

**THE ITALIAN EXPERIENCE AT ITS PERIPHERY:
CHANGE AND CONTINUITY IN THE PSYCHIATRIC HOSPITALS OF TERAMO**

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Franco Basaglia holds a special place in the memory of all psychiatric workers in Italy. Nonetheless, recollections of the radical and successful experiment of Trieste, the Northern town where Democratic Psychiatry was born, strikingly differ from the history of deinstitutionalization in other areas of Italy. This paper will explore how the Basaglian model, which implied a radical restructuring of Italian society, was articulated in localized domains, especially in relation to the restructuring of the social function of psychiatry.

Based on the analysis of diachronic narratives of the workers of a state psychiatric facility located in Teramo, a provincial capital in South Central Italy, this paper argues that the profound legacy of the asylum of Teramo, closed in 1997, has favoured the reiteration of traditionally coercive practices, which have been carried out autonomously and in open conflict with the Basaglian ideology, embodied in the work of reformist mental health workers. The concomitance of conservative and progressive processes suggests the configuration of the asylum as the inherent space of *habitus* (Bourdieu 1990). In Teramo, the influence of the now abandoned psychiatric hospital extends beyond its materiality and becomes tangible in both the transmission of knowledge from older staff members to younger employees, and the attitudes of local residents. Mental health workers in peripheral areas emerge as public figures engaged in the constant redefinition of their position between desires of innovation and the inevitable compromises with the conservatory attitudes of both the general public and older staff members.

Thirty years later: the Basaglian project and its assessment

In the 1970s, Trieste became a point of reference for psychiatric practitioners across the globe and a symbol of political engagement (Crossley 2006). Although the fascination with the Basaglian project has gradually declined, the debate on the impact of Law 180, a reform that revolutionized the Italian mental health system in 1978, is still vigorous in the public arena. The debate on the consequences of this reform is typically rejuvenated alongside dramatic events involving former patients; these events are strategically used by supporters and critics of Law 180 in order to justify their claims. The assessment of the Italian experience is further problematized by the fact that biomedical and statistical research focused on the incidence of psychiatric disorders that have offered discordant conclusions (Tansella *et al.* 1987, Barbato *et al.* 2004, Magliano *et al.* 2002, Crepet 1990). The ambiguity of these results is a central matter in the ongoing debate between supporters of Law 180, who hold that the failed application of this legislation has caused the observable incongruities in the Italian mental health system, and those advocating a new reform that would balance the excesses of the radical legislation.

The analysis of dominant discourses in Italian mental healthcare is difficult, since the current situation of psychiatry is characterized by the substantial lack of an emerging episteme à la Foucault (Foucault, 1980 and 1998). As several mental health workers in Teramo have mentioned, one could see a timid resurgence of positivist attitudes and predilections towards exclusively physiological aetiologies. In Italy, as in several other countries, the idiom of 'care-in-the-community' that emerged with de-institutionalization has contributed to a redefinition of 'community' as a virtual space in which the illness can be dispersed, and thus, isolated from the interest of the general public (Littlewood 1989). Not surprisingly, there are suggestions that the 'global' crisis of de-institutionalization is a prelude to an age of re-institutionalization (Martelli and Collito 2006).

Basaglia's writings, and their relation to the socio-political assets of recent Italian history, invite the reader to look at the influence of *Psichiatria Democratica* on the socio-political configurations of

the Italian mental health system (Scheper and Lovell 1986b, Papeschi 1985, Crossley 2006). Such assessment encompasses both allegations of failure of the cultural revolution envisioned by the members of Democratic Psychiatry (Romanucci-Ross 1997) and the acknowledgement of the compelling impacts of the Basaglian project on attitudes towards mental health voiced by the Italian population (Scheper and Lovell 1986a).

