

## *Franco Basaglia and the Transformation of Psychiatry*

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In our view, Franco Basaglia's conferences in Brazil in June and November, 1979 (published in Italian as *Conferenze Brasiliane*, 2000) provide the best introduction to his work. The passion of his discourse, the forceful denunciation of the miserable state of psychiatry and the intensity of the practical experiences of change taking place at that time, all contribute to making *Conferenze Brasiliane* an exceptional document. But what is perhaps most remarkable about these conferences is Basaglia's style, a style by which the Italian psychiatrist seems to say: 'I have nothing to teach'. It is this refusal of the role of 'master', with some sort of ideal model to propose, and his willingness to listen and place himself in question in his survey of Brazilian psychiatry (which appeared suspended between a situation of terrible desolation in the present and of great hope and ambitions for the future) that are the most striking aspects of the conferences. Italian Law 180, the first legislation by any country to mandate the abolition of asylums, had been approved by the Italian Parliament only one year before. But Basaglia neither invests himself with the role of teacher nor proclaims any victory. Instead, his interventions in San Paolo, Rio de Janeiro and Belo Horizonte were intended to open little cracks of democracy in a country oppressed by years of military dictatorship. If Basaglia refuses the role of teacher, it is because of his belief that democracy is something that must be practised as well as discussed. He therefore prefers to bear witness, to stand alongside his Brazilian hosts and recount the vicissitudes of the Italian psychiatric reform, and the struggles, doubts and enormous effort behind that reform, advising his listeners neither to succumb to the growing disillusionment with the political process nor be deceived by the facile illusions of technique. He encourages them to act and never lose hope in the possibility of change. Above all, he listens and responds to questions and the diversity of opinions being expressed, creating in dialogue rich in exchange and debate, such as can no longer be found in similar discussions today.

How does Basaglia succeed in sustaining this style throughout the conferences? How was he able to maintain a balance between passionate testimony and rigorous analysis, while guaranteeing the free expression and thought of his interlocutors? A

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<sup>1\*</sup> The present article is the preface to the French translation of *Conferenze brasiliane* by Franco Basaglia, published under the title *Psychiatrie et démocratie* (Éditions Érès, Toulouse, 2007).

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possible explanation might be found in his charisma, personal history and political experience. But ultimately these elements do little to explain the fascination of these texts. In the last two years of his life, which were perhaps the most intense of his career, and despite his steadfast refusal of this role, Basaglia had indeed become a 'master'. It is perhaps in this involuntary role of 'teacher' and in his emphasis on *transformation* that we find the key to these conferences, for Basaglia offers an unexpected alternative for those who, in the late 1970's, felt themselves trapped between the collapse of revolutionary utopias and the regression into violence, both in the political and in the increasingly apolitical personal sphere. And he proposes this alternative at both the general level, with the political transformation of the community, and at the personal level, with a profound transformation of the Self.

Generally speaking, at the time of these conferences, the death of the asylum was an established fact. Twenty years of anti-institutional struggle had shown that the 'impossible is possible',<sup>2</sup> creating a situation which it would be 'difficult to reverse'.<sup>3</sup> Henceforth, even if asylums continued to exist or were re-established, the psychiatric problem could no longer be defined in terms of total institutions. This uncompromising position sounded even more radical in a society like that of Brazil, where asylums had swollen beyond all proportion, with thousands of persons massed together in a state of exclusion, provoking a sense of horror and dismay.<sup>4</sup> For Basaglia, the problem was not the clinic or diagnostic techniques, drugs or psychoanalysis or even our good intentions and the language of politics. The problem was *Juqueri*, the logic of death,<sup>5</sup> the asylum as supreme arbiter which decided all and drained away even the last residues of life and vitality. In the face of this horror, an extraordinary mobilisation was necessary, an 'action of liberation'<sup>6</sup> which went beyond the walls of the asylum and called into question society as a whole, with its logic of exclusion and its reality made up of misery and deprivation. The focus of action had shifted and could no longer be confined to the specific field of psychiatry. The time had come to question how society organised all of its exclusionary procedures, and not just those for madness. While psychiatry provided a good example of these procedures, it was hardly unique. It was a point of departure, a field of practices and concrete actions which countered the myth of permanent revolution and blunted the accusations of vagueness made by its detractors.

Basaglia's refusal to limit himself to a direct attack against repressive psychiatric power, denouncing the scandal of the asylum as premise and prelude to

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<sup>2</sup> F. Basaglia, *Conferenze brasiliane* (1979), Raffaello Cortina Editore, Milan, 2000, p. 142.

<sup>3</sup> *Ibid*

<sup>4</sup> The San Paolo asylum, *Juqueri*, alone had 18,000 inmates.

<sup>5</sup> F. Basaglia, *Conferenze brasiliane*, cit. p. 53.

<sup>6</sup> *Ibid*, p. 28.

the militant act of breaking down the asylum walls, is especially evident here. One had to go further and examine why the reasons for civil coexistence had been lost, why solidarity was in decline, and why people were once again withdrawing into their private shells. It was necessary to analyse the dispersion of the experiences of struggle and the increasing difficulty in keeping them united in a common cause, and to deal with a power which had become pervasive, which instead of repressing, atomised and separated, dissolving social ties and denigrating collective experiences, thereby reducing them to banalities. If the smashing of the paradigm of internment offered a fundamental model for change, because ‘we now know what can be done’,<sup>7</sup> it was equally imperative to realise that such action could not be confined to the area of psychiatry. If ‘we now know what can be done’ this was because a different approach had been tried, personal needs had been given priority over institutional needs, asylums had been shut down. We now know what is possible, Basaglia tells his listeners, and that this experience is valuable and useful not only for psychiatry but for society as a whole. ‘In order to convince the general population, we had to first bring the mentally ill person into the street, into social life. By doing so we stimulated the city’s aggressiveness against us. We had to create a situation of tension in order to make visible the change that was taking place. After a certain period of time, the city understood what was happening’.<sup>8</sup> The work of transformation had thus already gone beyond the specific realm of psychiatry; it had entered into the community, the general population, in a steady crescendo of tensions. *Not to win, but to convince* was the guiding principle here. Between consensus and conflict, the city had been forced to confront the contradictions between health and illness, freedom and social control, and then respond to these contradictions. The real meaning of the anti-institutional experience for Basaglia was in ‘the political transformation of the community’.<sup>9</sup> And this transformation only became possible when a problem which concerned everyone was removed from the technical context which had sequestered it, and from that absolute minority of technicians whose responsibility it was. When this ‘de-sequestration’ occurs ‘The psychiatric or non-psychiatric problem emerges and is freed of psychiatric complicity and collusion. It becomes something that belongs to society as a whole in a very real way, so that people can then judge for themselves how the institution performs, and whether the institution functions properly or not’.<sup>10</sup>

Those who had followed Basaglia’s anti-institutional struggle, and the development of his thought recognised a continuity between the approach which

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<sup>7</sup> Ibid, p. 143.

<sup>8</sup> Ibid, p. 144.

<sup>9</sup> Ibid, p. 194.

<sup>10</sup> Ibid, p. 171.

finally triumphed in Trieste, and the previous experiences in Gorizia and Parma. This approach consisted of an intense activity within the community, whether the therapeutic community within the asylum or the enlarged community of the city and, most importantly, an intense engagement with violence. It was an effort which sought to recover and redeem rather than repress. In Gorizia, Basaglia soon realised that the most difficult inmates, those who had not only resisted asylum discipline but who were also hostile to the new openness of the therapeutic community, were the only resource available for revitalising the ‘dead zone’ of a psychiatric hospital. It was not a question of controlling their aggression or suppressing their opposition, but of harnessing these elements as forces for change, while also recognising in that resistance a constant reminder of the abyss of power that, in any case, continued to exist between the healthy person and one who is ill. Basaglia and his group were well aware of the risk of a latent authority that re-surfaced to exercise a vertical discipline when a patient pretended too much freedom or caused too great a disturbance. But they were also aware of the opposite risk, that of a benign paternalism used to induce patients into a repetitive and oppressive disciplinary world.<sup>11</sup> Space and voice had to be given to those patients who did not adapt and were still able to maintain a ‘peer to peer relationship’, who continued to manifest a healthy dose of aggression that precluded any feelings of recognition or attachment towards the person providing care.<sup>12</sup>

For Basaglia, restoring the right to mental health, initially within the therapeutic community and then outside the asylum, in the *polis*, meant restoring the right to express dissent and question roles of power. Only through dissent and a questioning of power was it possible to construct a knowledge alternative to the dominant ‘master’s’ discourse of psychiatry, and unmask the false truths surrounding mental illness. Dealing with aggression did not mean managing it through ‘good government’, but rather transforming it into non-violent action and political engagement within the life of the community, thereby precipitating a crisis within the community itself. This was especially important when the community made a rhetorical use of the notions of belonging, inclusion and citizenship, while continuing to define the members of that community in terms of a norm and a single model of health. Basaglia was well aware that the crisis of the social organisation began with breaking down the walls of the asylum, but did not end with patient’s return in society. And while the therapeutic and the political can intertwine in myriad ways,

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<sup>11</sup> Michel Foucault divides modern political technologies into ‘discipline’ and ‘bio-power’. For the analysis of prison discipline see M. Foucault, *Surveiller et punir* (Paris, Gallimard, 1975); for asylum discipline see M. Foucault, *Le pouvoir psychiatrique. Cours au Collège de France (1973-74)* (Paris, Gallimard, 2003).

<sup>12</sup> F. Basaglia, *Potere e istituzionalizzazione. Dalla vita istituzionale alla vita di comunità* (1965), in *Scritti*, 2 vols., Einaudi, Turin 1981-82, vol. I, p. 293.

not all these ways guarantee freedom, even when they function in terms of integration.

The political transformation of reality which Basaglia had in mind occurs in specific stages: from the dismantling of exclusion to the expanded participation of the population and, ultimately, the criticism of the operators and their work. For Basaglia, it was the growing conflict within a community due to the release of inmates from a psychiatric hospital that created the conditions for a true exercise of democracy. It was precisely at the moment that the community was being violated that operators had to appear as a new breed of technicians who were willing to take responsibility for their actions, helping residents to understand what was happening and enabling former inmates to rediscover active roles and social ties. It was through this intertwining of the therapeutic and political that psychiatry helped build democracy. The science of social control, having passed through the death of the asylum, was rehabilitated when it placed its own role and knowledge in crisis, thereby forcing society to reconsider its logic of exclusion.

However, the fact that a total institution entered into crisis did not automatically guarantee that this would be the outcome. Basaglia was well aware that shutting down asylums did not necessarily preclude that same logic of social control being reestablished in society. During his visit to the United States in 1969, for example, his view of the de-hospitalisation begun during the Kennedy administration, was quite negative. The creation of *Mental Health Centers* clearly showed the shift from and, at times, the direct overlapping of the repressive psychiatric power of the asylum onto the *physical organisation* of a capillary and pervasive bio-power that had little therapeutic value but a strong mandate for social control in daily life. This approach proved to be a failure because it gave rise to the development of a private community-based care network that excluded poorer patients, who were consequently abandoned. As Basaglia noted: 'A portion of the inmates thus ended up on the street, where social control was carried out spontaneously, given that poverty is the best form of social control, and the best form of psychiatric therapy'.<sup>13</sup> In other words, it was not sufficient to close psychiatric hospitals in order to promote an effective emancipation process, if former inmates were then left to fend for themselves on the street. A de-hospitalisation plan aimed solely at reducing public healthcare costs had nothing to do with a deinstitutionalisation project inspired by the effective restitution of the rights of citizenship to interned men and women.<sup>14</sup> The former approach meant decisions made

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<sup>13</sup> F. Basaglia, *Conferenze brasiliane*, cit. p. 222-223.

<sup>14</sup> See. A. Lovell, N. Scheper-Huges, *The utopia of reality: Franco Basaglia and the practice of a democratic psychiatry*, introduction to *Psychiatry inside out. Selected writings of Franco Basaglia*, Columbia University Press, New York 1987.

from above by technicians and politicians without the participation of either the persons involved or the general public, inevitably leading to abandonment in conditions of poverty and marginalisation, or social control. Basaglia cites several experiences to demonstrate this view. For example, during a team meeting in one such *Mental Health Center*, the rector of *New York University* appeared to request a psychiatric evaluation of the leader of the student revolt currently taking place. The Center was thus viewed explicitly as a tool which could be used to help repress the student political movement.<sup>15</sup> Another example occurred during the home visit to a woman who received a subsidy from the social services. When the social workers discovered a pair of men's underwear they immediately cut off her subsidy, accusing her of concealing a companion who was perhaps also providing her with financial support.<sup>16</sup> These episodes of institutional stupidity or cynicism could be interpreted reductively as the fault of single individuals or specific organisations. But they could also indicate something very different. Basaglia never uses the term 'bio-politics' but it seems this is precisely what he is speaking of.

During the 1970's, the trajectory of Basaglia's thought and that of Michel Foucault, despite their very different points of departure, appear as remarkably similar. For the French philosopher, in modern society the physical lives of human beings have acquired a major 'political' significance.<sup>17</sup> Governing means the rational management of the social body, considered not only as an economic but also a biological reality. For Liberalism, the rationality and effectiveness of government depends on its ability to make society 'more secure', whether dealing with shortages of wheat or inflation, or managing phenomena such as smallpox or tuberculosis. Hence, the importance of a series of what can be considered 'bio-political' security apparatuses, by means of which health issues are inscribed in a medical-political approach.<sup>18</sup> Psychiatry is paradigmatic here, for it did not originate as a new medical specialisation but as a specific institutionalised branch of public hygiene.<sup>19</sup> An examination of public healthcare policies from the 18<sup>th</sup> century onwards shows that the professional role of psychiatrists was not that of therapists, but rather of hygienists, and it was in this role that they became important government advisors, with direct administrative functions.<sup>20</sup> Alienists were not only physicians specialised in the treatment of mental illnesses, they were also hygienists concerned with protecting society from the risks and dangers associated with such pathologies. The

<sup>15</sup> F. Basaglia, *Conferenze brasiliane*, op. cit. p. 52.

<sup>16</sup> *Ibid*

<sup>17</sup> M. Foucault, *La volonté de savoir*, Gallimard, Paris 1976.

<sup>18</sup> M. Foucault, *Sécurité, territoire, population. Cours au Collège de France (1977-78)*, Gallimard, Paris 2004.

<sup>19</sup> M. Foucault, *Les Anormaux. Cours au Collège de France (1974-75)*, Gallimard, Paris 1999.

<sup>20</sup> M. Foucault, *La politique de la santé au XVIII<sup>e</sup> siècle*, in Id., *Dits et écrits. 1954-1988*, 4 vols., Gallimard, Paris 1994, vol. III, pp- 13-27.

1838 law establishing asylums in France originated in a therapeutic pact which, however, concealed the issue of public safety. Thus, from alienism to the hunt for degenerates, down to the psychiatric reforms of the 20<sup>th</sup> century, the history of psychiatry would be characterised by the halting progress of a practice in constant tension between the two poles of its dual ‘vocation’: the therapeutic and bio-security.

Although Basaglia never refers to ‘bio-politics’, his discovery that from the very outset psychiatry had performed a social-political function mirrors Foucault’s own conclusions. Indeed, his entire career can be seen as evolving out of a fundamental imperative and question as to whether the time had finally come to engage in a public, democratic debate concerning this function. There had never been a deep debate on this issue because the scientific and therapeutic aspects had always provided a screen for the social and political aspects underpinning them. The question was how to keep the debate from being once again blocked, inhibited, neutralised. How deal with the problem of the transformation of psychiatry without permitting society to once again avoid assuming its responsibilities? Basaglia’s response, which drew on his own phenomenological training, was both simple and radical: only by placing mental illness ‘in parentheses’ was it possible to address the issue of how the mentally ill are governed in our society, and at what cost. And while Basaglia does not use the term bio-politics, he was convinced that the psychiatric question could not be reduced to denouncing the conditions of inmates in asylums. In an article written in 1967, and thus before the publication of *L’Istituzione negata* and prior to his visit to the United States, he declares explicitly that psychiatry ‘must refuse any solution based on reform and enable the mentally ill person to attain the level of opposition and protest, which means not only the refusal of his previous role as an excluded person but also his future role as an integrated one’.<sup>21</sup>

Basaglia realised that the problem was not the asylum *per se*, but rather the political rationale which underpinned it and of which it was the expression. This more general rationale, which we can call bio-security, was not necessarily nullified by eliminating the asylum with its disciplinary mechanisms and its logic of exclusion. Indeed, asylum reform could even prove to be functional to the process of ‘modernising’ the psychiatric system, for alongside the humanitarian scandal of the asylum, there was the political scandal of the reformist interpretation of the transformation of psychiatry. From the very outset, Basaglia sought to link the negation of the asylum with a critical analysis of the rationale which sustained it. The asylum possessed a ‘spirit’ as it were, and could not be eradicated without first

