



Experiences and Thoughts in History*

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Katia Charalabaki, Psychiatrist – Family psychotherapist



First of all, I would like to state that my relationship with Maria Borcsa and Valeria Pomini has developed to a great depth; in the beginning, on a professional and later on a personal, human level. An example of this is when we were celebrating the 30th anniversary of the founding of the Family Therapy Unit of the Attica Psychiatric Hospital in 2024, and I referred in my speech to the fact that an important element of our work was maintaining the relationship with our teachers or colleagues from the different countries of the European Family Therapy Association. Maria Borcsa was among those. Valeria Pomini, who attended that celebration, mentioned the first time the two of us met (in the distant past) in Italy, and the connection that developed between us. A conclusion here is that profound human relationships define both psychotherapy and human society.

The second thing that I would like to stress is that the publication and promotion of this book have made me feel guilt. Why? Because, as we can see in the present meeting, I am the last in line as my initial is near the end of the Greek alphabet. Yet, the English iteration of my last name starts with “Ch” which means that I was placed first. What was the result of this? I received a copy of the book for free at my home via mail, while the other authors had to pay 500 euro for it. Under these circumstances how could I not feel guilty, having evolved into empress Catherine the Great among the luben proletariat?

But since we are discussing publications, I will make mention of the journal of “Systemic Thinking and Psychotherapy” that we publish, for which I am the Managing Editor, and Nikos Marketos is the Publishing Editor. Both of us have been (and one is still), directors of the Family Therapy Unit of the Attica Psychiatric Hospital.



Thus, I will begin my presentation with a reference to the Family Therapy Unit through an institutional “prehistory”. How did the F.T.U. end up in the area of Pagrati, when its “mother”, the Attica Psychiatric Hospital, was situated in Daphni? The answer, while simple and clear, creates thoughts and associations, both moral and political. Well, the family of a patient who 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 who 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”.

But in order to comprehend the role of those that participated, both medically and therapeutically, in the Attica Psychiatric Hospital, it is useful to refer back to the creation of the F.T.U. What vision did its creation represent? I simply call it the vision of “deinstitutionalization”, of practicing psychiatry with the aim to heal and socialise every patient. This goal was achieved not only by this unit but also by other important ones of the Attica Psychiatric Hospital, and also by some of the so-called “classical” psychiatrists that were characterised by exceptional professional/medical ethics. Here, we need to make a reference to certain terms and to clarify them. For instance, the word “asylum” 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 marginalisation 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.

And now I will move on to the central theme of today’s discussion that concerns “writings” (books, journals etc.), by mentioning our journal (“Systemic Thinking and



Psychotherapy”). I will begin by saying that the 27 issues of our journal make us reflect back on the time and the reasons that led to its creation. It was in the heart of the socio-economic-political crisis, when the decision was made to found it. This might also have been a therapeutic (or self-therapeutic) motion against the collective, political and cultural *trauma*. At the same time, it was an attempt at a deeper understanding of the individual and collective psychopathology in adults, as well as in adolescents and children. The regression of the external framework had resulted, not only, in a *non*-development of children, but in their even greater regression, alongside that of adults. A common experience that we had was that we “had gone back”... The de-intellectualisation of society was what played a great part in this; the decline of intellectual depth, of reflection, and of deeper thinking, which intensified the functioning of primitive reflexes... Another example, in the case of the second big crisis, that of COVID 19 is that of the anti-vaxxers, and of the effect that their stance had on their children, their relatives, and their circle of acquaintances...

The financial, political, healthcare framework – especially when it becomes hard, rigid, inhumane - does not just encompass itself, it permeates everything, including the family, and can make it deteriorate or potentially deconstruct it. The pathology of society evolves into a pathology of the family. It is every therapist’s right to have their own political opinions. However, the democratic and humane values are necessary prerequisites for the efficient functioning of psychotherapy. In my opinion, whether we like it or not, psychotherapy is connected to the values of politics.

And moving forward to the present conditions I will mention two events that affected my/our reality. The first one was the expulsion of the so-called “perpetual students” from Universities. A big part of the family therapy we did involved families of which one or more children were stuck in their university studies. And of course, explanations arose in the therapeutic process that highlighted traumas, oedipal complexes, conflicts that could bring about parents’ divorces, and many other things... And naturally, a big part of these families were led to a positive outcome, with the “perpetual student” eventually graduating and bidding the university “good bye”. Therefore, their expulsion is a cruel, anti-therapeutic act that could lead to more serious mental health issues.

The second one is a shocking event we heard through the news. All public sector psychiatrists in Attica that were on call from 1/2/2004 were summoned by the police for preliminary investigation, on charges of “repeated breach of duty and multiple counts of endangerment”, after a criminal complaint filed by a primary police officers’ trade union. Even the Hellenic Psychiatric Association expressed its grave concern, as dozens or even hundreds of psychiatrists were being prosecuted, and requested that the Ministries of Health, of Citizen Protection, and of Justice intervene and assume their responsibilities... I had never felt so happy for being retired before!



Following these, what else can we say, when we are faced with everyday news of murders, sexual harassment, vendettas and other dark circumstances involving the public.

Finally, there is two-way empathy. I will conclude my lecture with a final reflection/proposition. We should share our pain. I have written this in a previous paper for the “ten year – twenty issue anniversary of our journal”, and I will repeat it here. An old classmate of mine called me to ask for insomnia medication and to confide how awful she has been feeling lately... "We are growing old", she says (as in the song "Mom, I'm growing old" by Tania Tsanaklidou). I gave her medication, I supported her, comforted her etc. But it was as though *she* offered psychotherapy to me. I think about her and feel better; I therapeutically coexist with her... Before, I felt alone, isolated, desolate... Now, I can say with relief: I am not the only one suffering... With her, I feel that I "belong" somewhere again... Ultimately, we are all human... vulnerable... mortal... Yet, could the fact that I experience other people's pain positively, that I feel relieved when others too are not well, mean that I am overwhelmed by envy, malice, and aggressiveness? No! This is not about envy and aggressiveness, but about reciprocity and *two-way empathy*. So that we can gaze upon a better and healthier landscape *together*. Our final wish and struggle, collectively (but through that also individually), is to return to normality. But we should move from "Every man should save himself" (that the Delphic oracle had told the Greeks regarding the Persian invasion) towards "I am getting saved, you are getting saved, we are all getting saved" ...

Thank you