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New practices, new institutions: group psychotherapy in Greece and the Open Psychotherapy Centre of Athens, 1960s–1980s

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In the early 1950s, Samuel Slavson, one of the pioneers of group psychotherapy in the USA, detected its origins in ‘classes’ of patients with tuberculosis at the turn of the nineteenth century (Slavson, 1975). Others went further back, to the groups of mental patients created in mental hospitals since the late eighteenth century (Schiffer, 1983). However, the first systematic attempts at group psychotherapy as a psychodynamic method can be traced to the interwar period – Slavson himself started his first groups in the 1930s – and to World War II, with the work of Maxwell Jones and John Rickman, Wilfred Bion, and S. H. Foulkes at the Mill Hill and Northfield military hospitals in Britain. Following these experimental approaches, group psychotherapy spread after the war, in North America and in Europe (Shorter, 1997; Blok, 2005; Fussinger, 2010; Marquet, 2013), on both sides of the Iron Curtain, as group techniques were practised also in communist Europe (Leuenberger, 2001; Savelli, 2018).¹

In Greece, the history of group psychotherapy remains untold. This chapter intends to remedy this omission by exploring Greek group practices, starting with the first experiments of the late 1950s and moving to more extensive and standardised practices of the 1980s. I approach practices as ‘dreaming’ ways of doing psychiatry in a twofold sense. First, the group therapy practices I examine took into consideration and commented upon the socio-economic condition of the patients and, to a degree, Greek post-war society, and proposed

a reform of therapeutic and social relationships, thus having political implications. Second, while I use a variety of written sources and oral history interviews from mental health professionals, as well as the testimonies of former patients, most of the information originates from the practices' initiators.² These self-narratives, especially the retrospective accounts of professionals, tend to focus on the pioneering, even visionary, aspects of the practices, and to emphasise successes rather than shortcomings.

This is manifest in the case of the Open Psychotherapy Centre (OPC), on which the chapter concentrates. A private mental health institution founded in 1980 in Athens, the OPC made group therapy its main treatment method. As we will see, its self-narratives praise its ground-breaking and unique nature, while narratives stemming from other sources provide a different view. In order to make sense of these contrasting accounts, the chapter places the history of the OPC within the context of previous group experiences – in particular, the Centre for Mental Health and Research, which is also examined here – contemporary Greek mental healthcare reforms, and the broader social and political changes in Greece after the fall of the seven-year military dictatorship in 1974. Through this analysis, the chapter argues that the OPC was a distinct, or even peculiar, institution, which, at the same time, constituted an example and vehicle of both the expansion of psychotherapies and the politicisation taking place in Greece in the late 1970s and early 1980s.

Group psychotherapy in Greece

In Greece, psychotherapy of any form was only practised sporadically for most of the twentieth century, and training on psychotherapeutic methods was practically non-existent. Psychiatry was a unified specialty with neurology until 1981, and biological understandings and treatments of mental illness prevailed in both public hospitals and private clinics. Nevertheless, psychoanalysis had been known since the 1910s (Atzina, 2004; Karydaki, 2018), and Adler's individual psychology since the 1930s (Papagianni, 2013). From the 1960s, different psychotherapeutic methods were being tried and developed, including psychoanalytical psychodrama, systemic therapy and psychoanalytical psychotherapy (Ierodiakonou, 1967; Sakellaropoulos

et al., 1971). In the last decades of the century, although biological psychiatry remained dominant, psychotherapy was starting to be partially covered by some insurance funds, thus becoming slightly more available to the non-wealthy (*Η Ελευθερία Είναι Θεραπευτική*, 1993).

Group psychotherapy methods were probably first tried at Dromokaitio Hospital in Athens in the late 1950s, as part of the hospital's reform through the therapeutic community model (Lyketsos, 1998: 261–8; Kritsotaki and Ploumpidis, 2019). Group methods were also applied at a couple of private institutions: the Athenian Institute of Anthropos, established in 1963, which introduced group image therapy, a technique based on the use of free artistic creation (Vassiliou, 1968); and the Centre for Mental Health and Research, which was founded in 1956 in Athens, and moved to state funding and supervision in 1969. The centre was a hub of psychotherapies in Greece; there are indications that group therapy had been practised in the Athens branch at least since 1960.³ It also ran outpatient mental healthcare services for children and adults, and four welfare centres, the social aid stations, in four cities: Athens, Thessaloniki, Piraeus and Patra (Kritsotaki, 2018).

One of the centre's innovations was the establishment of a therapeutic club in the annex of Thessaloniki in 1965. The psychiatrist in charge of the annex, Efstathios Liberakis, practised psychotherapy and was influenced by social psychiatry, an approach that highlighted the social causes and consequences of mental illness, focused on the social relationships and (re)integration of patients and often incorporated group psychotherapy (Shorter, 1997; Smith, 2016).⁴ Liberakis explicitly referred to US social psychiatry and to the psychotherapy services for lower-class patients of the 1960s (Bernard, 1965; Yamamoto and Kraft Goin, 1965; Zwerling, 1965, in Liberakis, 1966). He also underlined that Freud himself had argued that welfare assistance could and should be combined with psychotherapy (Liberakis, 1966). This view had led to the establishment of clinics with low-cost or free psychotherapy in different European countries during the 1920s and 1930s by analysts who made a case for psychoanalysis as a socially active discipline (Danto, 2005; Gaztambide, 2012).

These inter- and post-war developments resonated with the work of the centre in Thessaloniki, which had started out in the late 1950s

as a social aid station, offering welfare and mental health services to disadvantaged social strata, and was turned into a social psychiatry service by the end of the 1960s (Kritsotaki, 2018). The therapeutic club aimed at the socialisation, rehabilitation and therapy of patients of low socio-economic status through occupational therapy, recreational activities and group psychotherapy. In group psychotherapy, the members, usually women, talked about their everyday life, their financial and practical difficulties, their problems with their husbands and children and their health issues. Liberakis, as the therapist, was meant to have a minimal, non-directive role, reflecting on statements, encouraging participation and interpreting attitudes. While group psychotherapy was more economical than individual psychotherapy, Liberakis noted that, similarly to individual psychotherapy, it was not always effective for lower-class patients. Many had not heard of psychotherapy before and did not see the need for it, insisting on somatic approaches – mainly medication. According to Liberakis, they had trouble verbalising their problems, often kept silent and avoided active participation, or used defence mechanisms, such as ‘conversion’ (of mental to somatic symptoms). Another reason for the inefficacy of group psychotherapy was that only one group was formed because few patients were willing to participate and because the centre did not have the financial means to establish more groups. Thus, the group was heterogenous, including neurotic and psychotic patients of different ages, and most patients soon left with no benefit (Liberakis, 1966).

In any case, Liberakis suggested that psychotherapy was not suitable for all members of the group, some of whom would have benefited from a more ‘authoritative’ approach and ‘placebo treatments’ instead of the non-directive approach of group psychotherapy. He underlined that similar issues and the need for the flexible application of psychotherapy had been raised in the USA, but also in the USSR (Yamamoto and Kraft Goin, 1965; Liberakis, 1966; Ziferstein, 1966). By stressing that psychotherapy had to fit the special characteristics of the poor, 1960s social psychiatry often ended up stereotyping them. Some psychiatrists, like Viola Bernard (1965), warned against the oversimplification of the poor as lacking the necessary personality traits to be fit for intensive psychotherapy, such as psychological-mindedness and the capacity for introspection and abstract thinking. Despite these pitfalls, social psychiatry was

vested with sociopolitical meaning, as it strove to make psychotherapy – often through group psychotherapy – available to those whose sole treatment options were until then biological methods and the asylum. In Greece, the configuration of group psychotherapy as a social and political endeavour continued in the next years, when a mental health reform movement emerged in a more systematic way and psychotherapy became more widespread, as new services (Hatzidaki, 1983; Stefanis, 1989) and scientific societies were founded, including the Greek Society of Group Analysis and Family Therapy, established in 1988. The Open Psychotherapy Centre was a chief promoter of socially and politically orientated mental healthcare through group psychotherapy.

The Open Psychotherapy Centre

Foundation and orientation

The OPC was founded in February 1980 on the initiative of the psychiatrist Ioannis Tsegos, who had been trained at the Institute of Group Analysis of London (founded in 1971 by Foulkes and colleagues), and was an active member of the Group Analytic Society International, a learned society founded among others by Foulkes in 1952 (Morarou, 2007; Kakouri-Bassea and Moschonas, 2007b). In 1978, Tsegos returned from England and became director of the Social Psychiatry Service of the Centre of Mental Health and Research in Athens, where he started his first analytic group. After disagreeing with the administration of the centre regarding his methods for the formation of psychotherapeutic groups, he resigned and founded the OPC with some of his former co-workers: his future wife, social worker Eleni Morarou, and the psychiatrist Athanasia Kakouri-Bassea, who had recently returned from her studies in Rome, where she had gained experience in social psychiatry and psychiatric reform (Kakouri-Bassea, 2019). Another co-founder of the OPC was psychologist Zoe Voyatzaki, who had studied at the Valparaiso University of Indiana (USA) and the US International University of California, where she obtained a master's in family and clinical psychology (Voyatzaki, 2019). The remaining founders were another psychologist, two more psychiatrists, one occupational

therapist, and four non-professionals: a former patient, a relative of a patient, and two interested friends, who were put in charge of the administration and finances of the OPC.

