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The Gorizia experiment: the genesis of therapeutic practices in Basaglia's psychiatric community (1962–68)

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Breaking the boundaries in a frontier asylum

The 'general assembly' of the therapeutic community at the Gorizia Psychiatric Hospital, Italy, near the border with what was then Yugoslavia (today Slovenia) organised during the directorship of Franco Basaglia from 1961 to 1968, became the most important daily practice of this community. We cannot be certain when the first general assembly was held; in fact, we do not even know for certain that 'general assembly' was its official name.¹ Primary and secondary sources seem to concur in indicating November 1965 as the inception of a collective practice which, every morning from ten to eleven o'clock, brought together patients, doctors, nurses, auxiliary staff and visitors. The content of the meetings was not planned in advance, but the subjects for discussion, decided by the assembly that was presided over each time by a different patient, always regarded the communal life of the hospital. The discussion of problems related to the practical management of the wards reflects the social relations within the therapeutic community in Gorizia and gives an insight into the decision-making aspects that were essential to the experiment of gradually opening up the psychiatric hospital until 1968. Basaglia's reforms in Gorizia gave rise to a national psychiatric reform movement in Italy, which resulted in the passing of law no. 180 in 1978. Commonly known as the 'legge Basaglia', this was the first legal framework mandating the definitive closure of civil

psychiatric hospitals and regulating compulsory treatment in Italy by establishing a regional public mental health service.

In order to reconstruct in detail the motivation for the establishment of the general assembly as well as the practices that characterised the meetings, we will first look at its ‘prehistory’, starting from late 1961 when Basaglia took over the management of the psychiatric hospital in Gorizia. The following is an analysis of how these community assemblies functioned: the setting and events, who spoke, what the subject for discussion was, who took the minutes and how and why people participated. Exploring the mechanisms of this practice, through whatever remains in documentary terms over a limited period, 1962 to 1968, allows us to reconstruct Gorizia’s fundamental therapeutic experience as well as to understand the difficulties and potential conflicts associated with this practice. This contribution analyses not only the therapeutic significance of Gorizia’s general assembly, but also if and to what extent it established the epistemological bases for a ‘new’ psychiatric practice.²

There is a thread that the present analysis intends to weave, focusing on the scientific, political and practical significance of the ‘experiment’ within the Gorizia case. The transformative aspect of this experimentation, especially the development of a ‘transformation of relations’,³ defines the identity of the collective body founded on the premises of the Gorizia Psychiatric Hospital. This transformation did not develop without risk, and in particular the risk of failure of the experiment itself, as one of its protagonists wrote: ‘There was a great risk for us as well as for the patient ... There was tension about the innovation: we were involved in a unique and unrepeatable experience’ (Venturini, 2020: 143).

To reconstruct how and why the therapeutic community, of anglophone inspiration,⁴ at Gorizia became an example to follow, I propose here to use several sources, some unpublished, which offer a viewpoint beyond theoretical and practical psychiatric perspectives. I will therefore analyse material from *Il Picchio: Organo dei degenti dell’Ospedale Psichiatrico Provinciale* (The woodpecker: Journal of the patients of the Provincial Psychiatric Hospital), a magazine written by a group of patients, beginning publication just a few months after the arrival of Franco Basaglia and Antonio Slavich and continuing until 1966.⁵

Looking closer to the assembly practice in Gorizia hospital, this chapter aims at contributing to a comprehensive account of the Italian struggle against institutionalisation, which was sparked, historically, by Basaglia's experience in this hospital. Works on it are numerous: books such as *L'istituzione negata* (The institution denied) and other contemporary texts, together with historical research and more recent testimonies,⁶ underline the essential features of the social dissent that, in accordance with the political culture of the period, had a tangible result in the approval of law no. 180 of 1978. A widespread shift in public opinion supported this victory. There is no doubt that the charisma of the movement's leader Franco Basaglia (1924–80), together with the influence of mass media, namely television, radio and newspapers, ensured that the experiment, initiated in an asylum built on the wall that divided Italy and Yugoslavia like a fresh scar, found an echo of global concern. Many have written of their memories of the Gorizia asylum as a mecca to be reached in order to see for themselves the profound effect of change (Babini, 2009: 178; Foot, 2014: 237). Many of those who did so were students, volunteers, writers, photographers, journalists, intellectuals and artists.⁷

The disruptive force of the events which gradually changed the reality of asylums in Italy should be read in the political and ideological context of the Italian Republic of the 1960s and 1970s. It would, however, be wrong to circumscribe the anti-institutionalisation movement within an exclusively medical or ideological frame of reference. From the outset, the daily practices, as well as the essays and articles produced for conferences, books, magazines, international congresses and public meetings by the protagonists, a handful of psychiatrists, had raised the stakes. It was not merely a question of denouncing the inhumane and degrading conditions in which the anonymous inmates of asylums were held, nor simply of opening a path towards the reform of psychiatric institutions.⁸ That Italian psychiatry was a sort of 'desolate cathedral' in a still immature republic was an assumption made even in those academic circles less inclined to radical change. However, in Basaglia's view, 'backwardness and laziness' (Basaglia, 2018: 41) were seen as barely keeping alive a culture that intertwined musty organicism, of positivist imprint, with a sort of ineluctability of the closed hospital. These

were the aspects that had led to a delay in, if not to actual rejection of, the introduction of anthropo-phenomenological and psychoanalytic orientations, already active in other countries in Western Europe.⁹

In many cases, including at the hospital of Gorizia, this ‘backwardness’ was the result of a continuous deterioration in psychiatric facilities, especially after World War II, and ‘laziness’ indicated the acceptance of this situation, the absence of any willingness to change. The asylum in Gorizia, inaugurated in the 1930s during the height of the fascist regime, was more closed off and peripheral than others in the country, not only for geopolitical reasons. The wards were overcrowded, the human and economic resources completely insufficient.¹⁰ Gorizia was a place of ‘second choice’, even for those psychiatrists and doctors who had not found a place in academia.

