# The Italian Psychiatric Experience

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# FOREWORD

It is a great pleasure for me to introduce this book by Alessandro De Risio. I must congratulate him not only for this account of the peculiarity of Psychiatric Reform Law in Italy, but also for having framed the Italian deinstitutionalization within the history of ideas, and the thought of Italian psychiatrists.

The book of De Risio allows us to grasp the specificity of this operation, which has been very different from similar processes in the USA and the United Kingdom.

In fact, in Italy, the reform of 40 years ago was born from a compromise between the anti-psychiatry movement and the leadership of the Italian Psychiatric Society, accustomed to not losing, and to surviving in every regime.

"If we want everything to remain as it is, everything must change" the conviction of Tancredi Falconeri, nephew of the Prince of Salina in "The Leopard", has marked the choices of the ruling group of Italian psychiatrists, who allowed with Law 180 the entry of psychiatrists in the General Hospital, however, at the price of renouncing the presence of a psychiatric institution for the most serious mental disorders.

So the Italian Psychiatric Reform over a few years, has closed all psychiatric hospitals, also preventing the construction of new hospitals.

Today the pendulum, after having carried out its oscillation towards the pole of the defense of the rights of freedom of choice even of those who are not able to choose, returns to reconsider the pole of the right to care and protection.

The duty to protect is the task of the psychiatrist as is now testified by the sensitivity of the judiciary and legislative power. In this context they must take into account the rights of the sufferer, on the side of respect for the dignity of their person, and of their right to care and protection.

For alienists, the psychiatric hospital, the Asylum, constituted the typical building of raison, the result of medical thought impregnated with utopian and strong social values.

The "Hospitals for fools" were conceived to function as a "healing tool", great pedagogical institutions, effective machines against madness, to be entrusted in the hands of a capable psychiatrist.

De Risio reminds us of the Epic of Phreniatric Italian Society and Carlo Livi, whose phrase has remained famous: "Charity has made its time, now it's up to Reason to build its building"

The "Machine to heal" is a kind of poisoned fruit of the Enlightenment, the century of *Raison* that we are accustomed to consider as a positive moment of the history of mankind for its scientific emphasis and utopian urges, elements that soon however spoil themselves with respect to the intentions of those who conceived them.

As Horkheimer and Adorno, authoritative exponents of the Frankfurt School, argue in the Dialectic of the Enlightenment (1947), the Enlightenment was a century full of good intentions for the good of mankind that ended up producing great distortions. In the Enlightenment, in the very idea of being able to control and bend nature to human reason, the worst totalitarian regimes of the twentieth century were rooted. And in this there is no difference from of the birth of the Asylum: conceived as a "machine to heal", before the advent of drugs, it became a concentration universe for chronic patients.

Foucault did not want to see the constructive aspect, albeit of a utopian matrix, the thrust to the construction of an ideal world governed by *Raison* and sees the institutions as emanations of power, who want to control, supervise and punish diversity and deviance. The thought of Foucault, which has permeated the anti-psychiatric movement, has represented in Italy, for decades, a sort of unique thought, of soft dictatorship.

The Foucaultian Basaglia has exercised in a charismatic way a cultural primacy in large sectors of Italian society, unimpeded by any criticism.

And that this has assumed an almost religious dimension testifies to that sort of secular pilgrimage carried out by a papier-mâché horse, "The animal of good conscience", dragged through Italy in a visit to all the forensic hospitals (OPG) before their closure, with the culmination of the awarding of the medal to Marco Cavallo, the officiating President of the Italian Republic Napolitano.

Mario Di Fiorino
Director, Versilia Hospital Department of Psychiatry

# INTRODUCTION

To begin by saying what a book is *not* is often more useful and significant than telling what a book is. From this consideration, it is possible to tell that this book is not a didactic textbook, although some chapters have the typical style of a scientific textbook of psychiatry. This is not a popular book even though the best attempt was made to expose complex concepts in a clear-cut style. This is not a historical essay either, although historical facts are deliberately mentioned throughout the text to better clarify some conceptual issues that are reminiscent of facts or events from the past. It is objectively difficult to express a complete and exhaustive epistemology of what psychiatry is. Basically, this discipline represents an encounter with diversity. Psychiatry is perceived as *alien*, a mental activity expressing itself in thoughts and ideas that so radically diverge from common knowledge to underline peculiar behaviours that are totally opposed to those of the majority of people. In ancient times such diversity was attributed to the "natural" condition of disease and its bearers had been tolerated, even though they were segregated from social contact. The coming of Christianity later introduced the concepts of sin and guilt, which involved how mental disorders represented a manifestation of the consequence of sin. In this way, mental diversity incorporated the condition of suffering, which in turn was necessary to repent for one's sins throughout the ten centuries of the Middle Ages. In the Renaissance, the diversity/mental suffering idea acquired an even more unfavourable connotation as the theme of sin become associated with the concept of *causality*. In facing the rebirth of the primate of human activities with respect to God's will, it was necessary to find a cause of out-of-norm manifestations. Such a cause was found in the *devil*: to defeat evil, suffering had to be eradicated. In 1486, two Dominican monks, Sprenger and Kramer, wrote *Malleus Maleficarum*, the hammer of witches, a notorious textbook of demonology in which the physical aspects and behavioural conduct of witches were thoroughly described. A witch was believed to be a woman who, after making a deal with the devil, had become his servant, with the aim of performing the most awful things. The aim of inquisitors was to force witches to confess their evil deeds by using the most elaborate methods of torture that human minds had invented. In this way, between the 15th and 16th centuries, at least nine million women – mostly persons with mental disorders – were slaughtered in Europe because of the