The OPC aimed at providing mental illness prevention, treatment and rehabilitation, according to its protagonists, in a ‘humanitarian and modern way’, without confinement, limitation of freedom, and insult to human dignity (Karapostoli and Skandaliari, 2007: 146; Kakouri-Bassea and Moschonas, 2007b). Targeting mostly patients of low socio-economic status with serious mental disorders (psychoses, personality disorders and affective disorders), it predominantly used psychotherapy and avoided drugs, although these were prescribed ‘sensibly’.⁵ The main form of treatment was group therapy: there were analytic groups, sociotherapy groups (enhanced with the principles of group analysis), and group analytic psychodrama groups, along with group activities for families, couples, children and adolescents. Group therapy was favoured not for economic reasons, but because it was deemed necessary for the reconstruction of the personality: the treatment of psychiatric disorders had to involve many people, mainly non-experts, as the members of the groups were (Kakouri-Bassea and Moschonas, 2007a: 39 and *passim*).

Group therapy at the OPC was based on the combined use of two models: group analysis and the therapeutic community. Historically, the two models had been distinct or even conflicting, mainly in cases of therapeutic communities that opposed psychoanalysis, but in some cases they had been combined (Blok, 2005; Geyer, 2011a; Chapter 10 in this volume). Tsegos, who shaped the approach of the OPC, being initially the only one who had the training and experience to work with groups and train his co-workers, regarded the two models as related and complementary, and stressed that they were both created by psychoanalysts. On the one hand, group analysis was understood as Foulkes had defined it in 1975 – namely as a form of psychotherapy of the whole group, including the coordinator, by the group. The coordinator was not to guide but to trust the group, and was allowed to express his own experiences (Tsegos, 2007a). On the other hand, the therapeutic community, which endorsed the democratisation of the relationships between patients and professionals (Fussinger, 2011), was understood as an international movement that emerged in the 1950s but shrank in the 1970s without evolving into a systematic therapeutic method

due to its unclear, sometimes hostile, stance towards psychotherapy and the lack of organised training. The OPC claimed to have combined the therapeutic community with group analysis for the first time in Greece (Karapostoli and Skandaliari, 2007), introducing the Group Analytical Community Model of Psychotherapeutic Community (Karapostoli, 2007).⁶

The OPC approached the two models critically and developed them freely, aiming to adjust theory to the benefit of the patients, not the other way around (Kakouri-Bassea and Moschonas, 2007b). Tsegos presented as the main OPC theory the principles of tolerance and permissiveness and the use of common sense (Tsegos, 2007a). This was a manifestation of his experience from Britain, where an empirical type of group psychotherapy dominated, with the focus shifting from analytical training to humanistic values, such as sincerity and respect for the personality of the patient. This meant that group psychotherapy could be undertaken not only by trained physicians but also by other professionals, such as nurses and patients (Fussinger, 2011), which was the case in the OPC, as we will see. Furthermore, while group psychotherapy was inspired chiefly by psychoanalysis, it adopted models beyond classical psychoanalysis. The OPC claimed to have revised the classical psychoanalytical model, adopting an approach of empowerment of the ego through the elevation of the person (Tsegos, 2007a), while stressing the therapeutic importance of informal activities among group members outside of the therapeutic process, such as parties, cooking breaks and coffee meetings (Tsegos, 2007d).