When, in 1947, the Allies redefined Italy’s eastern border, the hospital suffered the effects of the partition of the Isonzo territory with Yugoslavia. Many patients of Slovenian origin, who could not be discharged, found themselves stateless, facing a long internment aggravated by linguistic barriers and forced ‘Italianisation’. Of the six hundred internees, more than a third were Slovenian, and for these the Italian government was obliged to pay a daily fee in reparation for war damages to the Yugoslav People’s Republic.¹¹

We might imagine that for Franco Basaglia the directorship of this hospital, gained by passing a public examination in November 1961, seemed like exile. Basaglia had not chosen Gorizia as a career move; his friend and first collaborator, the psychiatrist Antonio Slavich, remembers that Gorizia was an unexpected and unrequested destination (Slavich, 2018: 21). After years spent as assistant at the neurological clinic of the University of Padua, where he obtained a professorship and was given the title of ‘philosopher’ by his teacher Giovanni Battista Belloni, Basaglia hoped to continue his research, albeit from a different theoretical perspective. His first scientific papers, published in the 1950s, focus on the analysis of psychopathological subjectivity. The influence of Jaspers and Binswanger is evident (Basaglia, 2017: 45–91; Colucci and Di Vittorio, 2020: 27–79). The diagnostic repertoire observed in the Paduan clinic became an opportunity to explore, in anti-reductionist form, the relationship between biological therapeutic approaches and those which Basaglia describes as anthropo-phenomenological.

This signalled a new critical approach to the organicist model of psychiatry. Belloni, professor of neurology at the University of Padua, found himself in the uncomfortable position of having to ‘settle’ this brilliant but unconventional student.¹² Basaglia was at this point fully aware that he was in the humiliating predicament of academic limbo.

The opening for an asylum director in Gorizia came about by chance in March 1961. Director Antonio Canor had died in a road accident and the provincial administration of Gorizia began to seriously consider the possibility of a management change for the hospital, the maintenance of which had become barely sustainable, especially in financial terms. At the time of his appointment in November 1961 the asylum had about 630 inmates, distributed among eight wards.

‘When Franco arrived in Gorizia, the impact with the asylum was violent’, to the point of Basaglia not excluding his imminent resignation (Terzian, 1980: 2). On his first tour, zigzagging between courtyards, working colonies and wards, Basaglia described the asylum as ‘the dunghill’ where human beings lost all dignity (Basaglia, 2017: 663). Men and women in uniform, with shaven heads, slumped on the benches of the courtyards; others, the most ‘agitated’, were in fenced yards tied to trees during their daily hour of outdoor access. The interior of each ward held from fifty to one hundred beds. In wards B and C many inmates were restrained in their beds within divided cells. Others wandered, in perpetual motion and with blank eyes, around enormous, unadorned rooms. The most docile, under the supervision of workers and nurses, filled the workshop, the carpentry shop and the colonies, working according to the dictates of ergotherapy.

The abrupt encounter with this grim reality evoked in Basaglia an urgent need to break with previous standards and invent new practices: an uncertain and arduous endeavour. An almost legendary anecdote recounts that his first great gesture, made from his position of command at the end of that November morning, was his refusal to sign the register of restraints. ‘*E mi no firmo!*’ (And I will not sign!) he declared in Venetian dialect. A symbolic gesture, quite unexpected, that affronted his staff and marked a first caesura, foreshadowing, if somewhat obliquely, a change of pace for the hospital.

Knock like a woodpecker's beak: a newsletter as documentary evidence

In one of his most important academic contributions, *Le istituzioni della violenza* (Institutions of violence), Franco Basaglia gives a brief history of the early years of the Gorizia experiment. These are not primarily theoretical elaborations supported by practical experience, but rather Basaglia's recounting of his observations in the preceding years:

The situation we faced ... was highly institutionalised in all sectors: patients, nurses, doctors ... An attempt was made to provoke a situation of rupture that could help the three poles of hospital life emerge from their crystallised roles, placing them in a game of tension and counter-tension in which everyone would find themselves involved and responsible. It meant entering the 'risk', which alone could put doctors and patients, patients and staff on the same level, united in the same cause, tending towards a common purpose (Basaglia, 1968: 131).

What did it mean, materially, to 'provoke a situation of rupture'? Where and how should it begin? How could risk and tension be made productive? Plunging into the alienating experience of asylum life was the only way to appreciate what the outdated exercise of scientific knowledge had produced. These results were not the occasional distortion of a malfunctioning institution but a sign that the entire Italian psychiatric system was collapsing. The small hospital of Gorizia triggered that first essential earthquake: the raw reality that presented itself required careful consideration of the theoretical basis on which it had been formed. It had now become necessary to place theory at the service of practice. And that was no simple matter. 'Bracketing mental illness' (Basaglia, 2017: 315) was more than just an anti-psychiatric slogan. It meant abrading the surface of the dominant psychiatric model and ascertaining the human, social, medical and cultural outcomes of its application. 'Dirty' and risky work, which could change nothing if carried out in complete solitude. The medical staff needed to be rebuilt from scratch, the work of the paramedical staff needed to be reorganised and reimaged, and this was undoubtedly one of the most delicate and complex aspects: in fact, the only continuous relationships that patients had previously established in that environment were with

the nurses, nuns, labourers and caretakers; certainly not with the doctors.

August 1962 saw the publication of the first issue of the monthly magazine *Il Picchio*. Produced on an old in-house printing press and strongly endorsed by the new director, the first issue was composed of four sheets. There was no comment within on the choice of the name, although it referred, metaphorically, to the characteristic activity of its namesake bird – that of beating with insistence on hard, apparently unbreakable bark, every day.

The idea of printing a patients' magazine was not in itself original. By the end of the nineteenth century such initiatives had already been introduced in several European psychiatric institutions.¹³ Often their function was to provide a diversion, an activity that could be an expression of asylum ergotherapy as well as a vehicle of self-expression. Not infrequently, however, articles favoured a paternalistic tone and emphasised the positive aspects of asylum life on which doctors and staff agreed. Such journals resembled a bulletin that documented and praised the successful operation of a well-functioning village asylum. *Il Picchio* was not completely immune to this style, but it nonetheless became the first instrument to publicise the radical change inside the hospital of Gorizia. Soon, issues were sent not only to other psychiatric hospitals, but also to discharged patients, doctors, volunteers and others who requested it. One patient above all, 'Furio', became the driving force of this initiative and would a few years later become one of the key figures of the general assembly. The first issue of the journal opens with an invitation from the editorial staff, initially composed only of male patients, mainly from ward A:

This is our newspaper and all of us, patients, men and women, must collaborate in its drafting. We especially invite women, whom we have not, for obvious reasons, been able to contact directly, to send us their contributions (*Il Picchio*, 1 (1962): 1).

The 'obvious reasons' referred to the clear separation of the sexes within the wards, aggravated by internal architectural boundaries which were difficult to overcome. The courtyards between the pavilions were surrounded by high wire mesh. Along the border with Yugoslavia, the hospital grounds were closed off by a high boundary wall. Reducing internal distance, especially that of gender,



Figure 2.1 One of the illustrations used for the cover of *Il Picchio*.
Courtesy of Archivio Agostino Pirella della Biblioteca di Area Umanistica
di Arezzo – Università degli Studi di Siena.

was one of the first decisions shared with patients by the new director between November and December 1962. This is how the news was reported and commented on:

One of these days we will witness an epoch-making event. The barriers surrounding the courtyard-walks will be dismantled. [...] We applaud the dynamic directorship that with this action initiates a series of

measures that will render our hospital similar to other civilian hospitals. In our humble opinion, this event should be celebrated (*Il Picchio*, 4 (1962): 1).

The following month, after the removal of the fences, an article, signed by the editorial staff, was headlined ‘The Barriers Fall’:

The ‘overturning’ of the fences is important not only in itself, but also in re-establishing serenity in the surrounding environment, in restoring the dignity and trust of the patients, for contact with the outside world, ... for the new psychiatric conception to which it gives rise. ... Its usefulness will be even more significant if the general principle is extended to each and every person, and includes civil and legal rights (*Il Picchio*, 5 (1962): 4–5).

The dismantling of the fences in December 1962 was publicised through a film that, fortunately, is still preserved.¹⁴ Both Basaglia (2017: 261–9) and Slavich (2018: 150) emphasised the importance of removing the internal and external constraints in the departments, even though the opening of those for chronic inmates, such as in C ward, came about gradually. And yet the dismantling of the fences was not merely symbolic. Several words used in the *Il Picchio* article highlight two fundamental aspects. On the one hand, to materially topple the fences meant to initiate the practical exercise of small freedoms regained by the patients in their daily lives. On the other, torn down fences did not mean immediate freedom of movement for the bodies of men and women long confined to bed or in a contained environment. This required further measures aimed at redefining the relationship between body, time and space within that environment.

One of the most important steps in the redefinition of this relationship was the introduction of psychotropic medication, as Basaglia himself remembered during his first communication on the experience of Gorizia at the International Congress of Social Psychiatry (London, 1964): ‘If the sick man has lost his freedom because of illness, this freedom to repossess himself has been given to him by his medication’ (Basaglia, 2017: 264).

The introduction of psychotropic drugs therefore supported a greater but still limited freedom of patients’ bodies and an innovative and often successful treatment of the most serious forms of regression.

Nevertheless, Basaglia emphasised that medication could not be raised to thaumaturgical power: 'If, in conjunction with the action of a drug, the hospital does not implement measures to defend freedom, whose loss the patient already suffers, the drug, activating a wider range of consciousness, will increase in him the conviction of being now definitively lost' (Basaglia, 2017: 264). Here, in the first experimental stage, an attitude emerges that would become a motto and part of everyday practice in Trieste a few years later: 'Freedom is therapeutic'.¹⁵

The second important aspect in the article 'The Barriers Fall' is the term 'overturning'. The use made of it by *Il Picchio* is not casual. It is a clear reference to a new dictum that the radical reformers in Gorizia adopted. 'The practical overthrow of the institution of the psychiatric asylum'¹⁶ became a central slogan of the anti-institutional dialectic, along with its radical implications. In the patient-writer's view, the overturning of the fences only made sense if the civil and legal system of the psychiatric institutions was also overturned and thus, in the process, the necessity of the institution would also disappear. In addition, it reflects a political position of a Hegelian-Marxist character, which was already expressed in Gorizia's first collective writings (see Basaglia, 1967: 433).

For forty-two issues, from 1962 to 1966, *Il Picchio* kept track of the daily upheavals in Gorizia, often registering setbacks and failures. It remains the most detailed documentary testimony of the first contacts of patients with the outside world through day trips, the exploration of deeply felt problems such as alcoholism, the need to discuss the possible social reintegration of patients through work, the difficulties of re-establishing family relationships, the entry of a new generation of nurses, doctors and social workers into the hospital, and the renovation and opening up of the wards to create a more comfortable and less degrading environment. The journal also contained reports on the film forum, the choir, the library, music therapy, the bar, festivals and celebrations as well as personal stories of patients, poems and interviews with visitors from 'outside'. Thus, the magazine presented a hospital trying to create and increase spaces of encounter, and addressed the daily contradictions and clashes those relationships, involving different and asymmetrical roles, created.

Although it is impossible to render here the rich variety of all the newspaper's monthly columns, for the present examination it is worth focusing on three elements which present the prototype of the general assembly: group psychotherapy, the birth of the 'Let's help each other to heal' committee, and the institution of meetings of the wards and the newspaper's editorial staff, spanning 1962 to 1965.

From asylum to hospital community: helping each other heal

The new year of 1963 began under new auspices for *Il Picchio*. For starters, the cover changed.

In the 1963 issue, under the ever-present image of the hammering bird, appear two silhouettes of people shaking hands. The caption contains a strong message: 'Let's help each other to heal.' And the article within elaborates: 'Each must be the friend, the adviser of the other. In this way we can find what the disease has made us lose. ... It is not only our disease that is our damage' (*Il Picchio*, 6 (1963): 2).

The call to help each other was made to those in the hospital who did not yet participate in the activities of the newspaper or in other common occupations and was addressed to the decision-makers: the doctors, the administrators, the bursar and the nurses. This binary relationship between staff and patients would remain ineluctable. The daily exercise of patients' self-determination and the reconstitution of one's own subjectivity was closely related to a redefinition of distinct roles and tasks both inside and outside the hospital.

This aspect did not escape any of the actors, especially doctors, patients and nurses, and became an integral part of therapeutic relationships in the community:

However, our position of privilege with respect to a sick person who has been rendered inferior in our eyes will not be easily overcome, but we can try to live the needs that are part of the patients' reality by establishing a relationship based on a process of mutual risk and contestation (Basaglia, 2017: 331).



Figure 2.2 *Il Picchio*. Magazine written and composed by the patients of the Provincial Psychiatric Hospital of Gorizia. Slogan: 'Let's help each other to heal'. Courtesy of Archivio Agostino Pirella della Biblioteca di Area Umanistica di Arezzo – Università degli Studi di Siena.

The dialectic of that relationship strongly characterised the first reflections on group psychotherapy in Gorizia, which could also be found in the pages of *Il Picchio* in 1962:

A mentally ill person will certainly not recover from treatment alone, but psychotherapy, as our doctors understand it, will have a beneficial effect on his personality. ... In this group, which should be nothing other than a miniature society, the patient encounters his fellows, freeing himself, speaking, at first with great difficulty and then, overcoming emotional resistance, fluently (*Il Picchio*, 5 (1962): 1).

Furio, the soul of the newsletter, was also spokesperson for the patients in this phase, which suggests their participation in discussions with doctors concerning psychotherapy. How was psychotherapy understood, and how would it be practised starting from 1963? It is again a short article from the newsletter that commented on the introduction of group psychotherapy:

Group psychotherapy has begun. This therapy consists in bringing together groups of patients, who are selected a priori, and in giving them ample opportunity to converse among themselves on problems which they choose spontaneously, that is, which most affect all those present, while the function of the doctor is to listen and to guide, in order to stimulate the conversation and, if necessary, lead it back to the right track (*Il Picchio*, 6 (1963): 4).

The article is signed ‘L.V.’; we do not know if it was a male or a female patient, but it is certain that all monthly issues of both 1963 and 1964 are rich in articles about group psychotherapy, a sign that members of the ‘Let’s help each other to heal’ committee were increasingly writing about their experiences for the magazine. From issue nine of 1963, the editorial staff began to methodically publish the internal patient movements of the hospital, highlighting the relationship between discharged and hospitalised patients, and noting the progressive increase of patients participating in different work activities. In March 1963, of 563 patients (273 men and 290 women), 319 were employed either inside or outside the hospital. Here the usual statistics for male and female employment were reversed, seeing 200 women employed compared to only 119 men.¹⁷ But what was the meaning of work in this context? In Gorizia, the reformers criticised traditional ergotherapy, regarding it as degrading labour, unremunerated or bartered for cigarettes and sweets, with the work

done there only serving the asylum-related needs of nurses and doctors. In 1964, work in the hospital changed fundamentally when, through an internal cash system, a weekly wage was paid to meet certain basic needs of patients. So it was that workshops were created: sewing, knitting, chair upholstering, printing and even a hairdressing salon. No less important was the creation of a library and the opening of a school that was recognised by the state. From 1965 there was another step forward: it was made possible for inmates to work at simple artisanal tasks for external companies and factories through conventions stipulated by the psychiatric hospital. Thus, day by day, it became feasible to realise at Gorizia what Basaglia's team had seen and known mainly through the English experiment of Maxwell Jones at Dingleton.¹⁸ Yet, none of these changes were obsequious emulations of facile sociotherapy prescriptions or tried-and-tested forms of occupational therapy. Many problems remained, such as the doubts and contradictions that Antonio Slavich expressed as follows:

Perhaps ergotherapy was a necessary beginning, but it risked increasing internal institutionalisation. It was necessary to go beyond ... to organise occupational therapy or play therapy. All were aspects of the asylum technique, of course, but at the beginning we did not disdain organising them in Gorizia, on the condition that the tendency was to gradually involve the whole hospital. ... In short, one could do anything, but not call any of these activities 'therapy' (Slavich, 2018: 97).

The process was one of trial and error, guided according to Slavich by 'a healthy empiricism' (Slavich, 2018: 98). Nor can we consider the changes in the years 1963 to 1965 as the most radical. These resulted from the constitution of the 'Let's help each other to heal' committee and the initiation of psychotherapy, a complete transition from the reality of the asylum to that of the hospital. Several elements co-existed in the same space, given the objective limits imposed by both the lack of staff and of specific skills and resources. Basaglia was aware of this in 1964, when he wrote in the editorial for *Il Picchio*:

Asylum, Hospital and Therapeutic Community are the stages of our journey in these years. This does not mean that these three stages do not exist at one and the same time in our institution. We have tried to destroy the asylum as a place of exclusively forced admission, but

there are still many elements that remind us of it (*Il Picchio*, 28–9 (1964): 1).

The differences in the equipment of the wards were often substantial. As a group of patients wrote to *Il Picchio* in July 1963, in reference to the renovation of ward A compared to the inferior conditions in ward B: ‘Passing from the ground floor to the first floor is like passing from darkness to light’ (*Il Picchio*, 12 (1963): 4). Two years later, the women of the female ward D wrote:

Dearest Woodpecker, we, although once sick, today, thanks to care and goodwill, feel healed, and we show it in the attention with which we carry out our work, for which they pay us but little. ... Secondly, we do not enjoy freedom: in perpetually closed wards, accompanied everywhere, we think we should have the same rights as our friends in ward B (*Il Picchio*, 38–9 (1965): 19).

