

NEW FORMS OF SUFFERING, NEW FORMS OF INTERVENTION: THE COMPAGNO ADULTO® MODEL*

“Where there is the challenge of the growing boy or girl, there let an adult meet the challenge. And it will not necessarily be nice. In the unconscious fantasy these are matters of life and death.” D.W. Winnicott

The Compagno Adulto is a psychoanalytic method in which the relationship is created through doing together.

It is a complex intervention suited for teenagers with very severe symptoms who are not ready to start a speech based analytical relationship in a classic therapeutic context.

The setting is the environmental and social context of the adolescents and the therapeutic relationship is consolidated through the opportunity of sharing situations and activities that are part of the teenager's daily life experience.

The Compagno Adulto intervention is addressed to:

- young people experiencing social withdrawal or hikikomori
- children with neurodevelopmental or Autism Spectrum Disorders
- high risk teenagers

- ▶ The work of the operator is integrated through: continuous dialogue with other professionals; confrontation between the association's equipe; individual and group supervisions.
- ▶ It is necessary to provide an intervention that includes the whole system: family dynamics, school, peers and other significant life contexts, such as parenting consultations, school consultations, laboratories.

SOCIAL WITHDRAWAL

Social Withdrawal has peculiar characteristics and presents itself as a recognizable clinical configuration: children who distance themselves from the outside world, caught between their own Ideal Ego and narcissistic investments from the outside. School becomes a place where they experience repeated defeats, real or felt as such; the peer group becomes a mirror of all their insecurities and the fantasies about the future become vague or menacing.

The term Hikikomori nowadays is better intended as an extreme form of Social Withdrawal.

Since it has not yet been included in any diagnostic manual there is not an unanimous definition of the phenomenon. The main divergence regards the possibility to distinguish between (Suzuki, 2013):

- primary hikikomori -> not related to a psychiatric disorder
- secondary hikikomori -> related to a psychiatric disorder

These adolescents continue to live and experience parts of themselves in the online world, distancing even further from the outside world by magnifying the fear and fantasies about their return to social life.

Social Withdrawal does not need a young person locked in a room to be recognized, but it can be seen and welcomed by clinicians and parents before the bedroom becomes the only habitable psychic place.

It is very important to recognize these early signs, since once the image of the Hikikomori becomes truly descriptive of someone's everyday life, things get exponentially more complicated.

COMPAGNO ADULTO MODEL WITH SOCIAL WITHDRAWAL

The canonical therapeutic setting seems not to be a sustainable relational solution.

Since we must reach them in their ambient, the sensitivity of the operator and the setting should be the most important factors to consider.

The need to create a strict boundary between themselves and the outside world cannot be ignored. If the room is the only safe place in which one can avoid the strain of holding the other's gaze and touch, there are no effective strategies that can be used other than entering into such a place and relationship.

Psychic defences must not be 'attacked', and the room should not be seen by clinicians and parents as a fortress to be sieged, or in which to enter in order to get therapy started. The process of allowing the teenager to be physically and relationally approached by someone must be seen as part of the therapy.

Part of their life is lived online: they play games, create social profiles with what they feel they can show at that moment, use avatars to interact in virtual worlds, speak with people through a monitor.

All of the above can be utilized by the operator to create a connection through the experience of doing together and therefore they can gradually enter the world of the withdrawn.

The process will be long and difficult, but creates the possibility of a new therapeutic pathway that the adolescent will be able to "use" to acquire those first relational rudiments such as identifications and mirroring.

To better understand our multidisciplinary model scan the following QR codes:



The clinical case of M.
The boy hidden in his hood
The case shows our model of work with Social Withdrawal in the domiciliar setting



The clinical case of E.
The girl who hits the tiles
The case shows our work within a multisystemic approach

* Adult Companion Model