supposed demoniac frequentation inducing their thought and behavioural diversity. The main tenet of the *Malleus Maleficarum* was that the body had to be slain to save the soul. After the discovery of America, the flourish of commerce and business throughout Europe induced the monarchs of the newly-constituted European national states to find accommodation for all the idlers, loafers, drifters, and bizarre persons incapable of working, producing or making a living. The great infirmaries that in the past centuries had hosted victims of the plague were refurbished and adapted to harbour those deviating from common behaviour. The necessity of collecting all the unproductive persons in one place created the concept of the workhouse, which later evolved into that of asylum. At the end of the 18th century, during the French Revolution, it was stated that even behavioural diversity had to be treated according to the law. For this reason, the law should provide equal opportunities of care for those showing behavioural diversity induced by a mental disorder, who were differentiated from those being in need of assistance due to their economic needs. For this reason also, Philippe Pinel found that the proportion of persons really suffering from a mental illness in the French asylum of Salpêtriére ranged from 10 to 15% of the total dwellers. Later on in the early 19th century, Tuke and Conolly's *no restraint* care allowed for improved opportunities of treatment for mental sufferers in an open form of mental hospital in England. In the second half of the 19th century, however, the expansion of the industrial revolution excluded psychiatric sufferers from the alienating lifestyle of the productive cycle. This meant that mental asylums had to become closed communities in which the sufferers were kept so the doctors had sufficient opportunities to study their deficits and discover a proper form of treatment. By that time, it was also believed that, along with the discovery of bacteria inducing somatic illnesses, infections induced the most severe mental disorders. The search for a germ that induced psychiatric disorders was a leading factor in the rise of large, secluded asylums aimed at the internment of mentally ill people. This dramatic involution was culturally sustained by the German-led organization of modern healthcare assistance in continental Europe. The discovery of so-called "somatic" treatments of mental disorders – insulin therapy, cardiazolic shock and, later on in the first half of the 20th century, psychosurgery and electroconvulsive therapy – closed the circle and supported the creation of closed asylums throughout Europe in the form of self-sustaining citadels furnished with all the means needed to keep the inhabitants living inside. The living conditions for persons interned in asylums were bad; they were more similar to jailed persons than to patients receiving care. In all the major European countries, legislation was promulgated that assimilated mental patients to long-term prisoners, devoid

of any civil rights and often forced to stay in mental hospitals for life. The scientific tenets on which internment in asylums was based were that mental disorders, stemming from an alleged organic, infectious alteration of brain tissue, were untreatable and the mentally ill were a danger to themselves and others. Such were the common beliefs of that time, and for a host of reasons that will be exposed in detail, in Italy in the first half of the 20th century the condition of persons with mental disorders were even worse than in other European countries. The landmark discovery of psychoactive drugs in the 1950s paved the way for deinstitutionalization, i.e., the discharge of patients from mental hospital, as there were the proper means to treat them in the community. Psychoactive drugs are in fact only second to antibiotics for their relevance in treating what were believed to be untreatable diseases before their introduction.

The major diversity of the Italian experience in the care of mental disorders is that in this country – unlike the others – psychiatric care underwent a dramatic change comparable to a revolution, in which the patterns of care were abruptly modified with the total disappearance of mental hospitals. No other developed country underwent such a change, and today psychiatric care in Italy is totally different from the rest of the world. The impact of this radical change of perspective on the scientific community wasn't harmless, however. The revolution in Italian psychiatric care also changed how mental health professionals operated. Such a change had abrupt features as well, and its consequences were so striking that some authors have even stated how the organization of the care for the mentally ill was unknown to the treating professionals – at least during a certain period of time (Carli et al., 2007). To overcome this apparent contradiction, Italian lawmakers had to issue a host of bills so as to clearly state the boundaries of the activity of mental health professionals. The aim of this book is to provide a synopsis of the most significant changes in psychiatric care performed in Italy since the last part of the 20th century. The *first chapter* describes how psychiatric care was provided in the country from the beginning of the 19th century to the unification of Italy in 1861. Events dating from the unification of Italy to 1978, the year of the psychiatric reform, comprise the *second chapter*. By that time, internment in asylums was the commonest practice in a cultural context that was dominated by "positivistic" German-led ideology. In the *third chapter*, the life and works of Franco Basaglia, the Venetian psychiatrist who had the most significant experience of the so-called deinstitutionalization of asylum inmates, will be described. It is a striking contradiction that Franco Basaglia accepted the administration of psychoactive drugs to allow the discharge of people from the mental hospital he directed while strongly criticizing the first draft of

Law 180/1978 disposing the shutdown of mental hospitals in Italy, a bill termed the Basaglia Law in popular knowledge. The *fourth chapter* describes the years from 1978 to 1994 in which Italian mental health services had to reorganize after the shutdown of psychiatric hospitals. In those years, the only treatment service clearly accepted by the law was the psychiatric ward in general hospitals, while community services had to rise on their own, with different styles of work, another peculiarity in Italian experience. In the *fifth chapter*, progress in Italian mental health legislation is described, with the promulgation of laws clearly elucidating how community mental health services should be denominated and organized. Despite the premature death of Franco Basaglia in 1980, the reorganization of the framework of Italian mental health services was a success as a consequence of the activity of Basaglia's wife, Franca Ongaro Basaglia, who closely cooperated with her husband in the 1970s' psychiatric revolution and completed the task in later years by entering politics. A short picture of how real-world Italian mental health services operate is portrayed in the *sixth chapter*. Italian psychiatric services have had to face two great challenges in the present time; the first one is represented by the so-called multi-problematic users, i.e., persons with a combination of organic and psychosocial problems who apply to mental health services for care even though their main needs are not just psychiatric. The severe economic downturn that has impacted the country since 2008 worsened a situation that was already troubled before the crisis, and which was even foreseen by Basaglia himself in his late-1970s' writings. In the end, the *seventh chapter* describes the experiences of other clinical psychiatrists of the 20th century who attempted to reform Italian psychiatric care in a somewhat more moderate way than the revolution that eventually took place. It is conceivable that the Italian way of psychiatry may have been more respectful of the common scientific beliefs of the time if the political situation were different. Such an issue is speculative but should also be taken into consideration to understand what happened.

