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THE CULTURAL REPERTOIRE OF FRANCO BASAGLIA AND THE COMPARATIVE CRITIQUE OF PSYCHIATRY

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Abstract

Can we consider Franco Basaglia as “the man who closed the asylums” or would it be more appropriate to refer to him as the spokesperson of a large group of professionals and instances? My thesis underlines the collective work carried out by a group of psychiatric professionals in the 1960s and the 1970s. Their acknowledgement of experiences drawing from different cultural repertoires allowed them to transform psychiatric services into a democratic institution. The paper develops through three sections which help us to understand the connection between the work of Basaglia and other western countries, especially France. 1) The circulation of knowledge among western countries has contributed to the production of “cultural repertoires of evaluation” available in all these western countries in an uneven way but based on a common sense of injustice. 2) Drawing from the work of sociologist Robert Castel, I will examine the relation between the group of Basaglia and the “secteur” model, available in France since the end of the Second World War. 3) I will eventually analyze some

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interviews released in the 1970s in which Franco Basaglia and his colleagues discuss the connection between their experiments and the ones conducted in other western countries.

Key words:

Community Psychiatry, Franco Basaglia, Pragmatic Sociology, Cultural Sociology, Cultural Repertoires of Evaluation.

1 Introduction. Circulation of knowledge in Europe: “psychiatry and democracy”

In the following text I will introduce the reform carried out by the Italian psychiatrist Franco Basaglia and his colleagues through its cultural aspect. Moreover I will refer to Basaglia as the spokesperson of a group of psychiatric professionals who implemented local reforms in the field of psychiatric services. I will also introduce the criteria of evaluation available to the citizens of different western states, deriving from the circulation of knowledge and a common sense of injustice. Basaglia attempted to provide an updated version of the diverse western experiences in psychiatric treatment already circulating among western countries and produce a “new narrative of hope” (Lamont, 2019).

After World War II the reforming impulse towards psychiatric services had belatedly crossed the Italian borders and, given the Italian administrative regional asset, it has been locally interpreted and implemented in a plurality of operative modes. As the experiences of Gorizia and Trieste demonstrate, the success of psychiatric reform in Italy has been influenced by the support or the opposition of the local communities. In France the “secteur” model was designed to be a national model and a symbol of technical progress, according to the fashion of a centralized administrative system. Basaglia instead attached a great importance to the organization of the urban community. The work of Franco Basaglia started ten years later and as an answer to the reforms that France, Great Britain and the United States have already carried out. Moreover this work consisted in bringing together the knowledge deriving from these countries and adapting it to different sectors of public assistance in Italy which participate in the psychiatric services functioning. Following the other countries, the

reform process was part of a democratizing project extended to society at large (Matera 2019a), and with respect to psychiatry, as Basaglia pointed out, the reform attempted to “give a real meaning to individual suffering” (Chaumon 1978c), a material connection, assigning a novel creative task in cultural terms to this profession. In this article I will introduce the explicative potential of cultural and pragmatic sociology. My thesis posits that Basaglia was personally engaged in an enquiry on destigmatization strategies deriving from different repertoires of evaluation which have been assembled through the creation of an international collective. Basaglia was thereby attempting to keep away from dogmatic interpretations and the construction of models, while he was producing evidence in support of a critique aiming at constantly verifying the quality of psychiatric services.

2 Theoretical framework: French pragmatic sociology and cultural sociology

My analysis focuses on the parallel development of a common anti-asylum critique in different countries. The theoretical assumptions of the anti-asylum coalition are particularly interesting because this group opposed the “secteur” model, which already represented a critique of the asylum itself. My analysis lays on the theoretical framework of the French pragmatic sociology (Boltanski e Thévenot, 1991; Borghi e Vitale, 2006; Blokker, 2011). It assumes the preexistence of a common cultural repertoire into which actors can tap a set of evaluation criteria in order to qualify and to categorize. Qualification is understood as carried out taking into account neither collectives nor individuals but situations, thus allowing an analysis not centered on macro and political aspects. The objects and the environment involved in the observed situations is particularly important in the observation. Individuals unevenly dispose of this cultural repertoire when they have to justify their actions or to express a critique (Lamont & Thévenot 2000).

