

Contribution to the discussion regarding the article 'Towards a socially inspired psychotherapy' by Luigi D'Elia

*Carmine Parrella**

I gladly accepted the invitation to 'say a few words', among the many that would be necessary, regarding social psychotherapy and the contribution that Luigi D'Elia stimulates. Hilmann and Ventura in their 1998 book 'We've had a hundred years of psychotherapy – and the world's getting worse' were already wondering why in one hundred years psychoanalysis had failed to cure human malaise, to make us all happier and to create a better world.

It is a subject that is close to my heart and for over 30 years has guided and continues to guide my entire working life within public mental health services. On a wall in my office is a phrase by Mauro Rostagno in which I found the summary of that social vocation that psychotherapy, but not only psychotherapy, should develop and embody in order to change the treatment paradigm in the new century. The quote is this: 'We don't want to find a place in this society, but to create a society in which it is worth finding a place.' I think it's only fair to start here.

The ability of the subject to 'adapt' to his/her own context has always been considered an indicator of mental health and a therapeutic goal. The more an individual is able to adapt to his/her own life context, the more he/she can be considered 'cured'. It is a vision that, although surpassed epistemologically by Bateson's (1999) System theory or the 'anti-psychiatric' movements of the 1970s, persists in many areas and in many practices in care contexts. I very often see operators caught up in the grips of the 'demographic' pressure on services, with time and energy reduced to a flicker, struggling to find strategies to contain and normalize the user, missing the opportunity to question themselves and build meaning with the user and construct meaning regarding that crisis. The parents of chil-

*Psychologist and Psychotherapist at the Mental Health Center of the Northwestern Tuscany ASL (Local Health Authority) of Lucca, Italy.
E-mail: carmine.parrella@uslnordovest.toscana.it

dren with social withdrawal pressure the child to leave home, resume his/her school path, cultivate real friendships and all this regardless of what school context welcomes them and which social contexts are really available and accessible.

It has always seemed to me to be a contradiction and more profoundly a kind of deontological and 'ethical betrayal' to try to return a healthy individual to a sick society. I consider the person 'suffering', who is often defined as 'sick' and who decides to undertake a care path to be much like the archetype of a hero. Those who, in their journey of healing, draw the map of those lines of fracture that have fragmented their psychic and existential integrity, lines of fracture that do not belong only to their individual history, but that belong to their own cultural, family and social context. Even if our hero could take care of those wounds as they manifest themselves in his/her intimate life, they and their countless branches would remain open in his/her contexts of development and life, and on those still open fracture lines, more suffering and more pathology would be produced.

A year ago, I met a boy with neurodevelopmental disorders and attention-deficit/hyperactivity disorder after a year spent in a therapeutic community. He was a big football fan, he independently organized to go to see Serie A matches in the cities near him and everything about this sport activated motivational drives in him. By analysing this interest in more depth and linking it to the need to create a context of belonging after the therapeutic community, together we imagined a role for him as a youth mentor of a football team. This would mean helping the sports centre management team and the storekeeper, possibly taking part in training but above all accompanying the team to matches by sitting on the bench with the coach.

We are fortunate because we found a team willing to accept this proposal quite quickly, but about two or three months after the start of this experience I got a call from the President who, in a dismaying manner, told me that the boy could no longer accompany the team. He explained to me in detail that unfortunately, during the matches, the coach becomes very 'emotional' and uses very 'intense' methods (I imagine maybe aggressive ones) towards the athletes: 'you know how coaches in Serie A are.' He explains to me that the coach himself is afraid that he might also treat the boy who is accompanying him badly, with negative consequences for the boy, of course, and not just for him.

I described this small situation to highlight the need to think about psychotherapy as a device capable of 'imagining' and generating multiple and different settings to give substance and operability to what Luigi D'Elia states:

'Social psychotherapy thus becomes that 'synoptic' professional act that manages to hold together, united with a single glance or, if you like, with a versatile gaze, ecological action and political action together with the treatment of

man and his emotional, sentimental, cognitive and relational problems. [...] Beyond the world-mind dualism, the place for psychotherapy becomes that location, that can be more or less conventional and artificial, or more or less formal and convivial, where two or more people meet to think about every mental place that makes itself meaningful in some way.' (D'Elia, 2020).

The football team president's phone call revealed a 'line of fracture' to me. I think of the aggressive methods that pervade the world of football, the concept of *cazzimma* [combative spirit] and *machismo*, where in competition it is necessary to show one's 'attributes,' all clearly with good intentions in order to help children build character and overcome their limits.