My contribution to the debate on the Italian experience takes a slightly different direction. The substantial lack of ethnographic data on post-reform psychiatric practices in Italy suggested that an alternative answer can be found in practice theory especially for its focus on 'the relationship that obtain between human action, on the one hand, and some global entity which we may call the system' (Ortner 1984, 148). The collection of the narratives of the mental health workers from Teramo contributes to the analysis of the relationship between everyday practices in mental health and the Basaglian discourse heuristically envisioned here as a 'structure'. The employment of diachronic narratives is a viable way to contextualize those historical trajectories that have played a fundamental role in the articulation of new psychiatric practices in relation to a national process. Indeed, the significance of oral history lies in the interaction between memory and identity (Tonkin 1992, 96), and the emergence of a new social role for the mental health worker can be presented through perceptions of changes from the point of view of the participants themselves.

The emergence of a 'new' healer

In the years following the de-institutionalization of the Trieste asylum, Democratic Psychiatry increasingly gained popular support and its members succeeded in raising public awareness on the backwardness of the Italian mental health system. By lobbying with left-wing and liberal political parties, the members of this movement were able to promote a popular referendum that abrogated the existing law (Romanucci-Ross 1997, 325). In 1978, the Italian parliament approved a radical reform law (*Legge 180*) that has been subject only to minor revisions in 1996 and 1998.

As indicated by Law 180, admissions to asylums immediately ceased, and all the existing psychiatric institutions had to be gradually replaced by new services; prevention, care and rehabilitation were assigned to new community-based facilities that were located in the territory according to catchment areas so that mental health workers could provide patients with support on a long-term basis (Picinelli *et al.* 2002:543). The revolutionary character of *Legge 180* extended far beyond its prescriptive principles. In particular, for Basaglia, one element of this legislation has created the condition for the development of a completely new connotation for psychiatry. Namely, the disappearance of the judicial concept of 'dangerousness' that justified the need of custody for the mentally ill has led psychiatric workers to 'confront those who suffer from psychic disturbances without protecting themselves behind the screen of dangerousness and custody' (Basaglia 1987, 300).

Among the consequences brought by Democratic Psychiatry, the most enduring legacy is possibly the emergence of a new social function for the mental health worker. The profound restructuring of the meaning of psychiatry is arguably a result of the 'semiotic struggle' (Fiske 1981) that Democratic Psychiatry has conducted along with the more publicly recognised attacks on traditional power relations in Italian society (Basaglia 1987). Social movements typically strive for semiotic power, which is the ability to make meanings and redefine reality - in this case, to redefine psychiatry and its role in society - according to principles that are, in most cases, antithetic to dominant semiotic structures. The articulation of the new 'healer' as an agent of social change is indeed a major component of the discourse of *Psichiatria Democratica*. Basaglia, inspired by the Gramscian notion of 'intellectuals' as agents of the reinforcement of the status quo with a specific social function (1971), has illustrated the profound link between psychiatric workers and the political configuration of the society in which they operate.

In the paradigm of Democratic Psychiatry, the causes of mental illness are located in the tensions provoked by power-relations in society. For Basaglia, the mental health worker, 'instead of acting

as a go-between in the relationship between patient and hospital, he has to enter into conflicts in the real world- the family, the workplace, or the welfare agencies. These become the new areas of 'treatment', as the patient's formerly private problems are turned back into public ones' (Basaglia 1981, 190). According to this principle, the earliest communities in Trieste were designed as therapeutic spaces serving the needs of both the local community and the mentally ill, and 'offering a genuine participation and not just paternalistic 'welfarism'' (Basaglia1981, 191). The renewed psychiatry is conceptualized as a socio-cultural force contributing to the well-being of the whole society. As asserted by Basaglia, 'psychiatry, given its rightful place within the general hospital, can be the organizational and cultural link between health services and the territory's social needs' (1987, 290).

