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Typology of human relations and change

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TYPOLOGY OF HUMAN RELATIONS
AND CHANGE (*)

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INTRODUCTION

Francesco Antonio Manzoli, Director General of the Istituto Superiore di Sanità, Rome, Italy

I feel happy to introduce this monographic issue of Annali entirely dedicated to the "Typology of human relations and change"; an issue that deals with subjects of considerable importance both on a strictly scientific level and with relation to the interventions carried out in the field of mental health.

I shall not linger further over the scientific aspects, which will be covered by renowned authors with specific competences. I only wish to emphasize that relational approaches, in both the normal and the pathological field, have acquired a great importance in recent years: this having occurred thanks to the recognition of their fundamental connecting role between the approaches specifically directed toward the individual, of biological or psychological nature, and the more general ones, of sociologic and anthropological inspiration.

This acknowledgement has come from both sides just quoted, as is shown by the emphasis on relational aspects which can be found today both in biological psychiatry and social psychiatry. The former, for example, deals with differences in pharmacotherapeutic effects with reference to the interaction styles between patients and the people with whom they are in touch (the renowned work on schizophrenia by the Leff group in the United Kingdom). The latter has ascertained that by now the study of the role of macrosocial variables turns out to be inseparable from that of the interactions among subjects in the microsocial environment and, in particular, the relationships held in remote and more recent times (I am referring to the equally well known and by now pluridecennial work on depression in women by the Brown and Harris group, which was carried out in the district of Camberwell in London and on the scattered and isolated population of the Hebrides Islands).

As for the problems of planning, application and assessment of interventions, it would be now naive for my part to minimize the lively controversies which arise every day in practice, in scientific literature, in the various congresses debating sessions and elsewhere, including places where political decisions are made.

The best integration among the various components of the intervention, from the most specific ones, which can be at times the prescription of a medicine or the most appropriate psychotherapy, to what is outside and beyond the aforesaid specific (i.e. all the interventions of support and change in everyday life and work conditions of the patients), remains a delicate and difficult question, which cannot be solved by an easy and swift convergence of the different points of view.

At greater magnification, one can see that remarkable methodological and practical problems, above all those concerning the efficacy assessment, still remain to be solved. For example, one may cite the keen observations made by Dr. Jacqueline Persons, from the Department of Psychiatry of the University of California in San Francisco, in a recent article in the February 1991 issue of the American Psychologist. Dr. Persons, as a matter of fact, notices how any procustean operation which pretends to transfer mechanically, from one field to another, strictly codified assessment criteria is doomed to failure. Clinical experimentation, as it has been developed and improved in the last decades, aims mostly at comparing standardized treatments with medicines or other remedies prescribed to the
patients according to a diagnosis, in order to evaluate the significance and size of the differences among groups. On the contrary, the assessment of the interventions which transcend the limits of the strictly biomedical field, be they of a psychotherapeutic or another kind, cannot rely on the same criteria. It must rather take into consideration the fact that the aforesaid interventions, to be properly carried out, assume, as their starting point, not so much the diagnosis in itself as the identification of the specific difficulties with which the subjects struggle both on the psychological-individual level and as social beings.

But this heterogeneity of assessment criteria remains a considerable obstacle, when important decisions, of programmatic and thus also economic character, must be taken. And this is not the least cause of the qualitative and quantitative delays (not only in our country) in the development of the services in sectors such as psychiatry, handicap, drug addiction, aging, school and mother-and-child psychology, and so on. Nevertheless such sectors, better than many traditional indicators of a productive and economic kind, measure the level of development and civilization reached in a given country.

I thank the editors and authors of this monographic issue for having chosen the Annali, the official publication of this Institute, as the seat of their debate on a subject whose accurate consideration appears to be essential for the achievement of important goals in the area of mental health.