# CHAPTER 1

# THE PRE-UNITARY ITALIAN PSYCHIATRIC CONTEXT

## *1.1. General hospitals in pre-unitary Italy*

Compared to other major European countries, Italy became a unified independent state later, in the middle of the 19th century. Before unification, on 17th March, 1861, at least seven states existed in the Italian peninsula, each with its own sanitary healthcare system. In pre-unitary Italian states, health care was provided unevenly, with relevant differences between one state and the other. At the end of the 18th century, hospitals began to lose the attribution of providing care for the poor and the unemployed and became more focused on the treatment of the illnesses due to the influence of the Enlightenment and the French Revolution. Generally speaking, in the northern part of the country, the reforms promoted by the Austrian Emperor Joseph II before the French Revolution had already induced the realization of large hospitals, subdivided into differentiated wards for the care of medical and surgical illnesses. Such was the case of the general hospital in Pavia, which was subdivided into medical, surgical, obstetric, and ophthalmologic wards. In Tuscany, the reforms of Grand-Duke Peter Leopold classified general hospitals into three different types. In the southern states of Italy, despite public health in the community being well-established, the laws promoting the construction and the functioning of hospitals were less advanced (Geddes, 2011). In any case, hospitals were perceived – and still are nowadays – as part of the local community and as such they benefitted from the fortunes, or suffered from the financial difficulties, of the surrounding area (Benigni et al., 2007).

## *1.2. The rise of asylums in pre-unitary Italy*

In most cases the religious orders were the institutions that built asylums for the insane, not the civil authorities. There were also psychiatric hospitals that were founded with the patronage of famous physicians or civil

administrations. It is difficult to account for the whole situation of asylums in pre-unitary Italian states. Most of the contributions were reported by the anti-institutionalization movement of the 1960s, as will be better described later in the text, and how such accounts are mainly focused on describing the evil situation of mid-20th century Italian asylums will be highlighted. Earlier contributions are predominantly desultory and aimed at describing the single situation of a specific hospital in a region or in a province. Following Catagni's (2012) review, the situation of Italian asylums in the country's principal regions will be briefly described.

In *Piedmont*, the first asylums for the insane appeared in the 18th century. In 1728 King Victor Amadeus II ordered the construction of a hospital for the insane in Turin and ordained that the Confraternity of the Holy Shroud would care for it. In 1780, the number of inmates increased from the initial 50 to 200. It was necessary to build a new hospital, and the inmates participated in its construction. This solution allowed for the containment of the cost of the hospital, as has been reported. In 1834, just after the work finished, the asylum was visited by the most distinguished French psychiatrist Jean-Ètienne Domenique Esquirol. Although praising the spaciousness of the building, Esquirol reported that there was not enough separation between male and female wards, the premises were not appropriately illuminated and the toilets were not properly cleaned and often smelly. In 1855 the royal asylum was moved to the Certosa of Collegno, where there were realized, with proper building works, 1000 new accommodations for the insane.

In 1642 in *Lombardy*, only in the city of Milan was there a hospital, situated in the borough of San Vincenzo in Prato, in which were admitted all the persons who, due to congenital or acquired illnesses, were unable to make a living. According to an 1844 contribution by the eminent Italian psychiatrist Andrea Verga,

> [...] there were hospitalized all those children of the Great Hospital who, due to congenital or acquired vices, for illness or ageing, were unable to make a living with their own hands ... all the sanitary and administrative staff was constituted by a tenant who, regardless of the fact that the hospice should have admitted the poor and the lunatics of the Duchy, received foreign madmen of every kind, to the detriment of some of our patients who should have been in need of surveillance and custody [...] there was no regular recording neither of persons becoming ill, nor of those dying [...] of several hosted persons whose name was unknown and all were distinguished with vulgar nicknames depicting several grades of idiocy or dementia or with the derogatory terms of crippled, foolish, half-beast, spirited, festered [...] such terms, even if there are no part of Milan dialect are, however far from being scientific.

In 1780, Empress Maria Theresa ordered that the Pia Casa of the Senavra, situated in the open countryside eastward of the city, be open to receiving the lunatics. In the cited contribution, Verga stated that

> [...] the Senavra lies in a lowland, uniformly flat, all marshes and canals [...] the building is all rotten for the humidity of the soil and the inside, despite half a century of rebuilding, is still full of defects that appear incorrigible.

In 1820 the situation was much the same and the administration, in the attempt to save money, decided to reserve admission to the asylum only to lunatics in need of 'hard' custody and to discharge the foreign madmen, as well as the imbeciles, epileptics and similar patients, who were returned to their families. At least twenty years later, in 1840, the voyage relation[1] of French psychiatrist Desmaisons Dupallans (Cabras et al., 2006) evidenced that the living conditions and quality of assistance in the Pia Casa of the Senavra asylum were not as bad as described and many inmates were properly kept by letting them work inside the premises, though they did not receive a salary.