Finally, there was the last frontier of the pathogenic germ of institutionalisation, ward C, housing chronic patients whose mental and physical condition had deteriorated over the years. For them, it was difficult to imagine a future outside the hospital as well as to integrate into the therapeutic community. In ward C, the railings would remain up and the doors would remain closed for several more years, while therapeutic microcommunities, both male and female, emerged between 1965 and 1966, bringing together patients from the other wards.

The first steps of a therapeutic community: the general assembly as a practical experiment of the excluded

What, then, was the therapeutic community of Gorizia and what was its therapy? From what has been written so far, and as testified in *Il Picchio*, it is clear that every change until 1964 both inside and outside the hospital was oriented towards community principles and methods, applied equally to the ‘Let’s help each other to heal’ committee, to editorial meetings of *Il Picchio* and to group psychotherapy. Yet, something different characterises the first appearance of the therapeutic community officially formed on 6 October 1964, in men’s ward B.

The chosen patients from different wards made up 53 out of about 600 inmates, while the selection criteria considered both



Figure 2.3 *Il Picchio*, 28–9 (1964): 18–19. The illustration for this issue was created by a patient named Velio T. Courtesy of Archivio Agostino Pirella della Biblioteca di Area Umanistica di Arezzo – Università degli Studi di Siena.

diagnostic differentiation and individual patient backgrounds. In ward B, the so-called ‘agitated ward’ in the old nomenclature, room was made for the community welcoming male patients from other departments. Slavich, director of ward B, recalls that it was far from easy to transfer the patients who were not destined to take part in the experiment to other wards: ‘It was necessary to communicate to everyone the reasons for our choice, and to explain to some of the ward B inmates, even to those who probably would not have comprehended or approved, the reasons for their necessary transfer to other wards’ (Slavich, 2018: 147).

The selection of nursing staff was another object of careful consideration. The beginning of this community life was not left to chance. Rather, there was a small-scale trial run in September 1964 when twenty-two patients (ten women and twelve men), with the consent of the provincial administration, stayed for a week in a house in Bagni di Lusnizza, a mountain resort not far from Gorizia. There were enthusiastic reports on this from patients in *Il Picchio*: ‘The experiment – the first of its kind in Italy – was, we can affirm,

a positive success. Immediately on arrival the daily schedule was established in a general meeting and then everyone was at work' (*Il Picchio*, 25–6 (1964): 2). This is how Velio T. remembered 'the holiday': 'The moral atmosphere was something I cannot even begin to express; it was so different from what I have been used to for the last ten years' (*Il Picchio*, 25–6 (1964): 2). And Francesca S. wrote: 'Everything was so beautiful, the scenery, the walks, the meetings, the meals, being together ... everything was discussed freely' (*Il Picchio*, 25–6 (1964): 2).

In his memoirs, Slavich emphasised the intramural changes that were necessary for the establishment of the first therapeutic community in Gorizia. Beyond the need to improve the material conditions of ward B through renovations that would facilitate meetings and collaboration, it was also necessary to provide special care for the inmates who would participate: 'The choice of the group of collaborators was a difficult task, because we well knew the disruptive effect on the cared-for of any tensions and disharmonies within the team of caretakers' (Slavich, 2018: 147).

The programme of daily activities was rigorous and structured around both the individual and the group. In addition to self-government of the common areas, care was also taken to verify the individual therapeutic approach within the community through a substantial review of patients' medications, as well as with the implementation of twice-weekly ward and staff meetings. *Il Picchio* also became an important factor in informing and educating inmates about the innovations introduced by the therapeutic community. Beginning with issue twenty-seven of 1964, in fact, the journal introduced a new section with an unequivocal title and matching content: 'Therapeutic Community'. The initial considerations of the editorial leave no room for doubt as regards the distinction between the experiences of a traditional hospital and those of the community of Gorizia. Thus, the editorial wrote that the traditional hospital was based on:

the principle of authority: an authority that is distributed in different degrees among the staff and asserted in different ways. The patients, however, are completely without authority: they have nothing to say, to predict, to organise, the environment is made for them but not by them. Deprived of any possibility of decision, they are simply objects of those norms (*Il Picchio*, 27 (1964): 3).

The existence of therapeutic communities, on the other hand, reverses the principle of authority, according to the editorial:

A therapeutic community is a psychiatric ward organised by the patients together with the staff, so that, through this collaboration, they establish ... bonds of mutual knowledge and trust; ties that also have a therapeutic value. ... These communities are small societies: if it is true that mental suffering results from disharmony ... it is legitimate to expect that a spontaneous and orderly reconstruction of a social life within the community can mitigate and resolve this suffering by becoming a therapeutic instrument (*Il Picchio*, 27 (1964): 4).

In the early months of 1965, in women's ward B, in a similar manner and under the coordination of the only female psychiatrist present in the team, Maria Pia Bombonato, a second nucleus of the therapeutic community, was established. The opening of all wards and the inclusion of all patients in subgroups of the therapeutic community was completed three years later, in 1968, with women's ward C.

The community organisation increasingly required continual discussions and decisions, together with a participation of staff and patients that could not always be taken for granted. The proliferation of meetings led to a systematic choice as early as 1965 – that of establishing a general assembly which aimed to resolve four problems in particular. Firstly, it was necessary to avoid unwanted dispersion of the topics addressed, as sometimes happened in ward meetings; secondly, the possibility of participation in the assembly should be extended not only to the individual wards of the community but to the whole hospital; thirdly, the structure of the agendas of the assembly should be improved by empowering patients, who took turns in presiding and taking minutes; and fourthly, it was necessary to increase and facilitate the participation and intervention of the patients on constantly recurring issues, such as the improvement of living conditions in the hospital community, as a condition necessary to better prepare patients for discharge from the hospital.

