demanding a "hyper-personal" relationship even though she was busy assisting an elderly patient. Another aspect of this hyper-personal relationship is that this patient showed indifference or even anger, rejecting other therapists or patients who offered to him dialogue and support. Only the object of his affection could satisfy him, indicating a social prejudice against other possibilities for new friendships, or unhappiness when the desired person is not available.

In addition to these group dynamics elements, I would like to return to the issue of psychopathology and how it presents itself in extra-office activities. Nadir was a patient who occupied an important place in my research, not only due to the interesting situations she offered for analysis, but also because her impact on the group was remarkable. She is very affectionate and likes hugging and kissing people, but can often be invasive, attempting to squeeze pimples or even people's butts. On the other hand, she can be violent if people try to take a picture of her, or simply touch her by returning her own embrace. Below is an episode occurred during an outing (França, 2009), with adaptations:

> Nadir has a very peculiar way of dealing with money. She will usually make jokes, faint ignorance or intimate that she has no money in order to elicit sympathy from the seller and get something extra. She will occasionally quietly leave without paying, pretending to have made a mistake, demanding the staff's attention to avoid repeated embarrassments for the group.

> We climbed on the bus, and I asked Nadir to pay for her ticket so we could avoid problems when getting down on our stop. She seemed displeased, but still rummaged around in her bag as if she had no money, finally finding a twenty. She then explained to me that she could not pay because she only had that bill. I replied, laughing, that she could pay the two reais for the ticket and receive the change. Nadir paid the ticket and got her change from the bus ticket collectors, satisfied that she received the money. She then got out a two-real bill and gave it to the collector, asking for her twenty back. The collector laughed, as Nadir would be left with thirty-eight reais if that exchange took place, and explained that it would be impossible.

Nadir's relationship with money is a recurring theme in our outings, because the value she attaches to money does not correspond to its market value. Mine and the ticket collector's laughter during the episode were consistent with people in tune with reality (Minkowski, 1933). After all, we understood the proposal as absurd and comical. On another occasion, she assaulted a patient because he walked behind her and "will fuck me in the ass" *(sic)*. The vital loss of contact with reality described in Minkowski's psychopathology (1970) is evident when we examine Nadir's experience of the existential axis of space. Herself and her money cannot be touched or arranged under risk of losing their very integrity, but she is comfortable with touching others. For Minkowski (1970), therapeutic transference is essential to facilitate or encourage the resumption of vital contact through experiences.

## 4. Considerations

Peripatetic Group Therapy allows for very rich, thought-provoking scenarios that revitalize the group, providing a real answer to what Mailhiot (1970) describes as *social necrosis,* i.e. complete social stagnation that makes it impossible for one meet its social needs (a recurrent event among chronic patients).

Even my communication with Nadir, customarily monosyllabic, transcended from simple affection to dialogue about her tastes and other issues during the outings. Nadir's relationship with money and sense of corporeality could only be observed more explicitly during the outings, since the day hospital's routine does not involve money. It is not a matter of identifying whether the patient knows how to use the money, but rather of identifying the value and meaning she attributes to the object. These moments and situations make it easier to create and strengthen transference relationships between patients and therapists (Minkowski, 1970), allowing patients to make contact with reality through these emotional exchanges with people and the world.

The experience conducted by the A Casa Institute (Gioso, Bonalume, Yabiku, Peixeiro & Aguirre, 2005) reinforces in its conclusion that the outing provides an opportunity for patients to show reactions and reflections that can later echo positively in the day hospital, in psychotherapy and in their lives. One challenge is the need for further studies on Group Therapeutic Accompaniment, especially when conducted not as a mere recreational activity, but rather actively seeking to provoke therapeutic effects on mental health users.

## 5. Limitations and recommendations for future research

The brief time during which data was collected saw a relatively stable period of the group, and as a result it was not possible to assess individual and group interactions that would have naturally emerged in a more evident manner at the medium and long terms (as is the case with the dynamics of any given individual or group). One variable that was evident but could not be verified during the data collection period was the transition of interns into/away from the day-hospital, as those rotate every semester. These transitions could have created relevant impacts in the group, but they could not be assessed because the rotation did not coincide with the data collection period. The actions by the different participants (as those rotated throughout the years) could influence the group's routine in relevant ways, but it was not possible to directly assess those in this particular study.

Regarding the phenomenological research, Mohamed (2017) observes that *"The essential themes formulated by the researcher though has a systematic flow, it has been interlinked together in its own aspect and are dynamic."* As such, even if the qualitative structure of the study does not allow for its reproduction and/or direct comparison with other group peripatetic therapy experiences, this modality of research must still be recognized and valued for its practical possibilities. The only two references on the matter that were located and used during the bibliographical review were somewhat lacking in affinity with the focus of the present study, such scarcity itself a sign of the challenges facing the progress of research into group peripatetic therapy. Without researchers and publications on the topic, it becomes difficult to generate the level of scientific production required to lead to much-needed progress on the practice and quality of peripatetic care.

Menino, Dixe and Martins (2015) discuss a care practice that holds stark similarities with peripatetic therapy in terms of its focus on humanization and the search of specific solutions for each patient through dialogue. However, they name said practice "person-centered nursing", an example of how the lack of consensus on a definition for Peripatetic Therapy becomes an even more pressing issue in the context of group therapy approaches. The implication here is that colleagues may be using their theoretical and practical experiences as therapists to develop successful experiences in this field, but, due to the lack of a formal definition, are simply calling these experiences "walks", or "outings". Such a reductive perspective fails to recognize the very use of therapeutic techniques and the results generated by these interventions. As a consequence,

one may inadvertently minimize/ignore the impact these practices may have in the patients that benefit from them, discouraging scientific debate and the evolution of the practice itself.

It is important to emphasize the importance of expanding the academic debate around Peripatetic Group Therapy, both in quantitative and qualitative terms. New quantitative studies can provide specific data on the profile of Peripatetic Group Therapy, who practices it and how it is practiced, including the frequency, duration and target audiences of intervention. Considering the nature of clinical work, new qualitative studies will foster dialogue on the therapeutic scope and possibilities of Peripatetic Group Therapy, a field yet to be explored.

## 6. Conclusion

The results confirm that Group Peripatetic Therapy mobilizes affective contents at both the individual and collective levels, and as such offers a potential alternative for therapeutic management with distinct possibilities from those of conventional therapy offered in clinical and mental health institution settings.

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