‘An action of political content’

These methodological innovations corresponded to a broader restructuring of the handling of mental illness, which was seen as a political issue. As Tsegos already stated in 1981, the OPC was ‘founded in order to constitute an action of political content for the Greek psychiatric field’ (Tsegos, 2007c: 19). In line with radical psychiatric thinking, which had been circulating since the mid-1970s in Greece, challenging psychiatry not only as a medical action but also as a social institution, the OPC was alert to the ideological and political core of psychiatry: its role in repressing those who were different, its entanglement with political parties and pharmaceutical

companies in pursuit of profit and power, and the way it discriminated along class lines, treating the upper social classes with psychotherapy and the lower social classes with drugs (Tsegos, 2007c). Such issues were discussed in the OPC's group on 'ideo-political problematisation' (Karapostoli and Skandaliari, 2007), but more importantly motivated its attempt to change mental healthcare organisation and therapeutic practice. The attempted changes were based on the principles of autonomy, non-hierarchical relationships, equal participation, provision of low-cost psychotherapy, and the respect of the professionals' and patients' personalities and rights. In this context, the chapter employs the analytical concept of democratisation, even if it did not appear in the OPC's self-representation, because it grasps the meaning of the transformations ventured by the institution.⁷

More specifically, the OPC stressed that it objected to the 'regulatory' and 'normative' character and 'hierarchical and authoritative' structure of 'most therapeutic spaces', where the mentally ill were considered incurable, incompetent, inferior or dangerous, and in need of lifelong treatment and supervision, and where the staff were classified by specialisation and tasks (Tsegos, 2007d). In the OPC, patients and staff (both scientific and administrative) were meant to be equal, have friendly relationships, and enjoy themselves. Patients – who were called 'therapees' – were deemed very sensitive and often very smart individuals, who could and should be responsible for and actively involved in their treatment, and help themselves (Mitroutsikou, 2007; Karapostoli, 2019).⁸ They could participate in the OPC's seminars and coordinate groups, such as the self-esteem group and the magazine group (Skandaliari and Tzotziou, 2007), or even create their own therapeutic, artistic, or socially engaged groups without the participation of professionals. The active and equal role of patients in groups was meant to destigmatise and mobilise them, facilitate their trust in the group and community, and enable them to develop their creativity, take up responsibilities, and gain freedom (Karapostoli, 2007; Papadakis and Kouneli, 2007).

The epithet 'open' did not only mean that the OPC provided extra-mural treatment to patients who freely decided to receive it, but also that its financial and administrative organisation was based on the principles of 'open systems' and the 'community approach'. Every staff member was supposed to be aware of and participate in decision-making (Kostopoulos *et al.*, 2003), salaries were equal,

and working conditions enabled communication (Papadakis and Kouneli, 2007; Kakouri-Bassea and Moschonas, 2007b; Tsegos, 2007c). To achieve this type of organisation, the OPC's founders opted for the form of a non-profit and self-funded company. This was unusual for mental health services at the time, but the founders considered it the only alternative to the rigid atmosphere of state mental hospitals and the profit-making of private clinics, but also to what they claimed to be the stigma-inducing character of charitable institutions. The OPC emphasised that by not receiving any funding, either from public or private/charitable actors, no 'superstructure', such as the state, could intervene in the work, limiting the group's dynamism and affecting the therapeutic relationships (Kakouri-Bassea, 2007: 19). The insistence on independence was grounded in Tsegos's previous experience at the Centre for Mental Health and Research, where he had felt that the administrative board was intervening in his therapeutic work. The initial capital for the OPC was provided by each of the founders equally, and subsequently the expenses were covered by the patients' fees, which, however, were kept low to prevent the exclusion of patients for economic reasons. To the same end, the OPC offered reduced prices to those who needed it, as long as they contributed to the work – for example, helping out in the secretariat, doing chores, or coordinating a group. If the patients created their own group, they received treatment for free during the time they acted as coordinators (Karapostoli and Skandalari, 2007; Kakouri-Bassea and Moschonas, 2007b; Karapostoli, 2019).

Along with these organisational elements, the therapeutic principles and methods of group analysis and the therapeutic community served well what I describe as the democratisation of psychiatric practice in the OPC. Instead of the hierarchical model of other psycho-analytically orientated psychotherapies, group analysis was seen as favouring the equal relationships of group members (Voyatzaki, 2007) and the weakening of the power tendencies of the therapist, to allow the therapeutic dynamic of the group to emerge and to help activate the mental state of the patients and restructure their personalities (Kakouri-Bassea and Moschonas, 2007b). The therapeutic community model was based on democratic principles, respect and participation, and enabled authentic communication. In the therapeutic communities, group roles were not rigidly defined (Mitroutsikou, 2007; Voyatzaki, 2019) and there was not a specific discussion agenda: members

were supposed to discuss their feelings, concerns and opinions freely (Papadakis and Kouneli, 2007). In combination with group analysis, the therapeutic community created a community atmosphere that, according to the OPC, contrasted permissiveness, playfulness and the joy of relationships and entertainment with the pretence of seriousness and cultivated common sense (Markezinis, 2007, citing Kakouri-Bassea).

