

**Assembling memories
and affective practices around
the psychiatric history of Gorizia:
A study of a remembering crisis**

Ph.D. Thesis

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I declare that this thesis is my own work, based on my personal research, and that I have acknowledged all material and sources used in its preparation. I also declare that this thesis has not previously been submitted for assessment in any other unit, and that I have not copied in part or whole or otherwise plagiarised the work of others.

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THESIS ABSTRACT

This thesis examines the vicissitudes around psychiatric practice in the Italian city of Gorizia, from the 1960s to the present day. It addresses the work of alternative psychiatry initiated by Franco Basaglia in the city, in the early 1960s, and how this work has been remembered in the local community across the decades.

It is an interdisciplinary qualitative case study research based on an ethnography I conducted in Gorizia between 2011 and 2012, which has primarily involved archival research, formal interviews and informal conversations with some of the protagonists of psychiatric deinstitutionalisation in the city.

I analyse how elements such as narratives around ‘Basaglia in Gorizia’, public events and health care approaches, as well as the state of several locales and resources in official archives, are informed by fractured and contrasting understandings of the meaning of ‘the Basaglia experience’, and I frame such cleavages in terms of a ‘remembering crisis’. Within the scarcity of historical research that has been conducted on the psychiatric history of Gorizia, I suggest that these cleavages are crucial for an analysis of the cyclical erasures, rewritings and forms of ‘removal’ that are structural features in remembering ‘the Basaglia experience’ in the city.

The research is situated in the field of cultural studies. It examines an archive of crisis and it explores the ways in which such crisis is transmitted and circulates across the decades in the community, affecting interpretations of the past and current social and affective practices. I simultaneously draw upon and make a contribution to the fields of affect studies, psychosocial studies, trauma studies, and human geography.

My contribution is both theoretical and methodological. In suggesting ways of engaging with a haunted sociality and the psychic significance of a remembering crisis, I advance innovative epistemologies of the unconscious, and I formulate a non-representational approach to social research.

To all the people
I decided
I would not be.

And to the people who,
When they see pain,
Choose not to look away.

To think time against the grain, to imagine that which came ‘after’
can modify what was ‘before’ or that changing the past at the root
can transform a current state of affairs: what madness! [...]
It is pure science fiction, and yet...

(Félix Guattari, *The Machinic Unconscious*, pp. 10-11)

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FOREWORD

As an undergraduate student of Drama at Queen Mary University of London, in October 2006, I felt fascinated by the idea of taking a module named ‘Madness and Theatricality’. During one of the sessions, performance artist Bobby Baker came to discuss her work on the experience of psychiatric care. The memory I store of that workshop is tied to the moment she pronounced the sentence – a sentence that might even have been produced by the biased reworking of my memory – “there are so many people out there who are unwell, who are sick and don’t know they are, and don’t know they can get help.” After engaging with her work more closely in the following years, I realised her statement was about patients empowerment, but it was too late. That sentence stayed with me, haunted me.

At the time, I was myself experiencing some psychological distress. Antidepressants had been coupled with weekly visits to a therapist, in order to disentangle emotional knots in my life that I stubbornly perceived as simply being a part of me. The therapist I was seeing deeply irritated me. She seemed unsympathetic, detached, cold and willing me to accept a condition that I simply felt alien. Bobby Baker’s words, pace her good intentions, made me feel even more angry, almost offended, almost insulted.

I resorted to the university library and typed ‘psychiatry’ and ‘criticism’ as my keywords. The first book on the list that appeared seemed exactly what I wanted: Thomas Szasz, *The Myth of Mental Illness* (1974). Deeply fascinated and energised by his position, I began to devour American and British literature on ‘anti-

psychiatric' movements, without being fully able – or willing – to contextualise them historically, politically and socially.

This literature was followed by readings on Labelling Theory, the sociology of illness, the performativity of medication intake, body and mind dualism in medical practice, Foucauldian biopolitics, critiques to the pharmaceutical industry and to the *Diagnostic and Statistic Manual of Mental Disorders* (DSM). I began to explore these issues in my academic practice, also devising performance pieces that explored self-harm, borderline personality disorder, hysteria, schizophrenia and depression.

Unable or unwilling to digest those readings in their context, I had a somewhat romanticised view of madness, and a polarised view of psychiatry altogether, as imposing and oppressive, all-encompassing and depersonalising.

My first step towards grounding this frustration was the encounter with my former partner, in May 2007. As I explained to this new flatmate my research interests, he said “you know, I come from Gorizia, in Italy.” That did not ring a bell. I barely knew where the city was. He said “you know, where Franco Basaglia worked.” Again, no bells. “You know, Franco Basaglia, the psychiatrist who opened the mental hospitals. You know, the father of Law 180.” On that particular night, I believe I lied, and pretended to know at least *something* about this subject, scared that my ignorance would jeopardise the chance for our next date. “You can talk to my parents, he said, they both are psychiatric nurses in Gorizia.”

I talked to my partner's parents, and to many family friends that had been involved, at various levels, with the deinstitutionalisation process in Gorizia. I became fascinated with these experiences, these views, that were often polemical about the

current state of mental health care. And, with Szasz's legacy still hidden in my bag, I liked polemics.

I became particularly interested in the discrepancies and contradictions in the descriptions I gathered on the process of deinstitutionalisation in Gorizia, simultaneously as the 'opening' of the hospital, and the 'closing' of the institution. When I decided I would undertake a Ph.D. on the topic, I perhaps fell back into abstraction and romanticism. My research proposal and my work in the first year pivoted around the double standard of a place that is simultaneously 'opening up' and 'closing down'. I aimed to find out – perhaps, even to prove – whether the dissatisfaction expressed by current staff members, and the problematic situation of mental health care in Italy at the present moment, could be related to this spatial and theoretical double standard, which might have originated in the hospital where Italian deinstitutionalisation processes had begun. I imagined I would theorise about biopolitics, embodiment and identity, postulating on subjects' affects in relation to changing spaces.

After two years of marriage, I began my fieldwork in Gorizia in July 2011, and I soon realised that the way I had interpreted many of the concepts I toyed with was not only irrelevant to my findings, but also completely disembodied from the concreteness I was experiencing. I then learned to root my research questions in concrete 'places' and ethereal 'atmospheres'. I learned that 'experience' has a material meaning, 'heavier' and thicker than what I was used to in my writing and thinking. I learned that the same story can have many versions, even opposite ones, and that each version is unquestionably true. I learned that while it is important to speak of material experiences and real places, this materiality is often constituted by

things that are impalpable. I learned that feelings circulate in unpredictable modes and times, they impregnate places and people in ways that one can only experience and explore through one's feelings and body, and that this experience is likely to be a painful one. By empirically engaging with 'subjects', and being fully immersed in 'place', my questions progressively redirected towards examining how past vicissitudes around Basaglia's work and his departure from Gorizia still circulate in the present, with effects that deeply shape the community, in modes that have also required the researcher to *attune to* persisting grudges, scornful silences, periodical and emotive re-writings of the past.

As the months progressed, I began to literally embody the research I was conducting. The inability to clarify many contradictory accounts, a somewhat nostalgic feeling for a past I had never experienced, and narratives of grievance, tribulation, and scourge were invading my private space and time. My eating habits changed, and my weight began to swing quite radically. I tripled my cigarettes. I began to be insomniac, and to perceive a 'presence', a ghost, in the flat I was living in. Questions about the past as enacted in the present, and about the transmission, circulation, and effects of 'trauma' were distressfully exceeding my notebooks, and producing disturbing leakages. The more drawn into the research I felt, the more my body and my sensory perceptions were responding to it, and the more my personal relationships were affected by these responses, by my readings and elaborations on the material. In the course of those nine months, 'Gorizia' became 'heavy', 'difficult', putting a strain on my emotions and my personal life I did not expect. It was a strain similar to that described by various 'research participants', and it is a strain which inevitably informs my analysis, as it was shaping and channelling my

research questions around the effects of remembering practices and the dynamics of a haunted sociality. However, this sense of impalpable ‘heaviness’ was infused with a strange fascination, a yearning for data, an imperative to excavate the feelings the research was eliciting in me. A curiosity, perhaps,

the only kind of curiosity, in any case, that is worth acting upon with a degree of obstinacy: not the curiosity that seeks to assimilate what it is proper for one to know, but that which enables one to get free of oneself. After all, what would be the value of the passion for knowledge if it resulted only in a certain amount of knowledgeableness and not, in one way or another and to the extent possible, in the knower’s straying afield of himself? (Foucault and Deleuze, 1977: 207-208).

I had left London with a bag full of theories and debates and, nervous as I was upon commencing my fieldwork, I was initially obsessively sticking to the methodology and questions I had set for myself. Soon, however, I had to put my bag on the side. Everything and everyone I was encountering exceeded it. I had to let go and let emotions seep through me. Only when I emotionally delved into the material, *felt* ‘Gorizia’s crisis’ through my own sensory apparatus, the literature began to make sense and helped me to see through. Each piece of data, each clinical file, each uttered word, each dusty book, each worn out social worker, each deteriorated document, each decrepit window, each crumbling wall has its own agency and affective potentials, which cannot be separated from their *emergence* as pieces of data in this study. This emergence – how these elements come to constitute ‘data’ and play a part in the analysis – is a question at the interface of methodological design, epistemological and theoretical frameworks. Moving between the concrete and the impalpable, the facts and the fictions, the erased and the rewritten, I develop an archive of crisis, and in engaging with the unconscious dimension of this crisis in Gorizia, I also ask how the researcher participates in this archive, and what theoretical and epistemological considerations are at stake, when doing so.

INTRODUCTION

1. Research outline

1.1. Research description

This research is a study of remembering practices in Gorizia, a small city in Northern Italy, with a specific reference to the vicissitudes around its psychiatric history, where I interrogate the effects of these practices on the present, and their impact on producing accounts about the past. In the 1960s, Gorizia was the first city where psychiatrist Franco Basaglia (1924-1980) experimented with features of British therapeutic communities, work which paved the way towards the national abolition of psychiatric hospitals, with Law 180, in 1978. After moving to the nearby city of Trieste in the early 1970s, his project of deinstitutionalisation was accomplished in full, and the successful legacy of this work has been internationally documented. Gorizia, on the other hand, after Basaglia's departure, entered a 'lengthy crisis' in its modes of implementing, developing, and remembering his work. This uncomfortable legacy still encompasses individual and social bodies, locales and cultural practices, personal memories and local official archives. This crisis is at the centre of my study, where I ask how the legacy of 'the Basaglia experience' in Gorizia manifests itself, and how it is performed through a variety of social practices. I thereby dig into the relationship between past and present, asking what the remains of trauma are, and how they are located, transmitted, projected and enacted in the community.

In my employment of the term 'crisis', I extend its meaning from a temporary crucial moment, to an unstable situation that protracts in time through contrasting memories, controversial debates, missing information, and embodied discomforts. In

fact, as a local journalist comments, “[f]or a decade, Gorizia was the capital and symbol of a struggle against violence and social exclusion [and] all that now is just an aching memory” (Simoncini, 1996b: 4).

In this study, I explore the ‘ache’ of this memory across the years and, by engaging with the material and the psychic traces of ‘the Basaglia experience’, I suggest that remembering and meaning-making are profoundly fractured. In this endeavour, I engage with a body of work that conceives trauma not solely as a destructive force, but one with a powerful agency (Walkerline and Jimenez, 2012; Leys, 2000; Davoine and Gaudillière, 2004; Cho, 2008), which is constituted and transmitted through cycles of visibility and invisibility, remembering and forgetting. I thereby trace a thread between affect studies, trauma studies, memory studies and human geography, a thread that also transverses a sociology of haunting.

The present study is not a political revival of Basaglia’s thought, which speaks to the debates surrounding the legacy of his work (see Pertot, 2011; Pitrelli, 2004; Segatori, 2010). Furthermore, I do not advance a theoretical elaboration on Basaglia’s writing and practice, which can be encountered in some recent philosophical work, particularly in relation to Foucauldian biopolitics (Colucci, 2010; Rovatti, 2010; Di Vittorio, 1999; Sforza Tarabochia, 2011a; Sforza Tarabochia, 2011b). Finally, I do not intend to present a study of his legacy as continued by activist groups such as Democratic Psychiatry (*Psichiatria Democratica*)¹, or intellectual forums such as the journal *Fogli di Informazione*.²

¹ *Psichiatria Democratica* (Democratic Psychiatry) was founded in 1973, with the aim to fight against exclusion, and for the abolition of psychiatric hospitals (Psichiatria Democratica, 1979: 197-199). The current focus of the organisation is an ongoing battle against stigma, and a campaign for the abolition of criminal high-security psychiatric hospitals (*Ospedali Psichiatrici Giudiziari*) (*Psichiatria Democratica*).

² The journal was founded in 1972, with the intent to exchange information across various hospitals in the country, and establish a dialogue between psychiatric practice, psychoanalytic and psychotherapeutic perspectives. The journal has published several special issues presenting conference proceedings, or addressing specific topics such as psychiatry and Nazism (Issue 27,

Rather, while I delineate a history of psychiatric practice in Gorizia in the past fifty years, I trace the forms in which various understandings of the past have shaped, and still inform, present modes of remembering and understanding these vicissitudes in the community. My research methodology primarily involves archival research, formal interviews and informal conversations, conducted and analysed drawing upon a psychosocial interview method (Hollway and Jefferson, 2007; Walkerdine and Jimenez, 2012), where the emotional responses of the researcher are employed as productive elements in processes of meaning making. These methods have proved decisive in my search for the traces of a history that has been partly removed, and that survives in the cleavages between official and non official forms of remembering, through undocumented contradictions, gaps and divergent versions over the meaning of ‘the Basaglia experience’.

1.2. ‘Hidden in plain sight’

The memory crisis around the psychiatric history of Gorizia is “hidden in plain sight” (Cho, 2008: 125). Like a tumbledown attic, it periodically creaks, when the wind blows. Like a damp basement, it produces disturbing odours, and it keeps the temperature low. This can be ignored during the summer, but it becomes inconvenient in the winter months. For the building not to collapse, sooner or later one has to enter these spaces and engage with their discomforting effects. Climbing the ladder to the attic, or walking down sets of dark and damp stairs, is not an uncomplicated task. What one will find in these spaces might have contributed to their progressive decay. The ladder and the stairs might have been damaged,

1998); the use of psychopharmaceuticals (Issue 33, 2004); Democratic Psychiatry (Issue 30, 2003); the comparison between Italian psychiatry and other European Countries (see Issue 35, 2005). However, its circulation has remained rather limited.

preventing any engagement with these locales over the years. The state of the locales, the means to access them, one's bodily reactions to these places, and their potential contents constitute an assemblage of data that will influence and inform how one engages with them, and what one might decide to do with them. "Hidden in plain sight" in the collective psyche (Cho, 2008: 125), shifting its role in collective emotional understandings, sporadically reported in the media, the 'damp basement' of Gorizia constitutes an assembled archive that requires alternative epistemologies and methods for listening to voices, silences, spaces, and objects. These alternative methods for seeing and listening to trauma can be framed as forms of 'diasporic vision' and 'distributed perception', stretching across time and space, and requiring a synaesthetic engagement of the researcher (Cho, 2008; Blackman, 2012b) with phenomena that "reveal our fundamental connection not only to the other, but to pasts that cannot be articulated" (Blackman, 2012a: 127). This, I argue, calls for forms of distributed perception that concede for memory and affect to be transmitted through agents that are not always necessarily human and not always necessarily visible, and yet, can be deeply felt.

1.3. The place of the researcher

[I]t is an impossible task to avoid the place of the subjective in research, and [...] instead of making futile attempts to avoid something which cannot be avoided, we should think more carefully about how to utilise our subjectivity as a feature of the research process (Walkerdine, 1997: 59).

'The place of the subjective' is an underlying feature of this research. Taking my cue from Valerie Walkerdine, this study is structured by and disseminated with emotions, 'atmospheres' and impalpable feelings, that come from subjects, places, objects, and the researcher herself. If this might be an unwelcome contingency in quests for objective knowledge, when analysing a crisis, its psychic dimension,

implications, and material manifestations, the psychic realm must be mobilised in the researcher as well, used not as an interpretive tool for eliciting ‘the truth’, but as a site where a crisis also manifests.

There are three elements that have importantly shaped ‘the place of the researcher’ in my data collection. First, the connection to my then in-laws, psychiatric nurses who work in Gorizia, was at times enabling in the process of meeting new participants, and it often granted me the status of a trustworthy insider. At other times, I sensed that this very relation rendered some subjects more defendant, portraying me as already belonging to a side of the ‘for or against Basaglia’ debate, that has haunted the community across the years, and that is integral to the very crisis I investigate.

Second, my interview style changed according to the subject I was interviewing, and I at times found myself sharing findings and difficulties with my interviewees, thus amenably destabilising the boundaries between the ‘researcher’ and the ‘participant’. However, the opportunity to share ‘the heaviness of Gorizia’ has been indispensable not just for a deeper data collection, but also for my personal wellbeing, soothing a sense of emotional loneliness and increasing confusion in my feelings towards the city, my familial relationships, and the research altogether.

Finally, it has been challenging to construct an ‘archive’. I have often found crucial material by chance, or through a friend’s friend, or thanks to a shamefully limited number of staff members at libraries, archives and hospices, who took individual interest in this project, and helped me in ways and fashions that often fell well beyond their job duties. These difficulties and challenges, as I will discuss, have become data and frameworks in themselves, as manifestations of Gorizia’s crisis in remembering its psychiatric past.

1.4. A note on translation

The translations I provide for all the texts that are originally published in Italian are my own, unless otherwise specified. However, in translating these texts and my interview transcripts, some terms posed considerable semantic difficulties. I have chosen to consistently retain the original Italian terms, when these seem to hold a social and emotional significance for the research participants or in the wider literature.

In particular, the term ‘psychiatric hospital’ (*ospedale psichiatrico*) alternates with the term ‘manicomio’ (pl.: *manicomi*) – from the Greek *mania* (folly) and *komeō* (to cure). Translations such as ‘asylum’ or ‘madhouse’ do not, to my understanding, convey the ambiguities and nuances of the Italian term. ‘*Manicomio*’ usually communicates derogatory feelings, with elements of stigma and misery. However, its usage in certain specific contexts might entail a degree of affection and attachment to the people who populate it.

In a similar vein, terms like ‘patient’ (*paziente*), or ‘service user’ (*utente*), are at times superseded by ‘*matto*’ (pl. m.: *matti*; s. f.: *matta*; pl. f.: *matte*). While the term might be employed in a derogatory tone (such as the English ‘mad’), it is also used *by healthcare staff, family or close friends of a mentally ill person*, with a nuance of affection. A nurse currently working in the mental health centre in Gorizia cogently expressed this sentiment: “if someone who doesn’t really care says, he’s *matto*, I get angry. When we say it, we say it with a hug” (Andrea).³ The term is also employed in expressions such as ‘*fare il matto*’ (literally, to ‘play the mad’), indicating the

³ As I will illustrate in detail in Chapter Two, my interviewees include a variety of subjects, from former patients to nurses, administration staff, and several Directors of the Gorizia Mental Health Department. Throughout this study, I safeguard the privacy of my research participants by employing pseudonyms. A detailed list of these will appear in Chapter Two (pp. 112-114).

stereotypical behaviour and actions that a patient might occasionally – and at times consciously and purposefully – display.

Finally, I have chosen to maintain the Italian terminology and acronyms when referring to specific institutions and locales that relate to Italian healthcare services and governmental bodies. This is to emphasise that *similar* institutions (such as the British ‘Day Centre’ and the Italian *Centro Diurno*) might function in different ways and with different aims.

I will now provide a brief chronological framework for the investigation of this crisis, introducing four phases in the history of Gorizia’s psychiatric hospital, which constitute important backdrops for the chapters ahead.

1.5. The phases of the Psychiatric Hospital of Gorizia

Through my interviews and conversations, I have reconstructed four main phases in Gorizia’s psychiatric past. These phases consist of ‘the closed *manicomio*’ and ‘when Basaglia was here’, followed by ‘when Basaglia went away’ and ‘the situation now’. Alongside the actual presence of Basaglia and his team in Gorizia, these four phases appear to pivot around three elements, namely oscillating levels of enthusiasm on the job, perceived hierarchical powers, and the shifting in and out of public visibility of Gorizia’s psychiatric practice in the national media.

In ‘the closed *manicomio*’ (before 1961), power hierarchies were perceived as very strict – between nurses and physicians, and between patients and nurses – and governed by a sense of fear, rendering work dreary and degrading. The psychiatric hospital was ignored by the local press, and some Gorizians who were later employed as nurses report to have been unaware of its existence at the time (Francesco, Roberto).

‘When Basaglia was here’ (1961-1969 or 1961-1972) is generally described by nurses as a “fantastic time” (Adriana). Days were filled with assemblies, meetings and recreational activities for the patients, a general sense of freedom and spontaneity, and a permeability of power structures. Nurses felt “at the same level as the doctors”, since their opinions were treasured, and personal initiative was encouraged (Francesco). The physicians, in turn, removed the white coat, and began to spend more time with patients. Patients themselves remember this time as empowering, energising and “beautiful” (Lucia, Rosa, Ornella). Between 1961 and 1968, the psychiatric hospital of Gorizia was appearing on local and national media, also attracting some international attention.

‘When Basaglia went away’ involves his departure from Gorizia, the later resignation of his team, and the arrival of a new team of physicians. These events, and the phase that lasts from the early 1970s to the mid 1990s, are particularly surrounded by controversial and contradictory accounts. Levels of enthusiasm appear to have faded away, with nurses reporting a ‘regression’ of the hospital management (Angelo), and a renewed perception of authoritarian hierarchies. The image of Gorizia in the local and national media shifted from a ‘pilot experiment’ to a ‘failed experiment’, and these decades are often referred to as ‘the years of the Restoration’.⁴

‘The situation now’ loosely refers to a period from the mid 1990s to the present day. The phase is characterised by a progressive staff turnover, diminishing levels of informality, nostalgic recollections of past enthusiasm, and a number of formalised and bureaucratic changes in local health care management.

⁴ The term Restoration originally refers to the Bourbon Restoration (or Restauration), as the name given to the period following the French Revolution (1789–1799), the end of the First Republic (1792–1804), and the end of the First French Empire under Napoleon (1804–1814/1815), when the French monarchy was restored. The term generally refers to the period from 1814 until 1830, which was characterized by a strongly conservative policy (Crawley, 1969).

While these phases are often contested and by no means exhausting, they constitute a feasible timeline to which I will refer to throughout this study.

1.6. Chapters breakdown

In Chapter One (*Positioning the research*) I will situate the research in the field of cultural studies, and I will present a review of the relevant literature that frames this research, particularly drawing from the fields of affect studies, memory studies, and human geography.

In detailing my research methodologies in Chapter Two (*Research methodology*), I will append and provide some concrete applications of several concepts I discuss in the first chapter, also devising a number of analytical tools that I employ in this study.

Chapter Three (*The Basaglia experience*) will examine the first three phases of the psychiatric hospital of Gorizia. The chapter will move between social history and personal memories, discussing key events and narratives that inform the remembering crisis in the community.

Chapters Four and Five will frame the history of the present as constituted by this crisis. In Chapter Four (*Practices of remembering*), I will engage with commemorative public events on the psychiatric history of Gorizia, and memorialising practices that specifically involve the material site of the former psychiatric hospital.

In Chapter Five (*Remembering and mental health practice*), I will explore ‘the situation now’, discussing the relationship between views on psychiatric practice in the area and modes of remembering ‘the Basaglia experience’.

In order to aid the reader in navigating this study, in the remainder of this Introduction, I will provide an overview of the administrative bodies in Gorizia, a description of the history of psychiatric law in Italy, and an outline of the organisation of psychiatric services in the area.

2. Administration and healthcare organisation

2.1. Administrative bodies of local government in Italy

2.1.1. Regions, Provinces, Municipalities

Italy is divided into twenty Regions, each served by a Council, a Committee, and a Regional President. Each Region is in turn subdivided into several Provinces, in turn served by a Council, a Committee and a Provincial President. In each Region, one of the Provinces acts as the Regional Capital. Each Province is composed of a group of neighbouring Municipalities, one of which acts as the Provincial Capital.

Regions have administrative duties which can be delegated to the Provinces or the Municipalities, and Regions can pass minor internal laws on fields such as the administration of health care and schooling, with a relative independence from the State.⁵

2.1.2. Gorizia and Friuli Venezia-Giulia

Gorizia is a Provincial Capital in the Region Friuli Venezia-Giulia, an Autonomous Region with a special statute (Figure 1).⁶ Friuli Venezia-Giulia extends over 7.858

⁵ I will employ the upper case caption ‘Province’ and ‘Region’ to indicate the administrative organs, and the lower case caption ‘province’ and ‘region’ to indicate the geographical areas of these bodies of local government.

⁶ There are five Autonomous Regions with a special statute in Italy. They hold a degree of autonomy due to their cultural, geographical or linguistic situation, such as vicinity to international borders (Friuli Venezia-Giulia, Trentino Alto-Adige, Aosta Valley), or the special condition of the islands

Km2, with a population of 1.235.808 inhabitants (Regione Autonoma Friuli Venezia Giulia, 2011). It is divided into four Provinces: Trieste – the Regional Capital – Gorizia, Udine and Pordenone (Figure 2).

Gorizia has a population just below 36.000 people and, as a Provincial capital, the city hosts a number of administrative State bodies, such as a court, a prison and the headquarters of several taxing apparatuses. The province of Gorizia extends over 41.1 Km2, and while not particularly wide, it reaches from the Carso mountains to the Adriatic Sea (Regione Autonoma Friuli Venezia Giulia, 2011).⁷

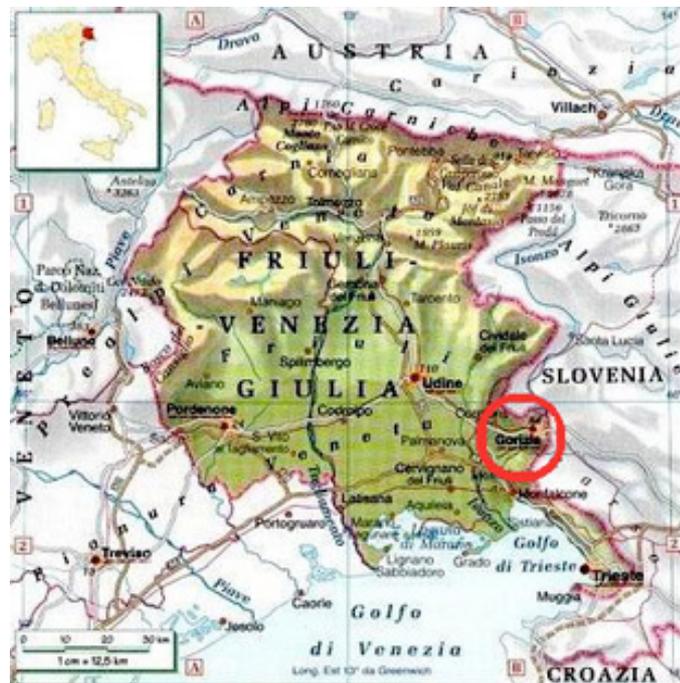


Figure 1: Friuli Venezia-Giulia Map

(Sicily, Sardinia). As an Autonomous Region, Friuli Venezia-Giulia retains over 50% of all levied taxes, financing its own health care and school systems (*Regione Autonoma Friuli Venezia Giulia*).

⁷ The city of Gorizia has a population of 35.798 inhabitants. Its Province comprises of 25 municipalities, with a total population of 142.407 inhabitants (Regione Autonoma Friuli Venezia Giulia, 2011).



Figure 2: Friuli Venezia-Giulia and its Provinces

2.2. Brief history of psychiatric law in Italy

2.2.1. Law 36/1904, art. 604/1930, Law 431/1968

After Italy's unification in 1861, the country was facing a situation of grave economic underdevelopment, marked by social tensions and strong cultural differences across its Regions, most notably between the wealthier North and the impoverished South.⁸

After a series of scandals that exposed the ignominious conditions of psychiatric hospitals across the country,⁹ the first national law on mental health was passed in 1904, ruling that psychiatric asylums should provide “*care and custody*” to those who are affected, for whatever reason, from mental alienation, when they are considered

⁸ Until 1904, there was no unitary national law that disciplined psychiatric care, and four types of infrastructures were present: Provincial asylums, religious institutions, hospitals and wards administered by independent bodies, and private institutions. While the quality of management depended on individual cases, overpopulation, staff shortage, ramshackle locales, inadequate food provision and poor hygienic conditions were the norm (Babini, 2009: 9).

⁹ The scandal emerged in the press when Augusto Tamburini, the Director of the psychiatric hospital of San Lazzaro, in Reggio Emilia, was delegated by the Government to produce a report on the conditions of public asylums in 1902. He particularly focused on two psychiatric hospitals in Venice, San Clemente (female hospital) and San Servolo (male hospital) (Tamburini, 1902).

dangerous to themselves and to others, and of *public scandal*” (L 36/1904, art.1, my emphases).

To all intents and purposes, the status of the psychiatric inpatient was comparable to that of a prison convict, since public psychiatric hospitals were administered and supervised by the Interior Ministry (L 36/1904, art.8). In addition, from 1930, if the patient had not been dismissed within 30 days, his or her name was added to the police criminal records (Penal Code, art. 604/1930), rendering dismissal after the first month of hospitalisation much more complex and rare (Babini, 2009; Canosa, 1979).¹⁰ With Law 36/1904, the request for admission to a psychiatric hospital would come from “relatives, guardians, and from anyone else acting in the interest of the sick person and of society” (L 36/1904, art.2).

Only in 1968, a law was passed that introduced voluntary admission, also abolishing the registration of patients into police criminal records (L 431/1968, also referred to as ‘Legge Mariotti’, after the name of the then Health Minister).

2.2.2. Law 180/1978

Law 36/1904, with its emphasis on ‘care and custody’, ‘dangerousness’ and ‘scandalous individuals’ was abolished in 1978, with the passing of Law 180/1978, often referred to as *Legge Basaglia* (‘Basaglia’s Law’).

The law forbade the construction of new psychiatric hospitals and imposed the phasing out of existing ones as structures of hospitalisation. It establishes that psychiatric treatment is by norm voluntary, and it envisions compulsory admission (*Trattamento Sanitario Obbligatorio*, T.S.O.) only in cases where intervention is urgently required, and no other means of assistance are available, such as extra-

¹⁰ Notably, private psychiatric institutions did not fall under the direct authority of the Interior Ministry, and art. 604 of the Penal Code was not in force in these institutions (Pertot, 2011: 45).

hospital facilities. It regulates compulsory admission to a maximum of seven days, extendible week by week, and it decrees that T.S.O. procedures are to be undersigned by two practitioners, as well as the mayor of the patient's Municipality. It rules that psychiatric wards should be included as small structures within or in proximity of general hospitals, with a maximum of fifteen inpatients beds. Law 180 stresses the importance of local outpatient clinics and mental health centres (*Centri di Salute Mentale, C.S.M.s*), which can include 24 Hours Centres (*Centri 24 Ore*) with up to eight inpatients beds for voluntary admissions only, insisting on the notion of 'mental health', and abolishing the idea of 'care and custody', thus shifting the focus from public safety to forms of care (L 180/1978).¹¹

2.2.3. The historical context of Law 180

Law 180 was passed at a time of a very heated political climate, social tensions, and reforms of the Civil Code, in the middle of the 'Years of Lead' (1972-1982), as I will discuss in more detail in Chapter Three.

With the progressive growth of the left and the Communist Party over the late 1960s and 1970s, a season of important referendums and reforms in the country emerged, such as the 1974 referendum on divorce, and the 1981 referendum on voluntary pregnancy termination, which strengthened the growing popularity of the Communist Party (*Partito Comunista*) and the Radical Party (*Partito dei Radicali*) (Ghirelli, 2004; Damilano and Pansa, 2006). This season of public participation in political decision-making, with the emergence of previously marginalised groups such as women and students, while it was re-envisioning the relations between the

¹¹ The linguistic reformulation of the law and the substitution of large scale asylums with smaller centres were understood as signs of the radical rethinking of the role of clinical staff in psychiatric care. This differs, for example, from the British deinstitutionalisation process that has begun in the 1990s, as a managerial reconfiguration of services (Jones, 2000; Chiapparola and Mandirola, 2005).

subject-citizen and the State (Giannichedda, 2005; Ignazi, 2006), it was also taking place within a ‘stalemate political system’ and a stagnant economic situation (Ginsborg, 1990).

Due to strong political and social pressures, the law was quickly passed in May 1978,¹² and it converged into Law 833/1978 in December 1978, which created the National Health Service (*Servizio Sanitario Nazionale*).

2.3. Implementing Law 180

2.3.1. Law 833/1978 and Mental Health Plans

As an administrative reform, Law 833 established the constitution of Local Health Units (*Unità Locali Socio-Sanitarie*, U.L.S.S.s or *Unità Sanitarie Locali*, U.S.L.s, depending on the Region) for specific catchment areas – with Mental Health Departments as a subcategory, each responsible for 150.000 inhabitants (Burti and Benson, 1996) – which would be managed and organised by individual Regions. Law 833 was thereby allowing Regional-level administrations to negotiate the modalities and timing for implementing Law 180.

Law 180 was passed as a guideline law (*legge quadro*), and the State did not provide the Regions any specific indications on how to implement it (Pillo and Del Vecchio, 1999). As a consequence, the reform was applied non-homogenously across the country, like “spots on the coat of a leopard” (Pastore, 1994: 109), and several psychiatric hospitals maintained their functions after 1978 (Donnelly, 1992; ISTAT, 2001; Palermo, 1991).

¹² In 1977, a coalition between the Communist Party and the Radical Party began to collect signatures, in order to reach a referendum that would abrogate Law 36/1904. While the minimum quota to set in motion the mechanism for a national referendum is 500.000 signatures, the campaign for the abrogation of Law 36 quickly collected over 700.000. To avoid the risk of a referendum – which, in Italy, can only be abrogative – and a consequential legal vacuum, the Government quickly produced the draft of Law 180 (Donnelly, 1992).

In 1994, the first Mental Health Plan was issued by the Parliament (*Progetto Obiettivo Tutela della Salute Mentale 1994-1996*), Law 724/1994 and Law 662/1996 imposed the definitive closure of the remaining hospitals by December 1996, introducing sanctions for defaulting Regions. Law 449/1997 then postponed the deadline to December 1998, with a second Mental Health Plan (*Progetto Obiettivo Tutela della Salute Mentale 1998-2000*). Throughout the 1980s and early 1990s, many proposals for reforming Law 180 were put forward by conservative political parties.¹³ Since 2001, a new season of propositions has begun, again stemming from conservative parties.¹⁴

While the phasing out of psychiatric hospitals now appears to have been achieved, efficacious structures for outpatient care are distributed across the country non homogeneously, with notable differences between the North and the South (Signorelli, 2009). The preoccupations arising from this situation mainly revolve around the inadequacy of structures of community care, and the financial and psychological burden imposed on the families of the mentally ill (*Associazione per la riforma dell'assistenza psichiatrica*; Camarlinghi, 2008; De Girolamo et al., 2007; Piccinelli et al., 2002; *Vittime della 180*).

¹³ The proposals were presented by Vittorio Olcese, Paolo Cirino Pomicino, Renato Altissimo, Costante Degan, Giuliano Amato, Carlo Donat Cattin, Francesco De Lorenzo, Maria Burani-Proccaccini.

¹⁴ Recent proposals were presented by Fabio Rizzi, Valerio Carrara, Fabio Garegnano, Guglielmo Picchi and Gabriella Carlucci, Giorgio Jannone, Emerenzio Barbieri, Giuseppe Francesco Maria Marinello, Paolo Guzzanti, Carlo Ciccio (Barengi, 1984; Benevelli, 2010; Corbi, 2009; Reggio, 2005; Ciccio, 29 July 2010). These proposals generally aim to increase the number of beds in structures of inpatient care, prolonging the time of compulsory treatments (T.S.O.s), and reconsidering the use of former psychiatric hospitals buildings. Ciccio's proposal also aims to re-establish the psychiatrist as the main provider of care, thus de-emphasizing multidisciplinary teamwork of professionals and volunteers; it places a renewed focus on safety and emergency, and it opens up community care to the private sector (Pitrelli, 2004).

2.3.2. Levels of implementation of Law 180/1978

The number of psychiatric beds has generally decreased over the years, and it remains lower than in other European countries (Amaddeo et al., 2007). While most countries tend to rely on psychiatric hospital beds, the challenge for Italy consisted in developing sufficient inpatient beds in non asylum structures (see Toresini, 2005). While rates of admissions in psychiatric wards have continued to decline, showing no significant revolving door phenomenon, the number of patients in private facilities has declined at a lower pace, from 20.000 in 1968 to 15.600 in 1983 (De Girolamo and Cozza, 2000; Burti, 2001; Burti and Benson, 1996).

The Mental Health Plan issued in 1994 generated a dramatic decrease in the number of inpatients in both public and private facilities, from 17.098 on 31 December 1996 to 7704 on 31 March 1998 (Burti, 2001),¹⁵ as Law 724/1994 introduced heavy sanctions for non complying Regions. The Mental Health Plan issued in 1998 rose the average availability of psychiatric beds in non asylum structures, from 0.88 in 1998, to 0.92 in 2001, per 10.000 population, bringing it closer to the ideal standard of 1 bed per 10.000 population (*Ministero della Sanità*).

These data, however, do not account for two important features in the provision of psychiatric services in the country, namely the incidence of private facilities, and marked local and regional differences that make up “two Italies” (Sironi, 2013). In fact, private and religious institutions are not entirely subjected to the impositions of Law 180, and in 2002 they supplied 43% of inpatient psychiatric beds (*Istituto Nazionale di Statistica (ISTAT)*). While the number of these facilities is declining, their impact in psychiatric care provision remains substantial (Lora, 2009). The

¹⁵ The rate of compulsory admissions (T.S.O.s) has also steadily declined from 50% in 1977 to 12% in 1994 (De Girolamo and Cozza, 2000), and in 2002 they constituted 4% of total admissions (*Istituto Nazionale di Statistica (ISTAT)*).

presence and distribution of public and private structures notably varies across Italian Regions. In particular, private institutions are more numerous in the South, where Law 180 had a much harder implementation (Signorelli, 2009; Lora, 2009; De Girolamo et al., 2007). For example, these constituted 74.77% of overall facilities in the Calabria region in 2008, while in Friuli Venezia-Giulia – and by consequence in the Gorizia area – mental health care is 100% public (*Istituto Nazionale di Statistica (ISTAT)*).

2.3.3. From U.L.S.S. to A.S.L.: Autonomy from the Region

Decree Law 502/1992 converted Local Health Units (U.L.S.S.s) into Local Health Companies (*Aziende Sanitarie Locali*, A.S.L.s), as local public health bodies that no longer fall under the direct authority of the Region. A.S.L.s became juridical subjects, and they were effectively turned into ‘companies’, with an independent organisational, technical, administrative and economic power over their budgets, structures, and activities.

As an Autonomous Region with a special statute, Friuli Venezia-Giulia employs the caption ‘A.S.S.’ (*Azienda dei Servizi Sanitari*), rather than A.S.L., even though the functions remain the same.¹⁶

2.3.4. Mental health care organisation in Gorizia

Friuli Venezia-Giulia is geographically divided into six health districts, or catchment areas, each with its own A.S.S. (see Appendix A). The local health district in Gorizia is ‘Distretto n. 2 Alto Isontino Integrato’ which has, among its various organs, a Department of Mental Health (*Dipartimento di Salute Mentale*, D.S.M.), whose

¹⁶ In the course of this thesis, I will employ the caption U.S.L. or A.S.S., and ‘Local Health Unit’ or ‘Local Health Company’, depending on the historical period of reference.

office is currently inside the Direction building in the former psychiatric hospital (Figure 3).



Figure 3: Former Direction Building, October 2011

The D.S.M. Alto Isontino Integrato manages two Mental Health Centres (C.S.M.s), where various services are offered, from meetings with psychiatrists, to socialising activities during the day. The C.S.M. in the city of Gorizia is currently located in the proximity of the former psychiatric hospital (see Appendix E), while the second C.S.M. of the Alto Isontino Integrato catchment area is located in the nearby city of Monfalcone.¹⁷ Each of these Centres also manages an outpatient clinic in two other towns, respectively Cormons and Grado (see Appendix B). The C.S.M. in Gorizia comprises of a Day Centre (*Centro Diurno*), currently located inside one of the

¹⁷ 'Alto Isontino' (High Isontino) and 'Basso Isontino' (Lower Isontino) refer to the geographical positions of the cities of Gorizia and Monfalcone, one located in the North of the Province, the other in the South. The unified catchment area is referred to as 'Alto Isontino Integrato' (Integrated High Isontino).

wards of the former psychiatric hospital (building 4, see Appendix E), and a 24 Hours Centre, currently located next to the C.S.M. offices (Figure 4).



Figure 4: Building of current C.S.M. and 24 Hours Centre, October 2011

A third type of healthcare structure envisioned by Law 180 is a psychiatric ward situated inside or in close proximity to a general hospital (*Servizi Psichiatrici di Diagnosi e Cura*, S.P.D.C.), with a maximum of fifteen inpatient beds. While A.S.S. n. 2 Alto Isontino Integrato does not currently have an S.P.D.C. structure, the building of the 24 Hours Centre has served as an S.P.D.C. locale in the past, and this structure was surrounded by strong divided opinions in the community, as I will address in Chapters Four and Five. The dismantling of the S.P.D.C. in Gorizia in 2004 fell within a financial strategy in the management of Regional healthcare. In fact, there is currently the hypothesis to institute what is referred to as *Area Vasta* project (‘Vast Area’), which would unify the health services of Trieste and Gorizia – or even the whole Region – effectively rendering the healthcare services in Gorizia

sub-bodies of Trieste. As I will discuss in Chapter Five, this hypothesis creates ambivalent feelings and strong controversies in the community.

Conclusion

In this chapter, I have presented an outline of my research, considering my personal position as a researcher with respect to this study, and some of the implications this has presented for data collection. I have outlined four phases that I have identified through participants' accounts on the history of psychiatric practice in Gorizia, namely 'the closed *manicomio*', 'when Basaglia was here', 'when Basaglia left', and 'the situation now'. Finally, I have provided a background on local bodies of government and health care management in the Gorizia area, and a brief excursus through psychiatric legislation in Italy, to equip the reader with some essential information for navigating this study.

In the next chapter, I will situate my research in cultural studies, and at the intersection of a number of scholarly fields and debates, namely affect studies, memory studies, and human geography.

CHAPTER ONE: POSITIONING THE RESEARCH

Introduction

The research is situated in the field of cultural studies, engaging with dynamics of transmission and circulation that involve individual subjects, social groups, locales, and the media. In analysing Gorizia's remembering crisis, I draw upon several scholarly fields and debates. On the one hand, these provide a number of analytical tools and frameworks that support my study. On the other hand, I also aim to contribute to these debates, by offering an empirical account of their application, and some important critiques that this ethnographic study has produced.

In this chapter, I will discuss how several debates arising in the fields of affect studies, memory studies and human geography are useful for the purposes of my research. My contribution aims to be both theoretical and methodological. As it will become clear throughout the text, theoretical concepts and methods will feed into each other, both in the collection and in the analysis of data, particularly through notions of affectivity, 'assemblaged archive', and social haunting.

I will first discuss the recent 'turn to affect' in the humanities and social sciences, as informing a set of questions around the bodily and the psychic, and the agency of the non human. I will then explore 'the assemblage' as an analytical tool that I borrow and adapt from the work of Félix Guattari, which offers a platform to discuss the hinge between the bodily and the psychic, and which will provide a framework for the 'archive' of Gorizia's remembering crisis.

My approach to memory studies will particularly focus on the relationship between memory, history and fantasy, and I will discuss how the relationship between

‘trauma’ and forms of cyclical erasure constitutes a useful analytical framework in my analysis, as well as pointing towards methodological issues around forms of social haunting. I will conclude this chapter by discussing the relationship between place, history and affect, providing a brief history of Gorizia as imbued by historical traumas, and interjecting such a history with what some participants defined as ‘the atmosphere’ or ‘the heaviness of Gorizia’.

1. Affect studies

1.1. The turn to affect

The recent ‘turn to affect’ in cultural theory (Clough and Halley, 2007) has been framed as a response and a provocative contribution to the limitations of deconstructionist engagement with bodily matter (Clough, 2010: 206-207). ‘Affect’ has come to be employed in the humanities and social sciences as “something like a force or an active relation” (Wetherell, 2012: 2), or as potential “forces of encounter” (Seigworth and Gregg, 2010: 2), thus offering a stage for discussing modes of transmission and circulation of a remembering crisis in the community of Gorizia.

Inter and trans-disciplinary debates within affect studies indeed gravitate around questions of transmission, subject permeability, and conscious and non-conscious processes of meaning making. This work offers a platform for rethinking the stability of boundaries such as that between human and non human (Game, 2001), the individual and the social (Venn, 2010; Blackman, 2010; Brennan, 2004), the relationship between space and the individual (Thrift, 2009; Thrift, 2008b; Blackman and Harbord, 2010; Duff, 2010; Tucker, 2010), and between subjects, space and objects (Walkerdine, 2010; Thrift, 2010; Thrift, 2008b). In addition, it has proven a valuable conceptual tool at the intersection between cultural studies, politics and

ethics (Connolly, 2002; Protevi, 2009), and in discussions on affective labour in late capitalist modes of production (Negri and Hardt, 1999; Hardt, 1999; Hardt and Negri, 2001; Hardt and Negri, 2004).

While in this body of work the role of embodied experience and the engagement with bodily matter are central, the understandings of ‘affect’ vary considerably across these approaches.

1.2. Approaches and critiques of affect theories

While there is no single, unitary ‘theory of affect’, as Melissa Gregg and Gregory Seigworth point out, there are many “swerves and knottings” (2010: 5). According to their analysis, the two main vectors that have so far predominated in the humanities and social sciences consist of Silvan Tomkins’ psychobiology of differential affects (Tomkins, 1962; Tomkins, 1963; Kosofsky Sedwick, 2003), and Gilles Deleuze’s approach to affect as a bodily potential and capacity (Seigworth and Gregg, 2010; Deleuze and Guattari, 2007a; Deleuze, 2005; Massumi, 2002).¹⁸ These alternative connotations parallel “a familiar psychologised notion focused on ‘the emotions’ as these are usually understood, and also a ‘wilder’ more encompassing concept highlighting difference, process and force” (Wetherell, 2012: 2).

In theorising the blurring of boundaries between self and other, inside and outside, human and non-human, both traditions have mainly engaged with affect essentially in physical, organic and biological terms, as ‘free’ (Kosofsky Sedwick, 2003) and

¹⁸ Tomkins (1962; 1963) conceives of nine affect programs located subcortically in the brain, as genetically hard-wired and universal categories that trigger responses such as fear, anger, or joy, which are independent of the individual’s intention (Kosofsky Sedwick, 2003). Tomkins’ views strongly inform Paul Ekman’s work on affects as biological programs that manifest physiologically, for example in facial expressions (Ekman and Friesen, 2003), and it holds an influence on some work conducted in neurobiology (Damasio, 2000). Deluzian approaches to affect have particularly emphasised its pre-social, autonomous, and unstructured character, as an intensity and an *affective* force (Massumi, 2002; Thrift, 2004b; Thrift, 2008b), “beyond the body’s organic-physiological constraints” (Clough, 2007: 2).

‘autonomous’ (Massumi, 2002). Affect thus emerges as a bodily phenomenon, “found in those intensities that pass from body to body” (Seigworth and Gregg, 2010: 1), or as a bodily intensity itself (Massumi, 2002). While the conceptualisation of affect varies in these two paradigms, Ruth Leys importantly shows how they both rest on the assumption that affects appear as non-cognitive, non-intentionalist (Leys, 2007; Leys and Goldman, 2010), “outside social signification” (Hemmings, 2005: 549), and a-subjective (Leys, 2011: 450; Gibbs, 2010: 187). Indeed, they are defined as “visceral forces beneath, alongside, or generally *other than* conscious knowing” (Seigworth and Gregg, 2010: 1, emphasis in the original), addressed as forces and intensities that are separate from thought and judgement, but that bear an influence on those (Leys, 2011: 437).

1.3. Affect and the body

As Leys points out in her critical appraisal of these theoretical trends, a clear cut separation between emotion and cognition implies a “constitutive disjunction” between emotions, and the knowledge one holds of their causes (Leys, 2011: 437). If affect can be employed as a bridge between the subject and the social, the complexities of subjectivity itself risk being bypassed in favour of a direct link between the somatic and the social, without a critical consideration of the role of the psyche and the unconscious (Blackman, 2012a). In other words, in engaging with materiality and embodied experience, subjectivity itself risks being approached with a focus upon bodies only (Blackman et al., 2008: 16-18), or the psychic dimension might be conflated with the somatic (Blackman, 2012a).

Understanding affect as a “non-reflective bodily space before thought, cognition and representation – a space of visceral processing” (Papoulias and Callard, 2010: 34)

implies that what does not belong to conscious knowledge must necessarily belong to the realm of the purely physical – hard wired in the brain, ‘plain’ bodily sensations, or “inbuilt behavioural-physiological responses” (Leys, 2011: 438). As Lisa Blackman points out, this implicates that “the psychic or realm of the non-conscious is often replaced by either the endocrinological system, the neurophysiological, the neuroscientific or the gastroenterological” (Blackman, 2008: 32).¹⁹

1.4. Affectivity and a remembering crisis

Debates on affectivity dynamics point precisely to forms of transmission – between the past and the present – and circulation – among subjects, archival sources, locales – and their *effects* on the bodies that are touched by the circulation of this crisis. In fact, in my analysis, I will discuss how individual and collective practices such as silencing, rewriting, erasing, and contradicting, contribute to sustain, enact, and transmit Gorizia’s remembering crisis across the decades, affecting spaces, memories, and bodies that do not always have a direct experience of ‘when Basaglia was here’. However, the human and non human bodies that partake in the circulation and in the assembling of this crisis are both ‘material’ and ‘immaterial’ (Blackman, 2012a).

While maintaining the importance of the bodily manifestations of this crisis on health care workers, as I will discuss in Chapter Five, on physical spaces, as it will appear in Chapter Four, and on the body of the researcher, these are not ‘autonomous’ (Massumi, 2002) or spaces of ‘bare life’ (Agamben, 1998; Thrift,

¹⁹ In her genealogical approach to the study of affect, Blackman notes that the issue of affective transmission is also rooted in late nineteenth and early twentieth century problems of suggestion, hypnosis and telepathy, as “boundary object[s], which crossed and disrupted borders” (Blackman, 2010: 169), often marginalised and disavowed within much contemporary work on affect (Blackman, 2012a; Blackman, 2008).

2004a). As I will suggest, forms of embodied discomfort, evocative objects, and problematic spaces, are importantly mediated by psychic investments that include fantasies, feelings of nostalgia, and unconscious connections to the past.

1.5. The biomedical sciences

Much work on affects as somatic phenomena has tended to borrow from the biomedical sciences, and particularly from the field of neurobiology (see Clough, 2010; Massumi, 2002; Connolly, 2002; Brennan, 2004). This “retreat to the neurophysiological body in order to explain the mechanisms of affective transmission” (Blackman, 2008: 41), however, has proven problematic on a methodological level, and it also poses considerable limitations for researching forms of social haunting, which are central features of this study.

Much of this work has been criticised for ‘mis-appropriating’ concepts (Wetherell, 2012: 61), and often relying on studies that have been partly discredited within the neuroscientific field itself (Leys, 2011; Sternberg, 2010). In fact, ‘material’ conceptions of affect within cultural theory often employ *selected* (neuro)biological models for grounding affect theories, problematically reimagining biology “as a fluid and dynamic spatiality” (Papoulias and Callard, 2010: 32). In her investigation and assessment of affect studies, Margaret Wetherell argues that much of this work is conducted by “cherry-pick[ing] existing work on affect and the body in a relatively shameless way”, building “spectacular theoretical edifices [...] on pretty shaky neuroscientific ground” (Wetherell, 2012: 10).

In addition, epistemologies of the somatic body, when employed to explain forms of subjectivity, pose important socio-political issues within regimes of biopower. In this context, Nikolas Rose’s work on the organic body viewed as a repository of risks

and as a platform that is open to scientific intervention (Rose, 2010) explores forms of ‘somatic individuality’ (Novas and Rose, 2000; Rose, 2004) as related to neoliberal ideologies of self-government (Rose, 1999). Features of intimate life are thereby attributed to one’s biological heritage, “recoding [...] everyday affects and conducts in terms of their neurochemistry”, and “understand[ing] our minds and selves in terms of our brains and bodies” (Rose, 2004: 90). Attempts to understand the legible brain as the new psyche also produce an image of the subject as necessarily rational, where human behaviour is individualised, displacing the focus on the social sphere (Rose, 2008). Similarly, a recourse to evolutionary and genetic determinism as ‘the way of nature’ might produce the conviction that science can explain “the infinite complexity of living things” (Segal, 2001a: 90). Such moves have also been framed as shifts from epistemology to ontology (Hemmings, 2005), within a paradigm that simultaneously de-responsabilises both the individual, and her social environment (Leys, 2007; Leys and Goldman, 2010; Rose, 2001; Rose, 2007; Venturini et al., 2010; Sternberg, 2010), with important repercussions in the field of psychiatry (Sternberg, 2010; Venturini et al., 2010).²⁰

1.6. Displacing the psychic realm

On the one hand, the turn to the biomedical and neurobiological sciences is framed as a reaction against the supposed anti-biologism and anti-materialism of post-structuralist perspectives, and the constructionist and interpretivist privileging of discourse over embodied experience (Meloni, 2011: 299-301; Leys, 2011: 440). On

²⁰ Ernesto Venturini, together with a group of Franco Basaglia’s former collaborators (2010), have in this respect discussed the implications of an individualised and deterministic view of mental illness. Their discussion particularly addresses the relationship between organic models of illness and the legal system. They suggest that denying partial accountability for a patient’s (illegal) action – due to an inescapable bodily condition – parallels a process of denying subjectivity, thus posing wider ethical issues (Venturini et al., 2010).

the other hand, this shift toward organicism and anti-intentionalism favours a biological approach to the understanding of human behaviour and subjectivity, to the detriment of the psychic and unconscious realms (Leys and Goldman, 2010; Blackman, 2010).²¹

Leys conceives the displacement of a psychic engagement as charged with theoretical and ethical consequences for conceptualising subjectivity and social relations. In her reading, the endorsement of materialist engagements with a “pure corporeal level” (Leys, 2007: 58) reflects a “relative indifference to the role of ideas and beliefs in politics in favour of an ‘ontological’ concern with people’s corporeal-affective experiences” (Leys and Goldman, 2010: 668). In this sense, the recourse to ‘nature’ might serve to eclipse the political, without “neither explain[ing] any particular pattern of events nor predict[ing] their future direction” (Segal, 2001a: 90).

In his essay “The Three Ecologies” (1989), Guattari urges the developments of “cartographies of the mind” to free themselves “of scientific references and metaphors” (1989: 132). He directs his critique to models of unconscious meaning making that are “bound to archaic fixations” and constituted by repression mechanisms (Guattari, 1989: 132). His work proves particularly fruitful in the development of an epistemology of the unconscious dimension of Gorizia’s remembering crisis, as it opens this study to a tentative and experimental framing of the psychic realm as distributed across spaces, time, bodies, narratives, and objects.

²¹ Lisa Blackman points out that questions of affective contagion and transmission have a historical antecedent in nineteenth centuries studies of hypnotic trance and hallucinations which, while often disavowed in contemporary theorising, “continues to haunt cultural theory” (2008: 24). She specifically addresses how the issues of ‘suggestion’, the notion of ‘mental touch’ and the problem of ‘social influence’ have “mutated within contemporary psychology into the problem of affective self-containment” (2008: 25), and she notes how a focus on the somatic body might obfuscate the unresolved issues presented by suggestibility, where “[t]he very inside/outside distinction that suggestion [...] displaces is replaced by a singular body” (Blackman, 2008: 33).

Key to my framing of the *unconscious* dimension of this crisis is its understanding not as buried, but as “hidden in plain sight” (Cho, 2008: 125), where the conflicting understandings on the meanings and the effects of ‘the Basaglia experience’ over the years are not *uncovered* by the researcher, but they have actively haunted the community and shaped memorialising practices, personal rapports, media accounts, and health care practices, as I will outline in Chapters Three, Four and Five.

1.6.1. New materialism

A privileging of the pre-cognitive, a-subjective, and primarily somatic, over forms of psychic investment and unconscious processes of meaning making is also paralleled with work on “alternative ontologies” in the humanities and social sciences (Coole and Frost, 2010a: 8), as forms of “deliberate counterpoint[s] to the now tiresome ‘Linguistic Turn’” (Bryant et al., 2011b: 1). Partly initiated in Science and Technology Studies (Latour, 2005), these rubrics involve approaches that have been framed as speculative realism (Bryant et al., 2011a), vital materialism (Bennett, 2001; Bennett, 2010b; Bennett, 2012), agential realism (Barad, 2007), or new materialism (Coole and Frost, 2010b). This materialist fascination, also described as vitalist (Lash, 2006), reconfigures the agency attributed to non humans actors or actants, as their potential to change the state of things and leave traces of their activity (Latour, 2005: 79), where non human objects “might authorize, allow, encourage, permit, suggest, influence, block” (Latour, 2005: 72). Some of these perspectives reinterpret the notions of agency and intentionality “not as [...] binary proposition[s], either on or off”, or as something one *has* (Barad, 2007: 72), but as questions of intra-action and enactment (Barad, 2007: 178), while others attribute to non humans “a certain efficacy that defies human will” (Coole and Frost, 2010a: 9).

In the process of questioning the primacy of anthropocentric perspectives, and in the attempt to move beyond a dichotomy between human and non human, concepts such as the cyborg (Haraway, 1991), the post-human (Hayles, 1999; Barad, 2007; Callus and Herbrechter, 2012), and prosthetic life forms (Braidotti, 2011) are employed in work on new materialism.²²

In the process of investigating Gorizia's remembering crisis, objects – such as mould, twines, roads, shoes, and bags – and spaces – such as gardens, corridors, and rickety attics – play a crucial role as active agents in the analysis. However, the world and the crisis they inhabit and animate are not 'flattened', in order to bring together the human and the non human, and the psychic and the material (Latour, 2005). In my engagement with forms of affectivity, circulation and transmission that include non human forms – such as buildings, rooms, objects, and 'atmospheres' – I assemble the materiality of these phenomena with subjects' psychic investments and understandings. The effects of these assemblages are performative, and they therefore generate, reproduce, and mediate forms of remembering that intersect subjects, institutions, and narratives. In this sense, the organic and the inorganic, media descriptions, and their individual and collective understandings, are co-produced, and co-enacted, in the unfolding of a remembering crisis across the decades.

1.6.2. Subjectivity

Practices of entering, analysing, and intervening into the "individual and collective psychic agencies" (Guattari, 1989: 133) that constitute and animate Gorizia's crisis,

²² The rethinking of life as always ontologically mediated by technology has also generated concepts such as 'biomeditation', according to which "[l]ife as such doesn't therefore exist. It is always mediated by language, culture, technology and biology" (Zylinska, 2013). The biomediated body is here understood as an open system, a combination of human body and technology, where boundaries of the self are redrawn in a move towards a post-biological threshold (Clough, 2008).

entail an investigation of the subjects that mediate such crisis. In this sense, I move away from a conception of the individual “as a ‘terminal’ for processes involving human groups”, where interiority appears as “a quality produced at the meeting point of multiple components which are relatively mutually autonomous” (Guattari, 1989: 131). This move implies analysing the subject not solely as a discursive formation, but also as immersed and active – both materially and psychically – in the social field.

If work conducted within affect studies and new materialist perspectives has run counter to the psychological subject (Blackman, 2012a: 21), an approach that overly emphasises *the individual's* psychic depth is at risk of reductionist inferences, where the subject is individualised and affects might appear as *properties* of individuals *only* (Wetherell, 2012), displacing a focus on transmission and circulation, which are pivotal elements in this study. The forging of a subject that is simultaneously psychological and social has been a central issue in the dialogue between critical psychology and cultural studies (Squire, 2000; Blackman et al., 2008). In this respect, the concept of subjectivity aims to draw attention to the complexities of the experience of being a subject and to the “experience of the lived multiplicity of positionings”, addressing practices of self-production, instances of subjectification, and emphasising openness and processual formation (Blackman et al., 2008: 6).

On the one hand, striving to affirm subjectivity as a non derivative ontological category, or an epi-phenomenon that is the outcome of operations of power / knowledge has entailed a recourse to materiality and biology (Segal, 2001a; Segal, 2000), also paralleled in the ‘turn to affect’ (Blackman et al., 2008). However, it is necessary to link the use of affectivity “with models of psychical or neurological

functioning that do not bring in psychological individualism through the back door” (Blackman et al., 2008: 10).

1.6.3. Psychosocial studies

On the other hand, in fact, critical psychology and cultural studies have also engaged with a theory of the subject as psycho-social, where subjectivity involves a process of both individuation and socialisation, constant interaction and constant change, within a critique of the individual-social dualism. In fact, the field is concerned with “bringing together the psychological and the social without postulating these two spheres as distinct from one another” (Frosh and Baraitser, 2008: 349). Central to the study of the psycho-social subject is indeed an analysis of psychic experience as a crucial element in social practice and social interaction, where subjectivity is simultaneously shaped through social formations, while also holding material and psychic agency in *constituting* these formations. Contested formulations around the nature of the psychic-social hinge particularly revolve around a definition of the psychic and the unconscious either as individual properties, or as open to the social field (Frosh and Baraitser, 2008).²³

In this study, I suggest that Gorizia’s remembering crisis is constituted in and through subjective practices that are built upon affective and psychic investments and understandings of ‘the Basaglia experience’, and that their analysis does not *reveal*, but it rather *enacts* and *performs*, the unconscious dimension of this crisis. In

²³ Stephen Frosh and Lisa Baraitser’s article “Psychoanalysis and Psychosocial Studies” suggests the blurring of boundaries between ‘the psychic’ and ‘the social’, and it raises important issues on the uses of psychoanalytically informed research methodologies, which I describe in more detail below. The article raised a passionate debate in the issue of *Psychoanalysis, Culture and Society*, where it was published, and responses to Frosh and Baraitser have for example reiterated the distinction between the social and the psychic (Jefferson, 2008), further examined the divide between clinical psychoanalysis and its uses in social research (Hook, 2008), or insisted on the importance of the hyphen between ‘psycho’ and ‘social’, as maintaining the irreducibility and complementarity of the two spheres (Hoggett, 2008).

this sense, I challenge a definition of the psychosocial as “a space that is neither ‘psycho’ nor ‘social’, and is definitely not both, but is something else again” (Frosh and Baraitser, 2008: 350). In fact, this crisis is distributed and circulates not in *spaces*, but through *practices* – such as burying boxes, resigning from a job, participating in public events, prolonging silences during an interview – and in psychosomatic sensations – such as nausea on the job, perceiving the past as ‘undigested’ – that are historically, geographically, and culturally contingent. I therefore set to explore psychological experiences within a social context that is not structurally pre-determined, but rather co-produced and co-enacted with these experiences (see Segal, 2001b).

As I will suggest in the course of this study, these experiences and practices come to include the researcher’s own responses to her becoming entangled in this crisis, introducing questions that cut across theoretical and methodological concerns.

1.6.4. Psychoanalysis and methodology

Stephen Frosh and Lisa Baraitser’s essay “Psychoanalysis and Psychosocial Studies” (2008) specifically addresses some of the issues potentially arising in research methodologies that adopt a psychoanalytic vocabulary, conceptual framework, and hermeneutical positions. As they put it, the “re-insertion of psychoanalysis into the social sciences” (Frosh and Baraitser, 2008: 346-347) can be a controversial operation, where psychoanalysis might be accused of “individualising tendencies”, “top-down” approaches, “expert-knowledge epistemological strategies”, “certainties about the ‘true’ nature of human subjectivity” and authoritative interpretive practices (Frosh and Baraitser, 2008: 347). Such operations, they continue, are carried out as

attempts to explain “how the ‘out-there’ gets ‘in-here’ and vice versa” (2008: 347), employing notions such as projection, internalisation, identification, or transference. Both Frosh and Baraitser’s “critique of psychoanalytic certainty” in social research (2008: 348), and Wetherell’s assessment of social psychoanalysis and its contribution to affect studies (2012) specifically refer to Wendy Hollway and Tony Jefferson’s research methodology (1997; 2007; 2009), which I partly employ in my own research.²⁴ These critiques warn against ‘mining the *technologies* of psychoanalysis’ in order to establish an “ungrounded expert system of knowledge” (Frosh and Baraitser, 2008: 363) for the interpretation of the intimate life of individuals and their self-understanding (Wetherell, 2012: 133-134), where the emotional reactions of the researcher are taken as indicators of the unconscious of the research participant (Frosh and Baraitser, 2008: 363).

As I will explore in the next chapter, and as it will become clear in the course of this study, Hollway and Jefferson’s methodological approach (1997; 2007; 2009) has been crucial in methods of data collection, particularly offering interview techniques that are less intrusive and generally open ended, allowing the speaker to digress, and prompting the researcher to monitor her own feelings and emotions during the course of the research. The process of data analysis, however, has significantly departed from Hollway and Jefferson’s work (2007; 2009). In fact, I frame the unconscious dimension of this crisis not as repressed, but as enacted through both interviews and non-interview settings, mediated by human and non human agents. In addition, I construe my psychosomatic states not as unmitigated interpretative tools

²⁴ Hollway and Jefferson’s work (2009; 2007) is based on an understanding of the self as forged through unconscious defences against anxiety. They develop the idea of the defended subject as simultaneously social and psychic, and as a product of a unique biography, constructed by discourses, and shaped by unconscious intersubjective processes, where events are defensively appropriated (Hollway and Jefferson, 2007; Hollway and Jefferson, 2009).

or translations of subjects' implicit emotional states, but as sites and contexts for the manifestations of a crisis and forms of social haunting.

1.7. Affective practices

In indicating forms of transmission and circulation, affect is therefore a concept that underlies several debates within body studies, new forms of materialism, and psychosocial approaches, posing questions around what bodies can do, the agency of the non human, and the hinge between the psychic and the social.

In my use of affect as a framework for the sustainment, enactment, and circulation of Gorizia's remembering crisis, I stress the psychic relationships between subjects, narratives, locales, and different understandings of the past, thus displacing a focus on the a-subjective, pre-personal, and the solely somatic. In other words, "[i]t is not that affect or emotion is simply 'caught' or transmitted between subjects, but that subjects get 'caught up' in relational dynamics that exhibit a psychic or intensive pull" (Blackman, 2012a: 102). I therefore ask *who or what* the agents that remember are, how this remembering crisis is constituted and enacted *in and through* a variety of spaces, narratives, events, and individual practices, and what kind of archive these come to constitute when a thread is traced between them.

In discussing relational dynamics and modes of circulation, Wetherell proposes the notion of 'affective practices', as simultaneously pre-existing 'zones' or 'atmospheres', but also as "something that is actively created and needs work to sustain" (Wetherell, 2012: 142). In my analysis, affective practices – such as debates over the renovation of the former psychiatric hospital (Chapter Four), or 'identity crises' in mental health workers (Chapter Five) – are precisely forms of sustainment and enactment of a crisis. The concept of 'affective practices' is thus a useful

platform for framing individual understandings, media tropes, and discourses around ‘the heaviness of Gorizia’, forms of nostalgic remembering, notions of ‘atmosphere’, or feelings of ‘nausea’ expressed by mental health care workers. Crucially, they here encompass concrete settings and behaviours, as well as forms of ‘immaterial’ psychic and psychological ‘attunement’, and the “conditions of psycho/mediation” of transmission that come to include the researcher as well (Blackman, 2012a: 23). As a relational pattern within a psychic economy of crisis, affect is therefore “*distributed and located across* the psychosocial field [...], never wholly owned, always intersecting and interacting” (Wetherell, 2012: 24, my emphasis), creating contradictory memories, unstable meanings and entanglements of fantasies, smiles, and glowing eyes, next to open wounds and painful recollections. In this analysis, I frame these practices and their diffuse psychic economy, in terms of ‘assemblage’, in order to focus on their content *and* their arrangement as performative elements of circulation.

2. The assemblage

2.1. The assemblage as an analytical tool

The concept of assemblage has been employed in the humanities and social sciences as a resource tool in the conceptualisation of heterogeneous systems, while also maintaining the idea of structure (Marcus and Saka, 2006: 102). Mainly adapted from Deleuze and Guattari’s work (Deleuze and Guattari, 2007b; Deleuze and Guattari, 2007a), its ever emerging properties entail that these are not part of isolated systems, but they originate at the intersection of systems. Assemblages, for Deleuze and Guattari (2007a; 2007b) are productive of difference and while finite, they do not have a specific temporality (Marcus and Saka, 2006: 102).

Philosopher Manuel De Landa (2006) has employed the idea of assemblage to devise a novel approach to social ontology. While he acknowledges that “that the relatively few pages dedicated to assemblage theory in the work of Deleuze (much of it in partnership with Félix Guattari) hardly amount to a full-fledged theory”, he employs a Deleuzian concept of assemblage in order to move towards a potential “neo-assemblage theory” (De Landa, 2006: 4). De Landa’s work in political ontology emphasises the importance of relations between entities, where these are not separable from the totality to which they belong, but they are “constituted by these ‘relations of interiority’, and the component parts are constituted by the very relations they have to other parts in the whole” (De Landa, 2006: 9). In other words, as I will explore, an assemblage represents “the synthesis of the properties of a whole not reducible to its parts” (De Landa, 2006: 4).

In the field of anthropology, ‘assemblage’ has also been employed for its emphasis on transient temporality (Rabinow, 2003: 56), and for offering a platform to discuss material, collective and discursive relationships between the local and the global (Ong and Collier, 2005). In her study on intergenerational haunting, which importantly informs the present work, Grace Cho also utilises the notion of collective assemblage, drawing it from Deleuze’s work, as a “constellation of voices, concordant or not” (Deleuze, quoted in Cho, 2008: 25).

