

30 Years of the Family Therapy Unit of the Attica Psychiatric Hospital¹

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Painting by Kyriakos Katzourakis

It was 30 years ago that the Family Therapy Unit of the Attica Psychiatric Hospital was founded. This means that today we record the history of the individual, the framework, and of the system. Yet, we had celebrated the Unit's 23rd and 25th anniversaries seven and five years ago respectively, which means that many of the things that will be said today have been said before and will thus be a repetition. That, however, comes with celebrating anniversaries. When we have birthday parties – some times every single year – we give out similar cakes, we play the same kind of music on our turntables, and even the presents we receive are mostly similar... This, after all, is the essence of the concept of an “anniversary”: It contains, on a verbal level, the concept of historicising, of repeating, through representing events. However, in order for the repetition to not become cumbersome, I will not linger on elements that define it, but will rather refer those who are interested in the characteristics, the functioning and the special elements of the F.T.U. to previous references such as the “The peculiarities of psychotherapy in the public sector” (Notebooks of Psychiatry, 2010), “Something more... something less”. Personal and professional development as a part of the social process (from the book “Recollections & Revelations, Stories of Systemic Psychotherapy, KORONTZI PUBLISHING, 2018, that can also be found here today), “Family Therapy Unit of Attica Psychiatric Hospital: In 25 years what has stayed

¹ This paper is based on a lecture given at a conference held in October 2024 to celebrate the 30 years of operation of the Family Therapy Unit of the Attica Psychiatric Hospital, and a farewell to the founders of the Unit.

the same and what has changed?” (issue 15 of Systemic Thought & Psychotherapy Journal).

In this presentation we will begin with the “prehistory” of the framework regarding how it came to be that the F.T.U. was housed in the area of Pagrati, when its “mother” the Attica Psychiatric Hospital was in Daphni. The answer is simple and clear, and sparks moral and political thoughts and associations. Well, the family of a patient that had been hospitalised in the Attica Psychiatric Hospital, donated a plot of land in Pagrati to the hospital, following the improvement of the patient’s health. A block of flats was raised there, and the hospital kept ownership of two floors (the ground floor and the first floor), each consisting of four apartments. Some of those had even been turned into living quarters for patients that had left the hospital without having been discharged. And herein lies the question: what was it that compelled the psychiatric patient’s family to make this kind of donation? The answer is a simple one: Gratitude. Which means that the place that was back then characterized as an “asylum” – a duplicate of the infamous one in Leros – also had another facet; a facet that is characteristic of treatment centers. That was in essence an abolition of its previous title (that of an asylum), which was prevalent in the vast popular opinion. For instance, I had learned that in my hometown of Chania in Crete, they would take chronic psychiatric patients and leave them in the psychiatric hospital in Daphni for the rest of their lives, with no family visits whatsoever. They used the Attica Psychiatric Hospital to bid them their last “farewell”.

On the other hand, many questions arise regarding the staff of the Attica Psychiatric Hospital, and its psychiatrists in particular. What was it that made them enter an asylum, and ultimately “become trapped” in it? Were they attracted by its natural environment and the manner in which it was built? An endless garden on which the hospital buildings stood, a leafy countryside, a village in the woods? That could be part of the answer. But there was also a financial superiority as well. I learnt from the narration of older colleagues that the doctors’ wage in university psychiatric clinics was 70,000 drachmas, while it was 150,000 drachmas in the Attica Psychiatric Hospital! Thus, working there meant a huge, more than double, financial gain! Of course, psychiatrists that were university professors were allowed to have private practices, whereas those in the N.H.S were not (although many, illegally, did).

It would be greatly unfair, though, to only consider the financial aspect in our attempt to comprehend the role of those that participated, both medically and psychotherapeutically, in the Attica Psychiatric Hospital. Most importantly, the creation of the Family Therapy Unit represented the vision of “deinstitutionalisation”, of practicing psychiatry with the aim to heal and socialize every patient. This goal was achieved not only by this unit but also by other

important ones of the Attica Psychiatric Hospital, like the ones managed by Katerina Matsa, Theodoros Megaloeconomou and others. Another injustice would be if we were to accuse the Attica Psychiatric Hospital “classical” psychiatrists – especially the directors of departments and clinics. Some of them, with whom us from “Pagrati” collaborated before we even entered the Family Therapy Unit, like Mr. Varouhakis (who was actually the one that suggested the Pagrati building), Mr. Zahariades (and others), were characterized by an exemplary professional/medical integrity. Here we need to make a new reference to certain terms, and to clarify them. The word “asylum”, for instance, has become a degrading term for us that refers to the medical institutions of the Middle Ages. Yet, the term derives from the exact opposite. It is a place that cannot be violated (like the ancient temple of Athena), and there are quite a few modern social examples of that: university asylum, political asylum etc. Thus, the Attica Psychiatric Hospital possibly encompassed the double meaning of the word “asylum”: Initially a positive one (protection of the mentally ill from social marginalization and a hostile expulsion), and an absolutely negative one (the “institutionalisation” of human beings, which meant their isolation from their family their home town, the society as a whole). It is interesting that this, so called, “asylum” contributed to the creation of new institutions like the Family Therapy Unit, in a way accepting the path that would lead to its own gradual self-abolition.