For the members of Democratic Psychiatry, the clinical setting of the asylum did not allow for effective research on the entrenched causes of mental illnesses. Part of the duties of the psychiatric worker is to implement those social processes that would reduce the onset, stigmatization and consequent medicalization of mental disorders. The Basaglian reconfiguration of psychiatry as a mean for the well-being of the entire society is vaguely evocative of Dow's notion of 'social restructuring' (1986): In many traditional societies, the healer focuses on the sociality of the sufferer in order to remove the causes of distress resulting from a disorder in social relations. In this paradigm, the sufferer's distress becomes symptomatic of larger problems in society (Dow 1986, 58). Social restructuring, such as the Basaglian paradigm of 'care-for-the-community' is not simply performed on individual sufferers, but has intrinsic effects on the entire community, since it aims to resolve the social causes of the disorder.

While the reformation of the function of the mental health worker has proved successful in certain regions, in peripheral realities, such as Teramo, the general public has not been receptive to the model of care-for-the-community and local residents and family members are still reluctant to be involved in the activities of the therapeutic communities. Nonetheless, conservative instances in the history of Italian deinstitutionalization did not entirely prevent the permeation of the Basaglian discourse, and *Psichiatria Democratica* arguably succeeded in instituting a new role for mental health workers who have truly emerged as 'situated and positioned community workers who [are] willing to take sides and to put themselves squarely on the side of the ex-patients and their families' (Scheper-Hughes and Lovell 1986, 168). The daily activities of the psychiatric workers in Teramo are the most compelling evidence for such a claim, even though the workers are forced to constantly renegotiate their intentions in response to unresponsive attitudes voiced by the general public, by older staff members and policy makers.

Witnessing change: deinstitutionalization in Teramo

The Department of Mental Health (*D.S.M.*) is located in a former orphanage in the centre of Teramo. The main function of the D.S.M. is to superintend a vast network of psychiatric services for the town of Teramo and its vicinities, serving a population of roughly 100,000. These facilities encompass a centre for the assistance of elderly patients with severe psychophysical disabilities, named R.S.A (*Residenza sanitaria per anziani*); a daily rehabilitation centre for younger patients; and nine *comunita'-alloggio* (community hostels) for both males and females. The communities managed by the *D.S.M.* of Teramo consist of independent residential clusters, in which roughly eight patients are directly assisted by one employee, typically a nurse employed by the public health service or a worker from local charities (*cooperative*). The current structure of the D.M.S. dates back to 1996, when the Minister of Health prescribed the complete closure of the two psychiatric hospitals in Teramo, which were still utilized as residential centres for the patients as they had not been substituted by alternative services as advocated by *Legge 180*.

The three-storey building of the asylum of Sant'Antonio, which had been the only psychiatric institution in Teramo for several decades, is now an abandoned site in the historic centre. The asylum was instituted in 1880 within the existing 'Ospedale S. Antonio Abate', a hospital founded by a charitable congregation in the Middle Ages. The entire hospital was gradually turned into an

asylum, and the building itself had been expanded to accommodate the needs of a growing population of psychiatric patients (Settembrini 1977, 23-24).

The austere character of this 'total institution' (Goffman 1961) was challenged for the first time in 1968 with the introduction of a national plan that prescribed the reduction of mental asylums and the incorporation of psychiatric departments in other health institutions (Barale *et al.* 2002). Nonetheless, a general reluctance to adapt psychiatric practices to new paradigms resulted in the continuity of coercive techniques that were openly challenged in Teramo by new staff members, mainly younger psychiatrists and social workers. A brief look at the narratives of mental health workers in Teramo will clarify the centrality of the dialogical opposition between change and continuity during the years of deinstitutionalization.

One of the earliest events contributing to the reformation of the Sant'Antonio hospital occurred in 1977, when new personnel were employed; in particular, four social workers (*assistente sociale*) complemented the traditional figures of nurses and physicians. In the Basaglian project, the social workers, along with other 'deinstitutionalized' figures, were expected to introduce new practices that would have substituted traditionally coercive procedures in mental health. When the first social workers entered the Sant'Antonio asylum, they were astounded by the lack of all the basic norms of social life. As mentioned by one worker, guests were grouped in large wards according to four arbitrary and derogatory categories: the *sudici* ('filthy'), the 'calm', the 'frantic', and the *allettati*, literally meaning 'put in bed', a term referring to those patients with severe physical impairments.