Many authors have analyzed the basaglian thought through the theoretical framework of Michel Foucault. Philosopher Pierangelo di Vittorio considers Italian psychiatric reform as a dilemma between “management and revolution” (di Vittorio, 2010). The author argues that in the 60s and the 70s it was possible to benefit from a decentralized

space, the “margins” of power, which made room to the opportunity to develop an alternative way of thinking with respect to psychiatry (di Vittorio 2005). This analysis is effective in defining some of the fundamental points related to the distribution of political power, but it does not make visible that the reform was open to a permanent test of its results, to the search of new meaning of mental health and illness, as well as to critique and to a creative impulse. Indeed, once the process of psychiatric decarceration had begun, psychiatry was able to trade the civil liberty of not being detained for health reason with a strong social control in the urban context (Gordon, 1986). Leaving aside this new ability, the focus on the distribution of political power tends to analyze the transformation as the result of a competition between two forces, in this case the psychiatric institution and the revolutionary group. Conversely this article aims at enhancing the transformative role of the meaning assigned to psychiatric services and institutions by the psychiatric professionals. I will take into consideration the role of Basaglia as spokesperson for different factions and international groups, as well as his role, along his wife Franca Ongaro and the other members of the association *Psichiatria Democratica*, within a research framework in comparative cultural research which helped share findings that are still considered as landmark in today's clinical practice. The Italian reform has been possible thanks to the combination of different sources of knowledge coming from Italian regions as from foreign countries, among which France, the United States and Great Britain, which had already put some advances into practice. Thus, the Italian reform of 1978 did not have the aim to complete an update process, but it was supposed to initiate a permanent testing through practice in order to stimulate a creative impulse.

This paper will draw from theoretical elements made available by recent innovations in cultural sociology, which have focused on the circulation of knowledge, through the concept of “cultural repertoire of evaluation” (Lamont, 2000; Lamont & Thévenot, 2000). Such a theoretical framework lays on the assumption that the construction of categories which allow us to qualify phenomena in situation is a constitutive element of our culture. In current liberal democracies this process directly affect the legitimacy of institutions and has to take into account the plural set of specifications of the “common good” which represents the horizon of the institutional action (Boltanski & Thévenot, *op. cit.*). The oppression of a set of categories by others would elicit the

critique of tyranny because there would not be room for an agreement between a plurality of available sources of legitimation. The institutions which affect our culture appear as an agreement which lays on a fragile convention between different specifications of the common good. Sociologists Luc Boltanski and Laurent Thévenot have deduced some of these specifications drawing from a number of political philosopher's work; they have subsequently translated them into a set of “orders of worth”: industrial (from the work of Saint-Simon), civic (Rousseau), domestic (Bossuet), related to the market (Adam Smith), inspiration (Augustine) or fame (Hobbes). In the wake of a decade of research, other order of worth have been identified, as the green order of worth (Lafaye & Thévenot, 1993). The agreement between different systems of qualification, on which organizations as public institutions are built, is cognitively understood from persons as a “grammar”². Although the authors conceived grammars as a way to comprehend culture and individual action as an alternative of coercive cultural structures, they nevertheless place constraints on situations, including the actors and the objects involved, which need to pass a *test* drawing from the principles of legitimate order that they contain. The grammatical enterprise of organizations such as public institutions makes the rules of the agreement explicit while it sets them, allowing them to create models of competences which contain the preconditions persons are required in order to make the founding agreement possible (Boltanski & Thévenot, *op. cit.*, p.86). Each of the six orders of worth, which draw from european and western culture and are mentioned above in a non-exhausting list, privilege a specific good which is respectively technical efficiency, solidarity, hierarchy and proximity, convenience between quantifiable goods, creativity and fame. The approach of pragmatic sociology differs from the analysis of models transfer, because the considerations of local alternative practices and national reforms as models would not allow us to make explicit the founding landmarks of what we would like to compare (Werner e Zimmerman, 2003). By applying this theoretical framework to community psychiatry we can observe that

² In introducing the concept of political 'grammar', Boltanski and Thévenot refer to the work by the economist Adam Smith “Moral Sentiments Theory” in which the author observes the similarity between the rules of justice and the rules of grammar.

the professionals who gathered in *Psichiatria Democratica*, founded by Franco Basaglia, used to share a point of view focused on practice. However they tried to create a common repertoire from different local cultural repertoires in order to allow them to circulate, in spite of the diversity of the outcomes in every country. The idea supported by *Psichiatria Democratica* of implementing the transformation through an inter-institutional work could then be brought together with revolutionary theories by British anti-psychiatry in a common fight against the “anti-mad racism” (Castel, [1981]2011) built on the production of “destigmatization strategies” (Mizrahi & Zawdu, 2012). This process is part of a “boundary work” (Lamont, *op. cit.*) which concerned the identity of persons who suffer from psychiatric disorders as well as the identity of the professionals involved, as it aimed at valuating the human characteristics of persons who were victims of social exclusion because of their illness. The theoretical framework of the pragmatic sociology posits that grammars cannot be given for granted and are permanently put into test. Institutions prepare material and cognitive devices for this purpose. Such devices are the products of “compromises” between different orders of worth. The compromise makes room to plurality which is necessary to express a critique, and this is a common feature which we can find in the work of *Psichiatria Democratica* which sought to make circulate knowledge about different techniques keeping them open to be put into test. Thus the critique of the asylum was made possible by the capacity of the actors to shift from an order of worth to another and thanks to the crisis of the asylum's founding compromise. With respect to this aspect the critique is reformist and not radical, and tends to the horizon of a legal legitimacy which makes emerge a contradiction and assigns to the community the task of organizing an inclusive response.