In *Veneto* before 1861, Venice and today's Veneto region were part of the Austro-Hungarian Empire and were joined with Lombardy as the Venetian Lombard Kingdom. Assistance to the poor, persons with somatic illnesses and the insane was rather different, however, between Lombardy and Venice (Cabras et al., 2006). Until 1834, the insane were admitted to the San Servolo asylum on an island in the Venetian lagoon, and if there were too many, transferred to the San Girolamo detachment or the general hospital of Santi Giovanni e Paolo in Venice. The San Servolo asylum hosted, in effect, the acute patients. In 1834, San Servolo hospital was reserved for men and Santi Giovanni e Paolo for women as the central asylums of the Venice province. Desmaisons Dupallans strongly criticised this solution, highlighting how the vast area of the Venice province rendered concentrating the insane in just two premises difficult, as was done in the Kingdom of Naples with the Aversa establishments. The French psychiatrist

[1] The voyage relation was a common practice in the late 18th and early 19th centuries to allow the exchange of clinical and cultural information among European doctors. The French alienist Joseph Guillaume Desmaisons Dupallans made a study tour in Italy around 1840 to garner a deep knowledge of asylums in pre-unitary Italian states. Although severely critical in many points, Desmaisons Dupallans' clinical observations shed light on the reformist position of some of the Italian states that endeavoured to build really advanced institutions for the care of the insane. The search for an ideal asylum was united with the commitment of abandoning abstract theorization to search for a viable practice for the doctors of that age as successfully as happens in the present (Cabras et al., 2006).

claimed that such organization was even worse than in Naples (Cabras et al., 2006). In the other main cities of the region – Padova, Verona, Belluno, Udine, Rovigo, and Treviso – the insane were kept in special rooms in the local general hospitals, in relatively dire conditions.

More complex was the situation in *Emilia-Romagna*. According to Diodoro et al.'s wide review (1997a, b, c, d), the origin of Sant'Orsola hospital in Bologna can be traced to the problems caused in the city by poverty since the end of the Middle Ages. The whole hospital should have answered to the need of providing control for the poorest part of the population. Such a need became even more robust after French rule at the beginning of the 19th century, with the realization of a specific group of buildings, inside the hospital premises, that were reserved for "madmen". In 1809, this hospital section acquired a definite psychiatric connotation when a regulation was issued that legislated on the whole life of the hospital and, for the first time, officially defined the roles of the asylum and the psychiatrists. It was established that a secluded section for the demented patients should be built and a special doctor for their care should be appointed. Since then and until 1867, a special section of Sant'Orsola hospital constituted the Bologna asylum. At the end of the 1850s, the space for the insane was composed of a two-floor building with four corridors, two for men and two for women. Each corridor was furnished with rooms, a wide central lounge for the quiet lunatics and secluded cells for the furious ones. On the whole, 130 persons could be hosted in the asylum. The beds for the most dangerous lunatics were safely tied to the floor with big screws. The 1809 regulation legislated that the asylum should be directed by a doctor instead of a bursar, as has happened since then. The director was helped by an assistant doctor, a surgeon and a deputy surgeon. The director had the task of visiting the inmates and deciding their treatment. The surgeons were to note the prescriptions that the nurses had to administer. The assistant doctor had to live in the hospital for every incoming necessity, fill in the medical records and verify the inmates' status at admission so as to report to the director about the causes of their illnesses. Nurses were in charge of assisting the inmates. Given that there were only six of them for men and the same for women, with two more tenants for custody, it can be argued that they were more prone to providing surveillance than treatments and the level of assistance could only be guessed at. Desmaisons Dupallans (Cabras et al., 2006) had evidenced in Bologna how it had been a clinical mistake to mix lunatics with persons affected by venereal diseases and other incurable somatic illnesses. In Ferrara, the Sant'Anna psychiatric hospital was especially renowned for hosting, in the 16th century, the Italian poet Torquato Tasso, who suffered from a severe mental disorder for most of his

life (Cabras et al., 2006). The hospital was small and inmates with no means were admitted for free if they were resident in the city. If they lived in the Ferrara province, the hospital administration would charge the town council for the boarding costs. In Modena, the San Lazzaro Psychiatric Hospital was renowned for its good features. Since its beginnings in 1820, it benefitted from the fact that those with somatic disorders were not admitted to the facility. Moreover, the administration managed to separate the male patients from the females, and the acute cases from the quiet ones. The hospital building was placed in a favourable position, adjacent to the main road to Reggio nell'Emilia. It was even possible for inmates to assist in theatre plays, according to Esquirol's moral treatment principles. Desmaisons Dupallans (Cabras et al., 2006) remarked that such good management took place in Modena as the medical staff had worked abroad, importing into Italy the good properties of psychiatric treatments practised in France and England. A negative remark, according to the French psychiatrist, was represented by the narrowness of spaces, preventing the proper enactment of appropriate therapies for lunatics. Only since 1816 were lunatics properly assisted in Parma; before then, they were kept in a narrow and unhealthy hospice in a hopeless situation. Desmaisons Dupallans (Cabras et al., 2006) reports that mental patients were restrained in general hospitals until 1829, when the former convent of San Francesco di Paola was refurbished and adapted to host persons with mental illnesses. This building was adjacent to the Misericordia General Hospital. In 1832 a ruling by Duchess Maria Luisa declared that the San Francesco di Paola Hospital would serve as the central establishment for the care of the insane in Parma. Treatments were properly administered as they were based on Esquirol's principles. In Faenza there was a small and poorly furnished asylum that, however, was properly directed as in 1840 the medical director in service had decided to follow Esquirol's rules for inmate treatment (Cabras et al. 2006).