An integral part of what I designate the democratisation of psychiatric organisation and therapeutic practice was the inclusion of non-professionals. As already noted, patients had an active role in the groups and could even be group coordinators. In addition, non-professionals were not only among the OPC founders, but were included as members of the non-profit company and contributed to OPC seminars, in particular the seminar of social psychiatry (Karapostoli and Skandaliari, 2007; Karapostoli, 2019). The involvement of non-professionals did not just serve the OPC theory that non-experts facilitated psychiatric treatment; it also aimed at offering another view on mental illness, one not strictly professional, but social and political (Karapostoli, 2019). This approach was further manifested in the OPC's links to the first formal association in which mental patients participated, the Motion for the Rights of the 'Mentally Ill'. The association aimed at securing the rights of mental patients and making their voices heard. Although the OPC and the Motion were distinct, they had common activities and members, and the OPC encouraged its patients to join the motion (Kritsotaki, 2021).

'Peculiarities' and 'deviations'

The OPC saw itself as a 'deviation' from contemporary handlings of mental illness, with deviations understood as 'integral and very useful features of nature' (Tsegos, 2007e: 13). It proudly stressed its 'peculiarities' as related to its uniqueness, longevity and autonomy (Kakouri-Bassea, 2019). In the volume *Open Psychotherapy Centre: Activities and Peculiarities*, the founders described themselves as a group of romantics, who without thinking about it too much placed their cheerfulness and creativity (Mitroutsikou, 2007; Kakouri-Bassea and Moschonas, 2007b) against the 'modern obsession with objectivity', 'the persecution of the irrational', 'the devaluation of emotions',

the intolerance of difference and the lack of consideration of the personality of the patient and therapist, which led to incomplete diagnoses and treatments (Tsegos, 2007b: 49). In particular, Tsegos emerges as an unconventional individual, with no concern for forms and types, stressing the key role of humour as a natural and healthy part of one's mental state, and using provocative discourse (Tsegos, 2007d) – for example, the phrase 'media of mass influence' instead of 'media of mass information', as the media are called in Greek (Tsegos, 2007c).

However, it was not just the personality of the OPC key figure and other members that gave rise to its 'peculiarities'. The OPC staff noted that the post-dictatorship period – mainly the years from 1974 to the early 1980s – was a time of progressiveness (Tsegos, 2019), when novel and anti-conformist activities were encouraged (Kakouri-Bassea and Moschonas, 2007b; Kakouri-Bassea, 2019; Voyatzaki, 2019). Some OPC members explained the participation of non-professionals using the same frame – the zeitgeist of the 1980s, when people were more socially and politically engaged and active (Karapostoli, 2019). Certainly, the fall of the seven-year military dictatorship in 1974 signalled a period of politicisation and rising demands for the protection of human rights and social emancipation, when social movements, such as the feminist, homosexual, ecological and disability movements, developed. The left, after being persecuted for most of the twentieth century, gained an officially recognised and increasingly prominent political and social place.⁹

The politicisation and liberalisation of the time had an impact on and was reflected in the work of mental health professionals, especially young and leftist ones, who had studied abroad and were influenced by radical psychiatry, the French experience of the 13th arrondissement (Henckes, 2005), and Italian democratic psychiatry (Foot, 2015).¹⁰ They saw mental healthcare as a locus of political intervention and a break with the past, represented by the infamous public asylums, and chiefly Leros.¹¹ The mental health reform movement that emerged in late 1970s Greece had a political and ideological edge; it was critical of what it saw as the repressive functions of psychiatry and promoted the rights of the patients (Tzanakis, 2008). A few pilot projects were initiated, such as the Centre of Community Mental Hygiene of Vyrnas-Kaisariani, an open service of the Psychiatric Clinic of the University of Athens

(1978); the Society for Social Psychiatry and Mental Health (1981), which promoted the adaptation of psychoanalysis to public mental healthcare; and the first mobile psychiatric unit in Fokida, in central Greece (1981). In 1981, with the establishment of the National Health Service (one of the seminal post-dictatorship reforms), new public mental health services, most notably mental health centres, were envisioned, and a few years later, in 1984, the first official psychiatric reform policy started with funding and advice from the European Economic Community, which Greece had joined three years earlier. The aim was to downsize and reform, not shut down, the asylums, to establish community services and to promote social rehabilitation. All these initiatives were inspired by social psychiatry and many had a strong psychotherapeutic, and even psychoanalytical, orientation.¹²

