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# San Patrignano: A Narrative Approach to Substance Abuse Treatment

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In June 2013, a group of graduate social work students from New York University embarked on a course of study on International Perspectives on Substance Use Problems.<sup>1</sup> The 10-day intensive course took place at San Patrignano, a closed therapeutic community (TC) for the treatment of substance abuse located in the hills of northern Italy. Each student was assigned an English-speaking resident and shadowed him or her in their day-to-day routines and interactions. San Patrignano follows a drug-free structure of treatment, and no formal therapeutic interventions are employed. Instead, residents at every stage of the program use group treatment models of mutual aid, and an organic system of narrative therapy. San Patrignano's website describes its mutual aid process as "the importance of the group," and indicates that "over time, [residents] in turn become tutors for others in need of help. In this way, community residents discover, day after day, the pleasure of feeling useful for themselves and for others, experiencing new forms of gratification that are the very opposite of the illusory gratification offered by drug use" (Rehabilitation Methods, 2013). Through the daily crafting of experiential stories, residents at San Patrignano gain insight into their addictions, come to view drug use as separate from themselves, and are able to change their lives.

The residential community houses—at no charge—about 1,500 residents. The population includes men and women of all ages, although most are in their late 20s or early 30s (A. Boschini, personal communication,

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<sup>1</sup> The course was offered as a three-credit elective by the New York University Silver School of Social Work and led by Professors S. Lala Straussner and Shlomo Einstein.



June 25, 2013); the community also serves minors, who are housed separately, as well as mothers with young children. Some residents are HIV positive, and receive treatment at the medical center in the facility. Others have come to San Patrignano as part of an alternative sentencing agreement worked out in the Italian courts. There is no traditional full-time paid staff. All persons in positions of leadership are volunteers or consultants, and a third of them current or former residents (*The Rehabilitation Community in Brief*, 2013). This abolishes the labels of therapist and patient, fostering a feeling of equality that is at the heart of the community's ethos.

Although San Patrignano employs no formal therapeutic interventions, it organically adheres to many of the tenets of narrative therapy. A recent addition to the psychotherapeutic toolkit, narrative therapy helps clients examine their lives by developing empowering personal narratives and coming to view their problems as separate from themselves (Morgan, 2000). Pioneered by therapists White and Epston (1990), narrative therapy assumes that individuals "have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives" (Dulwich Centre, 2013). Narrative therapy is grounded in the work of French postmodernist Foucault (1988), who pointed out the prevalence of melding clients with addiction and mental health issues with their problems, turning people into "psych patients" or "addicts" and stripping them of their healthy identities. Narrative clinicians have taken this to heart, and narrative therapy stresses the interplay between choice of words, phrases, and labels and the shaping of identity and decision making (Poole, Gardner, Flower, & Cooper, 2009). It acknowledges sociocultural and sociopolitical factors within the problems that people bring to their sessions, and that clients often internalize these factors and perceive them as personal failures (Payne, 2006). Empirical studies have shown that narrative therapy has been a measurably effective tool against depressive symptoms and interpersonal problems (Vromans & Schweitzer, 2011).

Narrative therapy incorporates self-disclosure by the counselor as a tactic to gain shared truth and trust with the client (Kaufman & Yoshioka, 2005). Truth, for the purposes of narrative therapy, is a construct that is cocreated by the therapist and client. The therapist uses self-disclosure to help the client discover different truths or stories that challenge his or her prevailing narrative (Kaufman & Yoshioka, 2005). This notion of mutual sharing fits the world of San Patrignano, where one's therapists are fellow residents. By applying a community-oriented, constant intervention of narrative therapy, San Patrignano helps its residents develop sober, healthy lifestyles and forge identities independent of their addictions.