As for *central Italy*, the news reported by Desmaisons Dupallans (Cabras et al., 2006) evidenced how in Rome, in the first half of the 19th century, there was even more money available for health expenditure than in Paris. Located between the Tiber River and Via della Longara, the location of the Santa Maria della Pietà asylum obstructed the enlargement of the building. Despite the premises being kept clean, the French author reports that inmates were often handcuffed and padlocked in case they were "furious", a habit that was fiercely criticized by the medical community of the time. In Perugia, as reported by Desmaisons Dupallans (Cabras et al., 2006), in 1824 Cardinal Agostino Rivarola, apostolic delegate of the city, obtained from Pope Pius VII an abandoned convent – Santa Margherita – in which to establish an asylum for the insane. In that year the incurable

patients, the orphans and the lunatics were admitted. Such persons were previously hosted in a humble and damp department of the general hospital. It was not until 1834 that the asylum was reserved for insane persons only, with the other patients being admitted to the general hospital again. For the time, Santa Margherita Psychiatric Hospital in Perugia was regarded as well-kept, clean and properly organized. In fact, persons with mental retardation and dementia were not admitted to the hospital. In Macerata, although the professional attitude of the director allowed the proper treatment of the inmates, around 1840 this little asylum suffered for being old, overcrowded and rotten (Cabras et al., 2006). In any case, the use of chains and similar means to restrain patients was forbidden. The Ancona hospital was built in 1840 thanks to the efforts of the General Prior of San Giovanni di Dio Friars. According to Desmaisons Dupallans (Cabras et al., 2006), it was inadequately placed, much too close to the general hospital and the city centre. The organization, however, was good, with the possibility of practising adequate treatments for the inmates. Thanks to the efforts of Pope Leo XII and Cardinals Cavalchini and Cappelletti, in 1828 an asylum for the insane was established in Pesaro by refurbishing an old monastery (Cabras et al., 2006). Huge amounts of money were spent for its realization and the medical staff were able to adequately manage the treatment of the inmates. Most of them were put to work and so contributed to the management of the hospital. The physical restraint of the inmates was discouraged. In *Tuscany* Catagni (2012) reports how in Florence the demented persons "in the old days" were admitted to Santa Maria Nuova, where they were *in vincula detinebantur* [lat.: physically restrained]. Afterwards it was decided to send them to Stinche prison if they were poor and to the Basso Fortress if wealthy. Due to the narrowness of the space, primitive places had to be used. In 1750 Grand-Duke Peter Leopold ordered the construction of an asylum in the old premises of Santa Dorotea, which soon proved inadequate as there were more than 100 inmates in 60 rooms. It was then decided to furnish a new premise found close to the San Bonifacio Music Conservatory, whose organization the esteemed anatomist Vincenzo Chiarugi was put in charge. He composed the regulation of the asylum in 1778 and became its director, a charge that he maintained for many years. Chiarugi's reformatory practice has been regarded as the dawn of a therapeutic vision of psychiatry, which along with Philippe Pinel's French experience was eventually able to defeat the old axiom of *fame, vinculis et plagis* [lat.: 'starvation, restraint and beating'] in the treatment of insane (Cabras et al., 2006). According to Desmaisons Dupallans' statement (Cabras et al., 2006), the San Bonifacio hospital was divided into two main sections, one hosting persons affected by somatic illnesses, mostly with skin

diseases, and the second the insane. The French psychiatrist criticized such distinction as it rendered it difficult to cure the persons with a psychiatric illness. In the San Bonifacio hospital, the insane were not separated according to the features of their disease. Desmaisons Dupallans also criticized the fact that surveillance was not strict, so outsiders might enter the premises without trouble, despite the needs of the convalescing patients. In any case, it was also reported that the rooms were airy, the nutritional needs of the inmates were properly filled and physical means of restraint were very seldom utilized. In 1891 the new Florence asylum was officially opened in the borough of San Salvi, the construction of which began in 1887 and named after Vincenzo Chiarugi, the eminent anatomist and psychiatrist who lived between the end of the 18th century and the beginning of 19th century. The San Salvi Hospital replaced the historical but inadequate Florence facilities. The new premises were developed as a place suitable to provide an answer to the needs of the psychiatry of that time. Catagni (2012) highlights that the collaboration between the developer, Giorgio Roster, and the leading Florentine psychiatrists of that time is of interest. From this fruitful interaction, the new asylum was built in the form of a village, that is, the asylum was constituted of several pavilions. In the main west axis there were the pavilions for the male inpatients while the female buildings were built on the east axis. There were also pavilions reserved for the following special categories of inmates: quiet, infirm and paralytic, half-agitated, dirty, epileptics, agitated, and paying lodgers. In Siena the Compagnia de' Disciplinati had garnered the use of an ex-convent for the treatment of the insane since 1815, with the refurbishment of the building ending in 1818. In that year the Asylum of San Nicolò officially opened. It was a small, clean and functional asylum for the standard of the time (Cabras et al., 2006). In Lucca the oldest asylum in Italy opened in 1773. The asylum was built in the old monastery of Fregionaja. According to Desmaisons Dupallans (Cabras et al., 2006), it was properly isolated, being some miles away from the city centre in the countryside, but the building was overcrowded, with poor sex separation.

With respect to the other macro-regions, the conditions in *southern Italy* were poorer even in pre-unitary states. In 1760 the demented patients in Naples were admitted to the Spedale Grande, in which they were subject to – according to Abbot Richard's statement – *"such a severe diet that they reached such a remarkable thinness to appear more similar to skeletons than to human beings"*. At the beginning of the 19th century a new asylum was constructed in Aversa, which soon hosted 400 persons. The eminent psychiatrist Domenico Gualandi, who visited the Aversa asylum in 1823, remarked

> How can't you notice the poor constructive quality of all the rooms, whose doors are poorly assembled and insecure, the imperfect circulation of air and light, the bad smell of faeces accumulated in common, in the middle of the rooms, the scarce care of clothes, that rarely fit the season, the total insecurity of reciprocal cohabitation of several inmates, whose quietness is often unsuspected? How can you approve that the place in which the furious are restrained is horrid: they lay on the ground night and day with a straw bed at their side, often wet and verminous? Of those there is only another madman, more fool than quiet, that is their ward doctor and their guardian [...].