I would like to enhance that the cultural repertoire of evaluation which concerns the Italian reform of psychiatry in 1978 cannot be understood as the product of a revolutionary group of professionals or of a single person, but that it has an international origin, and this feature represents its aim at affecting society at large. The international cooperation, unlike competition between nations, personalities and territories, taking into account the cultural boundaries of each nation, has represented a fundamental landmark in the improvement of the psychiatric healthcare system.

3 The critique of the asylum

At this introductory stage we can observe that the critique of the asylum was part of a common cultural repertoire of evaluation shared by different persons in different national contexts. As other public institutions the asylum drew on a compromise between three orders of worth : civic, domestic and industrial. The response to suffering was expressed through the solidarity of care service which did not make any distinction between its users, considered as citizens, protected them from the oppressive social competition and which conceived health as the product of a specific organization. The critique consisted in the reiteration of the “reality test” on which the three orders of worth were constructed. The test demonstrated that the asylum could not fulfill any of them. The asylum used to select its users among the most vulnerable social categories, the attempt to protect its patients turned to be a form of detention, and that the institutions was the responsible for new forms of suffering in addition to those already experienced by the patients. It is interesting to observe that this repertoire of critique was unevenly available among the citizens of the involved nations. The humanization process of the mental hospitals which had characterized countries as France and Great Britain starting from the end of the second world war, has rendered the critique through the reiteration of the civic and domestic reality test less available in comparison with the Italian context, where psychiatric hospitals failed especially under these two aspects and were administrated in appalling conditions. At that time Italy had also recently emerged from a totalitarian regime, thus a critique supported by a civic order of justification was more available within a global effort towards the democratization of the public services. Health production, a subject responding to the industrial order of worth, was more equally available. Drawing on this justification new experiences popped up in different countries along with new techniques supported by social sciences as psychology and sociology. More precisely therapeutic community was experimented in Dingleton, Scotland, as in Gorizia while in France psychoanalysis affects the management of psychiatric institutions. May '68 made the critique of the domestic justification spread through the western countries supported by the inspired and the civic order of worth. Indeed the critique of the asylum drew mainly upon the human rights as well as the need for new patterns of

social inclusion. Anti-psychiatry has particularly focused on the critique of the domestic order of worth. Drawing from this critique new services based on a contract between users and caregivers have been created.

At that time, Franco and Franca Basaglia formed relatively different alliances in accordance with the variation of the situations and the national contexts. In Italy they benefitted from the support of different political parties, as the Communist Italian Party (PCI) in Emilia-Romagna region and the Democrazia Cristiana (DC) in Trieste. Basaglia kept away from the radical movement *Autonomia Operaia* while Felix Guattari, who was very close to this movement, participated to the international collective “Réseau” as part of the 'spontaneous' bloc (International Collective, 1976). In spite of the incoherence of their national and international supporters, the persistent characteristics of the cultural repertoire of evaluation emerge in the texts and interviews by Basaglia and the other members of *Psichiatria Democratica*.

The texts and the experiments conducted by this group of professionals are hard to be classified and for this reason it is interesting to analyze them through the tools of pragmatic and cultural sociology. It is helpful for a reader who wishes to improve his/her knowledge of cultural psychiatry to recognize the liaison between clinical innovations and the comparative methods on which this group of professionals founds its critique of public institutions. We can thus reflect on the categories of psychiatric practice as well as on the organization models. For the same purpose the members of *Psichiatria Democratica* refers to phenomenology, because of the importance that this approach assigns to singularity in opposition with the generalization process imposed by the medical practice (Saraceno, 2012).

For the reader of *Psichiatria Culturale* the identification of the comparative sociological discourse produced by Basaglia and *Psichiatria Democratica* may be particularly meaningful. To make this exercise easier I will first refer to a text by French sociologist Robert Castel, who also was a close friend of Franco Basaglia, who compares the work of the team of Basaglia in Gorizia with some examples of institutional psychiatry in France. Secondly I will carry out the analysis of the way Basaglia and *Psichiatria Democratica* took part to the symbolical construction of their work in order to communicate and share it with their international colleagues.

