

## Answering to the colleagues' comments

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### Reply to Pellegrini's comment

Pellegrini's reference to verbal violence, or 'hate speech' is important not only to highlight the socio-cultural determinants that increasingly condone it, and even legitimize it in the paranoid use of 'we/they', but also to observe how often present-day digital culture, delivered through social media and other virtual spaces offered by the network makes the 'other' totally invisible or irrelevant; thus the 'other' may be exposed to verbal aggression and denigrating violence that the perpetrators are unaware of, or may minimize as if they were participating in a 'combat game' where they play individually against imaginary characters. The concern is that sometimes the pattern is reproduced in real exchanges where instead of a lightsaber or messages on Tik Tok insults are thrown or real beatings ensue.

Reference to the pandemic crisis which led to a sudden reversal of the image of health professionals also revealed the extreme (and pre-existing) vulnerability of the public health service. A health service where the system's criticalities are shouldered by operators – sometimes obviously complicit (see the therapeutic omnipotence mentioned by Pellegrini) – who are silently and parasitically exploited to build a private healthcare system that is increasingly attentive to profit rather than the quality of the services it provides.

A reduction in compliance – which is, in any event, partly related to the growing maturity of users and a care relationship that is less paternalistic and more based on freedom, self-determination, and 'adherence' – is also symptomatic of a growing fragility of the working alliance and communication between patients and carers, where the anxieties and anti-scientific tendencies of the former are grafted onto the poor emotional-relational training of the latter – training which health schools, centered as they are on disease and technology, devote not the slightest attention.

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Finally, I very much agree with Pellegrini's proposal to promote 'an interinstitutional collaboration between health, justice and security', not only for the purpose of increasing treatment safety and preventing violence – for health professionals as well as users – but also to build a 'multidimensional' approach capable of dealing with the 'evil that is part of man' without dismissing it as a crime, as a symptom, as a personality trait, or as someone's fault necessarily, but trying to understand it from its different angles, welcoming it, containing it, giving it meaning and sometimes sanctioning it. This could be a way of recognizing its complexity along with its commonplace.

### Reply to Cozzaglio's comment

I would like to thank Paolo Cozzaglio for his words of appreciation, although I would stress that even the cited event of 2003, the murder of Bignamini, brings back into play the embarrassing 'complicity' that the system sometimes manifests towards aggressors, minimizing their potential danger or even involuntarily encouraging it with some form of institutional violence. In the case in question, Bignamini's patient, also a psychiatrist, had in his turn previously been attacked by a patient, with serious psychological consequences that had not been recognized nor compensated for, leading to being removed from his position and disbarred from the medical register, injustices that are likely to have contributed to arousing in him a state of paranoia and a consequent desire for revenge. Furthermore, the patient, with what I believe to be a certain imprudence and insensitivity, had been admitted and treated in the same healthcare setting in which he had worked and from which he had been removed.

Cozzaglio is right to point out my omission in not having mentioned, among the in-depth psychoanalytic studies on institutional dynamics and those of systemic violence, the crucial contribution of analytical psychology, where the concept of 'social unconscious' developed in particular by Earl Hopper (2003), is basically a filiation of the Jungian concept of 'collective unconscious', which surpasses and integrates the Freudian one of 'individual unconscious'. On this point, I take the liberty of suggesting that you read a helpful summary by the Roman clinical psychologist Liliana Martellucci (2003).

As regards the ambiguity of the theories and practices that connect violence, delinquency, and psychopathology, and their relative repercussions on professional operators, I would limit myself to stressing how the problem is very present in the thoughts and discussions of fellow doctors, psychologists, nurses, educators, orderlies and social workers who work in mental health and emergencies, and also caregivers and the families of patients, as is evident from the various 'online chats' that rallied after the killing of Barbara

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Capovani. Cozzaglio proposes a significant revision of the 'instruments' available to psychiatry, from the diagnostic to the medico-legal, or the more properly juridical ones, rethinking the concepts of 'social dangerousness', of 'being of sound mind', of 'antisocial personality disorder' and the like. But to achieve this outcome there is no doubt that it is necessary to initiate and keep open the door to non-confrontational discussion and to a sufficiently collaborative exchange of ideas between the various institutional systems involved: mental health, security, and justice.

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