It is of note that Gualandi's criticism over the dire condition of Aversa's asylum induced Neapolitan authorities to reform the situation of the establishment. The voyage relation of the French psychiatrist Desmaisons Dupallans (Cabras et al., 2006) highlighted how, some years after Gualandi's observations, Neapolitan lunatics were housed in four buildings previously utilized as convents for nuns and monks: La Maddalena, Monte, Sant'Agostino, and Montevergine, each located in the town of Aversa, for a total number of about 700 inmates. The French doctor reported how the new buildings, although overcrowded, were cleaner and more skilfully organized than in the years before, the food was acceptable and inmates were humanely treated and kept clean. The main asylum in Sicily was the Royal House of Lunatics in Palermo, which before 1825 also hosted consumptives, people with scabies and other patients affected by incurable somatic diseases. Desmaisons Dupallans' report (Cabras et al., 2006) highlights how the conditions of the insane, interned together with persons with organic illnesses, were dire. In 1802 the mentally ill were moved to the small convent of Santa Teresa. Despite the efforts of Queen Maria Carolina of Austria, it was not until twenty years later that a more suitable accommodation for mental patients was found. To fulfil this goal, in 1824 Baron Pietro Pisani was appointed the task of reforming the Santa Teresa asylum. He did so by removing all the persons affected by organic disease from that hospital. In 1827 Baron Pietro Pisani, after discharging all the non-psychiatric inmates, drew up the 'institutions' for the functioning of the asylum, which collected inmates from all over the island. The attempt was made to humanize the treatment of the patients; in the third chapter of *Institutions*, Pisani wrote: *'As there are forbidden inside the Establishment the words mad, insane, lunatic, the name of "lunatic master", used in all European asylums, has been substituted by "internal service superintendent"* (Catagni, 2012). Baron Pisani also made sure that inmates would have a proper diet and the use of physical restraint would be forbidden. He finally managed to enlarge the hospital building by letting inmates participate in the refurbishment works (Cabras et al., 2006). This notwithstanding, clinical

praxis and the approach to mental illnesses in Palermo were not so far from those in the rest of the Italian peninsula. In any case, in Desmaisons Dupallans' relation, Palermo asylum was criticized for collecting mental patients from all over the island, in a similar way to Aversa hospital (Cabras et al., 2006). The French psychiatrist also disapproved of the large allegorical frescos depicting madness covering the asylum wall, believing that they would be perceived as insulting by inmates.

## *1.3. Therapeutic treatments in pre-unitary Italian asylums*

At least the treatments proposed for inmates of Italian asylums in the first half of the 19th century were similar enough to those practised in the rest of Europe in that period. It needs to be pointed out that, at the end of the 18th century, the Florentine anatomist and psychiatrist Vincenzo Chiarugi (1759 – 1820) was the first to apply humanitarian methods in the care of the insane by abstaining from the use of any physical restraint. Following the indications of Grand-Duke Pietro Leopoldo, Chiarugi became involved in the renovation of the ancient Bonifazio hospital in Florence, which became reserved for psychiatric patients only rather than remaining a 'hospice' harbouring the criminals, the poor and the elderly. Chiarugi was also the first doctor to divide psychiatric patients into wards according to the degree of their illnesses (Shorter, 2005). The first edition of his main work *Della pazzia in genere, e in specie. Trattato medico-analitico con una centuria di osservazioni* [Eng.: On madness in general and in detail. Medical-analytic treaty with a host of observations] was published in Florence in 1793 – 1794. The first volume was republished in 1808 with remarkable modifications with respect to the first edition. A German translation, published in Leipzig in 1795, allowed that the author was also known abroad (Cabras et al., 2006). In some ways, Chiarugi was the forerunner of the more known works of the French psychiatrist Philippe Pinel (1745 – 1826), who was universally renowned for laying the basis of modern psychiatry. Pinel inspired his disciples in a fundamental way by elaborating the theory of moral treatment of the insane. His masterpiece *Traité medico-philosophique surl'aliénation mentale ou la manie* [Fr.: Medico-philosophical treaty on mental alienation or mania] was published in 1801 in Paris (Cabras et al., 2006). A striking feature of Pinel's tenets was that the 'moral' appellation did not concern morality but referred to the French word *moeur*, that is, 'custom' or 'lifestyle' in English, meaning it was then believed that the most useful way to treat the insane was to strictly regulate their living habits, their dietary regime, their wakening and bedtime hours, and so forth. Such treatment, opposed to beatings and physical

restraint, could only be accomplished in a secluded hospital, away from the chaos of cities, under the absolute rule of the medical director. Pinel's favourite student was Jean-Ètienne Dominique Esquirol (1772 – 1840), who started attending Pinel's lessons in Salpêtriére Hospital in 1799 and became a member of his staff in 1811 (Shorter, 2005). Esquirol was the main inspirer of the 1838 French law on insane patients that in turn inspired every other major European country when ruling about the realization of the large psychiatric hospitals that became common in the 19th century. Catagni (2012) evidenced how, in the first half of the 19th century, there were two main forms of treatment in Italy, the moral and the organic. In Piedmont the moral treatment concerned 'walking in the vast and shadowy garden, some games, such as bowls, the reading of some apt books'. The organic treatment involved bloodletting in acute mania with exalted excitement. Other somatic treatments involved the application of iced water all over the shaven body and artificial rain. Castor oil, terebinthine and other purgatives, along with occipital burns were regarded as very useful in monomania. Diodoro et al. (1997a) report that bloodletting was commonly employed in the Bologna asylum, along with the decoction of tamarind pulp adjunct with tartar emetic, warm baths, leeches and opiate pills for manic symptoms. The eminent psychiatrist Domenico Gualandi (1823), the first director of the Sant'Orsola asylum, reported that

> [...] excellent results were provided by the cold shower of the head during the bath, the ice cap protracted for more days without interruption... the same apply to bodily immersions in very cold water, with immediate drying and then posing in warm bed, by that means the furious often became calm and retuned to correctly reasoning [...] urtications exerted by hitting the body with Urtica Urens leafs are a most effective remedy for most of the inerts, stubborn, hypochondriacs, onanists, hysteric and nymphomaniac women.

