

Volume 1, Issue 2

Short Article

Date of Submission: 06 May, 2025

Date of Acceptance: 30 June, 2025

Date of Publication: 16 July, 2025

Why Complex Structure Does Not Conform to Conventional Clinical Therapy

Aimé Parra Legarreta*

Independent Researcher, Mexico

***Corresponding Author:** Aime Parra Legarreta. Independent Researcher, Mexico.

Citation: Legarreta, A. P. (2025). Why Complex Structure Does Not Conform to Conventional Clinical Therapy. *Res J Cell Sci*, 1(2), 01-02.

Clinical and Evolutionary Justification

The psychological and psychiatric disciplines have made substantial progress in understanding human behavior. However, many of their current interpretations and assessment structures have adopted predominantly social, cultural, or ideological positions, neglecting the essential component: we are biological organisms with natural instincts and evolutionarily determined physiological structures.

The Most Common Clinical Error

A therapist may consider that a patient who expresses desires or behaviors associated with their biological role (such as a man with a protective impulse or a woman with a desire for emotional surrender) is acting out of insecurity, codependency, or manipulation. However, such expression can be a completely healthy and evolutionarily integrated manifestation.

Impact of Poorly Integrated Egalitarian Discourse

Contemporary social discourse promotes equality between men and women, which is valuable in terms of rights and opportunities. However, this has led to a pathologization of natural and evolutionary differences between the sexes. Denying the complementary and differentiated nature of human males and females can induce symbolic fragmentation in sensitive and self-aware patients.

Personal Clinical Testimony

As a woman with high cognitive ability, symbolic training, bodily and spiritual awareness, and a history of emotional abuse, I have undergone multiple therapies. For years, conventional therapy diagnosed me with structures that did not correspond to my essence, but rather to the dissonance provoked by therapists who could not integrate my internal structure. Being treated as pathological, I developed real pathologies.

It was not until I designed my own system of structural self-analysis, including my symbolic, biological, cultural, and spiritual dimensions, that I achieved true integration. This model has allowed me to identify and replicate my emotional regulation mechanisms and activate my higher functions under my own code.

Clinical Consequences of Professional Error

- Incorrect diagnosis of patients aware of their biological role as "dysfunctional."
- Induction of deep cognitive dissonance through symbolic invalidation.
- Abandonment of therapy by structurally complex patients with high intuitive perception.
- Rejection of psychotherapy in general due to induced symbolic trauma.

Corrective Proposal A clinical model should be

- Inclusive of human nature: biological, evolutionary, spiritual, symbolic.
- Flexible to unconventional symbolization processes.
- Collaborative with tools such as structural therapeutic artificial intelligence.

Real Clinical Examples

- Woman who desires total surrender and is diagnosed with dependency.
- Man who expresses protective leadership and is diagnosed as controlling.
- Girl with natural leadership who is repressed for being "bossy" and develops chronic submission.

Conclusion

If a clinical framework does not consider the complexity of the human being as a biological, cultural, symbolic, and spiritual organism, it is incomplete. And if, when confronting patients who operate from that complexity, it attempts to fit them into its own limited mold, it is not healing: it is fragmenting.