4 The cultural repertoire of Franco Basaglia and *Psichiatria Democratica*

During the 1960s and the 1970s Franco Basaglia had a deep knowledge of contemporary French works on phenomenology and political philosophy. France and Italy at that time had close relationships also because in these two countries there were the two largest Communist Parties of the western world. Michel Foucault, Robert Castel, Félix Guattari, are among the several French intellectuals who got in touch with the Basaglias and who were taking part to the debate about psychiatric services. Unlike the British anti-psychiatrists, the French intellectuals and professionals also discussed administrative issues since they could already evaluate the results of the psychiatric reform implemented in the 1950s. As their intense cooperation demonstrates, Basaglia and his colleagues managed to carry out the reform after having discussed their practices with their French colleagues. In 1968 and 1969 two Franco-Italo-Quebeckers meetings took place in Courchevel, France, and Florence, to which psychiatrists from France, Italy and Quebec took part. Most of the French professionals, including Roger Gentis, were part of the institutional psychiatry movement and the meeting hosted a debate on the “secteur” as a means of social control (Gillet, 2001). It is important to observe that in these years the debate on reformed psychiatry and democracy has already started. French psychiatric hospitals have had a peculiar role during the Second World War. Asylums served as shelter for the anti-fascists, but they are also remembered because ten thousands of their patients died for starvation between the years 40-45³. After the war, French psychiatrists have been dealing with the implementation of a model oriented to overcome the centrality of the psychiatric hospital, through the organization of prevention services, care and post-care. These three principles, which were accompanied by devices as the mental hygiene dispenser, the day centre, medico-social structures and the presence of a psychiatric unit at the general hospitals, will constitute the body of the ministerial circular of the 15 March 1960⁴. Despite the ministerial circular has not been converted

³ 40.000 dead. This episode of the French history has been called “extermination douce”, the slow extermination (Lafont, 1987).

⁴ The French “secteur de psychiatrie” is a network of services organized on a territory which includes different municipalities and has a population of 60000 to 70000 residents. This organizational model has been conceived and experimented since the end of the Second World War by a group of French psychiatrists who have been part of the resistance movement. After the liberation they started struggling against the centrality of the psychiatric hospital. The debate on this objective is still ongoing.

into law, France disposed of a model of psychiatric reform before the signature by John F. Kennedy of the Mental Retardation Act ^{in the USA (1963)}, and before the Italian law Mariotti (1968), which created the mental hygiene dispensers in Italy. The Italian reform will emerge after a long debate on the previous reforms having taken place in the western world, through the discussion of their limits and attempting to improve their implementation.

Franco Basaglia has criticized the implementation of the Mental Retardation Act (1963) in the USA. In 1969 he spent a six months fellowship as a visiting researcher at the Maimonides Hospital, New York, where he witnessed the persistence of an asylum-like organization – indeed the psychiatric hospital still had a central role – as well as the proliferation of forms of social control extended to the urban territory through the creation of the “emotional patient” category (Basaglia, 1969). Basaglia has expressed since the beginning a critical judgement on the territorial development of psychiatric services in the USA, and on a substantial lack of therapeutic ambition that will be put into light by some sociological and anthropological works in the 1970s (Castel, Castel & Lovell, 1979). The “career” of the mental patients in the USA, the difficulty that chronically mentally ill patients encountered while trying to get some improvement of their social situation, has been described in the works of the sociologist Erving Goffman, whose research dealt with the institutional life in a mental asylum (Goffman, 1961), as well as with the stigmatization of “mental symptoms”, which required the tolerance of the members of a urban community (Goffman, 1969). More precisely, the author enhanced the need for a network of services which could ease the burden represented by this requirement for the patient's neighbors and family members. Within the same theoretical framework, symbolic interactionism, in the 1980s Sue Estroff described the limits of the Assertive Community Treatment (ACT) in the USA. The author posited that intensive hospital cares have a more therapeutic impact compared to the outpatients program which induced their dependency on a Supplemental Security Income (Estroff, 1985). In her analysis the author also observed that the intensive hospital cares were more protective from the disappointing outcomes of the social integration process. Another critique of the ACT comes from anthropologist Anne Lovell who defines the intervention of the social services educators as collusory, drawing from Erving Goffman's studies (1969), in the

implementation of ACT in the city of New York. Indeed the educators were working to maintain a situation in which the patient could not directly intervene, rather than to an improvement of the patient's mental health condition (Lovell, 1996).

Franco and Franca Basaglia were personally in touch with most of these authors. Goffman works have been introduced in Italy by the Basaglias and in France by sociologist Robert Castel. The relationship between Castel and the Basaglias was alimented by frequent meetings and an intense correspondance⁵. As a testimony of this activity in different normative contexts, after the death of Franco Basaglia, Castel dedicated to his friend one of his most important work, “La gestion des risques”, his last book on the “social treatment of madness” (Castel [1981]2011).

5 Getting critique out of the asylum's walls

I will consider now the sociology of psychiatry carried out by Robert Castel and his purpose to investigate the “latent functions” of psychiatry through a more “objective” point of view with respect to research more focused on the theme of madness, conducted by Michel Foucault, with whom Castel have been working in the organization of the seminar “Moi, Pierre Rivière...” (Gardella e Souloumiac 2006). In the 1960 Castel drew this theoretical point of view from his relationship with Pierre Bourdieu. In his paper “L'institution psychiatrique en question”, published in the French sociological revue in 1971, Castel evaluates the attempts of transforming psychiatry in the period after the Second World War. As I pointed out in the previous paragraphs, after the ministerial circular of 1960 the model of “secteur” begins to spread in France.

Drawing from a reform initiative the “secteur” will not spread as a national model. Today the “secteur” model is still struggling in overtaking the centrality of psychiatric hospitals. The “secteur” has been interpreted through different psychoanalytical theories, and it has been criticized as model laying on a “no choice” principle (Castel [1981]2011) which makes room even to forces opposed to its founding ideas. A

⁵ I had the possibility to carry out an archives research thanks to the Fondazione Basaglia in Venice.

selective appropriation lays on the initiative of the psychiatrist chief of sector. In his paper Castel criticizes the hegemonic tendency of psychoanalytical technic in three different cases described by three French authors who, in 1970, have summarized their experiences in a book: Paul-Claude Racamier, Roger Gentis and Maud Mannoni. Starting from the analysis by Robert Castel, these three authors describe their common attempt to mitigate the division between the internal and the external dimension of French psychiatric institutions through the “open door” principle. The first author, Racamier, wrote the book “Le psychanalyste sans divan” (1970) about the territorialization of the psychiatric services in the thirteenth arrondissement in Paris. This model of organization was considered a more rational and adapted to overtake the asylum-dependent model. Castel underlines that Racamier considered psychoanalysis as the only technique capable of transforming the institution in an analytical and therapeutic instrument. This approach opposed psychiatrist's “empirism” which, for Racamier, has proved to be therapeutically inconsistent. Castel criticizes the experience of the thirteenth arrondissement as it considered the psychiatric reform as a matter of authority. Thus, according to Castel's analysis, the psychoanalyst would have taken the place of the psychiatrist undermining the institutional legitimacy. Instead of borrowing its internal rules from the external norms, the psychiatric organization ruled according to the psychoanalytical approach concentrates all its norms into the hands of the psychoanalyst who has become “the principal therapeutic agent”, reproducing an asylum-related theme: “the omnipresence and the omniscience of the physician” (Castel 1971, p. 67). Castel finds a confirmation of his critique by observing that many experiments conducted by psychoanalyst have ended following the death or the depart of the psychoanalyst in charge of the service. Racamier's approach, consisting in the organization of services outside the asylum's wall compete against the idea put forward by the other two authors, Mannoni and Gentis, who supported a specific development of the “institutional psychotherapy” also called “second way institutional psychotherapy”. This “second way” attempted to understand in a psychoanalytical way the “truth of madness” (Castel 1971, p.62). To briefly summarize the works of this two authors, I underline that they both write about experiments which did not get rid of the physical structure of the psychiatric hospital. Surprisingly, at the end of his paper, Robert Castel quotes the work of Franco Basaglia and his colleagues who had translated the book “L'istituzione negata” (Basaglia, 1969) into French in 1970. As the

other works, the book narrates the implementation of a local reform of the psychiatric services which were previously based on the asylum. Before introducing the analysis by Castel, I would like to stress that the psychoanalytical thought, which was the main target of the French sociologist, was already present in the cultural repertoire of Basaglia and his group. In the volume “Che cos'è la psichiatria” published in 1967, edited by Basaglia, psychiatrist Michele Risso acknowledged freudian psychotherapy as a fundamental support to bring psychotherapy in the psychiatric institutions (Risso, 1967)⁶. Castel has been especially attracted by Basaglia's consideration of mental illness as a direct effect of social conditions. The mentally ill can thus be considered as a victim of exclusion because of the contradictions the he/she symbolizes. Unlike the other authors there are no references to the possibility of using the structure of the psychiatric hospital as a psychotherapeutic instrument. Basaglia's argument, conversely, lays on the symbolic destruction of the asylum's walls through the re-introduction of dialectic elements as the public discussion, the possibility to take a decision and to exert a choice. Illness is then problematized through the psychiatrist's refusal to be an agent of social control, and through the denial of the “domestication” task (Castel 1971, p. 81). The specificity of the work of Basaglia and his colleagues also consists in his will to trigger social and legislative transformations.

At the beginning of the 1970s Robert Castel schematizes the experiments which were partly drawing from the “secteur” and aimed at overtaking the traditional function of the psychiatric hospital, to which he associates the Italian experiment carried out by Franco Basaglia and his colleagues. Thus Castel introduces a comparative dimension that makes emerge a common sense of justice, as if the Italian experiment could represent an horizon to which also French psychiatry could refer. In the conclusion of his paper Castel observes that the Italian experiment, which ended with the resignation of the whole team of Basaglia, did not have the same outcomes of the others because the latter extended the clinical gaze on all kind of relationship between the patient and the external world and created a closed circle characterized by the omnipresence of the physician. Thus we can observe that the technique of care is used as a theoretical

⁶ The fascist regime had previously opposed freudian psychogenetic approach.

framework to justify its own intervention. Castel instead identifies a sociological perspective in the work of Basaglia and his colleagues, but he limited this perspective to the acknowledgement of social determinism leaving aside their theoretical position on the self-critique. In my opinion the sociology of Basaglia and his colleagues allows to get psychiatry out of its own field of knowledge beyond some materialistic considerations. Their sociological questioning was connected to some destigmatization strategies that can serve also the psychiatric professionals. The other authors focus on maintaining the categories of psychiatry and its own theoretical framework. This sociology resembles to pragmatic sociology because of its connection with phenomenology and the attention it pays to the facts. The acknowledgement of individual competences of patients and professionals requires a comparative methodology. Indeed, the study of differences and singularities makes room to a wider recognition of forms of injustice, it stimulates the creativity of professionals and users and prevents them from get locked in a caregiver–care-recipient circle. Castel uses a comparative dimension to show that in a remote corner of Italy it was possible to make emerge a form of self-critique that in France was struggling to surface. The sociologist however eventually enhances only the critique of the material side of the institution, as an obstacle to be removed. Conversely, the acknowledgement of the competency of making room to diversity not only as an attribute of professionals and patients but also of the members of a community at large who are not directly involved in the care relationship, paves the way to an apprenticeship process and not only the simple removal of an obstacle. Starting from some phenomenological insights (Basaglia [1965]2007), Franco and Franca Basaglia nourish their interest in sociology, that they do not exclusively understand as an instrument to unveil social determinism. The Basaglias translated Erving Goffman's "Asylums", "Behavior in public places", and the essay "The insanity of place", a series of writings that takes into consideration the symbolic dimension of social inclusion. The Basaglias were thus interested in the analysis and the critique of social the inclusive pattern made available by the community, outside the asylum's walls. Closing the asylums is not only the right thing to do according to human rights, but it is also a step towards a more ambitious project of democratization of society. The concept of "practice" is linked to the contradictions that somebody can come across through lived experiences. Is it possible then to found one's reasoning on the actions of all the actors involved and the meaning that they

assign to them, as sociologist Luc Boltanski makes clear in his explication of the connection between pragmatic sociology and phenomenology (Boltanski & Vitale 2006).

After the promulgation of the law 180/1978, having acknowledged the competencies of all the actors involved in the social inclusion process of persons suffering from mental distress, Franco Basaglia, through his idea of “suspension”, declares that he does not want to anticipate the meaning of future practices (1979). After having made emerge the contradiction between psychiatry and democracy through the legislation it is up to the community to find a way to make room to the patients. Will the community turn to the market? To the civic solidarity? To the industrial efficiency of therapeutic techniques? To the families? These are all an expression of a plural grammar which requires compromises and may be the subject of critique. The law 180/1978 defines the boundaries of the implementation of the Italian psychiatric reform that has to be organized on a local basis.

The “secteur” cannot still be considered the most implemented model in France (Demailly, 2011; Coldefy, 2016), in spite of the support of ministerial reports (Piel and Roelandt 2001) and international organizations (Murthy et al. 2001). These documents show how in France there are still many resistances opposed by the psychiatric professionals to the extension of this model, in spite of its contribution to community psychiatry which has been highlighted in the WHO report of 2001. Among the reasons of its problematic diffusion, Castel observes that it lacked of “external alliances” with actors and institutions which were not directly involved in psychiatric care. This specificity had instead a decisive impact for the Italian psychiatric reform (Ibidem). In the following section we will analyze the genesis and the role of this network of actors and institutions in Italy.

6 Psichiatria Democratica and the critique of “secteur”

Psichiatria Democratica is an association created in the 1970s, reaching the number of 2000 affiliates during that decade (International Collective 1977). Few years later, in 1976, a network of psychiatric professionals and activists is formed at a European

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level bringing together the pioneers of the different models, from the anti-psychiatrists as David Cooper to Felix Guattari who was working at a psychiatric institution organized on the base of secteur, following a psychoanalytic theoretical framework. This European group was initially called “Réseau. Alternative au secteur”, because it identified the secteur as the dominant alternative to the asylum. They eventually opted for “Réseau. Alternative à la psychiatrie” as its final name. Such a name underlined the importance of creating alliances with actors who were not involved in the psychiatric field of activity. It also enhanced the objective of thinking of a treatment without relying on the categories of the psychiatric knowledge. Psychiatrist Franco Basaglia is officially remembered as “the man who closed the asylums” (Foot, 2014). However I find it interesting to put into light that the knowledge of foreign experiments was available to this group of professionals, and that it has its own alternative aside from the destruction of a harmful institution, aiming at improving psychiatry. As in France, Great Britain and the United States the debate on psychiatry and democracy emerged also in Italy, taking into consideration the compatibility of psychiatric care and civil liberties. The problem appeared as the opposition between a political order and the restitution of rights (Gordon, *op. cit.*). Such a tension has been analyzed by scholars in the wake of Michel Foucault (Miller e Rose, 1986), who want to stress the ambiguous characteristics of post-asylum psychiatric services. Franco Basaglia has dedicated his entire life to the struggle against an inhuman and pathogenic institution, the asylum. But the destruction of the asylum represented only the beginning of a profound re-organization of the care system. In the 1960s Basaglia was considering a number of alternatives which were already available in other western countries. Although these thoughts may appear distant, we can consider both the destruction of the asylum and the organization of community psychiatric service as destigmatization strategies and parts of a cultural repertoire available to who at that time was advocating for the democratization of psychiatry and society. In order to underline the use of this repertoire, in the following section I will refer to some interviews released in the 1970s by Franco Basaglia and his colleagues members of Psichiatria Democratica.

7 The critique of “secteur” as the dominant alternative

In 1976 Basaglia releases an interview along with his wife Franca Ongaro and the secretary of *Psichiatria Democratica* Gianfranco Minguzzi, on the critique of the French *secteur*, the role of *Psichiatria Democratica* and the relations with the external actors (International Collective 1977). Also Mario Tommasini, communist member of the provincial council of Parma, one of the main actors of the struggle against the asylum in Italy, released some interviews in the same period. Among the French sources we can find two interviews published on the *Nouvel Observateur* (Kaupp, 1976) and in the volume which collects the contributions about the “Réseau. Alternative à la psychiatrie” (International collective 1977). The revue *Nouvelle Critique* refers to Mario Tommasini in the opening article of its reportage on Italian psychiatry (Chaumon, 1978a). These interviews underline the aspects connected to class inequalities which characterize the asylum's inmates. The interviews put into light three elements: (i) Tommasini is a representative for the working class (ii) who stresses the importance of territorial organization and (iii) thinks that psychiatric care have to be provided through fundamental rights as labor and housing. The point of view of Tommasini is easy to be communicated by the French newspaper which support ideas shared by the French left which was particularly successful at that time. In these three articles it is useful to notice through the perspective of cultural sociology that Tommasini introduces himself as part of a common cultural repertoire. In the three cases his intervention is followed by an interview released by Franco Basaglia (International collective, 1977; Kaupp, 1977; Chaumon, 1978c). Drawing from my theoretical framework, I can observe that the grammatical analysis made by Tommasini, who denounces the most visible aspects among which we can find stigmatization and the oppression of the most vulnerable persons, is followed by a commentary by Franco Basaglia on the competencies which have to be supported and the possibility to take part to the construction of a new community. Basaglia underlines the importance of be careful about the undermining replacement of the asylum's ideology with a new mental health-related ideology (International Collective, 1977). Practice has to be put to test and verified from the point of view of the

therapeutic outcome, beyond the correspondence between symptoms and psychiatric nosographic categories. Franca Ongaro, in the same interview, says that they feel like they are stuck between two “fires” represented by “spontaneism” and “institutionalization” (*Ibidem*). The members of *Psichiatria Democratica* criticize both poles, taking into consideration the inconsistency of anti-psychiatry's political project as well as the limits of the “Left's myth of the territory”, which consisted in developing reforms in a specific territory ruled by the Left in order to make them competitive with respect to the central State (Basaglia and Gallio 1979).

Mario Tommasini also refers to the theme of labor. In the province of Parma, at that time, the experiments about the work insertion of the former inmates were beginning. Through associations and cooperatives the former inmates managed to get a revenue and have a life outside the asylum. Maybe, at that time, only a small part of the inmates was subject to the work insertion practice, since the asylum definitely closed its doors only in the 1990s, but it is useful to underline that for Tommasini it was important to enhance that the salary provided by a cooperative was higher than the income of a blue collar worker. In the 1970s work insertion in Parma mostly concerned placement in farming and mechanical industry, and it followed a number of reforms that have emerged in the field of education, as the reform of the special classes which allow disabled children to share the class with the other pupils in 1977 thanks to a specific support. In another interview carried out by Frank Chaumon two PCI executives explained why they were supporting Basaglia and his colleagues through a reference to this law (Chaumon, 1978b).

In the 1970s the cultural repertoire of evaluation available to critical psychiatric professionals was extremely rich. From anti-psychiatry to psychoanalysis, from spontaneism to institutionalism, from social determinism to phenomenology, different sources of critical reflexion converge, yet in a contradictory way, as destigmatization strategies in the reformist and anti-authoritarian repertoire which paid attention to the singularity of each person. In 1979 Basaglia dedicates a paper to the enforcement of the law 180 without seeking any connection between all these critical currents. The title of the paper “A time of suspension and uncertainty” shows how law 180 has relieved psychiatric professionals of their task of guarding and invited them to a time of reflexion. The common theme shared by this critical psychiatry is that the

community has the task to implement the reform, through an apprenticeship based on lived experience, following a plurality of possibilities. The general assembly and other means of communication of that time, along with the creation of associations and cooperatives, an important and unifying aspect emerges tapping into this rich repertoire. The cultural repertoire of the Italian psychiatric reform shows that Basaglia and his colleagues recognized that a community was capable of learning from daily coexistence and through sharing mutual experiences of misery. Comparative, reflexive yet incongruous, this wide cultural repertoire provided professional and patients with the possibility of building a new narrative of hope (Lamont, 2019) drawing from destigmatization strategies.

Conclusion

Through this article I wanted to underline the attempt of Basaglia and his colleague to create connections with other experiences and sources of knowledge in order to share their findings. In the Italian cultural repertoire of evaluation we could then find the institutional dimension, the sociological and phenomenological test of the therapeutic impact of the psychiatric policies, institutional psychotherapy, psychoanalysis, local administration policies, work insertion, as well as spontaneism, represented by the evaluation of subjective desires of patients and professionals.

In my PhD thesis I have observed two variations of this cultural repertoire. In the first variation a network of different public and private actors is summoned by the user through a written demand, as in the case of the French Local Mental Health Committees. In the second variation, in Italy, we can find the fundamental support of the third sector which takes part to the territorial services through associations and cooperatives. I have analyzed the first variation in a recent article (Matera, 2019b) while I would like to briefly analyze the second in this conclusive paragraph. In 1990, sociologist Ota de Leonardis through some considerations about the law 180/1978, pointed out some assumptions about the intervention of the third sector in the psychiatric care system (de Leonardis, 1990). Burn out syndrome affecting public sector psychiatric professionals appeared in the book as one of the problematic

characteristics that the third sector could overcome. Following de Leonardis' perspective, burn out syndrome was caused by the limits imposed by the rigidity of public institutions. Professionals working for third sector organizations could also suffer from a burn out syndrome if their intervention was simply replacing the public services. As some commentaries have pointed out (Visco, 2015), the Italian situation seems to be undermined by this tendencies. In addition to the increasing risk of burn out syndrome, the salary of third sector's professionals does not fulfil the requirements underlined by the grammatical analysis carried out by Mario Tommasini, being lower than the income of the professionals working in the public sector. The organization of psychiatric services follow the model of a market in which the user has to select the best provider, disregarding the asymmetry which prevent the user from easily voice his/her critique (de Leonardis, 2010). The competition between the third sector and the public services, which has entailed the spreading of precarious services in the form of contractualized projects, has made it harder also for the professionals to express their critique. Unlike the perspective of a "possessive memory" (Foot, *op. cit.*), today we can consider the basaglian legacy as the product of a cultural repertoire which makes room to critique, in order to counter the polarization of the psychiatric care towards the market or the institutional model.

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