I think of this coach of 15- and 16-year-olds, a figure so heavily invested in the emotional and identity levels of teenage boys, I think of the models that this coach has introduced, his inability to rethink and renegotiate them even in front of a fragile boy (perhaps it is the fragility that frightens him), I think of the president who dismayingly said to me: 'you know coaches are volunteers...' as if to say, 'I have to tolerate some of these things or else I don't know how to run the team'.

I do not insist, there is no space for it. I do not insist and after a few months, I realize I missed an opportunity. Based on that shocking answer, I had stopped imagining. Later, I imagined a moment, where starting from this episode, without necessarily putting it at the centre of the discussion, we could have organized with the athletes, coaches and parents of that team and perhaps the officials of the federation a path of comparison and elaboration on that 'mental place' that is a football team.

This episode raises a further question: whose responsibility is it to build a 'place of social psychotherapy'? The intuitive answer I can give is that it's up to those who share the bond and the pain of the bond. The important aspect for the construction of social psychotherapy is that psychotherapists leave their studies and 'get their hands dirty', agreeing to become, together with many other professionals and non-professionals, the 'engineers and architects of the emotional and social bond' and to imagine ways and spaces to experience these new possibilities and subsequently to communicate them.

However, we must avoid a trap that I find recurs very often, every time a sensational news event occurs, I express it in a simplified way without fear of deviating from the real meaning: 'we need a psychologist'. School issues: 'we need a psychologist'. Violence against women: 'we need a psychologist'. Anxiety and depression during development: 'we need a psychologist'.

In this way, a reductive solution is proposed for complex social phenomena that tends to follow the specialist medical model and to bring the concept of care back to the individual relationship. Without delegitimizing

ing the traditional psychotherapeutic device, it is now necessary to activate and equip the other contexts of life and development with the function of 'therapy'. The dimension of 'therapy' meaning 'taking care of...' would then allow synergies to be created between various contexts, even if they are apparently distant from each other. In this sense, therapeutic pathways must take on a strong territorial character and dialog with the affective and identity matrix of places and 'populations'.

Social psychology and, above all, community psychology have been moving in this direction since its inception, and there are countless experiences of 'therapy' in contexts both in the preventive sense and in the direction of building a sense of community, which is one of the most highly correlated factors to psychophysical well-being. All this significant experience has never translated into a stable and public service of community psychology. Community psychology is identified as a set of separate services for the individual citizen to use. I would like to imagine a community psychology service serving the various municipal councils, neighbourhood associations, sports teams, police forces, *etc.* I remember with great interest a work by Fabio Vanni with the ASL (local health authority) of Parma linked to an intervention with the local police forces and hospitalizations in the emergency room. In this sense episodes that could be relegated to common phenomena such as scooter accidents or public order problems received, alongside a technical response, a psychological response aimed at welcoming and legitimizing the emotional and personal aspects of a certain behaviour and configuring them as a call for help.

What has not been included in my thinking, due to a lack of time and space, is a review of those therapeutic experiences such as the 'Centre of Social Medicine' at the ASL of Foggia directed by Mariano Lojacono that have been configured over time as a form of sociotherapy and care unique in its kind and that sinks its roots into an anthropological analysis of human crisis in the face of modernity and which finds in community reconstitution (of a new social subject capable of generating changes between people and in people) a 'Mediterranean way' of doing therapy (Lojacono, 2000), and experiences such as the theatre of the oppressed or the playback theatre of Moreno, which are able to bring and create devices capable of activating a dialog in search of that democracy of emotions in social, cultural and life contexts that is so dear to Pietropolli Charmet.

REFERENCES

- Bateson, G. (1999). *Verso un'ecologia della mente*. Milano: Adelphi.
- D'Elia, L. (2020). *La funzione sociale dello psicoterapeuta*. Alpes Italia Editore.
- Hilman, J., Ventura, M. (1992). *We've Had a Hundred Years of Psychotherapy – And the World's Getting Worse*. (Tr. it. Cent'anni di psicoanalisi e il mondo va sempre peggio. Milano: Raffaello Cortina Editore, 1998.)
- Lojacono, M. (2000). *Verso una nuova specie. Disagio diffuso, salute e comunità globale*. Disponibile da: <https://www.fondazionenuovaspecie.org/pubblicazioni>

Conflict of interests: the author declares no potential conflict of interests.

Ethics approval and consent to participate: not required.

Received: 3 August 2023.

Accepted: 29 December 2023.

Editor's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, editors and reviewers, or any third party mentioned. Any materials (and their original source) used to support the authors' opinions are not guaranteed or endorsed by the publisher.

©Copyright: the Author(s), 2024
Licensee PAGEPress, Italy
Ricerca Psicoanalitica 2024; XXXV:849
doi:10.4081/rp.2024.849

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial International License (CC BY-NC 4.0) which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited.