

The Denial of the Institution A Critical Review of Franco Basaglia's Writings

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Summary: The writings of Franco Basaglia are critically reviewed, both from a technical psychiatric point of view and from a general political and social one. Basaglia maintained that the causes of psychiatric disorder are essentially social in nature, and that the only valid treatments are political struggle and the revival of the patient's aggressiveness. Therefore, no institution can be therapeutic for the patient, since its aim must be his custody and violent destruction. These statements are considered in the light of the need for institutions which are a therapeutic alternative to the mental hospital. Basaglia's 'liberal' defence of the individual against society is analysed, in relation to the negative consequences that the Italian Law 180 of 1978 is having on the care of long-term psychiatric patients. This law 'forgot' such patients, as well as adversely affecting the treatment of acute patients, for whom an insufficient number of psychiatric beds was permitted in general hospitals. A revision is proposed of Law 180 that would make possible the setting up of alternative institutions to outdated mental hospitals, but at the same time allow a transformation of their old structures.

Franco Basaglia died in 1982, and his writings have been republished in a comprehensive volume in Italian by Einaudi (1982). However, since his work is not well known in the English-language literature, a critical review of his ideas is desirable because of the impact that they have had on Italian legislation, and because of the need to improve understanding of the present situation in Italian mental health services. This article will examine both the more specifically technical, psychiatric aspects of Basaglia's writings and their social and political relevance.

Nature and Causes of Mental Illness

The principal questions to which a scientific study of mental health has to provide answers are:

- (1) What is mental illness and what is it caused by?
- (2) What has to be done to treat it?
- (3) Where has it to be treated?

Basaglia's views on each of these will be examined below.

He answered the first question in a socio-genetic way, although rather indirectly: "Is it not conceivable . . . that it is the lack of a response to these social needs that results in an impotence which is transformed to what we call madness?" (*Scritti II*, 1982). Although he does not deny that mental illness exists—thus differentiating himself from Szasz—Basaglia takes the view that what is important ("true in a practical way") is not the disease process itself, but its consequences.

Basaglia never reviewed nor critically analysed contemporary psychiatric doctrines, but simply stated that the image that psychiatry gives of mental illness through diagnosis is only an abstract and unreal concept—"a label that is aimed to confirm the difference" of the patient from others (*Magg. Dev.*), "a duplicate of the disease", or "the form that is most adequate to preserve and develop the system in which it is embedded" (*Ibid*). He also describes it as a 'commodity' that is more useful to society ("to calm down its anxiety in the face of a problem that it does not understand") than to the patient himself. Disputes about the causes of mental illness are regarded as a mere academic exercise, because what counts is only the consequence of this illness, which is different according to the relationship that exists between patient and doctor, which in turn depends on the socio-economic status of the patient. "Social violence" and "exclusion" are thus important for the development and consequences of psychiatric illness.

But here, the shortcomings of Basaglia's ideas begin to show; if the diagnosis was nothing more than a 'double' of the illness, it would mean that it does not catch its intimate nature, and that mental illnesses, as defined by traditional psychiatry, do not exist and are fictitious. A definition is then needed of what the intimate nature of mental illness is; although he very seldom states openly that mental illness derives from 'social violence' and from the 'exclusion process', nevertheless this

thesis is implicit in all Basaglia's work. It is also implicit in the statement that what is important is only the consequences and not the process of the illness, and that the former depend exclusively on social violence and exclusion. Therefore, the causes of the suffering of psychiatric patients should be looked for in these social factors and not, by and large, in biological or psychological factors. In this way, the findings of the last hundred years from disciplines such as genetics, neurochemistry, psychoanalysis, and social psychiatry are ignored. Yet Basaglia himself had to admit both that mental illness may occur in any kind of society, and that it is not cured by political means (*Magg. Dev.*).

The concept of social violence

The assumptions from which Basaglia starts are firstly that Italian society is an exclusively capitalist one, although in fact its social structure has changed considerably over the past 30 years. Since then, a large part of the economic power in Italy has passed into the hands of the State, and the present economy is a mixed capitalist and socialist one. Therefore, statements which assert that in Italian society "the definition of authority . . . overtly coincides with productivity" (*Magg. Dev.*) or that Italy is "a society based on the clear-cut distinction between the haves (who own in a real concrete sense) and the have nots" (*Ist. Neg.*), appear misleading. They also attempt to make the complex matrix of social rules—which predominantly have a moral source—coincide with economic rules are a typically Marxist over-simplification.

Basaglia's description of Italian society as the background to his analysis of the relationship between health and mental illness is also tinged with the gory colours of 'social violence'. For instance, "Paternal authority is oppressive and arbitrary; school is founded on blackmailing and threatening; the employer exploits the worker; the mental hospital destroys the mental patient" (*Ist. Neg.*). Statements such as "Violence and exclusion are at the basis of any relationship that is set in our society" (*Ibid*) represent the kind of gratuitous generalisation that is the hinge for the development of Basaglia's thought. Some of his examples of 'institutions of violence', are in fact based primarily on love (such as the family), or on learning (such as schools). Clearly, a mixture of love and violence is possible in all institutions, depending on how they are realised by individuals. Institutions are embodied by men, within whom Thanatos and Eros are in conflict, but the statement that *all* is violence in our society cannot be taken for granted.

Theoretical questions do arise, though, as to whether in a capitalist country there is more violence against 'deviant' members than in a socialist, totalitarian system, or in a social-democratic system of North-European type, and whether this violence may be regarded as the cause of 'deviance'. If by 'social' or 'class violence' is meant the degree of pressure that is exerted on individuals in order to have a given complex of social rules respected, there cannot be any difference whether these rules are partially based on individual profit, as in capitalist society, or on the superior interest of the State or of the Party, as in the socialist, totalitarian countries. What actually makes the difference is the degree of pressure with which this complex of social rules is enforced, and conversely, what tolerance is shown towards those who do not comply with the rules accepted by the majority. In fact, the concepts of social rule and deviance, as well as that of social violence or pressure, are not specific to capitalist societies, any more than they are to socialist countries.

It is quite possible that there is much less social violence in a social-democratic society than in the other two types, considering the greater permissiveness towards deviants which characterises it. However, the numbers of deviants and psychiatric patients in such countries do not seem to have been reduced. Therefore, it does not appear that social pressure or 'violence' induce social or psychiatric deviance, or that they are the cause of mental illness. Economic factors might be relevant to such social consequences of psychiatric illness as admission to a public mental hospital rather than to a private clinic, but not the disease process itself.

It could be argued, however, that the mechanism of this exclusion of the psychiatric patient only occurs in those families and social contexts in which violence predominates. Yet this need not imply a causal relationship between violence and psychiatric illness, but rather between violence and exclusion of a person who is (through other factors) mentally ill. In other words, the damage produced by institutionalisation of the patient would be added to that provoked by the disease process itself.

In some instances, we can also accept that the exclusion process may be a cause of psychiatric illness: e.g. the 'paranoid reaction' referred to by Lemert (*Magg. Dev.*). Nevertheless, in the majority of psychiatric conditions (schizophrenia, manic-depressive psychosis, dementia, etc.) the fine mechanism of a 'social plot' is not demonstrable in the dynamics of admission to hospital, and these diseases occur in all social classes.

Economic rules and deviance

According to Basaglia, an intimate relationship exists between economic, social, and psychiatric deviance; the first is said to be the cause of the second, which in turn is the cause of the third. "It is economic logic that establishes what is humane and what is not, what is healthy and what is ill, what is beautiful and what is ugly, what is correct and what is reproachable" (*Scritti II*).

The first step in this relationship (economic deviance as cause of social deviance) is in keeping with a Marxist analysis of social relationships which postulates (ignoring all other variables) that in the end, human behaviour and social rules are determined by economic factors. This gross reductionism and over-simplification excludes from social behaviour fundamental factors such as unconscious, conscious, and sublimated instincts and drives; over the centuries, these have determined the stratification of behavioural rules, which have been handed down and modified from one generation to another. Economic factors are reducible mainly to one of these drives—the possession instinct.

Moreover, Basaglia negates the view that the concept of social rule and deviance has universal value. "This civil coexistence rules make sense for whatever is a part of this coexistence, whoever finds a partial answer to his needs in them" (*Scritti II*). . . . "can a rule exist in the expression of needs and wishes? Or is it not rather the existence of the rule an imposition and a violence . . . ?" (*Ibid*). Starting from the assumption that our society is divided into classes and that one, the bourgeoisie, dominates the others, Basaglia arrives at the conclusion that 'social rules' are established by the dominating class and are designed to satisfy its needs (*Scritti I & II*), rather than those of the proletariat.

However, it is disputable that the middle class really dominates Italy at present, while Basaglia confuses economic and social rules, and the 'interests' of a class with its primary and secondary 'needs'. In a perspective of class struggle, the dominated class may be regarded as subject to economic rules that are in contrast with its own interests, while some secondary needs (e.g. to own a car or television set) may be artificially created within it, in the interests of the dominating one (Galbraith, 1969). However, it is not credible that the primary needs of the dominated class (rights of life, work, medical care, property, dignity of the person, etc.) or relative social rules (penal, civil, and moral codes) can be artificially induced by the dominating class, following an ethic that would only protect its own needs. This would be equivalent to saying that one can break the moral and penal codes

in order to defend the rights of the proletariat—which is exactly what the Red Brigades say and do in Italy. Social rules are universal, and although they may vary within certain limits according to the type of society and historical period, they are not reducible to a criterion of productivity.

Basaglia maintains this thesis of the relationship between economic, social, and psychiatric deviance in his book *La Maggioranza Deviante* (1971). In this, he examines the extent of social incapacity in the USA in 1959; Ruesch (1969) had reported that roughly one-third of the population there was unable to work for physical or psychiatric reasons, and that another third was comprised of either old or very young people, not of working age. From this, Basaglia concluded that the majority of the population of the USA is comprised of deviants, identifying economic with psychiatric deviancy. Yet Ruesch's point was that since 65% of that population was unproductive, America could be called the "leisure world". But to identify this "unproductive majority" with social or psychiatric deviance is a gross mystification, actually contradicted by Ruesch himself, who stated that psychiatric disability was present in only 9.7% of the population (*Magg. Dev.*).

Thus, it is important to distinguish clearly the economic deviant, who refuses to get involved in the production process, which he considers unfair, firstly from the social deviant, who does not respect the rules accepted by the majority of people in a given society at a given time (regardless of their social class), and secondly from the psychiatric deviant, who has problems with his 'function of reality'. The latter refers to the perception of reality, its elaboration (thought, affectivity), and the person's reaction to it (behaviour).

The concept of deviance is always a statistical one, but the axes along which the different kinds of deviance are measured are respectively economic productivity, social rules, and mental health. The deviation from the mean is measured in the first case objectively (in productivity), in the second case subjectively, but in a manner that is appreciable by all the components of a society, and in the last case empirically, and mainly by a specialised technician—the psychiatrist—who is delegated through his training to represent the majority of the population and their experience of reality.

A relationship between these three kinds of deviance certainly exists, in the sense that one may predispose to another. However, there is no evidence of a direct causal relationship, in the sense that other factors, in addition to economic and/or

social deviance, are required in order to identify psychiatric deviance.

Treatment of Mental Illness

The second question that scientific psychiatry should answer is—what should be done to treat mental illness? According to Basaglia, under present social and political conditions, any purely technical remedy is worse than the disease; "Becoming political in our work is still the only therapeutic action that is possible" (*Scritti II*).

From this point of view, psychopharmacological therapy is rejected, because it mainly serves to sedate the anxiety of those who try to cure: "The doctor sedates, with the drugs he administers, his anxiety in front of a patient with whom he is unable to relate or find a common language" (*Ist. Neg.*). The same is said to be true of any other therapeutic approach: "The new social psychiatrist, the psychotherapist, the social worker . . . are nothing but the new administrators of the violence of power, as long as they perpetuate that violence by softening disagreements, smoothing resistances, resolving the conflicts provoked by its institutions, with their technical, apparently healing and not violent action" (*Ist. Neg.*).

Basaglia in fact maintained that any therapeutic approach must be rejected because psychotherapy and resocialising initiatives have in themselves "the danger . . . that one wants to solve the problem of mental patients through technical adjustments" (*Ist. Neg.*). Thus, they are nothing but an instrument for the control of deviants on the part of the 'system', which should be treated with suspicion. This kind of more sophisticated ("technical") violence appears through the newest methods of persuasion and 'readjustment', which are designed to prevent actual conflicts from developing and to bury them, thus allowing the preservation of the *status quo* of the capitalist system. In saying this, Basaglia ignored the fact that the action of social psychiatry is directed only partly to the patient, to help him gain insight into the roots of his problems, but mainly to the surrounding milieu (e.g. family, working environment, school) to identify and to modify when possible the reasons for conflicts. The charge of repressive violence towards patients cannot be supported when the action is directed to the environment.

Therefore, Basaglia quickly dismisses the older therapeutic approaches (biological, psychodynamic, phenomenological, behavioural), because they are directed only against the patient and tend to "objectivise" him (*Ist. Neg.*). In this, the influence of the thought of R. D. Laing is evident.

He also rejects the newer and more 'deceitful' therapeutic techniques with which the professional worker tries to 'integrate' the maladjusted patient into society, thus becoming a wicked, dull instrument of social conservatism. All this is maintained without explaining why the same techniques—both older and newer—could be approved for treating psychiatric patients, once the political revolution desired by Basaglia had taken place.

Here we come to the only positive suggestion by Basaglia for treating psychiatric patients—that the only possible way to help them is a political way (*Scritti II*). He justifies this conclusion by the fear that, until the political-economic system in which psychiatry is located is radically changed, any new technical, theoretical, or practical proposal—even the most advanced ones such as the Therapeutic Community—will inevitably be contaminated by the political-economic establishment and transformed "into a new instrument of its own making" (*Ist. Neg.*). In this, the influence of Marcuse's ideas is evident—that it is impossible to operate within the capitalist system, except in a political, revolutionary way.

However, to subordinate the solution of a technical problem to that of a political one (the treatment of psychiatric patients to changing the political and economic structure of Italian society) is equivalent to considering psychiatry as simply a sub-system of politics and economics. Even if no-one now maintains that psychiatry is absolutely independent of those two disciplines, it is equally absurd to hold that all psychopathological variables depend exclusively on economic and political factors. Thus, the conclusion that political struggle is the only solution to psychiatric problems became the end-result of wanting to 'overtake all previous technical solutions from the left'; yet Basaglia himself was conscious that psychiatric disorders are in fact largely independent of the political system, and not cured by politics (*Magg. Dev.*).

Nevertheless, in line with his concept that the management of psychiatric illness should follow political guidelines, Basaglia maintained that only the patient gaining insight into his exclusion from society and then refusing to accept the situation can be therapeutic. Likewise, anything aimed at extinguishing aggressive behaviour against society or passively giving up the conflict is anti-therapeutic (*Ist. Neg.*). However, if the only cure for psychiatric patients was the awakening of aggression and violence against society, it could be expected that this aggression would be bound to provoke a 'repressive reaction' on the part of society. Arousing such aggressiveness in patients, though,

can only be understood as instrumental to political uprising against a certain kind of society, and certainly not to solving patients' problems.

Where to Treat Mental Illness

In practice, however, and in contradiction to this theoretical position, Basaglia and his followers have been willing to accept and legitimate any kind of therapy (from psychopharmacology to psychotherapy), providing that this is carried out in the community, outside mental hospitals, and preferably also outside psychiatric wards for acute patients in general hospitals. Basaglia compared mental hospitals to jails, and accused them of being anti-therapeutic because of their custodial functions and destruction of patients' identities. In his view, no alternative institution for chronic patients could ever take their place with impunity, since it would inevitably get involved in patients' exclusion from society and 'destruction'. He refers to "this structural impenetrability of psychiatric institutions to any kind of intervention that goes beyond their custodial goal" (*Ist. Neg.*) and to "the nature of exclusion founded on violence, mortification, on total destruction of the institutionalised man, demonstrating that the real aim of re-educative and curative institutions always remains the suppression of those who should be re-educated and cured" (*Scritti II*).

In addition to this condemnation of mental hospitals on the grounds of their custodial and sometimes violent regime, said to cause iatrogenic pathology from institutionalisation, Basaglia's second main criticism was of their improper use.

It was widely accepted (even before his work) that in the course of their history, mental hospitals had gradually betrayed their original therapeutic aim to become in some respects a place of work, a 'factory of madness' whose 'productivity' is defended paradoxically to guarantee the security of staff jobs. As Goffman (1961) pointed out, violence and constraint were employed there to achieve custody, so that a patient who had started his 'career' in a mental hospital could only hope for the goodwill of his guardians. However, it seems unfair to generalise the aim of mental hospitals to mere custody and violent 'destruction' of the patient's personality. Before they were largely closed in Italy, it was not rare to see examples of the social rehabilitation and discharge of their patients; in fact, the largest number of discharges occurred before the implementation of Law 180—a fall from 71,244 to 51,353 between 1974 and 1978 (Italian Ministry of Health, 1982). This process occurred independently of Basaglia's criticism, since it took

place in other countries too, and in many cases earlier.

From 17 May 1978, Law 180 prohibited the admission to mental hospitals of patients who had not been admitted to one before. It is certainly true that for many years, mental hospitals were used to a significant extent not for their original purpose of treating psychiatric patients, but provided a false psychiatric answer to problems that were mostly social, such as that of people without family support. This occurred in Italy, as in other countries, especially during the years following World War II when, because of changes in the social structure relating to urbanisation, industrialisation, and women's employment, the patriarchal family underwent a radical transformation, and was no longer able to take care of those of its members who were insufficiently autonomous—whether mentally ill, old, or physically handicapped. Italian society, like others, has not so far been able to provide an appropriate answer for those who are not self-sufficient.

Another group of patients inappropriately admitted were those with organic brain syndromes such as severe mental retardation, senile dementia, chronic alcoholism, or epilepsy. Rather than active psychiatric treatment, these patients need general care and supervision by specialised nurses, doctors, etc. in appropriate facilities.

However, to endorse these accusations against mental hospitals is not the same as stating that it is impossible to eradicate violence from any psychiatric institution or to pioneer a 'therapeutic' institution. In his dialectic procedure, Basaglia always stops at the negative pole of reasoning (antithesis), without ever proceeding to a synthesis—"The meaning of our work can only continue to move in a negative dimension, that is, in itself, destruction and overthrowing at the same time" (*Ist. Neg.*). But today, we can see the dramatic consequences of the 'destruction' and 'overthrow' of mental hospitals. Thus, the 'denial of the institution' is the symbol of the disavowal of all previous psychiatry, be it traditional organic, psychoanalytical, or the new Anglo-Saxon social psychiatry, without anything positive being substituted for it.

To regain a therapeutic function, the institutions for chronic patients that should take the place of mental hospitals should satisfy the following conditions:

(1) They should give back to the public patient what he has lost, compared with the private patient, i.e. his contractual power. This requires political and administrative control by the elected representatives of the people over the work of the delegated

'technicians'—the nurses and doctors—whilst preserving their professional autonomy.

(2) The institutions should provide a 'therapeutic continuity', structuring their services so that the same team which works in a given catchment area (including mental health centres) follows its patients within the different facilities to which they may be admitted. The advantages of therapeutic continuity are that it prevents the occurrence of areas of stagnation, both for the patients and the staff, and favours recovery and return to society by preventing the transfer from one facility to another of patients whose illness does not remit. Long-term stay in hospital may obviously still be needed for incurable patients, who exist in psychiatry as in any other branch of medicine, but the 'emargination' of chronic patients will be lessened, if not prevented. Moreover, therapeutic continuity allows the professional worker to influence not only the patient but also to some extent the environment from which he comes, thus becoming an active instrument for changing society, and not a 'reactionary' instrument for the control of deviants, as Basaglia maintains.

(3) They must be specific for any given kind of need. Since mental hospitals incorporated three main groups of patients—the socio-economically indigent, those with organic brain syndromes, and those with functional psychiatric disorders—three corresponding institutions should take their place:

(a) Family-homes for patients without active psychopathological features, where not more than about ten dependent or partly autonomous 'guests' would be looked after by domestic and nursing staff, under the supervision of social workers, and with medical surveillance by a general practitioner.

(b) Sheltered homes for patients with organic brain syndromes; these would have nursing staff, be under the medical supervision of a general practitioner, and have periodic consultations by a psychiatrist.

(c) Therapeutic communities for chronic psychotic patients, with specialised teams of nurses, social workers, psychologists, and sociologists, under the supervision of a psychiatrist. In these, all relevant therapeutic and rehabilitative techniques should be available, from psychopharmacology to individual and group psychotherapy, and from behavioural to occupational therapy and sheltered employment.

Social and Political Aspects of Basaglia's Thought

According to Basaglia, the psychiatric patient does not generally suffer from a true illness, that could be

seen in terms of a medical model, but from a political dialectical inability to face up to violence and the contradictions of reality; responsibility for this inability mostly lies not with the individual, but with society. "The patient mainly suffers from being compelled to choose to live in an aproblematic and adialectic way, because the contradictions and the violence of our reality can be often unbearable" (*Ist. Neg.*). The patient "will find himself imprisoned in the psychiatric milieu, as he was in the outside world of which he was not able to face the contradictions dialectically" (*Ibid*).

Thus, in the interaction between the individual and society, Basaglia blames the latter for being responsible for most of the 'guilt' of mental illness. From this point of view, therefore, he seems to deny the 'sub-system' man any kind of autonomy with respect to the 'system' society. Man is exposed to the vortex of violence and contradictions of the 'system', and is virtually deprived of the characteristics that render him autonomous and responsible within the limits of his 'sub-system'. However, this approach denies the importance of those genetic, biological, and psycho-dynamic personal factors that, together with actual social conditions, determine behaviour.

This conception is understandable only from the point of view of an overturning of previous psychiatric theories (as expressed in the Italian mental illness law of 1904) that blamed the individual for everything and disregarded the social implications of mental illness: they were mainly aimed at protecting society against psychiatric patients. In contrast, Basaglia's approach virtually denies society any rights in relation to the individual, thus assuming an attitude of exasperated 'liberal' individualism, that in Italy may better fit the political standpoint of the Radical than of the Socialist or Communist Party.

This may perhaps be understandable if we look more deeply into Basaglia's personal history. Considering his patrician birth in Venice and the early years of his career spent under the influence of the Phenomenological School at the University of Padua, far from any real contact with psychiatric patients, his sudden appointment to the superintendency of a small, very backward provincial mental hospital must have had a tremendous impact on such a young and learned scholar. It is not surprising, therefore, that the Basaglian message, in spite of some Marxist overtones, has remained an extremely individual and radical one. It is thus a humanistic-phenomenological-utopian viewpoint—"being with the mad against society"!

Anti-Social Consequences of a Radical Law

The practical consequences of law 180, which was inspired by Basaglia's principles, confirm this interpretation of his thought. The law did not contemplate any alternative structure to that of mental hospitals before closing them down—however inadequate and out of date they may have been. It is no accident, considering Basaglia's writings, that in law 180 the words "alternative institutions", which are so significant today, are never mentioned; instead, there is only a prohibition of the use of mental hospitals for the admission of chronically ill patients. Indeed, this law accepted the Basaglian logic of not formulating a synthesis, of not getting involved in instituting any specific alternative for long-term patients, because of the fear that any institution would automatically become an instrument of the power of 'social violence' against such patients. Better, in his view, to throw them out and return them to rot in the society which produced this 'contradiction' that mental illness is said to be.