In an environment with few external distractions and absolutely no solitude, conversation is a constant part of the rehabilitative process. Residents at San Patrignano can see themselves in those around them, which creates a safe environment of mutual self-disclosure similar to that used in formal



therapeutic settings with narrative therapists and their clients. The sanctity of this environment is especially salient, as one of the roadblocks to the therapeutic process at San Patrignano is the Italian culture's aversion to publicly discussing personal problems (Marinangeli, 2001). This reluctance to share personal problems might account for feelings of resistance among new residents of the community. In conversations with visiting New York University students, residents reported that the time it took them to accept and embrace the narrative philosophy of San Patrignano varied between 1 and 1.5 years. Resistance to this model might directly impact retention rates: San Patrignano currently has an attrition rate of 50% (S. Einstein and L. Straussner, personal communication, June 22, 2013). Dropout rates could also be fueled by the unusually long duration of the program. Although there is no set time frame for treatment, the minimum length of stay at San Patrignano is 3 years, and the recommended timeline is 4 years. In contrast, the average duration of stay in therapeutic communities in the United States is 12 to 18 months (De Leon, 2000, p. 3).

One of narrative therapy's techniques is to "externalize" the problem identified in the client's "problem story." The person and the problem are considered to be separate entities, and therapists use language stressing that "the problem is having an effect on the person rather than existing within or being intrinsic to him . . . the therapist says 'depression invaded your life' rather than 'you became depressed'" (Payne, 2006, p. 10). San Patrignano employs the technique of externalization through its pointed distinction between drug use and the user. The home page of San Patrignano's website (2014) states "The person is not considered afflicted by an 'illness' and therefore, pharmacological treatments to combat drug abuse are not used" (retrieved from [sanpatrignano.org/en](http://sanpatrignano.org/en)). As San Patrignano founder Vincenzo Muccioli described it:

Among the problems that affect the drug addict, drug use is the least relevant. The core of the problem is not drugs, nor the abstinence crisis: is it the human being with his fears and the black holes that threaten to suck him in. That is why I do not like to say nor hear that ours is a community for drug addicts. Ours is a community for living, where you can restart after years spent as a social outcast. Ours, if we really need a definition, is a community against social marginalization. (Castrignanó, 2012, p. 2)

An interesting exception to this drug-free model is the one small glass of wine that residents are permitted at lunch and dinner. A portion of San Patrignano's annual budget is generated by its on-site winery, and the seeming paradox of a drug-free therapeutic community that serves alcohol can be somewhat explained by Italian perspectives on alcohol consumption—specifically wine. Studies have found a lack of Italian social recognition of alcohol as a substance of abuse, despite its resulting in more



than 30,000 deaths per year (Marinangeli, 2001). Whereas traditional Italian culture maintained an alimetal relationship with wine, contemporary Italy is shifting away from this, with younger generations developing pathological dependencies (Marinangeli, 2001). Despite the cultural changes, San Patrignano maintains a traditional, alimetal stance on wine. In a lecture on the medical consequences of drug use, Dr. Antonio Boschini, an immunologist and former resident of San Patrignano who runs the medical center there, stated “two glasses of wine a day, not at the same time, are considered a normal amount per day according to the literature. . . . Red wine is considered safe for the arteries and health.” He further stated, “in my opinion, people should learn to live with alcohol, because it is so pervasive” (A. Boschini, personal communication, June 25, 2013). This attitude mirrors the harm reduction approach of substance abuse treatment, and stands as the lone exception to San Patrignano’s otherwise stringent drug-free, non-pharmacological approach. San Patrignano espouses the theory that drug addiction is a nonchronic disease, thereby promoting the possibility of recovery and separation from drug culture and addiction through the narrative therapeutic technique of externalization.