A fundamental event in the history of deinstitutionalization was the construction of a new psychiatric hospital in the nearby town of Casalena in the late 1970s. This structure was built because the Sant'Antonio asylum was considered antiquate and could no longer offer decent living conditions for its guests. Four thousands patients were supposed to reside in the new psychiatric hospital; however, since Law 180 prescribed the immediate ceasing of the construction of new psychiatric hospitals, only a section of the Casalena building was completed. Despite preserving the essential features of an asylum, this hospital was designed with new criteria, such as smaller rooms, an annexed park, and public spaces for common activities. The entire male population of the Sant'Antonio asylum was relocated to the new building in Casalena, while female patients remained in the old building.

Despite the immediate benefits brought by the first wave of deinstitutionalization, the situation in Teramo was remarkably problematic, and the novelties introduced by younger staff members were met with cynical attitudes and, in some cases, open criticism by more experienced physicians and nurses. Dr Giuliani, who was part of a team of young psychiatrists employed in the early 1980s, remembers the climate of tension within the psychiatric staff. Nurses, who felt immediately threatened by the novelty, 'rejected' the younger mental health workers; the major problems occurred with the *caposala* – nurses responsible for one ward – who used to enjoy an unquestioned authority granted by the director of the hospital.

For Dr Giuliani, the reason for this rejection by the nurses is that 'the process of personalization required an effort and a critique of past behaviours for all nurses and physicians'. Such efforts necessitated a drastic change in the attitudes of the psychiatric workers, as they had to reinvent themselves from prison-like guardians to 'teachers'. The rehabilitation of the patients, who had lost most social habits as a consequence of the lifestyle in the asylum, implied a new pedagogical role for all staff members: workers began to teach patients the use of ashtrays and silverware, as virtually all of them were used to throwing cigarettes all over the common areas and eating with their own hands. However, only a third of the nursing staff, mainly the younger nurses, were keen to collaborate in these rehabilitation programmes.

In Teramo, the abandonment of coercive practices, such as tying patients to beds, was a problematic process. With the introduction of Law 180, the use of coercion was highly regimented, and any restrictive act towards the patients required the official authorization of a

physician. However, nurses were still tying up patients when psychiatrists were absent, and most of the time, this decision was simply caused by a lack of patience towards the patients' needs rather than a real situation of danger. Another method to tranquillize the patients was the administration of psychotropic drugs; some older nurses used to double the amount of drugs prescribed by the physician so that the patients would not have bothered them. During his night shifts, Dr Giuliani witnessed a couple of nurses sleeping in the patients' beds after they forced the mentally ill to sleep on the floor. However, the major obstacles to the implementation of real changes came from the director of the two mental hospitals who opposed any novelty due to the potential dangers of legal infractions, especially for those activities that implied the private use of public spaces. Dr Giuliani recollects two projects – the elaboration of a wall painting and the opening of a small cafe managed by patients – that were initially opposed and later carried out successfully when psychiatric workers ignored the complaints of older staff members.

This situation was similar in other Italian asylums, where several over-institutionalized psychiatric workers joined the backlash against the reform in the aftermath of *Legge 180*, along with a resurgence of positivist psychiatric models. Nursing staff opposed the new 'open door' policy all over Italy, fearing that they would be forced to face the patients' aggression once leashes and electroshock therapy had gone away (Scheper-Hughes and Lovell 1986, 171). Many psychiatric nurses in Teramo felt replaced by 'new' professional figures and thus stripped of their authority.