As for the moral treatment, Gualandi (1823) also stated that

> [...] the class to which the inmates belong and the finances of the establishment do not allow the use of several amusements. The miserable and the ignorant persons are more in need of right advice and loving encouragement than of what concerns delights, that would only create new needs or desires, so as to render the inmates existence even more painful once returned to health.

In Milan, the most-used somatic treatments were cold baths and the straitjacket, while in the Senavra hospital, moral treatment was accomplished by letting inmates participate in dance parties during carnival time. The integration of moral (work, prayers, etc.) with somatic treatments (cold

baths and showers, straitjackets) was reported in Florence as well (Catagni, 2012). Such features of the treatment of the insane, which have been explored regarding all the main Italian cities, show how asylums rose to be part of local public assistance and that, for at least two centuries, the treatment of the mentally ill in Italy had to differentiate from the care of persons in need of support for economic or other non-psychiatric reasons. Such was, however, the situation in all of Europe. During the 19th century, in fact, hospitals, as privileged locations for observing and transmitting knowledge, had the task of caring for the ill. From 1750 to 1850, hospitals underwent a transformation from being undifferentiated places of shelter to spaces aimed at medical treatments, with medicine transforming itself from theoretical science to clinical practice (Cabras et al., 2006).

From these considerations, it took at least 150 years to have a network of functioning psychiatric hospitals – with more or less greater difficulties – in every region of the peninsula. Following Esquirol's principles, moral treatment was the leading principle of care, at least for the more developed regions of central Italy, more subject to the influence of France. In northern and southern Italy, the 'asylum technique' followed more awkward rules, still influenced by physical restraint. As previously outlined, the religious orders were often the funding bodies of asylums. The characteristics of these asylums, or at least of the more relevant, are reported in table 1.1.

**Table 1.1. Exemplificative features of the main pre-unitary asylums in the Italian peninsula**

| Region | Name | Yr. of establishment | Founder(s) | Yr. of closure | Features |
|---|---|---|---|---|---|
| **Northern Italy** | | | | | |
| Piedmont | Hospital for the Insane in Turin | 1728 | Confraternity of the Holy Shroud | 1780 | Inmates number rose from 50 to 200 in a short time |
| | New asylum in Turin | 1750 | Inmates participated in building works to save money | 1855 | Visited in 1834 by French psychiatrist Esquirol, who found the premises extremely dirty |
| | Royal Asylum of Certosa di Collegno | 1855 | Kingdom of Sardinia health authorities | 1978 | At establishment there was enough accommodation for one thousand inmates |
| Lombardy | San Vincenzo in Prato psychiatric hospital | 1642 | - | 1780 | No recording of inmates<br>Very unhealthy |
| | Pia Casa della Senavra | 1780 | Empress Maria Theresa of Austria | 1878 | Situated in a lowland |

| | | | | | |
|---|---|---|---|---|---|
| Veneto | Feltre psychiatric hospital | 1775 | Union of Saint Paul School and Minor Conventual Friars | 1978 | |
| | San Servolo Psychiatric Hospital in Venice | 1834 | Imperial Decree of Austrian Emperor Francis I | 1978 | Situated on an island in the Venetian lagoon, with obvious geographic shortcomings |
| Emilia-Romagna | Sant'Orsola Psychiatric Hospital in Bologna | 1809 | The asylum was built because of societies need to care for the poor | 1978 | The asylum was built inside the general hospital complex |
| | Sant'Anna Psychiatric Hospital in Ferrara | 16th century | - | 1978 | The space for the inmates was reported as extremely small. Remarkable for hosting as an inmate the famous Italian poet Torquato Tasso |
| | San Lazzaro Psychiatric Hospital in Modena | 1820 | - | 1978 | Persons with somatic illnesses were not admitted in the facility. Remarkable for the utilization of moral treatment as medical staff learned how to practice outside Italy |
| | San Francesco di Paola Psychiatric Hospital in Parma | 1829 | Duchess Maria Luisa of Parma | 1978 | Inmates were properly treated according to Esquirol's principles |

| **Central Italy** | | | | | |
|---|---|---|---|---|---|
| Marche | San Benedetto Provincial Psychiatric Hospital in Pesaro | 1829 | Bishop Monsignor Benedetto Cappelletti | 1978 | Divided into three quarters for men, women and furious inmates. Remarkable for being briefly directed by eminent psychiatrist and criminologist Cesare Lombroso, from March to November, 1872 |
| | Psychiatric Hospital in Macerata | 1839 | - | 1978 | Dirty and rotten building, but well-organized medical staff |
| | San Giovanni di DioPsychiatric Hospital in Ancona | 1840 | Reverend Vernò, Prior of San Giovanni di Dio Friars | 1978 | The building was much too close to the city centre, but treatments and organization were properly enacted |
| | San Benedetto asylum in Pesaro | 1828 | Pope Leo XII, Cardinals Cavalchini and Cappelletti | 1978 | Well organized and clean, inmates' work contributed to the management of the hospital |
| Umbria | Santa Margherita Provincial Psychiatric Hospital in Perugia | 1824 | Cardinal Agostino Rivarola | 1980 | Relatively organized, with clean and well-kept spaces and rooms |
| Tuscany | San Niccolò Psychiatric Hospital in Siena | 1818 | Compagnia de' disciplinati | 1978 | Small, but properly furnished and clean |
| | San Bonifacio asylum in Florence | - | - | | |