2.2. The Guattarian assemblage

While much work on assemblages draws upon Deleuzian thought (De Landa, 2006; De Landa, 2002), my focus on the psychic dimension of this remembering crisis as an assemblage entails a shift, in my use of the term, towards a Guattarian

vocabulary.²⁵ The Guattarian assemblage comes to substitute the idea of ‘group’ (Genosko, 2009: 76), in the exploration of collective unconscious in institutional settings (Guattari, 2011; Guattari, 1984b; Guattari and Lotringer, 2009; Lotringer, 2009). Guattari’s work on the analysis of subjectivity production was central to a project of alternative psychiatry at the clinic of La Borde, near Cour-Cheverny, in the South West of Paris.²⁶ His work on institutional analysis – the analysis of the unconscious dimensions of an institution – will also inform my discussion, in Chapter Five, on institutional health care practices in Gorizia, and their relationship to a remembering crisis.

At the core of a Guattarian understanding of the unconscious is also the tension between the whole and its components, and the arrangement of their connections, which are continuously performed, practiced, and reconfigured (Phillips, 2006: 108). This tension, mutual dependence, and continuous enactment, speak to the bonds between individual narratives, media descriptions of Gorizia, personal resentments, enthusiastic feelings, and their relation to ‘the Basaglia experience’, which become inextricably enmeshed to form a compound (Guattari, 2011: 159): the group becomes a subject, and the subject is itself a group (Dosse, 2009: 29).²⁷ Importantly, the Guattarian assemblage includes unconscious investments and resistances and,

²⁵ While Guattari’s work on ecological philosophy is recently being revived (Guattari, 1995; Guattari, 2008; Genosko, 2009; Guattari and Lotringer, 2009; Guattari, 2011; Alliez and Goffey, 2011b), his production on the notion of assemblage tends to be rather marginalised. Astonishingly, in the 481 pages of the volume *Global Assemblages* (Ong and Collier, 2005), Guattari’s name is mentioned only twice, on the same page, where it is even mis-spelled (Ong, 2005: 338).

²⁶ La Borde was founded by Jean Oury in 1951, as an innovative clinic where patients would be involved in the running of the institution. From 1955, Guattari joined La Borde as a member of the organising team.

²⁷ This “ontological pluralism within the subject” entails the acceptance of the other “within oneself” (Guattari, 1996b: 216), a desire for dissent and difference (Bertlesen and Murphie, 2010). In fact, an affective community, for Guattari, “requires that it is not only the unified ‘we’ that needs to be fragmented from within. It is also the ‘I’, which is always already a ‘multiplicity’” (Bertlesen and Murphie, 2010: 152). This multiplicity within the subject is one of the reasons why the schizophrenic was adopted as a model by Deleuze and Guattari (2007a). As Gary Genosko puts it, “the Guattarian subject is an entangled assemblage of many components before and beyond the individual; the individual is like a transit station for changes, crossings, and switches” (Genosko, 2009: 76).

crucially, this unconscious is not confined to the individual psyche, but it is to be found and analysed in the social field (Guattari, 1984a: 166; Guattari, 1996a: 106).

2.3. Assemblaged unconscious

Drawing upon Guattari's work, I do not conceive the unconscious as structured by repression mechanisms, but I frame it as assemblaged, distributed, and circulating. The unconscious of this remembering crisis is assemblaged, in that it conjures up the organic and the inorganic, the data and the missing data, the fictions, the fantasies and officially sanctioned social history, as well as the rational, the irrational, and the invisible – and yet palpable. I trace this unconscious through bodies, forgotten papers, public events, newspaper columns, persisting grudges, buildings, the researcher's psychosomatic states, descriptions of 'the character of Gorizia' and its effects, and "other instances beside living consciousness and sensibility" (Guattari, 2011: 159). As a machinic analytical tool, a framework constructed on 'assemblage' permits to engage with "the contradictions between the ephemeral and the structural, and between the structural and the unstably heterogeneous" (Marcus and Saka, 2006: 102).

In engaging with forms of 'immateriality' (Blackman, 2012a), I suggest that while the agency of the inorganic, the invisible, and the irrational is mediated by a psychic apparatus, this apparatus – and its unconscious mechanisms – is not contained in individuals' bodies – or brains. The unconscious is therefore not enclosed in the space of the individual's psyche, but it is socialised and relational, composed of fluxes and interruptions (Guattari, 2011), and distributed across papers, fantasies, locales, voices, and silences, thus requiring forms of listening to the inanimate, the silenced, and the invisible. My analysis is not an excavation and interpretation of the

– hidden or repressed – content of the unconscious dimension of this crisis. Rather, I trace a thread and a set of connections across a distributed unconscious, investigating how forms of remembering and forgetting constitute ‘the Basaglia experience’, and how they have been circulating throughout the years, “hidden in plain sight” (Cho, 2008: 125), across narratives, basements, public debates, health care practices, and crumbling walls.

2.4. Assemblaged archive

I first conceived the Guattarian unconscious as “something that we drag around with ourselves” (Guattari, 2011: 10). ‘I’, ‘Gorizia’, ‘the interviewees’, ‘we’ all drag around an unconscious. We *drag* it, and we drag it *around*. It is a presence that accompanies us wherever we go. However, this view was challenged upon encountering a different translation of the same passage, where the unconscious is “something which would spill a little everywhere around us” (Guattari, quoted in Pelbart, 2011: 78). It is still distributed *around*. But do *we* drag it, or does *it* spill?

I looked at my data, I looked at the passionate, excited and heartbroken voices in my recorder. I breathed in the emotions impregnating and circulating in these interviews. I listened to the spider webs, the mould, and the missing documents and voices I encountered, and my answer was ‘neither’. Or better, ‘both’. We drag it because it spills, it spills because we drag it, and we drag its spillages. In Gorizia, these spillages are heavy, they haunt spaces, subjects, and relationships, and the intensity with which the ‘heaviness of Gorizia’ and the legacy of ‘the Basaglia experience’ are felt testifies to the force of the unconscious dimension of this crisis, rendering ‘the Basaglia experience’ “something beautiful. And bitter”, as a former nurse described it (Angelo).

This assemblaged unconscious appears indeed to have a flesh, which consists not of a Freudian organic or “psychical topography” (1978b: 173), but of concrete sites, settings, and practices. As assemblaged, machinic, distributed and circulating, the unconscious dimension of Gorizia’s crisis generates an archive that is also assemblaged, which draws together the objects it contains and the ones it lacks, the intra-psychic dynamics between the archive and its community, the fractured and contradictory narratives of participants, discordant memories, fantasies, concrete places, and descriptions of ‘atmospheres’.

2.5. The circulation of the assemblaged archive

This understanding of an assemblaged archive speaks to Wetherell’s dissatisfaction with the vocabulary on affect as a form of transmission – as if “a self-contained packet of emotional stuff is being transferred wholesale from one body to another” – and circulation – as if affect was “an ethereal, floating entity, simply ‘landing’ on people” (Wetherell, 2012: 141). An assemblage does not ‘float’, nor does it ‘land’. It is liminal, transient, performative, simultaneously inside and outside subjects and locales. It stretches between the ‘then’ and the ‘now’, with effects that are both psychic and concrete, and it includes individual subjects and practices, and ‘social influence’, without being reducible to these (Blackman, 2007; Blackman, 2008; Blackman, 2007/2008).

The contradictory narratives, silences and scarcity of textual data on Gorizia’s remembering crisis are structural and constitutive features of this archive of crisis. They are found in descriptions of Gorizia as both welcoming and mistrusting; Gorizia as ‘the model hospital’, and Gorizia in decay; the ‘Basaglia experience’ as “something beautiful. And bitter” (Angelo). These descriptions, various forms of

affective attachments to events, narratives and locales, as well as the inorganic agents of this crisis are neither ‘glued together’ under the rubric of ‘the social’ (Latour, 2005: 5), nor understood in *interaction* – which entails a flat ontology where the elements of the relation pre-exist this relation (De Landa, 2002). They are better understood in terms of intra-action (Barad, 2007), relationality (Blackman and Venn, 2010), or entanglement (Blackman, 2012b), in relations of processual becoming and mutual constitution (Venn, 2010), and in a paradigm of “co-enaction, co-constitution and co-evolution” (Blackman and Harbord, 2010: 306).

2.6. Archive and performativity

As assemblages, the unconscious dimension of this crisis and its archive are performative constructions that generate material effects on the unfolding of the crisis itself, its discourses, bodies, and social practices – simultaneously *spilling* and *being dragged*.²⁸

I stage the archive, the unconscious dimension of this remembering crisis, and the crisis itself, as forms of assemblages where constituent entities – such as private letters, crumbling walls, detached phone calls, and spider webs – are inseparable from their totality. Rather, they are constituted by their inter-relations within the whole, while this ‘whole’ – ‘the archive’ or ‘the unconscious’ – is not reducible to any one of these parts (De Landa, 2006). It is in fact the arrangement of their constituent parts that gives the assemblage its agency (Alliez and Goffey, 2011a;

²⁸ The notion of ‘performativity’ initially developed in the field of linguistics, through ‘performative utterances’ and ‘speech acts’, in specific contexts where ‘saying something’ corresponds to ‘doing something’ (Austin, 1962).

The perhaps most famous example of a ‘performative utterance’, as discussed by Austin, is the locution ‘I do’ during the wedding ceremony. The social understanding of ‘I do’ in such a context and in the compulsory presence of witnesses indeed transcends the momentum of the utterance, and expands its meaning, thus fully entering a political discourse (Austin, 1962; Parker and Kosofsky Sedgwick, 1995).

Phillips, 2006),²⁹ for social remembering is indeed “shaped through the ways in which the world of things is ordered” (Radley, 1997: 52).

My employment of media such as films, magazine and newspaper articles, follows a similar logic. The descriptions of ‘the Gorizia experience’ in national media, and the debates on ‘the Basaglia experience’ that appear in local media are not understood in representational terms, but as stages where the meanings attributed to these ‘experiences’ are constantly negotiated. Indeed, media “emerge from and are part of the assemblages they maintain and construct” (Grusin, 2010: 90). In this “distributed mediation” across human and non human elements (Grusin, 2010: 90), media descriptions of Gorizia as a ‘model hospital’ or a ‘failed experiment’ are not simple backdrops to events and forms of remembering, but constitutive elements of meaning making, and forms of both reiteration and enactment of discourses (Bell, 2007; Butler, 1993: 2).

The archive of Gorizia’s remembering crisis is therefore not ‘found’, but distributed and assemblaged, where the researcher herself works performatively – reiterating, enacting, and producing effects – as she assembl(ag)es an archive of crisis. In this sense, the following chapters simultaneously analyse, assemble, produce and animate this archive (Cvetkovich, 2003: 8). Entering, and therefore altering, an archive of psychic economies, damp basements, and patterns of silencing or over-exposing, thus requires that the researcher examines her own investments, bodily

²⁹ The translation issues posed by the French term *agencement* (Deleuze and Guattari, 2007a), and its rendering into *assemblage*, have been at the centre of the debate around the employment of the term in an Anglophone context (Phillips, 2006). *Assemblage*, in fact, lacks the ideas of agency (Alliez and Goffey, 2011a: 11) and connection (Phillips, 2006) that characterise the French *agencement*. As John Phillips notes, “[a]gencement implies specific connections with other concepts. It is, in fact, the arrangement of these connections that gives the concepts their sense” (Phillips, 2006: 108, emphasis in the original). While I will maintain the term ‘assemblage’, I wish to emphasise the aspects of agency, performativity, relationality and connectivity.

and psychological reactions, employing them in the analysis of basements and attics, ‘atmospheres’ and silences.

3. Memory studies

3.1. Memory and remembering

3.1.1. Memory and history

In exploring the emergence and development of Gorizia’s remembering crisis, I here establish a dialogue between social history accounts, and individual memory practices. I therefore understand memory and history in an osmotic relationship, rather than as neatly separate and hierarchical categories – where the former refers to the unwritten and the unreliable, and the latter to the written and the scientific (Foot, 2009: 5).

Pierre Nora’s work constitutes one of the most renowned attempts to redeem the value of individual memory, often adumbrated by social history (Nora, 1997). However, the entrance of ‘memory’ in ‘historical accounts’ has also led some scholars to criticise the “memory boom” of the past three decades (Winter, 2002), or the “cultural obsession of monumental proportion” with ‘memory’ (Huysen, 2003: 16).

In this research, while I am not pursuing a study in the history of medicine or psychiatry, I will consistently refer to a number of ‘historical events’, on a local and national scale, as fundamental elements in tracing a ‘history of the present’ (Foucault, 1991a). In this endeavour, I rely on both secondary sources on the history of Gorizia and Italian psychiatry, and on oral and written primary sources. Without succumbing to an ‘infatuation with memory’ (Bell, 2006: 25), situations in which ‘facts’ are contested, where the past is understood in clashing ways, and public

memory is divided, indeed require that the researcher analyses ‘microhistories’ and testimonies (Foot, 2009), also defined as “stories of history” (Davoine and Gaudillière, 2004: xxi), in order to explore the legacy of officially sanctioned historical accounts.

3.1.2. Collective remembering

The “memory boom” of the late 1970s (Winter, 2000) initially focused on individual, rather than collective memory. Until the 1990s, in fact, a socially oriented understanding of memory had not received full attention, since social factors were considered as contextual, or a background to individual memory (Middleton and Edwards, 1997). Questions were therefore posed as to whether ‘remembering together’ was merely to be seen as a sum of individuals remembering, or whether collective remembering could be conceived as a “distributed cognitive activity” (Middleton and Edwards, 1997: 7).

Maurice Halbwachs first introduced the question of ‘collective memory’ as a sociological issue, purporting that “it is individuals as group members who remember”, whereby personal memory is inextricably bound to collective memory, and memories are conceived as social phenomena, rather than organic ones (Halbwachs, 1980: 48). Forms of collective remembering can be understood as social practices that contribute to group identity and to ‘imagined communities’, in a quest for shared understandings of communal history (Middleton and Edwards, 1997: 10; Anderson, 2006; Bell, 1999a).

I here frame memory practices as enactments of the social possibilities granted to memory. The unfolding of a remembering crisis has created specific contexts for the collective construction and individual recollection of the past, tied to subjective and

historically contingent understandings of ‘the Basaglia experience’, which often alternate between shame and pride, animated accounts and quiescent tones. Memory is here understood not as something one *has*, but as something one *does* – both in terms of generating memory, and sustaining it through a variety of practices. It is this notion of memory and memory practices – which include forms of forgetting – that identifies a *remembering* crisis, rather than a *memory* crisis (Foot, 2009: 32), where individual, institutional, and collective practices and affects have an active and ongoing role in fabricating and sustaining a psychic economy of crisis.

3.1.3. Cycles in the media

As it will emerge throughout the following chapters, Gorizia has cyclically appeared in national and international media – newspapers, magazines, and television programmes – across the years. Initially construed as “the pilot hospital in Italy” (L'assessore Nardini in visita all'Ospedale Psichiatrico, 1967), it was later described by practitioners as “a black hole for psychiatric practice” in the 1990s (Martino). Throughout the decades, it oscillates between a ‘model hospital’ and a ‘failed experiment’; the place ‘where it all started’ (A.S.S. 2 Goriziana et al., 2011a) and the city that ousted Basaglia.

Often granted only a marginal role in the history of Italian psychiatry – a ‘pilot’, juxtaposed to the ‘model’ of Trieste (Donnelly, 1992) – it also witnesses occasional revival in the media (see Turco, 2010), with important effects on subjects’ feelings around its history, and on the circulation and enactment of its remembering crisis, as I will outline in Chapter Four. These forms of mediation, in fact, do not simply “legitimate and perpetuate ‘reality’”, *representing* a certain setting, “but actually constitute new ways of thinking and acting” (Blackman, 1994: 496), and work “by

actively transforming conceptual and affective states” (Grusin, 2010: 6). These images and descriptions thus mediate practices of remembering throughout the decades, not as ‘prostheses’ or supplements to ‘direct’ experience (Landsberg, 2004),³⁰ but as elements of the assemblaged archive of this crisis.

Simultaneously “hidden in plain sight” (Cho, 2008: 125), a “black hole in collective memory” (Cho, 2008: 12), and occasionally hypermediatised, this crisis appears indeed as a damp basement that soothes from the summer heat, and makes one shiver in the winter; a basement that shifts in and out of memory, whose presence periodically produces mould.

3.2. Trauma studies

3.2.1. Social trauma

The ambiguous roles that Gorizia has played in the history of Italian psychiatry, the oscillating levels of shame and pride around this history in the local community, the patterns of secrecy and defences, the scarcity of primary textual sources, and the discursive and embodied practices of understanding the legacy of ‘the Basaglia experience’ constitute an assemblaged crisis that I explore also borrowing from the field of trauma studies.

Concerns around the “memory boom” (Winter, 2002) that I have discussed above are connected to growing interests in the concept and dynamics of trauma, which emerged in the 1980s, also provocatively defined as the rise of a “culture of victims”

³⁰ Alison Landsberg (2004) has advanced the notion of prosthetic memory, to highlight how the memory of narrative events are influenced by the media, with the potential of affecting also those not directly involved in a specific experience. She focuses in particular on how visual technologies such as cinematic images allow shared memories to circulate beyond geographical borders (Landsberg, 2004).

(Zur, 2004; see also Hacking, 1995; Young, 1995).³¹ Deeply informed by work on the Holocaust, the field of trauma studies has traditionally addressed the consequences of traumatic events on individuals and communities, in contexts of violence, war, or natural disasters (Fassin and Rechtman, 2007). However, with the expanding use of the term as a cultural concept, trauma studies have offered a framework for discussions around the boundaries between the subject and social (Bell, 2006), the negotiation of identity in community settings (Walkerdine, 2010; Walkerdine and Jimenez, 2012) and perspectives on intergenerational transmission (Hirsch, 1996; Hirsch, 2008; Hirsch, 2012; Cho, 2008).

3.2.2. Trauma beyond the catastrophic

While the notion of ‘cultural trauma’ has been criticised for de-individualising trauma, and turning it into a vague, aestheticized, and metaphorical concept (Kansteiner and Weilnböck, 2008), efforts to engage with the category of trauma and its implications beyond the catastrophic offer important platforms for analysing the remembering crisis around ‘the Basaglia experience’. For example, Ann Cvetkovich’s work on queer culture and depression (Cvetkovich, 2003; Cvetkovich, 2012) particularly focuses on trauma as a category for analysing “the intersections of emotional and social processes along with the intersections of memory and history” (2003: 18), in relation to invisible, hidden, or ‘naturalised’ forms of trauma (2003: 3).³² Her work opens a dialogue between trauma and everyday life, where trauma

³¹ In 1980, the concept of trauma was ‘fully medicalised’ and included in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), as Post Traumatic Stress Disorder (P.T.S.D.), after political struggles by Vietnam and Korean War veterans, feminist activists and physicians (Leys, 2000).

³² In *An Archive of Feelings* (2003), Ann Cvetkovich discusses forms of invisible trauma like incest, and naturalised forms of trauma, like sexism.

emerges as a mediation between past and present, beyond catastrophic events, with destabilising effects on present practices (Cvetkovich, 2003: 48).

Valerie Walkerdine also makes a case for the centrality of affect to the study of community, exploring the repercussions of traumatic events on social practices across generations (Walkerdine, 2010; Walkerdine and Jimenez, 2012). In particular, her work on a Welsh community of steelworkers (2010; 2012) engages with deindustrialisation policies, which created unemployment and insecurities and, crucially, closed and demolished the local factory. In her analysis, the factory was not solely a material place and object, but it was also “an object of fantasy” for the community (Walkerdine, 2010: 99), sustaining identities and relationships, through forms of ‘holding together’. The townspeople were then left with a twofold sense of emptiness: an “affective empty space where there had once been an object” (Walkerdine, 2010: 99), and a very material absence of the old factory, which was geographically positioned at the centre of the town. I will employ her discussion of physical spaces as ‘objects of fantasy’ in relation to both the psychiatric hospital of Gorizia and ‘the Basaglia experience’ in Chapters Four and Five.

3.2.3. Erasing and rewriting

As an analytical framework, the notion of trauma also indicates the ways in which the past has been partly erased or removed, coming to constitute, in the present, what Grace Cho defines as a “fabric of erasure” (Cho, 2008: 17).

Cho’s work on the Korean War and camptown prostitution (2008), engages with the historical and geographical trajectory of the *yanggongju*,³³ from the Korean camp to

³³ *Yanggongju*, which literally means ‘Western princess,’ indicates a Korean woman who entertains sexual relationships with Americans, and in its common use it often refers to a woman who is a prostitute for the U.S. army. The same word, however, can assume very different connotations,

the U.S., and she explores how narratives of trauma have been erased under the banner and the rhetoric of ‘assimilation’ and ‘integration’. She explores how the *yanggongju* is discursively appropriated alternatively as a symbol of subjugation, of national pride, or as a shameful daughter and ‘fallen woman’, constantly shifting in and out of media visibility, haunting the present and troubling the process of assimilation by transmitting traumas and secrets to her offspring (Cho, 2008).³⁴

Shifting in and out of media visibility, harbouring both shame and pride, openness and mistrust, enthusiasm and inertia in relating to the vicissitudes of its psychiatric hospital, Gorizia’s ‘fabric of erasure’ circulates among archives, places, uncertain memories, contradictory stories, and awkward silences. These shifts, as forms of a “verbose historical silencing”, might create “culture[s] of silence” (Orr, 2006: 21 and 83), with effects on both the people that had a direct experience of past events, as well as those who did not, and with repercussions on the modes in which narratives are transmitted. In exploring this ‘culture of silence’, I do not employ notions of ‘transgenerational’ or ‘intergenerational’ transmission of trauma in a literal sense – referring to kinship relations (Hirsch, 1996; Hirsch, 2008; Abraham et al., 1994; Cho, 2008). Rather, I approach these lineages as part of a psychic economy of trauma, where the remembering crisis is transmitted and circulates through an assemblaged archive of communal and individual affective practices, publicly staged debates, as well as micro-practices of remembering and forgetting.

according to the context in which it is utilised, from ‘Yankee whore’ to ‘GI bride,’ where the former deprecates such practice as dirty and vicious, and the latter embodies the Korean dream of escaping to America (Cho, 2008).

³⁴ Cho discusses the “*yanggongju*’s descent into madness” (2008: 164) as the “psychic cost of assimilation” (2008: 23), noting the “unusually high rate of mental illness among these women who are assimilated by sociological standards” (2008: 23). She relates the high incidence of mental illness among Korean women to the trauma of displacement, and proposes an understanding of hallucinations and psychosis as a form of ‘irrational perception’ that offers productive models for engaging with trauma (Cho, 2008).

3.2.4. The subject of trauma

Configuring trauma not as a property of events, but as an experiential category (Alexander, 2004) also opens the possibility of conceiving trauma as a form of social suffering (Walkerdine and Jimenez, 2012). In this context, Cvetkovich shifts the language of ‘trauma survivors’ to subjects “whose experiences circulate in the vicinity of trauma and are marked by it” (Cvetkovich, 2003: 3). The ‘vicinity of trauma’ in Gorizia affects the experiences of subjects, causing discomfort and feelings of powerlessness – encapsulated in descriptions of ‘nausea’ that I will address in Chapter Five – and almost literally protracting the past into the present. In fact, as one of the practitioners at the centre of the debate around Basaglia’s departure explains:

After more than 30 years, I haven’t got over it [...]. I swallowed it, but I haven’t chewed it, and it’s still here in my stomach.
(Emilio)

In eschewing a clinical definition of trauma, as a medical condition or a psychological disorder epitomised in neurobiological approaches to Post Traumatic Stress Disorder (P.T.S.D.) (Van der Kolk et al., 1996), my analysis conceives trauma as productive and constitutive of this crisis. In fact, engaging with patterns of silences and contradictory narratives, when reconstructing the past, entails approaching absences not as lacks, but as meaning-full and vital elements in the fabric of discourse (Mazzei, 2007).³⁵

³⁵ Lisa Mazzei’s work on silence and racism explores the reproduction of whiteness in educational settings, through practices and habits of not mentioning race (Mazzei, 2007; Mazzei, 2003). While her discussion is useful in framing silence both as ‘meaning-full’, and as reproducing and transmitting what is not spoken of, Mazzei’s approach specifically focuses on Discourse Analysis in the process of investigating silence. Her description of a “poetics of listening” (2007: 62), for example, literally refers to listening to tape recordings of her interviews, and it is therefore limited to what can be or cannot be actually heard, without an engagement with synaesthetic forms of listening (Blackman, 2012b; Cho, 2007; Cho, 2008) that, I suggest, are crucial in exploring this remembering crisis.

In addition, clinical perspectives on P.T.S.D. also maintain that trauma “befalls a fully constituted if passive subject” (Leys, 2007: 9), with the displacement of psychological and unconscious meaning-making processes.³⁶ I here eschew an understanding of trauma as a process where “the outside has gone inside without any mediations” (Caruth, 1996: 59), suggesting that the affective practices through which this remembering crisis circulates are precisely the “conditions of ‘psycho/mediation’” (Blackman, 2012a: 23) of an economy of trauma.

3.2.5. Secrets and trauma

The voices I have encountered, while they belong to individuals, when put into dialogue, they create a texture, or an ‘atmosphere’, where individual traumas and social wounds are assemblaged in the emergence and the enactment of a crisis.

In circumventing medical understandings of individual psychological trauma, and configuring it as an affective economy and a psychic apparatus of transmission, I reiterate the significance of the unconscious as distributed and assemblaged, where memory “lives in what we might call a diasporic unconscious” (Cho, 2008: 192),³⁷ and I resist an understanding of the unconscious as primarily structured by mechanisms of repression. Behind the silences, the quiescent tones and the animated accounts, in fact, I do not search for a secret to be revealed, or a “forgotten event that

³⁶ Ruth Leys’ genealogical work on the concept of trauma (2000) is particularly critical of neurobiological perspectives, where traumatic disorders emerge solely as systemic disorders of memory (Van der Kolk et al., 1996). Such perspectives are reflected in the employment of trauma in literary theory, where trauma is conceived as a temporal gap in consciousness, not properly registered in memory, and therefore not fully knowable, but only re-performed by the subject in a constant state of present tense (Caruth, 1996: 62). Understanding trauma as a ‘wound’ inflicted upon the mind reproduces a notion of trauma as an exogenous event that affects a passive subject (Leys, 2000: 2).

³⁷ Grace Cho’s language of Diaspora specifically refers to the emigration of Koreans – particularly women, during and after the Korean War – to the United States (2008). While my reference to a ‘diasporic unconscious’ is not inserted into a similar geo-political context, it places an analogous emphasis on the psychic realm not as fixed and contained, but as circulating, distributed, and evolving, both spatially and temporally.

can be turned [...] into something monumental” (Hacking, 1995: 214). As Ian Hacking argues, the study of memory and trauma can become means for a “scientificization” of the soul (1995: 5), what he terms as “memoro-politics”, or a “politics of the secret” (1995: 214), which aims to ascribe a causal and linear framework to subjects’ experiences.³⁸ Similarly, in sketching a history of the present that employs the category of ‘trauma’ as an analytical tool, I do not seek to “uncover the origin or foundation” of a crisis (Blackman, 1994: 486), but to trace the conditions of existence and circulation of its archive, beyond an archaeology based only on texts. In this sense, my use of social history literature and my reconstruction of events around the psychiatric history of Gorizia – particularly in Chapter Three – aim not to construe this history as a crypt that contains a secret, but as a story that calls for telling, where the content of the narratives is entangled with the form in which these are encountered. In other words, I do not aim to reveal ‘what happened in Gorizia’ (Simoncini, 1996a), but to explore how the various understandings of ‘what happened’ manifest in the present and affect modes of construing ‘the Basaglia experience’.

3.2.6. Haunting

Crucially, in the “moments when what cannot be said is shown” (Davoine and Gaudillière, 2004: 43), an archive solely composed of books, films, articles or interviews – the visible and the audible – must be extended to include “the undocumented, illegible, and irrational” (Cho, 2008: 32). In this context, “the unseen, the unheard, the not read [might be] the essential gift or ground of the seen,

³⁸ Hacking (1995) coins the term ‘memoro-politics’ as a critique of the system of power/knowledge within the psychiatric approach to trauma, especially in the context of multiple personality disorder, understood in relation to memories of childhood abuse.

the heard, and the read” (Mazzei, 2007: 27). For Davoine and Gaudillière (2004), a trauma transmitted through silence generates forms of communication that lack an interlocutor. The search for a voice is often literally embodied: when language fails the subject, trauma shows on the body, whereby psychosis and hallucinations are understood as expressions of this search (Davoine and Gaudillière, 2004).³⁹ Indeed, “madness”, in their use, testifies to “a form of social link in extreme situations”, as “links outside the norm” (Davoine and Gaudillière, 2004: xxii).

Avery Gordon’s work (1997) on contexts such as ‘disappearance’ in Argentina, or slavery and Reconstruction in the U.S., frames such settings as ‘ghostly’, where a history of erasure produces haunting effects on the present. Grace Cho’s work on haunting builds upon Nicolas Abraham and Maria Torok’s understanding of the ghost as having an agency of its own, beyond the individual’s internal psychic landscape (Abraham et al., 1994). Cho takes such de-individualisation a step further, and the ghost emerges not just as a psychic representation with agency, but as an assemblage of material and immaterial forces, dispersed across time and space (Cho, 2008). Rather than to a single traumatic event, the effects of trauma therefore consist in the circulation of what cannot be assimilated (Cho, 2008: 11), and the remembering crisis that has periodically rewritten Gorizia’s past thus materialises in the stomach of individuals and of the community, ‘*still here*’ and, importantly, ‘*still here*’, undigested.

The ‘swallowed but un-chewed’ as a somatic expression of haunting can be understood as a “link outside the norm” (Davoine and Gaudillière, 2004: xxii), the

³⁹ Their account is rich in narratives of patients whose body becomes the platform for *showing* what cannot be said. Tristan, for example, whose sister died in childhood due to a shock to her head, feels constantly “hit on the head”, “like a groggy boxer [...] unable to defend [him]self” (Davoine and Gaudillière, 2004: 52). Similarly, a baby develops a worrying intestinal blockage after her parents have a loud fight, and fully recovers only when her own mother also faces the traumas of her family history (Davoine and Gaudillière, 2004: 140-144).

erased that shows, the silenced that speaks, a space and time that do not pass, or “endings that are not over” (Gordon, 1997: 139). These endings are distributed and dispersed, found in the interstices between facts, fantasies, objects, social practices and physical locales. In fact, the ghost has “an agency that cannot be conformed to a single shape, an agency that is everywhere but cannot be found” (Cho, 2008: 193).

3.2.7. Attuning to the haunting

Analysing the depth and the dynamics of these traces entails a process of looking “in the most unpromising places, in what we tend to feel is without history” (Foucault, 1991a: 76), finding alternative methods for “listening to silence” (Cho, 2008: 17), “register[ing] the nonnarrativizable” (Cho, 2008: 24), and engaging with what is not recorded on paper, but on bodies, places, and on everyday conversations. Adopting the notion of haunting allows the research to engage with the untold, the erased, the unsayable, the overheard, and the un-archived, as well as the well-known, and the hypermediatised; with what is buried in basements, sealed with stiff twines, quarantined in boxes, omitted from paper and film, concealed under all-embracing discourses of ‘failure, ‘oblivion’, or ‘Restoration’.

Guattari opens *The Machinic Unconscious* by asking: “Does the unconscious still have something to say? We have saddled it with so much that it seems to have resolved to keep silent” (Guattari, 2011: 9). I here suggest that the “deafening nature of silence” (Mazzei, 2007: 48) can be listened to through synaesthetic forms of ‘diasporic’ and ‘machinic vision’ (Cho, 2008: 191).⁴⁰ This challenge compels the researcher to rethink epistemological assumptions, ethical positioning and research

⁴⁰ Cho particularly refers to ways of listening to hallucinations experienced by Korean women who have emigrated to the United States during and after the Korean war as “possible means for reading unacknowledged traumas carried into the diaspora”, conceived as forms of *listening*, in order to *see* the other’s trauma (2008: 166).

processes, excavating the recesses of ‘crisis’, and experiencing its productive forces, recognising that the haunting “has a shape, an electric empiricity, but the evidence is barely visible” (Gordon, 1997: 50). In a context where trauma is conceived as a social texture (Walkerdine, 2010; Walkerdine and Jimenez, 2012), and the ghost emerges as a social figure (Gordon, 1997: 8; Cho, 2008), objects and places often speak “when mouths are silent” (Davoine and Gaudillière, 2004: 226). Listening, at this point, entails examining the researcher’s own shivers, discomfiting feelings, and embodied ways of experiencing the ‘heaviness’ in Gorizia’s ‘atmosphere’. The analysis of these data necessarily involves the “cofabrication of research materials rather than their excavation or discovery through techniques of representational exhumation” (McCormack, 2010: 643).

If accessing basements, attics, and worn out pieces of paper might at times feel like unearthing fragments of history, this ex-humation destabilises the ‘human’ as the sole conductor of affective practices, and reconfigures these earthly places (*humus*) as ‘atmospheres’ that are simultaneously tangible and ethereal, for “humans are beings that participate in spaces unknown to physics” (Sloterdijk, 2011: 83). These ‘atmospheres’, where the past remains to haunt the present, are construed as “what is not seen, but is nonetheless powerfully real; [...] what appears to be in the past, but is nonetheless powerfully present” (Gordon, 1997: 42). Listening to their silences and effects entails shifting from a solely anthropocentric perspective, towards a critical engagement with the non human, at the intersections between the fields of affect studies, memory studies, and human geography, to which I will now turn.

4. Human geography

4.1. Subjects, spaces and time

4.1.1. Human geography and mental health

The geography of mental health, as a subfield of human geography, emerged in the early 1970s with the aim of charting the spatial distribution of the incidence of mental illness, mainly via quantitative methods (Wolch and Philo, 2000). As policies of deinstitutionalisation began to reconfigure asylums geographies in the late 1980s and 1990s, across Europe and North America, studies on the geography of mental health shifted their focus on post-asylum distribution of services and service users. They began to employ qualitative approaches to investigate emotional attachment to asylum structures, representation and potential isolation or urban ghettoization of services and service users (Wolch and Philo, 2000; Parr, 1997). The field progressively moved to study sites of trans-institutionalisation, such as jails and structures for the homeless (Wolch and Philo, 2000).

While some of the issues that underpin these currents inform part of the present work – for instance, some debates over the location of services, and trans-institutionalisation in care homes – I do not employ them as indicators of levels of quality of mental health services. Rather, the questions that impel my discussion frame these debates and their staging across the years as agents in the assemblaged archive of Gorizia's crisis. Elaborating on the relationship between human geography and mental health, Hester Parr proposes “geographies of the unconscious” as a potential epistemological field of research in geography (Parr, 1999). In this work, she points to how delusional experiences in psychotic patients disrupt borders and boundaries (1999). Taking the metaphor of ‘unbounded geographies’ further (Parr, 1999), and shifting it from a focus on delusional

experiences, to the narratives encountered in a community, I explore how stories on a specific asylum are distributed across a network of subjects, spaces, and practices, constituting a ‘diaspora’ of the hospital that extends through space and time (Parr et al., 2003: 343).

4.1.2. Affect and human geography

Work on emotional attachment to asylum structures (see Parr et al., 2003) can be inserted into the overlapping debates between the field of human and cultural geography, affect studies, and research into the psychosocial. These debates have emerged as part of a ‘psychoanalytic turn’ in geography, from the late 1990s (Callard, 2003), when psychoanalytic references in human geography began to “spread like measles” (Parr and Philo, 2003: 283). They have generated work on the location of emotions on bodies and places, on the emotional relations between people and places, and on representations of emotional geographies (Bondi et al., 2007: 3).

While a phenomenological interest in the experiential features of place has been present in human geography since the 1970s (see Casey, 2001), the more recent turn to affect follows a wider attention to the role of emotions within cultural studies and critical theory (Bondi, 2005). ‘Affect’ has recently been employed as a tool for exploring the ‘sense of place’ (Thrift, 2009; Thrift, 2008b; Thrift, 2004b; Blackman and Harbord, 2010), and the relation between emotions and material practices, where “affects come to *actively constitute or produce place*” (Duff, 2010: 884, emphasis in the original; Tucker, 2010). Affects are also employed as “means of navigating space” (Duff, 2010: 892), bodily intensities that appear to ‘attach’ themselves to specific spaces through material practice, turning ‘thin’ places into ‘thick’ places

through forms of “affective rendering” (Duff, 2010: 882). However, much work at the intersection between affect studies and human geography is susceptible to similar dissents to those I have outlined around affect studies.

4.1.3. The psyche and human geography

In particular, the ‘emotional turn’ in human geography (Bondi et al., 2007) has been criticised for relying on an idealistic vision of the psyche, and for employing psychoanalytic inputs without engaging with a definition of the unconscious (Callard, 2003), displaying almost a “fear of the unconscious” (Parr and Philo, 2003: 285).

Nigel Thrift’s use of affect, for example, frames it as a biopolitical zone of ‘bare life’, “the simple fact of living common to all living beings” (Agamben, 1998: 1), or as ‘microgeographies’ of the body (Thrift, 2004a; Thrift, 2010), thus displacing the realm of the psychic.⁴¹ Thrift’s conception of affect draws upon a Deleuzian approach (Thrift, 2008b; Massumi, 2002), where emotions are nameable states that can be attributed to subjects, and affects appear as pre-discursive, a-subjective, and non intentional (Thrift, 2004b; Thrift, 2008a; Thrift, 2008b). His understanding of emotions as cognitive, and of affects as purely corporeal, pre-cognitive and pre-verbal, however, risks to reinforce the divides between thought and action, and mind and body (Bondi, 2005; Nash, 2000). In addition, this position poses ethical and methodological questions over whether “the effort to understand and communicate [should be] abandoned in favour of abstract theorizing of the non-representational” (Nash, 2000: 662), which might appear as “too little touched by how people make

⁴¹ An example of these ‘microgeographies’ is the ‘half-second-delay’, as the period of bodily anticipation between 0.8 and 1.5 seconds during which an action is set into motion before consciousness (Thrift, 2004a; Thrift, 2004b).

sense of their lives, and therefore too ‘inhuman’, ungrounded, distancing, detached and, ironically, disembodied” (Bondi, 2005: 438).

A useful approach to place as co-enacted and co-created by narratives and affectivity can be found in Lisa Blackman and Janet Harbord’s work on mediacityUK, where place emerges as psychically porous, virtually and actually produced through imagined experiences and possibilities (Blackman and Harbord, 2010). Felt memories and place narratives here show how “environments have the potential to become suggestible, displacing the idea of the separate actor or user with a more mimetic, relational and entangled notion of [...] trans-subjectivity” (Blackman and Harbord, 2010: 305, 306).

The state of emotionally charged sites and their potential changes – such as the former psychiatric hospital complex and the current location of psychiatric services in Gorizia – are indeed in a relationship of intra-action with the self-understanding of the community (Staiger and Steiner, 2009: 6; Barad, 2007).⁴² In fact, the debates around these sites and around the narratives they produce, when staged in local and national media, in turn shape remembering practices. As I will address, in different historical moments, literary discourses and media visibility of Gorizia simultaneously *arise from* and deeply *affect* the community and these emotionally charged sites.

⁴² I here borrow a vocabulary of ‘intra-action’ from Karen Barad’s work on quantum physics and the social sciences (2007). Barad works towards an approach to science and theorising where the ‘subject’ and the ‘object’ of study are not understood as separate entities at their origin, and where phenomena are not external to observation, but they reveal “*the ontological inseparability / entanglement of intra-acting ‘agencies’*” (Barad, 2007: 139, emphasis in the original). She eschews the notion of interaction precisely because it presupposes already existing agents, while she focuses on the “entangled intra-relating” between human and non human agents (2007: xi).

4.1.4. The effects of history

In order to trace the emotional charge of these sites, and the qualities of the ‘atmosphere’ and ‘the character of Gorizia’, it is necessary to investigate the haunting potentials of social history, and to engage with the effects that such history holds within a psychic economy of trauma. In particular, a social history of war and displacement, oscillating feelings of pride and shame, and discourses of nostalgia, melancholia, and ‘heaviness’ that many interviewees referred to, are crucial elements when discussing Gorizia’s relationship to its own past and forms of understanding the present. While I do not propose that a history of trauma somehow mechanically impregnates certain sites, the ways in which this history is known and remembered, unknown and forgotten, mediated and transmitted, crucially invest places and relationships, and hold performative effects in understandings, descriptions and experiences of ‘atmosphere’. It is to this social history that I now briefly turn, providing a background that has a strong role in shaping and staging individual and collective memory in Gorizia.

While “probably no Italian city has experienced the most salient events of the twentieth century with the continuity, intensity and violence with which they have been experienced in Gorizia” (Editorial Office, 2003: 3), this history is simultaneously insistently present and constantly removed, palpable and yet ethereal in the ‘atmosphere’ that is attributed to the city.

4.1.5. Brief history of Gorizia

4.1.5.1. The Austrian Nice

The County of Gorizia had been part of the Habsburg domains from the late fifteenth century.⁴³ Due to its favourable geographical position, mild climate and lively trade, it was a renowned site for merchants and the rising bourgeoisie, a holiday destination for many Austrians, and it was referred to as ‘the Austrian Nice’ (Carl von Czörnig, *Das Land Görz und Gradisca*, 1873, quoted in Fabi, 1991: 83), a flourishing example of the Belle Époque.⁴⁴

However, the poorest part of the town survived in appalling conditions, tuberculosis was extremely common, the sewage and plumbing system were badly organised and poorly developed, with the frequent lack of drinkable water in some areas of the town (Fabi, 1991; Fabi, 1997). While Gorizia was a cultural and linguistic melting pot between Austrians, Italians and Yugoslavians, tensions and snobbery between these groups, as well as between the city dweller and the farmer, were common features in the community. Overall, Gorizia seemed to shine an ‘Italian spirit’, and often the separation between the city dweller and the farmer mirrored that between the Italian and the Yugoslavian (Fabi, 1991).

⁴³ The Habsburg Monarchy, or Austrian Monarchy, is a non official term that refers to the countries ruled by the House of Habsburg and the House of Habsburg-Lorraine between 1276 (or 1526) and 1867. The Monarchy then formed the Austrian Empire (1804-1867) and the Austro-Hungarian Empire (1867-1918)(Marinelli, 2005).

⁴⁴ La Belle Époque refers to a historical period between the late nineteenth century until World War One, characterised by scientific and technological advancement, such as the establishment of the field of bacteriology, and the organisation of modern physics. The arts saw the development of Expressionism, new forms of entertainment, such as cabaret, and Art Nouveau architecture (or Jugendstil). This period was retrospectively named, as a time of ‘golden age’, compared to the horrors of World War One (Tipton and Aldrich, 1987).

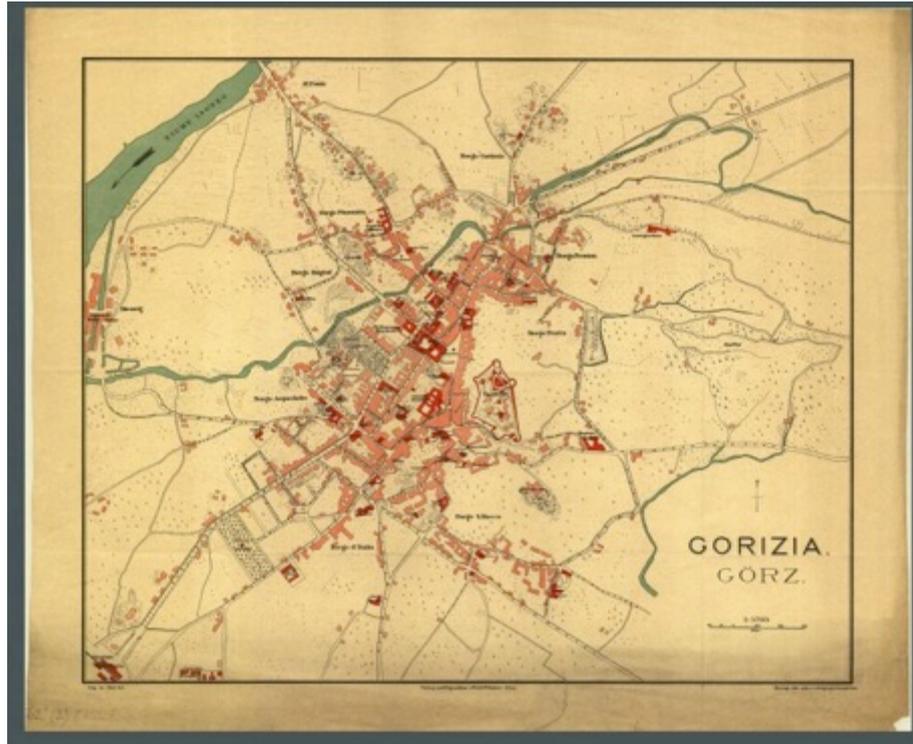


Figure 5: Gorizia, 1880

4.1.5.2. World War One

On 28 July 1914, World War One began, with the Austro-Hungarian invasion of Serbia, followed by the German invasion of Belgium, Luxemburg and France, and the joining of Russia and the Ottoman Empire to the conflict.

Within the Kingdom of Italy, the Gorizia area was one of the territories perceived as *Italia Irredenta*.⁴⁵ In May 1915, hostilities began between the Kingdom of Italy and the Austro-Hungarian Empire, and Italy entered the war on the side of France, betraying its alliance with the Empire. When it became clear that territories in the Venezia-Giulia region would not be easily conquered by the Italian troops, war broke out in the local area, in November 1915 (Fabi, 1991). On 9 August 1916, Italian troops entered Gorizia, whose inhabitants were divided between the

⁴⁵ These were territories – like Trentino, parts of Istria and Dalmatia – that had been retained by the Austrian Empire after the Third Italian War of Independence in 1866, and that were ‘awaiting to be re-conquered’.

irredentists who welcomed the troops, and supporters of the Austro-Hungarian Empire (Fabi, 1991). Gorizia was subsequently re-conquered by the Austrians in 1917, and after a period of resistance along the Piave river, Italian troops began to advance again into these areas. When in November 1918 the Italian troops entered Gorizia for the second time, and established a military government that lasted until July 1919, the inhabitants – mostly of Yugoslavian origin – who had celebrated the Austrian return, tended to flee from the city (Fabi, 1991). At the end of the war, borders were redrawn favouring Italy over Yugoslavia (Figure 6), and the tensions between the Italian and the Yugoslavian population in Gorizia radicalised even more (Fabi, 1991).

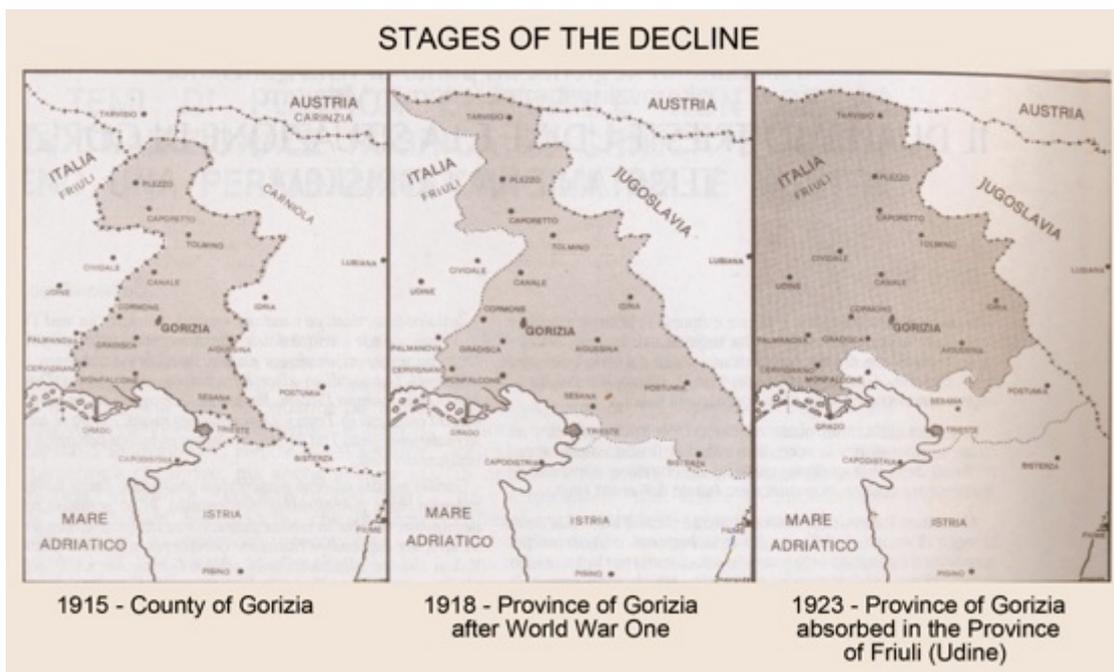


Figure 6: Province of Gorizia 1915-1923

During the war, patients from the psychiatric hospital had been transferred to other hospitals across Italy and the Austro-Hungarian Empire (particularly to Siena, Venice, Gemona, and Kremsier), and by the end of the conflict the psychiatric

hospital of Gorizia had been almost entirely destroyed (Lombardi, 2010; Amministrazione Provinciale di Gorizia, 1996).

4.1.5.3. Rise of Italian Fascism: Constructing an identity

After the war, the National Fascist Party, led by Benito Mussolini, progressively gained political power and came to rule the Kingdom of Italy from 1922 to 1943, followed by the Republican Fascist Party from 1943 to 1945. Italian Fascism invoked notions of nationalism, and within an expansionistic strategy, it aimed at the restoration of *Italia Irredenta*. After Mussolini obtained dictatorial powers in 1922, Italian Fascism began to openly promote violence, acting through paramilitary organisations in the country (Dogliani, 1999).

Fascism emerged at a crucial time, when a national identity was being constructed, and it proposed the cult of the Great War and the Fallen Hero as symbolic markers of the Italian spirit (Dogliani, 1999). While Gorizia was perceived as the symbol of military victory in the quest of *Italia Irredenta* (Fabi, 1991), after World War One, there were concerns for the fragility of the Italian spirit in these areas. Within a policy of ‘fascisticisation’ and architectural ‘rationalisation’ of the city (Lombardi, 2010; Foot, 2009), buildings were restored in fascist architecture, streets were renamed, ethnic repression was in force through deportations and relocations, Yugoslavian family names were Italianised, and the Slovenian language was suppressed in official administration (Černic, 1993; Sluga, 1999; Doordan, 1983; Lasansky, 2005).⁴⁶

⁴⁶ It is estimated that between 1927 and 1945, over 500.00 citizens in the area were forced to change and Italianise their names. Examples of this practice was turning Buccig into Buzzi, Marteljanic into Martellani, Trbizan into Trevisan, Devetag into Novelli. In Gorizia, families were allowed to return to their original surnames, if so inclined, in 1948 (Černic, 1993).

In 1923, the Province of Gorizia was dismembered between the Provinces of Trieste and Udine, and the project of reconstructing the psychiatric hospital was abandoned until 1926, when the Province of Gorizia was reconstituted (Figures 6 and 7) (Fabi, 1991). Between 1927 and 1943, the Province of Gorizia became an administrative unit of the Fascist regime, ruled by a Government appointed prefect, which abolished all municipal authority of locally elected mayors (Fabi, 1991).

4.1.5.4. World War Two

On 10 June 1940, Italy entered World War Two on the side of Germany, but broke this alliance on 8 September 1943, and joined the Allies. It is from this day that Gorizia, as many other cities in the country, entered a state of chaos, panic, and ‘total war’ (Foot, 2009). Suddenly, Germans stopped being allies, friends and neighbours and, with the fall of Fascism, they became political enemies.

The new “battle for Gorizia” that this political shift initiated was fought between Italians, Yugoslavians and Germans (Fabi, 1991). The vast and complex array of political sidings rendered the city ‘filled with enemies’, and local partisans were often identified as scapegoats (Foot, 2009). Italian and Yugoslavian antifascist partisans were chasing Germans and Italian supporters of Nazi-Fascism, while German soldiers and radical groups of Yugoslavian partisans were chasing anti-Nazi Italians (Fabi, 1991). Gorizia happily welcomed Hitler’s troops on 12 September 1943, perceived as potential guardians from Yugoslavian partisans. However, the Germans soon introduced curfew and violent measures of social control, while episodes of violence between Italians and Yugoslavians persisted (Fabi, 1991).

As Hitler’s position grew weaker, on 24 April 1945 the German army left Gorizia, and Marshal Tito’s Yugoslavian troops began to advance towards the Venezia-Giulia

area, before the Allies. On the night between 30 April and 1 May, Yugoslavian troops took possession of the city for forty days, triggering episodes of ethnic cleansing and paramilitary actions between Italians and Yugoslavians, while armed civilians were fighting in the streets. When the Allies arrived to the area on 12 June 1945, they established a military occupation of the territory. Trieste, most notably, remained under the Allies' jurisdiction until 1954 (Fabi, 1991).

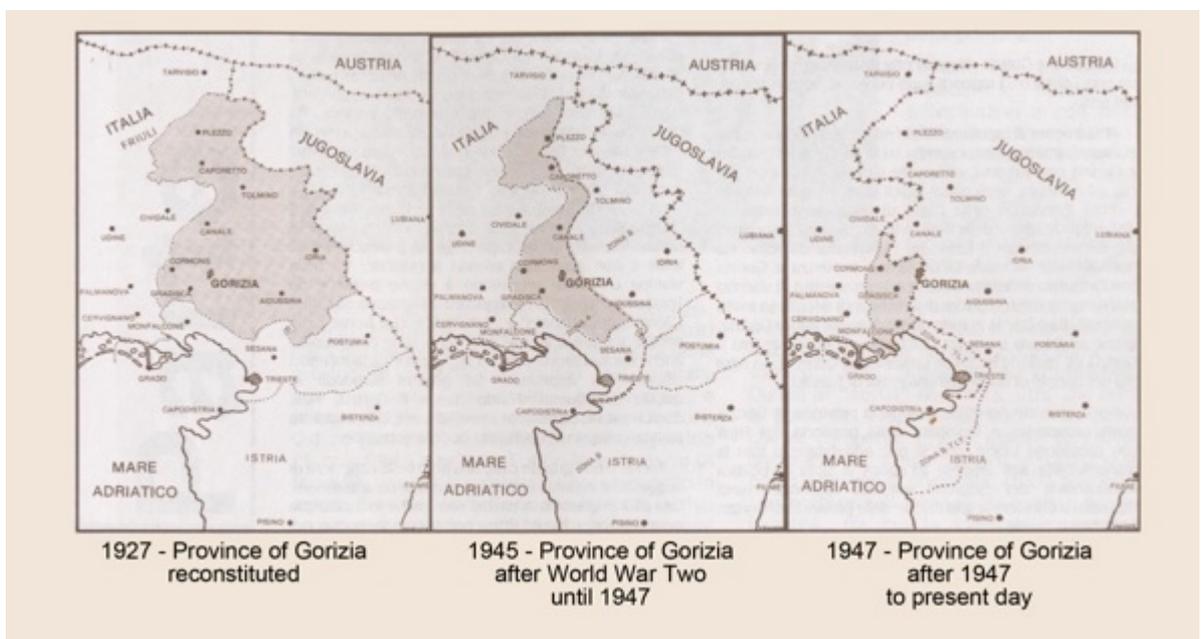


Figure 7: Province of Gorizia after 1927

4.1.5.5. The new border and conservatism

On 15 September 1947, the Allies drew the new national borders, and the Province of Gorizia lost most of its territories – mainly its countryside areas – to Yugoslavia, while the Italian city of Gorizia was made to adjoin the Yugoslavian Nova Gorica ('New Gorizia') (Figures 7 and 8). As a consequence, Gorizia has tended to build its public memory around World War One, and Nova Gorica around World War Two (Foot, 2009).

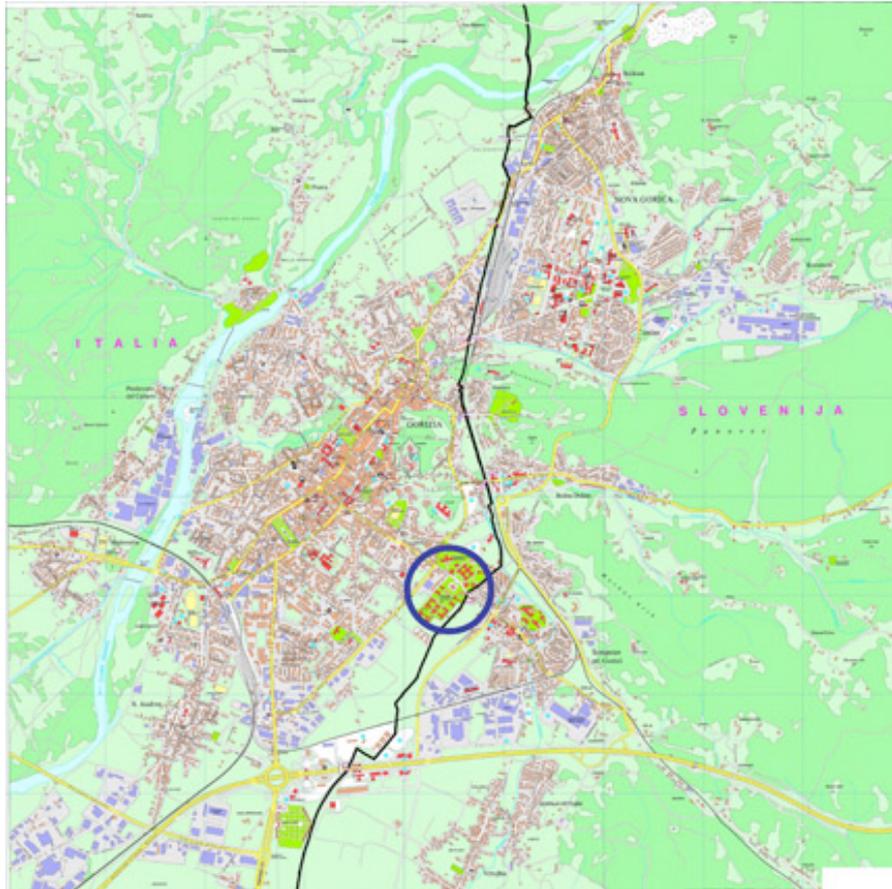


Figure 8: Gorizia and Nova Gorica. Circled, the Psychiatric Hospital

When the border was drawn, little regard was paid to the local population: cemeteries were crossed, families were separated, farmers and their fields were divided by the border. While it was common to smuggle goods across the two countries, security checks at the border were tight. Many Yugoslavians who tried to cross the border illegally, escaping from Tito's dictatorship, were shot on the spot (Covaz, 2007; Verginella, 2008). To a young boy in the 1960s, Gorizia felt like

it was closed, harsh, very fascist. You could feel the border, you felt at front. There were fake sheaves in the fields, out of season.... At six in the evening, the army went off duty, and the high street turned completely green. There were just soldiers. Every day.

(Ippolito)

The economic downfall of Gorizia can be traced back to this period, when unemployment became rampant, as industries began to lose their power. Local politics tended to polarise images of Western democracy versus Communist dictatorship, embodied in the figure of Tito: the communist and the capitalist world met and separated here (Editorial Office, 2003). The Communist Party, the second party in Italy in the years after the war, had only few seats in Gorizia, where the neo-Fascist movement Movimento Sociale Italiano (*MSI*) remained the second major party in the city until 1965 (Fabi, 1991).

Historically balancing feelings of national irredentism and imperial cosmopolitanism (Bialasiewicz and Minca, 2010), currently renegotiating the co-presence of nationalist feelings and aspirations to openness, but unable to fully relate either to the East or to the West (Stasi, 2005-2006), and financially subsidised by the State throughout the years,⁴⁷ Gorizia has been described as a ‘dependency’ or a ‘charity culture’ (Stasi, 2005-2006).⁴⁸

4.1.5.6. Recent History

As the Yugoslavian Wars broke out in 1991, Gorizia witnessed the vicinity of the war as various tanks were positioned at the border, ready to fire against a NATO member State, and bloodsheds were taking place at Casa Rossa / Rožna Dolina, just

⁴⁷ In 1948, Gorizia became a free trade zone for sugar, coffee and petrol, due to high unemployment, its complex geopolitical history, and the decline of the industrial sector. The status of free trade zone was renewed every year until 1988, when it became permanent. With Slovenia entering the European Union in 2004, and the consequent abolition of border controls in December 2007, the free trade zone policy was terminated. Some State reductions and incentives for local traders are still in place, to allow competition with cheaper Slovenian products – most notably petrol and cigarettes – but these are often not enough to create an equal competition, and there are recurrent strikes of gas station attendants (Chiarion, 2008). For example, between January and February 2012, a group of gas station attendants occupied the main square in the centre of Gorizia for three nights (Fain, 2012d).

⁴⁸ With a low density population, Gorizia is recurrently at the centre of national debates – together with other areas in the country – of being suppressed as a Provincial body, in order to cut State expenditure. In the most recent national debate on the suppression of Provinces with a population under 300.000 inhabitants, Gorizia seemed to be destined to be abolished as a Province. However, a government crisis in late 2012 brought such legislation to a temporary halt (La Provincia dimentica di auto-celebrarsi, 2013).

beyond one of the main border crossings in the city (Figure 9) (Femia, 1991; Barella, 1991).⁴⁹

Slovenia obtained its independence in 1991, and joined the European Union in 2004. After it fulfilled the requirements of the Schengen Agreement – which abolished border checking across member States – passport controls between Italy and Slovenia were relinquished in December 2007. However, as a local journalist describes, it appears that “despite all the emotional excitement in the media, surrounding the fall of the border, the towns have not been able to transcend the mental border” (Škrlić, 2012: 3). Gorizia is, in all effects, a divided city, “half here, half there” (Pivetta, 2012: 77). The border cuts across it, fuelling and reproducing historical feelings of hostility, uneasiness and snobbery that last to this day.⁵⁰ While many Slovenians speak Italian, fewer Italians choose to learn the Slovenian language; the colloquial term employed when referring to the territories just beyond the border is ‘on the other side’ (*di là*), and in the local dialect the Slovenian population is at times ironically, at times derogatively, referred to as *Xciavi*.⁵¹ The ‘identity’ of the city and its ‘Italian-ness’, bilingualism and cross-border cultural events are debated topics among local historians and politicians, since “in these cities there is a refusal to know history, for fear of finding out an identity which is different from the declared one” (Fonda, 1991: 5).

⁴⁹ In the city centre of Gorizia, there are five border crossings: Casa Rossa / Rožna Dolina (Figure 9), San Pietro / Šempeter, Sant’Andrea / Vtrojba, San Gabriele / Erjavčeva Ulica, and Salcano / Solkan.

⁵⁰ The local magazine *Isonzo Soča*, for example, specifically aims at tackling issues of uneasiness and prejudice across the Italian and Slovenian communities.

⁵¹ The colloquial expression *Xciavo* (pl. *Xciavi*) originates from the Latin *Sclaveni*, referring to Slav populations. However, the word in Italian resembles the term *schiaivo* (pl. *schiaivi*), meaning ‘slave’. In its derogatory usage with reference to the Slovenian population, this ambiguity is central.



Figure 9: Border crossing Casa Rossa / Rožna Dolina, March 2012

4.2. Traces of spaces and time

4.2.1. 'Heaviness' and 'atmosphere'

Coming from a very small village surrounded by mountains, where at times people seem to display an almost pathological parochial attachment to their land, when I visited Gorizia for the first time, I felt I was breathing fresh air. Between the mountains and the sea, a city on the border, leaning upon Slovenia, where languages at times blend, where cultural traditions and folklore seemed mutually informed. In the numerous visits that followed over the years, for a long time I preserved and treasured that feeling.

As it emerged in many interviews with both native and non native Gorizians, and in my own process of 'embodying the research', attuning to Gorizia means feeling fascinated by its sense of 'fresh air', and simultaneously feeling on the verge of a depressing gorge. It means experiencing "the force with which historical events have entered into the so-called collective memory" (Fabi, 1991: 231), encapsulated by the

popular anti-war song, *O Gorizia tu sei Maledetta* ('Oh Gorizia, thou are Cursed').⁵² Gorizia's 'heaviness' is simultaneously palpable and ethereal. It manifests in concrete places and archives, and it travels mediated by people's memories, fantasies, uncertainties, spoken stories and silences. This heaviness is a story, a feeling, a haunting, that simultaneously *manifests through* remembering practices, and has *performative effects* on these practices.

Gorizia is a difficult city. You can feel two World Wars that have run through it, that have wounded it... the border, like a cut. In some senses it is hospitable, open to other cultures... the Austro-Hungarian culture has left a trace, just like the Basaglia experience... acceptance [...]. In some other senses it is a closed city, mistrusting, nostalgic, this decadent atmosphere, sad, melancholic, feeling sorry for itself, yearning a past that was never that glorious, in the end [...]. It's sterile, old, exhausted. You can feel that it's a city that has suffered.
(Bruno – current member of staff at the C.S.M. in Gorizia)

Surprisingly often, interviewees discussed the 'atmosphere' and 'the character of Gorizia' as 'heavy' and 'traumatised', something 'you can feel', without me having formulated a question around it. 'Atmosphere' here emerges as a psychic element central to forms of relating to space, time, and the social sphere. As its etymology suggests, 'atmosphere' – from the Sanskrit *atman* – designates both 'soul' and 'air', or 'breath', just like the Greek 'psychê' referred to the soul or the mind, as well as 'breath' or 'wind' (Abram, 1997: 237-238). Gorizia's 'character' and 'atmosphere' challenge traditional conceptions of materiality, generating a liminal space between spectrality, corporality, and space, where the spectral can be defined as "sensed persistence without the fullness of presence" (McCormack, 2010: 642). While Derek McCormack's works in human geography subscribes to a definition of affect as "the intensity of prepersonal relations immanent to the world", where these relations "are not necessarily distinct from matter", he also importantly states that atmosphere, like

⁵² The song was surreptitiously sung by Italian soldiers during World War One, and it describes the pain and the rage of Italian soldiers fighting to conquer Gorizia during the war.

affect, might require the engagements of senses beyond sight only (2010: 643). As part of the assemblaged archive in the study of Gorizia's psychiatric past, the 'sense of place' that atmosphere suggests "implies much more than either the materiality of physical form or the spatial meanings that emerge from its construction and use" (Dovey, 2010: 25). The way one 'feels it' is entangled with social practices, individual memories, unconscious fantasies, sanctioned narratives, personal relationships to social history and concrete sites.

4.2.2. War remains

Analysts Françoise Davoine and Jean-Max Gaudillière (2004) address precisely how certain locations might hold particular affective power, entangling trauma, place, body and memory. In their work, specific geographical sites, such as villages and mountain passes that have been the scenarios of traumatic war events, emerge as "erased battlefields" (Davoine and Gaudillière, 2004: 128).

While battlefield sites across Italy had already become "spontaneous cemeteries" and "instant memorial sites" during World War One, this is particularly true of areas such as the Isonzo and the Carso regions, where Gorizia is located (Foot, 2009: 45-46). While shrines (*sacrari*) and charnel houses (*ossari*) began to be built in the 1930s, as specific monuments for memorialisation, storing nameless bones and remains from the fields, "in the whole Carso area, the ghosts of the past were everywhere" (Foot, 2009: 48).⁵³

⁵³ These memorial sites were part of a complex process of mourning, where the bodies of many soldiers were missing, and many other bodies remained nameless. The monument to the Unknown Soldier, built in Rome in 1921, was an official attempt to assist in the process of mourning. The body that represents the Unknown Soldier was chosen by the mother of a deceased soldier, whose body had not been found, out of eleven coffins of unknown soldiers, in the Aquileia Basilica, only 30 Kilometres from Gorizia (Cadeddu, 2004).

Looking at the distinctive colour of the Isonzo river, brisk and bright blue, one is also reminded of how its waters were “tinted with red” during two wars (Pascoli, 1982). Walking around the Sabotino mountain, one might still find bullet cases on the grass, as powerful tokens of a past that lingers, traumas that are remembered with unease, wounds that remain open and still afflict relationships among community members also through the very land. The Karst land surrounding these areas, in fact, was literally *filled with bodies* during and after World War Two. The discovery of the *foibe* massacres, from the mid 1940s, exposed how the land, the soil itself, had taken part in war crimes.⁵⁴ After the first discoveries in the 1940s and 1950s, the *foibe* massacres became triggers of powerful “emotional maelstrom[s]” (Ballinger, 2002: 136), alternatively invoked or silenced through a “politics of submersion” (Ballinger, 2002: 129), as an expression of “a shared silence – *a pact of forgetting*” (Foot, 2009: 84, emphasis in the original) that still haunts the relationship between Italians and Yugoslavians.⁵⁵

4.2.3. Erased battlefields

For Davoine and Gaudillière, when the affective power of ‘battlefields’ is ‘erased’, unacknowledged, or denied, the unconscious memory of their history becomes a crucial element in the collapse of individual identity and in the development of psychoses. In their work, what has been ‘erased’ becomes inscribed on the

⁵⁴ The term *foibe* indicates a geological subterranean formation in the Carso mountains. These sinkholes were employed as mass graves for Italian Fascists and rebels by Tito’s army and Yugoslavian partisans (Pirjevec, 2009).

⁵⁵ In a climate of post-war silence, Yugoslavia tended to deny the crimes, and Italy was ashamed of its Fascist past and its defeat during the war (Pirjevec, 2009). Post war killings were therefore forgotten to maintain good neighbour policy, only re-emerging in the 1990s, brought up by the Italian Right during and after the Yugoslavian Wars (1991-1995), as a political currency employed in ideological and nationalistic campaigns to obstruct the admission of Slovenia into the European Union (Sluga, 1999). Notably, the number of victims is still uncertain, and not all *foibe* have been found or emptied, since they can reach the depth of several hundred meters (Pirjevec, 2009).

individual's body, in the form of hallucinations or incoherent speech, as an attempt to look for a platform where to speak from (Davoine and Gaudillière, 2004).

Without aligning the violence of war to Gorizia's psychiatric past, extending Davoine and Gaudillière's 'body' into an assemblaged remembering crisis implies that 'atmosphere' becomes a platform for a social and psychic economy of trauma. In fact, it is the erasure, the submersion, the periodical rewriting of the meanings of 'the Basaglia experience', the clashes between individual experiences and official narratives, the scarcity of archival material, the decaying state of the former psychiatric hospital (see Figure 10), that simultaneously constitute and stage a remembering crisis, a traumatic removal, and a memory battlefield.



Figure 10: Detail inside the first floor of the Direction building, October 2011

'The Basaglia experience' and the legacy it produced, in and for Gorizia, take up the violence of a battlefield *because* they have been partly erased, concealed and obscured by official and teleological chronicles, confined to defensive narratives, crumbling basements, and feelings of fading enthusiasm, throughout which the

following chapters will navigate. In their discussion of shell shock and war traumas,⁵⁶ Davoine and Gaudillière point out that “one might ask what closeness to the battlefield involves when the war is over and no one wants to hear about it anymore” (2004: 121) but, as they note, when faced with the impossibility to communicate traumas, “we are at war; the battlefield is right there” (2004: 122).

4.2.4. Fantasies, places, and practices

Davoine and Gaudillière situate the battlefield ‘right there’, on the body of the patient, where language collapses, and psychoses testify to a broken social link (2004). Where trauma circulates in assemblaged contexts, this body can be extended to cultural practices, physical locales, and current healthcare practices.

In Chapter Four, I will engage with a number of recent cultural events organised in Gorizia to remember ‘the Basaglia experience’, and with the debates that have surrounded both the state of the former psychiatric hospital and the current structures of mental health care as forms of memorialisation (Connerton, 1989; Connerton, 2009). Debates over the urban requalification of former asylum infrastructures in the country, after the passing of Law 180 in 1978, have pointed to the need of reconciling their scientific and cultural roles with the personal narratives that surround them (Luciani, 2002). While this reconciliation – between official history and individual narratives – informs the ‘memory wars’ in Gorizia over the state of

⁵⁶ Initially developed in the work of London physician John Erichsen, the modern concept of trauma emerged in the 1860s, and it referred to victims of railway accidents, who *displayed* no immediate physical injuries, but later began to report a variety of symptoms (Hacking, 1995; Leys, 2000). While these symptoms resembled those manifested by female hysteric patients, the notion of ‘railway spine’ attempted to maintain the masculinity of the disturbance, as somehow physiologically rooted (Hacking, 1995; Leys, 2000). The idea of ‘shell shock’, developed after the onset of World War One, when large numbers of soldiers came back from the front displaying symptoms of traumatic neurosis, had a similar function, coming to substitute diagnoses like ‘God only knows’ (G.O.K.), and providing a mechanical explanation of the symptoms, to save the honour of the traumatised soldier (Davoine and Gaudillière, 2004: 107).

the park, the buildings of the former psychiatric hospital, and the current Mental Health Centre (C.S.M.), the debates and feelings around these spaces are also importantly informed by oscillating nostalgic feelings on ‘the Basaglia experience’ (Boym, 2001).⁵⁷

If ‘the battlefield is right here’ – visible in concrete sites – I suggest that these sites, where memory “crystallizes and secretes itself” (Nora, 1989: 7), can be understood not only as physical places such as basements or hospital grounds, but also as practices, such as commemorations, health care approaches, and feelings around these. If the sites of the former hospital and the current Mental Health Centre (C.S.M.) can be aligned to “objects of fantasy” for the community, contributing to the sustainment of social relationships (Walkerdine, 2010: 99), these “territories of belonging” (Fortier, 1999: 42), are indeed also enacted through health care practices throughout the decades, in relation to various understandings of ‘the Basaglia experience’. This ‘experience’ becomes something akin to an ‘object of fantasy’, where cyclical rewritings of its meaning have urged the renegotiation of remembering practices, mediating between formalised and informal health care approaches. This negotiation connects individual and ‘nauseated’ bodies to forms of social trauma, in a narrative that, as Walkerdine notes, is not just about “the loss of steel and coal” – or national prestige – but about decades of loss and rewritings, nostalgic longings, melancholic feelings, and the need to cope and live with insecurities (Walkerdine and Jimenez, 2012: 2).

⁵⁷ The term ‘memory wars’ recalls the title of Frederick Crews’s attack on Freudian psychoanalysis and the recovered-memory movement (1995). Crews argues that many memories of childhood seduction Freud reported were manipulations and constructs forced upon the patients. He further claims that the seduction theory – abandoned by Freud in the late 1890s – constitutes the basis for the wave of false allegations of childhood sexual abuse in the 1980s and 1990s, and he thus questions the scientific and therapeutic claims of the recovered-memory movement (Crews, 1995; Hacking, 1995).

Conclusion

In this chapter, I have laid a theoretical and epistemological ground for my study of a remembering crisis in the city of Gorizia, in relation to its psychiatric past and ‘the Basaglia experience’. I have identified the fields of research that frame this study and offer important tools for my discussion – affect and psychosocial studies, the notion of assemblage, memory and trauma studies, and human geography.

I have positioned my research in the field of cultural studies, as an exploration of subjective and collective practices that inform and enact forms of community, collective remembering and forgetting. In this context, I have outlined how the field of affect studies offers a platform for questions on transmission and circulation that, crucially in this study, involve bodily, psychic, and non-conscious dynamics.

I have suggested the notion of a distributed and assembled unconscious, which not only conjures non human elements, but also puts these elements in relationships of intra-action and co-enaction, where there is a mutual dependence between the whole and its parts. I have discussed how this complex assemblage is inextricable from absences, contradictions, erasures and cyclical forms of rewriting the meaning of ‘the Basaglia experience’, and how these can be approached by employing a framework of trauma. In de-medicalising the notion of trauma, I have advanced the notion of a social and psychic economy of crisis, where trauma emerges as the non-assimilated, and its circulation can be framed in terms of haunting. Drawing from a literature on haunting as a form of mediation, I have framed places and practices as sites where trauma and haunting manifest, creating ‘atmospheres’ and feeling of ‘heaviness’.

Tracing a thread between these scholarly fields, in the context of Gorizia’s crisis, I have established my understanding of concepts such as affective practices,

assemblaged unconscious, trauma, 'atmosphere' and haunting, which I will employ in the analysis of empirical material. In the following chapter, I will outline the methodology of collection and analysis of such material.

CHAPTER TWO: RESEARCH METHODOLOGY

Introduction

In this chapter, I will outline my research methodology. I will first discuss the intersection between history and memory, when conducting research on Italian psychiatry. I will then illustrate my methods of data collection, moving towards a definition of the assemblaged archive as a key tool in my methodological approach, where I take into account both organic and inorganic, material and psychic elements that contribute to the constitution and the enactment of this archive. In this framework, papers and places, the latent and the manifest, the censored and the removed, fantasies, facts, and silences assume traits that have a particular texture. I develop and explore this texture by engaging with some specific locales that become crucial material and conceptual entities in the assemblaged archive of this memory crisis.

In describing my data analysis, I insist on the importance of a methodology that takes into account how such sites and settings – the *form* of data – might turn into *content*. I further my argument on the advantages of analysing the researcher's emotions in the analysis of such data, drawing inspiration from psychosocial research approaches (Hollway and Jefferson, 2007; Walkerdine and Jimenez, 2012) and a body of literature on haunting (Cho, 2008; Gordon, 1997; Davoine and Gaudillière, 2004).

In this discussion, I will suggest that this assemblaged archive requires the developing of methods of 'affective attuning', and forms of listening and seeing that understand the human and the non human, the material, the discursive and the

psychic in “*integral ways*” (Barad, 2007: 25, emphasis in the original). I will conclude the chapter by discussing the ethical implications of the research and the methodology I employ.

1. History and psychiatry

1.1. Historiography and Italian psychiatry

Historiographical work on Italian psychiatry tends to draw a linear and progressive narrative, generally portraying the 1960s and 1970s as the peak of such progress. In fact, many studies are still often tied to the imprinting that this season of social changes gave to the history of Italian psychiatry, reproducing divisions between psychiatry and anti-psychiatry, liberators and oppressors (Fiorani, 2010: 13).

These accounts have generally entrusted personal memories – often from Basaglia’s followers and collaborators – over critical historical research. As historian Matteo Fiorani points out, the prevailing of memory over history and a “selective attention for the past” (2010: 31) have created a Manichaean clear cut separation and a “crystallised conflict” (2010: 17) between ‘good’ and ‘bad’ practice, ‘Basaglians’ and ‘Anti-Basaglians’. Fiorani (2010) points to the need of a more accurate historiography that expands the hagiography purported by one-sided voices, either as idealising the asylum, or militantly erasing it as a place without history. The former model has characterised the writing of hospital directors and it was a dominant perspective until the 1960s (Guarnieri, 1991: 15), while from the 1970s – and particularly after 1978 – work on psychiatric hospitals was proliferating through the writings of patients and activists (Guarnieri, 2010: 8; Guarnieri, 1991: 30).

The linear narrative that is usually sketched in the literature does not allow adequate room either for the contrasts and contradictions that characterised the 1960s and

1970s as a season of political and social changes in the country (Guarnieri, 2010: 7), or for the gaps and contradictions that memory itself presents (Radstone and Hodgkin, 2003). In this case, it is ‘memory’, rather than ‘history’, that has promoted linearity and univocal descriptions. My focus on a localised context, rather than on a national compass (Fiorani, 2010; Guarnieri, 1991), puts memory and history into a critical dialogue, allowing room for contradictions, silences and gaps, as bearing important meanings for understanding Gorizia’s legacy of crisis. In Chapter Five, I will particularly elaborate on how binaries such as ‘good’ and ‘bad’ practice have affected Gorizia’s approaches to healthcare throughout the decades, also in relation to discourses of ‘for or against Basaglia’, and ‘for or against Law 180’.

1.2. Researching psychiatric hospitals in Italy

As Guarnieri (1991, 2010) and Fiorani (2010) note, research on psychiatric hospitals in Italy has tended to focus on a limited number of institutions, and almost solely on archival documentation, where studies have often been commissioned by individual Provinces (Guarnieri, 1991; Baccaro and Santi, 2007; Lugaresi, 1999; ViaChiarugi135, 2009; Scopelliti, 1997).⁵⁸ Even a recent national research project such as *Carte da Legare* has so far focused on selected institutions, and it only engages with textual archival sources, excluding any extra-asylum sources (Fiorani, 2010: 37).⁵⁹

⁵⁸ The only monograph on the psychiatric hospital of Gorizia was indeed commissioned by the Province, in 1933, to celebrate the reconstruction of the structure after World War One. It has been reprinted in 1996 in limited copies (Amministrazione Provinciale di Gorizia, 1996). In 2011, a second monograph has been published that traces the history of the first construction of the Hospital (1911) (Plesnicar, 2011).

⁵⁹ The project *Carte da Legare* consists of a reorganisation and valorisation of archival heritage of former psychiatric hospitals in the country. *Carte da Legare* started in 1999, funded by the Ministry of Culture. The research has mainly been conducted on the pilot hospitals of Naples, Rome, Venice and Perugia, but it envisions a future inspection of all former psychiatric hospitals in the country and

There are no ethnographic studies on psychiatric hospitals that explore an institution in relation to its community across the decades, or studies on the circulation and effects of memory in and of a community's psychiatric past. Some inspiring work comes from an Anglophone context, where research on deinstitutionalising practices has involved researchers participation and participant observation, albeit specifically focusing on the dynamics and effectiveness of post-asylum community care (Estroff, 1981; Perring, 1993). A useful model comes from Diana Gittins' research on the history of Severalls Hospital, in Essex (1998). In her work, Gittins engages with archival material and in-depth interviews with former patients and members of staff, using memories to reconstruct the physical appearance and spatial features of the hospital from its opening in 1913 to its closing in 1997. However, Gittins' work (1998) was commissioned and funded by the North East Essex Mental Health Trust, who wished for a "sanitised narrative of the hospital" (Gittins et al., 2007: 10).⁶⁰ The asylum emerges in her work as a nostalgic place of community and solidarity, where "treatments, work, and play within that space have gone forever" (Gittins, 1998: 222). In fact, a considerable amount of British literature on deinstitutionalisation nostalgically portrays the asylum as a place of community (Barham, 1992; Perring, 1993; Bean and Mounser, 1993), notwithstanding several hospital scandals that were investing inpatient care (see Martin, 1984). While sharing some methodological similarities with Gittins' work (1998), the present study points not to 'the history of

their archives (Kolega, 2002; *Sistema Informativo Unificato per le Soprintendenze Archivistiche - Carte da Legare*).

⁶⁰ Gittins points out that, due to the Trust's expectations, "[she] felt with the book that there were things [she] couldn't say" (Gittins et al., 2007: 10). Indeed, her work represents a reconstruction of events, a "mosaic" (Gittins et al., 2007: 12), which ultimately points to community care as an "impoverished" model (Gittins et al., 2007: 21) where, instead of services and care "consolidated in one space", there is now "a more indeterminate and fragmented spatial framework" (Gittins, 1998: 219).

the hospital', but to the effects and affects that its vicissitudes have triggered in the community.

1.3. History, memory, fantasy

Personal narratives and memories, when coupled with research on social history as “a dialogue between past and present” (Cortazzi, 2007: 389), present a number of versions and re-workings of officially sanctioned narratives (Cortazzi, 1993), opening questions around “the *sense* of ‘what is true’” (Gerden, 2001: 249, my emphasis). Embracing the *remembered* past, and not solely the chronicles of official social history, is part of an epistemology that looks beyond “the certainty of absolutes” (Foucault, 1991a: 87), and explores “stories of history” (Davoine and Gaudillière, 2004: xxi). Positioning their work between a historical approach – which analyses social forces – and a clinical one – which focuses on the individual – Davoine and Gaudillière (2004) envision an understanding of history through micro-socialities, and a form of ‘listening to history’ that connects individual traumas to larger social traumas. The ways in which contradictions and gaps manifest themselves in a remembering crisis are thus “memory drifts” (Levi, 2007: 21) that permeate notions of ‘atmospheres’ and collective understandings of the past, mediating the circulation of memory itself, where “public memory conflicts bec[o]me part of public memory itself” (Foot, 2009: 3).

These residues, drifts, and contested narratives are found in the dimensions of the human and the non-human, the verbal accounts and the written documents, the spoken and the unspoken, the psychic and the material, the real and the imagined. In between and throughout these elements, there are the desires and images one recurs to, when filling the gaps of what one does not know, or what one does not (want to)

remember. In this context, the “empirical work of tracing” (Bell, 2007: 91) must expand beyond the traditional archive, including gaps, erasures, emoting bodies, collective fantasies, and psychic presences beside the bodily and the material. As Parr notes, when engaging with the subjects that animate stories around sites of asylum and post-asylum geographies, the researcher needs to reorient her “research methodologies to [...] messiness” (Parr, 1998: 350).

2. Assembling an archive: Data collection

2.1. Photographs beyond documentation

In my process of data collection, I made extensive notes on books, articles, and several events I attended. After each interview, I took notes of my emotional states before, during and after these conversations, also elaborating on these states. I also kept a research journal where I took note of events that I found particularly relevant, upsetting, or confusing, such as troubling phone conversations, informal discussions, or difficulties in accessing material. Finally, my husband and I took a series of photographs in Gorizia, around the former psychiatric hospital and current Mental Health Centre, in the city centre, in the surrounding countryside, and of a considerable amount of material that I encountered in my research.⁶¹

I initially envisioned that, while the textual archive I was constructing – involving my own emotions and fabrications – would be fundamental in the process of data analysis, these pictures would only have documentation purposes. It was only after numerous comments at symposia where I presented my research as a work in progress, that I began to examine some of these pictures as potentially “evocative”,

⁶¹ The pictures I include in this study have been taken either by myself or my husband. A list of sources for other images and photographs appears at the end of the text.

as these comments often suggested. In establishing a dialogue between the memories of emplacement that these pictures evoke in me, and their “evocative” potential for wider audiences, I include a range of these photographs throughout this thesis.

In the field of performance studies, means of documenting – filming, photographing, or writing on the event – are generally approached as separate from the ‘live’ event itself, which is understood as non-reproducible. As Peggy Phelan notes, in her seminal work *Unmarked: The Politics of Performance*,

[P]erformance’s only life is in the present. Performance cannot be saved, recorded, documented, or otherwise participate in the circulations of representations: once it does so, it becomes something other than performance. [...] Performance’s being [...] becomes itself through disappearance (Phelan, 1996: 146, emphasis in the original).

Some scholarly work in the field has therefore been addressing the question of what this ‘something other’ might be, and what its possibilities are (Auslander, 1999; Jones and Heathfield, 2012), beyond the purposes of documentation and a representational paradigm.

2.2. Photographs as interventions

In her practice-led research on the Devon County Pauper Lunatic Asylum in Exminster, Sarah Bennett (2010) also makes use of photographs that she took of the hospital building. She describes the site as presenting “wall-wounds”, such as the marks left by door-handles, as intersections between embodied institutional practices – the slamming of doors by patients or staff – and the very building, which she understands as a conduit of stories that have not been documented in official archives. In collecting photographs of these marks, she also mimics and re-enacts the actions that have created these ‘wounds’, “replicating the mechanism” of these practices, for example by slamming the doors herself (Bennett, 2010c: 211). In so doing, Bennett introduces the effects of her own body on these traces, as a way of

mediating memories that she does not own, refusing to simply ‘gaze upon’ or represent the experiences of patients and staff (Bennett, 2010c: 203).

While in taking my photographs I did not purposefully intervene to modify the objects of the photographs,⁶² framing my methodological approach around the notion of ‘assemblage’ has compelled me to analyse how these forms of documentation were themselves an intervention. Indeed, while not defining these images as art-practice (Bennett, 2010c), I nonetheless engaged in a *practice* where the ‘found’ is never simply ‘found’, but it has been partly constructed by the process of searching, and choosing to photograph it. This practice, and by extension the images it generates, when assemblaged in the archive, have effects in reproducing, advancing and enacting the assemblage itself. In the course of this work, photographs have a performative role in that their existence and circulation produce effects *in* and *to* Gorizia’s archive, generating new meanings and potentialities. They encounter and aggregate in the present work creating a “something other” (Phelan, 1996: 146), as interventions in the telling and in the unfolding of a remembering crisis (Bell, 2007; Monk, 2008).

2.3. The agency of the archive

While this research does not engage with “a politics of the secret” (Hacking, 1995: 214) that attempts to “uncover the origin or foundation” of trauma (Blackman, 1994: 486), it is, paradoxically, from the notion of ‘archive’ – ‘the commencement’ – that I design an analytical framework.⁶³ This choice, far from envisioning the archive as a

⁶² However, some of the photographs that will appear below show various stages of the process of ordering and rearranging several documents, where I was physically affecting the set up. These were taken in order to document and produce evidence of this process, and they constitute an exception in my practice of visual documentation in Gorizia.

⁶³ The etymology of the term ‘archive’ is related to the Greek word *arkhē*, meaning ‘beginning’, ‘origin’, ‘commencement’ and also ‘power’ (Derrida, 1996: 2).

storage room for secrets and answers, apprehends the archive as simultaneously *participating in* and *embodying* modes of circulation and mediation in and of Gorizia's remembering crisis.

Both the process of archiving and the archive itself determine the very structure of the *archivable*, since the choice of conserving or discarding an event from the archive already establishes the contours of memory and what can – or should – be remembered. In this sense, “the archivization produces as much as it records the event” (Derrida, 1996: 17). Jacques Derrida's understanding of the archive as a site of anxiety around potential forgetting configures the archive as manifesting a concern over the future, rather than the past, directing to the *effects* of an archive (Derrida, 1996: 36). However, Derrida's ‘archive fever’ is tightly connected with the Freudian notion of the death drive – and the anxieties and compulsion towards repetition. He identifies the archive as “the functioning of the psychic apparatus in an *exterior* technical model”, or as a “*prosthesis of the inside*” (Derrida, 1996: 14 and 19, emphases in the original). In other words, while it is projected to the future, the archive remains a container of memory.

Approaching the archive of Gorizia's crisis as inextricable from its assembling, as “a state of affairs rather than a ‘thing’” (Dovey, 2010: 16), on the other hand, grants the archive, its construction over time, and its discovery, a particular agency. Like the Guattarian assemblage, it is enmeshed as a performative agent in the production of subjectivities and discourses, with effects that can be both productive or destructive (Guattari, 2011).

2.4. Archive, unconscious, memory

The Guattarian assemblage grasps intra-psychic entities, and it takes into account unconscious processes of collective meaning making (Guattari, 2011: 191). The archive I assemble for this study, in fact, partly lies in forms of assemblaged and collective unconscious, which manifest across personal narratives and re-workings, institutional practices, damp basements, missing documents and unknown facts, between “an assemblage of agents” and “an entangled state of agencies” (Barad, 2007: 23).

In challenging the identification of memory with a self-contained psychological subject (Klein, 2000), I propose that subjectivities, memories, and shared understandings of the ‘character of Gorizia’ shape and are in turn shaped by the dynamic, disseminated and assemblaged archive I construct in this study. In this context, the relationship between the unconscious and the social fabric can be framed in terms of sensitivity, where the unconscious is “hypersensitive to the socius” (Guattari, 2011: 10). However, as a different translation of the same passage demonstrates, the *effects* of the unconscious also concretely *show* “at the surface of the socius” (Guattari, quoted in Pelbart, 2011: 78), on social relationships, public events and physical locales.⁶⁴ These fractures in the social fabric point to an archive that exceeds a traditional definition, and turns the “slightly dusty archives of pain” (Foucault and Khalifa, 2009: xxxvi) into fractured and dilapidated warehouses of memory.

⁶⁴ By the term ‘socius’, a concept he developed with Gilles Deleuze (Deleuze and Guattari, 2007b), Guattari refers to an imagined surface upon which the coordination and control of the social flow take place, with the main function of coding and inscribing desire (Patton, 2003: 89).

3. Accessing and engaging with sources

3.1. Ethnographic features

From late June 2011 to early March 2012, I conducted my fieldwork while living in a family flat in Gorizia. Drawing upon an ethnographic methodology, the orientation of the research was open-ended and exploratory, allowing for a fertile and initially rather unstructured collection of data (Hammersley and Atkinson, 2007). As part of this methodological approach, I relied on a number of integrated methods and research strategies, to explore Gorizia's memory crisis from various angles and through different sources – often weaving together epistemological positions and research methods (O'Reilly, 2005).

While I have mainly diverged from traditional ethnographic practice, in that I did not systematically engage in participants observation in their everyday contexts (Atkinson et al., 2007), I have entertained close relationships with most of my research participants, and engaged in both formal interviews and informal practices of data collection, as I will clarify below.

In addition, the location and accessibility of the available literature on the psychiatric history of Gorizia posed some practical difficulties that importantly contribute to my understanding of a remembering crisis, where both the content of these sources and their availability play a fundamental part in framing this archive. In this chapter, I divide the data I have collected into three main categories: the voice, the paper, and the film.

3.2. The voice

3.2.1. Interviews and conversations

Formal (recorded) interviews were coupled with ongoing informal conversations with many of the research participants. In addition, I employed practices of ‘hanging out’ (Bernard, 2011: 277) at the local Mental Health Centre (C.S.M.); I took part in a trip to Ljubljana with a group of service users (December 2011); I attended a Carnival ball at the Rehabilitation Centre (*Centro Diurno*) (February 2012); I enrolled on a six weeks group workshop on holistic medicine, organised by a psychiatrist working in the Mental Health Department (D.S.M.) (November 2011 – January 2012); I attended a meeting of the local family association (February 2012); and I weekly visited a group of former asylum patients in a local care home for five months (September 2011 – January 2012).

The voices and perspectives I collected in these formal and informal practices have played a crucial part in shaping my definition and analysis of Gorizia’s remembering crisis, although – given the informal nature of many of these processes – the names of the participants will not always appear in this study.

3.2.2. Formal interviews

The subjects I interviewed during my fieldwork come from a variety of backgrounds, and they are or have been involved at various levels with psychiatric care in Gorizia. Not all the participants were born in Gorizia, and not all of them are currently living in the city. My selection of participants followed three criteria: surviving former asylum patients from Gorizia and living members of the Basaglia’s team in the 1960s; subjects who have played or still play a significant role in the management of healthcare in Gorizia; and subjects who took part or currently take

part in the running of the psychiatric services in Gorizia, whom I contacted through a snowballing method.

To protect the privacy of the participants, all the names have been changed, even in cases where their public role might render them easily identifiable. As aloof as a list of these subjects might appear, it will show the variety of voices that have intervened to channel this work.

- Three former hospital patients, interned in Gorizia in the 1940s and discharged in the 1960s and 1970s (Lucia, Rosa, Ornella). I have also weekly visited a local care home, where a group of nine former patients now reside, entertaining informal conversations with them, and with the psychologist that supervises this group inside the care home (Adele).
- Two former nurses who began to work in the ‘closed *manicomio*’, and experienced the transition, from 1962, to the Therapeutic Community. One of them left the hospital in the mid 1970s due to political clashes with the new Direction team, while the second one retired in the late 1990s (Roberto, Francesco).
- Three former nurses who began to work in the hospital when the Therapeutic Community had already been implemented, or ‘when Basaglia was here’, and retired in the 1990s (Adriana, Giovanni, Angelo), as well as the head nurse from the mid 1960s to the 1990s (Aurelio).
- Two members of the original ‘Basaglia team’, one of whom later became Director of the psychiatric hospital in Gorizia (Claudio, Fabrizio).
- Four Directors of the Psychiatric Hospital or Mental Health Department, from 1972 to the present day (Emilio, Giacomo, Martino, Bruno).
- The Provincial Health Councillor of Gorizia in the early 1970s (Gaetano).

- A general practitioner who worked in liaison with the psychiatric hospital from the late 1950s to the 1990s (Luciano), and a health worker who practiced electroencephalography in the structures of the psychiatric hospital between the 1960s and 1970s, also assisted by Lucia, one of the former patients I interviewed (Letizia).
- Two members of Franco Basaglia's family (Ippolito, Cinzia).
- Two parents, whose children have been using the mental health services in Gorizia, in the course of the 1960s, 1970s and 1980s, and at the present day (Milena, Filippo).
- Four nurses who have begun to work in mental health care services in Gorizia in the 1970s, and who are currently referred to as the last 'psychiatric nurses' (Cesare, Beatrice, Nicola, Pamela).⁶⁵
- A nurse who began to work in an outpatient facility in the late 1980s, and currently works in the Day Centre (*Centro Diurno*) (Andrea).
- The former Administrative Director of the Department of Mental Health, n.2 Alto Isontino, from 1994 to 2011 (Enrico).
- Five nurses who are currently working in the Mental Health Centre (C.S.M.), and who undertook their training from the 1990s onwards (Maurizio, Patrizio, Paola, Stefano, Leonardo).
- Two psychiatrists currently working in the C.S.M. in Gorizia, one of whom began in the early 1980s (Alberto), and the other in 2011 (Chiara).

⁶⁵ This caption, together with the colloquial distinction made between 'old nurses' and 'young nurses', refers to different formal trainings across the decades, and with various degrees of direct experience of the Basaglia years, as I will discuss in more detail in Chapter Five.

- A former nurse who contributed to the founding of a local cooperative of patients in the 1980s, and who is now the Director of the Unione Provinciale Cooperative di Gorizia ('Provincial Union of Cooperatives in Gorizia') (Massimo).
- The current Health Director of the A.S.S. n. 2 Alto Isontino Integrato (Mattia).
- The current mayor of the city (Paolo).

3.2.3. Psychosocial interview methods

The interviews tended to be unstructured or semi-structured, lasting from forty minutes to two hours, and the setting was always chosen by the interviewee. At times the interviews took place in their homes, on their workplace, or in local bars and cafes. Even when external circumstances presented several disturbance factors – interruptions by phone calls or acquaintances stopping for a brief talk – I did not intervene. I changed my language register according to what I perceived to be the most suitable for each interview, and when asked I often shared personal information and general findings about my ongoing research. Most interviews tended to have an informal tone, and sometimes they were conducted in dialect.⁶⁶ While a formal interview was conducted only once with each participant, I established ongoing dialogues with many of them. It was through these informal conversations over the months – perhaps due to the absence of the recorder, and perhaps as I became an acquaintance and a friendly presence, rather than simply a researcher – that I gained rapport with many participants, and entered data of an emotional, and at times confidential nature.

⁶⁶ While I was not born in the Friuli Venezia-Giulia region, coming from the North East of Italy myself, my native local dialect is not too dissimilar from that spoken in Gorizia. In addition, I was already accustomed to the Gorizia parlance, after several years of family visits, and I could quite confidently participate in a conversation in the local dialect.

In my interview methods, I mainly drew from Wendy Hollway and Tony Jefferson's approach to psychosocial interviewing, employing an open-ended and unstructured interview format, hinging on the notion of free association, thus resonating with an understanding of the subject as driven by motivations that are both conscious and unconscious (Hollway and Jefferson, 1997; Hollway and Jefferson, 2007; Hollway and Jefferson, 2009).

3.3. Gorizia on film

There are a number of filmic sources on Basaglia's work in Gorizia that offer images and voices projected 'from the inside' to the outside – both the outside of the hospital and the national media. I will here list these sources, whose content I will employ throughout this study. In the following chapters, I will also consider their roles in both cyclically projecting the 'character' of Gorizia across the decades, and in participating in the community's self understanding, in relation to these projections.

The first of these sources springs from Basaglia's team's commitment to exposing the problem of the psychiatric hospital to the public opinion in 1968. It consists of a photographic book, *Morire di Classe* ('Class Dying'), edited by Basaglia and his wife Franca Ongaro Basaglia, in which photographers Carla Cerati and Gianni Berengo Gardin documented the condition of hospital patients, in Gorizia, Parma and Florence (Basaglia and Ongaro Basaglia, 2008).⁶⁷

⁶⁷ When entering some psychiatric institutions, Cerati and Berengo Gardin had to conceal the scope of their visit. Once they had visited the psychiatric hospital in Florence, and the Director realised their aim, they were denied subsequent visits. At the psychiatric hospital in Ferrara, they were not allowed to take photographs, and they were denied access to some parts of the hospital. In Parma, after the nurses realised they were secretly taking pictures, they were asked to hand in the films. As Gardin recalls, he managed to hand in only the unimpressed films, hiding the rest in his umbrella (Basaglia and Ongaro Basaglia, 2008).

Journalist Sergio Zavoli produced a documentary on the Therapeutic Community of Gorizia (*I Giardini di Abele*, 1967 – ‘Abel’s Gardens’), where he filmed general assemblies, also interviewing patients and staff. *I Giardini di Abele* (1967) has become the main filmic reference on the history of Italian deinstitutionalisation, cyclically screened on late night television programs across the years (*L’apertura del manicomio di Gorizia*, 1997, 12 September, aired at 12.22 am; *I Giardini di Abele*, 2001, 24 July, aired at 1.47 am; *Vent’anni prima*, 2003, 5 March, aired at 1.31 am; *Vent’anni prima*, 2010, 11 February, aired at 2.08 am), and periodically deployed in many commemorative events on Basaglia’s work, such as those I attended during my fieldwork, which I will discuss in Chapter Four (A.S.S. 2 Goriziana et al., 2011b; A.S.S. 2 Goriziana et al., 2011a).

With similar intent and methodology, Swedish journalist Pirrko Peltonen produced a documentary, *La Fable du Serpent* (1968), which was only recently provided with Italian subtitles, and first publicly screened in November 2011 (A.S.S. 2 Goriziana et al., 2011a).⁶⁸

In 1996, the Gorizia Local Health Company (A.S.S.) accepted the proposal by film director Gianni Lepre, in liaison with the local social cooperative Kairos, of producing a feature film on mental distress and cultural displacement in the area, inspired to Basaglia’s work, and shot within the infrastructures of the former hospital. For four months, health workers, patients and volunteers worked together for the shooting of the film, in a climate of great enthusiasm and emotional

⁶⁸ The chosen title *La Fable du Serpent* (‘The Tale of the Snake’) is inspired by Basaglia’s concluding section to his essay *Le Istituzioni della Violenza* (‘Institutions of Violence’) (1971). Basaglia reports an oriental tale, in which a snake slithered into a man’s mouth, while he was asleep, and settled inside his stomach, imposing his will over the man’s. When one day the man realised the snake had gone, he did not know what to do with his newly regained freedom, for he had gotten so used to the snake’s will that, instead of finding his own freedom, he only found an empty space. He therefore had to progressively regain “the human content of his own life” (1971: 151). Basaglia explains the analogy in terms of the mentally ill’s incorporation of an enemy that destroys him, but he also points out how the encounter with the mentally ill shows that “*we are all slaves of the snake*” (1971: 151, emphasis in the original).

involvement, but no funds were made available for the production of the film, which has never been realised (Debernardi et al., 1996).

In 2000, film director Silvano Agosti produced a feature film inspired to Basaglia's work in Gorizia, *La Seconda Ombra* ('The Second Shadow', see Figure 11), where the majority of the cast was composed of current patients or members of clinical staff (Agosti, 2000). The film has been criticised for downplaying the role of patients and nurses, and for depicting Basaglia as a "thaumaturgic saint" (Pirella, 2000: 5), or as an "angelic figure" (Di Giannantonio, 2000: 26).

The most recent filmic production on Franco Basaglia is a television mini-series in two parts, *C'era una Volta la Città dei Matti...* ('Once Upon a Time, There Was the City of the Madmen...' – see Figure 12), produced in 2010 (Turco, 2010). The first episode focuses on Basaglia's work in Gorizia, while the second part follows him in Trieste. It was first aired on national television on 7 and 8 February 2010, and it was watched by a vast audience.⁶⁹ The film was accredited the Golden Nymphs Award at the Monte-Carlo Film Festival, and the Magnolia Silver Award at the Shanghai Film Festival. Research for the production involved interviews with some former patients and nurses in Gorizia, whom I also later interviewed.

⁶⁹ The first episode was watched by 5.442.000 spectators, with a share point of 21.25%; the second episode was watched by 5.900.000 spectators, share at 21.05%, surpassed only by an episode of Big Brother, with 6.383.000 spectators and share at 27.91% (*Auditel*).



Figure 11: Poster of *La Seconda Ombra*



Figure 12: Poster of *C'era Una Volta la Città dei Matti...*

3.4. The texts

3.4.1. The official papers

The repertory of official texts on the psychiatric history of Gorizia is literally dispersed across libraries and minor archives around the city, the province and the region, calling into question notions of readership, accessibility and circulation (Atkinson and Coffey, 2004), as shaping the available platforms for knowing and remembering. In fact, to gain access to books, journals and newspapers, I found myself ‘toing and froing’ between several institutional bodies in Gorizia and the surrounding area, often facing disorganised or ‘stitched up’ collections and disconcerting lacunae on the local psychiatric history.⁷⁰ While aware that Italian

⁷⁰ In the State Archive of Gorizia, for example, I encountered a box that contained architectural plans of the psychiatric hospital dating from the 1930s, a random selection of newspaper articles on the Therapeutic Community in Gorizia around 1968, various invoices of building improvements from the 1950s, and Basaglia’s draft of a paper he delivered in 1967. In addition, the published

public administrative and cultural bodies are infamously renowned for their “weakness [...], deep-rooted inefficiency, low productivity, disorganisation” and “inertia” (Ginsborg, 2003: 217), even to my Italian inertia-adjusted eye, this disorganisation and lack of synergy between cultural bodies appeared excessive, pointing to deeper meanings and potential analytical frameworks.

As well as Basaglia’s extensive written production, the array of secondary sources I consulted includes publications on Gorizia and the history of its psychiatric hospital, Basaglia’s life and work in Gorizia and Trieste, critical perspectives on deinstitutionalisation movements in Italy, debates on Law 180, and general literature on the history of psychiatry in the country.

I have also consulted the minutes of the Provincial Council of Gorizia between September and December 1972, when the events surrounding the departure of Basaglia’s team were a scorching topic of debate in the Provincial Administration.

I have thoroughly reviewed the main local newspaper, *Il Piccolo*, from 1961 to the present day, while I have also consulted a second local newspaper, *Il Gazzettino*, and two national newspapers, *La Repubblica* and *La Stampa*, when researching coverage for specific events.⁷¹ I have also, albeit less systematically, researched and accessed articles in various national magazines and daily papers, such as *L’Espresso*, *Famiglia Cristiana*, *Il Tempo*, *L’Unità*, and *Il Corriere della Sera*.⁷²

proceedings of the First Democratic Psychiatry convention, held in Gorizia in 1974, which I will discuss in Chapter Three, were only retrievable in a small peripheral library in the Province of Gorizia, rather than in more accessible libraries in the city or the surrounding area.

⁷¹ In my analysis of newspaper articles throughout the decades – and particularly in my review of the material issues of *Il Piccolo*, in the absence of a digitalised archive of the paper before the late 1980s – I encountered a large number of articles where the name of the author does not appear, or it is substituted by the caption ‘Editorial Office’ – particularly throughout the 1960s, 1970s, and 1980s. In this study, the bibliographical reference for these texts will appear under the main title of the article.

⁷² While I believe it was important to mainly engage with the local press, if this choice appears limitative, it is worth considering that in Italy there is no ‘national’ newspaper that might be compared to *The Guardian*, *The Times*, or *Le Monde* (Lumley, 1996). In fact, each major Province tends to produce its daily paper, making the Italian press quite strongly regional, in spite of some

A number of public and commemorative practices and events that attempt to remember Basaglia's work that took place during my fieldwork months are also understood as texts that contribute to the formation and circulation of discourses and images around Gorizia and its psychiatric history.

3.4.2. Private archives

Significantly, the 'paper' I engaged with was not limited to official sources, and it included a large corpus of grey literature, which I encountered and was often allowed to consult only through informal and familial networks of friends. Part of this grey literature comes from a private collection of material – which I will refer to as the 'Moser archive' – belonging to a deceased member of staff, preserved by his former partner inside several cardboard boxes, stored in her basement, untouched for over twenty years.⁷³

A second source of material I consulted from a private archive consists of a collection of 33 letters, written by a number of male patients between 1959 and 1960. Following the regulations of the psychiatric hospital before Basaglia's arrival in 1961, letters written by patients would be intercepted by staff and kept inside the institution (Regolamento Speciale Ospedale Psichiatrico della Provincia di Gorizia, 1931, art. 112).

In the 1990s, as part of what a staff member defined as a general 'repossession' and 'clearing up' of the area of the former hospital, a large amount of material, such as EEG papers, old pieces of machinery, and general rubbish, was disposed of, as I will

newspapers' attempts at overcoming this localisation, such as *Il Corriere della Sera* or *La Stampa*. While *La Repubblica* can be seen as the closest example of a "truly 'national' newspaper" (Ortoleva, 1996: 196), it was only founded in 1976, and it does not thereby fully cover the time span I am examining in this study.

⁷³ The surname of the former staff member to whom the collection of material belonged to has been changed for privacy purposes.

detail in Chapter Four. However, various members of staff felt that some of this material had not been thoroughly examined, and collected several objects and boxes before disposal. The letters were found by a nurse inside one of these boxes, and in August 2011, I was given the chance to read them.

3.5. Psychosomatic states and research questions

‘Listening to the inside’, when reading the letters, was one of the most disturbing tasks I carried out over my months in Gorizia. Disturbing, not only because of their content, but also because of the context in which these voices were allowed to speak. There was nothing gruesome in the letters, no description of therapies, no complaints about physical pain, which I feared before beginning my reading. What disturbed me deeply was the very opportunity I had of listening to voices I was not supposed to hear. They were open to me, to the nurses at the time, and to the nurse who kept them before their disposal. But they were not open to the families, friends, addressees they were destined to. They were voices that had been interrupted, and that I was contributing to interrupt, my listening being yet another form of interception. After two months of fieldwork, I was already perceiving my entrance into the ‘closed *manicomio*’ as an act of violence. Unable to reply to the recurrent question that appeared, “why did you not write back after my last letter?”, I felt my role was becoming more complicated than an external researcher.

The sensations triggered by the hospital, its former inhabitants, its narratives and vicissitudes, were crucially defying questions around a spatial and theoretical double standard of ‘opening up’ and ‘closing down’, around which I had designed my initial research questions. Rather, the psychic significance of these elements were invading my inquiry in ways that were often physically, psychologically, and theoretically

unwelcome. My stomach, and progressively my whole body, were participating, entering rooms I had never seen, establishing relationships with people I had never met, whose name was at times illegible, at times missing, at times incomplete.

[Entry from my journal, Gorizia, 23 August 2011]

Undated letter. He hopes to 'go back home on a beautiful mid August day'. I'm reading this in the August heat, is this just a coincidence? I got a shiver on my fingers, my breath sunk into my stomach.

Coupled with a growing number of interviews that were being animated by grievances or enthusiasm, scornful silences, shaking heads, broken friendships and nostalgic recollections in evoking 'the Basaglia years', the letters were opening my body in ways I could not ignore, which required new forms of affective listening and attuning – also to my own body – entering, being moved, or haunted. These “technologies of listening” (Blackman, 2012b: 178) that extend to “the possible inhabitants of silence” (Mazzei, 2007: 88), crucially involve human and non human subjects, assemblages of objects, bodily sensations, anxieties, and physical spaces (Querrien, 2011: 89). As I assembled them and listened to their sounds, they progressively pushed me to ask whether a story of ‘opening’ and ‘closing’, of bodies moving in liminal spaces between ‘the inside’ and ‘the outside’ of the walls of the asylum, was the story that *Gorizia* was really trying to tell.

4. Finding the buried: Descending into analysis

4.1. The damp basement of Gorizia

In this section, I will describe the discovery of a large amount of material in the basement of the Direction building of the former psychiatric hospital, which currently hosts the offices of the Mental Health Department (D.S.M.).

Convinced that the letters and the material in the Moser archive, as ‘papery residues of memory’, were the only casualties of history, after the 1990s ‘repossession’ of the park, it came as a surprise when I was told, during an interview, “there’s still a lot of stuff downstairs, it’s been there forever, but it’s such a mess...” (Enrico). When my eyes lit up, after the frustrating feeling of having to physically chase the material on this hospital, dispersed across minor archives and libraries, I was casually asked “do you want to have a look?” (Enrico).

When I opened a rusty door and walked down a dusty set of stairs, finding myself *literally* under the Direction building of the old *manicomio* (Figures 13 and 14), my heart stumbled. I felt I had found everything. The evidence, the facts, ‘the truth’. I felt that my emotions and frustrations had finally found *a place*, my palpable and yet ethereal emotional turmoil could hold and *hold onto* some concrete *stuff*. After months of untraceable articles, missing books, imprecise bibliographies, confusing physical and psychological states, contrasting and contradicting accounts, the amount of paper that lay before my eyes was perhaps doomed to have this effect on me, momentarily destabilising my epistemological positioning over the notion of ‘factual truth’.



Figure 13: Door leading to the basement of the Direction building, October 2011



Figure 14: Stairs leading to the basement of the Direction building, October 2011

An entire corridor and two small rooms, all shelved up to the ceiling, filled with paper and papers, from nurses' reports, to dietary recommendations, clinical files, notebooks, accounting folders, patients' pictures, administrative documents, spending reports, from 1933 to 1978 – the second construction of the psychiatric hospital and its handover from the Province to the Local Health Unit (U.S.L.). And then mould, rat droppings, rubble, spider webs and bookworms. The organic and the inorganic elements that characterised the space seemed to be emotionally, and at times materially, indistinguishable (see Figures 15-19).



Figure 15: Corridor in the basement of the Direction building, October 2011

I found a quid pro quo with the Director of the Mental Health Department (D.S.M.), who allowed me to look at the material in the basement, after signing an ethical disclaimer letter, and I would in exchange attempt to organise – even just remotely – the amount of paper, for potential future references and proper filing (see Figure 20). The data I gathered in the basement are only partial. It would have been beyond the scope of this project, and unfeasible in such a short period of time, to have undertaken, for example, a quantitative study of the clinical files. Instead, I began my work with an almost fetishist hope of finding data – *any* kind of data – that specifically referred to the Basaglia years, that might help to clarify some contradictions and fill some gaps. However, I later found out that

they didn't really keep records. I've seen the magazine sometimes [Il Picchio]⁷⁴, but we never kept a copy in the house, they were things you just... grinded... In order to preserve, you must have the awareness of just how important it is what you are doing. They had that awareness in Trieste, but in Gorizia they didn't have it yet [...]. The administrative part was a total mess, and the consequence of this mess is the absence of archives...

(Ippolito – member of Franco Basaglia's family)



Figure 16: Shelves in the basement of the Direction building, October 2011



Figure 17: Patients registers in the basement of the Direction building, October 2011

⁷⁴ *Il Picchio* was the internal magazine of the Therapeutic Community in Gorizia, as I will outline in Chapter Three.

4.2. Enchantment and repulsion

While the notes of researchers who are “struck by an awesome sight” (Penney and Stastny, 2008: 13) of objects and papers from a former psychiatric hospital can be strikingly similar across the Atlantic,⁷⁵ the momentary – and perhaps objectifying – enthusiasm of the ‘amateur historian’ in me soon vanished, and not just for the lack of material on Basaglia’s years in Gorizia.

I conducted this work in the basement from October to December 2011, during an exceptionally dry, but very cold and windy season. When it did rain, and I looked outside through the grates of the small windows near the ceiling, the idea of ‘being in the basement of an old asylum’ violently materialised by sending shivers down my spine (see Figure 23). Facing the shelves of discoloured files felt like facing History, triggering a sensation akin to what one might experience in a museum, in front of an ‘official’ token of history. That feeling was enhanced by the fact that the material was somewhat intact, immaculate in spite of its yellowish tone, and it was coupled with my own feeling of helplessness, given my lack of professional archival skills. The more intense my thrill, the more my enthusiasm was crumbling in front of the buried, the untouched, the disorganised, the dirty, the ruined, and the intimidating task of organising these documents. I felt simultaneously enchanted and repulsed by the paper, in a state of wonder, caught in “a momentarily immobilizing encounter”, a “surprising encounter, a meeting with something that you did not expect and are not fully prepared to engage” with (Bennett, 2001: 5). Jane Bennett’s understanding of enchantment as simultaneously pleasurable and uncanny, the

⁷⁵ In *The Lives They Left Behind*, Darby Penney and Peter Stastny (2008) reconstruct a number of life stories of patients living in Willard State Hospital in New York, after several suitcases were discovered, when works began to tear down a section of the building, in 1988. The facility was completely dismissed in 1995 (Penney and Stastny, 2008).

“feeling of being disrupted or torn out of one’s default sensory-psychic-intellectual disposition” (Bennett, 2001: 5), accurately pictures the state I was experiencing every morning, in the basement of the old *manicomio* of Gorizia.

While from a variety of documents I collected data such as patients’ work activities in the hospital, or quantitative figures on staff members across the years, I dedicated most of my time to the consultation of clinical files, the “sterile [...] sequence of *isolated events*” and the “*de-historicising distortion* of the patient’s life” (Risso, 1973: 204 and 208, emphases in the original). Constantly fluctuating between perceiving this sterility, and experiencing their intrinsic emotional charge, the affects and effects that these papers produced were enmeshed with their concrete setting, where mould, spider webs, and the wind outside the grates assembled to provide new meanings.



Figure 18: Clinical files in the basement of the Direction building, October 2011



Figure 19: Stack of clinical files in the basement of the Direction building, October 2011

4.3. Bodily compulsions

I took with me many anecdotes, of broken windows and torn clothes, of nurses caught sleeping during their night shifts and details of cold ‘therapeutic’ baths, patients to whom visits were prohibited, and patients to be closely guarded; patients tied to their bed the night before, and patients put in isolation cells; lists of female patients on their period, something that seemed to invade the privacy of my own body, literally making me flinch. Phrases like ‘inauspicious prognosis’, ‘solitary, mute, with an idiotic and stereotypical smile on her face’, ‘unvaried for years’, ‘monotonous whining without affective tone’, ‘constant whining’, ‘adapted, doesn’t ask for anything, has no desires’, ‘bizarre incoherence in the speech’, ‘delivered to the wife’, ‘amoral’, began to fill my notebook.

Embarrassed when thinking that some files were ‘richer’ than others, but also that, in the end, they all looked the same; compulsively collecting sentences and anecdotes, I kept flicking through the files, not knowing what I was looking for, not knowing how I might possibly use these data, and yet, somehow, unable to stop turning the pages, feeling I would do an injustice to the files that I was not going to open.

As my body was entering a liminal space between data collection and analysis, I felt something akin to what Bennett defines as “the call of things”, participating, in my enchantment and repulsion, to the unfolding of these buried narratives, through an “odd combination of somatic effects” (Bennett, 2001: 5) that indeed materialised in shivers, tears, knots in the stomach, and the simultaneous bodily compulsion to take notes and open more files. At times, I felt so overwhelmed, I feared I was losing my grip, literally, *unable to stop*, as my emotions and my body interacted in ways I was unable to verbalise or fully understand.



Figure 20: Ordering clinical files in the basement of the Direction building, November 2011

4.4. Thing-power

A disturbing majority of patients, between the 1930s and the 1960s, died in the hospital, from causes that ranged from heart failure, to strokes, to ‘idiocy’. These files have a cross, a swastika on their first page, and that cross became a painful recurrent, and haunting feature, while I was peeking into and piling stacks of lives (Figures 21 and 22). Some stacks of papers, mostly containing nurses reports, were tied together with twine. The knot was so hard, the twine so stiff, I knew it had never been untied, and for each stack I unpacked, I purposefully untied the knot at a slow pace, with a peculiar sense of reverence for these remnants, these untouched remains of history.

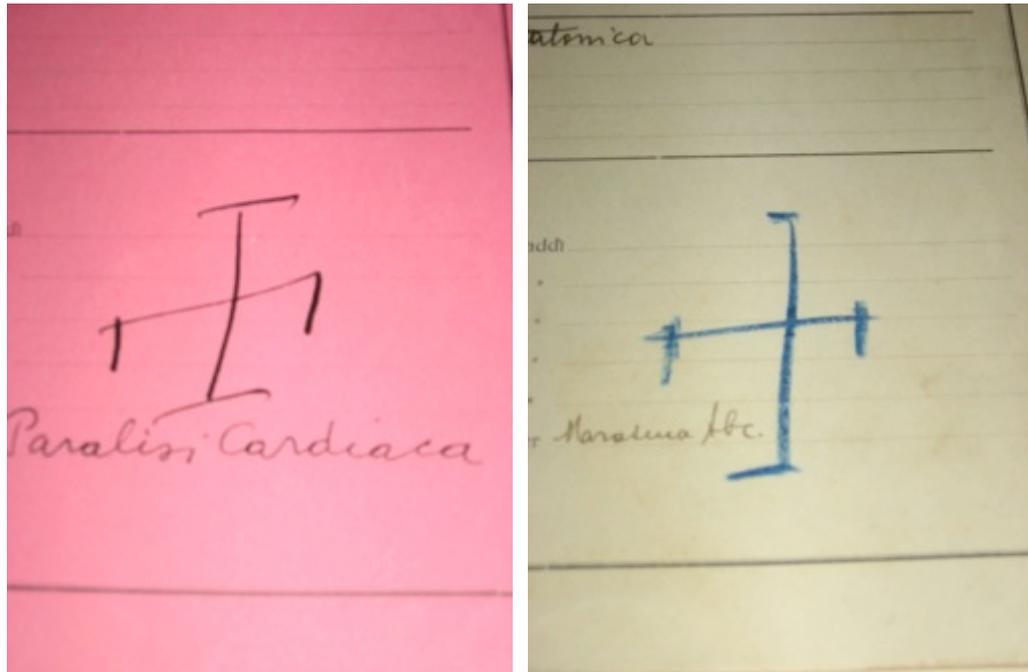


Figure 21: Swastika on female patient clinical file, November 2011

Figure 22: Swastika on male patient clinical file, November 2011

The cross on the cover of files, the twine around these papers, the anecdotes, the physical files, were pointing towards a ‘thing-power’, “forces with trajectories, propensities, or tendencies of their own” (Bennett, 2010b: viii). Bennett’s endeavour to question the “quarantines of matter and life” (Bennett, 2010b: vii) is part of a recent move, in the humanities and social sciences, towards rethinking agency and boundaries in the dichotomies of subject and object, the organic and the inorganic, under various rubrics such as speculative realism (see Bryant et al., 2011a), agential realism (Barad, 2007), new materialism (Coole and Frost, 2010b), or vital materialism (Bennett, 2010b). An emphasis on the “productivity and resilience of matter” (Coole and Frost, 2010a: 7) is central to a project in these disciplines that

questions anthropocentric ontologies and epistemologies, pointing towards conceptions of the post-human, or the more-than-human (Whatmore, 2006).⁷⁶

4.5. The material and the psychic

The agency of the yellow clinical files in the basement, however, is tied to the process of approaching and experiencing them as part of an assemblage of social practices and a psychic economy of trauma. They are – some of the – subjects that constitute and mediate a remembering crisis that includes both human and non human elements, but they are not responsible for their prolonged burial. While I felt I was powerfully encountering this ‘vital materiality’, Bennett’s conception of affects, in attempting to rescue *things* from their disenchanting disavowal in modernity (Bennett, 2001), is anchored to a definition of affects as the capacity of *bodies* for activity, thus subscribing to anti-intentionalist frameworks that eschew the role of the psychic realm (Leys, 2011; Leys and Goldman, 2010).

My body was indeed becoming a vessel through which the data were claiming a voice, in manifestations like stomach cramps, insomnia, tears, and an escalating depression over the course of the months. However, the “odd combination of somatic effects” (Bennett, 2001: 5) I experienced, I understood as inextricable from the intra-psychic relational dynamics I was establishing with the paper, the subjects and the research altogether, even though I was unable to fully comprehend it, or control it.

⁷⁶ Sarah Whatmore’s work on ‘hybrid geographies’, as a rejection of the distinction between ‘nature’ and ‘society’ (Whatmore, 2002; Whatmore and Braun, 2010), and Jane Bennett’s notions of ‘thing-power’ (Bennett, 2010a), ‘vibrant matter’ (Bennett, 2010b) and ‘enchantment’ (Bennett, 2001) are ethical undertakings within the fields of geography and political ecology. Bennett envisions an “ethical potential of the mood of enchantment”, where enchantments produce a sense of attachment to the material, and therefore propel an ethical engagement with the world (Bennett, 2001: 4).



Figure 23: Windows in the basement of Direction building, October 2011

In recuperating the affective and productive ‘thing-power’ of objects within an assemblage, it is vital that these forces and affects be conceived as relational, as a space of “*in-between-ness*” (Seigworth and Gregg, 2010: 1, emphasis in the original), and not as a property that *belongs* either to the human subject or to the thing-object. As Margaret Wetherell puts it, it is important to address how “the relays and ricochets of the human body [can] be grasped, and the visceral put in touch with the social” (Wetherell, 2012: 10). The power that these non-human materials exerted on my body and my psyche, on my methodological choices and research questions arose from a critical, psychological and affective attuning with the material, the ‘heaviness’ of Gorizia and the intense sway of its crisis. The agency of the non human is thus better understood not as a delegation, but as a translation (Lury and Wakeford, 2012: 18), where psychic dynamics are not merely what distinguishes the human from the non human, but that which joins humans to the rest of the world (Abram, 1997). After all, “the stuff downstairs” had “been there forever” (Enrico), without making its ‘call’.

5. The archive and the data

5.1. A sick archive?

What I perceived as an inextricable mass of organic and non organic material, Alessandra Zanella defines in her research as “the unfiled archival collection” of the former psychiatric hospital in Gorizia (Zanella, 2003: 88). Her frustrations with the disorganisation of archives, and the disarray of the material administered by the Province, joins a chorus of other scholars who, upon undertaking historical research in Gorizia, have to inevitably deal with the dispersal of archival documentation, due to constant shifting in administrative management, and persistent lack of funding (Pillon, 2003: 73). These frustrations arise from the idea that “[t]he researcher would always like to find a ‘room with a view’, to observe the archival landscape” (Pillon, 2003: 74), in order to construct an all-encompassing and linear narrative where data coherently fall into place. Such a room was impossible to find not only in the dark and cold basement of the hospital, but also in the process of assembling all the data, the voices, the papers and the films. Something was always missing, something was never quite falling into place, and the inability to find ‘a room with a view’ was introducing the notion of ‘crisis’ into my set of research questions, which were progressively moving towards an inquiry over the dynamics, distribution, transmission and effects of an archive of crisis.

These practical frustrations made me initially borrow Barbara Bigi’s terminology, as I framed the hospital basement as a ‘sick archive’ (Bigi, 2003: 61). As she suggests, “[t]he sickness of an archive almost never has an endogenous cause, but it comes from the outside of the organism”, caused by bad conservation, careless management, and general abandonment (Bigi, 2003: 63). I initially conceived of this ‘sickness’ as *symptomatic* of Gorizia’s uneasiness in remembering its past. This,

however, was perhaps a limited perspective, as it did not point to how the abandonment of the basement material made sense in its specific context.

5.2. The form of the archive

The notion of assemblaged archive does not only complicate the boundary between the endogenous and the exogenous causes of abandonment, but it also participates in *actively* resisting the construction of a linear narrative, concretely constituting the ‘room with a view’ as a utopic non-place, where the contradictions and the gaps of the narrative violently explode. Understanding the archive as ‘sick’ or dysfunctional – and thus requiring intervention and healing – risks to bypass that what is missing from this archive – better, the *fact* that an organised archive is missing – might be fundamental to the role of the ‘unfiled material’ within an archive where remembering is in a state of crisis (see Levi, 2007).

In fact, it was also the process of *finding* this archive by chance, *accessing* it and *engaging* with its material, rather than the data I collected per se, which furthered my analysis of this crisis. Examining the conditions of this archive allows the analysis to move beyond observing that in Gorizia “much material is missing due to discards and damage caused by terrible ambient conditions, which have also left lacunae in the surviving material” (*Sistema Informativo Unificato per le Soprintendenze Archivistiche - Carte da Legare*). Instead, it involves making sense of these contingent conditions, for “trauma challenges common understandings of what constitutes an archive” (Cvetkovich, 2003: 7). In her work on queer studies and trauma, Ann Cvetkovich (2003) discusses the relationship between personal traumas and the public sphere, arguing that traumas that remain unspoken and leave no visible trace require unusual archives, constituted of material that is often ephemeral.

At the same time, when trauma is “hidden in plain sight” (Cho, 2008: 125), rather than contained within an institutional project or a medical framework, the archive generates a politics that is central for understanding modes of inhabiting the present (Cvetkovich, 2003).

5.3. The presence of the removed

5.3.1. Oblivion and removal

If the search for textual material in Gorizia on the phase ‘when Basaglia was here’ had left me with uncertainties over the accuracy of some of these data, finding material on the decades from the mid 1970s to the mid 1990s, ‘when Basaglia had left’, proved an even harder task. This period is usually referred to as ‘the Restoration’, after the departure of Basaglia’s team, and the arrival of a new group of physicians, as Chapter Three will explore in detail. When I expressed my anxieties around the lack of material with a member of the administration staff in the Mental Health Department (D.S.M.), I was reminded what ‘the Restoration’ had meant for Gorizia: “there were almost thirty years of oblivion here, nobody wanted to remember” (Enrico). I later borrowed this expression, ‘the oblivion years’, during another conversation, and I was immediately halted by my interviewee. “No, it’s not oblivion. Gorizia operated a removal (*rimozione*). There is more agency in removal, than in oblivion” (Martino). This interviewee had a psychoanalytic training, and his language could not be accidental. While the task of translating his terminology proved problematic, the questions it presented strongly resonate with my theoretical approaches to models of unconscious and to the conceptual tool of assemblage.

In Jean Laplanche and Jean-Bertrand Pontalis’ *Language of Psychoanalysis* (1988), a classical text on Freudian psychoanalysis, *rimozione* – the term employed by my

interviewee – is translated as “repression”, as “an operation whereby the subject attempts to repel, or to confine to the unconscious, representations (thoughts, images, memories) which are bound to an instinct” (Laplanche and Pontalis, 1988: 390). However, in the less specific context of a bilingual dictionary, *rimozione* is translated not as repression, but as “removal” or “dismissal” (Mazza, 1997).

5.3.2. Repression and removal: The unconscious

After careful consideration, I made the choice of translating my interviewee’s use of *rimozione* as *removal*, rather than repression, and I did so for two main reasons. First, *removal* maintains a concrete and spatial nuance that relates to both the potent materiality of physical archives as geographically scattered, or powerfully buried. Second, the notion of *rimozione* as repression (Laplanche and Pontalis, 1988) is tied to a Freudian understanding of the unconscious which, while influenced by the social, remains an individualised space, enclosed and contained within the individual, part of her “psychical topography” (Freud, 1978c: 173). This unconscious is characterised by an exemption from contradictions, a sense of “timelessness”, and the “replacement of external by psychical reality”, whose products can only be recognised in dreams or in neurosis (Freud, 1978c: 187). In this model, repression is an unconscious defence mechanism, where an unacceptable impulse or idea is confined to the unconscious (Laplanche and Pontalis, 1988; Rycroft, 1995): “*the essence of repression lies simply in turning something away and keeping it at a distance from the conscious*” (Freud, 1978b: 147, emphasis in the original), with the purpose of avoiding “unpleasure” (Freud, 1978b: 153).⁷⁷

⁷⁷ For Freud, in primary repression the emergence of the impulse is prevented. In secondary repression, derivatives and disguised manifestations of the impulse are kept unconscious, where “the

Rather than being *exempted* from contradictions, the narratives around ‘the Basaglia experience’ are very much *constituted* by contradictions, controversies, and uncertainties. Rather than being *enclosed* within each individual, these narratives circulate across the community. Removal is thereby a structural feature of remembering ‘the Basaglia experience’ in Gorizia, rather than a symptom of sickness. The removal of material traces – in the form of unorganised archives, ‘repossession’ of spaces, reinvention of clinical approaches – have not ‘turned away’ or ‘kept at distance’ unofficial memories, to ‘avoid unpleasure’. On the contrary, “hidden in plain sight” (Cho, 2008: 125), these look for a voice through basements, buried or recurrent stories, new spaces, and clinical practices, as chapters Four and Five will articulate.

5.4. Interpreting gaps

When I left London for fieldwork, in June 2011, I was aware that the ‘archive’ of the psychiatric history of Gorizia was problematic, inconsistent, and incomplete. After many informal conversations with members and former members of staff in the years preceding this research, I was aware that here, in the city where the ‘revolution’ had begun (I fortunati pazzi di Gorizia, 1968; Psichiatria, 1973; Rizzon, 1972), many documents and paperwork had been discarded, or they survive in a bad state of repair, possibly unavailable for consultation.

The analytical framework of ‘removal’ can be usefully employed to frame the gaps within the official and the grey literature, rumours and contradictory accounts, as well as the means of accessing them. In this sense, the frustration and disconcert upon facing the practical difficulties – and at times the disinterest of many cultural

return of the repressed” constitutes an involuntary irruption into consciousness of unacceptable derivatives of the primary impulse (Rycroft, 1995: 157; Freud, 1978b: 154).

bodies – in finding material on what had been “the pilot hospital in Italy” (L'assessore Nardini in visita all'Ospedale Psichiatrico, 1967) made me find “excesses in the place where I first perceived there to be nothing” (Cho, 2008: 191), exceeding my methodology and spilling into the data.

Defensive responses I received over the phone, when trying to arrange interviews, the archival voids in and of Gorizia, disinterested cultural bodies, mould, dusty boxes, and contradictory versions of the same events, are simultaneously the *sine qua non*, the manifestations, and the sites of the circulation of a psychic economy of trauma that keeps the ‘un-chewed’ suspended in one’s stomach.

5.5. Narrative analysis

In my analysis of interviews and conversations, I have relied on narrative approaches that frame the content of individuals’ perspectives as a measure of ‘truth’. In analysing the construction of this truth, I have considered the interaction between researcher and participants as an element in the creation of a narrative, as a form of co-production, or a performance in action (Cortazzi, 2007; Riessman, 2008; Riessman, 2005). The choices of (not) telling a story, therefore, have meanings that go beyond the simple fact of (not) providing certain information, or disclosing emotions. As performative acts, these choices produce new gaps or excesses, which are construed as emerging elements in the assemblage of Gorizia’s remembering crisis. Distortions, fractures and inconsistencies within the narrative are at the centre of Hollway and Jefferson’s theory of the defended psychosocial subject (1997; 2007; 2009), since it is precisely in these ‘gaps’ that important meanings can be found. In their work, they expand on narrative analysis in social research, theorising a subject “whose inner world is not simply a reflection of the outer world, nor a cognitively

driven rational accommodation to it” (Hollway and Jefferson, 2007: 4). Data analysis proceeds by asking what the researcher noted and *why* she noted it. In asking these questions, the impact of the researcher in the interpretation of the data is crucial (Hollway and Jefferson, 2009; Hollway and Jefferson, 1997; Hollway and Jefferson, 2007). Their work, indeed, entails an analysis of the subject of research *as well as* the researcher, both construed as subjects formed through defences against anxiety, as a “democratic and not patronising” form of analysis (Hollway and Jefferson, 2007: 3). Davoine and Gaudillière’s work (2004) also strongly relies on the active participation of the analyst in the therapeutic setting, often employing her own history and feelings as tools for establishing a point of contact with the patient. In this sense, “the essential aspect of using psychoanalysis as a research tool is that the researcher herself is the primary instrument of enquiry” (Walkerdine et al., 2001: 86).

5.5.1. Psychoanalysis and interpretations

However, the use of psychoanalytically informed research methodologies is a controversial operation that generates important debates in psychosocial research over the appropriateness of psychoanalytic tools outside a therapeutic context, and over the potential “individualising tendencies” and the “expert-knowledge epistemological strategies” of such analysis (Frosh and Baraitser, 2008: 347). While Hollway and Jefferson do not understand researchers “as neutral vehicles for representing knowledge in an uncontaminated way” (2007: 3), they explain “the unconscious intersubjective dynamics in the interview relationship” through psychoanalytic concepts such as introjection, defensive mechanisms and countertransference (2007: 4). In fact, they frame the researcher’s subjectivity and

emotional reactions as tools for a deeper interpretation of the research subject's anxieties and unconscious states – often omitted in the interview, since the subject is construed as 'defended'.⁷⁸

Notwithstanding my epistemological design around individuals' perspectives as a measure of 'truth', like Hollway and Jefferson (2007), I did not take all narratives at face value. At times, for example, I was sceptical of some accounts, and I had to resist the temptation of 'taking sides' in constructing my position. However, what I never questioned in any given account was the ache and the discomforts that 'the Basaglia experience' and its legacy seemed to have produced, in different ways and at various levels, in my research participants. It is within this ache that I have encountered silences, resistances, eschewed topics, recurrent and hypermediatised narratives. The doubts, emotions and shivers that many accounts produced during the analysis of data, however, directed not to the unconscious defensive mechanisms of a given research subject, but to the defences and grievances within the amalgam of missing stories, overexposed stories, glistening eyes, public events, scornful responses, that I came to define as a 'remembering crisis', which constitutes a crucial point of departure from the research into the psychosocial advanced by Hollway and Jefferson (2007).

5.5.2. Psychosocial research methods

While Hollway and Jefferson's work is based on a series of interviews (2007),⁷⁹ my conversations have been conducted while living in Gorizia for an extended period of

⁷⁸ Hollway and Jefferson's work (2009; 2007) is based on an understanding of self as forged through unconscious defences against anxiety, where events are defensively appropriated (Hollway and Jefferson, 2007; Hollway and Jefferson, 2009)

⁷⁹ Their research addresses the fear of crime and perception of personal safety within a series of council estates. They conducted their interviews with 37 subjects of different genders and various ages (2007).

time, where many subjects were explicitly and passionately cross-referencing each other, and my emotional responses to any given interview were deeply enmeshed in a concrete research context. In my analysis, I do not frame such responses as means to read the “inner worlds” of the participants (Hollway and Jefferson, 2007: 4), for I understand gaps, inconsistencies and contradictions as features of an unconscious which is neither contained nor repressed, but “hidden in plain sight” (Cho, 2008: 125), circulating in and through contrasting, enthusiastic, reticent, and resentful understandings of ‘the Basaglia experience’.

Further departing from Hollway and Jefferson’s analysis, I do not focus on “the unconscious intersubjective dynamics of *the interview relationship*” (2007: 4, my emphasis), but on the relational dynamics between the researcher and a remembering crisis, which are mediated by affective practices that *include* interviews and conversations. The actions and reactions of the researcher are thus not framed as interpretative tools but, like the silences and contradictions in these conversations, they constitute sites and contexts for the manifestation of a trauma, forms of sustainment and transmission of a crisis, affective practices (Wetherell, 2012), or “conditions of psycho/mediation” (Blackman, 2012a: 23) of social haunting. The boundaries between the researcher and the researched are thus conceived as porous, whereby the researcher constructs, intervenes, enacts and performs the archive of a crisis that is not static, but which incessantly evolves with each proposal for building renovation, each newspaper article, each conversation about ‘Basaglia in Gorizia’. Like dusting and rearranging the clinical files, or contacting people who had not been interviewed before, the instruments with which one sees are also forms of intervention (Hacking, 1983), whereby a psychoanalytically informed research

stages the ways in which “the phenomena of the psychosocial are produced through the actions of [...] researcher and researched” (Frosh and Baraitser, 2008: 363).

Finally, “being an instrument of enquiry” (Walkerdine et al., 2001: 86), in this study, has required forms of ‘affective attuning’ and ways of exploring the porosity of a psychosocial context that includes the non human as a psychic agent within the assemblaged archive of this crisis. It has entailed tentative approaches of listening to dust, environments, and erased accounts, and as well as analysing the psychic and physical effects that these produce on the researcher. This mode of ‘affective attuning’ to a crisis has importantly required engaging with epistemological stances that question and destabilise not only the nature of matter and discourse, human and non human, but also the visible and the invisible, the material and the ethereal, as a cardinal prerequisite in scholarly approaches to forms of social haunting (Gordon, 1997; Cho, 2008).

5.6. Knowing the ghost

Central to the study of social haunting is the apparatus one develops for encountering a haunted sociality that is distributed across the undigested and the ‘un-chewed’. Thus, the methodologies for seeing and speaking trauma and its haunting effects necessarily pass through the researcher. In order to know this haunted social texture, one has to *encounter* it in the places and in the narratives where the haunting unfolds, and participate in such an unfolding as a methodological imperative. In this sense, the ghost searches a body through which it can speak. When distributed in space and time, it creates another type of body, an assemblaged body that comes to include the researcher’s (Cho, 2008: 166). As Avery Gordon notes, as scholars “we will have to learn to talk and listen to ghosts, rather than banish them, as the

precondition for establishing our scientific or humanistic knowledge” (Gordon, 1997: 23). These forms of listening and knowing move beyond the realm of the cognitive and the rational to engage with the unsaid, the erased, and the unconscious (Blackman, 2012b).

Dynamics of ‘affective attuning’ can then be understood as potential forms of recognition and windows into manifestation of social haunting. Engaging with an assemblaged unconscious and a psychic economy of trauma entails relating to something that “*drenches those who approach it*”, and “it becomes impossible to remain neutral because this optional matter drags everyone who encounters it in its wake” (Guattari, 2011: 196, emphasis in the original). Being ‘drenched’ and ‘dragged’ by Gorizia’s ‘atmospheres’ of ‘heaviness’, as described by various participants, required “a practice of being attuned to the echoes and murmurs of that which has been lost but which is still present among us in the form of intimations, hints, suggestions, and potents” (Gordon, 1997: x). It required tentative ways of listening to something that is very loud but almost inaudible; invisible, yet distributed across spaces and bodies; ungraspable and yet producing very concrete effects on these same spaces and bodies, and on the discourses which, in turn, sustain them.

6. Ethics

6.1. Objectivity

Rather than as a threat to objectivity, forms of ‘affective attuning’ can be seen as “threshold[s] that must be crossed in order to make contact with a world that is otherwise unreachable” (Davoine and Gaudillière, 2004: 58). Attuning to a ‘disturbance zone’ (Gordon, 1997: 46) and to a haunted sociality indeed requires an

emotional investment on the part of the researcher. As Walkerdine et al. point out, while “[d]eeply rooted conflicts about the researcher’s sense of being were mobilised in this research encounter”, examining these feelings allowed the researchers “ironically, to be much more detached than [they] could possibly have been had [they] not been using psychoanalytic techniques” (Walkerdine et al., 2001: 100). As a psychosocial approach sets out, the researcher employs her own emotions, vulnerability, and personal narrative as investigative tools, questioning the assumption that the researcher’s feelings pollute the data, and casting them as assets to the investigation (Gemignani, 2011: 702; Rager, 2005).

The methods of seeing and speaking trauma – the collection and the analysis of data – will differ for each researcher. While my analysis by no means attempts to argue that the data I gather are indisputable, it points to an internal validity that, while unlikely to be reproducible, offers a methodological path for engaging with these data, which is coherent with the epistemological foundations of this research.

6.2. Analysis and intervention

The researcher’s feelings have a bearing on the analysis, interpretation and understanding of the data, and “taking them on board in a systematic way” (Walkerdine, 1997: 57) can prove productive for the ends of the research, opening doors into basements, abandoned objects and voices usually unheard.

Taking into account and analysing my own narrative, my own queasiness, my own “discomfiting affect [which] is often what initiates a story, a claim, a thesis” (Bennett, 2001: 3) helped me to manage the temptation of looking for linearity and ‘factual evidence’, while attempting to animate silences, crediting feelings of ‘un-chewed-ness’, ‘nausea’ and melancholia, and descriptions of ‘atmospheres’.

A practice of ‘affective attuning’ has entailed developing symptoms, both real and psychosomatic, that matured as a form of listening to the psychic and bodily reactions triggered by illegible names, tearful eyes, tentative silences, frustrations, offers of help, damp, cement, and ghosts of history (Rager, 2005). Understanding these as “apparatuses of production” (Barad, 2007: 30), entanglements, and assemblages, has entailed allowing them to circulate, and at times to invade me, as perhaps the only viable form of reciprocity between the researcher and the data, attuning the analysis of Gorizia’s crisis with an escalation of my own crisis throughout the months. While less violent, these alternative ways of listening (Cho, 2008) to a crisis, have concrete effects on this crisis itself – from reorganising clinical files, to photographing an unstable present, and to speaking of what is not spoken of. In fact, as a methodological contribution to the humanities, I here develop analytical tools, resources, and devices that explore and enable the “ongoingness, relationality, contingency and sensuousness” of the social world, without leaving the objects of their questions untouched (Lury and Wakeford, 2012: 2, 3). The performativity of these resources and perspectives on ‘the Gorizia experience’ creates a framework for a ‘Gorizia discourse’ that will impinge on the unfolding and the circulation of a remembering crisis, where theorising on these practices constitutes a form of intra-action with the crisis itself (Barad, 2007).

6.3. Validity and generalizability

The notion of validity tends to revolve around issues of ‘truth value’ and ‘accuracy’ (Winter, 2000), where the former relates to the epistemological and ontological position of the researcher, and the latter to the veracity and reliability of data. Inherent to my epistemological position is an understanding of the real, and of

‘truth’, as contingently situated, indistinguishable and inseparable from the individual’s perception, experience, and interpretation. ‘Truth value’ here lies in ‘truth perception’. In fact, “narratives do not mirror, they refract the past”, and

they are useful in research precisely because storytellers interpret the past rather than reproduce it as it was. The “truths” of narrative accounts are not in their faithful representation of a past world, but in the shifting connections they forge between past, present, and future (Riessman, 2008: 6).

Truth is thereby ‘situated truth’ – in a particular historical, political and social context, and for a particular individual or group of people (Riessman, 2005: 185) – as a model of internal validity. The various ‘truth perceptions’ that constitute the assemblaged archive of Gorizia’s remembering crisis are contingent to this cultural and social setting, and while internally valid, they are not generalizable.

While criteria of generalizability of the findings and replicability of the research are important in the evaluation of qualitative research (Bryman, 2008; Schofield, 1993), this study focuses on ‘particularisation’ rather than generalisation (Stake, 1995). A case study produces important context-dependent knowledge, often interrogating atypical, extreme or paradigmatic cases that might prove relevant in addressing a general problem (Flyvbjerg, 2004). While not assuming that these data can be exponentially extended to other settings (Yin, 1994), in this study I advance a detailed account of the psychic economy of this specific community, in relation to its psychiatric past, around which literature is very scarce.

Finally, I aim to make a theoretical and methodological contribution to the fields of affect studies, memory studies and human geography, by offering an analysis of an empirical setting where these fields converge, and by suggesting a set of methodological approaches for seeing and listening to a psychic economy of trauma and crisis.

Conclusion

In this chapter, I have outlined my research methodology, establishing a dialogue between history and memory, where discontinuity, contradictions, silences and fantasies are fundamental features in narratives of remembering and forgetting.

I have divided my main sources into ‘voice’, ‘film’ and ‘paper’, and I have suggested that, in engaging with these sources, the archive that emerges is not a container of memory or social history, but an agent in the circulation of remembering practices, and that the arrangements of its components also constitute forms of data.

I have analysed how the basement of the Direction building of the former psychiatric hospital provides a material platform for theorising such an archive. However, far from envisioning ‘a buried archive’ as a crypt that contains secrets and ghosts (Abraham et al., 1994), I open this space to the distributed assemblage of remembering practices. In this sense, acts of burying (*humando*) simultaneously *participate in* and *embody* these practices, shaping a social world that is both earthly (*humus*) and ethereal, and transformed by both the human (*homo*) and the non human. In analysing the effects and forces of the non organic, I have stressed the intra-psychic dynamics between the material of the archive and the researcher, even when her body seems to be subjected to uncontrollable and irrational compulsions. A reflexive analysis of these reactions and dynamics impels developing “technologies of listening” (Blackman, 2012b: 178), ways of ‘knowing the ghost’ (Gordon, 1997: 8), and forms of ‘affective attuning’, that engage with the visible and the invisible, the spoken and the unspoken, the conscious and the unconscious, the researcher and the researched, in a context of psychic ‘removal’.

I have concluded this chapter by discussing the role of the researcher in psychosocial narrative analysis, and by considering the issues of objectivity, validity, and generalizability in this study. In the next chapter, I will bring together my empirical data, creating a platform for ‘the voice’, ‘the film’, and ‘the paper’ to assemble, in outlining the narratives, histories, and clashes, that structure ‘the Basaglia experience’ in Gorizia.

CHAPTER THREE: 'THE BASAGLIA EXPERIENCE'

Introduction

In this chapter, I explore the vicissitudes that characterise the stages of the 'closed *manicomio*', 'when Basaglia was here' and 'when Basaglia went away', the passing of Law 180, and the beginning of the 'Restoration' in Gorizia, thus encompassing the period from the late 1950s until the early 1980s.

I will first discuss Italian psychiatric practice until the 1960s, and then turn to Basaglia's work in Gorizia, relating his theoretical production on institutional violence and exclusion with the practical experience of the Therapeutic Community in Gorizia. I will then engage with the phase 'when Basaglia went away', as a field of affectively charged and contrasting narratives that circulate in the community.

In offering an account of what 'the Basaglia experience' constituted, I provide a social history of the events that surrounded psychiatric practice in Gorizia, from the 1960s to the 1980s, which are at the core of the remembering crisis I analyse. However, when history is investigated *in* a community and *through* this community, it becomes entangled with fantasies, projections, desires and defences that are both individual and collective. This account, where social history and individual memory practices are understood in an osmotic relation, complicates official narratives on the role of Gorizia in the history of Italian psychiatry, as well as linear parables on 'the rise and fall' of the city, by engaging with "stories of history" (Davoine and Gaudillière, 2004: xxi), absences, divided memories, myths, forgetting, and silences (Foot, 2009).

While I do not view the unfolding of historical facts as "a monolithic backdrop" (Blackman, 1994: 488), 'the Basaglia experience' emerges as an intersection

between local and national politics, personal affects, social practices, and media portrayal of ‘the hospital of Gorizia’ across the decades. In articulating these dialogues, I therefore simultaneously stage ‘the Basaglia experience’ – as Gorizians describe these years – and elements of ‘the Gorizia experience’ – as it came to be later framed in ‘the history of Italian psychiatry’, after Basaglia moved to Trieste. As I will suggest, Basaglia’s work, his departure, and the varying accounts on ‘the character of Gorizia’ have had material effects on individuals, on the community’s self understanding, and on the shaping of Gorizia’s remembering crisis.

1. The ‘closed manicomio’

1.1. Questioning biology and questioning the asylum

In the first half of the twentieth century, the rise of new epistemological hypotheses on the aetiology of madness and the possibilities for its treatments contributed to a season of movements and approaches across the U.S. and Europe that questioned the therapeutic role of asylums, and even the practice of psychiatry altogether. These views drew upon the critical work on total institutions by sociologist Erving Goffman (Goffman, 1991), radical approaches that questioned the existence of mental illness (Szasz, 1974a; Szasz, 1973; Szasz, 1974b; Szasz, 1977), the application of Labelling Theory to mental deviance (Scheff, 1970; Scheff, 1975; Scheff, 1976; Parsons, 1967), as well as the work conducted in Britain on Therapeutic Communities (Jones, 1952), as alternatives to the traditional asylum (Laing, 1965; Laing, 1990; Cooper, 1967), and French experiences of institutional psychotherapy and institutional analysis (Guattari, 1984b; Guattari and Muraro, 1974; Polack and Sivadon-Sabourin, 1977). This set of approaches and practices is at times grouped under the umbrella term ‘anti-psychiatry’.

To various degrees, alternative psychiatry movements in Britain and France began to question the validity of biomedical models, engaging with inputs from psychoanalytic thinking and developing alternative therapies (D'Alessandro, 2008; Onnis and Lo Russo, 1980), problematizing the validity of a solely organic approach to mental illness.

1.2. Italy as a 'distant spectator'

Italy, on the other hand, remained almost impermeable to psychoanalytic thinking, as a “distant spectator” (Donnelly, 1992: 25) strongly anchored to biomedical, organic, neurological and anatomical models of mental illness well into the 1950s, in what Valeria Babini defines as a “missed dialogue between psychiatry and psychoanalysis” (Babini, 2009: 59; see also Moraglio, 2005).⁸⁰ Italian psychiatry was generally practiced in theoretical isolation and relative backwardness (Risso, 1973; Guarnieri, 1991; Colucci, 2010; Tagliavini, 1985), since ‘Lombrosianism’ and social Darwinism maintained a strong hold on research in neurology, where the psyche was understood to coincide with the somatic (Frigessi, 2006).⁸¹ Psychology was perceived as a ‘pseudo-science’, and in 1923 the academic chairs of psychology were absorbed by faculties of arts and literature (Pagnini, 1987; Jervis and Corbellini, 2008). Both the Church and the rise of Fascism in the 1920s obstructed the assertion of the dimension of the psyche, given the potential threats of engaging with libidinal forces within a Catholic tradition, and the menaces to the images of

⁸⁰ Edoardo Weiss (1889-1970) was the pioneer of psychoanalysis in Italy. He began his practice in Trieste, and he later moved to Rome. In 1932 he founded the first official Italian Psychoanalytic Society, and in 1935 The Psychoanalytic Italian Review (*Rivista Italiana di Psicanalisi*). Being Jewish, Weiss fled the country during World War Two (D'Alessandro, 2008).

⁸¹ Cesare Lombroso (1835-1909) was an Italian physician, identified as the founder of criminal anthropology. He combined work from the field of psychiatry, physiognomy, and early eugenics, arguing that criminals present physiological primitive traits. Some of his ideas were later employed in eugenics studies during World War Two (Villa, 1985).

masculinity and rationality promoted by Fascist thinking (Pagnini, 1987). Even the Kraepelinian approach to the classification of diseases, which privileged work in clinical psychiatry, collided against an anatomical-pathological neurological tradition.⁸² Positivist approaches prevented the development of a psychiatric science beyond anatomical models, and after 1904 only few scientific publications appeared, in what has been defined as a ‘suspension of psychiatry’ (Ferro, 2006: 224).

At the academic level, psychiatry remained a branch of neurology until the early 1970s (Babini, 2009). In fact, psychiatry was practiced inside university clinics, private institutions and public psychiatric hospitals, intended as places for the “care and custody” of individuals deemed to be “dangerous to themselves and to others and of public scandal” (L 36/1904), according to a law passed in 1904, that was caught between ideas of public safety, piety, fear and dangerousness (Basaglia, 1973c).

1.3. Until Basaglia arrived

They didn't say, I was in the psychiatric hospital, I wasn't in jail, I wasn't anywhere. [A patient said] I was in the most awful place in the world. [...] The most awful place, because it erased you as a person, you know? They would take everything from you, your clothes, your bracelets, rings, everything you had that was 'personal', that was yours...
(Roberto – former nurse)⁸³

In Italy, public psychiatric hospitals essentially constituted the last resort for the indigent.⁸⁴ Hygiene was extremely poor, while physical constraints and the

⁸² Significantly, Kraepelin's *Compendium* (1883) was only translated into Italian in 1907 (Babini, 2009).

⁸³ Roberto is one of the two psychiatric nurses I interviewed, who began to work in the psychiatric hospital before Basaglia's arrival in 1961 (see pp.112-114)

⁸⁴ The connection between class, economic status and psychiatric treatment had been explored by Hollingshead and Redlich (1958), in their study of the mentally ill community in New Haven (CT – U.S.A.). The outcome of the study showed that the majority of people with higher income levels mainly received talking and non-intrusive therapy, often in private setting. By contrast, the majority of patients from less wealthy classes resorted to public institutions, where treatment consisted

indiscriminate use of shock therapies and intrusive therapies were often the norm (Babini, 2009; Canosa, 1979).⁸⁵

The Director of the *manicomio* had “full authority” over the management and the conduction of the institution, from its economic functioning, to choice of treatment, to staff employment (Law 36/1904, art. 4 and art. 5). This absolute authority of the Director, the closed environment of the universities, and the backwardness of psychiatric health care institutions were at the basis of a radical movement that developed in the country from the early 1960s.

During the day, you know what they did to me? They would put me in the yard, tied to the tree, with my hands... I couldn't move, they'd put ropes around here [she indicates her waist], around the three of us. [The doctor] wouldn't let us go, you know, not even to go to the toilet, he wouldn't let us go, so we did it there... I mean, we couldn't move...

(Lucia – former patient)

And the cage... at night I was locked up, in the cage or in the cells... to go to the toilet, I'd drag myself with the cage, closed, with... I would call out, nurse, will you open? No, do it there. Well, so I did... Every night they'd put me in a cell, tied up, you know, not free [...]. I was tied up, I couldn't move, I shouted, they would tie me even more, they would beat me...

(Lucia)

There were people that had teeth like... gaps between their fore teeth, like this [he shows a gap with his fingers], because those who wouldn't eat – and that's a frequent reaction to the psychiatric hospital, not eating – they would put the spoon between their teeth, and then twist it, so that they wouldn't... [I inadvertently winced. Silence]...you know...

(Claudio – former physician)

[Letter Number 9, undated]

One day I hope (out of here) life.

Lucia: *An enormous garden, yes, and everything was closed with a fence, you know... it was all closed... [...] The fence was closed.*

primarily of constraining and intrusive methods (such as cold baths, electroshock and lobotomy). They concluded that social class was a fundamental factor in psychiatric diagnosis and treatment (Hollingshead and Redlich, 1958; D'Alessandro, 2008). A study on employment levels and social class in the psychiatric hospital of Perugia (Italy) substantiated the hypothesis that public psychiatric hospitals were generally populated by non wealthy individuals (Timio, 1976).

⁸⁵ The most common shock and invasive therapies were cold baths, malaria-therapy (introduced in 1917), insulin therapy (introduced in 1932), frontal lobotomy (introduced in 1935) and electroconvulsive therapy (introduced in 1938) (D'Alessandro, 2008).

Adriana: *The ward was closed.*

Lucia: *Inside... it was closed, yes. Until Basaglia arrived.*

1.4. Basaglia's background

Franco Basaglia (Figure 24) was a psychiatrist working at the clinic of the University of Padua, before he arrived to Gorizia. If psychoanalysis was a route to alternative psychiatry that seemed unviable in the country, several groups of young physicians and students had begun to explore ideas around Sartrean existentialism, Husserlian and Jaspersian phenomenology (Husserl, 1964; Sartre, 2003; Jaspers, 1971) in relation to psychiatric practice (Babini, 2009). In particular, Karl Jasper's influence on Basaglia's thought pivots around the notion of *Erlebnis*, the subjective lived experience as a phenomenon that should not be *explained*, but rather *understood* (Jaspers, 1971). Similarly, Ludwig Binswanger's anthropo-phenomenological *Daseinanalyse*, of Heideggerian derivation (Binswanger, 1975; Heidegger, 1962), informed Basaglia's approach to illness and normality as only having a meaning when viewed in the context of lived experience (Colucci, 2010).

After fifteen years of work in the clinic, Basaglia was aware of the perils of the "academia syndrome" – a progressive detachment from the 'real world' and the pursuit of career advancement – and, against the advice of several colleagues and mentors, he entered the competition for the post of Psychiatric Hospital Director (Basaglia et al., 2008: 95-96). In fact, positions in public asylums were much less prestigious than positions held at university clinics, often seen as "dead end jobs", where "heavy psychiatry" was practiced (Donnelly, 1992: 40).

1.5. Entering the *manicomio*

Arriving to the psychiatric hospital of Gorizia in November 1961 was shocking and dramatic, and Basaglia later compared it to “the road to Damascus” (Cucco, 1973: 59). Gorizia, he wrote in a letter to a close friend, felt like “an island populated by ghosts. Barricaded, far away from the memory of men” (quoted in Attenasio, 2005: 23). Together with “the enormous rooms, the shouting, the smell of urine, [and] the isolation chambers” (Venturini, 2010: 57), there was a “symbolic smell of shit” (Basaglia, 2000: 49). The *manicomio*, like the prison, was “an enormous dunghill” (Basaglia, 1982e: 185), “a place dominated by misery” (Basaglia, 2000: 10),⁸⁶ and yet, during his first visit around the hospital, upon witnessing such extreme conditions, he heard the popular song *Tintarella di Luna* playing through the speakers (Casagrande, 2011).⁸⁷

In the evening, we had a trolley, or two trolleys, I'm not sure... when [the patients] went to bed, they would undress, they would put their clothes and shoes on the trolleys, and everything was then locked inside a room... so that if someone tried to escape, he wouldn't have any clothes on...
(Roberto – former nurse)

In the evening, we'd put the clothes altogether, on the floor... like... like in jail, right? Then in the morning they'd come and put them back on, washed... I don't even know if they washed them, I don't even know if they let us wash... I just don't know...
(Lucia – former patient)

Rumour has it, that during Basaglia's first week at the hospital, to the nurse asking for his signature on the notebook that listed the patients who had been tied to their beds during night (*brogliaccio*), he declared, in his Venetian dialect, “well, and I won't sign it” (“*E mi no firmo*”) (Slavich, 2003: 160). Importantly, the emotional

⁸⁶ The smell and the sight of the psychiatric hospital reminded him of his own experience when, as a young anti-fascist militant in Venice, he was imprisoned for six months (Parmegiani and Zanetti, 2007).

⁸⁷ *Tintarella di Luna* was the title track of an album recently recorded by popular Italian singer Mina. The album was released in 1960, and *Tintarella di Luna* remains a cheerful renowned popular song to this day.

shock experienced upon entering this hospital prompted him to question the therapeutic value of such a place, and the role of the psychiatrist in securing and preserving it as it was:

I could not accept that sight as natural [...]. It could not be just the illness, the thing you saw on the worn out faces of the patients, abandoned, treated like beasts, even worse, as if they did not exist before our eyes, in those giant rooms [...]. What I saw for the first time in that *manicomio* could only be the result of what us, psychiatrists, administrators, and technocrats, had made of the mentally ill (Basaglia, 1982g: 215).

While he had published extensively during his work at the clinic, his writing came to a halt after his arrival in 1961, and his next essay only appeared in 1964, discussing the problem of the ‘objectification’ of the patient (Basaglia, 2005a). His subsequent and extensive written production became openly informed by the work of Michel Foucault (Foucault and Khalfa, 2009), Erving Goffman (Goffman, 1991), and Frantz Fanon (Fanon, 2002).



Figure 24: Franco Basaglia, 1976

2. Basaglia's critique to hospital practices

2.1. Exerting violence

2.1.1. Objectification

Basaglia understood the *manicomio* as a place where the scientific, rational and medical gaze had objectified madness, turning it into an abstract entity, a pure and *knowledgeable* phenomenon (Foucault and Khalifa, 2009: 443). Within a positivist tradition rooted in organic psychiatry, in the encounter between the patient and the physician, the former is approached and objectified as pure corporeality (Basaglia, 1971b). Approaching the patient as an object, Basaglia continues, is an act of epistemic violence that grants the physician the position of a subject, and denies the patient the opportunity to perceive herself as *nothing but* a sick body (Basaglia, 1971b). The patient is stripped naked of her affects and emotions, and of the right to express them, in a place where she, like a package, is “delivered” or “collected” by her family (Regolamento Speciale Ospedale Psichiatrico della Provincia di Gorizia, 1931, art. 5). The subjectivity of the doctor is therefore established through an act of violence, an exertion of power, and a form of oppression exercised on the patient-object by the physician-subject (Basaglia, 1971b).

[extract from a clinical file in the basement of the Direction building, 1937]
She always stays close to an old patient (senile dementia), who strokes her as if she was her daughter. Even at night, they want to sleep in the same bed. Therefore, the old woman is today removed from ward C and put in ward D.

To engage with the patient as a subject, Basaglia maintained, the physician must ‘bracket out’ the illness,⁸⁸ finding new points of contact between doctor and patient.

⁸⁸ Basaglia employs the notion of ‘bracketing out’ the illness, adapting the term from the phenomenological idea of *epoché*, as a moment when all judgments about the existence of the external world is suspended, and phenomena can be examined as they are originally given to consciousness (Husserl, 1983). According to Basaglia, the institution had created a continuum between the illness itself and the detrimental effects of institutional life on the individual.

New and non-objectifying relations had to be devised, with the suspension of scientific knowledge and judgement. The question to be addressed thus becomes not ‘what is mental illness?’ – to which Basaglia provocatively replied “I don’t know what mental illness is, nobody knows” (Zavoli, 1967) – but ‘what is psychiatry?’ (Basaglia, 1973a).

2.1.2. Disease as an ideological double

Acting upon an *object* that is *presumed* to be sick, psychiatry creates an abstract category – the ‘disease’ or diagnosis – that works as an ideological ‘double’ upon the concrete distress of the subject (Basaglia and Ongaro Basaglia, 1971b). This ideological double serves “the rationalisation of the irrational” (Basaglia, 2000: 34), and it soothes the physician’s anxiety in facing “a sick person that [the physician] can only define as ‘incomprehensible’” (Basaglia, 2005b: 117). In this sense, asylum psychiatry has “failed its encounter with the dimension of the real” (Basaglia, 1973a: 10), and technical knowledge has constructed the phantom of a disembodied illness. The ‘real’, the concrete suffering, the *experience* of the patient, have been transformed into ‘ideological realities’, as abstract notions at the basis of the science of psychiatry (Basaglia and Ongaro Basaglia, 1971b). The classification of symptoms expresses the impossibility on the part of the psychiatrist to face the experience of the patient as a problem open to questions, and it represents “the ideological cover up of a technical-scientific ignorance” (Basaglia, 1982a: 48), for “when it comes to knowledge, the psychiatrist is the most ignorant of all physicians: he doesn’t know anything, but he compensates this lack with power” (Basaglia, 2000: 100).

Accordingly, it was necessary to temporarily suspend pre-acquired technical knowledge and supposed expertise, to engage with the individual and her distress (Basaglia, 1971b: 117-118).

2.1.3. Technicism

The violence of objectification operates through “intermediate figures”, as “administrators of the violence of power”.⁸⁹ These figures, delegated with power, serve a system that mystifies violence through technicism and specialism, exerting a “technical violence” on the patient, so that “the object of violence adapts to this violence, without even becoming aware of it” (Basaglia, 1971b: 116).

Crude accounts of episodes of physical violence and pain are disseminated over all my transcripts, recalled both by patients and staff. I felt shivers down my spine, as a former nurse carefully explained to me how to fasten a straightjacket, how to tie a person to a ‘constraining bed’, where laces should be placed, what and how to hold the patient while the ‘tying down’ is being performed (Aurelio). When, in time, I analysed my emotional response and my shivers, I realised that what disturbed me deeply was the notion of a ‘technique’ behind such actions. A sanitised, emotionally detached, disembodied ‘method’ to constrain a body, and an aseptic ‘technique’ that stood between the nurse and the patient, as a form of violence that is not merely physical, where, perhaps, “there was no substantial difference between the scream and the punch” (Levi, 2007: 71). In fact, as a former nurse states,

the violence of the hospital wasn't really, I don't know, a punch... it happened, but it wasn't that... the violence of taking everything from you, you had nothing left, you didn't know anyone... you were completely helpless...
(Roberto)

⁸⁹ These ‘administrators’ and ‘intermediate figures’ are related to Basaglia’s understanding of the Gramscian ‘organic intellectual’ (Gramsci, 1948). Antonio Gramsci notes how a society, in the conquest of hegemony, creates its own groups of intellectuals to develop and reproduce the dominant ideology of the group. The traditional intellectual – the philosopher, writer, artist – is coupled with the organic intellectual, as a technocrat. Intellectuals thus become the “clerks of the dominant group, for the exercise of subaltern functions of social hegemony and political government” (Gramsci, 1948: 9).

Helplessness is indeed the gist of this deeper violence. The most recurrent features in patients' accounts are the feelings that "they wouldn't let me..." – move, walk, go to the toilet, find a boyfriend, sing, or refuse food (Lucia, Rosa, Ornella).

2.1.4. Staff and violence

In the psychiatric hospital, violence, exerted at institutional levels, invested not only the body of the patient, but also the medical staff, rendering them, albeit at different levels, both *subjects of* and *subjected to* the institution. Basaglia insisted that nurses should not be seen as scapegoats: this violence characterises every closed institution, and it is intrinsic to the idea of technical efficiency (Peltonen, 1968). As the regulation manual of the Hospital reads, nurses were indeed defined as "surveillance personnel" (Regolamento Speciale Ospedale Psichiatrico della Provincia di Gorizia, 1931, art. 55), hired mainly according to criteria of "healthy and robust physique" (art. 88), with the duty to "vigil over the patients" (art. 113).

On my first day, I began with a 24 hours shift, inside. It was a tragedy [...]. They put me in a living room, a room, 30 square meters, with twenty people inside, with smoke, everything was closed, it was March... they told me stay here, the head nurse says be careful, these people are all dangerous, you have to be careful. Stay here, shoulders on the wall, behind you there is an alarm bell, if something happens, just press the button [...]. I was terrified.
(Francesco)

They were afraid of us, they were scared to take us out... [...] they were scared we would go out and kill someone [laughs], we're not so crazy to go out and kill someone!
(Lucia)

2.1.5. Exclusion and separation

The condition of the patient was to be understood both in terms of disease and in terms of its stigmatisation: the patient was sick, but also *excluded*, removed from and systematically cast outside the social realm, denied the opportunity to enter a

dialectic relationship with an interlocutor, and to negotiate her role within society (Basaglia, 1973a; Basaglia, 1971b).

The *manicomio* acquires the function of secluding subjects from the view of those living outside, concealing from society one of its main contradictions, namely the existence and development of illness and distress: “These parks, of an anachronistic beauty, they are Abel’s gardens, the gardens for the inconvenient, troublesome brothers” (Zavoli, 1967). It is precisely on the themes of institutional violence and exclusion that Basaglia’s work opens up to questions that exceed the field of psychiatry alone, and encompasses ‘institutions’ in general, such as the school system, or the patriarchal family (Basaglia, 1971b: 113-115).

In a middle school, the teacher tears a child’s drawing of a swan with legs, because ‘he likes swans on water’ [...].

In a psychiatric hospital, restless patients are treated with a method called *strozzina*. A wet sheet is put upon her face – so that she cannot breathe – and is tightly tied around the neck: loss of consciousness is immediate [...].

The frustrations of mothers and fathers usually turn into constant violence on their children, who do not satisfy their competitive aspirations. [...]

Examples could go on forever, touching every institution upon which our society is founded (Basaglia, 1971b: 113-115).

They would do us ‘the masks’... they almost killed us with, with a... sheet upon the face, they would throw water in our faces like this, they wanted to... we couldn’t even breathe, we shouted stop it, stop it, we kicked them... we had to, we couldn’t even breathe, we had to break free somehow, you know...
(Lucia)

2.2. Refusal of the social mandate

For Basaglia, transforming this ‘place dominated by misery’ entailed rejecting the task of camouflaging as *technical* what was in fact intrinsically *political* (Peltonen, 1968). The institutions that perpetuate this exercise of power and this separation of roles are defined in his work as “institutions of violence”, which function by disguising their violence behind the notion of “social necessity” (Basaglia, 1971b:

115), treating this “enormous dunghill” (Basaglia, 1982f: 185) “as if it was a hospital” (Attenasio, 2005: 23).

The struggle against this particular institution was a struggle against a normalizing power that macroscopically exists in social relations at all levels, and microscopically manifests in the instance of the *manicomio*. The therapeutic act, when it sustains this logic of exclusion, was to be rejected. The ‘intermediate figures’ must gain awareness of their role as excluders, spurning it as a feature of a *social* mandate more concerned with ‘security’ than with ‘care’ (Pirella, 1971: 210; Basaglia and Ongaro Basaglia, 2009: 7).

The realms of the therapeutic and the political thereby blur their boundaries, when the patient is understood as expressing contradictions and distresses that belong to the social sphere, such as familial conflicts, or financial difficulties. When journalist Sergio Zavoli noted that the experiment at the psychiatric hospital in Gorizia was at times being reproached on national media as an act of civil accusation, rather than a medical endeavour, Basaglia calmly replied “I totally agree, I couldn’t propose anything ‘psychiatric’ in a traditional asylum” (Zavoli, 1967).

3. Practices of deinstitutionalisation: The Therapeutic Community

3.1. The British model of Therapeutic Communities

In Gorizia, Basaglia gathered a group of young physicians, and ‘the team’ – generally referred to as ‘the équipe’ – began a process of transformation, of ‘opening the inside’ of the *manicomio*.⁹⁰ Initially inspired by the British tradition of

⁹⁰ The physicians that joined the hospital of Gorizia and that are usually associated with ‘the original team’ are Antonio Slavich, from March 1962; Agostino Pirella, from August 1965; Domenico Casagrande, from September 1965; Giovanni Jervis and Letizia Jervis Comba from October 1966,

Therapeutic Communities,⁹¹ the team particularly relied on the work of Maxwell Jones at Dingleton Hospital.⁹²

However, while Jones was interested in the breaking down of boundaries between nurses and psychiatrists, in his model, relationships with patients tended to remain based on authoritative models (Jones, 1952; Kennard, 1998; Vandavelde, 1999). In fact, community ideology was coupled with the necessity of maintaining structural and organisational efficiency (Colucci and Di Vittorio, 2001). Jones' Therapeutic Community also inspired David Cooper's work in Villa 21, at Shenley Hospital in Radlett. From 1962, Cooper introduced daily community meetings, formal therapeutic groups, and the idea of a progressive blurring between the role of nurses, doctors and patients, in a climate of self-organisation (Cooper, 1967).⁹³ Cooper contributed to the foundation of the charity organisation Philadelphia Association, which constituted the basis of Ronald Laing's work in Kingsley Hall, in East London, from 1965. In a fashion not dissimilar to a Therapeutic Community, Laing established Kingsley Hall as a residence for schizophrenic patients, where madness

and Lucio Schittar, from September 1967 (Vascon, 1971). Basaglia's wife, sociologist Franca Ongaro Basaglia, was an important member of the team in Gorizia, and continued to work with her husband in the following years, also as a writer, editor and translator. After Basaglia's death in 1980, Franca Ongaro Basaglia became Senator from 1984 to 1991 with the independent party *Sinistra Indipendente*, and played a leader role in the campaigning for a full application of Law 180 (*Senato.it*; Rotelli, 2005).

⁹¹ The term Therapeutic Community was coined by Thomas Main, in England, in 1946, as a strategy for dealing with war and post war shortage of staff, and increase of patients in psychiatric hospitals (Main, 1946). Maxwell Jones experimented with models of Therapeutic Communities at Mill Hill Hospital, in North London (1940-1945), Southern Hospital in Dartford, Kent (1945-1946), at Belmont Hospital in Surrey (1947-1959), and at Dingleton Hospital at Melrose, near Edinburgh (1962-1969) (Kennard, 1998; Vandavelde, 1999).

⁹² Jones had developed a model of Therapeutic Community where the life of the ward was organised around a number of meetings between patients and staff, daily discussion groups managed by staff, with the aim of "arous[ing] the patient's interests". Techniques of role playing and psychodrama were coupled with group psychotherapy and 'work as therapy', in a climate of permission and democracy (Jones, 1952: 56).

⁹³ The experiment with a group of schizophrenic patients in the ward was abandoned in 1966, due to increasing disorganisation and dysfunction (Cooper, 1967).

was conceived as a journey, and where there was freedom of expression, in an overt challenge to biomedical models.⁹⁴

Importantly, Jones', Cooper's and Laing's experiments remained either contained within one single hospital ward, or conceived as experiences *outside* a hospital.

3.2. Opening the inside

I had seen many manicomì. This was something different.
(Aurelio – former head nurse)⁹⁵

The psychiatric hospital of Gorizia, on the other hand, was beginning to be managed *as a whole Therapeutic Community* of over 500 patients. Electroconvulsive therapy (E.C.T.) and other shock therapies were gradually dismissed, the doors of the wards were opened,⁹⁶ patients could spend time in the park of the hospital, wearing their own clothes rather than the institutional chemise, the personal belongings that had been confiscated upon admission were returned, and cupboards were allocated to keep one's effects (Donnelly, 1992; Vascon, 1971).

The hospital opened up to visits of nurses and physicians from other *manicomì* in the country, volunteers began to work on the premises, and nurses would often take up non-medical tasks, such as organising events and trips. These operations highlight a progressive distancing from technical specialisation, and from a focus solely on a 'medical' approach to illness, as a practical assertion that "medicine is too important to be left in the hands of doctors alone" (Basaglia, 2000: 148). These informal and non strictly medical practices would come to represent one of the main features of

⁹⁴ From the early 1970s, Kingsley Hall began to decay, and eventually closed, as a consequence of continuous complaints by the local community. It is now a community centre used for activities from youth groups to art classes (Colucci and Di Vittorio, 2001; *Kingsley Hall*).

⁹⁵ Aurelio came to work in the psychiatric hospital of Gorizia after moving from a hospital in central Italy, in 1965.

⁹⁶ Ward B Male was the first to be run according to communitarian models, and the first to be opened in November 1962. Wards C Female and C Male opened last, in 1967 (Vascon, 1971).

‘the Basaglia experience’ around which nurses construct nostalgic memories in the following decades. As former nurses explain, short trips to the mountains or the seaside were organised, and many nurses began to take small groups of patients into the city centre, to have a coffee, an ice cream, or just to have a walk. Most patients could leave the hospital by themselves during the day, as long as they informed the head nurse. Others were being accompanied by a nurse, if they wished to exit the hospital (Adriana, Aurelio, Roberto, Francesco).

In a process of re-socialisation, patients began to meet other patients from separate wards through games of cards, weekly cinema projections, balls and dances. A small school was created, where many patients re-learned how to read and write. A hairdresser salon and a bar were opened and run by a number of patients. Challenging one of the pillars of Herman Simon’s ergotherapy – work as therapy – (Simon, 1990), and differing from Jones’ and Cooper’s Therapeutic Communities, the work carried out by the patients in the beauty salon, the bar, the kitchen, the agricultural colony and the various workshops inside the hospital, began to be remunerated.⁹⁷ Wages, however, were very low, “just enough to buy my cigarettes and some coffee” (Lucia). The problems of work and money – the lack of both – were indeed some of the biggest concerns for patients, strictly related to issues of

⁹⁷ Retribution of labour aimed not only to provide the patients with some money for their personal spending, but it also allowed them to recognise their work as real labour, reinserting it into the social dynamics that regulate the ‘world outside’, and eradicating the contradiction in which patients worked to sustain the very institution that oppressed them (Basaglia, 1973c). While money did not represent a cure in itself, the lack of it was understood as an anti-cure (Slavich and Jervis Comba, 1973). Labour was considered to be therapeutic not as a time filler, but as an occasion for socialisation, and as a stimulus to make *demands*, to become active subjects in *claiming* a retribution, and discuss the financial problems that consequently emerged within a community of subjects. For Simon, on the other hand, patients’ work was considered part of the therapy, and it was therefore not to be remunerated (Simon, 1990).

By 1967, 270 patients out of 530, were employed inside the psychiatric hospital of Gorizia, working in the Direction building, in the typography, in the kitchen, in the carpentry, in the laundrette, farming, packaging cardboard boxes, mending chairs, knitting and sawing (Vascon, 1971). Members of staff also tried to employ groups of patients for temporary jobs outside the hospital, for example through small family businesses in carpentry (Francesco) or furniture restoration workshops (Roberto). Basaglia himself occasionally employed patients for house maintenance jobs, having his flat painted even six times in a year (Ippolito).

social exclusion for, as Basaglia states, quoting a Calabrian proverb, in our social system, “he who doesn’t *have*, then he *isn’t*” (*Chi non ha, non è*) (Zavoli, 1967).

As a patient stated, “it’s easy to be accepted by people outside, you just need the money [...]. If I talk about films, the sun, poetry... nobody listens to me. But if I talk about serious stuff, if I talk about money, then they all listen” (Zavoli, 1967).

3.3. Negotiating rapports

Personal and professional involvement in the Therapeutic Community began to blur. Many nurses began to emotionally invest in these relationships, often taking patients to their own homes for Sunday lunch, or to small trips with their families, even on their days off (Lucia, Adriana, Roberto, Angelo). In what they describe as a process of “beginning to *stay with* the patient” (Francesco, Roberto), nurses and patients began to establish rapports that eschewed and transcended their institutional roles. As one of the physicians that arrived in later years notes, “[t]he thing that immediately struck me, when I arrived in Gorizia, was the deep humanity, the respect, often the affection, with which many nurses treated the patients” (Cristoferi Realdon, 1981: 27).

Not to brag... but, I was one of the first who took out the patients with my own car...
(Roberto)

The ‘liberation’ of the patient also coincided with a ‘liberation’ of the nurse, allowed to exit the anonymity of hierarchical roles and take personal and spontaneous initiatives in relating to patients (Jervis Comba, 1971: 239).

Rather than a reconceptualisation of mental illness, this Therapeutic Community was based on a reconceptualisation of affective relationships, social and institutional roles. In fact, as the team advocated, ‘mental illness’ is less important than the

relationship one establishes with it, and this relationship had to be “constantly questioned, reconstructed and destroyed again” (Basaglia, 1973c: 22). Even when the physicians gave up their white coat, ‘roles’ continued to exist, but activities were carried out ‘outside’ these crystallised roles (Basaglia, 1982a: 64).

Basaglia treated them like normal people. If one was ‘playing the crazy’, he would do it, too [...]. I’ve seen some scenes... we were speechless. You want to ‘play the crazy’? I can do it better than you! There was this girl, she was shouting, tearing off her clothes, we didn’t know how to stop her. He came in and started to rip his shirt too, screaming like her, more than her. She was paralysed, she stopped immediately... he knew how to take... like a friend, never like a professor, never, never, never.

(Adriana – former nurse)

They had organised this trip to the theatre, the patients, you can imagine, they had never seen... I remember, we ran into a patient before leaving, very elegant, with a shirt, a suit... Basaglia gets close to him and says, but look, you’re missing the tie. And he took his own [tie] and put it around the patient’s neck, and said OK, now you can go, and [the patient] looked at him with eyes like... I was really moved.

(Letizia – former health worker)⁹⁸

3.4. Non-communication as exclusion

Creating opportunities for communication – among patients, between patient and nurses, nurses and physicians, patients and physicians – represented the first step for a recuperation of communal social relationships.

Communication restraints in the *manicomio*, while heavily weighing upon the patient, would deeply affect staff members as well. In fact, the whole functioning of the institution rested upon rules that pivoted around isolation and non-communication, both within and without its physical perimeter. Nurses were not allowed to look at patients’ files; letters written by patients were inspected and never sent; meetings between patients and families were closely observed and monitored (Pitrelli, 2004; *Una follia da ricordare*, 2001). Nurses

⁹⁸ Letizia worked in the electroencephalographic studio that was opened in the mid 1960s inside the perimeter of the psychiatric hospital (see pp.112-114).

must not start discussions with patients, especially regarding their delirium, never alluding to it, never look for personal or familial information [...]. In coming across a former patient, or families of patients outside the hospital, nurses will behave as though they did not know them (Regolamento Speciale Ospedale Psichiatrico della Provincia di Gorizia, 1931, art. 102).

And further,

It is forbidden to [...] entertain any relations with the families of the patients, to give news about their state, to bring letters or objects outside, and to send patients' greetings [...]. In the same vein, nurses must not bring any news of the outside world to the patients, objects, newspapers or books (Regolamento Speciale Ospedale Psichiatrico della Provincia di Gorizia, 1931, art. 112).

While Basaglia has been described as “the man who gave the speech back to the madmen” (Pitrelli, 2004), this definition does not exhaust the complex dynamics that were generated in the hospital. As a former nurse notes, “yes, well, you can give speech back. But what if nobody listens to you?” (Roberto). Creating a platform from which to speak and be heard entailed the ‘internal opening’ on an affective level, with the blurring of personal and professional roles, together with a series of concrete practices and activities where patients would take up prominent roles.

3.5. Encouraging communication

3.5.1. *Il Picchio* (The Woodpecker)

One of the first initiatives in this direction was the founding of an internal magazine, *Il Picchio*, in August 1962, managed and edited by a group of patients (see Figure 25). *Il Picchio* can be seen as an emblematic example of not merely ‘giving speech to the madmen’, but of *constructing a context* where they could speak. For three years, the magazine was issued monthly, and it included material ranging from poetry to accounts of personal life experiences, reports on daily assemblies, messages from the medical staff, informational columns, letters from patients and former patients, and even a letter from the President of the Province (*Il Picchio*,

1963, August/September). *Il Picchio* was also a platform for patients to make their complaints heard on topics ranging from the lack of recreational activities, to the lack of chairs, the quality of the food (*Il Picchio*, 1962, August), and alcohol restrictions (*Il Picchio*, 1963, March). It included proposals for future trips and holidays (*Il Picchio*, 1962, August), praises to the nurses and the Director (*Il Picchio*, 1962, November), perspectives and encouragements on working *together* – patients, nurses and physicians – for changing the hospital. As a patient posted, “the hospital is transforming, and we all have to make this transformation work” (*Il Picchio*, 1963, November: 12).



Figure 25: Cover of the first issue of *Il Picchio*, 1962

3.5.2. Assemblies

One of the most distinguished features of the Therapeutic Community in Gorizia were the assemblies that began to take place in the hospital (Figure 26).⁹⁹ These included a morning meeting among the medical staff; a general assembly with patients and staff, open to the public, and coordinated by two or three patients on rotation; this was followed by meetings between medical staff and patient representatives, and individual ward assemblies between patients and staff. While “the whole life of the hospital gravitate[d] around these assemblies” (Vascon, 1971: 28), these were not compulsory, for they “ha[d] a value only in so far as the presence of a person [was] an expression of a choice, a choice among various alternatives” (Vascon, 1971: 30).

Assemblies, like most activities in the hospital, were constituted in order to promote socialisation, rather than group psychotherapy (Jones, 1952; Cooper, 1967). Their therapeutic value was in sustaining a platform for openly discussing, complaining, questioning the management and the functioning of the hospital – from wages, to trips, practical complaints, or the negotiation of discharge (Peltonen, 1968; Zavoli, 1967; Vascon, 1971).

Well, I mean, in the first assemblies, we talked about the state of the toilets (i cessi), the food... then, little by little these meetings transformed, and a bit of everything came up, people's problems came up.
(Fabrizio – former physician)

⁹⁹ The first daily ward assemblies began in autumn 1964, and by November 1965 a daily General Assembly began to take place (Slavich, 1971).



Figure 26: Ward meeting, Gorizia, 1968

3.6. Socialised responsibility

In the assemblies, individual issues posed by patients were not always resolved, but as a patient wrote, “the assemblies represent – even in the most sterile and weary moments – everyone’s effort in maintaining alive the problem of the necessity of a constant communitarian union at all levels – patients, nurses, doctors – with the aim of a communal solution” (Il Picchio, 1966, July).

The management of the hospital was thereby being challenged, where solutions to issues and complaints were searched by patients and staff together, entering the terrain of the politics and the administration of the hospital. As a member of the medical team notes, within ‘the closed *manicomio*’, anything is allowed: the patients are stripped naked, eat with their hands, and “[n]obody gets embarrassed. Their actions have been deprived of their defiant content” (Jervis Comba, 1971: 241). The patient, objectified in her obscenity, denied ownership and responsibility of her actions, is authorised to regress, in a place where the abnormal becomes the norm (Basaglia and Ongaro Basaglia, 1971a: 363). Enlarging patients’ freedom and

granting an influence on the management of the hospital were steps for introducing socialised forms of individual responsibility, and as a patient put it during an assembly, “being free now, we feel responsible for our role” (Basaglia, 1973b: 50).

As a former nurse explains,

assemblies were very important for me... you learned how to discuss [...] and when someone obtained something, it was the whole hospital that obtained it.
(Roberto)

Importantly, it was the *process* of organising the community to achieve a common aim, rather than the community in itself and its internal dynamics, that held a therapeutic potential (Basaglia, 1981a; Ongaro Basaglia, 1971). ‘Community’ was literally understood as ‘cum-munus’: the process of gathering (*cum*), and being tied together by links that materialise through a pledge established with the other, toward a communal aim (*munus*). As Franca Ongaro Basaglia noted, “[r]estraints, straightjackets, wire-mesh fencing, grating, bars, gates, keys, all that had been locked, imprisoned, and segregated were gradually eliminated and replaced by the force and cohesion of the community” (Ongaro Basaglia, 1987: xii).

4. Beyond the Therapeutic Community

4.1. The mystification of the Therapeutic Community

In developing forms of socialised responsibility, the team soon began to radicalise the concept of the Therapeutic Community, discovering and revealing its “eminently political character” (Pertot, 2011: 21).

We realised that it was always us leading the dance, and until the hospital existed, this was not going to change. So, we began to think of moving on from the Therapeutic Community [...], because if we continued in that situation, it was going to be like closing the hospital again, I mean, a beautiful golden cage, an open golden cage, but always a cage.
(Fabrizio – former physician)

If the Therapeutic Community was ‘discovered’ as a new ‘product’, the patients, nurses and doctors who had “contributed to this *good* institutional product, would soon find themselves prisoners inside a jail with no bars, that they themselves have built” (Basaglia, 1971b: 149, emphasis in the original). In this sense, the open, ‘improved’ and ‘humane’ hospital had to be recast as a problem, for “the tolerant institution is the other a-dialectic side of the violent institution” (Basaglia, 2005c: 188). The Therapeutic Community as a new institutional model would represent a technical improvement, serving both the traditional psychiatric system of care, and the socio-political system of ‘the outside’. According to Basaglia, it would become a ‘humanitarian’ technique within a wider system that would continue to produce violence, misery and oppression (Basaglia, 1971b: 147). The risk the team envisioned was that “once the internal overturn has been carried out, it won’t affect the outside, wrapping itself up into an internal perfectionism, which will be sterile, without mordent or pungency” (Vascon, 1971: 108). The only guarantee against falling into the mystification of the ‘*good manicomio*’ was to work with the constant risk that the community might fall apart (Schittar, 1971: 173) or, as Guattari puts it, with “a desire to bring things to the verge of collapse” (Guattari, 2009a: 121).

4.2. A change that was ‘not for laughs’

While Italy was not isolated in the attempt to find radical alternatives to traditional psychiatry, the aim of transforming an entire psychiatric hospital first, and of later abolishing its existence, constituted the movement as anti-institutional, rather than anti-psychiatric. It was the political friction that underlay the process of questioning the *institution* of psychiatry and its public infrastructure as a therapeutic arrangement, that distinguished the Italian deinstitutionalisation movement from its

British or French counterparts (Vascon, 1971: 108). In Guattari's words, "unlike what generally happened elsewhere, the 'psychiatric revolution' of Basaglia and his group was not 'for laughs'" (Guattari, 2009a: 121).

In fact, notwithstanding their qualified respect for each other's work, Basaglia's and Guattari's projects in radical psychiatry collided on a number of levels. While questioning the therapeutic role of asylum institutions, Guattari did not envision the closure of these institutions on a national scale. At La Borde – which, notably, was a private institution – he employed a variety of psychoanalytic perspectives on subjective and group unconscious, in order "to produce a new type of subjectivity", which was based on a radical collectivist climate (Guattari, 2009d: 180). This production of subjectivity was tied to the "subversive productions of folly" (Polack and Sivadon-Sabourin, 1977: 86), and the liberation of desire as a revolutionary force, a desire that is not "compromised by universal and codified prescriptions, like the minimum amount of food needed, necessary spending, basic personal hygiene" (Polack and Sivadon-Sabourin, 1977: 80). These views attracted critiques that often beset this practice as not practical, romanticised, and trivialised (Turkle, 1992; Castel, 1975). Guattari himself recognised that La Borde constituted an experiment on a small scale, and that adopting the same approaches in a traditional hospital would have been unfeasible (Guattari and Munster, 1974: 470).

4.3. The anti-model

As Guattari points out, in Basaglia's work, the analysis of subjectivity was "toned down" (Lotringer, 2009: 202), in favour of a closer focus on social alienation.¹⁰⁰ As

¹⁰⁰ Basaglia's reservations toward psychoanalysis were multiple. First, the team pointed out how psychoanalysis tends to individualise conflicts within the individual's psychic dimension, shifting away from social power dynamics. In other words, the ideology of psychiatry as institutionalised

he puts it, with Basaglia's scepticism toward nosography and pharmacology, "one may come to refuse the mad the right to be mad" (Guattari, 2009a: 122). In Guattari's words, Basaglia, as a "guerrilla psychiatrist" (Guattari, 2009a: 119), concentrated his work on "the goal, pure and simple, of closing psychiatric hospitals in Italy" (Guattari and Lotringer, 2009: 197). In Gorizia, the Therapeutic Community was advocating continuous questioning, a "permanent refusal of all self-satisfaction" (Guattari, 2009a: 121), in order not to turn into a *system*, an institution that "does not heal, but heals itself" (Basaglia et al., 1981: 422). In this sense, a model-like solution needs to hold the potential of auto-destruction, for "[t]he Therapeutic Community is a form of freedom while on the make [...]. But it would become a form of oppression, if one was to enclose it in a fixed schema" (Basaglia, 1982a: 65). The creation of a "*good* institutional product" (Basaglia, 1971b: 149, emphasis in the original) would not only fail to "produce a crisis in daily asylum practice" and overturn the system of oppression that sustains the institution, but it would also be re-absorbed into a reformist logic, "incorporated as an ideology, a new label, useful for theorising and polemicizing on a reality that does not exist" (Basaglia, 1982c: 351). This 'reality that does not exist' is akin to the 'illness as an ideological double', a functional and institutional rationalisation that, ultimately, does not answer to the real needs of the suffering subject: "to death, we answer with the science of death, to hunger with the organisation of hunger: while death remains death and hunger remains hunger" (Basaglia and Ongaro Basaglia, 1971b: 135).

oppression "is not explainable in psychodynamic terms, but in socio-political ones" (Jervis and Schittar, 1973: 196). Second, while Basaglia admired Freud's intuition that unreason dwells within the rational individual, he was sceptical of the notion of a neutral listener, and understood interpretation as another form of oppressive mastery (Basaglia, 1982b: 432). Finally, Basaglia was critical of psychoanalysis as a class-therapy. As he put it, "what has been done with the real patient, you can only see it inside these institutions, where neither the exposures of Oedipal conflicts, nor the explorations of our being-in-the-world have managed to take him away from the passivity and object-like nature of his condition" (Basaglia, 1971b: 119). Words like 'poverty', he insisted, "are words far too simple for our minds, that have been corrupted by concepts" (Basaglia and Ongaro Basaglia, 1971b: 138).

4.4. The hospital is just a symptom

Basaglia: There are no solutions inside a closed institution.

Question: And what can we do, before the institution is opened?

Basaglia: Open the institution! (Basaglia, 2000: 26)

In 1964, in London, at the First International Congress of Social Psychiatry, Basaglia presented these ideas in his paper *The Destruction of the Mental Hospital as a Place of Institutionalisation* (Basaglia, 1964). In the text, he explicitly states that in a place where “the value of the system has surpassed that of the object of its care [...] the destruction of the ‘looneybin’ is a fact that is at least urgently necessary, if not plainly obvious” (Basaglia, 1964).

Posing the problem of the *manicomio* as an institutional problem to be dismantled rather than reformed entailed the ‘delivery of the hospital’ to the community. ‘Opening the hospital’ only constitutes *the first step* that exposes its contradictions, for “the problem is not the *manicomio* in itself, but the political rationality into which the *manicomio* is inscribed” (Colucci, 2010: 49). The contextualisation of ‘illness’ within socio-economic circumstances (Jervis and Schittar, 1973) permitted to open the ‘diagnosis’ to the social field, reframing it as a *crisis*, and thus a temporary state, already embedded in social and inter-subjective relationships (Basaglia, 2000: 12). Illness, understood as a crisis, enters the dimension of the collective, whereby the expression of individual suffering becomes a social phenomenon: distress and its expression *belong* to society, and this *crisis* ought to be concretely *socialised*, with the understanding that “the patient’s crisis is our crisis” (Basaglia, 1971b: 145). ‘Therapy’, therefore, necessarily becomes a political act that exits the realm of the purely medical, for

the therapeutic intervention, and in particular a psychotherapeutic intervention, can be useful, but only partially: it remains within an already alienated society, and it does not produce more freedom than that already scheduled. It is a recycling operation [...]. The degree of normality that the individual achieves is the alienation and false consciousness of all (Jervis, 1977: 75).

4.5. Reconstructing identities

In this situation, one of the hardest tasks for the nurses became “stirring the patients out of their apathy” (Vascon, 1971: 73),¹⁰¹ since “being tied to a tree... one gives up as a man”, as a patient stated in Zavoli’s documentary (1967).

The transformation of patient’s clothes offers an example of forms of “rebuilding [the patients’] social identity” (Basaglia, 1982a: 56) against practices of solely changing the patients’ institutional identity. As a former nurse explains, Basaglia and his team initially substituted the “grey and sad” camisoles with colourful uniforms. Soon, however, these were discarded too, and patients began to wear their own clothes (Francesco), which made visitors from the outside realise that one could “not distinguish patients from physicians and nurses” (Vascon, 1971: 25).

If individual and social identity had been suppressed after years of ‘institutional regression’, “for the *manicomio*, after the gradual destruction of its alienating features, not to become a joyful asylum filled with grateful servants, the only thing we can use as a lever is individual aggressiveness” (Basaglia, 1971b: 131). When a patient stated during an assembly “‘you can build us a golden hospital, we will always be enemies: you are the healthy one, and I’m the sick one’ [...we realised] it

¹⁰¹ The damaging effects that institutional life might produce on patients had been explored by Russell Barton in terms of ‘institutional neurosis’, as a “disease characterised by apathy, lack of initiative, loss of interest [...], submissiveness [and] a loss of individuality” (Barton, 1966: 14). Barton identified a number of causes at the root of ‘institutional neurosis’, namely loss of contact with the outside world, enforced idleness, bossiness of staff, the atmosphere of wards, and loss of future prospects (Barton, 1966: 17). After having worked at Shenley Hospital in Radlett, Barton was appointed Physician Superintendent at Severalls Hospital in Essex. Basaglia referred to a similar dynamics in terms of ‘institutional regression’, as a direct effect of power hierarchies (Basaglia, 1973c).

[was] precisely on this aggressiveness, which erases mere gratitude, that we [could] build a peer to peer relationship” (Basaglia, 1981b: 293).

4.6. Social appropriation of ‘the problem’

[Lucia] *worked with me for many years...¹⁰² it wasn't always easy, to be honest... [...]. She once came to work with a huge wig [...]... sometimes I was embarrassed, I could see that people at times felt uncomfortable, but I realised this was necessary. If they didn't understand, they would have to get used to it.*
(Letizia)

‘The problem of the hospitalised patient’ exposed wider socio-economic and political problems. Since the oscillations in admissions and discharge in the psychiatric hospitals were tied to the fluctuations of the market (Basaglia and Ongaro Basaglia, 2009: 100), the consequent inference was that patients in the *manicomio* had been marginalised as socio-economically insignificant, pushed outside economic production. Consequently, until the problem of unemployment persisted for the healthy individual, *this* “society does not know what to do with the rehabilitated psychiatric patient” (Basaglia, 1982d: 8).

If “to fight against the results of an ideological science [like psychiatry], one has to also fight against the mechanisms that sustain it” (Basaglia, 1971b: 141), these mechanisms had to be tackled, explored and challenged outside the closed institution, in the collective realm. Intrinsic to a shift “from the pessimism of reason, to the optimism of practice” (Basaglia, 2000: 22) was the idea that “[o]nly when the problem of the mentally ill is experienced by everyone, society will have to impose concrete solutions through the organisation of therapeutic structures” (Basaglia et al., 1981: 420). In this context, opening the *manicomio* is the necessary step towards

¹⁰² Lucia is a former patient who, in the late 1960s, began to work as Letizia’s assistant in the electroencephalographic studio that was strategically opened inside the complex of the psychiatric hospital, as one of two in the region at the time. As a consequence, the studio was attended by a large number of people for their tests who, in order to access it, had to enter the complex of the hospital (Letizia).

exposing social contradictions, and only when these are out in the open, “people can be ‘forced’ to face these problems” (Basaglia, 1979: 242).

4.7. Dismantling the hospital

The ‘looneybin’ had to be destroyed, as the place where social contradictions and anxieties were dumped, concealed and devoured, piled up under the sanitised banner of psychiatric *hospital*. This place of confinement – which was ‘storing’ both society’s deviants and society’s anxieties (Noi matti, 1971: 14) had to be entirely dismantled because “if we have the option of interning one patient, we will end up interning many” (Basaglia, 2000: 118).

The team envisioned the implementation of several smaller mental health centres across the province, strongly tied to the local community, where patients would be able to access care, either without being formally hospitalised, or with voluntary hospitalisation, soon to be introduced with Law 431/1968. Working in strong liaison with local authorities and local organisations, such as employment agencies and the social services, the smaller centres would come to break the monolithic hospital apart and completely substitute it, rather than functioning as corollaries to it, as it was happening, for example, in the United States (Basaglia, 1987).

The request presented to the Province, of providing external mental health centres, however, exacerbated the relations between the hospital and the administrative bodies, opening up a debate and a series of controversies within the Gorizia community, that involved the local media and the public opinion, which was to profoundly shape the events of the following years.

5. Media visibility

5.1. Entering the news

I arrived in 1964 [...]. Gorizia was quiet, there was nothing... it was a desert that lived...

(Fabrizio – former physician)

Basaglia's first few years in Gorizia go almost unnoticed by the local and national press, and in April 1964, at the first national congress of social psychiatry that was held in Bologna, “there was talk of a Basaglia” (Babini, 2009: 192).

The local newspaper *Il Piccolo* only sporadically mentions the “reorganisation of the hospital” according to “modern methods of care” (Le cifre del capitolo di spesa per l'assistenza e la beneficenza, 1962; Posti per infermiere all'OP, 1962), and “new therapeutic criteria” (Nuovi criteri terapeutici adottati all'OP, 1963). The media coverage begins to escalate from 1964, reporting news on some of the activities carried out in the hospital, such as the internal school, concerts and film projections (Scuola per tranquilli all'Ospedale Psichiatrico, 1964; Proiezioni di documentari all'interno dell'Ospedale Psichiatrico: Moderni criteri di cura, 1964; Gli addobbi natalizi all'OP, 1965; Concerto della Seghizzi all'OP, 1965). In this period, the local press generally displayed attitudes of benevolence and compassion toward the patients of the hospital, and even break-outs were reported with a degree of bonhomie (L'uomo che era evaso dall'OP, 1962).

From the mid 1960s, the psychiatric hospital began to receive visits – or “pilgrimages” (Pivetta, 2012: 174) – from physicians, nurses and social workers from other hospitals in the country and abroad, who travelled to explore the “type of democratic republic” that was developing in Gorizia (L'Ospedale Psichiatrico

Provinciale all'avanguardia nei criteri di cura, 1967; L'Ospedale Psichiatrico visitato da esperti regionali, 1968).¹⁰³

The doctor told me, go to Gorizia, go into the wards, see if it's true that the patients are not tied up, that they are all calm, that they can go out...
(Aurelio – former head nurse)¹⁰⁴

French, Swedish, Germans... from everywhere... the whole world was here to see how this thing worked...!
(Adriana – former nurse)



Figure 27: Patients in the Psychiatric Hospital of Gorizia, 1968

5.2. 'Living in that thing'

To the question 'what is happening in Gorizia?' – and later 'what is happening in Trieste?' – Basaglia and his team would often answer 'come and see!' (Dell'Acqua, 2007), for "it was only by directly experiencing the situation that one could perceive

¹⁰³ Visits from the psychiatric hospital of Colorno, in Parma, where Basaglia briefly moved to in 1969, were particularly frequent. Increasingly inspired by Basaglia's work and thought, in 1967, nurses from Colorno paraded around the city wearing straightjackets, and in 1969 the hospital was occupied for 35 days (Babini, 2009: 262).

¹⁰⁴ Aurelio was working in a psychiatric hospital in central Italy, before moving to Gorizia in the mid 1960s.

that circular affectivity, not communicable, only perceivable if one [was] there and let herself be infected by it” (Ongaro Basaglia, 1999: 53).

It was awesome, but only someone who was there can really understand it.
(Angelo – former nurse)

When discussing the experience of working in this period, the rhythm of the interviews with former patients and nurses becomes lively, their eyes shimmer, the narration speeds up, listing the organisation of festivals, balls, singing competitions, and theatre shows, which members of the public were gradually beginning to attend. The exciting and vibrant ‘atmosphere’ in the psychiatric hospital made many nurses feel that their work was deeply valued, and memories of this period, for both patients and staff, seem to hold an almost magical aura, as they recollect these years.

I liked working there from the moment I arrived [1965]. It was a job that immediately hooked me, immediately... I was trying to understand people [...]. It was so interesting, it really was. In fact, nothing, nothing else interested me, I wouldn't read, because I was so enthralled by this, by this system because it was something, something that captivated and involved you so much, you know [...] I would let my self get so involved... [...] the job was alive...
(Adriana – former nurse)

Working in and around the hospital was utterly totalising for the participants at every level, and even the families of staff felt that “we would *live in that thing*, we always had people around the house, there were meetings in the house every night” (Ippolito).

5.3. The national scandal of psychiatric hospitals and the exception of Gorizia

While the Health Minister Luigi Mariotti was publishing a White Book which described Italian psychiatric hospitals as “concentration camps” (Giannelli, 1965: 178; Del Boca, 1966) or “the circles of Dante’s Inferno” (Giannelli, 1965: 178), in

Gorizia “the problem of the hospital ha[d] long been resolved” (L'Ospedale Psichiatrico di Gorizia all'avanguardia per attrezzature e cure, 1966), thanks to the “excellent results” (Proiezioni di documentari all'interno dell'Ospedale Psichiatrico: Moderni criteri di cura, 1964; L'assessore Nardini in visita all'Ospedale Psichiatrico, 1967) of its “avant-garde techniques of care” (L'Ospedale Psichiatrico Provinciale all'avanguardia nei criteri di cura, 1967).

A former patient recently came to say hello, here in the shop, just before Christmas. And in the middle of the Christmas shopping chaos, customers everywhere, he says, [Roberto], do you remember how awesome it was when we were in the manicomio? [...] I mean, he saw something beautiful in the most awful place in the world...
(Roberto – former nurse)

Gorizia was in fact projecting itself to the nation as “the first asylum in Italy with innovative techniques” (Ex stagiaries a convegno all'Ospedale Psichiatrico, 1966), “the first functioning therapeutic community in Italy” (Medici e malati insieme amministrano la salute, 1967), and “the pilot hospital in Italy” (L'assessore Nardini in visita all'Ospedale Psichiatrico, 1967).

While some other psychiatric hospitals in the country were similarly experimenting with open door practice (Lugaresi, 1999; Baccaro and Santi, 2007), media attention was focusing on Gorizia, as a “highly laudable exception within the backwardness of institutions”, where psychiatric practice was “non conformist, courageous and audacious” (Medici senza camice per una coraggiosa riforma, 1968), and the rhetoric of the “revolution” and “the lucky madmen of Gorizia” (I fortunati pazzi di Gorizia, 1968) was catapulting the city into national and international visibility.

When in 1966 the State funded the Psychiatric Hospital of Gorizia with 15.000.000 Italian liras (Azione pilota in Italia dell'Ospedale Psichiatrico, 1966),¹⁰⁵ the Province declared that the city was proudly anticipating the imminent psychiatric reform that

¹⁰⁵ Taking into account the currency exchange and the inflation rate across the years, the amount would now approximately correspond to €140.700.00, or £980.850.

the Minister of Health would pass in 1968, introducing voluntary hospitalisation (Argomenti locali esaminati dal PSI, 1966), albeit with heavy financial costs (Amministrazione Provinciale di Gorizia, 1965: 25).

5.4. Exposing the institution

In Gorizia, Basaglia became “a marvellous frontman [*uomo immagine*]” (Pivetta, 2012: 129), and in the attempt to “take the hospital outside” (Fabrizio) and exposing its mechanisms, the team made it accessible to several media (Pitrelli, 2004). After a discussion in the general assembly, in 1968, photographers Carla Cerati and Gianni Berengo Gardin were allowed to enter the hospital, to expose the ‘misery’ of the *manicomio* for the first time, later publishing the pictures in a book significantly titled *Morire di Classe* (‘Class Dying’, see Figures 26-28).¹⁰⁶ Similarly, Swedish journalist Pirrko Peltonen and Italian journalist Sergio Zavoli entered the hospital to interview the patients, the nurses, the physicians, and to document some of the assemblies, producing *Le Fable du Serpent* and *I Giardini di Abele* (Peltonen, 1968; Zavoli, 1967). The images from *Morire di Classe* and *I Giardini di Abele* had a considerable impact on the Italian public, since many were “perhaps expecting to see monsters” (Pitrelli, 2004: 72). Zavoli’s documentary was disconcerting in this respect as, for the first time, patients would speak to the camera (Pitrelli, 2004; Babini, 2009).

Finally, the team in Gorizia published an account of their work in the Therapeutic Community in early 1968. The book was edited by Basaglia, under the title *L’Istituzione Negata: Rapporto da un Ospedale Psichiatrico* (‘The Institution

¹⁰⁶ The entrance of photographers in psychiatric hospitals was prohibited, as “it offended the patients’ dignity” (Pitrelli, 2004: 86). Photographs of psychiatric hospitals only depicted clean cells, with quiet patients and the physician as a benefactor. By contrast, *Morire di Classe* represented the first photographic exposé of the conditions of these institutions (Pitrelli, 2004: 87-89).

Denied: Report from a Psychiatric Hospital'), and it illustrated the functioning, the ethics and the problems inherent to the work as a therapeutic *and* political act that rejected the logic of reformism.¹⁰⁷ As Basaglia's editor Giulio Bollati noted in their correspondence, "after the book, in Gorizia, we will either see the 'routine' [...], or an assault on public buildings" (quoted in Babini, 2009: 247). Sales were unexpectedly astonishing: between 1968 and 1972 the book sold over 50.000 copies, it won the prestigious literary award Premio Viareggio, and it was soon translated into French (1970) and German (1971) (*Fondazione Basaglia*). The book became a key reading within social movements that were agitating the country – and Europe – between 1968 and 1969, since it had exposed the 'problem of the psychiatric hospital' as an institution that was – merely – *one* example among wider oppressive structures in social life.



Figure 28: Patients in the Psychiatric Hospital of Gorizia, 1968

¹⁰⁷ The book contains a variety of texts, from ward meetings proceedings, to critical essays by members of the team, and interviews with patients and staff members.

5.5. Effects on the community

On the one hand, working in Gorizia “transformed” many of the people who were directly involved with the running of the hospital as a Therapeutic Community. As a former nurse explains,

it taught me... it transformed me! I, [Giovanni], would have never had this conversation with you before going into the manicomio [...]. I went there, I was a zombie, and I got out and I can talk to anyone.
(Giovanni)

On the other hand, feeling that “the whole world was here to see how this thing worked” (Adriana), in this “closed, harsh, very fascist” town (Ippolito), “in the remote north-east corner of Italy on the Yugoslav border” (Donnelly, 1992: 40) was having a considerable impact on the local community. In fact, when “this little city found itself unexpectedly playing a leading role in one of the most audacious attempts to change psychiatric assistance” (Pitrelli, 2004: 76), as a local journalist puts it, “people in Gorizia wouldn’t talk about anything else” (Simoncini, 1996a: 10). However, the ways in which ‘people would talk about it’ were rather diverse.

If it was easy to open the hospital on the inside, opening it to the outside was harder, because the city did not want to have a relation with these people...
(Francesco – former nurse)

As some of the participants that remember these years explain, the population in Gorizia was divided between those who shared the enthusiasm and the curiosity, and those who felt uncomfortable and fearful with the radical acts involved in ‘denying the institution’ (Gaetano, Letizia, Enrico, Paolo). Not all nurses were sharing the enthusiasm that other members of staff describe. As some of them recollect, nurses themselves appeared to be “divided”, where some older members of staff simply “did not collaborate”, and others actively “tried to sabotage some of the activities” (Giovanni). Older nurses, in fact, felt “confused by this change in [their] roles”

(Roberto), and for an outsider who participated in a general assembly in the hospital in 1965, “the first thing [he] noticed, was the discomfort (*disagio*) of the nurses” (Aurelio).

It is hard to find these voices. I only encountered very few of them during my fieldwork, and only when I specifically searched for these people, often dismissed as ‘those against’. Their names are not as well known as others. They are not given much space in the descriptions of ‘when Basaglia was here’. Many of them, adults in the late 1950s, have passed. Their stories and their descriptions can only exist outside, around, and beyond known stories on ‘the Basaglia experience’. Their voices disappear behind accounts in which “it wasn’t like everyone was against it... there was a climate that was against it”, as a former physician puts it (Fabrizio).

5.6. Hidden tensions

This thing really beleaguered the city...
(*Questa cosa ha veramente rotto le scatole alla città...*)
(Ippolito – member of Franco Basaglia’s family)

In mainstream narratives, the embodied figure of this ‘climate that was *against*’ is usually the conservative Province of Gorizia (Donnelly, 1992; Pivetta, 2012), ruled by a Christian Democracy majority which, while moderate, was historically cast against communist values (Shore, 1993).¹⁰⁸

¹⁰⁸ The Christian Democracy (*Democrazia Cristiana*, or DC), was a moderate conservative political party which emerged in the post war years, generally opposed to the Socialist Party (*Partito Socialista Italiano*, PSI), and the Communist Party (*Partito Comunista Italiano*, PCI), and it remained the party in power from 1948 to 1992. It incorporated various moderate political factions, from conservatives, to liberals and social democrats, and it is therefore commonly referred to as the ‘white whale’ – neither red/communist, nor black/fascist – swallowing up several orientations within itself (Ginsborg, 1990; Damilano and Pansa, 2006).

The role played by political parties in the country, since the post war years and into the 1990s, can hardly be overestimated. Their influence began to extend well “beyond government administration, into other arenas of public life, from educational establishments to banks, state industries, television, public corporations” (Shore, 1993: 30). Party loyalties and affiliations, institutionalised into various social cleavages, “cut deeply into the fabric of society and into Italian consciousness” (Shore, 1993: 29), where political patronages have been so pervasive and enmeshed in the functioning of most

While the city was standing out in the national media, some concerns were indeed being raised within the Provincial Administration, and reported in the pages of the local paper, *Il Piccolo*. Although the Administration publicly maintained that it was “proud to spend for the benefit of the community” (Mancini sull'esperimento comunitario all'Ospedale Psichiatrico di Gorizia, 1967), rumours of drunken patients walking around the city, and unrestrained promiscuity in the hospital, made some councillors talk of a “collectivist climate” (Mancini sull'esperimento comunitario all'Ospedale Psichiatrico di Gorizia, 1967).

In addition, against the image of openness and enthusiasm that the media and the Administration were publicly projecting, Basaglia noted that there had been disputes from the very beginning, between the hospital and the Province (Basaglia et al., 2008: 100). Giovanni Jervis, a member of the team in Gorizia, admitted that “sometimes one had the impression to be living in a small city under a state of siege” (Jervis, 1977: 25).

5.7. The ‘bomb’ explodes

In September 1968, A. Miklus, a patient on a day leave, murdered his wife with an axe, and subsequently hid in the countryside for three days, “leaving the neighbours in terror” (Il luogo della tragedia a Lenzuolo Bianco, 1968; Cattalini, 1968; Verbi, 1968; Bulfoni, 1968).

In the Provincial Administration, councillors began to speak of “anarchic circumstances about which there have been rumours for years” (Ampio dibattito al

State and para-State bureaucracies that the specific term *partitocrazia* (‘rule by parties’) was coined in the 1970s. Since political parties can be seen, in all effects, as cultural systems, “[t]o be called ‘Christian Democrat’, ‘Socialist’ or ‘Communist’ in Italy is not, therefore, an arbitrary label but a fundamental dimension of public identity: it means belonging to a clearly defined social and cultural group with clearly circumscribed rules and boundaries” (Shore, 1993: 31).

Consiglio Provinciale dopo le "riserve" mosse al dottor Basaglia, 1968). The residents of Gorizia employed *Il Piccolo* as a platform to express feelings that oscillated between fear, anger, and sympathy. The pages of the newspaper began to be filled with letters from residents intervening on the debate over the psychiatric hospital, while Basaglia accused *Il Piccolo* of deliberately manoeuvring and dividing the public opinion (Significati e prospettive dell'innovazione terapeutica, 1968). In the weeks following the murder, even after the initial “fear [was] gone, the problem remain[ed]” (Superato il clima di paura rimangono gli interrogativi, 1968). The hospital was now “perceived like something external to the city, that create[d] terror, and that also provoke[d] a certain aggressiveness in the residents of Gorizia” (Isman, 1968). The Therapeutic Community emerged as an experiment that was “endangering the life of a whole city” (Il "caso Miklus": Scontro frontale tra due scuole di psichiatria, 1968), and the ‘Miklus case’ became

a demarcating milestone between the fearful city and the Psychiatric Hospital. [...] There are sensations, almost evanescent, impalpable, open feelings that are quite perceptible, many ideas, said and unsaid, whispered and mumbled. And a few exterior signs, easily recognisable and therefore easily classifiable [...]. And the city? The city is nervous, almost in fear, like shocked (Isman, 1968).

In the national press, Gorizia turned from the “courageous endeavour” and “the model example created by professor Basaglia” (L'Ospedale Psichiatrico Provinciale all'avanguardia nei criteri di cura, 1967) into ‘the Miklus case’ (Gorizia: Non 'caso Basaglia' ma ospedale modello, 1968), which came to represent “the clash between two psychiatric creeds” (Il "caso Miklus": Scontro frontale tra due scuole di psichiatria, 1968). In Gorizia, this clash created a wounded and divided community, permeated by uneasiness, fear and a diffused feeling of mourning. During the funeral procession,

the roads, the pebbles, the walls of the houses expressed the sadness of this violent event. Walking along the streets [...] one had almost the impression to be walking through a desert city, abandoned by its inhabitants, as if they had run away from some natural calamity (Verbi, 1968).

6. 'When Basaglia left'

6.1. From Gorizia to Trieste

Exhausted by the bureaucratic obstruction to the opening of the external centres, Basaglia decided to leave the city in December 1968, feeling that since Gorizia was being targeted as the 'Basaglia cure' in the media (*L'Ospedale Psichiatrico visitato da esperti regionali*, 1968), his departure would allow the situation to evolve (Basaglia et al., 2008: 10). After a six month visit to the Community Mental Health Centre of Maimonides Hospital in New York, Basaglia accepted the position of Director in the psychiatric hospital of Colorno, near Parma. In 1971, he moved to the psychiatric hospital of Trieste, only forty kilometres from Gorizia (Parmegiani and Zanetti, 2007).

His closest collaborator, Agostino Pirella, became the Director in charge in Gorizia, but the initial team soon began to dismember, and gradually left the city, moving to other hospitals, such as Pordenone and Reggio Emilia.¹⁰⁹ Pirella himself left Gorizia in 1970, leaving Domenico Casagrande as Director in charge.

In Trieste, Basaglia and part of the Gorizia team, together with a new team of young physicians, started from where they had stopped in Gorizia: the Therapeutic Community was immediately coupled with the opening of external centres and with a series of festivals, performances, and concerts to which residents of the city began to participate.¹¹⁰ The *manicomio* was gradually emptied, as patients were either

¹⁰⁹ Lucio Schittar left in February 1969; Giovanni Jervis and Letizia Jervis Comba left in June 1969; Antonio Slavich left in December 1969.

¹¹⁰ These events included, for example, a concert by Ornette Coleman and theatre productions with renowned playwright and actor Dario Fo, a flight to Venice with over a hundred patients, to which David Cooper also took part, in 1975, and the hosting of the Third International Réseau of Alternative Psychiatry inside the hospital structure, in 1977 (Dell'Acqua, 2007; Pitrelli, 2004).

discharged through the implementation of group housing, or continued to live in the hospital as voluntary *guests*. In 1977, Basaglia publicly announced that the psychiatric hospital of Trieste would be closed within the year, and by early 1978, the hospital had been emptied.¹¹¹

In Gorizia, the opening of the external centres was being retarded by the Provincial Administration, which motivated such a delay on financial grounds and on the precariousness of the Direction.¹¹² However, hospital staff interpreted the wait as a deliberate obstruction and ideological opposition to the nature of the experiment. As a former nurse puts it, “[the Province] was fine while everything stayed inside the hospital, but going outside... Heaven forbid!” (Angelo). The mainstream portrayal of Italian deinstitutionalisation processes thus frames Gorizia as ‘the pilot’, and Trieste as ‘the model’ (Donnelly, 1992: 62), leaving powerful traces that shape Gorizia’s remembering crisis, as the following chapters will outline.

6.2. ‘Basaglia’s Gorizian hatch’

After Basaglia’s departure from Gorizia, rumours about dubious management of the hospital contributed to exacerbate the clash with the Provincial Administration and to heavily influence the public opinion. These rumours included uncontrolled drunkenness, higher suicide rates, pregnancies, drunken doctors, and approximate methods of care (Pellegrini, 1972).

When I arrived, in 1973, the situation had completely deteriorated. There had been a misinterpretation of the principles. [...] It had all been ill-assimilated, ill-digested. [...] a deterioration... a decadence.
(Emilio – member of the new team of physicians, from 1972)

¹¹¹ The psychiatric hospital in Trieste was officially declared closed in April 1980 (Babini, 2009).

¹¹² In fact, Domenico Casagrande had remained as Director in charge, while the competition for the permanent position of Psychiatric Hospital Director had not been opened.

As a member of the Basaglia's team recalls, they were feeling "bombarded" by neo-fascist propaganda (Fabrizio) (see Figure 29), since there were rumours of communist chants, Marxist political meetings, indoctrination of patients, and "suspicious cars", as a Provincial Councillor also explains (Gaetano). These preoccupations with alleged political activities and communist orientations of the hospital management are inscribed in a specific national historical and political context.¹¹³ In fact, at a time when left wing political extremism was being dreaded on a national level, at the beginning of the Years of Lead, the psychiatric hospital of Gorizia seemed to be moving "to the left, more and more to the left" (Pellegrini, 1972).

Gorizia is a very closed city, very conservative, it's a fascist city, no? Where it was enough to... just to tell you an episode... one evening we were singing 'Gorizia, thou are Cursed',¹¹⁴ and it appeared on the paper the next day...
(Fabrizio – former physician)

From Basaglia's psychiatric-Marxist theories (Perissin, 1972), to his "Gorizian hatch", the hospital was being portrayed as a "training ground for far-left parties" (Pellegrini, 1972), and a meeting point for autonomist movement members, often associated with terrorist activities.¹¹⁵ After an escalation of these rumours and

¹¹³ After the protests of 1968 and 1969 had mobilised extremist political fringes across Italy and Europe, the polarisation between the left and the right strongly radicalised, with the emergence of various autonomist movements. The 1970s were a season of violence and political tension in the country, stemming from radical groups aligned to the left, to the right, or to anarchist currents (Cento Bull and Giorgio, 2006). Notably, the decade is referred to as the Years of Lead, ruled by a police state, strong security measures, which fed a general tension and constant fear in the population, as well as a growing loss of trust in State institutions (Cento Bull, 2007).

¹¹⁴ The song was surreptitiously sung by Italian soldiers during World War One, describing the pain and the rage of Italian soldiers fighting to conquer Gorizia.

¹¹⁵ While the climate of violence of the 1970s is characterised by "shady areas", and "gaps covered by secrets" (Bartali, 2006: 148 and 149), it appears that the State was partly manoeuvring such violence, in order to create a climate of fear, and encourage a right-wing shift in the electorate (Bartali, 2006: 146). A series of terrorist attacks and episodes of violence escalated in the country between the late 1960s and the early 1980s, as part of a 'strategy of tension', allegedly implemented to prevent the rise of the left (Cento Bull, 2007; Calvi et al., 2003; Willan, 2001). The most renowned are the Piazza Fontana bombings in Milan (12 December 1969), the derailment of a train near Reggio Calabria (22 July 1970), the attack in Peteano, near Gorizia (31 May 1972), the Police Offices bombings in Milan (17 May 1973), the Piazza della Loggia bombings in Brescia (28 May

debates, Gorizia entered into “the notorious 1972”, as a former nurse describes (Angelo).



[Thanks to the filo-Marxist methods so dear to Basaglia and his comrades, the Psychiatric Hospital of Gorizia has become a den for subversives.

Socialists and communists persevere in the shameful exploitation of the patients with their political ends.

The M.S.I. denounces to the public opinion the seriousness of a situation marked by numerous shocking episodes, which have already been reported to the authorities.

Even the D.C. (Christian Democracy), until now an accomplice of the subversives, thanks to the Provincial Health Councillor, is showing signs of having realised that the chaos in the Hospital has become unbearable.]

Figure 29: Neo-Fascist Party poster distributed around Gorizia (with translation), 1972

6.3. When the team left

6.3.1. The article

In September 1972, the local magazine *Iniziativa Isontina*¹¹⁶ published an alarming article by the Provincial Health Councillor, which formalised the accusations and rumours that were surrounding the hospital, such as the hosting of political meetings, uncontrolled promiscuity, and increased suicide rates. After Basaglia’s departure, Councillor Ermellino Perissin argued,

1974), the derailment of a second train near Bologna (4 August 1974), the Bologna massacre (2 August 1980), and the derailment of a third train near Bologna (23 December 1983) (Calvi et al., 2003).

¹¹⁶ Interestingly, the editor of the magazine was also the mayor of the city, and when reproached for his alleged biases, he defended his decision on the grounds that the article was simply ‘informative’ (Anche le terapie politiche per “guarire” lo psichiatrico, 1972).

life in the Psychiatric Hospital has been slouching itself, enmeshed and roped in daily triteness and triviality, through lack of commitment, abandonment, idleness, empty days for the patients and the stagnating neglect, which is typical of underdeveloped situations [...] [where], in conclusion, there reigns a sense of resignation (Perissin, 1972: 83).

The title of the piece, ‘Report from a Psychiatric Hospital’, deliberately recalled the subtitle of ‘The Institution Denied’ (1968), and the article itself was “astutely written. The writings of Basaglia and his collaborators, together with data from the hospital archive regarding the cases that would mostly affect a reader [...] are themselves employed to terminate the experience” (Simoncini, 1996b: 5). In fact the article is extensively but selectively quoting from *L’Istituzione Negata*, portraying the work in the hospital as an eminently Marxist project which, conducted at the expense of patients, had resulted in an anti-therapeutic endeavour. Perissin’s support for a neat separation between ‘therapy’ and ‘politics’ was irreconcilable with Basaglia’s position:

The politicisation of our actions is still the only therapeutic act we can carry out at the moment, and it coincides with exposing – at all levels of the community – the hidden contradictions of our system, founded on the division of sciences, hierarchy of values, and antagonism between institutions and individuals (Basaglia, 1982f: 85).

The patient’s suffering, in Perissin’s portrayal, was being neglected and substituted by politicisation, indoctrination and mobilisation, in order to stimulate a “sense of opposition to power” (From ‘L’Istituzione Negata’, quoted in Perissin, 1972: 79).

Elena: *And Basaglia left at some point, right?*

Lucia: *Yes, he did, he left...*

Elena: *And how was it then?*

Lucia: *It was... [long silence] it was... I... [long silence]*

Elena: *Did some things change?*

Lucia: *I think... no... I don’t think...*

Adriana: *Well... [the patients] didn’t really realise the whole... [silence]*¹¹⁷

¹¹⁷ Lucia had been a patient in the psychiatric hospital since the mid 1940s, and Adriana had begun to work as a nurse in 1965 (see pp.112-114).

6.3.2. The petition

Following the publication of the article, a petition was presented by a group of hospital staff members, which asked for the team to resign. In some accounts, it was a group of Provincial administrators who convinced the staff to sign the petition:

They just brainwashed them, they told them they would lose their job, unless they signed [...]. They insisted so much... The first time they asked me, I said 'what the hell are you doing?' They came back, they wouldn't give up, I kept sending them away...

(Angelo – former nurse)

They came to knock at my door with the paper ready, I said 'are you insane?' There's no way my name is going on that piece of paper!

(Adriana – former nurse)

Other accounts report that the petition was an initiative of the staff themselves, for “they really had had enough of all that chaos”, as a member of the Provincial Administration explains (Gaetano):

One day, a friend of mine, she owned a bar on the high street, she told me, 'there were dozens of you nurses at the bar last night'. I said, 'what?' 'Yes, they had a meeting for hours, they were all upset, I wondered why you weren't there...'

(Aurelio – former head nurse)

The politicians, the Christian Democrats convinced 162 nurses to sign a petition to send the doctors away. And then there were 46 signatures that said that they were out of their minds! [...] Many years later some colleagues told me that [after having signed] they had been invited to dinner with members of the Provincial Council. They were expecting some money. The President stood up, said 'thank you. You have a stable job, be happy with that'. Full stop. From then, it all started...

(Angelo – former nurse)

Indeed, written and oral accounts that recollect this phase often contradict each other, and open up gaps in social history, involving reciprocal accusations of bribery and treason. In these gaps, one encounters stern faces, prolonged silences, relationships that never mended, warnings around ‘hot topics’, whispers, confidential

tones of voices, and recommendations of ‘keeping what I told you for yourself, you understand...’.

6.3.3. An act of provocation

After the article was published and the petition was presented, “the situation precipitate[d]” (Simoncini, 1996b: 5), and the team decided to undertake an extreme action of rupture. On 20 October 1972, Casagrande, the Director in charge, proposed the immediate dismissal of 130 ‘recovered patients’, and the shift of 68 ‘compulsory patients’ to the status of ‘voluntary patients’, added to another 146. The overall hospital population would then amount to 386 patients, of which only 52 were hospitalised under a compulsory regime. As Casagrande stated, “almost nobody asks me to be cured anymore [...]. Everybody asks me to find them a job, a room in a care home, some money to buy a pair of shoes or a piece of clothing [...]. Can you tell me what there is that is ‘psychiatric’, in all this?” (quoted in Pecorini, 1972).

If the news of the proposed discharge “ha[d] exploded like a bomb” (*Il dopo-liberazione dei 130 argomento dei primi dibattiti*, 1972), a second act of rupture on the part of the team was that of holding a press conference, where the group of physicians announced their collective resignation, unless the Province agreed to the immediate opening of the external health centres. The Provincial Council was thereby pushed to take a clear stand: either to accept the resignations, or to open the centres within the next thirty days.

6.4. Mediatized clashes

The future of the psychiatric hospital became an extremely discussed topic within the Provincial Council, which was summoned increasingly often, with escalating

tension and haste, frequently prolonging into the night (Consiglio Provinciale, 14.11.1972), with repeated verbal attacks among Councillors, and even with reciprocal condemnation of ‘fascist behaviour’ (Consiglio Provinciale, 09.11.1972; Consiglio Provinciale, 14.11.1972). As a Provincial Councillor describes, “I was there, Christ on the cross, and anyone who passed by just spat on me...” (Gaetano). Political coalitions themselves were split on the course of action to undertake: there was general agreement on the “humanisation of the psychiatric hospitals [...], but [we] cannot refrain from criticising the *political* action undertaken through ‘The Institution Denied’” (Councillor Zorzenon, in Consiglio Provinciale, 09.11.1972, my emphasis). This ‘political action’ was openly defined as Marxist, as a “frantic and irrational revolution”, rather than a “constructive reformation” of the system (Councillor Perissin, in Consiglio Provinciale, 09.11.1972). The situation became so heated that, according to some accounts, the then President of the Senate, Amintore Fanfani, intervened with a telegram intimidating the Christian Democrats in the Provincial Council to accept the resignation of the team, as a former physician explains (Fabrizio).

In November, the resignations were accepted by the Provincial Committee, with immediate effects, and a team of new physicians was employed until the end of the year (Un ordine del giorno sigla la conclusione dell'animato dibattito sullo psichiatrico, 1972; Un'altra équipe di sanitari designata per lo psichiatrico, 1972; Rizzon, 1972).

6.5. ‘We will no longer intervene’

Still now, there is the question, did they do the right thing, or didn't they?
(Angelo – former nurse)

After the new team was employed, Basaglia renounced his post in the committee that would appoint the new Director, so that the Provincial Administration would not be able to “shield behind the Basaglia method”, which had been “officially supported, but practically obstructed with any possible means” (Basaglia rompe i ponti col manicomio di Gorizia, 1972). As he wrote to the Administration, in a letter that was then published in the local newspaper, “you have made your choices, and I don’t intend to endorse them. We will no longer intervene” (Basaglia rompe i ponti col manicomio di Gorizia, 1972). Basaglia’s letter to the Provincial President was followed by a letter by his team to the patients and the staff that, while it was later published in *Crimini di Pace* (‘Peacetime Crimes’) in 1975, I was also lent by a former nurse (Roberto).

If we leave you now, this is no defeat for us or for you, it is just another stage in the struggle we must continue together, albeit separately. The new physicians that will take our places perhaps won’t know, and they might not immediately understand [...]. Now *it is up to you* to demonstrate all this: the Hospital cannot change, because *you are now* guiding its progress. *The roles have been overturned. It will be you* showing the new physicians the conditions they will have to adapt to; *it will be you* soothing their anxieties (reprinted in Basaglia and Ongaro Basaglia, 2009: 38, my emphases).

In the Province of Gorizia and beyond its borders, it is now the citizen, the potential service user, who discusses the open hospital, the closed hospital, the urge of a health reform that truly addresses the needs of the sick. This means that the citizen has appropriated [...] the problems of health care (reprinted in Basaglia and Ongaro Basaglia, 2009: 37).

The possibility – and the duty – of appropriating the experience of the open hospital and of taking charge of its future developments entailed entering a relationship of responsibility with that experience and with the patient herself. This was the last step of the destruction of the hospital: after opening its inside, opening it to the community, the community had then to appropriate its problems. The departure of the team was “*deliver[ing]* to the nurses, the patients and the whole city, not only the experience, but also the *duty* to continue and to decide what to do in the future” (Simoncini, 1996a: 14, my emphases).

7. The new team

7.1. A contested arrival

In November 1972, when ‘Basaglia’s Gorizian hatch’ (Pellegrini, 1972) left the hospital, a new team of physicians coming from the psychiatric clinic of Padua took over the Direction, and Basaglia’s team began to spread across other hospitals in the country, initiating what was defined as “the diaspora of the heretics” (O Gorizia, tu sei maledetta, 1972).

After a while, after they left, everything just went to hell... [...]. We saw that these guys just wanted to destroy everything.
(Angelo – former nurse)

The young physicians were soon made consultants, with remarkable financial and career advantages, which embittered their arrival, among many staff members (Angelo). However, this team was not easy to gather by the Provincial Administration. *Apparently*, they were only found after several “peregrinations across the country” (Graziosi, 1973), since “some ‘luminaries’ did not feel ready to measure against ‘the Basaglian clan’, with their renowned political alliances, and their growing media power” (Cristoferi Realdon, 1981: 6). Yet their arrival was surrounded by rumours that the Province was already prepared – and even waiting for – the resignation of the team. In fact, one month after the resignation announcement of the former team, on 20 October, the contracts for the new team were already stipulated on 16 November (Dimissioni Volontarie, 1972; Assunzione in Servizio Temporaneo, 1972c; Assunzione in Servizio Temporaneo, 1972b; Assunzione in Servizio Temporaneo, 1972a), fuelling these rumours.

For the team that was ready to “commit suicide in Gorizia” (Gaetano)¹¹⁸ the impact with the city and its psychiatric hospital immediately disclosed some of the tensions that would characterise the following years: “in the morning, on 20 November, under a torrential rain, we inherited the Hospital. [...] I was thinking, Gorizia is crying for its doctors, who are about to leave, and I felt a sense of uneasiness” (Cristoferi Realdon, 1981: 9).

7.2. Basaglians and anti-Basaglians

The tensions between the new physicians and the nurses, and among nurses themselves, began to show very quickly, with a neat division between ‘the Basaglians’ and ‘the anti-Basaglians’, in a climate that the new Director defined as one of “a-scientific barricading” (Zamparo, quoted in Graziosi, 1973), which still reverberates in Gorizia’s remembering practices and in wider discourses on Italian psychiatry.

Between 1972 and 1977, three Directors alternated in the hospital, insistently stating that there would not be any regressions in the management, which the President of the Province described as “open, increasingly open” (Chiantaroli, quoted in Graziosi, 1973; *Non vi saranno regressioni all'ospedale psichiatrico "aperto"*, 1972; Marchesini, 1973; Battistini, 1973).¹¹⁹

¹¹⁸ Gaetano is the former Provincial Councillor who was involved in the search for a new team of physicians.

¹¹⁹ Giuseppe Carucci was the first Director, from November 1972 to February 1973, when he resigned from the post. Domenico Zamparo was then Director in charge until April 1973, when Eugenio Pasqui took over the Direction, until he resigned in September 1973. Domenico Zamparo returned to be the Director until his retirement in September 1977, when Anacleto Realdon took the post of Director in charge (Realdon et al., 1981).

They kept, they said, we're going to keep working like when Basaglia was here, so I did what I was doing with Basaglia, I brought the news regarding each patient, instead they didn't give a damn. [...] There was a problem, OK, let's talk, see what the patient has to say. They came downstairs and only changed the therapy.¹²⁰ [...] I was head of the ward, but they wouldn't talk to me, they would talk to someone else... if you're a Basaglian, then...

(Roberto – former nurse)

Sceptical about the entrance of 'the social' in psychiatry, defined as an "ideological booze-up" (L'ideologia uccide il malato di mente, 1982), the work of the team was mainly rooted in notions of mental illness as an organic disease, and drugs were the main therapy employed (Gruppo Operatori Psichiatrici di Gorizia, 1987; Papuzzi, 1990). As the Director Anacleto Realdon later stated, "I am not ashamed to say that the first type of therapy is medication, and that E.C.T., when done scientifically, can be therapeutic" (Realdon, quoted in Papuzzi, 1990).

The number of occupational activities and events held in the hospital – such as dancing, or theatre workshops – gradually decreased, and daily assemblies between all the staff and patients became weekly meetings. A nurse bitterly reported, "it is bad, they stopped all activities. But I could also say it's good, because nobody asks you to do anything. But when I go home at the end of the day, I feel completely empty" (Bianchini, quoted in Papuzzi, 1990). This period, after the arrival of the new team and until the late 1980s, is significantly referred to as 'the Restoration' (Finiti i tempi degli "esperimenti" all'Ospedale psichiatrico di Gorizia, 1973; OPP: L'offensiva "restauratrice" dc è sfociata in danni irreparabili, 1973). As some staff members at the time describe, there was a progressive "re-institutionalisation" (Aurelio), and "the atmosphere was different [...]. I finished my shift at 2pm, but I used to stay until 4 or 5pm, without looking at the clock [...], but that enthusiasm... how can I say... it somehow faded away" (Letizia).

¹²⁰ The expression 'to give the therapy' (*dare la terapia*) – signifying 'to give medications' – is recurrent in interviews and conversations with nurses and physicians in Gorizia. Some of the implications of this expression in current psychiatric care will be addressed in Chapter Five.

In 1973, or 1974, I got out of the hospital. I couldn't stay any longer, they obviously did not want me there... walking up and down for 8 hours, and doing nothing. What, like a patient? So I said, if I get the chance, I must get out, and I did. [...] It was impossible, you just turn stupid, all day doing nothing, without, without... the doctor doesn't talk to you, if you bring up some issues, he doesn't listen...

(Roberto – former nurse)

The polarisation between the self-defined ‘Basaglians’ and the perceived ‘anti-Basaglians’ became increasingly acute. Trieste – where Basaglia was successfully opening the hospital – was considered “like an enemy” (Bruno),¹²¹ and the bitterness between staff and physicians in Gorizia reached unprecedented degrees.

7.3. Resistance

7.3.1. C.O.S.P.

In December 1972 – one month after the new team had arrived – a group of staff members constituted C.O.S.P. (Comitato Operatori dei Servizi Psichiatrici), an organisation that aimed to “stop the regression of the hospital”, promoting exposure in the papers, and liaising with politicians and trade unions (C.O.S.P., 1975: 22; Operatori psichiatrici - costituzione COSP, 1973). C.O.S.P. was indeed aiming at public visibility, once again pushing ‘the problem of the psychiatric hospital’ outside its walls, into the public realm, through campaigns, leafleting, and letters to the local newspaper. “We ask ourselves, what will happen? In the assemblies and meetings nobody talks anymore [...], the hospital has regressed, the new team prefers to work at individual levels” (C.O.S.P., 1973). We feel unheeded, mocked, ignored” within an “atmosphere of hopelessness and devaluation”, of “fear and regression” (Segnalazioni - Il personale dell'OPP, 1973).

¹²¹ Bruno is a member of the health care staff in the Mental Health Centre in Gorizia, who began to work there in 1978.

While C.O.S.P. was perhaps the most organised arrangement for expressing growing anxieties over the future of the hospital by some staff members, provocations and accusations among nurses, between nurses and the Direction, and even between nurses and trade unions took place almost on a daily basis inside the hospital (Segnalazioni - La situazione allo Psichiatrico, 1974).

7.3.2. *La Pratica della Follia*

In October 1973, the group Democratic Psychiatry was founded in Bologna by Franco Basaglia and several former members of the Gorizia team, with the aim of “furthering the struggle against exclusion, and against the *manicomio*” (Psichiatria Democratica, 1979: 199). The first national convention of Democratic Psychiatry was held in Gorizia, in June 1974, under the title *La Pratica della Follia* (‘The Practice of Folly’, see Figure 30). The president, Gianfranco Minguzzi, opened the symposium by asking “why Gorizia?” – “because Gorizia is not tied to a name anymore, it belongs to everyone, it belongs to the movement” (Minguzzi, 1975: 20). The formation of C.O.S.P. was understood as a clear sign of ‘resistance’ in Gorizia, as a materialisation of its *belonging* to the deinstitutionalisation movement (Basaglia and Ongaro Basaglia, 2009).

La Pratica della Follia was attended by over 2500 people, including staff members and public figures from across the country, all crammed in a hall at its maximum capacity, inside the current *Unione Ginnastica Goriziana* building, some sitting on the floor or standing in the auditorium (De Gironcoli, 1996). However, the representative authorities of Gorizia were missing: neither the mayor, nor the Provincial President attended the convention, their absence perceived as a clear statement, since the mayor openly refused to send his official regards on behalf of

the city (De Gironcoli, 1996; Psichiatri a convegno oggi e domani all'UGG, 1974; Riecheggia nell'aula consiliare il problema della salute mentale, 1974; Gervasutti, 1974). As a local journalist reports, even the editorial board of the local newspaper, *Il Piccolo*, hesitated in publishing an article on the convention (De Gironcoli, 1996: 15). C.O.S.P. boldly substantiated the rumours on the 'regression' and the 'closure' of the hospital (Simoncini, 1996a):

Everybody knows what happened in Gorizia until 1972; few know what happened after that date [...]. These new doctors had to recreate the *manicomio* to justify their presence. To some, this statement might seem exaggerated. But it comes from people who have experienced day by day, and with a great deal of personal suffering, the slow return of the *manicomio*, and we can therefore affirm that the hospital of Gorizia has become a *manicomio* (C.O.S.P., 1975: 21, 22).



Figure 30: Leaflet of *La Pratica della Follia*, 1974

7.4. Implementing the law: The anomaly

In December 1978, the passing of Law 833 delegated to the Regions – and their Local Health Units (U.L.S.S.s) – the implementation of Law 180, passed in May 1978, which ruled the phasing out of psychiatric hospitals and the constitution of alternative structures of care. However, since “nobody had clear ideas on how to implement the law” (Chierici, 1978), it was not applied homogeneously across the country, and a vast number of psychiatric hospitals continued their activity for many years to follow (Donnelly, 1992; ISTAT, 2001; Palermo, 1991), “doing things the Italian way”, with “progressive proposals and obsolete structures” (I "manicomi" e la riforma, 1978).

Gorizia, “Basaglia’s former feud” (Cucco, 1973: 60), was no exception. The debates between the staff and the Direction became even more fierce after the passing of Law 180, with the Director promising the closure of the hospital by May 1980 (Una legge solo sanitaria difende i malati di mente, 1978), and members of staff declaring that “with Dr Realdon at the direction of Provincial Psychiatric Services, the reform is unattainable by definition” (campaign leaflet from Moser archive), denouncing a “state of chaos in the Direction”, and even demanding his resignation (OPP: Il "caso" del suicidio apre vertenze giudiziarie?, 1980).

While the law prescribed that psychiatric wards (S.P.D.C.s) should have a maximum of fifteen inpatient beds, the S.P.D.C. in Gorizia hosted around thirty patients (L'assistenza psichiatrica ha corsie "fuori legge", 1980). While temporary ‘tampon solutions’ were common across the country, this anomaly persisted in Gorizia until the mid 1990s, as I further discuss in Chapter Five. Gorizia continued to use the infrastructures of the former psychiatric hospital buildings for its remaining patient

population, and the psychiatric ward was even informally referred to as ‘the tiny *manicomio*’ (*il manicomietto*) (Un trasferimento atteso, 1987).

7.5. The personal and the political

Even after the progressive fading out of C.O.S.P. in the late 1970s, nurses’ and physicians’ strikes, as well as petitions, leaflets, assemblies, protests and marches, were constant features in the years that followed the passing – and the non implementation – of Law 180, in the psychiatric hospital of Gorizia (campaign leaflets from the Moser archive), which a physician defines as “the intromission of politics” (Giacomo).

[In 1977] The current Director came to the Social Centre [that I was running, inside the hospital], and I told him about its history and the objectives. He didn’t say anything, but he showed me a spider web on the wall (Bianchini, quoted in Venturini, 1979: 25).

There was dust in the ward, I said to the nurse clean it up, he said ‘the broom is alienating’.

(Emilio – former Director of the psychiatric hospital)

To this day, nobody knows who should do the cleaning. Every decision gets branded as authoritarian, in the name of some sort of collective responsibility (Realdon, letter to Il Piccolo - Segnalazioni - "È facile buttar la colpa solo sul direttore!", 1980).

‘Poor hygienic conditions of the locales’, ‘belatedness’, ‘anti-union activities’, ‘sabotaging the right to speak’, ‘threats of dismissal’, ‘patchy solutions’, ‘obstructionism’, ‘demagogic terrorism’, ‘anti-therapeutic practice’, ‘political corruption’, ‘moral and political lynching’, ‘fascist actions’, ‘the hospital as a Nazi camp’, ‘re-emergence of the old *manicomio*’, ‘political extremism’, ‘wasting of financial resources’, ‘subtraction of documents’, ‘cowardice’, ‘promotion of oppressive hierarchies’, ‘reconstitution of baronages’, ‘political demagogy’, ‘ferocious resistances’, ‘bureaucratic formalism and inefficiency’. These are only some of the recurrent accusations that fill the years between 1973 and the late 1980s

in and around the *manicomio* of Gorizia. They are part of “an absurd back breaking fight, with an often suicidal design, supported by passion, often turning into fanaticism; it has left behind smoking debris and rubbles” (Cristoferi Realdon, 1981: 30). However, much of this ‘back breaking fight’, personal investments, painful attacks, only exist in the mainstream narrative in anecdotal form, its concreteness circulating through grey literature, in dusty boxes buried in basements, and in voices that do not often appear in dominant accounts of ‘the Basaglia experience’.

7.6. Disappearing from the headlines

After *La Pratica della Follia* attempted to re-cast Gorizia into national visibility in 1974, media attention on the city progressively faded away, shifting towards Basaglia’s work in Trieste. Indeed, as the newly appointed Director Giuseppe Carucci stated in November 1972, “the experience will continue, perhaps more quietly, perhaps without big headlines” (“Ho accettato l’incarico di Gorizia purchè non si faccia marcia indietro”, 1972). However, with Gorizia projected as the scenario of an “anti-Basaglia operation”, Trieste “instead of a place only 40 Km away, felt like the moon” (*O Gorizia, tu sei maledetta*, 1972).

The heated climate of protest that fills individual memories and dusty archives did not make it to the national news. There is no official archive that documents this ‘backbreaking fight’. The formation of C.O.S.P. hardly appears in the literature on psychiatric deinstitutionalisation, eclipsing the inflammatory contestations and debates that animated the community for almost twenty years.¹²² Instead, the

¹²² Most notably, the 1981 competition for the post of Director was at the centre of a fierce debate between trade unions, the Province and the local Communist Party. It was the Province that administered the competition, rather than the newly constituted U.S.L., and it was accused of manoeuvring such competition in favour of Analecto Realdon, already Director in charge of the institution at the time (*Un “siluro” a Cumpeta dai dipendenti dell’Opp*, 1981; *La direzione dell’Opp Una nomina contestata*, 1981). In addition, there were accusations against the Province of subtracting

juxtaposition between a previously revolutionary Gorizia, and a later reactionary city, became a recurrent media trope: “here, where the ‘revolution’ of the ‘new psychiatry’ began [...] they have not put the bars back onto the windows, but something has changed” (Psichiatria, 1973).

Upon their arrival, the new team was aware that they might “pass into history, for the contemporaries and the posterity, as reactionaries, fascists, and restorers of violence” (Cristoferi Realdon, 1981: 7). Indeed, they are still informally referred to as ‘the mercenaries’ by many former and current staff members (Angelo, Beatrice, Roberto, Francesco, Adriana). Significantly, these decades, from 1972 to the late 1980s, are still generally referred to as ‘the Restoration period’, both in the mainstream literature, and in informal conversations (Finiti i tempi degli "esperimenti" all'Ospedale psichiatrico di Gorizia, 1973; OPP: L'offensiva "restauratrice" dc è sfociata in danni irreparabili, 1973). Gradually, over these decades, the heated climate subsided, passionate protests and petitions waned, C.O.S.P. began to fade its meetings (Beatrice, Roberto), the letters on the pages of *Il Piccolo* became rare, as if exhaustion had taken over both parties. Among other practitioners across the country, Gorizia was generally considered “lost”, “one of the most backward situations in Italy”, or “a black hole” (Martino).

Conclusion

This chapter has outlined the vicissitudes of psychiatric practice in Gorizia during the first three phases I identified in my interviews, namely ‘the closed *manicomio*’, ‘when Basaglia was here’, and ‘when Basaglia went away’.

official documents, and of treating the competition as a ‘political issue’ (Il PCI chiede l’annullamento del concorso allo psichiatrico - Presto in provincia il bilancio triennale, 1981; Concorso per direttore dell’Opp: E’ diventata una disputa politica, 1981).

I have analysed Basaglia's body of thought in relation to the violence of the closed *manicomio*, as an objectifying and excluding institution, which rests upon a technical expertise that masks political agendas of social exclusion. I have then described the implementation of the Therapeutic Community in the psychiatric hospital of Gorizia, initially inspired by British models, as a reorganisation of the hospital according to criteria of socialisation and responsibility. However, as I have discussed, Basaglia and his team soon moved towards a more radical and politically informed critique of the institution, and envisioned alternative therapeutic structures for the mentally ill.

I have followed these events with a discussion of their portrayal in the local and national media, which shifted Gorizia's role in a project of alternative psychiatry, from an avant-garde experiment, to the site of an "anti-Basaglia operation" (O Gorizia, tu sei maledetta, 1972). However, I have outlined how this linear parable is not exhaustive, and how "stories of history" that include contradictions, rumours, gaps, missing voices, and affective attachments to certain narratives, complicate the linearity of 'history' (Davoine and Gaudillière, 2004: xxi). Contested but unacknowledged, scorching but sanitised under the banner of 'a pilot experiment', enveloped by regrets or persisting grudges, many of these narratives, changing projections, and inflamed controversies, have left traces across the decades and in the present, shaping modes of remembering, and forms of individual and communal identity. As a local journalist puts it, 'the Basaglia experience' has left a "mark on the whole city [and] Gorizia, afterwards, was never the same again" (Simoncini, 1996a: 7). In the next two chapters I will analyse how this 'mark' is manifested and enacted in cultural and clinical practices, where these affective experiences give rise to very specific practices of remembering and forgetting that are both private and public, individual and collective (Cvetkovich, 2003).

CHAPTER FOUR: PRACTICES OF REMEMBERING

Introduction

In the previous chapter, I have assembled personal narratives, social history literature, and media reports to outline the events around ‘the Basaglia experience’. In this chapter and the next, I will explore the ways in which the remembering crisis around these events is enacted in Gorizia. My answer to a question that a member of the team was repetitively asked, years after they had left – “and what happened in Gorizia?” (Pirella, 1984: 38) – lies in extending the question through time: what has been happening, and what is still happening in Gorizia? Throughout these chapters, this crisis gains a material texture and, like the Guattarian unconscious, it spills *and* it is dragged, in a mutual and performative relationship between structure and agency, the archive, its components and enactments.

In the present chapter, I will particularly focus on phenomena that partake in this crisis through channels that do not always have a voice of their own, but speak through constellations of voices and narratives, assemblages of objects, and physical spaces. I will discuss anxieties and silences that permeate the years of the ‘Restoration’ and their effects on shaping the notion of ‘atmosphere’ in Gorizia, also in relation to fantasies, myths, and nostalgic feelings for an idealised past, which constitute ‘Gorizia’ as a discursive and material *subject*. I will then outline some of the officially sanctioned forms of remembering ‘the Basaglia experience’ as practices of ‘restorative nostalgia’, and how these practices are haunted by informal feelings more akin to ‘reflective nostalgia’ (Boym, 2001). I will particularly refer to a number of public events that took place in 2011, and to debates around naming a street after Franco Basaglia. As I move on to describe and analyse the physical site

of the former psychiatric hospital, I will outline similar dynamics of official and non official forms of remembering and memorialising.

In the analysis of these phenomena, I suggest that, caught between cyclical amnesia and hyper remembering, various understandings of ‘the Basaglia experience’ circulate in a social economy of trauma, exacerbated by periodical attempts at rewriting the affective weight of this experience on the community throughout the decades.

1. Presences and absences

1.1. Hearing the unspoken

As I have discussed in the outline of my methodology, I suggest that in order to encounter the “entangled state[s] of agencies” (Barad, 2007: 23) of an assemblaged archive, the researcher must open her sensory apparatus to synaesthetic forms of listening and seeing (Cho, 2008; Blackman, 2012b). She must be ready to renegotiate her position, affects, personal beliefs and investments, since “[f]ollowing the ghost is about making a contact that changes and refashions the social relation in which you are located” (Gordon, 1997: 22), triggering mixed feelings of enchantment and recoil, attraction and repulsion toward the ‘atmosphere’ and the crisis of Gorizia. Forms of social haunting are often barely visible, acting in a “disturbance zone where things are not always what they seem, where they are animated by invisible forces” (Gordon, 1997: 46). This disturbance zone is dispersed across subjects, objects, places and feelings, and their assemblaged effects constitute the manifestation of the haunting, as “a very particular way of knowing what has happened or is happening” (Gordon, 1997: 8).

As Gordon points out, entering a haunted sociality means to realise that “[t]here is something there and you ‘feel’ it strongly” (Gordon, 1997: 50). As the ‘heaviness’ of the city unfolded throughout the months of my research, I realised that, indeed, ‘there was *something* there’ and, as it became increasingly crucial, ‘there was something *there*’. This *something* does not *belong* to a narrative, a body, a building, or a basement. It is not ‘caught’ and does not *pass* from one body to the next, but subjects and settings “get ‘caught up’ in relational dynamics that exhibit a psychic or intensive pull” (Blackman, 2012a: 102). This *something* is a quality of a setting and its effects, that moves between the psychic and the material, the past and the present, and it is also the imagining of this setting, and forms of belonging to it, beyond the boundaries of contained spaces.

1.2. Silences around ‘the Restoration’

If rumours and accusations had victimised ‘the good characters’ of the narrative, I also encountered the deep afflictions of the ‘foes’, submerged in the linear hospital parable and concealed in documents that, albeit publicly accessible, are of very limited interest for public visibility and consumption.¹²³ In these accounts, too, silence often imposes itself over the master narrative, and as the Health Councillor Perissin stated before the Provincial Committee, defending his 1972 article from accusations of ‘fascist behaviour’, “[t]he Provincial Council, by its nature, cannot remain silent, and cannot force anyone to be silent. The accusation I receive, instead, is that of having spoken” (Consiglio Provinciale, 09.11.1972).

¹²³ I am here referring, for instance, to the minutes of Provincial Council meetings which, in order to be consulted, had to be requested long in advance, since they are stored in archives located outside the Friuli Venezia-Giulia Region.

The veil of ‘Restoration’ over the decades of the 1970s and 1980s covers personal, political and emotional struggles of those involved in a fight “around this symbol-institution” (Cucco, 1973: 57), bypassing attacks, strikes, and protests. In the midst of this tension, each party justifies their action ‘for the sake of the patient’, whose voice disappears from the little literature available on these decades, only invoked as a silent measure of good practice in reciprocal accusations of carelessness. If patients’ voices had previously been employed to document the revolution (Zavoli, 1967; Vascon, 1971), their voices were now searched to document sentiments of abandonment and confusion (Cucco, 1973).

For the former patients I encountered, talking about ‘the closed asylum’ and ‘when Basaglia was here’ came as natural, even if at times troublesome. But for those who had been directly involved in ‘the Basaglia experience’, the 1970s, and in particular the 1980s, the years of the ‘Restoration’, or ‘when Basaglia went away’ was not spoken of. My gentle, if repetitive “and then...?” triggered few responses, even in those who, I was told, “never took part in that whole political scuffle” (Luciano, referring to Giovanni).¹²⁴

Giovanni: *With Basaglia, we had singing competitions... we even took a carnival cart into town...*

[Silence]

Elena: *And after Basaglia... did you...*

Giovanni: *Yes, well, we still... [silence]. With him and the team, we organised festivals, cooking competitions between the wards...*

Elena: *And did you keep singing, while...*

Lucia: *Afterwards?*

Elena: *Yes, afterwards, with the choir...*

Lucia: *No... we didn't do anything... [silence]*

Elena: *You didn't...?*

Lucia: *We didn't... they didn't... there wasn't anything, really... (non si faceva più niente)¹²⁵*

¹²⁴ Luciano is a former practitioner who worked in the general hospital and occasionally in the psychiatric hospital. Giovanni is a former nurse who began to work in the psychiatric hospital in 1966 (see pp.112-114).

¹²⁵ Lucia is a former patient of the psychiatric hospital (see pp.112-114).

Recollecting the 1970s and 1980s halts the enthusiastic tone in the interviews of those who had experienced the previous phase, ‘when Basaglia was here’. Enthusiasm is substituted by feelings that oscillate between anger and resignation. Eyes looked down, silences prolonged, shoulders shrugged with unease, as my recorder quickly became an uncomfortable, heavy presence that at times had to be removed.

[Entry from my journal, Gorizia, 14 December 2011]

I introduced the recorder to [Giacomo], asked if it was ok, explained about confidentiality, just for me, he interrupted, said I think it's ok, it depends on what you ask me, and smiled suggestively.

[Entry from my journal, Gorizia, 21 November 2011]

Today I called [Emilio]. He was reluctant to talk, then felt better when I said that I had already spoken to [Gaetano], and suddenly opened up, asked me questions about my university. He said he would meet me, he said it's been thirty years, but I'm not sure they've been enough. He said we can talk, but he might tell me things he would not want me to write. I said that's fine.

These gaps and quiescent tones are “ghost[s] of silence” that these decades produce in conversations (Mazzei, 2007: 21), absences that are very present, and presences that are demanding, even when invisible. These silences, reluctances, reservations and shrugging shoulders constitute sources of information and remembering practices that are central to the affective transmission and circulation of a crisis, for “few things are more eloquent than a massive silence” (Connerton, 2008: 67). Indeed, as a member of C.O.S.P. declared at *La Pratica della Follia*, in 1974, “[e]verybody knows what happened in Gorizia until 1972; few know what happened after that date” (C.O.S.P., 1975: 21).

1.3. Those who cannot speak

Many of the stories and anecdotes I was offered over the months began to fill the spaces of the former psychiatric hospital, the main square of Gorizia (Piazza

Vittoria), the surrounding countryside, the local shopping centres, or the current Mental Health Centre (C.S.M.), like they were animating a sunken ship.

It could not always be the protagonists of these stories who told them to me. If not everyone talks with ease about the Basaglia years, or when Basaglia went away, many others cannot. I have tried to look for them, and only found their traces in nurses' anecdotes and accounts. As "transgressive source[s] of information" (Mazzei, 2007: 65), these voices remain in my imagination and memory, they inhabit this research and spaces around Gorizia, carrying a coffee machine around their neck, watching aeroplanes flying by, afraid of bomb dropping, bathing with a coat on, hopping over lines on the pavement, being arrested for playing with a toy gun on the high street. They remain silent, but rather than "filling in these gaps", I "enter these empty spaces to find out what emerges, what one can learn from listening to silence" (Cho, 2008: 17). Crucially, the absence of these voices, the conversations I never recorded, the topics that were eschewed in my interviews, the 'facts' that I never verified, and the multiple truths I was offered over the same events, have a constitutive role in my evolving understanding of Gorizia's 'atmosphere' and 'remembering crisis', albeit making no sound.

In producing material effects on bodies, buildings, and relationships, they constitute particular forms of "somatic grumblings", as traces of missing stories of asylum patients, in view of the absence of their voices, and of archival material on their lives (Bennett, 2010c: 203). While Sarah Bennett's terminology is confined to the material site of a former hospital as a conduit of memories – in the form, for example, of the marks left on a wall by the door handle – I extend these grumblings to what is not touched by hands, but might circulate through and across both 'material' and 'immaterial' bodies (Blackman, 2012a).

1.4. Myths and rewriting

Even when these stories inhabit spaces of fantasy and myth, they are no less real than other ‘facts’, since “[n]onevents can mean as much as real ones” (Foot, 2009: 6) and fictions importantly work in establishing the sense of what is true (Bell, 2007; Walkerdine, 1990). The more residual, imprecise, and uncertain these stories are, the more concrete they feel. The more absent they are, the heavier their weight. The more insignificant they might appear within the grand narrative of History, the more powerful their effects on the present. Simultaneously transmitting gaps and uncertainties, and playing a fundamental part in a project of communal unity, fictions, memories, sighs, shrugging shoulders constitute and transmit a remembering crisis and an affective economy of trauma. Their ‘heaviness’, and their haunting potential, in fact, is not produced by ‘the original trauma’ – such as Basaglia’s radical ‘denial of the institution’, his departure, or the arrival of a new team – but by the fact that the traumatic effects of events have been kept hidden, cast into ‘oblivion’, ‘removed’, and re-written many times across the decades (Cho, 2008).

In this context, accounts *and* non accounts offer modes of communal self representation, where media and politics also contribute to transform and shape myths and fictions (Foot, 2009: 7). In fact, if the ‘Restoration’ resonates with silences, ‘after Basaglia left’, Gorizia did not simply disappear from the mediatised map of deinstitutionalisation. Rather, its image and narrative were employed at different stages, and with different roles, in the construction of a linear parable on deinstitutionalisation. After having been the “pilot hospital in Italy” (L'assessore Nardini in visita all'Ospedale Psichiatrico, 1967), the place where the “revolution”

had been “betrayed” (Rizzon, 1972), it became “Basaglia’s former feud”, where patients were “left confused”, “photographed so many times” (Cucco, 1973). As the popular catholic magazine *Famiglia Cristiana* put it, “[t]he exposure has taken place; they are still here: so old, sometimes, they don’t even serve the revolution anymore” (Cucco, 1973: 61). Importantly,

[w]ith time, in some cases, the myth substitutes reality, becoming the guiding force around which a certain story is told and transmitted. In these cases the myth has become history – it has taken on a life of its own, ready to be reproduced in various forms in literary and visual media (Foot, 2009: 18).

These shifts and myths simultaneously expose and erase, creating gaps and excesses, and within these shifts, in the attempt to find linear narratives and to project images of unity, there are memories that take over everything else, creating “terrains of belonging(s)”, where identity emerges from forms of “manufacturing cultural and historical belongings which mark out terrains of commonality” (Fortier, 1999: 42).

1.5. The circulation of ‘the Basaglia experience’

Many ‘microhistories’ in Gorizia (Foot, 2009) are not silenced or covered by secrecy. To the potential frustration of the listener, sometimes, they are almost hyper-visible, and some stories are repeated over and over. ‘The Basaglia experience’ in Gorizia, or ‘the Gorizia experience’ for the outsider, has some well known protagonists, some of whom “have become institutions” (Ippolito), and some well known anecdotes. Basaglia not signing the *brogliaccio*¹²⁶ in his first week of work; nurses’ strategies for exploiting the patients in ensuring the night shift was as quiet as possible;¹²⁷ Basaglia *suddenly* giving up E.C.T. treatments and refusing the

¹²⁶ *Brogliaccio* is the informal term employed in the area, to indicate the book which listed the patients that had been restrained to their beds during the night. In the morning, the Director of the hospital would routinely sign it.

¹²⁷ The nurse on the night shift would mix the tobacco of a cigarette with bread crumbs, and would instruct a patient to divide the two. Once the task was carried out, the patient would wake up the

use of medications; the dramatic increase in the use of medications; ‘the patient who had been to Auschwitz’, or ‘the story of the donkey’; ‘the mercenaries’ who ‘destroyed everything’.

Some anecdotes were being repeated in the interviews, at times even in the exact same language, as if rehearsed, performed over and over.¹²⁸ Participants themselves looked for anecdotes I had not heard before, and felt delighted when they offered me new information.

...And then, there was the patient who would walk around with a colander... didn't [Adriana] tell you about this?
(Roberto – former nurse)

Giovanni: *When Realdon was Director, we'd go to work with a taxi...*

Elena [surprised]: *really?!*

Giovanni [surprised]: *You didn't know this?! Oh, I'm happy I told you!*¹²⁹

1.6. A ‘Godforsaken spit of land’

1.6.1. The circulation of ‘the Gorizia experience’

To my initial bewilderment, and an almost selfish concern over the originality of my research, I soon realised that many participants had been interviewed before, throughout the years, and that for many of them reassurances over anonymity were unnecessary.

nurse and win the tobacco. The same task was then given to another patient. Nurses had calculated that in this way they would be woken up every half hour, so that they could stamp their night shift card, as it was required, to testify s/he had been awake all night (Basaglia, 1971a).

¹²⁸ After my initial interview with former nurse Roberto, during each following meeting he often repeated some of the anecdotes he had already told me, at times even using the same words and sentences, and yet his eyes filled with tears every time. In addition, the memories that Lucia recalled about being locked in the cage (see p.153) have been reported in *L'Istituzione Negata* (1968), and employed in various feature films on Basaglia (Agosti, 2000; Turco, 2010). During the interview, Lucia herself told me she is “famous”.

¹²⁹ Roberto, Adriana and Giovanni are former nurses who had begun to work in the hospital respectively in 1960, 1965, and 1966 (see pp.112-114).

Elena: *It's all confidential, I will change the names and...*

Lucia: *Oh, don't worry, everyone knows me, someone told me I am even [quoted] in books! [...] and then I went to Rome, to the Costanzo Show!*¹³⁰

Elena: *I see, on TV?*

Lucia: *Yes, yes, on TV, I spoke even on TV [...] I've done so many interviews...*

Elena: *Many, yes?*

Lucia: *Yes, many, and they all asked me about Basaglia, like you, I think... they asked me about all the... and then they showed my interviews on TV, and I was ashamed... why do you want to show such things? They were ugly things to show...*¹³¹

Some interviewees, on the other hand, were openly weary of telling their stories, and agreed to meet me only after I had explained that I was not a journalist, I was not writing yet another article on 'Basaglia in Gorizia'. I was doing something different.

Elena: *And have you been interviewed over the years...*

Francesco: *Oh, yes, yes, all the newspapers, so many! Sometimes someone comes and... to be honest, I've had enough, always, tell that story...*

Elena: *Oh, I'm sorry I...*

Francesco: *No, no, I mean, I'm happy to do it when it's useful, but some of them don't care, they just want to write the article, or make the movie, or...*¹³²

In this context, the popularity of the latest film produced on Basaglia and his work in Gorizia and Trieste (Turco, 2010) can be inserted in a cycle of celebratory memory practices. In fact, many research participants asked me, at some point during the interviews, whether I had seen the film, and what thoughts I had on it. Many proudly explained how they helped the director to collect data for the film, and how they had been interviewed by Turco and his team.

Some, still, are ready to go to lengths for the 'buried' and the 'non-spoken-of' to emerge, bending rules and straying from bureaucratic paths, showing me areas where access was restricted and admitting feelings of 'saddened enthusiasm' at my own enthusiasm in front of, for example, the Direction basement.

¹³⁰ The *Maurizio Costanzo Show* (or *Costanzo Show*) was a popular television program, that ran from 1982 to 2009, as the longest ever running talk show in the country. It was created and presented by journalist Maurizio Costanzo, and featured interviews and debates on cultural and political topical issues (*mediaset.it*).

¹³¹ Lucia is a former patient of the psychiatric hospital.

¹³² Francesco is a former nurse who had begun to work in the psychiatric hospital in early 1961 (see pp.112-114).

With some of these protagonists, it took a progressive bonding, and informal conversations that often drifted away from the hospital and its history, before I felt I was entering a dimension of trust, and accessing information that pertained to a whole different register, beyond ‘data’ and ‘facts’. Furthermore, it was only by meeting and engaging with many ‘marginal characters’, usually missing from the mainstream narrative – and never interviewed throughout the decades – that this psychic economy of trauma progressively gained its texture.

1.6.2. The effects of ‘Gorizia’

Between the unspoken and the hyper visible, the officially sanctioned and the pauses in the recorder, ‘the Basaglia experience’ appears to have radical effects on many subjects that are part of its history. Accounts and shared understandings that disclose these forceful effects simultaneously contribute to shape the perceptions of the ‘atmosphere’ and ‘character’ of Gorizia, and are also deeply informed by these perceptions themselves.

I have no interest in psychiatry whatsoever anymore. I don't know what's going on there, I don't care. After what happened, I don't want to have anything to do with Gorizia and its hospital.

(Gaetano – former Provincial Councillor)

However, as this passage implies, it is not just ‘the hospital’ that has generated an ache, but ‘Gorizia’ as well. Gorizia amplifies, digs out, torments. It feels heavy, it makes you feel inert. It shatters relationships, reconstructs them, reassembles them, creating wounds that are dispersed across rapports and places. It is ‘heavy’ and fascinating, it pulls you in and pushes you away. As I was told by a member of staff at the Mental Health Centre, “be careful, you might catch the Gorizia syndrome and you’ll never want to leave again” (Bruno).

[Entry from my journal, London, 8 March 2012]

I've been looking at the past pages, it all already feels so far away. It was awesome and traumatic to get back here. I've cut something.

I bitterly recalled my first visit to Gorizia, when I felt like breathing fresh air, and I felt touched and comforted by the sensation one of the 'mercenaries' described upon her arrival from Padua: "I can understand why one can stubbornly love this land, as much as I later understood how much one can hate it" (Cristoferi Realdon, 1981: 4). Arriving to the "famous Psychiatric Hospital of Gorizia" (Cristoferi Realdon, 1981: 3), the physicians, the 'mercenaries', ask themselves repetitively, "[w]hat was Gorizia for us?" (Cristoferi Realdon, 1981: 4).

Fabrizio: *From 1972 until three years ago [2008], I never went to the Psychiatric Hospital. To Gorizia.*

Elena: *It just... it never happened...?*

Fabrizio: *No, no, I did not want to go there, I did not want to go there and see... what, the havoc...¹³³*

Elena: *How did things change when you left [the job as a nurse] and came to work here?¹³⁴*

Roberto: *I have never entered the manicomio again.*

Elena: *What about the park...*

Roberto: *Maybe, once, just for a little while, I have some... there are things that hurt.*

1.6.3. Gorizia as a subject

'The city of Gorizia', 'the character of Gorizia', 'the history of Gorizia', and 'Gorizians' became insistent and recurring tropes in conversations and in much of the literature. In order to access the meanings and qualities of these notions, the researcher must credit the ephemeral, the impalpable, embracing that "*you can feel that it's a city that has suffered*" (Bruno), and she must reflect on the ontological and epistemological assumptions around "what is not seen, but is nonetheless powerfully

¹³³ Fabrizio is a former physician who was part of the Basaglia team in Gorizia (see pp.112-114).

¹³⁴ After leaving his position as a nurse at the psychiatric hospital between 1974 and 1975, Roberto found a new job, and opened a small kitchenware shop in Gorizia.

real” (Gordon, 1997: 42). I approach the relationship between the human and the non human, the material and the discursive, in terms of interpenetration, entanglement, and relationality (Blackman, 2012b; Blackman, 2012a). In this sense, narratives, gaps, cultural practices, recurrent anecdotes and officially sanctioned history are conceived in terms of “co-enaction, co-constitution and co-evolution” (Blackman and Harbord, 2010: 306), in assemblaging ‘the character of Gorizia’ and its “communal affective atmospheres” (Wetherell, 2012: 141). In this context, narratives about the past deeply affect an understanding of ‘atmosphere’ in the present, as verbal manifestations and expressions of the haunting effects of social history. Their heaviness is deeply ‘felt’, and it crucially constitutes Gorizia and its ‘atmosphere’ as *subjects*, with the potential of affecting events, and as “territories of belonging” (Fortier, 1999: 42), where understandings of ‘the Basaglia experience’ are inextricable from the geographical phenomena of and around ‘Gorizia’. Gorizia as a model hospital, Gorizia as a failed experiment in psychiatric care. Gorizia as hospitable, Gorizia as mistrustful. Gorizia as a fascist city, Gorizia as a wounded city. Gorizia as divided by the border, Gorizia as a cultural melting pot.

...the Director [Basaglia] told me, you come from a wonderful city [Perugia]... you've come to this Godforsaken spit of land... jingoist and fascist. I remember when he said it just like this, and there were people around... this is not a city, it is a Godforsaken spit of land, jingoist and fascist.
(Aurelio – former head nurse)

These tropes, that effectively turn ‘Gorizia’, its ‘character’ and its ‘history’ into subjects, exist in liminal spaces, between the material and the discursive, the impalpable and the concrete, and “between psychic and social history” (Cho, 2008: 151).

1.6.4. Atmosphere

The ‘atmosphere’ of Gorizia is therefore constituted by an entanglement of fantasies over the Habsburg period, the “wind that makes you swear” (Fabrizio), its “tranquillity and quiet” (Paola), its “immobility and drowsiness” (Maurizio), the remains of two World Wars, the clear blue colour of the river Isonzo. The missing material on ‘the Basaglia experience’, the clashing conceptions of what that ‘experience’ has actually been, the bodily manifestations of Gorizia’s ‘heaviness’, the cheap fuel ‘on the other side’. The heavy rate of alcohol consumption, the heavy police presence, the clear sea nearby, the Karstic mountains at the horizon, articles on “the city where you just can’t” (*la città del ‘no se pol’*) (Fain, 2010).

While the “fundamentally spectral engagement trauma occupies to place” (Trigg, 2009: 88) is central in forming and sustaining understandings of ‘atmosphere’, this magnetism can hardly be conceived as a ‘push’ of ‘space’, which individuals are unaware of and susceptible to, and which can be ‘engineered’ into landscapes (Thrift, 2008b; Thrift, 2009; Thrift, 2008a). While I follow Nigel Thrift in challenging solely representational frameworks, and I suggest that ‘Gorizia’ and its ‘atmosphere’ have degrees of agency over forms of remembering and various understandings of ‘the Basaglia experience’, I eschew a pre-individual and a-subjective conception of these terms. In investigating the affective relations between the human and the non human, the palpable and the ethereal, I insist on a framework of co-constitution that involves psychic investments and mediation, as well as discursive and material practices (Blackman and Harbord, 2010). In arguing for a “distribution of subjectivity” and a “melding between subjects and their ‘environments’” (Thrift, 2008a: 85 and 83), I maintain the psychic and social complexities of ‘subjectivity’. In other words, ‘space’ and its e/affects do not ‘get

into an – inattentive – subject’ (Thrift, 2008a; Thrift, 2010), but enter a dialogue with fantasies, imprecise memories, and defence mechanisms that shape individual and collective dynamics of meaning making.

1.6.5. Nostalgic remembering

In this ‘melding’, or bonding, between subjects and spaces, the perceived ‘atmosphere’ of Gorizia is a mediation that manifests in the “solid if not always conscious connection with the history of the city”, also framed as an “identification of its citizens with the history of the city”, as a local historian describes (Fabi, 1991: 229 and 231). This ‘connection’ or ‘identification’ between Gorizians and Gorizia, and between – their – past and present is also described as a “tenacious and almost morbid relationship that many citizens interweave with objects and ‘old’ images of their city, the attachment to buildings and symbols” (Fabi, 1991: 231). This nostalgic relationship with the past is an important, socialised and affective form of meaning-making that shapes and is in turn shaped by understandings and descriptions of ‘atmosphere’. In fact, nostalgia, as a way to characterise the relationship with one’s past, is “not the inner space of an individual psyche but the interrelationship between individual and collective remembrance” (Boym, 2001: 41). As a form of social, temporal and spatial mediation, nostalgia becomes the “intermediary between collective and individual memory” (Boym, 2001: 54), where the private and the public meet, and these encounters are enacted in official cultural practices, non official forms of remembering, and embodied sensations, as the next chapter will also outline.

These encounters, or “romance[s] with the past” (Boym, 2001: 11), are forms of mediation between memory and imagination, moving sideways between the past and

the future, calling for the “repetition of the unrepeatable, the materialisation of the immaterial”, and forms of longing for a dimension that no longer exists – and might have never existed (Boym, 2001: xvii and xiii).¹³⁵ At the intersections between the private and the public, the present and the past, the individual and the social sphere, nostalgic feelings confuse “past and present, real and imaginary events” (Boym, 2001: 3), affecting the remembering of the past, the re-imagining of the present, and the envisioning of the future. An ‘atmosphere of nostalgia’ is therefore a central component in framing the remembering crisis on ‘the Basaglia experience’.

As I will discuss in the remainder of this chapter and in the next, the relationship with ‘the Basaglia experience’ is mediated by nostalgic feelings that are both ‘restorative’ and ‘reflective’ (Boym, 2001), focusing both on *nostos* (return), as the desire to rebuild a lost past, and on *algos* (pain), as forms of wallowing in the pain of loss (Boym, 2001: 41).

2. Events

2.1. Divulging knowledge?

I conducted most of my fieldwork in 2011, the year of the recurrence of the first construction of the psychiatric hospital in Gorizia (1911) and the fiftieth anniversary of Basaglia’s arrival in the city (1961). Four major public events were organised in Gorizia to celebrate these recurrences (see Figure 31). A recent publication by several members of the original teams in Gorizia and Trieste was launched in

¹³⁵ While ‘nostalgia’ already appears in ancient Greek poetry, the current understanding of the term derives from the work of Swiss physician Johannes Hofer who, in the seventeenth century was observing forms of homesickness in Swiss mercenaries. This desire to return to one’s homeland that produced “erroneous representations that caused the afflicted to lose touch with the present”, later became a trope of Romanticism as a form of melancholia of the traveller (Boym, 2001: 3 and 12). As a ‘mania of longing’, coupled with enhanced capacity for remembering sensations, the concept of nostalgia progressively came to encompass some symptoms of melancholia and hypochondria (Boym, 2001: 4 and 5).

February (Venturini et al., 2010); the latest film *La Città dei Matti* was screened in the local cinema in June (Turco, 2010); a monograph on the history of the first construction of the psychiatric hospital was launched in October (A.S.S. 2 Goriziana et al., 2011b; Plesnicar, 2011); and a two-day symposium on Basaglia's work took place in November (A.S.S. 2 Goriziana et al., 2011a).



Figure 31: Leaflets of 2011 Events

I will here address these last two events, as they particularly speak to practices of public performances of remembering, and raise questions on the pedagogical, political, and social implications of these practices. As public platforms for the production and divulgation of historical knowledge, and forms of public remembrance and commemoration, these events also speak to the community's frustrations with the remains of 'the Basaglia experience'. As *Il Piccolo* reports,

[a]nd what remains of Basaglia in Gorizia? Nothing, the Basaglian former nurses Bianchini and Sosol reply. “Why don’t we name a street after him? Why don’t we host an exhibition on the *manicomi* like they did in Reggio Emilia two years ago? There was the idea of having a symposium, on the 30th anniversary of his death [2010], but even this, *we let ourselves be robbed of this idea by Trieste*.¹³⁶ [...] Everywhere, on the 30th anniversary of Law 180 [2008], there have been celebratory events. In Gorizia, nothing” (Fain, 2010, my emphasis).

2.2. **Conoscere e Sperimentare per Evolvere, October 2011 (‘Knowing and Experimenting to Evolve’)**

Elena: *The event started with a screening of I Giardini di Abele (Zavoli, 1967)...*
Ippolito: [smiles and sighs] *Ah, that’s something we’ve never seen before...*¹³⁷

After the screening of the documentary, speakers discussed a number of recurrent ‘hot topics’ around psychiatric care in the area, ranging from the scarcity of public funds, to the need of reducing stigma and improve prevention.

Before the author’s presentation of the monograph, the Director of the local Public Library addressed the issue of archiving the recent history of the *manicomio*, with an announcement, and a plea to the audience. In attempting to create the bases for a Basaglia Museum, or a Basaglia Archive in Gorizia, the institutions are faced with the lack of material evidence:

Surprisingly, we don’t have Basaglia’s chair, we don’t have the minutes of the assemblies, we are missing copies of the internal magazine, which have been recently requested by an external researcher. If anybody in the community owns any material on Basaglia’s work in Gorizia, please, donate it to the library. We would be happy to keep it for you (Marco Menato).

The ‘external researcher’ that Menato referred to was me, unaware of my presence in the audience. In fact, I had by chance mentioned the existence of the magazine *Il Picchio* to a librarian, and realised that these institutions had neither the knowledge

¹³⁶ While the passive form ‘we let ourselves be robbed of this by Trieste’ might not be an optimal translation, I have chosen to maintain the passive verb in its original form (“ce lo siamo fatti scappare da Trieste”), as it best preserves a sense of resignation that seems to partly characterise the ‘atmosphere’ of Gorizia (Stasi, 2005-2006).

¹³⁷ Ippolito is a member of Franco Basaglia’s family (see pp.112-114). *I Giardini di Abele* (Zavoli, 1967) has become the main filmic reference on the history of Italian deinstitutionalisation, periodically deployed in commemorative events and occasionally screened on national television.

of, nor the interest in the magazine, before I raised the issue. My involuntary intervention in the foundation of a “Basaglia Archive”, or a “Basaglia Museum” – which, to my ears had began, over the course of the months, to sound more and more like a “Basaglia-something” – made me feel frustrated, increasingly cynical and disillusioned, on what I perceived to be the actual interest of these institutions in such material.¹³⁸

On the one hand, walking out after the book launch and overhearing a member of the audience saying the event felt like “a big soup of whatever they could put together”, spoke to my growing cynicism. On the other hand, I was forced to contemplate the hypothesis that my frustration was perhaps a form of anxiety and a defence mechanism – my research questions revolving around ‘missing material’ and ‘absent archives’. Through my disgruntlement and anxiety, I was effectively – and affectively – entering the assemblage of the cyclical tensions, and the under and over exposure of this story. This is an assemblage that, at this stage, was apparently striving to make itself visible, in a city that needs to “recuperate its memory”, its archives, its spaces, and to “re-launch itself as the city where ‘it all began’” (A.S.S. 2 Goriziana et al., 2011b).

2.3. *Cominciò nel '61, November 2011 ('It started in 1961')*

The idea of ‘where it all began’ was indeed the focus of the following event organised to commemorate Basaglia’s arrival in Gorizia, in November 1961. The event was organised by the local A.S.S. 2 Goriziana, the Province of Gorizia, the

¹³⁸ When I expressed my interest in the material that constitutes the Moser archive, in the winter of 2012, the current owner of such material decided to signal to the local library the existence of this archive, and she offered to donate it the library. The Director of the library showed great enthusiasm, and he agreed to the filing of such material, after I finished consulting it. However, after my fieldwork, the boxes have remained with the current owner, and the library has not yet pursued the filing of this material.

Municipality of Gorizia, and the University of Udine.¹³⁹ The two-day symposium can be seen as emblematic, displaying many of the controversies intrinsic to ‘remembering Basaglia’, ‘where and how he should be remembered’ and ‘who’ the delegates of this practice are, or ought to be.

The first day was animated by former practitioners who had worked with Basaglia, who gave a ‘practical’ and ‘emotional’ nuance to the event. By contrast, the second day focused on the theoretical aspects of such work, and it had a much more intellectual and dry tone.

Due to a rather poorly organised time schedule, all the slots destined to discussion and questions were suppressed. As a former nurse later told me, “Basaglia’s work was all about discussing, debating... [at the symposium] there were just their points of view... it was ridiculous, I actually wanted to leave!” (Angelo).

To the surprise of several audience members I discussed the event with, ‘the real people’ were missing. “No patients, no nurses, no families... just the managers and the intellectuals, and those self-professed continuators... [...] Who are these people? Never seen them before! I decided not to go on the second day” (Angelo).

However, if there was lack of representation of former nurses, a vast proportion of the audience was made up of ‘young nurses’.¹⁴⁰ Thrilled at this realisation, I later felt puzzled at constant droning sounds of private conversations, smartphones bustling, and distracted doodling in the audience. This puzzlement turned into disappointment, as my cynicism on the interest of institutions and health care workers was bitterly substantiated, when I was handed a test on the content of the symposium, together

¹³⁹ While the Foundation Franco e Franca Basaglia is also listed in the program, as a member of the Board of Directors explained, the Foundation did not participate in the organisation, and only subsidised it, “as it seemed right and proper” (Cinzia).

¹⁴⁰ In the next chapter, I will explore the informal distinction between ‘old nurses’ and ‘young nurses’ that recurs in conversations with staff members of the psychiatric services in Gorizia.

with a form for participating nurses to fill in, in order to gain work credits.¹⁴¹ My analytical attempts to find a meaningful interpretation of these phenomena was lambasted and crumbled, as the answers to the test were read out loud by the conference organisers, at the end of the second day, before the nurses submitted their papers for examination.

After the mayor opened the first day with the personal memory of being “a witness at the time” and the acknowledgement that “we made a mistake. Gorizia realised too late how important this thing was [*questa cosa*]. Now, we need to remember it” (Ettore Romoli), he left the event, as did a number of other public figures after their introduction, in the first hour of the first day.

2.4. Official practices of remembering

In the letter that the Basaglia team wrote to the hospital staff upon their departure in November 1972, which I discussed in Chapter Three, they stated they were “deliver[ing] to the nurses, the patients and *the whole city*, not only the experience, but also the duty to continue and to decide *what to do in the future*” (Simoncini, 1996a: 14, my emphases). Central to a discussion around how ‘the experience’ and its ‘continuation’ have been appropriated by the city, and what it ‘did with it’ ‘in the future’, are the discrepancies between official and non official forms of remembering and forgetting, which animate this chapter and the next.

Gorizia’s remembering crisis *circulates* and it is *enacted through* the gaps and contradictions between the formal and the informal, the private and the public, public interest and micro-practices of disinterest, where ‘the Basaglia experience’ is

¹⁴¹ The nurses that completed their training after 1992 are required to attain 150 ‘work credits’ every three years. As a nurse in Gorizia explains, these are generally gained by attending selected workshops and short training courses, which can be both privately or publicly organised and subsidised. It is not necessary for the topic of the course to be directly relevant to the area in which the nurse is currently working (Paola).

evoked and commemorated without “the real people” and ‘Basaglian’ forms of “discussing and debating” (Angelo). Official forms of divulging knowledge and “paying homage to Basaglia” (Scandolaro, 2007), that I will further investigate below, can be understood as practices of restorative nostalgia, periodical forms of anamnesis, or ways to “recollect the old, to produce the new” (*re.press*),¹⁴² and to shape ways of understanding the present.

At the centre of this remembering crisis there are the various and contested forms of understanding what “this thing” has been, as the mayor defined it, in interpreting the role of the city in relation to “the value that Basaglia’s psychiatric revolution had worldwide”, which he “started right here, in Gorizia” (Bianchini, quoted in Bisiach, 2011a). The attempt to “*remember* this thing”, acquiescing that “we made a mistake”, while not fully acknowledging either the disputes around “what this thing was”, or the ‘oblivion’ and ‘removal’ of the legacy of such a non-acknowledgement, generates “a black hole in collective memory”, and “when such forgetting is made official, one must question what the psychic implications are” (Cho, 2008: 12). The effects of these practices create forms of social haunting, cyclical practices of hyper-remembering or disinterest, that are profoundly connected to the community’s integrity and circulate through objects, public events, debates staged in the local media, and affectively charged geographical sites.

¹⁴² In medical terms, ‘anamnesis’ refers to the medical history or medical record of a patient. Interestingly, it is also the name of a book series published by *re.press*, which has, for example, published *The Speculative Turn* (Bryant et al., 2011a), as part of a movement in contemporary philosophy which questions anthropocentric perspectives, which I discussed in Chapter One.

3. The (former) Psychiatric Hospital of Gorizia

3.1. Psychic significance

3.1.1. Narratives of place

In introducing a photographic book on American abandoned psychiatric hospitals, neurologist Oliver Sacks recognises that “[w]e tend to think of mental hospitals as snake pits, hells of chaos and misery, squalor and brutality. Most of them, now, are shuttered and abandoned – and we think with a shiver of terror of those who once found themselves confined in such places” (Sacks, 2009: 1).

Notwithstanding my interest in the history of psychiatry – particularly its unfolding under rubrics of ‘anti-psychiatry’ – before I visited the former psychiatric hospital of Gorizia, I had never come close to an asylum, and to the “grandiose but melancholy architecture” of such a space (Sacks, 2009: 5). During this first contact with the shivers, the fantasies, and the turmoil that this place produced, a doctoral proposal was beginning to lurk. Questions were forming, not only about the lives that had traversed these buildings (Penney and Stastny, 2008), but also about the role, the psychic pull, the political effects that these buildings had exerted for this community, and for the history of Italian psychiatry. These questions perhaps initially fetishised the walls of this place – as the limen between the inside and the outside, and as a section of the national border.¹⁴³ During the course of my research, however, they shifted towards the role of this space in shaping and carrying forward the legacy of remembering ‘the Basaglia experience’.

¹⁴³ One of the external walls surrounding the complex, on the East side, runs on the border between Italy and Slovenia (see Figures 8, 33, and Appendix E), potentially inserting this space into a wider geopolitical debate. While I initially expected this fact to have a strong political significance for the community and the research participants, much to my stupor the issue was rarely raised, and almost only in relation to anecdotes on patients escaping from the hospital and being seized by Slovenian guards.

The debates over the urban requalification of former psychiatric hospitals across the decades have focused on the necessity of accommodating their scientific and cultural roles with individual narratives (Luciani, 2002), in an “uncomfortable heritage of science and suffering” (Grandi, 2002: 8). In fact, (former) psychiatric hospitals are not only geographical locations, but they are inextricable from feelings and memories of (former) patients and staff, as well as the local community. Their cultural and affective significance exceeds their roles as bygone spaces of treatment (Parr et al., 2003: 341), and the material site is therefore entangled with individual and collective psychic investments.



Figure 32: Exterior of the former Kitchen building, September 2011

The circulation of contested narratives around this institution indeed affects the state of this site, and the effects on its visitor. From the ‘famous cage’ described by a former patient (see p. 153), to the “enclosed spaces, high up, 10, 12 meters, with a mesh” that a physician saw from the general hospital, on the opposite side of the road, where patients would “walk back and forth... like beasts in a cage, really” (Luciano), to the patients working in the colony, who projected the idea to a young

boy in the 1940s that “it can’t have been that bad” (Gaetano). And then the narratives around “this thing”, ‘the Basaglia experience’, the ‘whole world being here’ (Adriana), the balls, the ‘the singing competitions’, ‘the Miklus case’, the ‘Restoration’. The hospital, a “highly laudable exception within the backwardness of [other Italian] institutions” (Medici senza camice per una coraggiosa riforma, 1968), or “something external to the city, that create[d] terror, and that also provoke[d] a certain aggressiveness in the residents of Gorizia” (Isman, 1968). The hospital, a sunken ship animating anecdotes throughout the decades, the ‘denied institution’ (Basaglia, 1971a), the “forgotten institution” (Simoncini, 1996a), the “cursed hospital of Gorizia” (O Gorizia, tu sei maledetta, 1972). Both as a subject and a stage for the unfolding of a remembering crisis, the site of the hospital is central to many narratives and projections around ‘the Basaglia experience’ and, crucially, to various understandings of what this ‘experience’ has entailed.



Figure 33: Gate on the East wall, September 2011

3.1.2. Psychic objects

From the trees to the isolation chambers, through the former bar, the old hairdresser salon, the wards, the kitchens, and the Direction building, the (former) psychiatric hospital is a relational space, always under construction, a product of affective engagements and interactions (Massey, 2005). It is psychically porous, virtually and actually produced through real and imagined experiences that circulate beyond its walls, with contested meanings for the community (Blackman and Harbord, 2010), simultaneously a concrete space and a psychic object (Walkerdine and Jimenez, 2012; Walkerdine, 2010).



Figure 34: Window of the former Kitchen building, September 2011



Figure 35: Lock outside former Ward B Female, February 2012

Valerie Walkerdine's work on deindustrialisation (2010, 2012) offers a platform for exploring the role of specific buildings as both material places that undergo concrete

changes and interventions, and as ‘objects of fantasy’ for the community. Notably, while Walkerdine analyses the physical disappearance of such sites as a threat to communal identities, in Gorizia the buildings of the hospital, the park, the traces of the old meshes, and the external walls, while they have changed over the decades, they have not disappeared. Instead, the insistent presence of the site, the state of its locales, and the debates that surround it, play a crucial role in attempts to establish a communal understandings of what “this thing” has meant, and what it still means, in and for Gorizia. As ‘psychic objects’ within a remembering crisis, I do not approach the hospital complex and the building of the Mental Health Centre (C.S.M.) as *representations* or “*symbols* of memory and nostalgia”, but as “*contexts* for remembrances and debates about the future” (Boym, 2001: 77, emphases in the original).

3.1.3. From the boundary to the centre

In Walkerdine’s work, the closure of Steeltown’s factory¹⁴⁴ brought forth, together with rampant unemployment, a collective trauma that demanded a renegotiation of individual roles, identities, and practices. Drawing from the work of Didier Anzieu (1989), Walkerdine (2010) posits that the factory, an object at the *centre* of the social texture and the town itself, had important effects on the *boundary*, or the skin of the community, ‘holding its members together’ in a material and in a psychic sense.¹⁴⁵

Walkerdine proposes that the closure of the factory represents a physical breach into

¹⁴⁴ Walkerdine maintains the anonymity of the Welsh town, and throughout her work, she uses the term Steeltown (Walkerdine, 2010; Walkerdine and Jimenez, 2012).

¹⁴⁵ Anzieu’s concept of the Skin Ego can be understood as an envelope coterminous with the body, and fundamental for the sense of identity. While the skin supports the muscles, the Skin Ego supports the psyche, with important functions of protection, containment and individuation (Anzieu, 1989). Walkerdine (2010) takes this argument further, extending it from the individual to social relationships, connecting the individual and the social in the formation of a community, ‘held together’ by a ‘psychic skin’ that gravitates around the steelworks.

this membrane, “a process of breaking down the sense of containment through trauma” (2010: 97). Once the steelworks closed, the community was left with a twofold sense of emptiness: an “affective empty space where there had once been an object” (2010: 99) and the very material absence of the old factory, quickly razed to the ground after its closure.

The psychiatric hospital of Gorizia, on the other hand, while existing at the *margins* of the city – but not in an isolated countryside, and as one of the first buildings one encounters when entering from Slovenia through the San Pietro / Šempeter border crossing (see Figure 8 and 33) – has important repercussions on the community’s understanding, as fulfilling a number of roles throughout the years in local debates and in the national media. The negotiation of individual and collective sentiments has been made necessary not by the demolition of the space, but by its insistent presence and its state across the years. Periodically inscribed with new meanings and surrounded by heated debates, it represents a highly contested “disaster area[s] in which the social fabric creases (crises/creases) or tears” (Davoine and Gaudillière, 2004: 13) (see Figures 32-35 and 37).

4. The site of the hospital

4.1. Topography of the complex

As both topographic and discursive elements of the legacy of ‘the Basaglia experience’ in Gorizia, there are two sites that play a prominent role in and for the community. First, the park that hosts the former psychiatric hospital complex and second, the current Mental Health Centre (C.S.M.) and 24 Hours Centre, located on

the opposite side of the road, inside a building that was part of the local General Hospital until 2009 (see Appendix E, Figures 4, 36 and 52).¹⁴⁶



Figure 36: View of the former General Hospital, from the first floor of the Direction building, October 2011

The former psychiatric hospital of Gorizia is a complex of buildings surrounded by a wall, and immersed in a park. When it functioned as a hospital, it consisted of four male wards, and four female wards (A, B, C, D). Patients would be assigned to each ward according to their condition: A wards were for observation and short stay; B wards were for acute patients; C wards were for long-stay and elderly patients; D wards were for long-stay patients who were fit enough to work in the hospital premises. Several other buildings constituted the psychiatric hospital as an almost independent community, or an autonomous citadel, with a bakery, a church, stables and a large agricultural colony, a hydroelectric plant, residences for the Director, the bursar, the head nurse, and a group of nuns who were mostly responsible for the

¹⁴⁶ The General Hospital of Gorizia was relocated in 2009, and the building currently hosts smaller wards, such as the vaccinations department, or oncology scanning facilities.

women's wards.¹⁴⁷ The entrance to the complex is in front of the Direction building (see Figure 3).

The original complex was subjected to a number of alterations over the years, and buildings were progressively assigned new functions (see Appendix F and H).

4.2. The state of the park

Given my interest in the history of psychiatry, during my first visit to Gorizia, in the summer of 2007, my partner and his family took me to visit the site of the former hospital. The indignation I felt at the sight of the neglected buildings and green spaces, where “there [was] no monument to remember the suffering of a past that ha[d] not been buried yet” (Chi non volò dal nido del cuculo, 1988), largely motivated my doctoral proposal. The state of the place was, and still is, so unkempt and ‘gloomy’ that the viewer asks herself ‘how is this possible?’ (see Figures 32-35 and 37). In fact, as journalist Francesco Fain reports in the local paper,

as a remembrance of Basaglia there is the park, that should be immaculate, given that this is an area that marked the history of Italian psychiatry. Instead, the vegetation hides the wreckage [...]. In this embarrassing situation, Basaglia is probably turning in his grave, given the attention that Gorizia is paying to his figure (Fain, 2012c).

While many abandoned asylums in Italy, Britain, and the U.S., are in a state of decay (see *County Asylums: Recovering the asylums and mental hospitals of England and Wales*; Payne and Sacks, 2009), this park grotesquely hosts the headquarters of the Local Health Company (A.S.S.) (Building 8.1 – see Appendix E), as if a wound was lying open, oozing, as a reminder of psychic removal.

¹⁴⁷ Agriculture and farming in the colony and the stables, and work in the bakery or in the typography are examples of activities that patients carried out, conceived within a logic of work as therapy (Simon, 1990). The unpaid labour of the patients would help to limit the expenses for the maintenance of the hospital, and they would allegedly benefit from fresh air and physical activity (Amministrazione Provinciale di Gorizia, 1996).



Figure 37: External wall of former Ward B Female, September 2011

However, if the deterioration of the space initially appears as obliterating narratives of suffering, merely clinging onto that indignation would be another way to erase a prism of marginalised narratives, within a “fabric of erasure” (Cho, 2008: 17). Instead, when this indignation is assemblaged and put into a dialogue with, for example, inaccessible sources, paused recorders and hyper mediated narratives or discourses, it assumes an important meaning within Gorizia’s remembering crisis. Approaching this space through a theoretical framework that understands trauma and psychic removal as productive features, might reformulate the visitor’s indignation into a question over ‘what does this state mean? And what does it do?’. The ways in which the space of the psychiatric hospital is heavily charged for the community long predate ‘the Basaglia experience’, as this is a space that troubled the city even before its construction, and its history is one of political controversies, war traumas, ‘official’ significance, and micro narratives between the inside and the outside of its walls, as I will now briefly sketch.

4.3. Erecting the Psychiatric Hospital

4.3.1. The Interprovincial Hospital and World War One

Until the first half of the nineteenth century, there was only one general hospital in Gorizia, managed by the religious order Fatebenefratelli, with no distinction between the mentally and the physically ill. In 1847, a small women-only hospital was opened and run by an order of nuns. Both structures were chronically overcrowded and profoundly non hygienic (Lombardi, 2010; Plesnicar, 2011).

The Provinces of Gorizia, Trieste, and Istria – under the Austrian Empire – began to purport the idea of an interprovincial psychiatric hospital, and in 1862, Gorizia seemed the favourite location for the structure. The hospital would be inspired by the modernist architecture of the Habsburg Empire, comprising of separate pavilions, according to Austrian models of psychiatric hospital complexes (Topp, 2003). Expensive trips were undertaken to visit similar structures across the Empire, and a number of renowned Italian and Austrian architects and physicians were consulted. However, the strong disagreements on public spending, between the various bodies involved in the decision making process for the erection of the institution, prevented the construction of the psychiatric hospital for the following forty years (Plesnicar, 2011).

While during these forty years the areas of Trieste and Istria built their own independent psychiatric facilities, Gorizia hesitated in creating its own infrastructure. In 1900, the Provincial Diet – a unicameral and local legislative body in Austria-Hungary – finally decided to proceed to the construction of a psychiatric hospital in Gorizia. The allotments were bought from local farmers, and construction works

began in 1905, under the directions of architect Silvano Barich.¹⁴⁸ While the structure was ready in 1908, it was only opened in February 1911, and while it had been built with a capacity of 350 beds, by August 1911 it already hosted 442 patients (Plesnicar, 2011).

When World War One broke out in the area, patients were transferred to other hospitals across Italy and the Austro-Hungarian Empire (mainly to Siena, Venice, Gemona, and Kremsier). By the end of the conflict, the psychiatric hospital in Gorizia had been almost entirely destroyed (Lombardi, 2010; Amministrazione Provinciale di Gorizia, 1996).

4.3.2. A psychiatric hospital in Fascist spirit

The reconstruction of the psychiatric hospital began in 1928, and the original structure was enlarged in 1930, when some adjoining fields were expropriated, in order to expand the hospital agrarian colony. These works were carried out with the strong sense of austerity and nationalism that Fascism was promoting (Fabi, 1991; Lombardi, 2010), and the reconstruction was part of the Fascist regime's general program of increasing the number of psychiatric hospitals in the country.¹⁴⁹

As Valeria Babini points out in her work on the history of Italian psychiatry, in this period “everything was a battle, an enterprise: to win is to dare, even in therapy” (Babini, 2009: 95). In fact, writings on the history of Italian psychiatry in the Fascist period, until World War Two, are essentially hagiographic, magnified celebrations of Italian-ness, Italian nous and mastermind, projected as scientifically pioneering,

¹⁴⁸ Silvano Barich designed the first project of the psychiatric hospital, as well as the project for its reconstruction after World War One. He was the architect of a number of edifices in Gorizia, particularly several buildings in ‘Fascist style’. He Italianised his surname into Baresi in 1928, under the Fascist regime (Lombardi, 2010).

¹⁴⁹ From 1926 to 1941, the psychiatric hospital population in Italy grew from 60.000 people to 96.000 (Babini, 2009: 95).

incisive and trendsetting, exemplified in the celebration of shock therapies throughout the 1920s, 1930s and 1940s (Guarnieri, 1991).¹⁵⁰

The Provincial Psychiatric Hospital of Gorizia (*Ospedale Psichiatrico Provinciale*, O.P.P.) was reopened in 1933, in the presence of Prince Amedeo Duke of Aosta, celebrating how “what the fury of the war destroyed, Fascism built anew” (Amministrazione Provinciale di Gorizia, 1996: 37).¹⁵¹ The event was followed by a publication in 1933 by the Province of Gorizia, to celebrate the grandeur of the hospital in fascist spirit, which was reprinted in limited copies in 1996. World War Two did not impact the architectural elements of the hospital, and while the 1933 structure is still in place, it has undergone several changes throughout the years (see Appendix F).

4.3.3. Works and alterations from the 1970s

In 1974, corridors 8.2 and 9.2 were completed (see Appendix F and H), designed by architect Mario Baresi, son of Silvano Barich, who had designed the 1901 project, and they were informally referred to by nurses as ‘the Grand Canyon’ (Cesare, Nicola). The gym (building 3) was built in 1972, and following a flooding in 1983, it was renovated in 2006-2007 (Lombardi, 2010). In 1982, the area of the hospital was fractioned, and a vast portion of the land at the rear of the main complex was ceded to E.R.SA. (*Ente Regionale per lo Sviluppo dell’Agricoltura* – Regional Body for the Development of Agricultural Activities). Most of this land was then privately bought, and it now hosts a series of factory outlets. Another portion of land was ceded to the

¹⁵⁰ A token of this national pride, in particular, was the exaltation that electroconvulsive therapy (E.C.T) had been invented by Italian neurologist Ugo Cerletti, in 1938 (Babini, 2009).

¹⁵¹ From 1933, the number of patients in the hospital began to rapidly increase. As I gathered from the clinical files and documents I consulted in the hospital basement, in the first few years, patients were transferred to Gorizia from overcrowded hospitals in northern Italy. Some of them had been hospitalised in Gorizia before the war, and had later been evacuated.

Therapeutic Community *La Tempesta* at the end of the 1980s, and a strip of land along the West wall was destined to the construction of a series of detached houses, designed by architect Dario Baresi, the grandson of Silvano Barich (Lombardi, 2010). Ward A Male (building 4) was turned into a rehabilitative day centre in 1981, and Wards C and D Female (buildings 9.1 and 9.3) began to host secondary school Nicolò Pacassi until September 2012 (Bisiach, 2012d). The school was then relocated, and these buildings are currently empty. In 1995, the former Bursar's Residence (building 2, see Figures 44 and 45) was renovated, and it initially functioned as the site of the Mental Health Centre (C.S.M.), which was moved to a building closer to the city centre (Via Duca d'Aosta) in 2000, before being relocated to a locale on the opposite side of the road to the former psychiatric hospital, in 2004, as I will discuss below.

In 2003, the Soprintendenza Regionale¹⁵² granted permission for the renovation of Wards C and D Male (buildings 8.1 and 8.3) to be turned into office spaces (currently hosting the A.S.S. Direction and the Children Disability Administration Unit), and for the corridor between them (building 8.2) to be used as the archive of the Local Health Company (A.S.S.) (Lombardi, 2010).

5. Official and unofficial remembering

5.1. Officially recognised historical value

In the 2001 Gorizia Town Planning, the area of the former psychiatric hospital was officially recognised as a site of cultural heritage, due to its location on the national

¹⁵² Soprintendenze Regionali are peripheral bodies of the Ministry of Cultural Heritage and Activities. Buildings or archaeological sites of potential historical and cultural interest fall under their scrutiny, and any modifications or interventions to such sites must be approved by the local Soprintendenza.

border, in a project for the “reconciliation between the citizens of Gorizia and Nova Gorica” (Comune di Gorizia - Settore Urbanistica, 2006: 13).

In 2008, some buildings were subjected to binding decrees issued by the Soprintendenza Regionale, as edifices of ‘cultural interest’: the former Administration (building 1); Ward A Male, currently used as a rehabilitation centre (*Centro Diurno*) (building 4); Ward B Male, currently the centre for the treatment of addictions – SER.T. (building 6); the former Infectious Disease Ward (building 10); the edifice of the former Kitchens, currently under renovation (building 12); the former Laundry and Thermo-Electric station (building 13); and the Water Tower (building 16) (Lombardi, 2010). In 2009, the Soprintendenza added Wards C and D Female (buildings 9.1 and 9.3), and in 2010, Ward B Female (building 7) (Lombardi, 2010; Comune di Gorizia - Settore Urbanistica, 2009: 11).

In her thesis on the architectural history of the psychiatric hospital of Gorizia, Marta Lombardi posits that the site of the former hospital has indeed entered a ‘valorisation’ phase from 2008, when these policies of conservation were issued, and a number of renovation works began to focus on cultural activities, rather than solely on health care (Lombardi, 2010). For example, *Progetto Senza Muri 2004-2007* (‘No Walls Project’), financed by Interreg funding,¹⁵³ culminated in the redevelopment of the former Morgue into a recording studio, inaugurated in 2007 – but not extensively utilised (Figure 38) (Lombardi, 2010).

¹⁵³ Interreg initiatives started in 1989, financed by the European Regional Development Fund, with the aim to stimulate cooperation and valorisation of shared cultural heritage between various countries within the European Union, to promote collaboration and social cohesion (*interreg4c.eu*). This project in Gorizia was also supported by other institutions, including the Local Health Company (A.S.S.), the Province of Gorizia, the Municipality of Gorizia, and the Municipalities of the Slovenian cities of Šempeter Vrtojba and Nova Gorica (*ita-slo.eu*).



Figure 38: Former Morgue, now a recording studio, October 2011

5.2. Formal recognitions and informal feelings

Notwithstanding these official recognitions of the ‘cultural value’ of the complex, the state of the park, unkempt and neglected, “with century old trees, damp and solemn [...], mute and [...] gloomy” (Chi non volò dal nido del cuculo, 1988), has a history of cyclical debates and intermittent visibility in the local press. Within the general “attitude of resignation of Gorizians” that a mental health worker described (Bruno), it has been recently defined as the symbol of “the erasure of a revolution” (Fain, 2012c).

While the park of the former hospital was officially named ‘Parco Basaglia’ in 2005, most Gorizians still refer to the site as ‘the psychiatric hospital’ (*l’ospedale psichiatrico*), ‘the psychiatric [hospital]’ (*lo psichiatrico*), or as ‘O.P.P.’ (standing for *Ospedale Psichiatrico Provinciale* – Provincial Psychiatric Hospital).

The ‘valorisation phase’ of the hospital complex that began in 2008 (Lombardi, 2010) falls within a range of proposals and other initiatives that have attempted to ‘officially’ remember the work of the psychiatrist in Gorizia in recent years. In particular, I refer to the naming of the hospital park as ‘Parco Basaglia’ in 2005, the

honorary citizenship granted to the former ‘Basaglia team’ in 2007 (Chiarion, 2009), and the debates around the naming of a street after Basaglia, as public acknowledgements that the local press defined as ways of “paying homage to Basaglia and his team with a forty years delay” (Scandolara, 2007). Finally, a proposal for a ‘Basaglia museum’ also pertains to the ‘valorisation’ of the ‘Basaglia experience’ in Gorizia. These initiatives can be seen as ‘official’ and ‘formal’ projects for attempting to ‘chew’ what has remained, for decades, suspended ‘in one’s stomach’, as a former Director of the hospital described his feelings around the 1970s vicissitudes (Emilio), where this body is extended, diffuse, assemblaged, and comes to refer to the ‘stomach’ of the community.

5.3. Between restorative and reflective nostalgia

5.3.1. *Progetto Padiglione della Mente* (‘Mind Pavilion’)

In 2009, the Local Health Company (A.S.S.) developed a project for the requalification of the building of the former Hydroelectric Plant (building 13), and its conversion into a museum dedicated to the life and work of Franco Basaglia (*Progetto Padiglione della Mente* – ‘Mind Pavilion’). The A.S.S. invited the Province to work on a joint funding application, “since the Provincial Administration of Gorizia owns some buildings with historical value in the ‘Parco Basaglia’, and [...] such buildings contain evidence and testimonies of Franco Basaglia’s work” (A.S.S. 2 Isontina, 18.11.2009: 1).¹⁵⁴ In addition, the A.S.S. stated,

from a cultural perspective, the Province of Gorizia and the Health Company intend to conjointly promote, through these interventions, the valorisation of the Basaglia experience in Gorizia. For this purpose, the Province will make available the Archive of documents around this period, to spread the knowledge of the local history, particularly aiming at cultural tourism, through

¹⁵⁴ The areas of the former psychiatric hospital that have not been privatised are divided into sections that belong to the Province and other sections that belong to the A.S.S. (see Appendix G) (Rizzarelli, 2011).

the chronicle of this symbol-place for the cure of people affected by mental illness (A.S.S. 2 Isontina, 18.11.2009: 3).

The Local Health Company and the Province therefore jointly applied for Regional funding that were made available from the State and the European Union, under the project POR - FESR 2007-2013 Objective: competitiveness and employment (*Programma Operativo Regionale – Fondo Europeo di Sviluppo Regionale*).¹⁵⁵

The project *Padiglione della Mente* involves on the one hand the recuperation of the building and its restoration, including asbestos clearing (€ 352.960.00), the application of energetic sustainability implants (€ 372.820.00), the creation of a multimedia area (€ 69.540.00) and the set-up of a museum and refreshments area (€ 153.976.00). On the other hand – as the only role played by the Province – it includes an estimated € 50.000.00 for the “cataloguing, conservation and reordering of the Provincial historical documentation” (Regione Autonoma Friuli Venezia-Giulia, 2009a: 2) (see Appendix C). In other words, “the unfiled archival collection” (Zanella, 2003: 88) in the basement of the Direction building, or “the stuff downstairs” (Enrico). The application for funding, however, was unsuccessful, and the concretisation of this project still awaits financing.¹⁵⁶

5.3.2. A road to Franco Basaglia

Proposals had emerged in the early 1990s to name a street after Franco Basaglia in Gorizia (Galazzi, 1990; Cerni, 1990; Marsi Ghersina, 1990).¹⁵⁷ The persistent disavowal of the Municipality over the years has often been attributed to “political

¹⁵⁵ Together with an emphasis on environmental sustainability, the competition announcement stresses the importance of projects that would realise museums “aiming to spread knowledge, improve and increase public usage, also with tourist aims, of sites of industrial archaeology” (Regione Autonoma Friuli Venezia-Giulia, 2009b, art.1).

¹⁵⁶ The project came seventh, and funding was largely allocated to the renovation of the old port in Trieste, to be developed into a museum (Regione Autonoma Friuli Venezia Giulia, 2010) (see Appendix D).

¹⁵⁷ Franco Basaglia died of a brain tumour in August 1980. In order to name a street or a square after a deceased public figure, at least ten years must pass after his or her death (Law 1188/1927).

short-sightedness” and the incomprehension of the value of Basaglia’s work by local politicians (Bianchini, quoted in Bisiach, 2011a).

After the difficulties of “finding a road that would measure up to his figure” (Bisiach, 2011b), “Franco Basaglia has redoubled” (Bisiach, 2011b),¹⁵⁸ and a parking lot has recently been named Piazzale Franco Basaglia, near building 9.3 (former Ward D Female, then Secondary School Pacassi, and currently empty) (Figures 39 and 40). This form of official recognition, however, has also been described in *Il Piccolo*, as the “municipality finally pleas[ing] (*accontentare*) councillor Bianchini” (Bizzi, 2012).¹⁵⁹



Figure 39: Piazzale Franco Basaglia, July 2013

¹⁵⁸ In this case, ‘redoubling’ refers to the naming of a square after Basaglia, when the park surrounding the former psychiatric hospital had already been designated ‘Parco Basaglia’ in 2005.

¹⁵⁹ Livio Bianchini is a former psychiatric nurse and currently a local councillor of the centre-left political party *Sinistra Ecologia e Libertà*. Throughout the decades, he has been particularly vocal in the pages of *Il Piccolo*, insisting for the naming of a street after Basaglia.



Figure 40: Piazzale Franco Basaglia, July 2013

Caught between the personal and the public, the official and the non official, between the state of ‘Parco Basaglia’ as the ‘erasure of a revolution’ (Fain, 2012c) and the grey cement of Piazzale Franco Basaglia, between the ‘O.P.P.’ and damaged archives, glistening eyes and ‘years of oblivion’, Gorizia is caught between forms of reflective and restorative nostalgia (Boym, 2001), between forms of lingering over ruins and attempting to rebuild a heritage. As journalist Fain states, “Gorizia pines over (*rimpiange*) Basaglia: ‘now, at least, a road’” (Fain, 2010). If “[n]ostalgia is an ache of temporal distance and displacement”, Boym also notes that

[r]estorative nostalgia takes care of both of these symptoms. Distance is compensated by intimate experience and the availability of a desired object. Displacement is cured by a return home, preferably a collective one. Never mind if it’s not your home; by the time you reach it, you will have already forgotten the difference (Boym, 2001: 44).

5.3.3. ‘Repossession’ of the park

The forms of official acknowledgment – and memorialisation – of ‘the Basaglia experience’ that have proliferated in the 2000s were anticipated by a period of material changes inside the park of the former psychiatric hospital (Figures 41-43).

In the 1990s, there were people coming here even from abroad, asking to see the place where the revolution had begun, but there was little to show them. [...] They came, and it was better if I didn't show them anything... they were more prepared on Basaglia than I was... they came here with pictures, where is Basaglia's library? What was I going to show? A place where the rain came through the roof, furniture that had been looted and ransacked... disappeared. I tried to fix as much as possible, but during those 20 years there had been a pillage of Basaglia's presence...
(Enrico – former Administrative Director of the Mental Health Department)

'Ransacked', 'pillaged', and plundered, the park and the buildings of the complex were an "erased battlefield" (Davoine and Gaudillière, 2004: 128) that testified to and participated in a crisis, made up of non homogenous and unsettled feelings towards what 'the Basaglia experience' had left in and to the city.

The park, when I got here [in the mid 1990s], it wasn't a park. It was the Health Unit's dustbin, where you throw all the things you can't throw away, because if you do throw them away, there's trouble in store... but I decided to clear this place up, re-possess this beautiful area, re-adapt and renovate the infrastructures.
(Enrico)

The abundance of material that 'cannot be thrown away' emerges as an obstacle to remembering, and this accumulation was simultaneously justified as a commitment not to disregard tokens of history.



Figure 41: Phases of the 'repossession of the park', 1996



Figure 42: Phases of the 'repossession of the park', 1996

5.3.3.1. Objects remain

From a “looneybin” (Basaglia, 1964), to a “dustbin” (Enrico), the structure of the psychiatric hospital was a place of accumulation of what should be removed from public view, and yet remains to haunt the community. The 1990s ‘repossession’ entailed the modernisation of some facilities, and a general ‘clearing up’ of the green areas around the complex of the hospital. As two nurses recollect,

Cesare: There were lorries that went back and forth for a week, taking stuff away, so much stuff... we were helping out, we threw away so many things!

Elena: Things, like...

Cesare: Anything... clinical files, old books with beautiful binding features, a printing machine, books, boxes, papers...

Elena: Was it then that you found the letters?¹⁶⁰

Andrea: Yes, yes, when I was helping clearing the area, cleaning... in a cardboard box, closed, with some blue paper [...] and I took them. I felt like hugging a person, like hugging a person. I mean, look... you can't, you shouldn't... even if it's a bad thing, you must keep it, you must respect...

¹⁶⁰ I am here referring to 33 letters written by male patients between 1959 and 1960, which I discussed in Chapter Two (see pp.120-122).

Andrea: *Did I show you the old E.C.T. machine?* [we walk into a small room, he hands me an old machine]

Elena: *Where did you find it?!*

Andrea: *They were about to throw it away, so I took it. You shouldn't throw anything away, not this kind of things, this is historical memory, it's like when they blew up the buildings in Auschwitz.*



Figure 43: Phases of the 'repossession of the park', 1996

The disposal of these objects is therefore not perceived by everyone as a long due 'repossession'. For some nurses, in fact, recollecting this process triggers expressions of contempt, sneers of disapproval, and shaking heads. If it only took a week for lorries to dispose of what the Administration perceived as clutter, many objects that have disappeared remain vivid in the accounts of nurses who helped during this 'repossession'.

Like the silent voices of deceased patients through the letters, the notes left by nurses on the clinical files, the glimmering eyes that speak of 'when Basaglia was here', missing books, rotten shelves, straightjackets, a cast iron printing machine, hand made carnival costumes, constraining straps, and boxes of letters were animating rooms and buildings, as I walked through the park on various visits.



Figure 44: Former Bursar's Residence, 1995

Figure 45: Former Bursar's Residence, adapted for group housing, September 2011

5.3.3.2. 'The warehouse'

If a 'repossession' has taken place on the properties of the Health Company, the Province still employs one of the former wards – the only one that has not been renovated, and still appears in its original structure – as a storage building. In fact, when I asked the Provincial Administration to visit “the former ward B Female” (*B Donne*), there was an embarrassing and disconcerting misunderstanding over the phone, between my terminology and the administrators' use of the term 'the warehouse' (*magazzino*) (see Figures 46-49).



Figure 46: Corridor inside former Ward B Female, February 2012



Figure 47: Room in former Ward B Female, February 2012



Figure 48: Original door inside former Ward B Female, February 2012



Figure 49: Detail of original window lock inside former Ward B Female, February 2012

After a nurse had told me that the attic of the building stored piles of former patients' handbags and shoes, I was imagining the space as a "treasure of materials" that would open up stories and narratives (Penney and Stastny, 2008: 45).

[Entry from my journal, Gorizia, 16 February 2012]

The attic was empty, so I asked [to the Provincial staff member who accompanied me in the visit] have some objects been moved? She said, oh, it was just old stuff with no value. I think, 'she doesn't know what the stuff was' and she continues 'just some personal effects of former patients, bags, shoes, books... we've cleaned everything up four or five years ago'. (Figure 50)

In the processes of 'repossessing', 'clearing' and 'cleaning up' that began in the mid 1990s, there has been no "roam[ing of] the grounds" by "curators and state workers", in search for "anything that might be worth keeping" (Penney and Stastny, 2008: 13), and the preservation of objects was left to individuals' private initiative, and chance.



Figure 50: Attic of former Ward B Female, February 2012

5.4. Memorials and amnesia

While the 2001 Gorizia Town Planning valorised the site of the hospital because of its geopolitical implications – one of the perimeter walls being a section of the border with Slovenia – and in 2008 the Regional Soprintendenza focused on the architectural value of various buildings, the project of a Basaglia museum (*Padiglione della Mente*), the designation ‘Parco Basaglia’ (2005), and Piazzale Franco Basaglia (2013) constitute practices of official memorialisation that specifically address ‘the Basaglia experience’ in Gorizia.

Such practices are aligned to the cultural, social and political agendas of ‘memorial’ places, such as street names and memorial buildings themselves, as explicit carriers of cultural memory, where the desire to memorialise might be dictated by the fear of cultural amnesia (Connerton, 2009). The memorial is a carrier of collective memory projections, shared assumptions and common intelligibility (Connerton, 2009). Official and formalised projections, however, ‘carry’ a memory that perspires with complexities around who the subject that longs for recognition might be. For instance, the debates that have led to the recent naming of a square after the psychiatrist, importantly render both ‘Basaglia’ and ‘Gorizia’ active and emoting agents in the stakes of remembering practices. In fact, it was simultaneously posited that “Basaglia will have *his* street” and that “Gorizia will have *its* Basaglia street” (Bisiach, 2011b, my emphases).

Furthermore, the memory ‘carried’ by official practices also involves contrasting opinions, and concealed and non official perspectives that, while veiled, remain to haunt the meanings of ‘the Basaglia experience’. In fact, if for some Basaglia aficionados – or their political representatives – such forms of symbolic remembering are treasured as official acknowledgments of “Gorizia’s debt”

(Chiarion, 2009: 8), other health workers, while sharing the same enthusiasm for Basaglia's work, hold opposing views:

When they named our beautiful park 'Parco Basaglia', I was nauseated [...]. How can you name a park, where you've destroyed everything that Basaglia had built, you've destroyed everything, even the trees... shame on you, shame! [...] You have no right to name it Parco Basaglia, that shit you've made of it...
(Beatrice – current nurse)

The various uses of Basaglia's name and the reconfigurations of “what this thing was” that affect places through processes of ‘repossession’ – also seen as ‘throwing away tokens of historical memory’ – and forms of memorialisation that ‘pay homage to Basaglia’ (Scandolara, 2007), leave bodies ‘nauseated’, they make them walk out, or doodle during symposia on this history and legacy. They sometimes feel like ‘a big soup’ – as one of the events was described by a member of the audience – and stage this remembering crisis as precisely constituted by non agreements over “what this thing” was.

5.5. Removing the removal

Drawing a parallel with the complex relationships between Italians and Slovenians, it can be argued that

through culture one can develop a healthy mourning process. Without such mourning, the memory becomes agony and this agony transforms the bodies of the victims, at a deeply symbolical level, in vampires that come back and suck more blood and perpetuate the cycle of violence. When history is removed and uplifted on inaccessible pedestals [...] without being told in its entirety, there is no possibility for a healthy mourning process (Longinovič and Tomsič, 2003: 15).

Practices of memorialisation tied to restorative nostalgia indeed ‘remove’ contrasting accounts or ‘smooth over the gaps’ (Cho, 2008: 17) of ‘the Basaglia experience’ and its meanings, ‘uplifting’ such experience and its implications on the ‘inaccessible pedestal’ of a linear history that is striving to be memorialised. Indeed, sanitised practices of restorative nostalgia attempt to conceal the ‘divided memory’ tropes that

constitute ‘what this thing has been’ (Foot, 2009), working towards a ‘return home’ where ‘you should not mind that it’s not your home’ (Boym, 2001: 44). While Paul Connerton frames these practices as dictated by a fear of cultural amnesia (2009: 29), in Gorizia, a four decade long amnesia – years of ‘oblivion’ or ‘removal’ – is precisely what memorialisation is attempting to eclipse, in an effort to ‘remove the removal’. Cultural events, street naming and a potential Basaglia museum seem not to be dictated by *fear* of collective amnesia, but they emerge as *effects* of “some sort of amnesia”, since “the city has removed this decision [the choice of the mercenaries] from collective conscience” (Simoncini, 1996a: 12). Public acts that aim to “remember what this thing was” (Mayor Romoli), which simultaneously “pay homage” to Basaglia’s figure (Scandolaro, 2007), and “aim at cultural tourism” (Lombardi, 2010: 80), constitute not only forms of reconfiguration of memory – Connerton’s ‘memorials’ (2009) – but platforms for forgetting, erasing the erasure, and removing the removal.

5.6. Memorial and locus

Informal, non official, almost invisible, and often individual practices of making sense of ‘the Basaglia experience’ involve actions such as collecting objects before their disposal, never returning to the hospital for over thirty years, walking out of symposia, and feeling ‘nauseated’ by official recognitions. These practices of reflective nostalgia focus on the ruins of ‘the Basaglia experience’, rather than on reconfiguring its meaning in linear ways, and they are unseen forms of carrying the memory of gaps and contradictions.

These practices constitute the park, the archives, basements with boxes of grey literature, and ‘valorised’ buildings of the hospital complex as sites of ‘divided

memory' (Foot, 2009) and affective relations akin to Connerton's notion of locus, juxtaposed to the memorial (2009). In fact, while the memorial carries memory through official channels, the locus, by contrast, is a more effective – and affective – albeit less explicit, carrier of cultural memory (Connerton, 2009).¹⁶¹ In this sense, locus can be aligned to forms of reflective nostalgia, while the memorial comes closer to moments and phenomena of restorative nostalgia. Practices of 'locus making' in Gorizia, are not enacted *despite* the presence of memorials but, crucially, partly *because of* them, as results of various attempts to rewrite the meanings of 'the Basaglia experience' and the 'smoothing of gaps' that memorial practices involve (Cho, 2008: 17). Assembled together, articulations of reflective and restorative nostalgia constitute forms of *pharmakon* – remedy and poison – where the city has been simultaneously "licking its wounds" (Dellago, 1983: 3) and "paying homage to Basaglia" (Scandolara, 2007). As *pharmakon*, or oscillations between *algos* and *nostos*, pain and repair, enactments of Gorizia's crisis perspire with the paradoxes of remembering a history that is *structured* by practices of forgetting, showing the uneasy relation not only with *what* Gorizia has forgotten, but with *the fact that* is has forgotten.

In the remainder of this chapter, I will introduce the debates around the sites of current mental health services in Gorizia, starting a discussion that will animate the next chapter, where cleavages between public and personal, *algos* and *nostos*, anomalies and standards, and bodies and institutions, deeply inform practices of care.

¹⁶¹ The house is a primary example of Connerton's ideas of locus, involving practices of locus-making, where life histories of the place and life histories of the bodies that inhabit it are interwoven, through objects and spatial practices that contribute to self identity (Connerton, 2009: 20).

6. Current places of care

6.1. The C.S.M. and 24 Hours Centre

On the opposite side of the road to the former psychiatric hospital, stands the main building of the former General Hospital of Gorizia, sided by smaller hospital buildings (see Appendix E). To the West of the main building, an edifice dating to the early twentieth century – previously employed as a sanatorium for patients with tuberculosis or respiratory conditions (Fain, 2012a) – currently hosts the Mental Health Centre (C.S.M.) and the 24 Hours Centre. As one enters the building through the main door, the corridor to the left leads to the C.S.M., and the corridor to the right leads to the 24 Hours Centre (Figure 52).

The building that currently hosts these structures is in an utter state of decay (Figure 51), described by a member of staff as an “ugly and disgusting place, which [we] hope to leave as soon as possible” (Bruno). While the C.S.M. has been relocated several times after its formation in 1995, the current 24 Hours Centre – previously a psychiatric ward (S.P.D.C.) – has been inside this building since its constitution in 1978, with the passing of Law 180.

Promises of relocation began in the late 1980s (Un trasferimento atteso, 1987; USL: Psichiatria in primo piano, 1989), and in 1987 the then Director Anacleto Realdon promised a move that would happen “soon” (Dopo la seduzione... 1987). Like ‘the problem of the park’, ‘the problem of the Mental Health Centre’ emerges in cycles in the local press across the years, and during each cycle, promises of renovation and relocation soothe the anxiety and indignation of the community (Un trasferimento atteso, 1987; Chi non volò dal nido del cuculo, 1988; Nuovo centro di salute mentale, 1989; Papuzzi, 1990; Parco Basaglia: Due progetti, 2004).



Figure 51: Building of the current C.S.M. and 24 Hours Centre, October 2011

The C.S.M. and the 24 Hours Centre are currently in the middle of one of these cycles (Rovatti, 2011; Fain, 2012c; Covaz and Fain, 2012; Tallandini, 2012), and works have recently begun to restore the building of the former Kitchens (building 12), inside the former psychiatric hospital complex (Bisiach, 2013a), in order to adapt it to host these structures of care.

As two local reporters state, after a visit to the current infrastructure, “one cannot wait to get out of the Mental Health Centre of Gorizia. And not just to escape suffering. It is because of a sense of anger that grows in you” (Covaz and Fain, 2012). This sense of anger is generated by a concern for service users and staff, and preoccupations over “the status of psychiatry in Gorizia”:

We can't imagine to be highly advanced in all health specialities, but where, even historically, we had some specialities, we should maintain them. *In addition* [...] the non dignified structure of the C.S.M. enhances the distress of the users and the staff. This is like a double guilt” (Brussa, quoted in Fain, 2012e, my emphasis).¹⁶²

¹⁶² Franco Brussa is the current Provincial President of the Renzi Group (*Partito Democratico – Democratic Party*) in Gorizia.



Figure 52: Corridor inside the current C.S.M., October 2011

6.2. Recent developments

The latest cycle in media visibility over the state of the C.S.M. was exacerbated by a letter to *Il Piccolo* written by a member of the local family association, in February 2012 (see Fain, 2012e). Under escalating pressures, the following months saw a proliferation of proposals for potential sites of relocation across the city, but each edifice suggested was later dismissed as inadequate (Bisiach, 2013b; Bisiach, 2012a; Bisiach, 2012b; Fain, 2012f; Tallandini, 2012). The public has been recently assured that the new location will be ready by early 2015 and that, in the meantime, the current site will be redecorated and refurbished (Bisiach, 2013b). Since the project of renovating the former Kitchen building to host the C.S.M. had been approved by the Soprintendenza Regionale already in June 2009 (Lombardi, 2010), it has been a matter, in the past four years, for the Local Health Company (A.S.S.) to fund such project. In August 2011, the completion of the same operation was promised by early 2013 (Tallandini, 2011; Fain, 2012f). In August 2012, these works were

scheduled to start at the end of the summer (Fain, 2012a), and to be completed by autumn 2014 (Figures 53-55) (Bisiach, 2012b; Bisiach, 2012c).

The decision of keeping the C.S.M. at the outskirts of the city, rather than moving it closer to the centre has been highly controversial, and while the debate around this move had begun in the late 1980s, the decision of finally relocating the C.S.M. inside ‘Parco Basaglia’ has been ultimately justified by time pressure. In fact, the president of the Regional Board of Disabled People, Mario Brancati, declared that “of course, it would have been better to find a space that is more integrated in the urban area [...], but finding it might have taken us many more years. And we can’t wait any longer” (Brancati, quoted in Bisiach, 2012b).



Figure 53: Works on former Kitchen building, April 2013

The decision of relocating the C.S.M. inside the former psychiatric hospital complex has been framed as “ideal solution”, in that the change of address will be minimal, the park constitutes a “very important green lung for Gorizia”, and “in addition – obviously – it is a place with a highly symbolic value for the history of psychiatry” (Tallandini, 2011). However, the ‘symbolic value’ of this space has also raised

opposite views on this relocation, based on the fact that Law 180 prohibits to “build new psychiatric hospitals, employ those currently existing as psychiatric specialist divisions of general hospitals or psychiatric sections, and employ them as neurological or neuropsychiatric divisions or sections” (L 180/1978, Art. 7).



Figure 54: Works on former Kitchen building, July 2013



Figure 55: Works on former Kitchen building, July 2013

As a former nurse openly states, “having the C.S.M. ‘inside’” is like “reopening the *manicomio*”, and decision makers should feel “ashamed” of such a choice (Angelo).

Gorizia, however, “has its own peculiarities”, and a member of the Local Health Company Administration admits that the city has always had “its own way of managing and organising things” (Mattia).

6.3. The passing of Law 180

In the midst of a period of ‘Restoration’, it appears that Gorizia was simply not prepared for the passing of Law 180 – which saw its immediate implementation in the nearby city of Trieste, where Basaglia had been working since the early 1970s.

What was terrifying was the lack of sensibility of all the doctors from the general hospital, all the personnel of the general hospital, they did not create a space for us, they didn't give a damn [...]. There was this fear of having mad people in the hospital... The first T.S.O. [Trattamento Sanitario Obbligatorio – Compulsory Treatment] we had, they gave us a room with a bed, locked up, that's it.
(Beatrice – current nurse)

As a current member of staff recalls, in Gorizia, the new law “brought some wind of change, but it was experienced as a legal requirement, and not as a vocation of the team” (Bruno). As I outlined in the previous chapter, many nurses were campaigning, leafleting, organising strikes, accusing the management of only looking at Law 180 as a bureaucratic matter, rather than as part of a process of social change (In agitazione il personale dell'ospedale psichiatrico, 1978).

Accusations of lack of instructions on *how* to implement the law were recurrent national tropes after 1978. In fact, the law was passed at the climax of an economic recession that had started in the early 1970s, and that had led to severe cuts in social welfare, together with seven government crises between 1978 and 1983 (Ginsborg, 1990). These problems exacerbated the uneven distribution of services across

Regions, and hence the uneven implementation of the reform, as I discussed in the Introduction (Burti, 2001; Burti and Benson, 1996; Lora, 2009).¹⁶³

In Gorizia, the same lack of instructions – especially in the management shift from the Province to the newly constituted Local Health Unit (U.S.L.) – was highly lamented, together with ‘power vacuums’, and poor collaboration from departments of general medicine (I "manicomi" e la riforma, 1978; Per la moderna psichiatria meno demagogia e più impegno, 1978). Trade unions accused managers of “governing by not governing” (Ospedale Psichiatrico: Si sollecita la chiusura, 1978), and under increasing pressure, in Gorizia, even the psychiatrists went on strike (Servizio psichiatrico: Da oggi i medici in "sciopero bianco", 1978).

6.4. The anomaly over the decades

As I outlined in the Introduction, Law 180 envisions two types of structures for inpatients care – neither of which are by norm long term. 24 Hours Centres host a maximum of eight beds, and they are not designed to provide beds for patients under compulsory treatment (T.S.O.). While they provide 24 hours care, they do not admit patients in the night hours. The second type of structure for inpatient care are psychiatric wards (S.P.D.C.s). These can host up to fifteen beds and, in the presence of one or more inpatients under compulsory treatment, they might keep their main door locked. By law, S.P.D.C.s should exist as wards inside or in the close proximity of general hospitals (L 180/1978, Art. 6)

After the formal closure of the psychiatric hospital in Gorizia, in 1978, the provision of psychiatric services, in the form of an S.P.D.C., was transferred into the building

¹⁶³ In particular, the southern part of the country has generally implemented the reform at a later stage, and as a result, a unified and homogenous “mental health system in Italy does not exist” (Lora, 2009: 14; see also Burti and Benson, 1996).

that currently hosts the C.S.M. and 24 Hours Centre. The unit soon became overcrowded, and instead of bedding fifteen patients, the structure came to host some thirty five inpatients on a regular basis. These “outlawed corridors” (L'assistenza psichiatrica ha corsie "fuori legge", 1980) constituted an “anomaly under the counter”, as a former Director of the Department puts it (Martino).

A healthcare approach centred around the ward, rather than on boosting the work of smaller mental health centres, and centred on hospital care, rather than on community care, entailed that the S.P.D.C. in Gorizia remained an ‘anomalous’ and overcrowded structure throughout the decades. The S.P.D.C. was formally turned into a 24 Hours Centre in 2004, but the regulations of a 24 Hours Centre were only fully implemented in late 2011.

Conclusion

In this chapter, I have engaged with forms of official and non official remembering of ‘the Basaglia experience’ in Gorizia. I have first suggested how listening to the unspoken involves hearing fantasies, mental images, and animating empty spaces, turning specific sites into settings that include myths, ethereal notions of ‘atmosphere’, and forms of rewriting, and how this listening can be framed as a form of knowing.

In discussing Gorizia and its ‘atmosphere’ as *subjects* in a remembering crisis, I have framed these spaces as a co-enaction between their topographies and the stories that surround them which, in Gorizia, are embedded in forms of nostalgic remembering. With an understanding of nostalgia not just as – an individual’s – state of mind, but as a way of shaping and channelling practices of remembering and forgetting that produces material effects, I have analysed a number of events and phenomena that

have publicly attempted to “remember what this thing was”. However, I have suggested, an unsettled understanding of what ‘this thing’ has been structures a remembering crisis that has circulated through gaps, personal grudges, shrugging shoulders, people who tell their stories, people who are sick of telling their stories, and people who have never told them.

I have engaged with the material site of the former psychiatric hospital, as a space and a narrative that are suspended between restorative and reflective nostalgia, or between *nostos* and *algos*, where a reconciliation between its scientific role, its history and its narratives has not been found (Luciani, 2002). I have framed this site, like ‘atmosphere’, as a porous psychic object for the community, its presence constituted by a concrete space, the discrepant narratives that surround it, and a history that has been defined as “incredibly absurd” or a “health tragedy” (Gregorig, 1999: 21 and 31). In my discussion of the state of the hospital park and its buildings across the decades, I have pointed towards forms of official memorialisation and non official feelings around such practices. Throughout the years, these gaps between formality and informality, or ‘anomalies under the counter’, mixed with complex feelings around remembering ‘the Basaglia experience’, have also left material traces in health care work in Gorizia, which will largely animate the next chapter.

CHAPTER 5: REMEMBERING AND MENTAL HEALTH PRACTICE

Introduction

In the previous chapter, I engaged with relationships between spaces, narratives, myths, silences, public events and individual practices, and the circulation of a remembering crisis within these relationships, in order to explore ‘what is still happening in Gorizia’. I will now address this question by discussing the relations between health care approaches and the meanings of ‘the Basaglia experience’, thus shifting my focus on the tie between this institution and its subjects, where the chapter will largely be animated by the voices of mental health care staff.

In tracing a history of the present, I suggest that formalised psychiatric care approaches and informal feelings around them are informed by this crisis, where modes of “smoothing over the gaps” (Cho, 2008: 17) have left haunting traces that produce material effects on everyday practice.

I will first explore these effects in terms of a ‘role crisis’ of psychiatric nurses, where the recurrent juxtaposition between the past and the present is crucially mediated by nostalgic feelings around ‘the Basaglia experience’. I will then discuss the effects of an alleged ‘return to a Basaglian path’, after the years of the ‘Restoration’. I will suggest that the loss of an object whose definition and meanings are constantly debated – ‘the Basaglia experience’ – and the loss of an overt ‘non-Basaglian’ approach, have progressively produced new objects of fantasy for the community to ‘hold together’ (Walkerline, 2010). In developing a tool for analysing the dialogue between institution and subjects, and between psychiatric care and remembering, I will return to the Guattarian idea of an assemblaged, distributed, and circulating

unconscious, and its performative unfolding over the decades, in the dimension of the institution.

1. Analysing the institution

1.1. Working and remembering

When I first designed my research, my questions mainly revolved around the legacy of Basaglia's work in Gorizia, without a clear focus on the dynamics of remembering 'the thing' that 'the Basaglia experience' has represented and produced. While in the course of the months my questions evolved around the framework of a remembering crisis, I still somehow imagined that the data on current psychiatric services would speak to the legacy of Basaglia's work of alternative psychiatry. In other words, I was perhaps anticipating an analysis that would examine how particular elements from a given period – such as the 'democratic spirit' promoted by the assemblies, or the prism of social events organised in the hospital in the 1960s – were characterising present practice. However, the information and perspectives I gathered in my conversations with current mental health workers – ten nurses, three physicians, and a psychologist – members of the administration staff in the Mental Health Department (D.S.M.) and in the Local Health Company (A.S.S.), current service users, and family members, tended to eschew these questions.

Indeed, as it has become clear in the analysis of data, perspectives on current mental health care services in Gorizia do not specifically address the explicit influence of Basaglia's work in everyday health practices. Instead, the questions that these data exhort direct to the dynamics in which impressions around health practice stage the debated understandings of "what this thing was".

1.2. Enacting the present

The analysis has therefore required the examination of how “several pasts, several forms of connexion, several hierarchies of importance, several networks of determination, several teleologies” have contributed to a discontinuous becoming of the present (Foucault, 1991b: 5). I frame present understandings of ‘the Basaglia experience’ in healthcare contexts not as the result of the *unfolding of* history, but as *in formation with* contingent historical events and discursive productions, thus “interrogating the past in order to make the conditions of possibility of the present intelligible” (Blackman, 1994: 493-494). While I do not impose a predetermined outcome to the vicissitudes of these decades, I do suggest that the past, “often silently, animates and sustains the present(ed) understandings” of healthcare practices, where these understandings of ‘the Basaglia experience’ are modes of “*enacting this present*” (Bell, 2007: 82, emphasis in the original) in the institution. While I maintain the “dispersion” of passing events, and I identify “the accidents, the minute deviations” that contribute to present practices, I analyse not only “the exteriority of accidents” (Foucault, 1991a: 81), but also the psychic afflictions and the enthusiasm in construing the present and its practices, in formation with various understandings of the past.

My use of the term ‘institutional health care practices’ refers to those practices carried out by staff within the Mental Health Department in Gorizia (D.S.M.). I will particularly refer to work conducted in the 24 Hours Centre, the Mental Health Centre (C.S.M.), and forms of community care. I simultaneously ask how the feelings of working in and for this institution partake in Gorizia’s remembering crisis, and how the institution itself, which came to substitute the psychiatric

hospital, plays a role in such crisis. In investigating the relationship between institutional dynamics and individual feelings and behaviour, I draw upon Guattari's work on institutional analysis, as the analysis of the relations between subject, group, and institution.¹⁶⁴ For Guattari, institutional analysis addresses the “unconscious dimension of an institution” (Genosko, 2009: 51), which manifests in collective unconscious and collective behaviour (Guattari, 2009c: 37; Guattari, 1984c; Guattari, 1996a).

1.3. Distributed unconscious

While widely employing this vocabulary, Guattari himself notes that “[t]he ‘unconscious’ is not a very fortunate term” (Guattari, 2009b: 30). He redefines it as “[n]either archetypal, nor structural, nor systemic”, but as a form of “machinic creationism” (Guattari, 2011: 155), productive rather than representational (Deleuze and Guattari, 2007b), and working “inside individuals [...] as well as inside the couple, the family, school, neighbourhood, factories, stadiums, and universities” (Guattari, 2011: 10). In drawing upon his work, I reframe the unconscious dimension of Gorizia's remembering crisis as assemblaged, distributed, and circulating.

In this framing, I do not refer to the unconscious as a “psychic topography” of repressed thought, where socially unacceptable ideas or traumatic memories are stored, as processes of the mind not available for introspection (Freud, 1978c: 173).

In this perspective, in fact, the analysis of the unconscious has the therapeutic goal of

¹⁶⁴ ‘Institutional analysis’ is the concept that came to progressively substitute ‘institutional psychotherapy’ in Guattari's work. A few years after arriving at La Borde, Guattari began to see the limits of institutional psychotherapy, for “analysis could not remain an external supporting force” (Guattari, 2009c: 38). A first demarcation from ‘institutional psychotherapy’ questions the exclusive role of the psychoanalyst or the psychiatrist, in the analysis of unconscious subjective formations, and casts “institutional analysis in opposition to micro-sociological institutional psychotherapy” (Guattari, 2009c: 38). A second demarcation attempts to expand this analytic process beyond the field of mental health, and into the social sciences (Guattari, 2009c: 38).

bringing to the surface, revealing, and assimilating. By contrast, I do not aim to uncover a secret – admitting that there was a secret to be uncovered – or a “forgotten event that can be turned [...] into something monumental” (Hacking, 1995: 214). My vocabulary does not have clinical undertones, my analysis has no therapeutic aim, and it does not conceive of an unconscious based on repression, whose content can be deciphered by the researcher (see Wetherell, 2012: 133-134; Frosh and Baraitser, 2008). I do not refer to an unconscious ‘buried’ in the individual’s psyche (Guattari, 1984a: 166; Guattari, 1996b: 106), contained in a body or a building, or to the psyche as “an immaterial power that resides inside us”, but as “the invisible yet thoroughly palpable medium in which we [...] are immersed” (Abram, 1997: 237). The psychic and the unconscious realm are thereby conceived as productive and distributed across actions, emoting bodies, rooms, newspaper articles, medications, relationships, nostalgic memories and embodied feelings of discomfort, or what Grace Cho refers to in terms of a “diasporic unconscious” (2008: 192). I therefore take seriously the claim that “the unconscious is not a *nobody’s land*” (Castel, 1975: 77, emphasis in the original), and frame it as a set of phenomena and stories “totally cut off, ignored, but also well known to everyone” (Davoine and Gaudillière, 2004: 28-29).

1.4. Stories ‘totally cut off’

In an interview with the local newspaper *Il Piccolo*, two former psychiatric nurses answer the question of ‘what remains of Basaglia in Gorizia?’ with an embittered “nothing”, and they continue:

“Why don’t we name a street after him? Why don’t we host an exhibition on the *manicomi* like they did in Reggio Emilia two years ago? There was the idea of having a symposium, on the 30th anniversary of his death [2010], but even this, we let ourselves be robbed of this idea by Trieste. [...] Everywhere, on the

30th anniversary of Law 180 [2008], there have been celebratory events. In Gorizia, nothing.” (Bianchini and Sosol, quoted in Fain, 2010)

If official recognitions might be perceived as scarce and problematic, these are not the only measures to analyse the remains of the Basaglia experience in the community. Precisely because many stories are “cut off [and] ignored” (Davoine and Gaudillière, 2004: 28), their effects on the interpretations around ‘this thing’ are even more powerful and productive, burying archives, ‘repossessing’ parks, and ‘hugging a person’ by holding their private letters.

While, as Nico Pitrelli states in a recent appraisal of Basaglia’s work, it might be “difficult to imagine that all this started from Gorizia”, it is perhaps simplistic, if not inaccurate, to argue that “there are probably few Gorizians who remember their own city as the scene of *I Giardini di Abele*, *L’Istituzione Negata*, or *Morire di Classe*” (Pitrelli, 2004: 95).¹⁶⁵ The question, rather, revolves around *how* ‘Gorizia’ remembers ‘all this’, how it has assimilated its effects and legacy, and what kind of relationship the city has negotiated between the past and the present, mediated by nostalgic feelings, cycles of erasure, and periodical rewritings.

1.5. Stories ‘well known to everyone’

In my attempt to delineate ‘the unconscious dimension of the institution’, I trace a thread across formalised or ‘official’ health care approaches, and informal feelings and practices, and across the visible and the invisible, the highly mediatised and the not-spoken-of. This thread runs through phenomena that are “hidden in plain sight”

¹⁶⁵ *I Giardini di Abele* is a documentary produced by journalist Sergio Zavoli in 1969, on the psychiatric hospital of Gorizia. *L’Istituzione Negata* is the book that Basaglia edited, and that outlined the work of the team in Gorizia (1968). *Morire di Classe* is the photographic book by Carla Cerati and Gianni Berengo Gardin that exposed the conditions of several Italian psychiatric hospitals in the late 1960s (1969).

(Cho, 2008: 125), offering a path into the unfolding of the unconscious dimension of this institution, and its role within a remembering crisis.

While some of Guattari's work on collective and machinic unconscious has been defined as "particularly difficult, because of the extremely abstract nature of the language [and] the neologisms" (Maggiore, in Guattari, 2009b: 21), Guattari maintains that theoretical expressions "should function as tools, as machines" (Guattari, 2009b: 22). In employing his work as an analytical tool for this study, I frame the unconscious dimension of the institution as an assemblage, thus emphasising that the arrangement of and the connections between its elements grant this unconscious its agency and potential of circulation (Alliez and Goffey, 2011a: 11; Phillips, 2006). These connections and relationships are neither stable nor static, so that the assembled unconscious is historical and socialised, evolving in time, through the constant rearrangement of its elements (Guattari, 1996a: 206).

Such arrangements are the oscillations between the known and the unknown, the circulation of sealed off boxes and newspaper headlights, and the public awareness that 'this thing' has divided the community, that the hospital park is in a state of decay, and that archives are missing, as the Director of the Public Library openly stated in October 2011 (Menato, at A.S.S. 2 Goriziana et al., 2011b). The analysis of these arrangements implies that the researcher analyses, assembles, produces, and animates the threads between these phenomena, since neither the archive of this crisis, nor the unconscious dimension of this institution are merely 'found'.

1.6. Enacting the crisis

Framed as a form of enactment that is not contained in the individual, the unconscious dimension of this crisis and its psychiatric institution is inseparable

from its mechanisms, effects, and dynamics of circulation and distribution. In this sense, like ‘affect’, the unconscious can be seen not as a ‘thing’, but as a set of practices, processes of transmission and circulation (Blackman, 2012a: 4). It is therefore “distributed and located across the psychosocial field [...] never wholly owned, always intersecting and interacting” (Wetherell, 2012: 24). Subjects are thereby immersed, or “get ‘caught up’ in relational dynamics” (Blackman, 2012a: 102), where formalised institutional health care approaches and informal feelings around those are in a performative relationship of mutual constitution (Tranchina, 2006a; Tranchina, 2006b).¹⁶⁶ These relationships between subjects and the institution are enacted through ‘affective practices’, as simultaneously pre-existing ‘zones’ and “something that is actively created and needs work to sustain” (Wetherell, 2012: 142). They encompass formalised and ‘official’ health care approaches – such as ‘ward-centred’, or ‘Basaglian’ – individual behaviours and actions, communal remembering practices, individual sensations, and forms of ‘immaterial’ psychic attunement of bodies (Blackman, 2012a: 23), where ‘formal’ erasures manifest in forms of ‘nausea’, nostalgia, and melancholia (Davoine and Gaudillière, 2004), as I will discuss below.

Formalised approaches and informal practices are framed as actions, embodied feelings, and discourses that are performative, which create spaces of negotiation and re-articulation of identity, as forms of ‘diasporic belongings’ (Bell, 1999b: 3) or “territories of belonging” (Fortier, 1999: 42). These forms of belonging are deeply

¹⁶⁶ Paolo Tranchina proposes the notion ‘institutional unconscious’ (*inconscio istituzionale*), as a tool for analysing how individual practices of mental health care staff reflect institutional dynamics (Tranchina, 2006a; Tranchina, 2006b). While the concept is useful in an examination of the relations between the individual and the institution, Tranchina’s questions remain tied to *manicomio* practices. He is particularly concerned with how institutional elements “determine, influence, individual behaviour” (Tranchina, 2006a: 9), and how power relationships are interiorised in post-deinstitutionalisation settings (Tranchina, 2006b: 47), showing similar dynamics to those of the ‘closed *manicomio*’ – hierarchy, violence, and exclusion.

connected to nostalgic practices that, in mental health practice in Gorizia, involve both a focus on the pain of loss (*algos*), and a will to rebuild (*nostos*) (Boym, 2001). This pain of loss – forms of lingering in ruins – particularly emerges in the modes of enactment of a role crisis that has beset the nurses in Gorizia, with a marked emphasis on the juxtaposition between the past and the present.

2.A lengthy role crisis

2.1. ‘Chronic nurses’

Around each ward there was a wall, with a mesh, that we demolished. When it was demolished in ward B Female, where I was working, there were some people who still walked around the same imaginary path inside the... like in a circle, and it was one of the most difficult things to do, this move from the inside, from the inside, inside the people, the habit of having been, I mean, to accept the institution...
(Claudio)

The process of ‘accepting the institution’ by patients described by a former physician – walking around the same paths, finding it hard to change habits, and moving ‘outside’ – was compared, by another physician who arrived to Gorizia in the late 1990s, to the attitudes of nurses in that period:

They said, the hospital has been closed. But in fact these patients [a group of former asylum patients] lived inside a pavilion, with a group of nurses who were less prone to work ‘outside’. Chronic nurses with chronic patients, all trenched up [...] cankered workers...
(Martino)

The distinction between ‘working outside’ (*lavoro sul territorio*) and ‘working inside’ (*lavorare dentro*, or *lavoro di reparto*) is a recurrent trope in descriptions of mental health services in Gorizia. The former can be compared to forms of care in the community (literally, ‘on the territory’) – visiting patients in their homes, to deliver and administer medications – while the latter involves shifts inside the C.S.M. or the 24 Hours Centre, distributing medications to patients or their family

members, carrying out administrative tasks, and spending time with service users, generally inside the building. Until early 2011, the cohort of nurses working in Gorizia was divided into two groups, those who worked ‘inside’, and those who worked ‘outside’. In order to adjust to Regional standards, shifts were then rearranged, dividing the staff into an ‘urban’ and an ‘extra-urban’ team. All staff members now have shifts ‘inside’, while the two teams have been assigned different areas and municipalities to cover when working ‘outside’.

2.2. Devastated nurses

As a nurse puts it, staff members in the D.S.M. of Gorizia had “a year of fighting” over the rearrangement of shifts, from early 2010 (Stefano). The initial resistances on the part of many nurses can be seen as expressions of the ‘chronicity’ that an outsider might have perceived in the late 1990s.

While it was widely recognised that Law 180 had provoked forms of identity crisis in mental health workers across the country (Casasola, 1999: 17), in Gorizia there appeared “some abnormal reactions, para-psychotic reactions, as if they were patients... expectations to be saved... [these nurses] had been devastated by the disaster that Gorizia had been over the years...” (Martino). This “disaster” (Martino), or “Gorizia’s troubled story” (Bruno),¹⁶⁷ are ways of framing how, after its “golden age”, Gorizia had remained “in a corner, licking its own wounds” (Dellago, 1983: 3).

The rhetoric of a ‘halting of the Basaglia experience’ – usually blamed on the Province – the implementation of ward-centred models ‘after Basaglia had left’, and

¹⁶⁷ Martino is a physician who became Director of the Mental Health Department (D.S.M.) in the late 1990s, and Bruno is a psychologist who works in the Mental Health Centre (C.S.M.) and also currently acts as both the Director of the C.S.M. and of the D.S.M. (see pp.112-114).

the insistent discourses of ‘Restoration’ are encountered both in many subjects’ accounts, and in the local and national media, mutually informing one another. Media descriptions of Gorizia as “cursed” (O Gorizia, tu sei maledetta, 1972), or as the site of a ‘tiny *manicomio*’ (*il manicomietto*) (Un trasferimento atteso, 1987) therefore “emerge from and are part of the assemblages they maintain and construct” (Grusin, 2010: 90). The image that these narratives produce of the 1970s and 1980s is one of the loss of radical impetus, shame over ‘having failed Basaglia’, and visions of Gorizia, in physicians across the country, as “lost”, or “a black hole” (Martino). Gorizia, “like... frozen” (Bruno), presented overcrowded and ‘anomalous’ services, and in the late 1990s it showed “some sort of widespread discomfort... [Colleagues working in other cities] were right, Gorizia really was a shithole” (Martino). This ‘widespread discomfort’ perceived in the staff is profoundly tied to nostalgic feelings around a ‘back then’ (*allora*) described by many of the nurses that are now referred to as ‘the old nurses’, whose ‘teachers’ had been the staff who worked ‘when Basaglia was here’.¹⁶⁸

2.3. Features of the ‘back then’

In my conversations with these nurses, the expression ‘back then’ is usually employed with a “nostalgia for a past perceived [...] as more prestigious”, which the present often does not measure up to (Fabi, 1991: 231). They describe the first years of work as intensely dynamic and exciting, in “an awesome atmosphere”, with “so

¹⁶⁸ The informal division among nurses between ‘the old ones’ (*i vecchi*) and ‘the young ones’ (*i giovani*) can be loosely related to three main hiring waves in Gorizia, after 1961. The first wave consists of nurses who were employed in the immediate years after Basaglia’s arrival, who have retired in the late 1990s or early 2000s (Francesco, Giovanni, Adriana, Aurelio, Angelo, Massimo). The second hiring wave took place in the mid 1970s, where the need for staff was exacerbated by a strong earthquake in the region in 1976 (Pamela, Beatrice, Nicola, Cesare), while the third wave indicates the now ‘young nurses’, employed since the mid and late 2000s (Patrizio, Paola, Stefano, Maurizio). Each ‘generation’ refers to the previous one as ‘the old’, where the term, in this context, implies wisdom and experience.

much to do, all the time, and it was so many of us back then!” (Pamela).¹⁶⁹ This ‘awesome atmosphere’ materialised in “a very humane way of working” (Beatrice), which was “all about giving to other people” (Pamela), since “we were always with the patients, inside, or out in the city, talking with them all the time, not locking ourselves up in the staffroom!” (Beatrice).

On the one hand, it could be suggested that such enthusiasm was due to the nurses’ young age. While undoubtedly this must be taken into account, the vicissitudes of the institution, resulting in perceived “abnormal reactions” and “expectations to be saved” (Martino), suggest that this juxtaposition between the past and the present is deeply informed by a prolonged crisis in the relationship between subjects and institution. In addition, as I will discuss below, while ‘young nurses’ also find their job rewarding, their descriptions are much milder, and their approach to work considerably differs from that of ‘old nurses’ at the beginning of their career.

There are three main recurrent topics that characterise accounts of ‘back then’, namely training, multitasking, and rapport. All three hinge on descriptions of past practice as permeated with levels of informality on the job, recalling descriptions provided by nurses around the phase ‘when Basaglia was here’, as I have discussed in Chapter Three.

2.4. Working ‘back then’

2.4.1. Training

As I will examine in more depth below, until the late 1970s, there was no previous training for nurses coming to work in psychiatry. Confronted with the psychiatric

¹⁶⁹ As I gathered from the hospital registers in the basement, the number of nurses had been escalating over the years, with 64 nurses in 1954, 118 in 1962, 125 in 1965, 150 in 1968, and 206 in 1976. At present, there are 31 nurses working in the psychiatric services of Gorizia (F. Perazza – personal communication, 27 June 2013).

hospital with no prior knowledge or experience, descriptions of the ‘traumatic impact’ of the first day of work were spontaneous in these conversations.

The first day was traumatising. Simply traumatising. They put me in a ward with 120 people, and the youngest of them had spent 30 years in the manicomio [...] and they all looked the same to me, same hair, same stereotypical movements [...]. They told me the doors are open, but this one, and that one, and that one, they should not go out [...] but they all looked the same, so that day I didn't let anybody out.

(Beatrice – current nurse)

The first day was shocking. This militarised system, where the patient was scared of the nurse, they moved altogether, like a flock of sheep, like soldiers, same routine every single day.

(Nicola – current nurse)

2.4.2. ‘Figure uniche’

Both the nurses who had begun to work ‘when Basaglia was here’, and those who started shortly ‘after Basaglia had left’, until the late 1970s, entered the job as *figure uniche* (‘unified figures’), with a role of multitask workers. This entailed carrying out a variety of tasks, from spending time with patients to liaising with external institutions, and “from cleaning to taking blood samples” (Angelo).¹⁷⁰ While work was more demanding, it was also seen by a number of nurses as gratifying, since it rendered the job more varied, and it created deeper bonds with patients.

I mean, you can't be sweeping the floor and not be talking to a patient, because your job is to sweep the floor, or to clean the windows, or to distribute food. The rapport must be... whether you're cleaning the toilet or giving the food, the rapport must be continuous, you can't have roles that get only up to here, and beyond this it's not my duty. It's limiting [...]. Of course, we worked a lot harder, but at the same time you managed to do everything, you had fun, never get bored, and with such enthusiasm!

(Beatrice – current nurse)

¹⁷⁰ It is here worth highlighting that ‘multitask work’ was very different from the ‘job rotation system’ practiced at La Borde, where Guattari worked. On a practical level, while in Gorizia this involved staff members only, at La Borde tasks were distributed across patients and staff, from cleaning to the administering of medications. As a consequence, people at times undertook jobs they were not trained for (Polack and Sivadon-Sabourin, 1977: 39). This interchange of tasks was understood as a strategy for “desegregating” hierarchical relationships (Guattari, 2009d: 179), and within a logic of ‘collective cure’, even electroconvulsive treatment, drugs and insulin therapy were allegedly used and exchanged by all members in the clinic (Polack and Sivadon-Sabourin, 1977).

Granted more autonomy, these then ‘young nurses’ played a key role in reimagining and reforming psychiatric practice on an everyday level, at times openly clashing with ‘older’ models of care that pertained to the ‘closed *manicomio*’.

I walked into the shower room one day, and I saw this old nurse washing the patients, all naked and lined up, with this water pipe [...] So I said to the nurse, how can you do this? If it was your father, would you wash him like that? It was a disaster!

(Giovanni – former nurse)

We were giving out lunch, and I saw this older nurse taking the mashed potatoes with his hands and slamming it on the plates for the patients. I slapped his knuckles with the wooden spoon. It was an instinctive thing, I mean, how can you?!

(Cesare – current nurse)

2.4.3. Rapport

Finally, the nature of the rapport between nurse and patient strongly marks the difference between past and present approaches to healthcare. The relationship that ‘older’ groups of nurses established with patients was only marginally medical, and it heavily relied on informal and spontaneous practices, such as “taking some out even for a glass of wine every now and then” (Giovanni), or “placing a good swearword at the right time” (Adriana). These rapports often entailed a blurring between work and private life, and important levels of affective attachments, “deep humanity, respect, and often affection” (Cristoferi Realdon, 1981: 27). Throughout the 1970s and 1980s, some nurses had in fact established habits, such as taking some patients to day trips every month, on their day off (Adriana, Angelo). Another nurse, for example, took a patient to a local restaurant for lunch on Boxing Day for almost thirty years (Cesare). Many patients knew the nurses’ families, and occasionally babysat their children, as my ex-husband himself remembered.

2.5. Enthusiasm and opposition in the ‘Restoration’

Crucially, none of these current ‘old nurses’ have direct experience of working ‘when Basaglia was here’, since they had generally been employed in the mid 1970s. The “prestigious past” that they refer to (Fabi, 1991: 231), in fact, corresponds to the years of ‘the Restoration’. In other words, while Gorizia was evolving into “the disaster that it had been”, and turning into “a shithole” (Martino), nurses remember working with extreme enthusiasm.

This energy on the job was also coupled with years of “a backbreaking fight” (Cristoferi Realdon, 1981: 30) among staff members, and between groups of nurses and the Direction, the latter often described as ‘the mercenaries’. These clashes, which I outlined in Chapter Three, and which at times also involved the trade unions, were forms of political opposition and debates that revolved around affective and professional alignments with what was understood as a Basaglian line of work. If, after the departure of the team, the new Director declared that work would continue “in a Basaglian method” (Marchesini, 1973), by 1982 the Direction described such work as an “ideological booze up of the social”, attributed to a 1968 legacy (L'ideologia uccide il malato di mente, 1982). Law 180 was dismissed by Director Realdon himself, who later openly stated that “in Trieste the law is implemented and psychiatry doesn’t work, while in Gorizia the law is not implemented, and psychiatry works” (Due realtà molto diverse, 1987).

Through constant leafleting, the formation of C.O.S.P., and continuous letters to the local paper, groups of nurses were therefore carrying forward their affective and professional alignment to ‘a Basaglian approach’ *in opposition to* – the Direction, the Province, or other members of staff. Until the late 1980s, the column ‘Segnalazioni’ in *Il Piccolo* (‘signals’ or ‘warnings’), where members of the public

can report issues of concern, abounded with messages from mental health staff, and replies from the Direction. A group of nurses even came to denounce that “if someone came here because he didn’t have the money to pay for the gas bill, he would end up on the ward” (Gruppo Operatori Psichiatrici di Gorizia, 1987). Work was indeed particularly centred on the ward (S.P.D.C.), rather than on ‘the outside’, and in 1990, the Director of the Mental Health Department in Gorizia openly stated in the national newspaper *La Stampa*, that he was “not ashamed to say that the first type of therapy is medication, and that E.C.T., when done scientifically, can be therapeutic” (Realdon, quoted in Papuzzi, 1990).

2.6. Hidden struggles

Juxtaposed to the informality that characterised the phase ‘when Basaglia was here’, this ward-centred approach seemed to encourage personal initiative in many staff members, partly prompting the fashioning of the informal care practices I described above, while no formal institutional attempts were made to empty the overcrowded ward.¹⁷¹ Both the “awesome atmosphere” (Pamela) and the heartfelt opposition and resistance took place in an institution where “the revolution” (Rizzon, 1972), and the “law” (*La legge tradita*, 1988) were being “betrayed”, described to the nation in the popular left-wing magazine *L’Espresso* as “the site of an anti-Basaglia operation” (O Gorizia, tu sei maledetta, 1972). Informal approaches and struggles inside the

¹⁷¹ For example, in the late 1980s a member of staff had begun to set up a small Therapeutic Community in the countryside near Gorizia, with the aim of rehabilitating patients through communal living and farming (*Progetto Oasi del Preval*). However, as the A.S.S. slowly “took advantage of the place and moved there some of the old patients [...] who were too institutionalised to get involved” (Pamela), “my colleague and I felt like the A.S.S. was taking us for a ride” (Andrea). In addition, the lack of a strong post Basaglian legacy – which had become the landmark of institutions such as the Mental Health Department in Trieste – appealed to some young physicians as a venue for “creating a niche” (Alberto), and exploring alternative approaches to care. Since the early 1980s, a physician in Gorizia has continued to propose such work, promoting a view of psychiatry as “a medicine of the soul” (Alberto) through activities such as self-help meetings, dance therapy, and meditative therapies, even contributing to the publishing of a manifesto for a psychiatry without psychopharmaceuticals (Bertali et al., 1999).

psychiatric hospital first, and then inside the Mental Health Department (from 1978) have remained unseen and concealed in mainstream narratives of ‘the Gorizia experience’ (see Donnelly, 1992; Guarnieri, 1991; Fiorani, 2010; Babini, 2009), framed as ‘years of oblivion’ (Enrico), and non legitimated by officially sanctioned historical accounts.

As I discussed in Chapter Two, ‘oblivion’ was rephrased by one of my interviewees as ‘removal’, because “there is more agency in removal, than in oblivion” (Martino). In addition, while the subject of oblivion is forgotten, somehow lost in a ‘state of mind’ (Passerini, 2006: 238), the subject of removal is displaced, in an attempt to erase it. However, as Davoine and Gaudillière note, “whatever the measures chosen for erasing facts and people from memory, the erasures, even when perfectly programmed, only set in motion a memory that does not forget and that is seeking to be inscribed” (2004: xxvii). ‘Enthusiasm’, ‘opposition’, ‘the disaster that Gorizia had been’, and ‘the tiny manicomio’ assemble together, shaping an institution where formalised approaches, informal feelings, and various understandings of the meanings of ‘the Basaglia experience’ are carried forward conjointly, showing their psychosocial significance as an unconscious dimension of the institution that affects forms of remembering and understanding the present.

2.7. Winding down

While boundaries between ‘back then’ and ‘now’ are rather blurry, and there appears to be no clear-cut mark between the two, the progressive fading away of contestations and of “the backbreaking fight” (Cristoferi Realdon, 1981: 30) that characterised the 1970s and 1980s can be ascribed to a variety of factors.

First, in the early 1990s, Anacleto Realdon left the Direction of the D.S.M., substituted by Roberto De Stefano. Crucially, Realdon – who had been Director since 1977 – was a member of the ‘new team’ that came from Padua in 1972, to replace ‘the Basaglia team’. With his departure, the paramount representative of the ‘mercenaries’ was leaving Gorizia.

Second, the early 1990s saw an important administrative change in the management of health care services. As I outlined in the Introduction, with Decree Law 502/1992, Local Health Units (U.S.S.L.s or U.L.S.s) were turned into Local Health Companies (A.S.L.s, or A.S.S.s for the Friuli Venezia-Giulia Region). These local health bodies no longer fell under the direct authority of the Region, and they became juridical subjects that independently managed their own budgets and activities. ‘The U.L.S.’, therefore, disappeared as an employer that was also an ally in debates and negotiations with the Region (Casasola, 1999). In addition, in Gorizia there was a progressively open institutionalisation of a clinical, drug centred approach (*approccio sanitario*) (Papuzzi, 1990), based on “quick visits, diagnosis and therapy [...] where therapy meant pharmaceuticals” (Martino).

[Entry from my journal, Gorizia, 14 February 2012]

*Interview with [Giacomo]. I walked into the studio, he had a coat, I smelled medicine. I had not smelled medicine before, during all these months, not even at San Giusto.*¹⁷²

‘Rehabilitation’, the antecedent of ‘recovery’, was described by the new Director as “a process that aims to increase the subject’s capacity to function successfully [...], requiring the smallest quantity of intervention by the specialised staff” (De Stefano, 1992: 21). Notably, staff members recollect that De Stefano was the only physician and Director who used to wear a white coat. For a psychologist who began to work

¹⁷² San Giusto is the name of the local care home where I weekly visited a group of former asylum patients, which I will discuss in more detail below.

in Gorizia in 1978, over the years, practice was becoming “overly medical, de-personalising, alienating” and he describes the attitude of the early 1990s as a progressive sense of resignation, where “you do what you have to do” (Bruno).

A final element that should be considered in discussing the gradual attenuation of fights and opposition is contingent to early 1990s national politics. In February 1992, an inquiry began into the financing of political parties (*Inchiesta Mani Pulite* – ‘Clean Hands Inquiry’), and a system of bribery and illegal financing was uncovered (*Scandalo Tangentopoli* – ‘Bribesville’), that involved many of the main political parties, most notably the Socialist Party and the Christian Democracy, the latter having been the party in power since 1948 (Ginsborg, 2003; Galli, 2004).¹⁷³ As parties lost their credibility, a diffuse sense of political disillusion spread in the country (Galli, 2004).¹⁷⁴

3.A return to Basaglia

3.1. A path of recovery

In the late 1990s, after the appointment of a new Director that, contrary to the former, had not previously worked in Gorizia – De Stefano having arrived in 1973 –

¹⁷³ After World War Two, with the fall of Fascism, the Christian Democracy (*Democrazia Cristiana*) emerged out of the Popular Party (*Partito Popolare*), which proposed a return to catholic values. Together with the Socialist Party (*Partito Socialista Italiano*) and the Communist Party (*Partito Comunista Italiano*), the Christian Democracy constituted one of the main Italian political factions. Incorporating various political positions, and constantly oscillating between traditional right wing or left wing programs, the Christian Democracy remained the party in power from 1948 to 1992. It was commonly referred to as the ‘white whale’: neither red – communist – nor black – fascist – but swallowing up minor parties within itself (Ginsborg, 1990).

¹⁷⁴ In fact, political parties have played a key role in the social history of the country. Since the post war years, their influence has begun to extend well “beyond government administration, into other arenas of public life, from educational establishments to banks, state industries, television, public corporations” (Shore, 1993: 30). Party loyalties and affiliations have been coupled with political patronages that are enmeshed in the functioning of many para-State bureaucracies, thus “cut[ting] deeply into the fabric of society and into Italian consciousness” (Shore, 1993: 29). After the dissolution of the Christian Democracy and the Socialist Party, between 1992 and 1994, a radical change in political party dynamics generated the end of the First Italian Republic, and the birth of the Second Republic (Galli, 2004; Cangini, 1994).

there was what some staff members describe as an attempted “return to a Basaglian path that had been interrupted” (Enrico), or a “path of recovery” (Bruno), which also coincided with the ‘repossession’ of the area of the park that I described in the previous chapter.

[In 2003] this was only a place where you dumped people you didn't know where else to put. When I met [my partner] here, she didn't have... she didn't have cigarettes, she didn't even have pants, she didn't have a pyjama, nothing. I bought her the first pair of pants, she didn't have tampons when she... and this was the whole mentality of the S.P.D.C.!
(Patrizio – current nurse)

In 2004, the psychiatric ward (S.P.D.C.) was turned into a 24 Hours Centre, thus limiting its official beds capacity from fifteen to eight and – since 24 Hours Centres do not provide inpatient care for compulsory admissions (T.S.O.s) – ‘unlocking its doors’.

Of course, it has only changed on the paper. In fact [in July 2011] the door is locked, the windows are closed, the members of staff stay in the staff kitchen, while back then [in the 1970s and 1980s] they stayed with the patients.
(Beatrice – current nurse)

In fact, the 24 Hours Centre in Gorizia continued to admit T.S.O. patients, it maintained a capacity of twelve beds, and it is only from 1 October 2011 that it has, in all effects, conformed to national standards. In line with a ‘return to a Basaglian path’, psychiatric services have established a series of projects and initiatives that are not solely medical, such as: a theatre company (*Se no i xe mati no li volemo* – ‘If they aren't mad, we don't want them’ – led by an art therapist, in association with a local parish); a music band (*The Free Tones*); a basketball team; weekly cinema screenings; a volleyball team; a pottery workshop; an art-therapy workshop; gardening activities; a self-help group; a family members group; the ‘Rainbow group’, for women with a double diagnosis; ‘Breakfast at Tiffany's’; the Women's

Group, particularly focusing on multiculturalism and international cuisine, in partnership with Slow Food and a local restaurant.

When I was given this list of projects and groups by staff members at the C.S.M., I was slightly disturbed at the realisation that, after several months of conversations and ‘hanging around’ at the centre, I had not heard about some of these activities. Some of the service users themselves dismiss the impact of these projects, and decide not to take part, at times asking “what’s the use? Fine, the day goes by, but what’s the use?”, or declaring that “I stay here. I move around. I go up and down the corridor [...]. I take part in some of the things, so at least the day goes by.”¹⁷⁵

Now this ‘day hospital’ thing is the new fashion. They make these people come here during the day, they go up and down the corridor like zombies, smoking hundreds of cigarettes, drinking thousands of coffees, nothing is being organised [...], and these people wander around in there, and one has told me, ‘they make us come here at eight in the morning, then they say have lunch here and then go, but what the hell do we do here all morning?’
(Beatrice – current nurse)

3.2. Formal changes, informal feelings

What has been described by a member of the administration as a “*return to a Basaglian path*” (Enrico) did not engage with the analysis of the conflicting and clashing meanings that this ‘path’ has had for mental health care staff in Gorizia. This “*path of recovery*” (Bruno) acknowledged that nurses had been ‘devastated’, but it did not attempt to establish a dialogue with ‘the disaster that Gorizia had been’. Together with a progressive emptying of the ward, it produced a series of projects and initiatives that some service users and staff members look at with scepticism,

¹⁷⁵ These observations come from a series of informal conversations I had with various service users, while spending time at the C.S.M.. These dialogues were not always concerned with psychiatric practice, and they often revolved around topics such as the weather, the price of cigarettes, the public transport network, or sport events. Indeed, I never addressed the topic of treatment, unless my interlocutor referred to it. These dialogues offer sporadic and fragmented perspectives on psychiatric services and, coming from various subjects, I have decided not to adopt names or pseudonyms in my references to these conversations.

and it produced initial ‘changes on the paper’ (Beatrice), within a formal discourse of a ‘Basaglian approach’. As an attempt to rebuild over the ruins of a ‘disaster’ and a ‘devastation’, it constituted an attempted “return home” which was not concerned with whether “it’s not your home”, hoping that “by the time you reach it, you will have already forgotten the difference” (Boym, 2001: 44). In this sense, the past – ‘the Basaglia experience’ – has been employed as a “value for the present”, or as a “perfect snapshot” (Boym, 2001: 49), while informal understandings of this past “cherish[es] shattered fragments of memory” (Boym, 2001: 49).

Psychiatry is now going to the dogs in here. It’s sinking, and the poor Basaglia has been turning in his grave for too many years now, and they still won’t leave him alone, and they keep writing articles on him...
(Beatrice – current nurse)

While Basaglia might be ‘turning in his grave’, the *formalisation* of a Basaglian approach in institutional psychiatric practice in Gorizia from the late 1990s renders redundant any form of opposition to this official line of work, in defence of a Basaglian approach, as it had happened in previous decades. However, the characteristics of a perceived Basaglian approach – ascribed to the ‘back then’ – considerably clash with descriptions of current practice, particularly in the portrayal of levels of informality on the job.

3.3. Recent training and multitasking

Until 1977, nurses in Gorizia felt “thrown into the job” (Francesco, Beatrice), with no initial training. They began to work as *figure uniche*, and later attended an evening course on psychiatric nursing, which could last from six months to three years, after which they qualified as ‘psychiatric nurses’. This training and qualification were dropped in 1977, making ‘psychiatric nurses’ “a species on the verge of extinction” (Cesare). From 1977, specific Regional high schools were

instituted, that provided diplomas as ‘professional nurses’ (*infermieri professionali*). Between 1990 and 1992, a first level degree was introduced, granting a college diploma that was slightly different from a university degree. In 2001, the diploma was changed into a full degree, and in 2004 masters and doctorate studies in nursing were introduced. With a degree in nursing, one can now work and move across any medical department (*IPASVI - Federazione Nazionale Collegi Infermieri*).

While ‘young nurses’ in Gorizia acknowledge that the main training comes from experience, and from the teachings of ‘old nurses’ (Maurizio, Stefano, Patrizio, Paola), the academic curriculum in nursing is highly technical, and university programs tend to promote a focus on genetic-neuro-psychopharmacology, rather than on a bio-psychosocial approach (Norcio, 2009: 176). The training of psychiatrists is similarly focused on models of care that are “completely organicist, mechanic, materialist” (Alberto), with little attention to psychodynamic approaches (Segatori, 2010).¹⁷⁶

Elena: *I noticed a book by Foucault on your shelf, and I was wondering whether at university...*

Chiara: [laughs] *No, no, the university, no... that's me... the course at university is just technical...*¹⁷⁷

If already in the late 1990s the ‘historic revisionism’ in university curricula, and the lack of knowledge on Basaglia’s work were being criticised (Casasola, 1999: 18), a specialisation in psychiatry is now structured around “diagnosis, prognosis, tools, and maybe they tell you something on... maybe they tell you about ‘network work’

¹⁷⁶ The impact of this scarce psychotherapeutic culture shows quite importantly in the disparity between 3 psychologists, 3 social workers, and 9 psychiatrists per 100.000 population (De Vita and Martini, 2008: 180), as compared, for example, to 9 psychiatrists and 176 social workers in the Netherlands, or 11 psychiatrists and 58 social workers in the UK (Amaddeo et al., 2007). Nurses, however, play a major role in the provision of mental health services. As a comparative research conducted in five regions shows (Emilia Romagna, Friuli Venezia-Giulia, Lazio, Liguria, Lombardia), on average, 31% of the activities performed in Mental Health Departments are carried out by nurses. This number reaches a 46% peak in Friuli Venezia-Giulia (Lora, 2009).

¹⁷⁷ Chiara is a physician who has begun to work in the C.S.M. in Gorizia in 2011, after graduating in 2008.

(*lavoro di rete*), and I don't... I don't really know if they tell you about Basaglia..." (Chiara).

While multidisciplinary and team work (*lavoro di équipe*) is central to the services offered by a C.S.M., *figure uniche* do not exist anymore, and the – often informal – multitasking of nurses has been distributed across nurses, social assistants, educators, cleaners, and entertainment staff (*animatori*).¹⁷⁸

3.4. Changes in rapport

The growing impact of markedly medical (*sanitario*) and 'technical' models of care has deeply affected the rapport between patients and 'young nurses', who have specifically chosen to work in psychiatry (Maurizio, Paola, Stefano, Patrizio, Leonardo). These relationships appear to be considerably different from those entertained by 'old nurses', who often began to work in psychiatry "by chance" (Beatrice, Cesare, Francesco, Nicola).

Nurse-patient relationships tend to be more formal for 'young nurses', and while an 'old nurse' might give her number to a patient, because "I said, if you feel you are in crisis, call me, at any time" (Beatrice), 'young nurses' tend to follow "one of the main rules: you don't give your number..." (Leonardo). Furthermore, if 'the old ones' describe the job as "a job that engages you, emotionally, deeply. Otherwise, you just can't do it" (Beatrice), notions of 'burn out risks' are frequently mentioned by the younger generation of nurses (Maurizio, Paola).

¹⁷⁸ Descriptions of multitask work, from the 1960s to the late 1980s, involve activities that ranged from nursing tasks to the organisation of trips and parties, making carnival costumes with the patients, liaising with housing associations, and even renovating flats for group housing (Adriana, Cesare).

The important thing is to have an exchange, but without losing the roles. I am a nurse, you are a patient [...]. If there is no detachment, you can't do the job properly [...]. It's always up to the nurse to establish what kind of rapport... you can't let yourself too much into the patient's emotions [...], you must be detached, and objective.

(Maurizio)

The informality that characterised work in the past, blurring the distinction between private and professional life, has also changed. In fact, 'back then',

I was working almost 24 hours a day [in the Therapeutic Community Oasi del Preval],¹⁷⁹ and I was so exhausted, but I loved the work so much! I even took my daughter there over weekends sometimes!

(Pamela – current nurse)

We used to go to work with such an enthusiasm, we never wanted the work to end! I remember, I finished a night shift with a colleague, and then we stayed in the car for two hours to talk about the patients, their situations, until 8 in the morning!

(Beatrice – current nurse)

By contrast, 'young nurses' now tend to commit to working time only, as work and personal life "are two completely separate things" (Patrizio), "work never gets into my private life" (Paola), and "at the end of the day, I close the door with two key turns!" (Stefano).

In this context, the shifts rearrangement in early 2011 that I outlined above has been described by some nurses as "a bit of a fuck up, really" (Patrizio), or as

A total mess! [...] Before, it was well defined, and because you knew the patients deeply, you'd see from a kilometre away that she was about to have a crisis, and you could intervene on time.

(Beatrice)

While with the recent hiring of new staff members, from the mid 2000s, there is a perceived increased dynamism, which a member of the local families association describes as "new" and "more modern" (Filippo), this dynamism is generally coupled with emotionally detached practices. In fact, if 'back then' "we would eat altogether, with the patients", nurses now stay "in the staff kitchen, isolated, and the

¹⁷⁹ *Oasi del Preval* is the Therapeutic Community that a small group of staff members had begun to set up in the countryside near Gorizia in the late 1980s (see footnote n.171, p.285).

patients are by themselves [...] and you go to work with a sense of nausea” (Beatrice).

3.5. Erasing and rebuilding

A formalised reconnection with ‘a Basaglian path’ has eclipsed a variety of informal feelings, that are deeply related to controversial understandings of the nature of such a ‘path’ within health care services in Gorizia. In particular, this ‘path’ is constituted by formalised erasures across the decades, which can be framed as an “erased battlefield” (Davoine and Gaudillière, 2004: 128).

From the promise of maintaining a ‘Basaglian method’ in 1973 (Marchesini, 1973), to the open condemnation of Law 180 (Due realtà molto diverse, 1987), to ‘changes on the paper’, and moments when “*they said*, the hospital is closed” (Martino), these erasures circulate, unassimilated, in the unconscious dimension of this institution. These are forms of erasure which, however, leave powerful traces in the present, engendering moments of “intensification of the haunting” (Cho, 2008: 7). As the former Director Realdon had noted, “one of the first things we did [after 1978], was painting over the sign ‘Psychiatric Hospital’ on the Direction building. But the sign has been erased with white paint, and now you can see it even more clearly than before” (Morace, 1982). The sign ‘Psychiatric Hospital’ can be clearly seen, at the present moment, where the burgundy paint contrasts with the white background (Figure 56). In order to recreate the hospital as it was in 1961, the crew of the latest film *C’era una Volta la Città dei Matti...* (Turco, 2010) have in fact repainted a sign whose disappearances and reappearances are entangled with an economy of trauma in this community.



Figure 56: Detail of the Direction building, July 2013

3.6. Alternative channels for listening

These traumas, these coats of paint, erasures and rewritings, formal ‘returns’ and eclipsed narratives, leave traces, “endings that are not over” (Gordon, 1997: 139). The “backbreaking fight” of the 1970s and 1980s that was “supported by passion”, “with an often suicidal design”, in fact, “has left behind smoking debris and rubbles” (Cristoferi Realdon, 1981: 30), which speak through channels often other than the recorded voice or the written text.

While in outlining my research methodology, in Chapter Two, I have organised my data into the categories of ‘voice’, ‘paper’ and ‘film’, I have suggested throughout this work that the archive of Gorizia’s crisis also assembles elements such as ‘the unspoken’, ‘the absent’, the ‘undocumented’, the state of locales, ‘atmospheres’, objects, myths, glistening eyes, and the researcher’s psychosomatic states in relation to these elements. Assembl(ag)ing these agents has thereby entailed the challenging of those initial categories as a methodological and epistemological imperative for animating and enacting the archive of a crisis. The ‘debris and the rubble’ of this

crisis are dragged, while also spilling (Guattari, 2011: 10; Guattari, quoted in Pelbart, 2011: 78), constituting traces that exceed the recorded voice, the written text, or the captured image and, looking for human and non human, material and immaterial bodies where to speak from (Cho, 2008; Blackman, 2012a; Davoine and Gaudillière, 2004), they also come to permeate the feelings of working in and for this institution.

3.7. 'Carrying things we do not know'

I understand the 'nausea' described above by a current nurse as an expression and an enactment of such a trace, a product of layers of newspaper articles across the decades, erased enthusiasm, dusty boxes of leaflets, changes 'on the paper', discourses of 'oblivion', progressive loss of political opponents, fading informality, and formalised Basaglian paths. The institutionalisation and formalisation of this erasure has contributed to reshaping individual practices – such as diminishing informal contacts – that enter the dimension of the institution as elements of the assemblage of Gorizia's remembering crisis.

On the one hand, the absence of a careful appraisal of the psychic effects of deinstitutionalisation processes for staff and patients reflects a classic resistance to psychoanalysis in the country (Pagnini, 1987; Moraglio, 2005). On the other hand, as analyst Paolo Tranchina posits, "when we were shovelling shit all day, and destroying the walls of the asylum, there was no time to think about the unconscious" (Tranchina, 2006a: 21). 'The unconscious', in studies on Italian deinstitutionalisation, has thereby become the subject of a "silent amnesia", subjected to a "cultural removal", since "we never really use the word unconscious" (Tranchina, 2006a: 6). However, as Tranchina continues, "if there is no institutional

analysis, then the hidden, the unsaid, the removed of that situation will continue to act, as a carrier of things we don't know" (Tranchina, 2006a: 10). I here employ the feeling of 'nausea' (Beatrice) as precisely 'a carrier of things we don't know', a form of "the unconscious dimension of an institution" (Genosko, 2009: 51) which is not only present, but which "continue[s] to act" (Tranchina, 2006a: 10). I extend Tranchina's focus on institutional unconscious as a set of pre-deinstitutionalisation practices that manifest in staff's behaviour (2006a; 2006b), and explore the effects of cyclical institutional rewritings and erasures on the institution and its subjects. As a form of "somatic grumbling" (Bennett, 2010c: 203), I explore 'nausea' as an articulation of Gorizia's remembering crisis, a form of "register[ing] the nonnarrativizable" (Cho, 2008: 24), which necessitates alternative modes of listening and seeing, forms of 'diasporic vision' or 'mediated perception' (Cho, 2008; Blackman, 2012b).¹⁸⁰

4. Nausea

4.1. Forms of discomfort

This 'sense of nausea' is expressed by a nurse (Beatrice) who has begun to work in Gorizia in 1975, who was initially very politically active, and who vividly describes enthusiastic feelings around work in the 1970s and 1980s. 'Nausea' is one of the

¹⁸⁰ In her work on the Korean war and on the emigration of Korean women to the U.S., Cho explores how trauma is "transmitted across time and space through vehicles other than the speaking subject" (2008: 18), where hallucinatory experiences of migrants are understood as manifestations and enactments of a haunting. Cho engages with the story of her own mother who, crucially, never spoke of such story. In reconstructing the traumas of war, displacement, and racial assimilation, Cho employs an autoethnographic methodology that includes fictions, creative writing, fantasies, and non-linear temporalities (2008). Forms of diasporic and mediated vision are therefore framed as ways of listening to hallucinations and voices, ways of *seeing* through another's *voice*, and of remembering what was never spoken of (Cho, 2008; Blackman, 2012b). In this work, I refer to such perceptual modes as offering a platform for synaesthetic forms of registering Gorizia's crisis, where the researcher credits shivers, discomfiting feelings and psychosomatic states – both her own and those described by her participants – as assets for investigating notions of 'heaviness', 'atmosphere', and a psychic economy of trauma.

various expressions employed in accounts of several ‘old nurses’, who describe feelings of discomfort with current practice. These examples include notions of “exhaustion” (Pamela), feelings that “now, it’s all about money” (Cesare), or expressions such as “it was better when it was worse” (Angelo, quoted by Gaetano). Furthermore, in October 2011, a member of the administrative staff who enthusiastically embraced the ‘return to a Basaglian path’ in the 1990s, had asked to be transferred from the Mental Health Department and during his last week of work, when I interviewed him, he remarked: “it’s just... it’s sad to see that things always return to previous states” (Enrico).

[Entry from my journal, Gorizia, 5 October 2011]

They have agreed to let me work in the basement. [Enrico] showed a sad enthusiasm, he showed me around the building, invited me to use the photocopy machine if I need to, he said ‘trust me, whatever you are going to copy, it will be a lot more valuable than what gets copied here, these days’.

I smiled nervously, my stomach was sinking, there is something very depressing about all this.

I choose to focus on ‘nausea’, rather than on these other expressions of discomfort, as it directs to forms of carrying “things we don’t know” (Tranchina, 2006a: 10) that are very much embodied.

4.2. Nausea and the body

Painfully undeniable for the nauseated subject, but also invisible and impalpable, like Gorizia’s ‘heaviness’, nausea is something “you can feel”, but cannot see (Bruno). Like ‘atmosphere’, nausea is diffuse, everywhere and nowhere at the same time, it affects the entire body, but it can hardly be placed. It is not a wound, a bruise, or an infection. Nausea, *per se*, does not kill, but it can make time unbearable. It is destabilising, generating forms of dizziness and queasiness, affecting one’s sense of balance, the stability of the world around, and affecting

movement – its etymology indeed referring to ‘seasickness’ – making one want to stay still, perhaps even to ‘trench up’. Between a symptom and a sign, a condition and an adverse reaction, nausea is also an assemblage of symptoms – such as upset stomach or migraine – and yet, it is not reducible to any of those.

I here frame it as a form of non official, non documented, and hardly documentable discomfort that, in a quest for a platform where to speak from, materialises on the body (Davoine and Gaudillière, 2004). This embodied sensation, or bodily quest, mediates the relationship between the subject and the institution, as a form of “everyday emotional distress”, a texture of everyday experience, that might “often [be] the only sign that trauma’s effects are still being felt” (Cvetkovich, 2003: 3).

While nausea might affect an individual, its qualities and effects are not confined to this subject only, but they involve relations to other humans and non humans. Nausea here manifests in and operates through a “devastated” body (Martino), to express a social setting of “disaster” (Martino), and a trauma that belongs to the individual, the collective, and the institution (Davoine and Gaudillière, 2004).

4.3. Psychosomatic states as mediation

In this context, ‘nausea’ therefore becomes a tool of analysis akin to the feelings of enthusiasm and repulsion that I experienced in the damp basement of the hospital, creating an affective economy between bodies, objects, psychic attachments, and forms of meaning making (see Ahmed, 2004a).

While it unfolds as a response to phenomena that might be located either inside or outside the body, nausea, unlike disgust, is not triggered by a specific – conscious – object that one rejects (Ahmed, 2004b: 87). It does not *enter* the body from the outside, but *originates within* the body, sometimes as a reaction to something one

does not know. Within a trauma discourse, ‘nausea’ can be connected to historical events, produced as an affective *experience of* and a *response to* events (Cvetkovich, 2003; Walkerdine and Jimenez, 2012), simultaneously a form of meaning making, an effect, and an enactment of Gorizia’s remembering crisis. Participating in the assemblage of this crisis, ‘nausea’ is not ‘found’, but it unfolds historically, socialised but not purely social, involving individual practices and feelings.

However metaphorical, embodied psychic and somatic states constitute not only signs and manifestations, but also performances and enactments, non representational stages where a ‘crisis’, or ‘the heaviness of Gorizia’, might unfold. Crucially, such transformative states have an impact on bodies, on the ways in which one relates to the world, and on one’s actions. Insomnia and cigarettes, the perception of the ghost of an unhappy woman in the flat where I was living, feelings of emotional loneliness and anxiety, and their incommunicability, thoroughly permeate this study – at times overtly and at times clandestinely. Like ‘nausea’, they thus constitute agents, whose unfolding bears important consequences that exceed one’s private life, and come to channel a text, health care approaches, and modes of remembering and enacting the past.

4.4. Nausea and nostalgia

As a psychosomatic state, nausea simultaneously spills and it is dragged *around* (Guattari, 2011: 10; Guattari, quoted in Pelbart, 2011: 78), offering a platform for understanding ‘the Basaglia experience’ in relation to healthcare approaches, bearing important effects on the channelling of a remembering crisis.

While it is not contagious, the nauseated body has the capacity of affecting other bodies, through a “potential for psychic or psychological attunement” (Blackman,

2012a: xxv), thus shaping the unconscious dimension of this institution. The construction of this unconscious is a form of “machinic creationism”, extending beyond human subjects (Guattari, 2011: 155 and 159), encompassing and investing formal changes and informal anomalies, feelings of enthusiasm and photocopy machines, myths and articles, coats of paint, layers of dust, forgotten leaflets, trips to the seaside, and a doctor’s white coat, for ‘nausea’, like memory, is not discrete (Carsten, 2007: 6).

Such sensations, as “forms of remembrance that are practiced” (Bell, 2007: 41), correspond to an analytical shift “from record to performance” (Blackman and Harbord, 2010: 316), connecting bodies and institutions, past and present. Indeed, ‘nausea’ here directs to nostalgia, to perceived contrasts between past and current approaches, a progressive loss of informality, enthusiasm, impetus of opposition, which break down previous modes of meaning making, self understanding, and forms of ‘holding together’ (Walkerdine, 2010; Walkerdine and Jimenez, 2012). Both ‘nausea’ and nostalgia are not ways of *representing* the past, but of *experiencing* it (Moore, 2006: 6), where nausea comes to concretely embody the pain of loss (*algos*). This pain of loss, however, is not directed to a specific object – such as Basaglian methods, or national visibility – and nausea and nostalgia thus emerge as forms of longing for an unknown, removed object.

4.5. Fighting against

In November 1972, a physician from the new team – ‘the mercenaries’ – felt “a sense of uneasiness”, upon arriving to Gorizia, where the torrential rain made her feel like “Gorizia [was] crying for its doctors, who [were] about to leave” (Cristoferi Realdon, 1981: 9). If *Gorizia* was ‘crying’, many staff members were about to

engage in a two decade fight against what they would perceive as non-Basaglian, or even anti-Basaglian, approaches to care since, indeed, they had ‘lost their doctors’. If *what* had been lost was initially clear, the pain of such loss was directed to the outside, as a form of mourning, metaphorically encapsulated in tears, and later materialised in years of political opposition. However, as the object of loss became less clear – the meaning and effects of ‘the Basaglia experience’ turning into a contested ground – opposition was made preposterous. Over time, Gorizia substituted ‘ferocious resistances’, ‘moral and political lynching’¹⁸¹ and tears, with a ‘sense of nausea’. During the ‘Restoration’, discomforts were channelled onto – or against – ‘the new doctors’, ‘the mercenaries’, or ‘the politicians’ (Angelo, Francesco, Adriana, Roberto), and if staff felt like “prison guards” (Papuzzi, 1990), there was a clearly identifiable ‘warden’ with whom a discussion – or a “back breaking fight” (Cristoferi Realdon, 1981: 30) could be held.

Have you ever heard of someone named [Angelo]? He was my worst political enemy [in the 1970s]. I ran into him quite recently, and he told me ‘you know, it was better when it was worse...’

(Gaetano – former Provincial Councillor)

In fact, in the 1970s and 1980s, nurses were organised into discussion groups, such as C.O.S.P.,¹⁸² they were holding disputes with the Province, and initially arranging meetings as a local body of ‘Democratic Psychiatry’ (Beatrice, Roberto). As a nurse who used to take part in these debates comments, “at least we had an interlocutor [...] because fighting can be useful if it leads to a negotiation. But fighting for its own sake, like now... it’s destructive for everyone” (Beatrice).

¹⁸¹ These terms are some of the recurrent expressions I encountered in the leaflets in the Moser archive, which document the protests of nurses during the 1970s and 1980s, as I outlined in Chapter Three.

¹⁸² C.O.S.P. (Comitato Operatori dei Servizi Psichiatrici), was the organisation created by a group of staff members in December 1972, after the arrival of the new team in Gorizia, to express anxieties over the future of psychiatric services, promoting exposure of the problem in the local paper, liaising with politicians and trade unions, as I discussed in Chapter Three.

4.6. Nausea and melancholia

When the object of loss cannot be clearly identified, and it gives rise to ‘a sense of nausea’ – unplaceable, diffuse in time and space, destabilising, and ‘destructive for everyone’ – the complexities in remembering ‘the Basaglia experience’ assemble with the ‘character’ of Gorizia, which members of staff describe as a “melancholic city” (Bruno), incessantly affected by a “siege syndrome” (Andrea). As a physician who arrived in the early 1960s states,

At a psychopathological level, there were syndromes that don't exist in other places, syndromes of persecution [...]. Then I began to realise it was a persecutory allure that was widespread in the city, I mean, with its history, it's quite natural [...], this persecutory aura...
(Fabrizio)

Descriptions of ‘syndromes’ and ‘persecutory allure’, where “devastated” nurses displayed “para-psychotic reactions” and “expectations of salvation” (Martino) direct to situations where “the object has not perhaps actually died, but has been lost as an object of love” (Freud, 1978a: 245). Freud’s distinction between mourning and melancholia indeed revolves around the identification of what has been lost and the effects of (not) clearly recognising such an object. Caught in disputes around what ‘the Basaglia experience’ had been, the institution perhaps did not engage in a “healthy mourning process. [And] without such mourning, the memory becomes agony and this agony transforms the bodies of the victims” (Longinovič and Tomsič, 2003: 15).

Unlike with mourning, the pain of melancholia is not projected outside, but it “consumes” its subject through a “profoundly painful dejection” (Freud, 1978a: 246 and 244), a nausea that, over time, ‘devastates’ the subject. In fact, “[i]n mourning it is the world which has become poor and empty; in melancholia it is the ego itself”,

through a progressive “inhibition of activity” – such as forms of ‘cankering’ and ‘trenching up’ (Martino) – and the “lowering of self-regarding feelings” – or ‘expectations to be saved’ (Martino) (Freud, 1978a: 246 and 244). These forms of (self) destructiveness, and ‘devastation’, progressively contribute to the “breaking down [of] the sense of containment” (Walkerdine, 2010: 97), to diminishing enthusiasm on the job, ambivalent feelings around staff kitchens, projects of social inclusion, and photocopy machines.

4.7. Finding an object

In Walkerdine’s analysis of community and trauma, Steeltown is threatened by the physical and psychic loss of the factory, forcing gender roles and familial relationships to be reconfigured (Walkerdine and Jimenez, 2012). By contrast, Gorizia has not only *not lost* a physical object, but the psychic boundaries of the object of loss are extremely hazy, subjected to periodical disputes, controversies, and attempts at rebuilding and rewriting.

Once the approach of psychiatric services is formally redefined as a ‘return to a Basaglian path’, the ‘nausea’ caused by the pain of an ineffable loss somehow becomes illegitimate. Rather than bringing closure to Gorizia’s relation with ‘the Basaglia experience’, such formalisation has over time radicalised feelings of discomfort. In fact, “[w]hen history is removed and uplifted on inaccessible pedestals [...] without being told in its entirety, there is no possibility for a healthy mourning process” (Longinovič and Tomsič, 2003: 15).

New psychic objects that ‘hold the community together’ (Walkerdine and Jimenez, 2012; Walkerdine, 2010) and have a relationship with ‘the Basaglia experience’ have developed, mildly paralleling the feelings of political antagonism that animated the

previous decades, in order to create a sense of ‘tight-knitted-ness’ that can produce a safety net not provided by external conditions (Walkerdine and Jimenez, 2012: 25). In this quest, two issues regularly emerge in the interviews as concrete entities that serve these purposes. While different in their nature, they direct to similar discourses that contribute to construct an object of fantasy, against which Gorizia can partly project itself and its ‘sense of nausea’. The first topic revolves around the ethics of social cooperatives, while the second involves a project of reconfiguration of health care management in the area.

4.8. Forms of power

4.8.1. Social Cooperatives

Social cooperatives that provide work for service users have been landmarks in the development of alternative psychiatry in Italy from the 1970s, initially conceived in the city of Trieste (see Dell'Acqua, 2007). Over the years, they developed into ‘type A’ and ‘type B’ cooperatives, where the former are services providers, and the latter are multi stakeholders structures that offer work placements to marginalised groups, such as the physically or mentally disadvantaged, or individuals with substance addictions (Borzaga, 2001; Social Enterprise London, 2002). ‘Type B’ social cooperatives benefit from publicly subsidized start up costs, special tax advantages, and the opportunity to contract with governmental bodies without having to compete with ordinary businesses (Burti and Benson, 1996). In order to qualify as a ‘type B’ social cooperative, at least 30% of employees must be “physically or mentally disadvantaged” (Law 381/1991, art. 4).¹⁸³ The importance of paid work in the re-

¹⁸³ The first ‘type A’ cooperative in Gorizia was developed in 1976, as a small supermarket for staff members, inside the complex of the hospital (building 17), and it developed into a ‘type B’

socialisation of distressed subjects, which a member of the family association in Gorizia defines as “50% of the cure” (Filippo), had already emerged in the 1960s. As a patient in the psychiatric hospital had put it, “in here, we just turn into mould, we should work” (General Assembly, 17 May 1967, in Vascon, 1971: 41).

While social cooperatives are one of the most internationally acclaimed phenomena in alternative psychiatry movements in Italy (Ramon, 1995; Gonzales, 2010), local perspectives of health care staff at times identify them as “strategies for nurses to get away from ass-wiping nursing tasks” (Cesare), or “money making hubs for the A.S.S.” (Angelo, Beatrice). Social cooperatives are at times criticised for paying the users too little, while the remaining State funding “goes into the pockets of those on top” (Cesare). In addition, they are often reprehended for providing only short term employment, or ‘fake work’ (*lavoro fittizio*) – jobs that do not contribute to the development of a proper career (Gallio, 2000).

There are cooperatives with cleaning jobs, or jobs... humble, but necessary, OK, but if there are skills in some people... that go beyond cleaning... [...]. For someone who has some specific skills and abilities, it can be degrading to only be given the chance to sweep the streets.

(Filippo – member of the Family Association in Gorizia)

4.8.2. Area Vasta

In the early 2000s, the proposal emerged of unifying the six Regional Local Health Companies (A.S.S.s) into either a single A.S.S., or three smaller ones, raising fierce debates in Gorizia. The project – significantly named *Area Vasta* (‘Vast Area’) – entails, in the first scenario, that Trieste will become the only Regional A.S.S., and in the second scenario, that the Local Health Company of Gorizia will be assimilated into that of Trieste. As a health administrator explains, the project is motivated by

cooperative *Il Cammino* in 1983, where employers would work for a typography, cleaning cardboard and preparing it for commercial printing, as a former member of staff recollected (Massimo).

the need to optimise public spending in health care and “re-organise, simplify, ration the resources, redistribute the services, so that they are homogeneous in the Region” (Mattia).

Part of the public concern around the *Area Vasta* project in Gorizia importantly revolves around the risk of losing a number of hospital services – such as the maternity ward – and, in the context of mental health care, the potential loss of decision making power, the D.S.M. of Gorizia becoming a peripheral body of the Trieste D.S.M.. However, preoccupations seem to be not only confined to the practical availability of health services.

Elena: *So, Gorizia would be absorbed into the Trieste A.S.S.?*

Mattia: [Long silence. He sighs] *This is a very political and scorching issue... [...] I think there is this fear... but one has to be objective, because all this parochialism is... the fear of losing something...*¹⁸⁴

The ‘political’ side of the issue is here tied to perceived forms of ‘parochialism’ (*provincialismo*), preoccupations and attachments to local feelings about the status of the city. At the same time, however, the ‘scorching’ element in this debate, is not solely the ‘fear of losing something’ but, crucially, the bitterness of ‘losing something’ *to Trieste*.

4.9. Gorizia and Trieste

4.9.1. The site of power

Discourses around cooperatives being “just a big business” (Cesare) and around the *Area Vasta* project as only serving the interests of “those on top” (*quelli che stanno sopra*), through “decisions from above” (*ordini che vengono dall’alto*) (Enrico, Beatrice, Bruno) also reflect what some staff members perceive as a disinterest in the

¹⁸⁴ Mattia is the current Health Director of the Local Health Company (A.S.S.) Alto Isontino Integrato (see pp.112-114).

experience of patients, exemplified in practices such as “locking oneself up in the staffroom” (Beatrice). The figurative location of ‘those on top’, from where ‘decisions from above’ propagate, and financial sources are allocated, is generally identified as the city of Trieste which, being the Regional capital “has always been richer than Gorizia, in terms of both State and European funding” (Mattia).

The historical uneasiness between Gorizia and Trieste (Fabi, 1991) is popularly played out in social stereotypes that mock the Triestian accent, and generally portray Triestians as disorganised, lazy, and approximate.¹⁸⁵ Attracting more tourists, leaning upon the seaside, a more densely populated city, with a much larger and more prestigious university, with a dynamic nightlife and more intense cultural programs, the city of Trieste holds an important psychic role for Gorizia.

Identified as the location of power, management, and decision making, in the form of its Local Health Company (A.S.S.) and its Mental Health Department (D.S.M.), it becomes an object – or a place-subject – of fantasy, for Gorizia, in a quest for psychic survival, where the threat of loss of status and material health services are intertwined. As a former director of the Gorizia D.S.M. states, “if you take the hospital away from Gorizia, they will die, because Gorizia lives of its institutions” (Martino). In a quest for a “defensive possibility of continuity in a sea of enforced change” (Walkerdine and Jimenez, 2012: 91), sentiments of frustration around one’s work previously directed towards the Province or the openly anti-Basaglian Direction manifest through ‘nausea’ – indeed, in its etymology, a form of seasickness. If the building of the psychiatric hospital similarly ‘held the community together’ – through mediatised debates and periodical manifestations of indignation

¹⁸⁵ These popular stereotypes are common in the region, and each province is associated with certain characteristics. Notably, the Gorizian stereotype is of ‘fascists’, obsessed by rules, conservative, and square.

– from the periphery of the city, Trieste becomes a psychic figure with functions of ‘holding together’ from forty kilometres away (Walkerline, 2010).

4.9.2. Trieste as ‘the new Gorizia’

Trieste is only a thirty minute drive away. The journey, when leaving Gorizia, starts with a road referred to as *il Vallone* (‘the Big Valley’), and moves towards the coast as one approaches Trieste, through a road that sharply bends. This distance – but relative geographical proximity – has an important psychic role in feelings of uneasiness towards the city, which – beyond the current threats of the *Area Vasta* project – has played a controversial part in the psychiatric history of Gorizia.

In fact, Trieste is connected to many of the grievances, feelings of shame, and debates around ‘the Basaglia experience’ for, as a former member of the Basaglia team in Gorizia explains, Trieste became “the actualisation of what could not happen in Gorizia” (Fabrizio). Ever since “Trieste conquered the title of propelling centre and symbol-city of new psychiatry which, had it not been for the cultural backwardness of the Gorizian Christian Democracy, was due to Gorizia” (Chiarion, 2009: 9), Trieste became “the new Gorizia” (Lugli, 1974). In fact, in the midst of “the highly publicized failures of ‘deinstitutionalization’ in major American cities,” Trieste proved that “there is at least one city in the world that seems to have made it work” (Boffey, 1984).

Resentments of having been ‘substituted’ have been further exacerbated by occasional conflation in media accounts, due to their geographical proximity: “the two cities are close, and they get confused as if they were the same thing...” (Pirella, quoted in Simoncini, 1996a: 12), with “the effect that elsewhere one hears about the experience of Trieste as if it has been the first and the most important” (Simoncini,

1996a: 12). Throughout the 1970s and 1980s, Trieste – where Basaglia was successfully opening the hospital – was considered “like an enemy” (Bruno) for Gorizia, as a member of staff recollects.

4.9.3. The model hospital of Trieste

As a city with “lessons to offer” in alternative psychiatry (Cohen and Saraceno, 2002: 191), Trieste has consistently produced cultural and medical programmes and syllabi, often focusing on Basaglia’s work in the city, framing the practice of the D.S.M. as coherent “with the philosophy that inspired the reform” (Norcio, 2009: 175).¹⁸⁶ While several hospitals across the country operated a successful policy of deinstitutionalisation in the years preceding and immediately following the passing of Law 180 in 1978,¹⁸⁷ the ‘model example’ remains the hospital of Trieste, whose D.S.M. “has represented and still represents a place of efficiency and innovative projects that is very particular, if not unique” (Norcio, 2009: 174) (see Figure 57).

In Trieste, Basaglia’s work of deinstitutionalisation became highly mediated through a series of cultural and popular events held inside the hospital walls in the 1970s,¹⁸⁸ and the city established its reputation as a place where “care was more ‘supportive’ than ‘medical’” (Boffey, 1984; see also Barengi, 1984). Since 1974, the World Health Organisation (WHO) has conducted extensive research on psychiatric practices in Trieste as a “model for deinstitutionalisation” (World Health Organisation, 1978; Boffey, 1984). In 1987, the Trieste Mental Health Department

¹⁸⁶ For example, ‘The Permanent Conference for Worldwide Mental Health – Franco Basaglia: Trieste 2010: What is Mental Health?’ (February 2010), ‘Beyond the Walls’ conference (April 2011), and the yearly ‘Franca e Franco Basaglia Summer School’ (*Trieste Salute Mentale*).

¹⁸⁷ In particular, the hospitals of Arezzo, Perugia, Pordenone, Genova, and Torino (Venturini, 2008).

¹⁸⁸ These events included, for example, a concert by Ornette Coleman and theatre productions with renowned playwright and actor Dario Fo; a flight to Venice with over a hundred patients, to which David Cooper also took part, in 1975; and the hosting of the Third International Réseau of Alternative Psychiatry inside the hospital structure, in 1977.

officially became a WHO Collaborating Centre, and it began to promote a rich program of exchanges, conferences, internships, summer schools and international research groups on community psychiatry, collaborating also with University College London, as well as with NGOs groups such as the International Mental Health Collaborating Network. In 2005, the Department was elected Leading Collaborating Centre for Service at the Helsinki Declaration and Mental Health Action Plan (*Trieste Salute Mentale*), and in 2010 it was once again nominated a WHO Collaborating Centre for Research and Training in Mental Health, presenting a model of care that some hope “will spread across Italy” (Norcio, 2009: 176).



Figure 57: View of the main road inside the former Psychiatric Hospital of Trieste, February 2012

4.9.4. The ivory tower of Trieste

If, on the one hand, Trieste is internationally recognised as the representative bearer of a Basaglian legacy, on the other hand, it is sometimes perceived as an “octopus” in implementing – or directing – mental health care policies in the Region (Martino), as a former Director of the D.S.M. in Gorizia puts it. Understood as the site of power

of ‘those on top’, Trieste is significantly described by a former nurse from Gorizia as a “notorious ivory tower” (Angelo). This figuration as an ‘ivory tower’ expresses Gorizia’s grievances on at least two levels.

First, it expresses resentments about being subjected to its Regional managerial authority in mental health care practice, in ways that have been perceived as hostile and patronising. As a former Director of the D.S.M. in Gorizia describes, when trying to revitalise psychiatric services in Gorizia, in the late 1990s, “Trieste hasn’t been my friend at all. It has a kingdom-like structure. [...] There was enmity, a caste system... you either asked them what to do, or you were ‘against’, dangerous...” (Martino). The Trieste Mental Health Department (D.S.M.) has in fact been apprehended for “pursuing business interests, defending personal privileges”, where a “fanatical and nepotistic management of power” is implemented through career obstructionism (Segatori, 2010: 24 and 34).

Secondly, Trieste is also associated with an ‘ivory tower’ due to its ascendancy in carrying forward and remembering Basaglia’s work. To a physician who was studying there in the early 1980s, Trieste already appeared as “quite closed up into a post-Basaglian approach, not Basaglian, but post-Basaglian” (Alberto). The place where, perhaps, Basaglia got surrounded by practitioners “more Basaglian than himself” (Jervis and Corbellini, 2008: 94), now harbours a legacy that has been described as one of “inane and impromptu devotees” (Magris, 2009), even with some “slightly obnoxious identifications” (Martino). The same group – popularly referred to as ‘*i Triestini*’ (‘The Triestians’) – has been accused of excessive “sentimentalism”, an “auto-celebratory description of its own practices and successes” and an “impermeable over-consideration” of such work (Segatori, 2010: 26).

However, as an internationally visible and nationally ‘notorious’ representative centre of deinstitutionalisation practices, Trieste also attests itself as “the only bastion against a movement that tends to reaffirm the asylum model” (D’Alessandro, 2008: 261), where its programmes and syllabi aim to reassert the value of Law 180 against cyclical proposals of reform (Benevelli, 2010; Bondioli, 2009). In this endeavour, ‘Franco Basaglia’ – as the ‘father of Law 180’ (Pison, 1980) and “the man who closed the *manicomi*” (Pivetta, 2012: 30) – and *his* accomplishments in Trieste constitute discursive currencies that are often employed as measures of good psychiatric practice across the Region.

5. Currencies of a legacy

5.1. Basaglia’s Law

In her work on the history of Italian psychiatry, Babini notes that

Law 180 was not ‘the Basaglia law’, as it was immediately defined after its promulgation [...]. It should not even have been a law in itself, but part of the National Health System law. And yet, that encapsulation, while transitory, separated and distinguished it, making it an easier target for attacks (Babini, 2009: 290).

The caption ‘Basaglia’s Law’ perhaps implies more than ‘making it an easy target for attacks’, a misconception, or a popularised slogan. ‘Basaglia’s Law’ embodies the *myth* of Franco Basaglia, “a man who managed to transform his extraordinary sensibility into intelligence, intelligence into theory, and theory into a concrete endeavour” (Tommasini, 1994: 116). By 1973, he was portrayed as “the Messiah”, “the Sun King of antipsychiatry” (Chiocci, 1973), the “anti Pope, pontiff of psychiatric dissent in Italy” (Zincone, 1973), and as Babini puts it, “Italy in the 1970s was ‘Basaglia’s country’” (Babini, 2009: 177). As a family member describes,

he took up all the space, he was like a bulldozer [...], and this was the only way he knew how to move [...]. If one wanted some space, one had to move away.
(Ippolito)

The institutionalisation of his charisma made him the one and only representative of a cultural movement that, in fact, involved a variety of subjects, from his wife, to physicians, nurses, volunteers, patients, and political activists.¹⁸⁹ Ensnared into an idealised character, he perhaps became “a victim of his own fame” (Jervis and Corbellini, 2008: 94), portrayed as a target of institutional resistances in many mainstream accounts.¹⁹⁰ For example, the feature film *La Seconda Ombra* (Agosti, 2000) has been reprehended for ‘sanctifying’ his figure (Pirella, 2000; Di Giannantonio, 2000), to the point that family members were initially doubtful about the making of the recent *C’era una Volta la Città dei Matti...* (Turco, 2010), fearing it might portray him “as some sort of Saint Francis” (Cinzia).¹⁹¹

5.2. Basaglians

Everyone is a Basaglian nowadays. [...] but they don’t know what they are talking about! He would be turning in his grave, if he saw what they are doing with his name.
(Beatrice – current nurse)

Then, they all became Basaglians, but it wasn’t like that... Now, too, they are all Basaglians, aren’t they?! [smiles]
(Francesco – former nurse)

¹⁸⁹ Most notably, Giovanni Jervis, one of Basaglia’s closest collaborators in Gorizia is barely mentioned in my interviews, as “an ambiguous figure” (Adriana), and he is often circumvented in the literature. After leaving Gorizia, Jervis analysed some of the limits in the work the team had conducted, and exposed some problems within the team itself, denouncing Basaglia’s authoritative personality (Jervis, 1977; Jervis and Corbellini, 2008). This dispute also led to a personal clash between Jervis and Basaglia in the editorial field (Ippolito). Shortly after his death, Jervis was defined as “the psychiatrist who abandoned Basaglia” (Tolusso, 2009; see also Venturini, 2009).

¹⁹⁰ Significantly, it is popularly divulged that he was *ousted* from both the university clinic in Padua in 1961, and from the hospital of Gorizia in 1968, even though he belied these accounts himself (Basaglia et al., 2008: 96, 100).

¹⁹¹ While in the latest production *C’era una Volta La Città dei Matti...* (Turco, 2010) Basaglia’s character appears as more complex, and collaborators are given meaningful roles, some topical moments are theatrically staged, and some problematic events – such as the Gorizia homicide in 1968 – are somehow assuaged (see Segatori, 2010).

Caught between the myth and its abuse, his name has the power to legitimate, credit or reproach, as a recent publication that even coins the term ‘the Basagliated’ exemplifies (Lupattelli, 2009). Doing things ‘in a Basaglian method’, ‘in a Basaglian spirit’, ‘as Basaglia would have done’, indeed became an insistent rhetoric in interviews and conversations since, as a nurse comments, “everyone has his name on their lips” (Patrizio).

In his critique of a Basaglian legacy – mainly directed to psychiatric practice in Trieste – psychiatrist Adriano Segatori attacks ‘Basaglianism’ as a “Gospel” (2010: 318), “a doctrinaire system that is indisputable, untouchable, eternal” (2010: 34), where the anti-institutional movement appears to have crystallised into an idealisation of the past.

In this context, the tendency of conflating historical events and personal biographies, and the teleological reinterpretation of circumstances in view of events to come, are recurrent tropes in the popularisation of Basaglia, even when the caption ‘biography’ is employed (Pivetta, 2012). From a historian’s perspective, Matteo Fiorani relates this “crystallisation” to a “selective attention for the past”, where memory prevails over history in many accounts produced by those who directly experienced this season of changes in the 1960s and 1970s (2010: 31 and 17).¹⁹²

5.3. The man, the phantom, the myth, the wolf

I’ve suffered so much in my youth, you know? Thirty years... I’ve been inside, you know, thirty years... then, luckily, this poor doctor who then died arrived, Basaglia... he did us good... he put us... he took away all fences and walls, because everything was closed, you know? Where the ward was... he made everything come

¹⁹² For example, Basaglia’s close collaborator in Trieste, Peppe Dell’Acqua, recently published a new edition of his *Non Ho L’Arma che Uccide il Leone* (‘I don’t Have the Weapon that Kills the Lion’), where he narrates the opening of the psychiatric hospital in Trieste, writing in an almost fable-like manner, deliberately and openly mixing facts and personal memories (Dell’Acqua, 2007).

down, the walls, open the gates... open the gates, Elena, and then he did, he did... freedom [...] and then I worked for twenty years... all thanks to Basaglia, you know?
(Lucia – former patient)

Lucia: *I'm old now... I can't see properly... I only hope to turn 80 and then go.*

Elena: *Go where, [Lucia]?*

Lucia: *To meet Basaglia!*

We need other Franco Basaglias, then the world would really change...