One consequence of the law has been greatly increased demands on the available private facilities from both acute and chronic patients and, contrary to Mosher's (1983) account, there is no psychiatrist in Italy who is not aware of this. Of course, this is true only for those patients who can afford it, and therefore only for the rich. In general, private hospitals for acute patients are fairly well equipped, while chronic institutions, that admit psychiatric patients under the masquerade of old people's homes, or homes for physically handicapped people, usually resemble more a concentration camp than a hospital; they are even worse than old mental hospitals. Thereby, the overall balance of law 180 can be considered both anti-social and in the end, even anti-marxist.

The defenders of the law claim that it is failing because it is not complied with. But the 'alternative institutions' were not included in Basaglia's thinking, just as they are alien to the historical development of the institutions for psychiatric disorder in countries like Italy or Germany, where the monolithic structure of the mental hospital dominated the scene.

The problem of chronic patients became more acute after the implementation of law 180, but one also exists for acute patients in the general hospital of each local health district, covering a population of 100,000 to 200,000 people. The law allowed a 15-bed admission ward, that, although less emarginating than the old acute wards of mental hospitals, is insufficient to satisfy all the requests for admission.

In addition, many of the outlying health districts, in the mountains or the countryside, have not set up such a unit. On June 30 1981, only 0.48 beds per 10,000 people were available in the psychiatric units of general hospitals, while the average for industrialised countries (except the USA) in 1977 was about 2.5, (WHO, 1980). The situation has not improved much since then.

Another claim made by the supporters of law 180 is that it has shifted the emphasis from psychiatric care in the hospitals to prevention in the community. However, only the first half of this statement is true. Psychiatric care in the hospitals is now extremely difficult, if not impossible to obtain; the very high turnover rate of patients, imposed by the small number of beds available, means that they can only stay for a very short time. The mean length of stay in psychiatric units in Italy is now about 12 days, compared with about 47 days in other industrialised countries, except the USA (WHO, 1980). The second part of the proposition—that it fosters prevention in the community—already existed before law 180. Mental health centres for out-patients were started in 1968; their development was independent of and antecedent to this law, as was the sharp decline in numbers of patients in the mental hospitals.

Another consequence of law 180 has been the shift of emphasis in the education of young psychiatrists from a pragmatic, open-minded, scientific approach to a biased training that looks only for social factors in what is no longer called an 'illness', but a 'state of ill-being in society'. Thus, a new myth, a new *idolum societatis* has arisen.

Conclusions

Just as each revolution wants its own deaths, so the psychiatric revolution introduced by law 180 in Italy, in line with the 1968 'Marcusian' confrontation and its further development of the Red Brigades, has had and is still having its own 'deaths' among the many long-term patients, who are suddenly no longer taken care of by an organisation. In this way, the words of Basaglia that it was necessary "to stimulate, rather than repress, the aggressiveness . . . of each patient" (*Ist. Neg.*) are tragically becoming true. Unfortunately, probably without having read and meditated on these words, our politicians have given ear to them, thus demonstrating once again that fanatical personalities can often be very persuasive and successful in politics; our recent history during Fascism is full of such examples.

Revolutions can be defined as those changes in power or structure, of emotional origin, that occur

with violence, but do not represent a real solution to the conflict or a 'synthesis'. In psychodynamic terminology, revolutions can be defined as outbursts of a repressed unconscious that invade the conscious mind, overcoming its defences in a psychotic turmoil, but without achieving a positive solution of the originating conflict. It is now time to change what has been the psychiatric revolution of law 180 into a true psychiatric reform; time to recover from conflict. This would represent a dialectic synthesis—aware of both past experience and present mistakes and no longer obeying emotional impulses.

It is now clear that the mental hospital was inadequate, and that its wrong use determined its

own crisis. However, without suggesting that it should be opened again, *sic et simpliciter*, I believe that we must provide adequate institutions and an adequate number of beds for acute patients as well as guidelines for social and psychiatric help for long-term patients, who were forgotten by law 180. Considering Italy's critical economic situation, the most sensible approach would be to 'recycle' old mental hospitals to obtain the new structures needed for chronic patients, awaiting the availability of more decentralised facilities; in other words, law 180 ought to be changed in respect of that part that refers to the use of mental hospitals. We must have the courage to admit our mistakes, and the humility to start again.

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