| | | | | | |
|---|---|---|---|---|---|
| | Santa Dorotea asylum in Florence | 1750 | Grand-Duke of Tuscany | | The space for inmates was extremely narrow. For some years poor lunatics were jailed in Stinche prison, while wealthy ones in Basso Fortress |
| Lazio | Santa Maria della Pietà Asylum in Rome | 1550 | Confraternity of Spanish Gentlemen close to Saint Ignatius of Loyola | 1978 | Acute and quiet inmates were mixed, space very narrow. Reported improper use of physical restraint |
| Abruzzo | Sant'Antonio Abate Psychiatric Hospital in Teramo | 1881 | Congregation of Charity in Teramo | 1978 | |
| **Southern Italy**[#] | | | | | |
| Campania | Santa Maria Maddalena Hospital in Aversa | 1813 | King Joachim Murat | 2016 | Extremely poor accommodations for inmates from establishment up to 1840s, then inmate treatment greatly improved. Closed at the beginning of the 21st century after being a judiciary facility for more than a century |
| Calabria | Girifalco Psychiatric hospital | 1881 | | | To house the asylum, a religious facility once the property of the Minor Reformed Friars was utilized |

| | | | | | |
|---|---|---|---|---|---|
| **Islands** | | | | | |
| Sicily | Santa Teresa Asylum in Palermo | 1827 | Baron Pietro Pisani | | At least twenty years to refurbish Santa Teresa convent. Preposterous frescos representing madness depicted on ground floor walls |

[#]The rise of asylums in southern Italy was delayed with respect to the two other Italian macro-regions and occurred *after* the unity of Italy. In his 1982 contribution, Piro describes how in peninsular southern Italy, inmates were deported and concentrated in a few asylums, since only in 3 out of 17 provinces were public psychiatric hospitals built. In particular:

- only in Naples, Salerno and Reggio Calabria provinces were public psychiatric hospitals realized;
- inmates from Nuoro in Sardinia were hospitalized in Materdomini Psychiatric Hospital, Nocera Superiore, in Campania;
- the Nocera Inferiore 'Consortium' Psychiatric Hospital, in Campania, accepted inmates from Salerno, Campania, as well as inmates from Cosenza, Calabria, Isernia and Campobasso, in the Molise region;
- the 'Villa Russo' private nursing home in Miano, Naples accepted inmates from the city of Naples and from the provinces of Benevento in Campania, as well as persons coming from Latina and Frosinone in Lazio;
- in Puglia the Salentine Interprovincial Psychiatric Hospital accepted patients from the provinces of Lecce, Brindisi and Taranto, while the two 'Casa della Divina Provvidenza' private asylums in Foggia and in Bari accepted persons from other Puglia provinces (Di Noya et al., 1982; Gelli & Minafra, 1982).

## *1.4 The salient feature of psychiatric assistance in pre-unitary Italian states*

As previously reported, until the constitution of Savoy's Kingdom of Italy in 1861, psychiatric care in pre-unitary Italian states was mainly funded by local authorities, in most cases by the city councils of the town in which the asylums were located. It was fairly common that those authorities disposed of the poor, jobless and those unable to make a living by admitting them to asylums should they disturb the community with their improper behaviour. Such a custom went on even after the unification of the country, with the state authorities often ordering the admission to psychiatric hospitals persons judged as capable of disturbing public order (Diodoro et al., 1997d). Local authorities also paid the rent of the persons admitted to the asylums, an amount that was obviously different according to the city or province. In any asylum, however, the wealthy inmates had the chance of being admitted at their own expense (Cabras et al., 2006). Admission to asylums was mainly gained after the doctor's certification of being insane, and in nearly all pre-unitary Italian states, the police authority was in charge of transporting the insane to the asylum. In some cases, especially when there was only one asylum or there were some of them concentrated in a definite area of the state, the insane had to wait in jail until there was a space in the asylum, as happened in the Kingdom of Naples (Cabras et al., 2006). Despite Pinel's moral treatment suggestions, it was not possible to employ inmates in working activities in every asylum. This was regarded as a shortcoming by the medical principles of that time. In some cases, however, inmates were used as a workforce to realize the enlargement of the asylum buildings or other refurbishing works as a way to contain costs. In most cases, the use of 'hard' means of physical restraint, such as chains or padlocks, was banned, being replaced by 'lighter' systems such as the straitjacket. It was reported that in Venice Santi Giovanni e Paolo asylum there was a particular means of physical restraint in the form of a large bed sheet, which was wrapped around the body of the inmate while they were lying in bed. In Florence, the rumour of inmates being tied to a rotating cage aimed at calming them with its movement was proved false by Desmaisons Dupallans' relation (Cabras et al., 2006). In the Aversa asylum, sheltering accommodation was regarded as extremely poor according to Gualandi's observations (1823), but such a statement was contested by other authors (Cabras et al., 2006). In general terms, the asylums located in the territory of the Papal State and Grand-Duchy of Tuscany, the two states most impacted by France's cultural influence, were those more apt to follow the moral treatment principles. Asylums placed in

the northern and southern states of the peninsula were regarded as poorly organized, overcrowded and less functional than those in central Italy. At least one psychiatrist, in Venice, was believed to follow German therapeutic suggestions, having practiced in that country (Cabras et al., 2006). The separation of sexes and of clinical states of illness, i.e., the realization of male wards divided from female ones, or wards for acute inmates separated from the quiet ones, was regarded as a great therapeutic achievement.