Giordano worked as a nurse from the early 1990s to the 1997 in the Casalena hospital, on whose premises a few small residential communities were instituted after 1978. Patients had the opportunity to attend language and art courses and the café was still functioning. However, nurses were still trained to be 'custodians': ten nurses were usually in charge of seven hundred patients, and their duty was necessarily limited to the control and restriction of the patients' misbehaviours. Giordano believes that initial changes were very superficial: 'the patients were renamed "guests", but the situation was not very different from the past'.

A substantial difference emerged between the two psychiatric institutions in Teramo. The condition of the Sant'Antonio hospital was poor, and the conditions of the female patients were particularly terrible: while several male patients were allowed to leave the Casalena hospital during the day, only four or five female patients had such privilege. For Dr Giuliani, the reason for this difference was found in both a chauvinist mentality common in asylums, and the fact that the nuns, who were always very rigid and obsessed with tidiness, formed the bulk of the staff of the Sant'Antonio hospital. Moreover, the nuns recognized the director as the only authority, thus making the relationships with more progressive workers particularly problematic.

The 1980s was a period of stasis. The discharge of patients with minor disabilities was constant, and elderly guests were transferred to nursing homes. However, the situation was dramatically outdated in comparison with other areas of the country. In 1988, Abruzzi was the only region, along with Val D'Aosta, that did not have therapeutic alternative to psychiatric hospitals, in spite of a very advanced regional plan providing guidelines for the process of deinstitutionalization (Di Giminiani 1988). The contradiction was particularly evident in Teramo, where practices typical of the asylum era were still carried out in Sant'Antonio hospital. The dramatic conditions of the female patients were publicly exposed in 1992, when a local prosecutor investigated six alleged cases of abuse committed by nurses against patients (D'Ignazio 1992).

A major event that affected psychiatric practices in Teramo occurred in 1996, when a national reorganization of the public health system gave an ultimatum for the definite closing of all psychiatric hospitals. In that year, psychiatrists and social workers were frequently meeting patients and their relatives in order to produce accurate clinical histories with indications for discharge. Very few guests left with their relatives who were allowed to use the patients' savings to finance the patients' stay at home; as mentioned by one social worker, roughly five guests of the entire population of the two asylums had this opportunity, since the relationships with the relatives had been almost entirely disrupted, and 'some patients were so used to the asylum that they felt uncomfortable to leave it'.

A consistent number of patients with minor physical disabilities were transferred to nursing homes and lived there with regular residents. Those patients with severe handicaps were relocated to the *R.S.A.*, which consisted essentially of a geriatric hospital. The rest of the patients who necessitated psychiatric assistance, and yet showed signs of autonomy, moved to nine residential units or 'communities', scattered throughout Teramo. The relocation of the guests of the psychiatric hospitals was characterized by significant logistic difficulties that were often overcome with ingenuity rather than a prescriptive plan of the local health administration. For example, social workers were forced to spend extra time, including night shifts, in the recently opened communities, since positions in these facilities had not been assigned yet.

In 2006, fifty nine patients lived in nine communities. The majority of them were guests of the two asylums, while a few come from private clinics and families that are no longer able to offer them assistance. All the guests of the communities receive a monthly state pension, a necessary condition for their admission to these facilities¹. The social workers of the department of mental health are ultimately responsible for the management of the savings of all the patients, even if, in some cases, relatives keep track of the patients' accounts.

When the present research project was conducted, life in the psychiatric communities looked very different from the previous experiences of the two asylums. For example, Giordano mentioned that his routine in the community has little to do with his training at the Casalena hospital, although no courses were held for the preparation of the staff. Since occupational and recreational therapies came to a halt with the closing of the Casalena hospital, Giordano and his colleagues had to design activities for the guests with the limited resources available in a small house: the small backyard is now used for gardening, and a couple of patients are in charge of communal laundry. The use of leashes and other means of coercion have been abandoned for several years, even though Giordano does not agree with the excessive administration of psychotropic drugs carried out by some of his colleagues. The relationship between mental health workers and patients has been personalized since one nurse assists only a maximum of eight guests. Significantly, Giordano, like all his co-workers, is no longer required to wear a nursing uniform, a clear symbol of medical authority in the asylum (Luker and Charmels 1990).

