

## Commentary on ‘Towards a socially inspired psychotherapy’

*Maurizio Mistrali\**

Reading this article has been both engaging and complex, and I have had mixed feelings about it. Engaging because it deals with issues that are relevant now and on which we should all take a moment to reflect on, complex because it is rich with content resulting from a breadth of visions, from accurate investigations in a very broad landscape.

All this makes me think, metaphorically, of the design of a topographic map in conceptual geography, of intersecting roads with a clear network of large and direct arteries, intertwined and articulated, characterized by a series of secondary roads and important paths that lend themselves to the discovery of truly interesting views, and that sometimes seem to make you retrace your steps or get lost in the complexity of the landscapes through which you pass.

Having read the article and discussed it with some of my colleagues, my attention shifted from a scientific level to a humanistic and social one. I was commenting on a perspective view, a historical analysis and the current sociopolitical situation, the implications of psychotherapeutic treatment, on social, cultural and anthropological changes, and the vaguely pessimistic (or overly realistic) view that the author of the article seems to manifest, when I had a slip of the tongue. I wanted to sum up all this with the word ‘perspective’, but I said ‘prophetic’.

A further point of discussion with colleagues was the definitely negative view of the current state of affairs. One cannot fail to have a so-called ‘pessimistic vision’ by tackling this historical backdrop with a possibly neutral view in the most realistic way possible: humanity is faced with an unprecedented demographic explosion, supported by an increase in average life expectancy. Rapid communication and migration are a source of cultural homogenization, serious misunderstandings and conflict. This is all exacerbated by a scenario of a reduction in food resources due to dramatic climate change. A context that will inevitably impact on what the ‘human subject’ will be (which we often define as a patient in the clinic) and on the management of his/her life.

In addition to this view of macro-problems, with a more human and daily

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\*President and founding member of ‘Progetto Sum’ Association; surgeon and psychotherapist; Ordinary member, trainer and teaching associate of the Counseling School of SIPT (*Società Italiana di Psicopsintesi Terapeutica*), Italy. E-mail: m.mistrali@virgilio.it

outlook, there is a vision of a multitude of problems concerning the ‘subject’ who populates our cities and rural environments and who tackles the stress and frustrations of an often-tiring daily life. Personally, what I mentioned above as being a ‘pessimistic vision’ I interpret as a challenge that awaits both us and medicine in the present and in the future and which will have to be redesigned.

I think I see this article as a sign of morning twilight for a new treatment, perhaps not yet dawn though. A treatment that can condense the attention for the subject and can integrate the multitude of information that characterizes it. Treatment as empathic growth of the deep interaction between the person treating and the patient: ‘empathy is the action by which the human individual builds himself through the experience of otherness’ (Edith Stein). A treatment capable of taking advantage of the integration of different diagnostic and therapeutic approaches, of different professional skills, with the aim of it being increasingly more accessible.

In an interesting sentence, Jodorowsky states: ‘the first step takes you from where you are, it doesn’t take you where you want to go.’ I think that the transition, the change that involves detachment, mourning and that can accommodate a certain pessimism, presents the same dynamic as an observation that must bend in the face of difficulty, fatigue and the frustration of the subject, where he/she finds himself/herself, in suffering, in crisis, in need, in confusion, in the exploitation and injustice of his/her ‘present’. This condition, if there is hope for change, can be represented as the daybreak that announces the dawn. It can foretell new times ahead, of new awareness and new projects that are increasingly focused on the centrality of the human subject, on his/her realization and on the attainment of the right to health and happiness.

In conclusion, in his article Luigi D’Elia wanted to stress the need to change our approach to treatment, dwelling on some ideas for reflection offered by his interpretation of the world. These ideas must, however, be the beginning of a long-term reflection that will lead the therapist to a new type of relationship with the patient, which, even more so than before, must be considered the result of his/her context and in constant change.

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