But let us move from prehistory on to history. An initial question is what led the two founders of the Family Therapy Unit “give birth” to a center for family psychotherapy.

Apart from the fact that they were both trained in systemic family therapy, it was also important that the vision of psychiatric reform was present in their field. A vision that became a goal, and eventually a reality with the founding of the Unit in Pagrati.

The basic feature of the Unit is that it “functions as a public institution” which means that service users do not pay. This is a fundamental moral value that exists both before and behind the scenes. Thus, no payments under the table can infiltrate.

Furthermore, apart from psychotherapy (for families, couples and even individuals) the Family Therapy Unit organized a three-year training course, followed by a year of supervision. This course, apart from the so called “training”, the “lectures”, the reading of specialised books, and the observation of therapy sessions through the one-way mirror, also included the genogram of the trainees. This means that every training group conquers a profoundly experiential perception and capacity of “relating”. The reference to our values is also relevant to the training sector. We did not do “favours”. Every September – before the start

of the academic year – we received a multitude of phone calls from hospital directors, colleagues, friends, acquaintances, and even ministries with propositions (that bordered on orders): “Accept so and so to your training course”. We had found a standardised response: “Don’t even tell me their name or they will be automatically disqualified”.

Another feature that defines its 30-year history, are the changes that occurred within the Unit and its functioning. Apart from the sharp increase of the numbers of both patients and trainees, there were also conversions in certain of its characteristic functioning features. One such example is that of the one-way mirror. We had learnt that the therapist takes phone calls from the team that is behind the mirror, and also takes a break to discuss with the members of the team. Along the way, we discovered that this intrudes disruptively into the session and alters the therapeutic relationship. We had also been taught to use the one-way mirror in couples and individual therapy. We abolished both of these entirely. In the case of couples’ therapy, we did so because the mirror acts as a kind of “keyhole” to the couple’s bedroom, and in the case of individual therapy because it intrudes parasitically in the patient – therapist relationship, namely in “transference – countertransference”.

However, impressive changes also occurred regarding our patients throughout the years, which led to an important change in psychotherapeutic interventions. One conclusion is that, ultimately, the most important teacher in our line of work – as in life – is experience. For instance, we became less aloof, we accepted that we had to gradually intervene more humanely, attempting to provide an ever-growing supportive framework to our patients’ pain. And also, we participated in a gradually more “self-revealing” manner, sharing our personal experiences and difficulties with them.

Changes also occurred in the training program over the years. As trainers we became more experiential (and members of the training groups have mentioned that what they experienced was something between training and group psychotherapy).

We as therapists, as well as all the staff of the Unit, also experienced co-evolution, which was not, however, a path that was always easy to tread. It often became a rough and rugged path, with contradictions arising between colleagues and scenes of “verbal domestic violence” (thankfully only verbal) playing out in the usually peaceful and welcoming premises of the Unit.

Here I will mention a personal story: One time, being very stressed from this sort of climate, I went to see a fellow psychiatrist to discuss my difficulties. Yet, this psychiatrist happened to be a psychoanalyst, and somewhat “forcefully made me” lie on the couch. The first time, I started laughing, but then I compromised

and became an analysand for years and years. What was the ultimate outcome of this (apart for my personal “being”) for my systemic psychotherapeutic work? My conclusion is that I became even more profoundly systemic, leaning into inner processes of myself and others, and of course of relationships.

We also experienced similar problems regarding the “Primordial Mother”, the Attica Psychiatric Hospital, that at times sought our psychotherapeutic aid concerning the treatment of patients’ families, and other times undermined or rejected us. Here also I will mention a part of my personal history. When, at some point, the hospital advertised an opening for the positions of “coordinating directors”, I applied. There were four advertised positions and ten applicants. When the results came out I had placed first. So what? The result from the hospital came in negative for myself. The “boss” of our medical world refused to make me a coordinating director. So what did I do? I went to a lawyer that specialised in civil servant labour issues that brought the case to court. Finally, I became a “coordinating director” by court order! The final conclusion is that everything in work and in life is a struggle!

I will conclude by saying:

1. I will repeat information I have shared in the past and remind that an important element of our work was maintaining the relationship with teachers and colleagues overseas, from many countries of the European Family Therapy Association like: Mony Elkaim, Jacques Pluymaekers, Chris Dare, Huan-Louis Linares, Jaakko Seikkula, John Shotter, Peter Rober, and Maria Borcsa, by organising conferences and experiential workshops in Greece.
2. And I will finish with a conclusion: The colleague that succeeded us following our retirement, as well as those that continue our succession as supervisors of the Unit, and the other members of staff are worthy and capable of continuing a practice, a work, a history. We thank them!