While the conditions of the guests of the communities have radically improved, the legacy of the asylum is somehow more perceptible in the *R.S.A.* Although only elderly patients are supposed to be in this structure, the shortage of places in the communities has necessitated the admission of some chronic patients regardless of their age. The severe nature of the patients' disorders, in many cases accompanied by physiological problems associated with aging, leaves little space for rehabilitation programmes and projects of reintegration into society. In the *R.S.A.* of Teramo, the duties of the psychiatric nurses are restricted to medical assistance, since patients spend most of their time in bed. Other forms of assistance, such as helping them with personal hygiene, are offered by six charity workers, including a physiotherapist.

As pointed out by Dr Ripani, the supervisor of the *R.S.A.* in Teramo, most nurses in this facility were older staff members who worked in the two psychiatric hospitals. While many young nurses were willing to work in the newly established communities in the 1990s, and thus renegotiate their role, the more experienced employees decided to stay in this facility, where their duties were restricted to constraint of misbehaviours and impersonal medical aid. Some nurses still apply the militarist rules of the asylum, such as a strict schedule for the use of public toilets justified by the fact that the cleaning of toilets distracted the nurses from more pressing duties. Charity workers are still approached with hostility; as many of them have confessed to Dr Ripani, they take personal initiatives only when nurses are absent. Older nurses have clearly imported certain practices of the asylum; for instance, directives are passed on to younger staff members through the hierarchical structure of the small and very cohesive groups of nurses working in the same ward, where the traditional figure *caposala* still enjoys informal leadership.

The interviews with mental health workers in Teramo illustrate the simultaneous existence of traditional psychiatric methodologies and the emergence of a collective practice modelled on the Basaglian discourse. The direct testimonials of witnesses and makers of deinstitutionalization in this town suggest that the legacy of the asylum emerges as the intrinsic milieu for the reiteration and enforcement of traditional and conservative practices that are carried out despite the major changes brought by Law 180. The contrast between conservative and reformist attitudes was not dialectally resolved, and the transmission of knowledge and associated practices by older staff members diachronically extended beyond the two turning points – *Legge 180* in 1978 and the physical abandonment of the two asylums in 1996. On the other hand, despite the attenuation of the Basaglian discourse in the contemporary public arena, the gradual abandonment of traditional practices is an undeniable fact. In particular, the process of change that affected psychiatric hospitals in Teramo was subject to major accelerations alongside the drastic relocation of all the patients into residential facilities.

The legacy of the asylum, conceptualized as an embodied space where traditional practices could be reiterated, determined the permanence of a basic structure to which mental health workers with longer experiences in the asylum refer. The reiteration of old practices in the post-reform facilities that my informants have illustrated, is evocative of the concept of '*habitus*', the intimate link between practice and structure in the Bourdieuan lesson. The *habitus*, as 'a product of history' (Bourdieu 1990, 54), is generated by reiterated practices, and yet, in concomitance with historical contingencies, it is also the cause of a structure that provides readily available directions for the development of both individual and collective practices. In Teramo, the transmission of 'traditional' practices occurred through repetition, since a strict hierarchy based on seniority determined relationships within the nursing staff.

The coexistence of apparently contradictory practices illustrates the necessity to look at local forms and implementations of the national project put forward by *Psichiatria Democratica*. In Teramo, the asylum of Sant'Antonio occupied a special space in the cultural understanding of mental illness, and its austere and authoritative presence strengthened anxieties and fears of the enclosed 'other'. Generally, despite the isolation of the institutionalized asylum, any psychiatric institution should be regarded as a local presence characterized by a unique relationship with the community (Saris 1996, 140). The experiences of my informants point out the compelling force of the Sant'Antonio asylum, one of the largest in Italy, in articulating approaches and attitudes towards mental disorders of both the citizenry and the psychiatric workers.