The proposal to establish a general assembly came from the psychiatrist Agostino Pirella in 1965 (Pirella, 1989: 13–17). Pirella had recently joined the Gorizia staff, taking over the management of ward D and later men's ward C. The daily rhythm of the general assembly had made it one of the most often represented and narrated symbols of Gorizia's spirit of reform in the outside world. Visitors

who attended the first general assemblies were often disconcerted by the proceedings; the topics for discussion were all-encompassing, the private life of the medical team effectively disappeared, while the demarcation of the medical team and patients was effectively removed, becoming one collective unit. Franco Pierini, an Italian journalist, wrote in 1967: '[Patients] are better than us in the technique of discussion, in the dialectics of opposing opinions, in the conclusions reached without scapegoats, without losers.'¹⁹

But how did the general meetings work? What do we know about the topics, the techniques of discussion and the proceedings that took place every day for several years? We know for certain that the historical archive of Gorizia Psychiatric Hospital contains no recorded accounts of the assemblies; these have probably been lost.²⁰ However, traces remain in several sources. Some accounts are known through the books *What is Psychiatry?* and *The Institution Denied* because assembly discussions appear in the texts, written by different authors between 1967 and 1968. For previous assemblies, in 1965 and 1966, *Il Picchio* is always a valuable source. The last two issues, forty and forty-one,²¹ included summaries of the minutes of assemblies held from 1 April to 30 July 1966.

Analysing the reports published in *Il Picchio*, it is possible to understand the course and the outcome of the discussions in this year. Participation, in numerical terms, fluctuated, especially in the spring of 1966: '[We go] from 60 to 130 participants and we do not always get to reach conclusions on the topics discussed' (*Il Picchio*, 40 (1966): 8). On 5 April 1966, an item on the agenda directly concerned the decrease in number and disaffection of those attending the assembly: 'From many of the opinions expressed: it seems that many patients do not intervene because they think that the doctors are present to "scrutinise" their behaviour, that many people do not intervene out of shyness or fear of being judged in public' (*Il Picchio*, 40 (1966): 10).

In many cases, the criticism voiced by patients in the general assembly addressed the forced conditions in the hospital in general, while personal problems brought up by individual patients received much less attention. From the beginning, the most pressing and objectively unresolved issue, at least until the approval of the Mariotti Law of 1968 on voluntary hospitalisation,²² was that of discharge, which required the signed guarantee of a family member,

and which was all too often denied. In the light of the families' refusal to care for their hospitalised relatives and in the absence of external psychiatric services that might have offered an alternative to hospitalisation, most patients saw no prospect of discharge and developed anxiety, disillusionment and discontent, which they directed at doctors during the assemblies. As a result, defiant silences or angry outbursts of emotion occurred from time to time, which the team did not try to limit. It was the task of the patient chairing the respective session of the general assembly to deal with this kind of disorder without overt intervention by hospital staff members or doctors.

It is perhaps surprising that, in the minutes of the general assembly that have been preserved, the same topics were discussed repeatedly. The main topics were always the organisation of parties, management of the bar and life in the wards. At first reading these minutes might therefore appear boring or insubstantial. And yet, this theme clearly reveals the great value that the participants attributed to community life.

As noted by John Foot, in those years more than fifty weekly meetings were held, including those of the wards, of staff, with volunteers and of the newspaper (Foot, 2017: 119). 'Assemblarism', that is, the concrete possibility that the discussion would end without finding effective solutions, was the other side of the coin. In the summer of 1966, this ineffectiveness led to tension and fatigue, which one patient clearly highlighted in an *Il Picchio* article, although he stressed the fundamental value of the meetings:

During all this time, in which we held assemblies, we have obtained very little, not to say almost nothing, basically here we do nothing but study each other: doctors study us and we can study them. ... The press should be invited [to] change the opinion of those outside who must think of us as their fellow men, only tried by misfortune. If our assemblies have not yielded results in this sense, they are still important to us because they serve to help each other and in this I also include the nursing staff. We must unite to fight. To make ourselves heard (*Il Picchio*, 41 (1966): 21–2).

Overall, both the patients' testimonies and the psychiatric team's own texts highlight the therapeutic value of this reciprocal 'study' (Basaglia, 2017: 395). It can therefore be stated that the assemblies

took over the task of group psychotherapy from 1965 onwards and that individual psychotherapeutic approaches played less and less of a role in Gorizia. As one patient, Maria, makes clear:

Some say that doctors tend to the sick more generally and do not dwell long on each individual case. That is true, but the reason must be analysed. During the meetings group psychotherapy is practised which allows the doctor to observe the patients' attitude regarding problems that concern the life of the hospital, organised as a small town. The protagonists of these meetings are precisely the patients [who] can express and demonstrate their true personality in front of the doctor, who, through a long dialogue, aims to guide, direct, encourage and make them responsible for their own existence. A climate so conceived, along with the psychotherapeutic advantage, also offers a pedagogical one. It seems to me that this dual character can well be considered as helping achieve the freedom that is the goal to which everyone aspires (*Il Picchio*, 40 (1966): 25).

The exercise of taking charge of themselves and others and actively shaping institutional change led to a new process of subjectification for many patients. They became more used to talking and making decisions again, although this was far from an obvious achievement. Granting patients these rights was related to the fact that mental illness was largely seen as the result of internalisation and institutionalisation. In Gorizia, however, this also led to patients increasingly denouncing the exclusion and restrictions imposed by life in hospital. The daily minutes of the general assembly make it clear that those involved in the Gorizia experiment did not attempt to hide therapeutic contradictions and ideological limits but rather that they were very aware of this basic problem in Gorizia and allowed discussion about it: the absence of an alternative to the psychiatric hospital risked perpetuating what already existed, creating a sort of 'good' institutionalisation: well conducted, less traumatic. An internal community could thus become 'a golden cage' (Basaglia, 2017: 267) that risked transforming political mobilisation into technical management.

Conclusion

The last issue of *Il Picchio* was published in 1966. There were many reasons for the end of this experience, not all in line with the official

position expressed in *The Institution Denied*. In Nino Vascon's interview of the patient Furio, included in *The Institution Denied*, it is reported that publication 'has not been renewed because the liberalisation of the hospital has made communication media pointless' (Basaglia, 1968: 88). More importantly, the magazine's editorial collective was dwindling and eventually consisted only of Furio himself. The general assemblies, on the contrary, continued through ups and downs in the following years, but there are no records of the minutes during this period, apart from a few extracts.