(Francesco – former nurse)

Almost a god-like figure for the patients, described in the hospital magazine as their “beloved Director” (*Il Picchio*, November 1962), a charismatic leader for his colleagues, frequently portrayed as Gorizia’s “scapegoat” (Pivetta, 2012: 194), the man who performed a “Copernican revolution” (Pitrelli, 2004: 44), the “father” and “undisputed protagonist” of Law 180 (Pitrelli, 2004: 19), Gorizia was left with the debris of the controversies over what ‘the Basaglia experience’ had represented. And in the attempt to establish a linear past, the gaps of what cannot – or does not want to – be remembered, often become filled with desires and projections that vary across the years.

When the team resigned from the hospital in Gorizia, in October 1972, journalists were insistently asking ‘has Basaglia something to do with this decision?’. In his reply, he referred to the tale of Red Riding Hood: “this is my role in this. For Gorizia, I am the wolf” (“Mi son el lupo”, 1972). Indeed, after the team left, in Gorizia, where the “revolution” had been “betrayed” (Rizzon, 1972), “the figure and the work of Franco Basaglia [had] by [then] become only a memory, an ‘affectionate’ one for some, and an ‘embarrassing’ one for others” (Marchesini, 1973), and the following Directors were sitting on “a rather uncomfortable chair” (Morace, 1982).

The ‘repossession’ of the hospital park in the 1990s, various official practices of memorialisation, and the framing of a formal adjustment of psychiatric services to

national standards as a “return to a Basaglian path that had been interrupted” (Enrico), constitute various means to “pay homage” (Scandolaro, 2007) and “repay the debt that Gorizia had contracted” with the figure of Basaglia (Chiarion, 2009: 8). To various degrees, these practices involve operations of “smoothing over the gaps” (Cho, 2008: 17), that have been created by the oscillations between ‘affection’ and ‘embarrassment’. The site of the former psychiatric hospital, the state of buildings, and the anomalies of the psychiatric services over the years are publicly visible venues that are periodically subjected to debates in the community. However, gaps can also be levelled through attempts at reinventing the past which engage with less publicly visible symbols of ‘the Basaglia experience’, employed as currencies in the ‘repayment of a debt’ (Chiarion, 2009: 8).

5.4. Manicomio residue

5.4.1. ‘Basaglia’s last *matti*’

In late October 2011 – shortly after *Conoscere e Sperimentare per Evolvere*¹⁹³ – the local paper *Il Piccolo* informed its readers that “Basaglia’s last *matti*, the last witnesses to the revolution” are now “cuddled at Villa San Giusto [a local care home], after many evictions they did not deserve.” They now live “with a psychologist who helps them to live better lives”, and the article concludes by stating that “this is the least we owe to Basaglia’s last *matti*” (Covaz, 2011).¹⁹⁴

Some of the tensions that construed Gorizia as the place of the “halved reform” (Riforma dimezzata, 1988), gravitated around what was referred to as ‘*manicomio residue*’ (*residuo manicomiale*) (Realdon, 1988a; Realdon, 1988b). While I heard

¹⁹³ This is a public symposium that took place in October 2011, which I described in Chapter Four.

¹⁹⁴ Some of the data I employ in my discussion of this group of patients also come from a number of informal conversations I entertained with the psychologist who works with the group (Adele).

this term in various interviews and conversations in my initial months in Gorizia, it took me some time to realise that interviewees were not referring to decaying buildings, adoption of ‘reactionary’ therapy, or power hierarchies that were perhaps a legacy of ‘the closed *manicomio*’.

It took me some time to realise that, in Gorizia, ‘*manicomio* residue’ referred to over two hundred patients that after 1978 – when psychiatric services were moved outside the psychiatric hospital complex – were still living in the hospital facilities, and could not be discharged because they were “too old”, or “too institutionalised”: “chronic patients” that had nowhere to go (Martino). From 1978 to 1995, they continued to live in the former *manicomio* facilities, due to “lack of funds for creating alternative structures of care” (Realdon, 1988b).

5.4.2. Living in the institution

Their parable from the closed *manicomio*, to a residential ward inside the hospital, to a care home in the nearby town of Cormons, has now taken them to a religious care home in Gorizia where, unlike in the previous one, rules are strict and timetables are non-negotiable.

Elena: *Did you notice any particular differences [in the 1960s] between the manicomio of Gorizia and other manicomi in the country, that you visited?*

Francesco: *All the manicomi are the same. You’ve seen one, you’ve seen them all. Nothing changes. Especially the walls...*¹⁹⁵

‘Basaglia’s last *matti*’ currently live in the aseptic environment of any care home.

You’ve seen one, you’ve seen them all. Especially the walls. As the psychologist

¹⁹⁵ Francesco is a former nurse who began to work in the psychiatric hospital shortly before Basaglia’s arrival in 1961.

who, employed as an ‘educator’,¹⁹⁶ tends to the group, and the guardian of three of them point out,

Sometimes I don’t know what to tell them... the other day, [Miranda] came to me and asked [Adele], what do we do here, apart from drinking coffee and smoking cigarettes?’

(Adele – psychologist at San Giusto care home)

A few weeks ago [in June 2011], after they had been moved to San Giusto, [Carla] asked me ‘how can I be fine here?’ I said ‘What... but it’s such a nice place’, ‘yes, it’s nice, but I’m here and I can’t leave...’

(Aurelio – former head nurse)

The memory of the *manicomio* haunts them in various ways, through nightmares of “beating, beating, beating”, or deafening demands to be tied to the bed, in search for a familiar sense of security. They sometimes lament “feeling controlled, because we can’t even choose the food we want” and “they fill us up with medicines!”. They are also being ghettoised by the entertainment staff of the care home, and dodged before ward parties where families and children are present, as they allegedly “give a bad impression” (Adele).

Having visited these patients in the care home where they currently live on a weekly basis for a period of five months, playing cards, ‘hanging around’, and establishing ongoing dialogues with the psychologist and the guardian, I too noticed forms of this ghettoisation – for example in the use of the facility’s spaces and in the behaviour of other guests and visitors. I also developed an awareness around the frequency of visits – or lack of them – by family members and friends. In this light, I was struck when a former psychiatric nurse, during his interview, without knowing of my visits to the care home, referred to this group as “my friends”, and reported that he “visit[s] them often” (Massimo). Acknowledged to the public not as ‘former asylum patients’, but as ‘*Basaglia*’s last patients’, they participate in personal and public

¹⁹⁶ A ‘professional educator’, in Italy, is a social worker who carries out rehabilitative and educational projects.

performances of loyalty to ‘the Basaglia experience’ and in forms of “reconstructions of monuments of the past” (Boym, 2001: 41).

5.4.3. Their role throughout the years

While they might now be employed as a currency of a Basaglian heritage, as ‘friends’, or as ‘the last witnesses of the revolution’, their presence has not always been a matter of pride, and in 1990, they constituted a “long standing problem, which has been at the centre of debates between the Municipality and the U.S.L.” (*I lungodegenti dello Psichiatrico, ma chi paga?*, 1990). The national newspaper *Il Corriere della Sera* reported that in Gorizia, “despite having been the lab-city”, “alternative structures meant to help, support, and guide, are really not a flagship” (*Chi non volò dal nido del cuculo*, 1988). In fact, the ‘manicomio residue’ remained to live as volunteers in wards C and D Male (buildings 8.1 and 8.3, see Appendix F and H), their number progressively decreasing over the years, due to old age, from 240 (1978), 200 (1982), 127 (1988), 38 (1994), and 26 (1995) (*Come eliminare le strutture emarginanti*, 1978; *Una serie di proposte sui servizi psichiatrici*, 1982; Realdon, 1988a). The ‘manicomio residue’ was a matter of both embarrassment – the inability to apply the law, and to find a place for people who “don’t need medical attention, but only assistance” (*I lungodegenti dello Psichiatrico, ma chi paga?*, 1990) – and of financial difficulties. In fact, being ‘volunteer inpatients’, their subsistence depended on their families or on their Municipality for which, “at times of such crisis” it would have “a considerable impact on the balance sheets” (*I lungodegenti dello Psichiatrico, ma chi paga?*, 1990). The 1978-1991 clash between the Municipality – responsible for their maintenance – and the U.S.L. – responsible for the buildings where they lived – over the financial burden of restoration works to

improve such buildings, at times required mediation and rebuke from the Region, until a compromise was reached in 1991 (Un padiglione ristrutturato diventerà "casa di riposo", 1991). While the restoration works in buildings 8.1 and 8.3 (former Wards C and D Male) were completed in 1995, in 2000 the group was first moved to a care home in the nearby town of Cormons and, in July 2011, to the San Giusto care home, in Gorizia, where nine of them currently live.

5.5. Law 180

5.5.1. Beyond a formal implementation

While Law 180 required the abandoning of psychiatric hospital wards, and the progressive discharge of psychiatric patients, many hospitals in the country struggled to dismiss long term and elderly patients. In 1984 there were still over 30.000 people living as inpatients in hospital facilities across the country, decreasing to just over 20.000 in 1989 (Burti and Benson, 1996). On a national level, *manicomio* residues posed the issue of how to implement a deinstitutionalisation policy, rather than one of dehospitalisation (Debernardi, 1997). While in 1994 Law 724 imposed the closure of structures that were still hosting ‘*manicomio* residues’, in December 1996, there were still over 12.000 inpatients distributed in 75 public psychiatric structures, of which around 6.500 presented psychiatric problems (*Ministero della Sanità*). While any attempt at quantitatively evaluating the progressive implementation of Law 180 faces the lack of consistent data across the decades,¹⁹⁷ with the Mental Health Plans 1994-1996 and 1996-1998, all public psychiatric hospitals have now been formally closed.

¹⁹⁷ Empirical research to assess its effects began in the mid 1980s, but data often remain sketchy, based on local findings, and not always reliable (Burti and Benson, 1996). As psychiatrist Antonio Lora puts it, “there was only a limited monitoring of the dramatic change, and thus [...] the big chance for such a mental health service evaluation was lost” (2009: 5).

The formal implementation of Law 180, however, seems not to have eradicated several problems that the deinstitutionalisation movement aimed to tackle. Beyond an implementation ‘on the paper’, Basaglia had indeed stated that addressing such issues was “a silent revolution, fought day by day, that aims to change people’s heads.” In fact, he continued, “opening a *manicomio* doesn’t mean anything. You can easily do it with some paperwork (Basaglia, 2000: 149). This ‘silent revolution’, however, leaves traces of fear, stigma and shame that still manifest at local and national levels.

5.5.2. Fear and mental illness

In 1977, Basaglia commented on the relationship between mental illness and dangerousness, noting that

[b]y opening the psychiatric hospital, we have terrorized people, but our message: ‘the mentally ill is not dangerous’ has been translated by people in: ‘the mentally ill doesn’t exist’. [...] This is because, used to thinking a-critically, it is possible to conceive that the mentally ill is not dangerous, only if he doesn’t exist (Basaglia et al., 2008: 65-66).

The medical sector itself shows instances of fear towards the mentally ill, and as a nurse from Gorizia reports,

Sometimes when we take a patient to the [general] hospital, the colleagues ask us to stay there, ‘don’t leave us alone with the guy... you never know...’
(Stefano)

On a similar note, in the town of Gradisca, 10 Kilometres away from Gorizia, the recent proposal of creating a Therapeutic Community in the centre of the town was met with perplexities and concerns by the local population, precisely around the aggressiveness of patients, and the centrality of the facility (Murciano, 2012; Fain, 2012b).

The fears of violence and aggressiveness associated with the mentally ill are exacerbated by the recurrent association in the news between ‘mad’ and ‘criminal’ (Fiorillo and Cozza, 2002; Bencivelli, 2005), in a country that has “one of the most advanced laws against prejudice” and “media which seem not to have realised it” (Pitrelli, 2004: 144). Notably, some campaigns denouncing the potential dangerousness of the mentally ill (Lodi, 2009; Materi, 2010) are supported by a number of family associations that are actively involved in lobbying for the hardening of the law (see *Associazione per la riforma dell'assistenza psichiatrica*), which is described as “inefficiency, cruelty, exploitation, and superstition” (*Vittime della 180*).

5.5.3. Family associations

Even at the meetings, some family members wished they could be alleviated of that burden [...]. There are some cases when the person is difficult to control, and for the family, it's a heavy burden... some people say well, if someone could keep him for a couple of weeks, I could rest [...]. Some people have thought about the reopening of these institutions...

(Filippo – member of the Family Association in Gorizia)

Most of these associations began to form in the early 1980s, after the passing of Law 180,¹⁹⁸ and some specifically formed to denounce the destruction of families “because of one person’s fault” (*Star bene con se stessi*, 1988). During the 1980s, in Gorizia and Trieste, Law 180 was being defined as “a terrible experiment on human beings” (Dinelli, 1987), designed to make mothers feel guilty “for a disgrace we didn’t ask for” (Cerni, 1987), to the point that family members hoped for their relative “to commit suicide” or that “the *manicomi* will soon reopen” (comment from

¹⁹⁸ Mainly, A.R.A.P., founded in 1981; D.I.A.P.SI.GRA., founded in 1981; U.N.A.SA.M., constituted in 1993 and comprising of regional sub groups named U.R.A.SA.M.s. (Trincas, 2009; Rose and Lucas, 2007).

the public, in Dipartimento di Salute Mentale - U.L.S. n.2 Goriziana and Direzione Regionale della Sanità, 1992).

5.5.4. Stigma and private care

As a member of the local family association in Gorizia notes, the shame and exhaustion that many family members feel and express in group meetings lead “many families to often look for shortcuts [...], and they tend to hide it, they tend to try private care first” (Filippo).¹⁹⁹ While for other medical conditions, the recourse to private care in Italy is motivated by quicker access to services and better competence attributed to private clinics (*Quotidiano Sanità*),²⁰⁰ the choice of private care in the case of mental illness appears to be mainly motivated by the stigma attached to these conditions. Private care is not only financially burdensome, as some family members point out (Milena, Filippo), but it can also be

completely useless. Because you need a team, not just a psychiatrist who gives you drugs. [...] I think it's impossible to cure in private care, because psychiatrists want to have a life like... they are not available, you call them in the middle of a crisis, and they don't answer! [...] I repeat, it's a waste of time.

(Filippo)

In 1997, various Regions – including Friuli Venezia-Giulia – issued a legislative decree (D.G.R. 356-1370) to limit the impact of private psychiatric practice, restructuring the provision of these services. Following the new regulations, psychiatrists who were employed by the A.S.S. would only be able to continue their private practice inside a C.S.M. building, rather than in an external studio. In Gorizia, from where “one of the most advanced laws against prejudice” “was

¹⁹⁹ The local family association, F.U.S.A.M. (Familiari e Utenti per la Salute Mentale) was founded by three family members in 2011, after they had been meeting informally for several years. It organises events such as trips, anti stigma-marches and social events like carnival balls.

²⁰⁰ In 2012, 85% of dentistry interventions, 32% of ultrasound tests, 49% of gynaecological visits, and 52% of ophthalmological visits took place privately (*Quotidiano Sanità*).

launched” (Pison, 1980), one of the psychiatrists left the Mental Health Department in 1997,

Giacomo: *I had to leave, because the laws were changing, and my ‘professional work’ (attività professionale) would be destroyed...*

Elena: *destroyed...?*

Giacomo: *You couldn’t be a libero professionista²⁰¹ outside the psychiatric hospital... but that’s not sustainable... can you imagine a school headmaster walking into a psychiatric hospital?!*

5.6. The main focus of Law 180

While Law 180 is mainly renowned for ‘closing psychiatric hospitals’ in Italy, the passage reads that “it is forbidden to build new psychiatric hospitals [and] to employ the existing ones as specialist sections of general hospitals” (L 180/1978). This *clause*, on which public attention has focused, appears in Article 7, while the law is composed of eleven articles.

Law 180, in fact, is a legislation on ‘the inspections and treatments of voluntary and non voluntary medical treatments’ (*Accertamenti e trattamenti sanitari volontari e obbligatori*). It is primarily concerned with establishing that treatment is, by norm, voluntary (Art. 1). In cases where “there are conditions that require urgent therapeutic interventions that are not accepted by the ill person (*infermo*), and there are no conditions to adopt an extra-hospital solution” (Art. 2), the medical intervention will “respect the person’s dignity and her civil rights” (Art. 1), and the patient under compulsory treatment (T.S.O.) maintains the “right to communicate with whoever she deems appropriate” (Art. 1). T.S.O.s are limited to seven days – but renewable (Art. 3), and they are “accorded with an injunction by the town mayor [...], following the request of a physician” (Art. 1). The injunction is passed to a

²⁰¹ The term *libero professionista* indicates the possibility, for a physician, to practice both in public institutions, and in a private studio. While the closest translation would be ‘freelance professional’, this rendition seems inadequate in this context, and I have preferred to maintain the Italian term employed by my interviewee.

tutelary judge, who can choose whether to validate it (Art. 3). Basaglia motivated these clauses explaining that T.S.O.s are requested by the mayor because he has been democratically elected and he must answer to the local population, because “medicine is too important to be left in the hands of doctors alone”, without political supervision, and “this is the game of democracy” (Basaglia, 2000: 148 and 71).

Law 180 – and the movement of alternative psychiatry that led to its passing – is therefore primarily concerned with the rights of patients under T.S.O., with subjecting the authority of the medical profession to public scrutiny, and with limiting the recourse to inpatients care only to cases where no other solutions exist (Una legge solo sanitaria difende i malati di mente, 1978). Against these intentions, some nurses in Gorizia feel that

some of the cases we have now... there is almost nothing ‘psychiatric’ about them... [...] I feel like I’m selling smoke. And I’ve been ashamed about this, but I can’t go and tell the patient that what you’re taking is useless, your problems are different. [...] This is the problem of my job today, I feel like I’m selling smoke.
(Beatrice)

A medical (*sanitario*) and psychiatric frame is therefore applied to what are perceived to be ‘non psychiatric cases’. Against informal practices that belong to the ‘back then’, approaches are now characterised by a focus on formal and medical interventions which, in the accounts of many nurses in Gorizia, manifest mainly in three ways, namely the use of medication, views on recovery and discharge, and focus on work *inside* the C.S.M. and 24 Hours Centre.

5.7. Therapy, recovery, and discharge

Ingrained in staff members’ language, across all generations, there is the expression ‘to give the therapy’ (*dare la terapia*) which, quite crudely, signifies providing

medications – in the form of depot injections, delivery or distribution of pills, either at the patient’s home or in the C.S.M., from “the therapy trolley (Maurizio)”

While some nurses believe that “chemistry today performs miracles” (Nicola), even those who are sceptical about these ‘miracles’, still employ the same language.

...and this way of working inculcates these ideas in the patient, that the therapy performs miracles, so it becomes the patient who asks for the pill... it’s all wrong from the start to the end.

(Beatrice – current nurse)

While ‘old nurses’ tend not to employ a vocabulary of ‘disease’, whereas ‘young nurses’ frequently refer to notions of “catching” or “getting the disease” (Maurizio, Paola), views around ‘healing’ are analogous for both generations.²⁰² Complete ‘healing’ is generally deemed unattainable (Giovanni, Nicola), and “some manage to co-exist with it, some get better, and some, alas, remain sad for all their lives” (Maurizio). While these perspectives focus on ‘healing’ from illness, views on ‘recovering from the institution’ can be more optimistic, and a nurse in Gorizia states: “I always tell the families, from psychiatry one can and one must get out!” (Patrizio). ‘Getting out of psychiatry’, however, when achieved through non-medical means, can be controversial. As he continues:

Patrizio: [When she got out] *it was like a defeat.*

Elena: *A defeat?*

Patrizio: [points to rooms next door]

Elena: *I see...*

Patrizio: *You see...? I mean... she did it without the Department, without the blessing of the system [...]. God only knows what you go through when you get out... it wasn’t easy... [...]. Sometimes, it seems like a final dismissal after [someone has been a service user for] many years, it seems like a tragedy, even if the person is well...*

²⁰² The language employed refers to ‘healing’ (*guarire*, or *curare*) rather than ‘recovering’. The difference between ‘healing’ and ‘recovering’ is not clearly explicated in Italian, while in an Anglophone context the recovery model is now an advocated principle in mental health (Ramon et al., 2007; Ahern and Fisher, 1999). The English notion of ‘empowerment’ is also substituted with the term ‘responsabilisation’.

5.8. The place of care

While the C.S.M. provides a spectrum of activities that aim at re-socialisation and skills building, as I have listed above, the perceived locations of health care provision tend to remain the C.S.M. and 24 Hours Centre.

It's all about centring the patients here, and I try to push them away. There's this young man, [he says] 'I came to say hello'. 'No! You call me, we meet for a coffee outside, in a bar, in the centre of town. Don't come here to say hello, because then you stay three hours, and you wander around this place where you don't belong!' Breakfast at Tiffany's?! I don't send anyone to Breakfast at Tiffany's!²⁰³ [...] I always tell them, this is not your environment, your environment is outside, go to the library, go and have a coffee and sit in a bar for the whole day, go jogging, but don't come here, this place is your tomb! Out! Out!
(Patrizio – current nurse)

On the other hand, when asked by family members “what shall we do? I can't have him with me all day long”, some members of staff indeed reply “bring them here, we have so many activities!”²⁰⁴

5.9. A legacy of contradictions

As I have outlined above, Law 180 is popularly renowned for ‘having ruled the closure of psychiatric hospitals’. On the one hand, this sensationalism, deeply connected with ‘the myth of Franco Basaglia,’ has cast a shadow over the “silent revolution, fought day by day, that aims to change people's heads” (Basaglia, 2000: 149), tackling issues such as stigma, fear of the mentally ill, and a solely medical understanding and approach to mental distress. On the other hand, while psychiatric hospitals have been abolished, the ward (S.P.D.C.) or 24 Hours Centre still remain central in the understanding of psychiatric practice. As a nurse in Gorizia describes:

²⁰³ Breakfast at Tiffany's is one of the projects organised by the C.S.M. in Gorizia. From 8.30 to 10.30 am, service users can spend time in a common room, where tea and coffee are made available.

²⁰⁴ This conversation took place between a family member and a member of the administrative staff, during the meeting of the local family association (F.U.S.A.M.) that I attended in February 2012.

I think there are different types of approaches, even here among my colleagues [...]. But I think we tend to be attached to the idea of ‘sanitario’²⁰⁵ ... as a professional category. We find it difficult to disengage from the idea of providing health in a specific place.

(Stefano)

This ‘difficulty’ comprises the re-imagining of illness as a ‘disease’ and ‘therapy’ as ‘medications’, according to a medical model. While illness as a *crisis* was to be socialised and ‘brought outside’, families are now encouraged to ‘bring [the service users here, because] we have so many activities’.

The ‘difficulties’ of staff precisely lie in the contradictions between personal and informal feelings around work approaches, and the periodical formalised rewritings of these approaches. These discordances, ‘difficulties’ and ‘sense of nausea’ thereby shape institutional practice which, in turn, affects individual behaviours, engendering the unconscious dimension of this institution as permeated by gaps and clashes in the understanding of ‘good practice’ and in relation to ‘the Basaglia experience’.

Conclusion

In this chapter, I have explored how psychiatric practice in Gorizia enacts and participates in a remembering crisis around the meanings of ‘the Basaglia experience’.

I have discussed this by focusing on the gaps between formalised institutional approaches – as either ‘Basaglian or non-Basaglian’ – and personal feelings around those, mediated through forms of nostalgia and a ‘sense of nausea’. I have suggested that a progressive loss of a perceived antagonist in the 1990s has been redressed with identifying Trieste as a site of power and authority over health care management and over the currencies for remembering Basaglia’s legacy.

²⁰⁵ The term *sanitario* refers to hospital based healthcare, putting an emphasis on ‘health’ rather than ‘wellness’ (see Greenberg, 1985).

I have problematised the sensationalism around Law 180 as ‘ruling the closure of psychiatric hospitals in Italy’, without an engagement with some radical re-articulations of ‘illness’ and ‘health care’ upon which the Law is predicated. As Basaglia had put it, “to fight against the results of an ideological science [like psychiatry], one has to also fight against the mechanisms that sustain it” (Basaglia, 1971b: 141). As I have pointed out, however, psychiatric approaches in Gorizia tend to considerably rely on medical frames (*sanitario*) where the place of care heavily weighs on the understanding of ‘care’ itself.

While the oscillations between an ‘affectionate’ and an ‘embarrassed’ remembering of ‘the Basaglia experience’ are more overtly displayed at public events and in various memorialising practices, similar oscillations, gaps and contradictions are also found in institutionalised psychiatric practice. As I have suggested, periodical formalised rewritings of the orientation of this institution have attempted to smooth over these gaps, generating traces that have manifested in various ways across the decades, from active political opposition, to a ‘sense of nausea’. Practices of smoothing over and generating such traces are at the centre of the unconscious dimension of this institution, whereby cyclical rewritings of ‘the Basaglia experience’ potentially affect subjects who did not directly experience health care work ‘when Basaglia was here’, in a place where “everybody has his name on their lips” (Patrizio).

CONCLUSION

In this study, I have examined Gorizia's relationship with its psychiatric past and, more specifically, with what is described as 'the Basaglia experience'. While I have outlined and reconstructed a number of historical events, this is not a study of Gorizia's psychiatric history. Rather, my focus has been on the forms in which the community has developed particular modes of remembering this 'experience', and on the ways in which these have been enacted throughout the decades. I suggest that 'the Basaglia experience' is not over, but rather corresponds to an ongoing negotiation of meaning that I have defined in terms of a 'remembering crisis', in which the past has been repeatedly reinterpreted through a variety of affective practices.

Archives and absences

Very little research has been conducted on the psychiatric history of Gorizia, despite it being the city where Franco Basaglia and his team began a project of alternative psychiatry – from 1961 to 1972 – which paved the way towards the passing of Law 180 in 1978. In this sense, it is still true that “[e]verybody knows what happened in Gorizia until 1972; few know what happened after that date” (C.O.S.P., 1975: 21, 22) since, after its “golden age”, Gorizia had remained “in a corner, licking its own wounds” (Dellago, 1983: 3).

The Gorizia State Archive and the Provincial Archive contain a rich amount of material on the Habsburg period, when Gorizia was considered “the Austrian Nice”

(Carl von Czörnig, *Das Land Görz und Gradisca*, 1873, quoted in Fabi, 1991: 83).

Like my hometown, Gorizia was later lacerated by World War One and World War Two and, like my hometown, its archives offer testimonies, photographs, maps, and artefacts around these periods. The city proliferates with research groups, themed walks, periodical exhibitions and permanent museums on The Great War and World War Two (*Isonzo - Gruppo di Ricerca Storica; Archivio Guerra Politica; Strade della Memoria - Archivio della Memoria; Musei Provinciali di Gorizia - Museo della Grande Guerra*). In fact, when dramatic events deeply affect a geographical location, an archive of texts, images and documents often emerges, albeit possibly biased, incomplete, or inaccurate.

In October 2011, the Director of the Public Library in Gorizia stated that “it’s a shame we don’t have any material on the Basaglia experience. Surprisingly, we don’t have Basaglia’s chair, we don’t have the minutes of the assemblies, we are missing copies of the internal magazine” (Menato, at A.S.S. 2 Goriziana et al., 2011b). Initially frustrated by the lack of primary textual sources myself, in time I began to ponder what this lack of material might *mean*, and what it might *do*. If ‘the Basaglia experience’ has left few traces in traditional archives, what other traces has it left, and how can the researcher access them?

When expressing my difficulty in finding these traces, my recourse to the term ‘the years of oblivion’ was rectified by a former Director of the Gorizia Mental Health Department: “No, it’s not oblivion. Gorizia operated a removal. There is more agency in removal, than in oblivion” (Martino). As a local journalist expressed, the city has indeed entered “some sort of amnesia”, removing the consequences of Basaglia’s departure “from its collective conscience” (Simoncini, 1996a: 12).

In investigating the traces of this removal, I have not attempted to ‘uncover a

secret’, expose the forgotten, or magnify the erased. Instead, I have outlined the dynamics of this removal and this remembering crisis, focusing on their relationships with places, bodies, and narratives at the present time.

History, memory, and removal

As an ‘erased battlefield’ (Davoine and Gaudillière, 2004: 128), ‘the Basaglia experience’ is constituted by and enacted through cyclical practices of submersion, rewriting, and reworking, which are encountered in media tropes, physical locales and public events, as well as in rumours, secrecies and silences in many conversations. Official forms of memorialisation – such as the progressive recognition of the architectural value of the former hospital from the early 2000s, the naming of its park ‘Parco Basaglia’ (2005), the proposal of a museum dedicated to Basaglia’s work (2009) and the recent designation Piazzale Basaglia (2013), as well as a process of ‘repossession’ of the park, and a ‘return to a Basaglian path’ in mental health services from the mid 1990s – have not engaged with the fractured understandings of what ‘the Basaglia experience’ has constituted for the community.

Practices of “smoothing over the gaps” (Cho, 2008: 17) of a narrative that is *constituted* by gaps, and of a memory that is *structured* by practices of forgetting, can be seen as attempts to ‘erase the erasure’ and ‘remove the removal’. Framed as forms of *restorative* nostalgia, such practices clash with informal and undocumented feelings, memories, choices, and perspectives that constitute expressions of *reflective* nostalgia (Boym, 2001). However, even when “history is made invisible through erasures” (Cho, 2008: 181), such erasures produce contexts that ooze the effects of unresolved conflicts, and when efforts to ‘remove the removal’ are made

official, “one must question what the psychic implications are” (Cho, 2008: 12). If ‘the Basaglia experience’ has left a “mark on the whole city [and] Gorizia, afterwards, was never the same again” (Simoncini, 1996a: 7), the attempted removal of this mark generates traces that are “hidden in plain sight” (Cho, 2008: 125), which manifest through expressions such as ‘nausea’, the ‘swallowed but unchewed’, decaying buildings, persisting grudges, damp basements, and removed recorders.

In this study, I have staged a dialogue between social history and memory, through “stories of history” (Davoine and Gaudillière, 2004: xxi) that emerge at the intersections between the bodily, the invisible, the discarded, the ‘sensed’, the overexposed, the unrecorded, and the hinted. I have moved between official texts, grey literature, personal memories, psychosomatic reactions, fictions and objects. My analysis has assembled silences and voices, investigating the discrepancies over ‘the Basaglia experience’, where conflicting understandings of the past deeply inform the present, and present controversies give new shapes to the past. In this sense, neither ‘history’ nor ‘memory’ constitute rigid or settled *properties*, but they emerge as *practices* that are predicated upon the unpredictability and potential rewriting of the past (Boym, 2001: xiv).

Boundaries, agencies, and atmospheres

If such gaps and discrepancies mould Gorizia’s removal, these are encountered in interviews and conversations, as well as in official archives and secondary literary sources. In fact, ‘the Basaglia experience’ is scattered around peripheral libraries, non digitalised newspapers, guarded responses over the phone, discarded objects,

individual acts of care, and public practices of disaffection. The ‘agency’ of ‘removal’, as my interviewee put it, is therefore distributed, for it is “*the city* [that] in time, has removed this decision from *its* collective conscience” (Simoncini, 1996a: 12, my emphases). The geography of this crisis constitutes not a background for the crisis to unfold, but an active agent in its unfolding. This crisis is inextricable from ‘Gorizia’, its ‘character’ and ‘atmosphere’, as elements that have emerged in many interviews and conversations, which move athwart the concrete and the impalpable, buildings and narratives, roads and social ghosts, war traumas and past grandeur. In exploring a crisis of human events, geography has stretched towards the non human and the inorganic, where bookworms, cardboard boxes, cement and ‘therapy trolleys’ are framed as “apparatuses of production” (Barad, 2007: 30), stages, actors and performances of a crisis. However, their ‘stage presence’, so to speak, is not purely vitalist (see Bennett, 2010b; Bennett, 2001), but it emerges at the intersection between the bodily and the ethereal, the visible and the invisible, in the “psyche-body-world entanglements” (Blackman, 2012a: 24) produced by their assemblages.

In this thesis, I have challenged the “fear of the unconscious” that has characterised much work in the field of human geography (Parr and Philo, 2003: 285), and I have analysed the ‘diaspora of the hospital’ through ‘unbounded geographies’ that have included explorations into the ‘geographies of the unconscious’ of this crisis (Parr et al., 2003; Parr, 1999). Listening to their enactments has required engaging with the ways in which the unconscious dimension of this remembering crisis is indeed ‘unbounded’, distributed across the social field (Guattari, 1984a: 166; Guattari, 1996a: 106), concurrently *mediated by* and *affecting* spaces, subjects, and

memories, permeating the bodies of worn out psychiatric nurses, the narratives of former patients, newspaper columns, crumbling buildings, and “other instances beside living consciousness and sensibility” (Guattari, 2011: 159).

Trauma and lesions

It seems too simplistic to talk of the “cursed hospital of Gorizia” (O Gorizia, tu sei maledetta, 1972), as per the title of a 1972 article in the popular magazine *L'Espresso*. Asking “why is the Gorizia hospital so troublesome and uncomfortable?” (Psichiatria, 1973) implies confining the traumas of the community to a concrete space, albeit symbolically. Trauma did not *fall upon* the city through the work conducted in the hospital across the years. Instead, various practices of (non) remembering are the conductors of this crisis, and return in cycles, as ‘interferences’ (Davoine and Gaudillière, 2004: 43), or what Grace Cho defines as “intensification[s] of haunting” (2008: 7). The narratives around ‘the Basaglia experience’ are indeed *constituted* by controversies and uncertainties, silences I have recorded, and accounts that could only be told in the absence of a red light on my grey machine. These narratives also circulate as undocumented practices and responses, such as walking out of public symposia, saving objects before their disposal, or burying boxes in basements, persisting feelings of resentment, ‘nausea’, or shrugging shoulders. They constitute simultaneously the sine qua non, the manifestations, and the sites of the circulation of a psychic economy of trauma that keeps the ‘un-chewed’ suspended in the stomach of the community, exacerbated by periodical attempts at rewriting the affective weight of this ‘experience’ throughout the decades. In fact, when the weight of a crisis is displaced, trauma “materialises in forms far removed from the traumatic event itself,

often through sensations, emotions, and unconscious thought” (Cho, 2008: 24).

In their *History Beyond Trauma* (2004), Françoise Davoine and Jean-Max Gaudillière discuss the historical link between a psychoanalysis of madness and the traumas of war. They note the bewilderment of physicians at the front, during World War One, when soldiers presented symptoms such as aphasia, blindness, deafness, tremors, and recurring nightmares, when no apparent brain lesion was present. As they observe, “[t]he public obviously preferred the mechanical certainty that connected elastic disorders or mutism to invisible brain lesions” because “[i]f the brain was materially disturbed, honor was saved”. Conditions of trauma with no brain lesion were thus classified as ‘G.O.K.’, or ‘God Only Knows’ diagnoses (Davoine and Gaudillière, 2004: 107).

In Gorizia, so to speak, there are no ‘brain lesions’ or ‘mechanical certainties’ that might ‘save the honor’. The traces of trauma cannot be ascribed to *an* occurrence, pictured onto *a* building, or attributed to *a* narrative, but they have developed through the “coming into being of the subject” where the subject is “not so much censored as erased, reduced to nothing, and yet inevitably existing” (Davoine and Gaudillière, 2004: 47). As Davoine and Gaudillière continue, “whatever the measures chosen for erasing facts and people from memory, the erasures, even when perfectly programmed, only set in motion a memory that does not forget and that is seeking to be inscribed” (2004: xxvii). The traces of ‘a memory that does not forget’ are often undocumented, sometimes invisible, ethereal and yet palpable, intangible yet undeniable, found in liminal spaces, between the nebulous and the concrete, fantasies and ‘facts’, and “between psychic and social history” (Cho, 2008: 151).

Affect, bodies, and the psychic realm

Various forms of erasure across the decades have left “endings that are not over” (Gordon, 1997: 139), which produce excesses in the most unpromising places, “where I first perceived there to be nothing” (Cho, 2008: 191). In this empirical engagement with affectivity, I have argued that the circulation of the effects of trauma must be traced across the somatic *and* the psychic, where affectivity is not confined to bodily phenomena or individually contained neurological functioning (see Thrift, 2008b; Thrift, 2004a). The affective force of ‘the Basaglia experience’ – its potential of burying papers, damaging friendships and relationships, triggering smiles and troubling bodies – is distributed in an ‘unbounded’ geography, where the unconscious is not enclosed in the individual’s brain, but assemblaged and circulating among subjects, objects, locales and actions.

‘The Basaglia experience’ and its unsettled understandings are indeed “distributed and located across the psychosocial field”, and while they are “never wholly owned” (Wetherell, 2012: 24), they are neither ‘free’ nor ‘autonomous’ (Kosofsky Sedwick, 2003; Massumi, 2002), but “always intersecting and interacting” (Wetherell, 2012: 24) with bodies, fantasies, resentments, nostalgic feelings, empty spaces, and cluttered rooms. In my intervention in the field of affect studies, I have thus presented an empirical inquiry of affective practices that I have discussed in psychosocial terms, exploring ways in which both ‘affect’ and ‘the psychosocial’ are enacted and practiced, rather than situated.

Assemblaged archive

In this study, I have advanced an epistemology of the unconscious as distributed and

assembled, and I have interrogated its enactments at the interface between the subjective, the social, the psychic, the material and the spatial, examining the archive that is engendered and performed at this interface. I have thus developed a rationale for the notion of an ‘assembled archive’ as an analytical framework, which includes organic and inorganic components, material and psychic elements, as well as modes of ‘attuning’ to such materials, on the part of the researcher. I have constructed an archive of these entanglements, textual shortages, narrative inconsistencies, embodied sensations, empty attics, abandoned basements, coats of paint, ‘atmospheres’, enthusiastic recollections and eloquent silences for, indeed, “trauma challenges common understandings of what constitutes an archive” (Cvetkovich, 2003: 7).

I have approached this archive as inextricable from its assembling, as “a state of affairs rather than a ‘thing’” (Dovey, 2010: 16), where the conditions of the archive, the processes of assembling it, and the demands it makes to its assemblers are as telling as its content. In the assembled archive of Gorizia’s remembering crisis, elements are constituted by their very arrangements within the whole, and by their relations with other parts (De Landa, 2006: 9; Alliez and Goffey, 2011b: 11; Phillips, 2006). It is therefore the context, the ensemble and the arrangement – indeed, the assemblage – in which objects and narratives are located that give them potency within an economy of removal. In this context, mould, spider webs, or a paused recorder assemble to provide meanings, in ways that often challenge epistemologies and conceptions of an ‘archive’ solely based on what can be *seen* and *heard*. I thus employ the notion of ‘assembled archive’ as a device that acts “as a hinge between concepts and practice, epistemology and ontology, the virtual and the actual” (Lury and Wakeford, 2012: 9).

Methods, data, and designs

In these spaces of “*in-between-ness*” (Seigworth and Gregg, 2010: 1, emphasis in the original), the affectivity of this crisis encompasses, impinges, invades and shapes material and ‘immaterial bodies’ (Blackman, 2012a) that come to comprise the researcher, for the unconscious “*drenches those who approach it*”, and “it becomes impossible to remain neutral because this optional matter drags everyone who encounters it in its wake” (Guattari, 2011: 196, emphasis in the original). In fact, as Avery Gordon notes, in her study of social haunting, “[f]ollowing the ghost is about making a contact that changes and refashions the social relation in which you are located” (Gordon, 1997: 22).

This is not the thesis I intended to write. The thesis I had imagined before commencing my fieldwork was going to theorise on the walls of the hospital as a biopolitical “zone of indistinction” (Agamben, 1998; Agamben, 2005), where the ambiguity of describing the same events as ‘opening’ the hospital and ‘closing’ the institution has remained to influence present psychiatric practice. These walls, running along the border between Italy and Slovenia, I imagined as heavily charged geo-political spaces, where an unresolved semantic contradiction was still affecting bodies and health care settings.

Pace my initial design, upon leaving a library of theoretical postulations, encountering the people who have animated such spaces, breathing Gorizia’s fresh air, and experiencing its ‘heaviness’, I felt it was another form of ‘unresolved-ness’ that exerted its power over the present. While not canonically bio-political, it deeply affects the *polis* and its subjects, not by *influencing* the present, but by *haunting* it.

While not confined to concrete walls, this unsettledness haunts and gives shapes to rubbles, bodies, affective and social practices, in ways I could not ignore. While deeply challenging, often embittering and profoundly unwelcome, when thoroughly attended to, the creaks, mould and odours of this attic “hidden in plain sight” (Cho, 2008: 125) have become the data that lead this research. I have framed this unsettledness as *affective*, with the potential to transform bodies, buildings, narratives and research questions, and crucially, my definition of this affective potential has not identified it as a ‘push of space’, or a vitalist property, but as an entanglement of material and psychic elements.

The contributions of this study are therefore both theoretical and methodological, where affectivity and social haunting permeate my framework of ‘remembering crisis’, informing the collection and analysis of data, as well as challenging the very nature of ‘data’ in social research.

While drawing upon psychosocial interview methods (Hollway and Jefferson, 2007; Walkerdine and Jimenez, 2012), I have employed these assets in an ethnographic context, rather than solely in interview settings. My inquiry has thus entailed an analysis of the psychic porosity not just between interviewer and interviewee, but between researcher and crisis. I have formulated an unconscious whose content and stories are not to be *elicited* (Hollway and Jefferson, 1997; Hollway and Jefferson, 2007), but which are enacted in a social field that is thoroughly psychic, imbued with fantasies, myths and reworkings; a distributed unconscious that encompasses the organic and the inorganic, the present and the absent. I have thus challenged the bounded and distinctively human subject that is at the centre of analysis in models of psychosocial research (Hollway and Jefferson, 2009; Hollway and Jefferson,

2007; Walkerdine and Jimenez, 2012), developing tentative approaches, or alternative “technologies of listening” (Blackman, 2012b: 178) to dust, spaces, and erased accounts. In this process, I have staged the points of contact between psychosocial explorations, a sociology of haunting, and dynamics of distribution and circulation of trauma, beyond the catastrophic, across time and space.

Haunting and the researcher

In Italian, there is no word for ‘haunting’, and the closest translation corresponds to the verb *infestare*. However, this term is inevitably tied to a material place: only a place such as a building can be *infestato*. The Italian term also requires an actual ‘presence’, such as a ghost, and it inescapably maintains a negative or a ‘spooky’ connotation. Interestingly, the same term is used when referring to pests or unwanted weeds in one’s garden: only pests, ghosts, and weeds can ‘haunt’ a place.

On the one hand, this issue posed considerable difficulties when I tried to describe my research to my Italian interviewees, friends, or family. In fact, with the absence of ‘brain lesions’, in Gorizia, also comes the absence of a ‘ghost’, for the ghost of a haunted *sociality* has “an agency that cannot be conformed to a single shape, an agency that is everywhere but cannot be found” (Cho, 2008: 193). On the other hand, these difficulties have made me reflect both on the notion of haunting as a form of disturbance that is *situated* and *distributed* across a place, and on what a *place* consists of, when understood in terms of remembering practices, fantasies, and the ‘heaviness’ of a city as something “you can feel” (Bruno).

Simultaneously challenging solely materialist epistemologies and orthodox semantic translations, I have suggested that Gorizia’s ‘atmosphere’ is haunted by traumas and erasures, and that forms of remembering ‘the Basaglia experience’ are

haunted by the unsettled and controversial meanings of this ‘experience’, constituting it as a “disturbance zone” (Gordon, 1997: 46).

In order to enter this ‘zone’, this “threshold that must be crossed in order to make contact with a world that is otherwise unreachable” (Davoine and Gaudillière, 2004: 58), it has been crucial to analyse the relationship between memory and place, and to explore “a dual history of illusions and actual practices” (Boym, 2001: xviii). I have therefore engaged with the official and the informal, the archived and the non documented, employing forms of ‘affective attuning’ with the material, where “the researcher herself is the primary instrument of enquiry” (Walkerline et al., 2001: 86). In fact, in analysing Gorizia’s crisis, there was an escalation of my own crisis, marked by disturbing psychosomatic symptoms, whereby I have experienced ‘the heaviness of Gorizia’ and the affective potency of its remembering crisis, often without remaining an external observer to it.

I have analysed the psychic and physical effects that this potency produces on the researcher, considering my symptoms and emotions simultaneously as manifestations and enactments of Gorizia’s crisis. To put it less prosaically, I recognised that “if you gaze for long into an abyss, the abyss gazes back into you” (Nietzsche, 1998: 68). Indeed, as a methodological feature, “where flesh and paper meet and unconscious is rendered into text I [have] share[d] the stage with these ghosts” (Cho, 2008: 49).

In sharing this stage, the researcher, so to speak, joins the ensemble, and becomes part of the assemblaged archive herself, altering the temperature of the basement or the attic, affecting its material and exposure. In this sense, this work can be seen not as an intervention from the outside, but as a form of intra-action from within (Barad, 2007), concurrently analysing, assembling, producing, and animating an archive that

is not merely ‘found’ and has a peculiar agency.

Emotionally struggling to finally put an end to my work in the basement of the Direction building, on 17 December 2011 I entered the space for what I perceived, yet again, as ‘one of the last times.’ Later that day, I reported in my journal that “after two months of work in here, the light was not switching on today. The neon light in the main corridor has burnt. This must be it.”

Truth is, despite having been warned, I did ‘catch’ some sort of ‘Gorizia syndrome’ (Bruno), since entering a haunted sociality means realising that “[t]here is something there and you ‘feel’ it strongly” (Gordon, 1997: 50). However, as I have suggested, this *something* does not *belong* to a narrative, a body, a building, a burgundy sign, a basement, or a neon light. It is not ‘caught’ and does not *pass* from one body to the next, but subjects and settings “get ‘caught up’ in relational dynamics that exhibit a psychic or intensive pull” (Blackman, 2012a: 102). In this sense, to paraphrase my interviewee, I got ‘caught up’ in Gorizia’s ‘atmosphere’ and its remembering crisis.

Interventions, interferences, and exposures

In traversing several disciplines, this study has multiple aims. It has presented an account of ‘what happened in Gorizia’ ‘when Basaglia was here’, and after “the notorious 1972” (Angelo). In placing an emphasis on the relationship between officially sanctioned accounts, informal feelings around these, and the effects of the entanglements between them, it attends to how, in Gorizia, ‘the Basaglia experience’ constitutes “[a]t once a hypervisible object [...] and a shadowy figure hidden in the collective psyche” (Cho, 2008: 3). This work, in fact, also represents

an empirical contribution to the study of the dynamics of circulation and transmission of what has been removed but remains to affect the present; here, a removal is a key structural feature of remembering ‘the Basaglia experience’, rather than solely a challenging contingency for the researcher.

In this context, it provides a methodological contribution to the study of affectively charged settings that are constituted by trauma. I have challenged solely materialist epistemologies, and elaborated on psychosocial analyses by formulating an unconscious that is based on distribution and enactment, rather than containment and repression. In analysing the enactments of the unconscious dimension of this crisis, I have extended my listening to the non human and the ethereal, at times embracing “forms of knowing that exceed rational, conscious experience” (Blackman, 2012a: 24).

The model of social research I present is, at times openly and at times subtly, informed by my interdisciplinary training and intellectual formation in performance studies, where my fascination with ‘madness and theatricality’ has moved towards ‘history, trauma and performativity’. While in my transdisciplinary crossings over the years I have discarded many objects from my bags, others have stayed to influence my academic trajectory, and to shape the present study. Promiscuously borrowing from various disciplines, finding my sources in back rooms, corridors, entrances, lighting devices, verbal and non verbal hints, this research has often relied on impromptu decisions, renegotiation of rules and the inventive navigation of boundaries. It has suggested forms of *enactments* rather than *representations*, in which the unconscious dimensions of crisis, trauma and social haunting are transmitted, through visual and textual documentation, the formation and circulation

of narratives, and embodied sensations.

Never truly fascinated by forms of ‘representational theatre’, but deeply captivated by ‘live art’ and unscripted performances, where the body on stage often becomes a provoking and disturbing element, and the piece is at the constant risk of potential collapse, in this study I have often eschewed the ‘scripted’. I have experimented with the unknown, asserting my presence and challenging the nature of ‘sources’, letting material and immaterial bodies take the stage, often as provoking and disturbing elements. However, I am reminded, “[n]ot only does performance challenge, challenges perform” (McKenzie, 2001: 32).

In fact, while elaborating on the difficulties intrinsic to an inquiry of the removed and the buried, this very study also enters a question of hyper-reflexivity, or even an ethical dilemma. If making a story tellable is a performative act of intervention (Bell, 2007), how to tell a story that is inherently constituted through its burial, whose meaning largely lies in its being untold? What are the performative effects of speaking a crisis and staging its discourses? How to tell a story which is constituted by gaps, without filling these gaps, and violently exposing the buried and the scattered? And what are the ethics and the repercussions on the story, when the buried is made visible? (Cho, 2008).

In answering these questions, I call upon and return to the *material* of this study, to the affective relation between the human and the non human, between the physical and the psychic. I summon the shivers I felt when untying the knots that held together nurses’ reports in the basement of the *manicomio*. These knots were hard, dusty, showing that the contents of these stacks of paper had never been looked at before. What happens to a twine, when it is left for so long to hold things together?

It becomes tough, hard to untie, and one has to be careful: under its stiffness, both the thin rope and the paper might break easily.

You have to be gentle, get attuned to it, change your pace, ‘entrain’ with it (Game, 2001). Everything, every version of the story must be respected and given validity, approached and reworked with care and personal investment, even if the price can be high, because “the pain that results from seeing another’s trauma necessarily implies a distribution of both the injury and the responsibility” (Cho, 2008: 196).

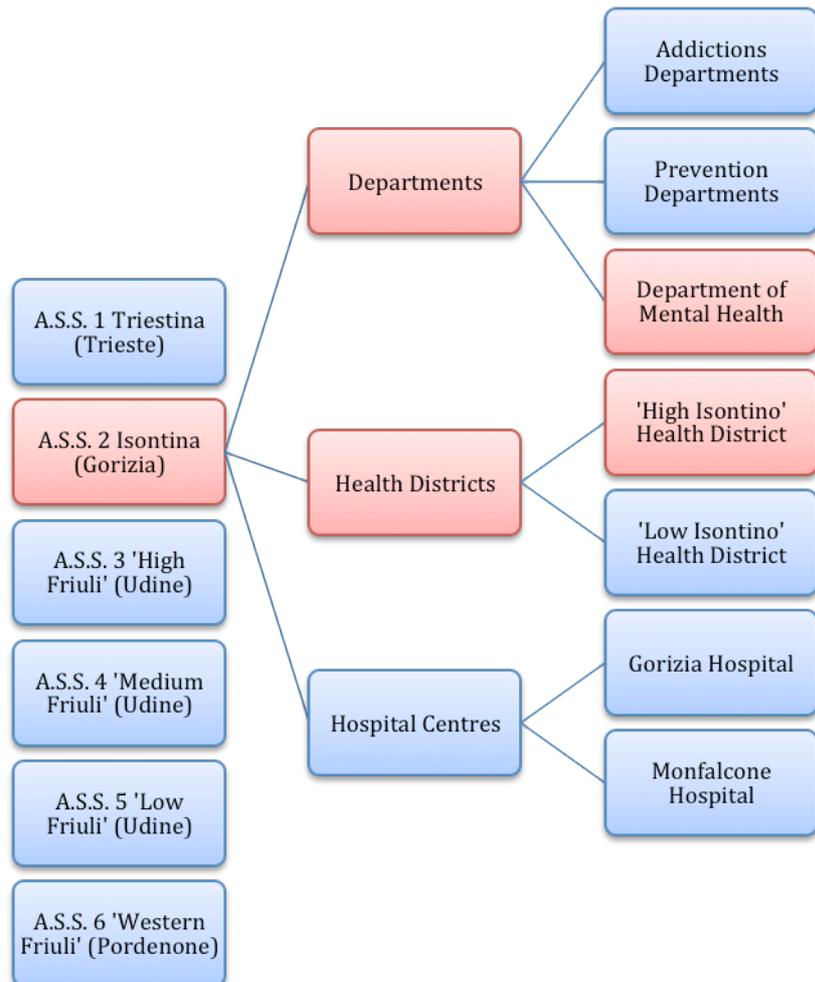
And yet, once it has been untied, the paper, the *stuff* has the mark of the twine. That mark will not go away, but it will now become part of the paper itself, bearing a meaning for the next reader, and it will, perhaps, transmit the affective power of the paper’s content as excitingly, albeit painfully, alive.

I do not claim that this was *the only way* in which ‘the Basaglia experience’ in Gorizia could be analysed. Perhaps, this was not even *the right way*. Sometimes, indeed, in attempting to “register the nonnarrativizable” (Cho, 2008: 24), I might have listened to the wrong voice, followed the wrong ghost, misinterpreted a message, or taken a wrong turn. As a book that mobilises some of my own ‘remembering crises’ reads,

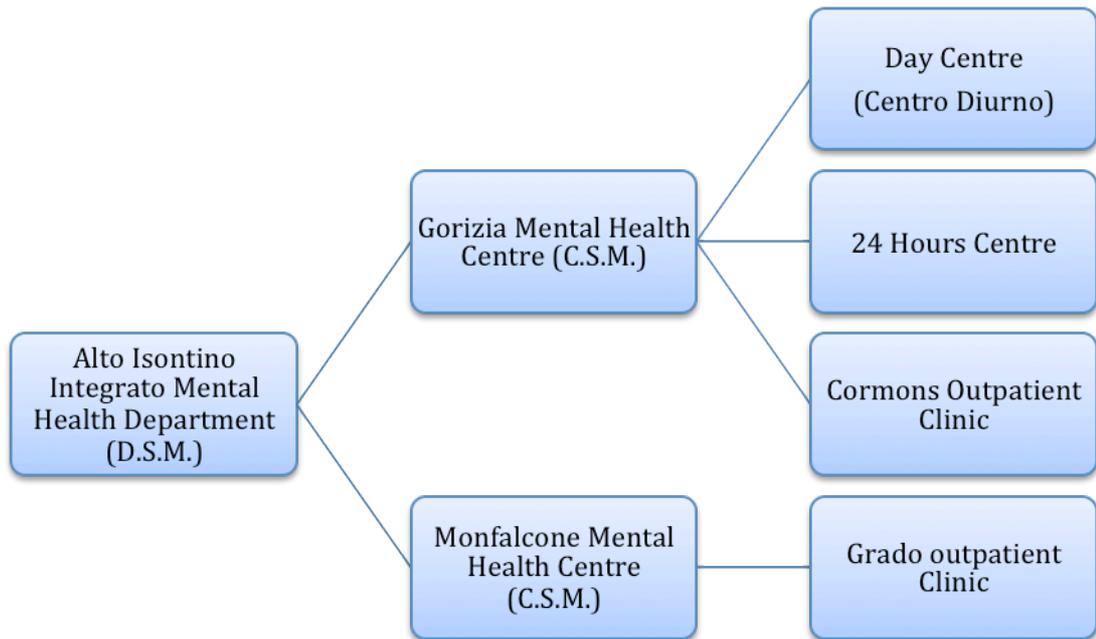
[i]t is a harsh destiny, to have a destiny. The predestined man advances, and his steps can take him but there, to the point that the stars have set for him [...]. But between the position where he is now and the fulfilment of destiny, many events might occur, many obstacles might come in the way, many choices might contrast the will of the stars: the road that the predestined must travel might not be a straight line, but an interminable labyrinth. We know very well that all the obstacles will be in vain, that all external wills will be defeated, but the doubt remains, of whether what really matters is that point of arrival far away, the goal set by the stars, or maybe the interminable labyrinth, the obstacles, the mistakes, the vicissitudes that give shape to existence (Calvino, 2012: 61).

APPENDIX:

APPENDIX A: LOCAL HEALTH COMPANIES (A.S.S.s) IN FRIULI VENEZIA-GIULIA – STRUCTURE



APPENDIX B:
ALTO ISONTINO INTEGRATO MENTAL HEALTH DEPARTMENT -
STRUCTURE



APPENDIX D:
POR - FESR 2007-2013 – FINAL RANKINGS

10_22_1_DDC_ISTR FORM 1766_ALL A

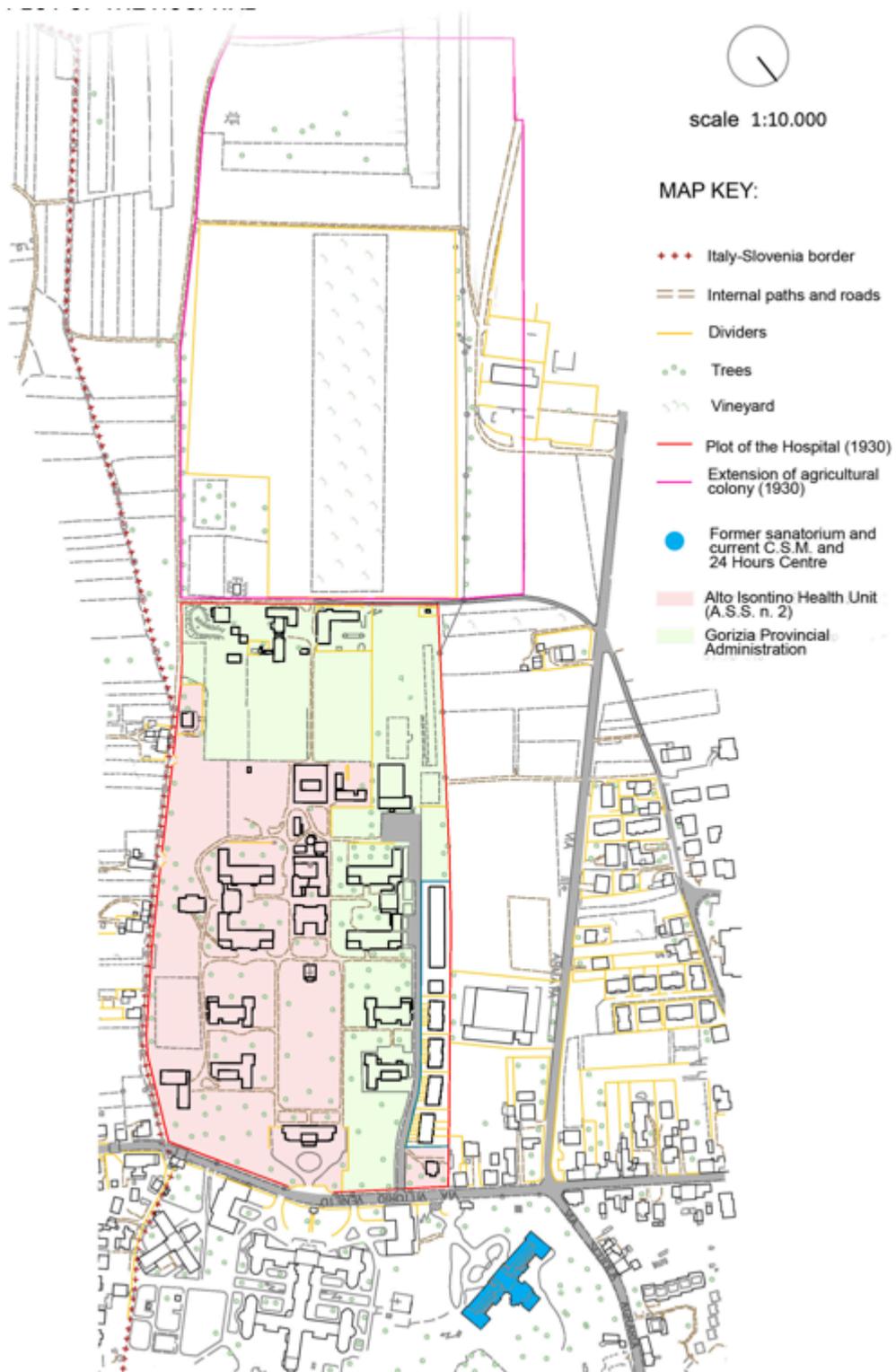
Allegato A

GRADUATORIA DEI PROGETTI AMMISSIBILI A FINANZIAMENTO						
Posizione N. domanda	RICHIEDENTE	PROGETTO	COSTO PROGETTO €	SPESA AMMISSIBILE €	PUNTI	
1	7	Autorità Portuale di Trieste	«Polo museale del Porto Vecchio di Trieste»	4.499.390,43	1.700.341,09	81
2	1	Comune di Montereale Valcellina	«Ex Centrale idroelettrica "A.Pitter" di Malnisio, da polo museale a centro culturale»	1.785.368,00	1.785.368,00	77
3	4	Comune di Monfalcone	«Polo museale della cantieristica navale di Monfalcone»	1.766.520,00	1.766.520,00	61
4	10	Comune di Torviscosa	«Città dell'autarchia e della cellulosa»	830.000,00	816.800,00	59
5	12	Comune di Maniago	«Restauro dell'immobile ex Battiferro Beltrame con finalità museale»	2.023.620,00	2.023.620,00	59
6	2	Comune di Pordenone	«Science center Immaginario Scientifico a Pordenone - completamento del recupero conservativo e riuso culturale dell'edificio denominato ex Officina Marson Tintorie Cottonificio Ulcese Veneziano»	500.000,00	500.000,00	58
7	3	1. Azienda per i servizi sanitari n. 2 Isontina 2. Provincia di Gorizia	«Il padiglione della mente»	999.296,00	626.476,00	55
8	9	1. Consorzio bonifica Ledra Tagliamento 2. Consorzio bonifica pianura isontina 3. Consorzio culturale del monfalconese	«Polo museo per la valorizzazione siti di utilizzo Industriale dell'acqua», in breve «Sorella acqua»	944.203,00	575.983,00	52
9	11	1. Comune di San Giorgio di Nogaro 2. Consorzio per lo sviluppo zona industriale Aussa Corno	«Fatti di mattoni e memorie»	1.900.000,00	1.734.600,00	40
10	8	Comune di Udine	«Recupero e valorizzazione di un'area urbana dismessa. Interventi per l'accesso e la fruizione del sito "ex Macello" di Udine»	1.654.800,00	1.431.600,00	39
			TOTALE	16.903.197,43	12.961.308,09	

In GREEN, the project of renovation for the Trieste port.
 In RED, the project Padiglione della Mente.

(Courtesy of Marco Braidà)

APPENDIX E:
PLOT OF THE FORMER PSYCHIATRIC HOSPITAL



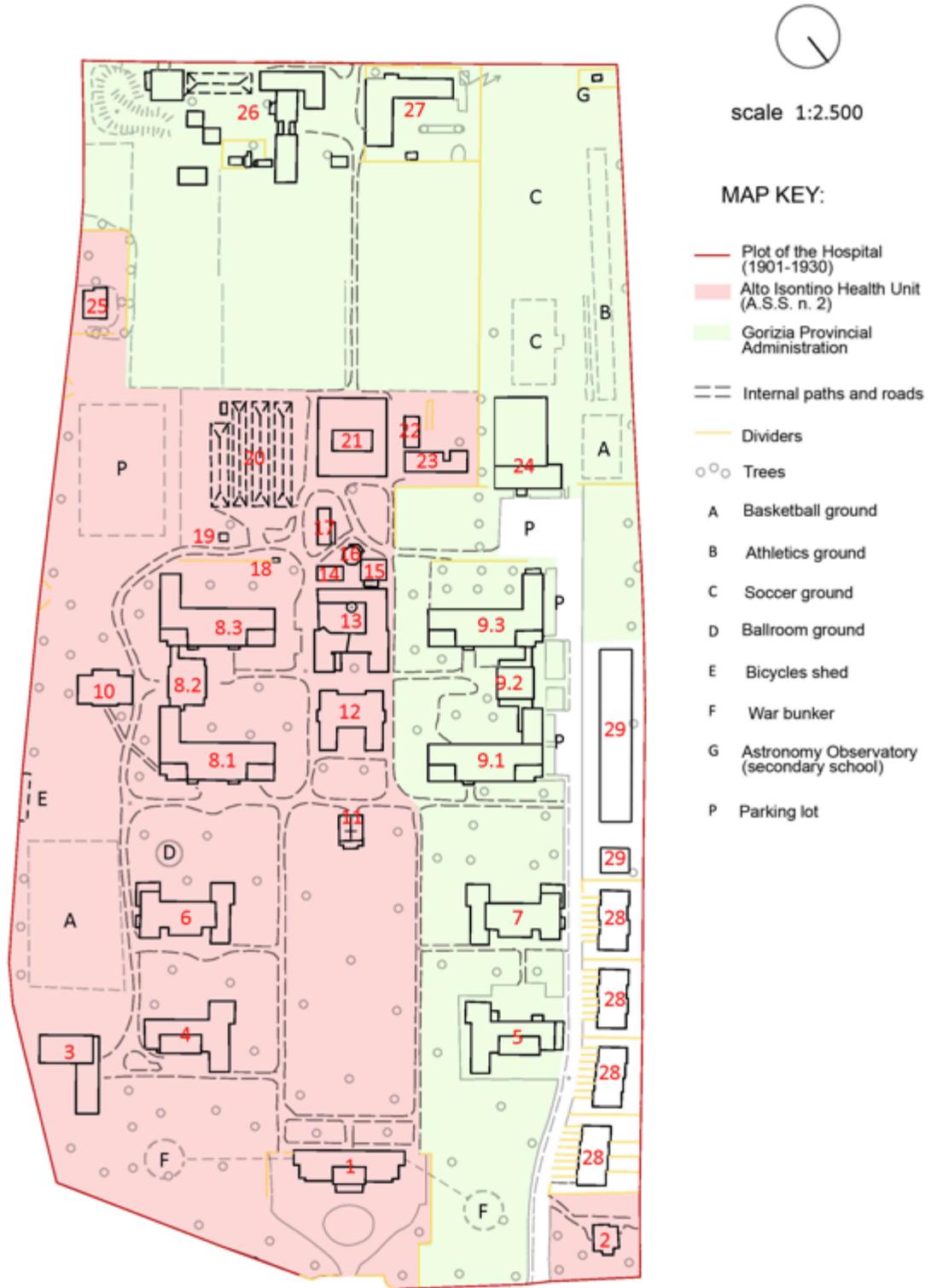
(Adapted from Lombardi, 2010)

APPENDIX F:
PLOT OF THE FORMER PSYCHIATRIC HOSPITAL – INTERVENTIONS
OVER THE DECADES



(Adapted from Lombardi, 2010)

APPENDIX G:
PLOT OF THE FORMER PSYCHIATRIC HOSPITAL – DIVISION OF THE
SITE BETWEEN THE A.S.S. AND THE PROVINCE



(Adapted from Lombardi, 2010)

APPENDIX H:
PLOT OF THE FORMER PSYCHIATRIC HOSPITAL – KEY TO BUILDINGS

Building	1933	1980s	Current
1	Administration	Direction D.S.M.	Direction D.S.M.
2	Bursar's residence	C.S.M.	Group Housing Community "La Casetta"
3		Gym	Gym
4	Short stay – Ward A Male	Day Centre	Day Centre
5	Short stay – Ward A Female	Storage unit	Closed
6	Acute patients – Ward B Male	Addictions unit (S.E.R.T)	Addictions unit (S.E.R.T)
7	Acute patients – Ward B Female	Storage area	Storage area
8.1	Long stay – Ward C Male	Inpatients area	A.S.S. Direction building
8.2		Bar	Empty
8.3	Workers patients – Ward D Male	Inpatients area	Children disability administration unit
9.1	Long stay – Ward C Female	Secondary School "Pacassi"	Empty
9.2		Secondary School "Pacassi"	Empty
9.3	Workers patients – Ward D Female	Secondary School "Pacassi"	Empty
10	Infectious diseases ward	Typography	Closed
11	Church	Church	Church
12	Kitchen	Clinical archive	Empty
13	Laundry and Thermo- Electric station	Laundry and Thermo-Electric station	Empty
14	Mattresses sterilisation	Repair shop	Empty
15	Disinfection area	Storage area	Storage area
16	Water tower	Water tower	Water tower
17	Bar	Painter's storage area	Social Cooperative "Il Grande Carro"
18	Weighing machine	Weighing machine	Weighing machine
19	Water pump	Water pump	Water pump
20		Sheds	Sheds
21	Workshops	Workshops	Social Cooperative "Thiel"
22		Warm shed	Warm shed
23	Shed	Cold shed	Cold shed
24		Secondary School	Secondary School "Pacassi" - gym

		“Pacassi” - gym	
25	Morgue	Funeral chapel	Recording studio
26	Stables	Stables	Therapeutic Community “La Tempesta”
27			Regional Agricultural Development office
28		Private residences	Private residences
29			Private residences

(Adapted from Lombardi, 2010)

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Figure 1: Adapted from www.italiadascoprire.net

Figure 2: www.ristorantiintalia.it

Figure 5: K.K. Militär Geografisches Institut

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Figures 6 and 7: Adapted from *Isonzo / Soča*, 53, 2003

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Figure 8: Adapted from www.ung.si

Figure 11: www.cinemaitaliano.it

Figure 12: www.festivaldellasalute.com

Figure 24: www.repubblica.it

Figure 25: Private archive, courtesy of Franco Di Cecco

Figure 26: Gianni Berengo Gardin, *Morire di Classe* (1968)

Figure 27: Carla Cerati, *Morire di Classe* (1968)

Figure 28: Gianni Berengo Gardin, *Morire di Classe* (1968)

Figure 29: From *Isonzo / Soča*, 82-83, 2009

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Figure 30: Moser archive

Figures 41-43: Private archive, courtesy of Marco Braida