The lack of the 'asylum' experience, *esperienza manicomiale*, a term often employed by my informants, might be considered as a decisive factor in the local implementation of Law 180. A quick look at psychiatric care around Teramo seems to confirm this impression. A team of psychiatrists set up a 'protected community' in the nearby town of Bisenti, located in a rural and conservative area where psychiatric hospitals were never built. In the protected community in Bisenti, two guests live in each residential unit, and admissions are always temporary. In Teramo, as my informant points out, the presence of 'ideal' communities, such as the one in Bisenti, was not felt as a primary need by many, as the two psychiatric hospitals were still used as residential buildings for patients.²

The climate of tension between old and new originated from the essential preservation of a structure reinforcing traditional psychiatric practices, which were often conducted covertly by the nursing staff when younger psychiatrists and social workers were absent. In Teramo, the lack of a dialectic moment between traditional and reformist psychiatry led to an unique historical trajectory, in which innovation and conservatism co-existed. The widespread unresponsiveness of both the general public and local administrators towards the Basaglian project of 'social restructuring' has led mental health workers to develop practices that are malleable and suited for those compromises necessary for the local implementation of such a radical project.

Some final remarks

In this paper, I have attempted to shed light on the situation of contemporary psychiatric care at the periphery of the Italian reform. The dialectic analysis of persistent structures, in this case the Basaglian discourse and the *habitus* of traditional psychiatry and their related practices, has problematized the assessment of the Italian experience; in particular, the history of deinstitutionalization in Teramo has illustrated how innovation and traditionalism seem to move side by side and, at the same time, to adapt to each other.

Despite observed incongruities, the legacy of Democratic Psychiatry has proved priceless in those circumstances where favourable contingencies are present. The vanishing influence of the Basaglian discourse might be deleterious for the envisioned establishment of psychiatry as a service for the well-being of the community at large. Accordingly, despite the compelling influence of the psychiatric hospitals in Teramo in directing practices, the legacy of the asylum cannot be considered a perennial obstacle for the complete reformation of mental health care. It is my opinion that, in 2007, the principles of *Psichiatria Democratica* can still be regarded as valuable forces of innovation in psychiatry, although a renovation and renegotiation of the Basaglian discourse is necessary in consideration of the needs and tendencies of contemporary Italian society. As the life experiences of the mental health workers in Teramo have suggested, to forget the Italian experience would mean to ignore the potential of psychiatry to fulfil its role in society as the intrinsic mean for the well-being of the community at large.

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References

- Barbato A., B. D'Avanzo, G. Rocca, A. Amatulli, & D. Lampugnani, 'A Study of Long-Stay Patients Resettled in the Community After Closure of a Psychiatric Hospital in Italy', *Psychiatric Services* 55 (2004): 67-70.
- Basaglia, Franco. *Istituzione negata*. Torino: Einaudi, 1968.
- , 'Breaking the Circuit of Control', *Critical psychiatry: the politics of mental health*. Ed. D. Ingleby. Harmondsworth: Penguin, 1981.
- , *Conferenze Brasiliane*. Pistoia: Centro di Documentazione di Pistoia Editrice, 1984.
- , *Psychiatry Inside Out: Selected Writings of Franco Basaglia*. Eds. Nancy Scheper-Hughes and Anne M. Lovell; trans. Anne M. Lovell and Teresa Shtob. New York: Columbia University Press, 1987.
- Bourdieu, Pierre. *The logic of practice*. Trans. R. Nice. Stanford: Stanford University Press, 1990.
- Crepet, Paolo, 'A transition period in psychiatric care in Italy ten years after the reform', *British Journal of Psychiatry* 156 (1990): 27-36.

