Commentary on 'On violence in healthcare' by Mario Perini

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Mario Perini's interesting article touches on a cogent subject, also in the light of the most recent news events such as the murder of the Pisan psychiatrist Barbara Capovani by one of her patients. Indeed, the fact is not an isolated one and, as I pointed out in a recent article (Cozzaglio, 2023), in 2003 the murder of Lorenzo Bignamini, a psychiatrist, also by one of his patients who, incidentally, had been a colleague, was widely reported in the news. Beyond these important facts and the emotional outcry they arouse in the media, among ordinary people and, above all, among health professionals, the issue of violence in health care is much broader and, in some ways, transversal to the institutions that deal with it.

This has been pointed out by Perini who, keeping a reflexive distance from the more obvious argument of not tolerating acts of violence and emphasizing the need to increase security and workplace protection, reasons about the cultural changes underway that see the weakening of what Kaës called 'metasocial guarantors', «the family and the school as well as collective contexts, and today, in particular, the world of digital and social media». In this context, we need to consider the different types of violence in addition to physical violence: psychological, verbal, even the language of contempt and hatred that is also disseminated in social media. I would therefore add that we are witnessing a 'personal' and overt violence alongside the 'anonymous' and covert violence, just think of the phenomenon of trolls and haters.

The author highlights another important aspect of violence, the institutional one. The violence that arises within the institutions that paradoxically should protect against violence or those institutions that even harbor within them the explicit or implicit culture of violence. This, too, is not a new phenomenon – think of the culture of the asylum and Franco Basaglia's cultural and political struggle to stem the tide of violence and get out of its grip –

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but it is also true that the aforementioned crisis of regulatory instances sometimes seems to accept its lawfulness.

This point is perhaps the most interesting one in Perini's article: as a psychoanalyst expert on groups and institutional dynamics, he addresses the topic of violence in health care with an in-depth study of the concepts of social and institutional psychology. What emerges is a vision of violence as a dialectic between the «individual disposition to aggression and the influence of competitive, deprived or problematic social situations» with weakening social ties. A dialectic that extends to collective violence (or personal violence within a collective group, we might say) and the explicit and implicit socio-cultural norms that constitute 'the social unconscious' where «mostly violent actions are considered illegitimate if they break current social norms». The discourse thus extends from the individual who carries out the violence to the group, or rather, 'group thinking' which, as Perini writes, «can operate as an amplifier of aggressive tendencies through the implicit prescription of norms that define the behavior required of members in order to be accepted by the group and to be able to continue to be part of it». We witness in this case a real process of de-individuation, in which personal identity is 'swallowed up' by the institutional role, the group and its demands. Perini consequently identifies a shift from the classical Freudian conflictual and personal dimension - Es-Super Ego – to that between Super Ego and institutional norms. Perhaps this shift could be better described, however, by also taking a cue from Jungian reflection on the personal and collective Shadow, or better still, by considering the dialectic between the individuation process of the Subject and the constituent environment of the collective unconscious, where aggressiveness and violence are archetypal modes with which the individual must necessarily come to terms in his or her own personal development to integrate his or her own Shadow (Baratta, 2015; Marvelli, 2021; Salles, 2023). Indeed, Perini attempts to recover the reflection on violence in the psychoanalytic tradition and rightly observes that from Freud onwards, psychoanalysis, unlike the social and political-historical sciences, has dealt with it mainly in the private sphere. However, if we may make a suggestion, in the notable exceptions of the authors Mario Perini cites – Hannah Segal and Franco Fornari, Rafael Moses, Shmuel Erlich, Vamik Volkan, Silvia Amati Sas, Peter Fonagy, Stuart Twemlow, Janine Puget, René Kaës – the Jungian reflection is missing, which offers, as mentioned earlier, some very stimulating and topical points.

The article then goes on to examine the institutional scenarios of violence, and here too the discussion is in depth. The author's considerations on 'the institution infected by violence', 'the institution violated' (*i.e.*, affected by a catastrophic trauma), 'the institution dominated by an intrinsically violent culture', 'the institution deputed to manage, repress or conceal social violence', broaden the reflection on violence and its facets.