We can, however, say that the world outside the Gorizia Psychiatric Hospital recognised the central and unprecedented role of community life within the hospital. Public interest in the Gorizia experiment exploded between 1967 and 1968. The collected editions *Che cos'è la psichiatria?* (What is psychiatry?) and *L'istituzione negata* (The institution denied) edited by Basaglia received a large readership. Added to this came a widespread national and international press campaign. The issue of asylums was no longer just a matter for experts to be entrusted with, providing technical and health solutions. Through the volition of the movement that promoted it, it had instead become a high-profile democratic and political issue, and wide sectors of the public responded well to the radical and fundamental idea that closing asylums was as possible and necessary for overcoming the exclusion of the mentally ill.

It is, perhaps, no surprise that the media and cultural representation of this experiment favoured an oversimplistic view, imagining the entire Gorizia Psychiatric Hospital as a therapeutic community. Paradoxically, at the very moment when Gorizia found national and international recognition, Basaglia's team itself encountered signs of crisis and points of no return. Gorizia's path to fame was, therefore, a troubled process with a not entirely favourable outcome. In fact, during the experiment's greatest period of public prominence (1967–68), the relationship between the provincial administration and the medical team became increasingly complicated.²³ The psychiatrists of Gorizia demanded decisive steps regarding the establishment of mental health services external to and different from the hospital, without which they believed the experiment would fall short of its goals. Their demands encountered apparently insurmountable political and normative obstacles. This conflict eventually put an end to the therapeutic community, which was

established by Basaglia but continued without interruption under the direction first of Pirella and then of Casagrande until 1971.

The microcosm of the liberalised hospital community clashed with harsh reality. The libertarian potential expressed in the construction of free speech and community action collided with the demands that logically resulted from this. ‘When do I get home? When will I be discharged?’ became repetitive questions in the last years of Gorizia, but they could not find a definitive answer in the assembly. There was, in fact, an increase in the number of patients discharged, but, in the total absence of external assistance, the management’s goal of continual admissions and discharges met with limited success.

The forced choice, first of Basaglia, then of the whole team, to leave Gorizia had a double effect: on the one hand, it meant that this experiment could take root elsewhere, extending the possibility of effecting the transformation of psychiatric practices and the closure of asylums. On the other hand, it was a heavy blow to Gorizia’s patients, interrupting certain community life practices.²⁴ This was particularly true of those with a history of long-term care in the C wards, who resigned themselves to indefinite internment when faced with uncertainty, abandonment and denial.²⁵

Ultimately, the experimental nature of these practices remained the most innovative aspect of Gorizia. It was a founding act, necessary but not sufficient for a radical epistemological change in psychiatry. As his friend and colleague Hrayr Terzian wrote, Basaglia

realised a conceptual operation that was his true scientific work, coherently Galilean. He thought that in the impossibility of examining an object one examines what contains it. ... And this intuition led him to bracket disease, and to examine its many encrustations in the hope of eventually finding the disease itself (Terzian, 1980: 3).²⁶

Basaglia’s experience at Gorizia has, on several occasions, been criticised as unscientific, and in some quarters the question of the scientific nature of his psychiatry is still a thorny question for debate. Terzian, however, while explaining the experimental matrix of Basaglia’s practices, makes clear his belief in their indubitably scientific character.

During Basaglia’s tenure, the general assembly was one of the instruments best able to reveal the apodeictic evidence of psychiatry’s contradictory nature. Its practical response to the violence of the

asylums, by humanising them at an early stage, was an attempt to prevent the effects of institutionalisation on mental illness.²⁷ Thus, the Gorizia experiment can only be understood if one assumes as a precondition the radically different meaning that therapeutic action assumed within that community. The practices of the therapeutic community during this first Italian implementation were characterised by its highly utopian and ideological orientation. To compare these with subsequent developments in other mental hospitals, whether run along Basaglia's lines or not, is the challenge that awaits us.²⁸

Notes

- 1 Antonio Slavich, the first psychiatrist in Basaglia's team at Gorizia who joined the hospital in 1962, notes that they initially used the English expression 'community meeting' taken from the English model of Maxwell Jones's therapeutic community: 'which everyone later called more modestly *assemblea generale* [general assembly]' (Slavich, 2018: 168). John Foot (2014: 237, 241) talks of both 'general meetings' and 'general assemblies'. I propose keeping the literal translation 'general assembly' to highlight the centrality of this moment.
- 2 A much-debated aspect of the relationship between practice and theoretical models in Basaglia's approach was the definition of the actual methodology of psychiatric rehabilitation. After Basaglia's death in 1980, by which point the experience gained at Gorizia was being disseminated by members of his team in other psychiatric hospitals (for instance by Arezzo, Parma and Trieste), a more urgent theme emerged; not merely the importance of ending hospitalisation in favour of a less 'concealing' psychiatry, but also 'the possibility of making it a science' (see Castelfranchi, *et al.*, 1995: 39). For the epistemological bases of 'new psychiatry', see Pirella, 1999: 63–71.
- 3 In an interview with Pirella, conducted by M. S. Goulart on 2 February 2001, published in Venturini (2020: 140), Pirella said: 'Without the Gorizia experience, in Italy we would still have a situation like that of Germany. We would have smaller and more humanised psychiatric hospitals, but with a great difference in terms of power between the psychiatrists, the psychiatric operators and the patients; we would still have ... a concept favouring control over care' (Venturini, 2020: 139).
- 4 This refers to the experience of Maxwell Jones's therapeutic community, which represented a model for Gorizia to explore. On the comparison between different therapeutic community models and that of Gorizia,