When residents arrive at San Patrignano, social labeling immediately changes, and external “social me’s” are created, resulting in an identity shift (S. Einstein, personal communication, June 24, 2013). As Einstein stated, “When I (as a drug user) come to a TC, a whole new set of external ‘social me’s’ are created within the context of the people I’m with . . . ‘Junkie me’ is no longer appropriately applicable; if I’m a husband, that ‘social me’ is also not applicable while I’m within the TC.” Einstein further emphasized Foucault’s analysis of the powerful implications of social labeling: “The words we use are extremely important in the initial engagement with the client: we prime ourselves for how we’re going to relate when we contextualize someone as ‘a sick one.’ The words we use can be very powerful in engaging someone or pushing them away” (S. Einstein, personal communication, June 24, 2013). The narrative therapy process therefore begins as soon as residents arrive at San Patrignano. Admission requirements stipulate that incoming residents must have detoxed from their misused substance prior to entering. Detoxing from drugs and being removed from access to them makes the label of drug addict defunct, and residents are physically separated from their problem. As Einstein elaborated, “After a few hours, everyone here is a former addict because no one is using drugs. What I call myself depends on the activity I’m doing now.” This is a literal manifestation of White and Epston’s (1990) notion of externalization in narrative therapy.

The WeFree prevention project, a community outreach program run through San Patrignano, provides another example of the problem-story approach, and shows how residents can take ownership of their stories and use them as vehicles for positive growth. Through WeFree, San Patrignano opens its doors to 15,000 visitors each year and supports a “global network



of associations and projects active in the fight against drugs and social exclusion” (WeFree, 2013, p. 2). Visitors are taken on tours guided by residents, and have the opportunity to speak with them about their “experiences of personal growth . . . moreover they tell how they got into drugs and get tight [sic] to dependence, sharing their improvements, newfound self-esteem, emotional voids that have been filled and relationships that have been rebuilt” (WeFree, 2013, p. 3). Through WeFree, San Patrignano residents are given the opportunity to serve as role models, using their personal narratives to guide younger generations away from potential drug use, and thereby imbuing their narratives with positive impacts.

Narrative therapists believe that by telling their stories, clients produce feelings that trigger “counter stories,” in which the client backpedals or minimizes his or her problem story. Therapists must work to “thicken the thread,” strengthening both the positive stories their clients tell and the support systems they have (Poole et al., 2009). A tenet of narrative therapy is building a team of supporters, and this makes befriending an expected part of the group therapeutic process. Building a team of witnesses is inherent to San Patrignano as well: Residents live and work in constant proximity to 10 to 20 others in their various “sectors,” and are never alone. A constant, hierarchical system of support is built into the program, with sector members looking out for each other, and people who have been in the community longer taking more responsibility. Additionally, senior residents or graduates of the community serve as sponsors for each sector.

Separating the individual from his or her drug problem is a key narrative component at San Patrignano. The difficulty of this is heightened by the emotional relationships that individuals develop with their substances of abuse. Diamond (2000) highlighted the personified substitution that drugs often play for users: “For many addicts, drugs serve as stand-ins for human relationships they haven’t yet dared to create. But for other people, substances provide a kind of distorted connection with a critically important person who is already in their lives” (p. 9). Separation from this stand-in or pathological connection is therefore key to recovery. The in-patient setup of San Patrignano accomplishes this by physically separating residents from both their substance(s) of choice and their preexisting social networks. San Patrignano surrounds its residents with peers with similar experiences, and allows them to re-create familial bonds in a safe, drug-free environment. The impact of friendships and emotional bonds has been noted in several studies on San Patrignano. Castrignanó (2012) found a correlation between a stay of at least 36 months and the “building up of a close ‘bond’ with the community” (p. 10). Guidicini and Pieretti (1995) found that 83% of respondents self-reported making new friends at San Patrignano.

Research into the efficacy of narrative approaches with substance-abusing populations is limited. San Patrignano’s therapeutic community presents an opportunity to study the effects of narrative intervention, and



the length of its program provides an opportunity for longitudinal study. By incorporating narrative therapeutic techniques, San Patrignano provides support, addiction recovery, and healthy identity development for its residents.

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