Hence, the OPC was not exactly unique. On the one hand, there had been antecedents of group psychotherapy, most notably in the therapeutic club of the Centre for Mental Health and Research in Thessaloniki, which advanced socially engaged psychiatric practice. On the other hand, and more significantly, since the late 1970s a number of professionals and organisations introduced a social psychiatry and/or open services approach and launched therapeutic communities and group psychotherapy. Even so, it can be argued that the OPC did stand out among both previous and contemporaneous innovative services, if anything because it insisted on remaining self-funded in a period when almost any mental health reform in Greece was at least partially backed by the European Economic Community and/or the Greek state.

This distinctiveness, though, had another side. Although there were instances of dissemination of the OPC's practices by members of the staff who moved to different services,¹³ the OPC emerges as relatively secluded within the Greek mental health landscape. Professionals who were working in other mental health services during the 1980s did not have much to comment on its work, claiming that they were not familiar with it. The psychiatrist Dimitris Ploumidis, who had worked from 1988 to 2015 in the Psychiatric Clinic of the University of Athens, and in its Centre of Community Mental Hygiene of Vyronas-Kaisariani, stressed that the OPC's staff did not have outside collaborations, although they presented their work

at the conferences of the Hellenic Psychiatric Association (Ploumpidis, 2020). Grigoris Ampatzoglou, a psychiatrist who worked at the Society for Social Psychiatry and Mental Health in the 1980s and later became professor of child psychiatry at the University of Thessaloniki, was aware of positive assessments of the OPC from people who were near it, but he did not think that it had a role in the scientific community and was critical of its ideological orientation, at least as it had evolved since the 1990s (Ampatzoglou, 2021). Indeed, in the 1990s and 2000s there was controversy over some aspects of the OPC's views. For example, in the 2000s a piece of OPC research claimed that learning ancient Greek was of preventive and therapeutic value for learning difficulties. In the ensuing debate, linguists and psychiatrists outside the OPC argued that the research was methodologically flawed, and its claims were ideological rather than scientific (Harris, 2006).

The patient perspective

While those outside the OPC were ambivalent towards its distinctiveness, two former patients, to whom I was introduced by members of the OPC staff, described it in unquestionably positive ways. Dionysis Perros, who in the early 1990s joined the everyday therapeutic community – the music therapy, writing and magazine groups – was very emotional about it. ‘For the first time in my life, I met so many people important to me, who played a big part in my life, in such a small place’, he said, and described the years he spent in the therapeutic community from 1992 to 1995 as among the best of his life. Psychotherapy there did not just help him get back to his everyday activities, it was a life-changing experience – his ‘personal rebirth’. He highlighted that psychotherapy does not change people, but teaches them to control their stress and change their behaviour. ‘Psychotherapy is a feeling’, it cannot be easily described, he added. Another major factor in his recovery was that he was not treated as disabled but as an equal. He was never diagnosed, and he was given the chance to attend the seminar on group analysis and psychodrama. Finally, he stressed that although in his working-class neighbourhood people were surprised that he was having psychotherapy, considering it an upper-class treatment, the OPC was not

very expensive, and he even got a discount for the six months when he was the editor of the magazine (Perros, 2020).

Georgia Nassiakou was an OPC patient in the early 1980s for about six years. After a short period of individual therapy, she joined the analytic group and the ‘games’ (play therapy), magazine, ‘painting’ (art therapy) and mythology groups, and later the fortnightly psychotherapeutic community. She also participated in the social psychiatry seminar, which she described as a pleasant and intense group that discussed various issues – for example, ancient philosophy and the role of religion. Nassiakou attended various conferences organised by the OPC and other actors, and she underlined that it was important that the OPC invited patients to these conferences. Like Perros, she was passionate about the OPC. She described it as a ‘hug’ of safety and relaxation, a place to talk to somebody, learn to talk about oneself, and feel that everyone had problems to different degrees. She too, like Perros, stressed that patients were not pitied, but helped to fight. They were informed about everything happening in the OPC, and trusted it, as it had stable structures. The professionals knew what they were doing, and, despite their differences, they all functioned within a common framework. Finally, she stressed that the OPC was not aiming at profit: it did not treat people just to get their money, but took patients who really needed treatment, patients with more or less serious disorders (Nassiakou, 2020).