Reflecting on the multiple faces of the institution in relation to violence leads Perini to say that «institutional isomorphism tends to transform the institutions that have to manage violence into violent institutions, sometimes even contaminating the care functions that are carried out within them». This speech is very important to understand not only the 'violent drifts' of institutions, but also to introduce the difficult chapter of 'violence in care'. I have already mentioned in this regard the phenomenon of the asylum and Franco Basaglia's reflections, but the discourse expands to cover social phenomena that are less striking in terms of violence expressed, but no less important. Perini, for example, cites the nemesis of health workers during the COVID pandemic, who went from being applauded as 'salvific heroes' to being pointed at as 'untruthers' or 'guilty incompetents'. This is because underlying the faces of violence is «a fairly frequent emotional logic, whereby the disappointment of expectations that were unrealistic tends to turn the idealized object into a denigrated object as soon as the idealization is disproved by the facts».

I consider the latter to be a fundamental argument for reflexively accessing the current events affecting psychiatry, but also in order to explain the sense of frustration and de-motivation of health workers. In fact, it is not only a matter of being able to work in safe places, protected against violence; it is a matter of being able to step out of the roles of the institutional and social mandate of 'guarantors of violence' and of the 'cure of violence' at all costs. Perini addresses this issue in the article by first of all proposing the distinction between 'aggressiveness' and 'violence', but above all by clarifying that «people's violent behavior, even if it is an expression of interpersonal relations altered in a delinquent or psychopathological sense, is not necessarily an indicator of delinquency or psychic pathology». This discussion is still very topical for those who, like me, work in the field of community and territorial psychiatry, and are confronted on an almost daily basis with the contradiction between the social mandate on violence and the treatment of psychic distress. The most widespread nomothetic diagnostic systems in psychiatry (DSM-5, ICD-10) do not break out of this ambiguity, indeed they complicate it. If one carefully reads the diagnostic criteria for 'antisocial personality disorder', for example, one finds nothing that can refer to an inner conflict or suffering of the subject. In the claim of 'statistical a-theoreticity' of psychiatric categorical systems, there is no room for intentionality, the unconscious dialectic of guilt or even just the suffering conflictuality of a subject who cannot find his own dimension of coherence. Everything becomes 'observable behavior' and it is clear that, in this way, the discourse on violence is simplified by annihilating itself.

Perini finally concludes his discourse by suggesting ideas for the 'protection against violence' of health workers: sharing, a responsible culture of protection of those who work in the health sector, training, spaces for reflec-

tion, tools for real safety and an increase in perceived safety. To all this I would add, however, the need for a radical revision of some 'technical tools' at work, which start with implicit thinking about the human being as a subject in a relationship, and actually influence what is meant by care and the acts inherent to it. As far as psychiatry and psychology in general are concerned, they are, in my opinion, indispensable:

1. The revision of the diagnostic tools adopted. I mentioned earlier the absolute inadequacy of categorical diagnostic systems. A decisive step forward has been taken with the proposal of the *Psychodynamic Diagnostic Manual* (PDM-2), which is based on a dimensional system, but further reflection is required. Unfortunately, the PDM-2 is almost unused and unknown in the public and more widespread psychiatric sphere, as well as in the courtrooms: experts, magistrates, and GIPs in fact only refer to the mentioned categorical systems and constantly risk superimposing violent behavior on psychopathology.

2. The radical legislative revision of 'social dangerousness' and 'capacity to understand and intend', concepts that are now obsolete and no longer correspond to the current socio-cultural context. Identifying psychic pathology with the inability to understand, choose and intend one's acts is no longer conceivable nowadays. Perhaps at one time, this might have applied to those psychotic states in which the subject seemed to totally lose the capacity for self-determination, driven to act by imperative hallucinations. But what about a lucid paranoid delirium in planning and acting out violence towards the 'persecutor' (the Bignamini case)? Or, in the increasingly frequent cases of severe personality disorder, can it be argued that the subject is genuinely incapable of understanding what he is doing? The patient who attacked Barbara Capovani had been diagnosed with narcissistic personality disorder and did not just happen to meet his victim on the day of the murder. Does it therefore still make sense to have non-chargeability and confinement in a judicial psychiatric hospital (even if today we call it residence for the execution of security measures) rather than a prison?

These are open questions that I hope will lead to a debate among colleagues, also thanks to reflections such as those proposed in Mario Perini's article.

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