- Crossley, Nick. *Contesting Psychiatry: Social Movements in Mental Health*. London and New York: Penguin, 2006.
- Di Giminiani, Giuseppe, 'Situazione Psichiatrica Abruzzese: modelli di intervento', *Atti: Conferenza Nazionale sullo stato della psichiatria nel Territorio*. Naples: Idelson, 1988.
- D'Ignazio, Franco, 'Sei avvisi di garanzia per il blitz allo Psichiatrico', *Il Messaggero Abruzzo*. Ed. 5/2/1992.
- Fiske, John. *Reading the Popular*. Boston: Unwin Hyman, 1989.
- Foucault, Michel. *Power-Knowledge: Selected Interviews and Other Writings*. Ed. C. Gordon. Brighton: Harvester Press, 1980.
- , *Madness and Civilization: A History of Insanity in the Age of Reason*. Trans. Richard Howards. London: Routledge, 1988.
- Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Chicago: Haldine, 1961.
- Gramsci, Antonio. *Quaderni del carcere*. Torino: Einaudi, 1977.
- Littlewood, Roland, 'Agency and community: the location and dispersal of invidia', *Religion, Health and Suffering*. Eds. J. R. Hinnells and R. Porter. London & New York: Kegan Paul, 1999.
- Luker, Karen A. & Karen I. Chalmers, 'Gaining access to clients: the case of health visiting', *Journal of Advanced Nursing* Vol. 15 (1990): 74-82.
- Magliano L., C. Marasco, A. Fiorillo, C. Malangone, M. Guarneri & M. Maj, 'The impact of professional and social network support on the burden of families of patients with schizophrenia in Italy', *Acta Psychiatrica Scandinavica*, Vol. 106, No. 4 (2002): 291-298.
- Martelli, Pompeo & Gaia Cottino, 'The Age of Anxiety: Stones, Feathers and Re-institutionalization', *Anthropology and Medicine*. Vol. 13, Issue 3 (2006): 265-271.
- Ortner, Sherry B., 'Theory in Anthropology since the Sixties', *Comparative Studies in Society and History*, Vol. 26:1 (1984): 126-166.
- Papeschi, Raffaello, 'The denial of the institution. A critical review of Franco Basaglia's writings', *British Journal of Psychiatry*, Vol. 146 (1985): 247-254.
- Piccinelli, Marco, Pierluigi Politi & Francesco Barale, 'Focus on Psychiatry in Italy', *The British Journal of Psychiatry*, 181 (2002): 538-544.
- Romanucci-Ross, Lola, 'The 'New Psychiatry': from Ideology to Cultural Error', *The Anthropology of Medicine: From Culture to Method*. Eds. L. Romanucci-Ross, D. E. Moerman and L. R. Tancredi. London: Bergin & Garvey, 1997.
- Saris, A. Jamie, 'Mad Kings, Proper Houses, and an Asylum in Rural Ireland', *American Anthropologist*. Vol. 98, No. 3 (1996): 539-554.
- Scheper-Hughes Nancy & Anne M. Lovell, 'Breaking the circuit of social control: Lessons in public psychiatry from Italy and Franco Basaglia', *Social Science and Medicine*. Vol. 23, Issue 2 (1986): 159-78.

---, 'Deinstitutionalization and psychiatric expertise: reflections on dangerousness, deviancy, and madness (Italy and the United States)', *International Journal of Law and Psychiatry*. Vol. 9, Issue 3 (1986): 361-381.

Settembrini, Lucia. *L'assistenza psichiatrica a Pescara: analisi dell'istituzione manicomiale di Teramo*. Urbino: Universita' degli Studi di Urbino, 1977.

Tansella, M., D. Salvia, and P. Williams, 'The Italian psychiatric reform: some quantitative evidence', *Social Psychiatry and Psychiatric Epidemiology*, Vol. 22, No. 1 (1987).

Tonkin, Elizabeth. *Narrating Our Pasts: The Social Construction of Oral History*. Cambridge: Cambridge University Press, 1992.

Vecchietti, Ambretta Maria. *Salute Mentale e Riforma Sanitaria*. Milano: Dott. A. Giuffre' Editore, 1983.