Forming a view of the exact practices of group therapy during the 1980s and early 1990s is not easy. Neither Perros nor Nassiakou talked in detail about their sessions. They both noted though that in group therapy one talked about whatever one wanted – personal, professional or other issues. According to Nassiakou, everyone said what they thought, joking, arguing or disagreeing. It was important for the group to let off steam, not to be afraid to have a quarrel, and therapists encouraged patients to react and express their thoughts. Different groups had different activities. For example, in the magazine group, therapy was undertaken through the members’ work to publish a ‘proper magazine’ (Nassiakou, 2020); in the music group, they listened to music and relaxed (Perros, 2020). In all groups, however, anyone could be leader, which Nassiakou deemed significant, although she only occasionally took this role because she thought it was stressful to deal with whatever came up in the group, even an intense dispute. Another instance of patients taking the initiative was the

organisation of parties in cooperation with the therapists. Parties, as well as the lunch break, were mentioned as opportunities for patients to participate, joke, laugh and talk (Nassiakou, 2020).

Conclusion

In exploring the history of group psychotherapy practices in post-war Greece, ‘visions and dreams’ surfaced in two ways. First, the self-narratives of the OPC depict an image of uniqueness, innovation and achievements. This possibly idealised portrayal is also put forward by former patients – whom I met through the OPC – and is contradicted by more ambivalent or even negative depictions of the OPC by professionals outside it. Probably, the awareness of being part of an extraordinary reform project, shared equally by the protagonists and the patients interviewed, and reinforced by the factor that (group) psychotherapies were only used to a very limited extent in Greece, played a decisive role here. This made everyday difficulties and wrong decisions fade into the background in the memories. Nevertheless, this does not apply to the other case study of the present chapter, the Centre for Mental Health and Research. The self-narrative of Liberakis, the founder of the therapeutic club, not a retrospective account, but one given shortly after the club’s foundation in 1965, was rather modest, and underlined the shortcomings of the experiment, perhaps because it was too soon for him to be overconfident about the method.

The second dimension of visionary and dreaming ways of doing psychiatry emerged in both case studies of the chapter: the intent to address social issues or even have an impact on society through psychiatric practices. In the therapeutic club of the Centre for Mental Health and Research, group therapy was applied to underprivileged patients with no other access to psychotherapy and aspired to promote their autonomy and less authoritative relationships with the middle-class staff. However, the psychiatrist in charge soon became uncertain about the possibility of attaining this goal. The interconnection of psychiatric practices with the social and the political was more pronounced in the case of the OPC, where group therapy was proposed not only as therapeutically innovative and effective, but also as politically and ideologically appropriate, in line with

the endeavour to highlight the political aspects of psychiatry and generate changes in the approach to mental illness. Through the discourse on autonomy, freedom, rights, equality, and the erosion and diffusion of the therapist's authority, group therapy was elevated from a treatment method to a political endeavour, which, as this chapter argued, aimed at the democratisation of therapeutic and, by extension, social relationships. Significantly, this new way of handling mental illness was accessible to the less well-off. The former patients, while mostly stressing the effects of therapy in the OPC on their personal lives and behaviour, also hinted at its political, democratic aspects: they reminisced about the equality and cooperation among patients and staff, the sharing of knowledge, the participation of patients in therapy, education and entertainment, and the cultivation of free expression, initiative and responsibility.

In order to better understand this visionary aspect of psychiatric practices, more apparent in the case of the OPC, the chapter situated them within the psychiatric, social and political conditions of their time. The therapeutic club of the Centre for Mental Health and Research was influenced by inter- and post-war trends that used (group) psychotherapy for the treatment of the underprivileged. The OPC continued this tradition but was mostly an example and vehicle of the politicisation and democratisation, of the mental healthcare reforms, and of the expansion of psychotherapies in Greece after the fall of the dictatorship in 1974. Albeit distinct, even peculiar, the OPC was not really 'deviant', as its self-narratives contended. During this time of social and political change and demands for social liberation and rights, a politicised and ideological mental health reform movement emerged in Greece. The OPC, with its conception of mental illness and healthcare as political issues, was one of the reform agents that envisioned a social and political mission for (group) psychotherapy.