- see Colucci and Di Vittorio, 2020: 153–60 and Foot, 2017: 84–94. For a more exhaustive historical reconstruction of therapeutic community models in Europe, see also Fussinger, 2010: 217–40.
- 5 Issues 3–7, 13–14, 17–19 and 22–4 of *Il Picchio* are accessible at the Archivio dell’Ospedale Psichiatrico Provinciale di Gorizia (Historical archive of the Provincial Psychiatric Hospital of Gorizia), Gorizia (hereafter referred to as ASOPPGo); issues 1, 8–12, 15–16, 20–1, 35 and 34–41 can be consulted at the Biblioteca Statale Isontina (Isontine State Library), Gorizia; issues 25–34 are held in the Archivio ‘Agostino Pirella’ (Agostino Pirella archive) of Arezzo University in Siena. I have been unable to consult issue 2, which today is extremely difficult to locate.
 - 6 See Basaglia, 1967, 1968 and 2017; Jervis, 1977; Corbellini and Jervis, 2008; Slavich, 2018. For principal historical reconstructions see Babini, 2009; Sforza Tarabochia, 2013; Trivelli, 2013; Foot, 2014; Burns and Foot, 2020; Colucci and Di Vittorio, 2020; Bruzzone, 2021.
 - 7 On the role of Gorizia volunteers see Setaro and Calamai, 2019: 43–60; Setaro, 2021: 391–9; of artists and architects see Scavuzzo, 2020; of the media and photographers see Guglielmi, 2018, Sforza Tarabochia, 2021: 209–27.
 - 8 On the immobility and conservatism of Italian psychiatry see Babini, 2009: 130–42; Galli, 2014: 79–90.
 - 9 From the 1960s, Basaglia and his team had already begun to learn about therapeutic experiences in the UK (Dingleton Hospital, Melrose, 1961), Germany (Würzburg and Gütersloh, 1964), France (Sector Psychiatry by Duchêne and Daumezon, XIII Arr.) and Switzerland (L’hôpital psychiatrique de Cery, Lausanne, 1965). Important intermediaries in this process were the psychiatrists Edoardo Balduzzi, Giampaolo Lai, Michele Risso, Gian Franco Minguzzi and Pier Francesco Galli. See Babini, 2009; Foot, 2014; Slavich, 2018.
 - 10 The inventory and documentary introduction of the ASOPPGo is currently being prepared for publication by Sara Fantin, the archivist of the Cooperativa La Collina who has supervised the reorganisation. I consulted the inventory and some of the documentary sources for this article with her invaluable support.
 - 11 On the economic contributions that Yugoslavia granted to Italy to support Slovenian internees see Foot, 2009: 16; Slavich, 2018: 75.
 - 12 See Basaglia *et al.*, 2008: 103. See also Visintini, 1983: 168–9; Gian-nichedda, 2005: xviii; Colucci and Di Vittorio, 2020: 19–20.
 - 13 The ASOPPGo contains, though still unsorted, many similar magazines from other European institutions. *Il Picchio* provides a detailed overview in the section entitled ‘Leggendo la nostra stampa’ (see, for example, *Il*

- Picchio*, 20–1 (1964): 19–21). Among them are *L'information* (Vinatier, France), *Coney Clarion* (Gloucester, England), *Là Haut* (Marsens, Switzerland) and *O Arauto* (Telhal, Portugal).
- 14 The films, without sound, of the first demolition of fences in the asylum, are now kept at the Mediateca 'Ugo Casiraghi' in Gorizia as part of the Giorgio Osbat Collection.
 - 15 This slogan was written on the walls of the San Giovanni Psychiatric Hospital in Trieste, of which Basaglia was the director from 1971. The inventor of the slogan was Ugo Guarino, an artist who had set up the Rainbow Art Collective in the hospital: see Gallio *et al.*, 1983 and Giannichedda, 2016.
 - 16 This expression occurs frequently in both assembly minutes and the writings of Basaglia's team: see Pirella, 1999; Basaglia, 2017.
 - 17 *Il Picchio*, 9 (1963): 19. Patient movement tables were published in all subsequent issues, up to issues 36–7 of 1965.
 - 18 Regarding this, Foot writes: 'Gorizia had a model for their revolution, and it came from the United Kingdom' (Foot, 2017: 85). On the importance of the English model of therapeutic community, see also Pirella, 1999; Millar, 2000.
 - 19 Pierini was a journalist at *L'Europeo*, a weekly magazine read widely in Italy. The investigation under his byline was published in *Il Picchio*, 34 (1967): 14, entitled *Se il malato è un uomo* (If the patient is a man).
 - 20 The ASOPPGo inventory gives no indication of any minutes of assemblies or ward and staff meetings among the documents in its possession.
 - 21 The newspaper ended publication in 1966 with issue 41, to which should be added a special edition in December 1962.
 - 22 Law no. 431 of 1968 took its name from the then minister of health, Luigi Mariotti, who had compared asylums to 'German concentration camps'. The law eliminated forced hospitalisation, introducing voluntary hospitalisation for the first time. It was the first concrete act of reform of psychiatric hospitals in Italy and created the preparatory groundwork for law no. 180 of 1978.
 - 23 For an analysis of the last years of the Basaglian experience at Gorizia, when the hospital was under the direction of the psychiatrist Nico Casagrande, see Venturini, 2020.
 - 24 The resignation of Nico Casagrande and his team was welcomed by the Isonzo provincial authority, which offered no possibility of realising the reforms requested over the years by Basaglia's movement (including the formation of a regional mental health service, for example). Subsequently, a psychiatrist from Padua, Giuseppe Carucci, was appointed director, but his experience was very brief. At this point, the general assembly was interrupted. See Foot, 2017: 243; Venturini, 2020: 183.

- 25 Letizia Comba, the psychologist in charge of the female ward C at Gorizia, defined it as ‘a frozen island with no history’ (Comba, 1968: 233). Certainly, the cages around the beds had been removed and the spaces reordered, but it remained a confined ward until 1968.
- 26 Regarding the difficulties of the Gorizia experiment, Edoardo Balduzzi, Basaglia’s friend as well as the leading exponent of sector psychiatry in Italy, says: ‘The community that “heals by healing itself” has become the only therapeutic background ... in an institutional context. We are in the presence of genuine experimentation’ (Balduzzi, 1968: 127).
- 27 On this aspect see Colucci and Di Vittorio, 2020: 117–34.
- 28 On therapeutic communities in other European locations see also Chapters 1, 3, 5 and 10.

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