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Notes

- 1 Group therapy practices are also explored in this volume by Gundula Gahlen (in West Germany) and Henriette Voelker (in East Germany). See [Chapters 3](#) and [10](#). It needs to be stressed that the interest in the history of group psychotherapies is part of a broader expansion of the historiography of psychotherapies, not just psychoanalysis, in recent years. See, indicatively, Geyer, [2011b](#); Marks, [2017, 2018](#). The last two are introductions to two special issues of the *Journal of the Human Sciences* on the history of psychotherapies.
- 2 Informed consent was obtained for all interviewees who participated in the research.
- 3 Archive of Panayiotis Sakellaropoulos, Athens, A01_S04_F06, Minutes of Staff Meeting, Centre for Mental Health and Research, 1960.
- 4 On social psychiatry in the Federal Republic of Germany in the 1960s and 1970s, see [Chapter 3](#).
- 5 It must be noted that for this research I did not have access to the OPC’s records and thus did not obtain any precise information on the patients’ social and medical condition.
- 6 On the therapeutic community in other national contexts, see the contributions by Gundula Gahlen, Katariina Parhi (for the treatment of drug use) and Henriette Voelker in [Chapters 3, 5](#) and [10](#) in this volume. The therapeutic community in the OPC was inspired by the British model.
- 7 The relationship of psychotherapy to democracy and the construction of a ‘democratic self’ in the post-war world is a fascinating subject recently explored by Alexander ([2016](#)) and Shapira ([2013](#)). While this

literature refers to psychoanalysis in the West, Voelker's chapter in this volume touches upon the ways in which the democratic connotations of group psychotherapy and the therapeutic community were understood and reworked in a socialist country (the German Democratic Republic). See [Chapter 10](#).

- 8 The Greek word for therapy is 'θεραπεία' and for therapist 'θεραπευτής'. 'To be under therapy' is the verb 'θεραπεύομαι' and the participle of this verb is 'θεραπευόμενος', a person being under therapy, a 'therapee'.
- 9 A landmark of this process was the 1974 legalisation of the Communist Party of Greece, which had been outlawed since 1947. For a compelling trajectory of the Greek left in the twentieth century, see Karamanolakis, 2019. The importance of the fall of the dictatorship (1967–74) can only be appreciated in the broader frame of post-war Greek history. After the civil war (1946–49) between the state's army, supported by the UK and the USA, and the Democratic Army of Greece, supported by the Soviet Union and other countries of the Eastern bloc, an autarchic regime – the 'sickly democracy' (Nikolakopoulos, 2001) – was established: under the official anti-communist and nationalist agenda and in the context of the Cold War, the state curtailed personal freedoms, imprisoning, exiling and socially, politically and economically excluding a great segment of the population on the basis of their political beliefs and activities (Kornetis, 2013). A short period of democratisation in the 1960s was halted by the military dictatorship in 1967, which heightened the oppression and exclusion of the previous years. Thus, the establishment of democracy in 1974 signalled a break with the past and the beginning of a transformation process, in political, social and cultural terms. Moreover, as historian Danae Karydaki aptly argues, the period that followed the fall of the dictatorship can be interpreted as 'the satisfaction of a popular demand for healing the accumulated and unspoken traumas caused by ... the "interminable wars": World War II, the Nazi occupation, the Civil War, the ideological conflict of the 1950s and 1960s, and the seven-year military junta' (Karydaki, 2018: 21).
- 10 See also [Chapter 2](#).
- 11 The Leros Psychiatric Hospital was founded in 1957 as a 'colony for psychopaths' on a remote island of Greece and received many of the chronic patients of the public asylums of Athens and Thessaloniki. In the 1960s and 1970s patient numbers increased constantly, surpassing 2,700 in 1974. Even though the initial revelations of the inhumane conditions in which the patients were kept were made in the late 1970s, the hospital was first reformed in the early 1990s and closed in 1997 (Mitrosyli, 2015).

- 12 After the fall of the dictatorship, and especially since the late 1970s, psychoanalysis and psychoanalytic psychotherapy were becoming more accepted and grounded in Greece: the first professional societies were founded in 1977 and 1982, and in the 1980s psychoanalysts who had trained abroad were employed in the National Health Service, contributing to the reform of public mental healthcare. Here again we can discern a strong political element, as psychoanalysis and psychoanalytic psychotherapy were conceptualised as a ‘social good’ and were meant to reach the ‘non-privileged’ (Karydaki, 2018).
- 13 An example of the dissemination of the OPC’s practices was the transfer of the therapeutic community to the psychiatric clinic of the Naval Hospital of Salamis (Markezinis, 2007).

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