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<sup>21</sup> F. Basaglia, G. Minguzzi e F. Ongaro Basaglia, *Esclusione, programmazione e integrazione. Appunti sulla realtà psichiatrica italiana*, in F. Basaglia, *Scritti*, op. cit., vol. I, p. 417. See F. Basaglia (ed.), *L’institution en négation. Rapport sur l’hôpital psychiatrique de Gorizia* (1968), Paris, Seuil Combats, 1970.

subverting the rationale of which it was one of the historical and institutional manifestations. Many of Basaglia's affirmations, which belie the stereotyped image of the fanatic obsessed with destroying the asylum, can be explained by this early, fundamental awareness. The Brazilian conferences are sprinkled with these 'odd' views on the asylum. On various occasions, Basaglia plays down the political significance of the abolition of the asylum, thereby situating the anti-institutional struggle which had been pursued with such determination and with such important results in Italy, in a more relative perspective. Such views appear as even more significant if we consider that Basaglia was speaking in the context of the horrific reality of asylums in Brazil, where psychiatry had yet to enter the modern era.

While it was undeniable that asylums continued to exist and had to be abolished because they constituted the heart and sinews of the traditional psychiatric system, Basaglia did not hesitate to define them as 'antiques'.<sup>22</sup> In fact, for some time they had been undergoing a metamorphosis which presented new challenges. According to the logic of alienism, the asylum was a place where the mentally ill were treated and cured, while also providing a protective apparatus against their social danger. Alienism entered into crisis when the asylum was shown to be an institution that not only produced illness, but was also totally inadequate in terms of providing effective, large scale prevention. Basaglia noted that the 'new wave in mental health' insisted on the need to prevent rather than cure.<sup>23</sup> But he was not prepared to consider 'prevention' a value in and of itself, and instead questioned the logic which underlay and placed such emphasis upon it. It was not enough to ask 'what is psychiatry'.<sup>24</sup> One must also ask 'what is mental health'.

The recurrent references to French sector policies and the Anglo-Saxon therapeutic community constitute the elements of a critical analysis that sought to come to terms with the modernisation of the psychiatric system. As long as the asylum continued to exist, the mentally ill would be governed by a disciplinary technology and according to a logic of exclusion. But the asylum now survived within more extensive apparatuses, where bio-political technology and the logic of integration dominated. In fact, mental health apparatuses had created a new 'object' at the very moment in which they had responded to the question as to how to manage that object. The focus had shifted from more severe forms of mental illness, considered as being organic in nature, incurable and requiring internment, to mental disorders which were less severe and transitory in nature, where the social component

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<sup>22</sup> F. Basaglia, *Conferenze brasiliane*, op. cit. p. 133.

<sup>23</sup> Ibid, p. 140.

<sup>24</sup> See F. Basaglia (ed.), *Che cos'è la psichiatria ?*, Amministrazione provinciale di Parma, Parma 1967 ; Einaudi, Turin 1973 ; French translation : *Qu'est-ce que la psychiatrie ?* , Paris, PUF, 1977. This was the first book by the Gorizia team, published in 1967.



was evident and which required a diversified intervention. The alienated, with their delirium and scandalous behaviour, had become a minority. In advanced capitalist countries the problem was how to manage the ‘deviant majority’,<sup>25</sup> that is, the large mass of those who were unable to compete adequately at the social and productive level. As Basaglia notes: ‘The proliferation of marginalised persons today is very high, much higher than during the period in which the first asylums were built. Are asylums thus necessary and useful?’<sup>26</sup>

The ‘norm’ was no longer a conceptual cleaver that neatly divided the normal from the pathological. The line of demarcation had blurred, making it possible to ‘cast a wider net’ over a statistically significant percentage of the population.<sup>27</sup> The new mental health apparatuses relied on registering the tiny oscillations of daily life – inefficiency, non-adaptation, anti-social behaviours, etc. – and intervening upon a differentiated normality. What was taking shape therefore, was a ‘psychiatry for the normal person’.<sup>28</sup> In purely technical terms, prevention could be seen as the attempt to ‘flatten’ more deviant forms of normality onto those considered more normal, in keeping with the imperative to render social and productive dynamics more certain and secure. Denouncing the discrimination against the mentally ill was thus no longer enough; it was now necessary to intervene upon normalisation processes that involved the whole of society. This also explained why violence, authoritarian coercion and repression was proving less effective than mass manipulation through a calibrated use of freedom, tolerance and permissiveness.<sup>29</sup>

Basaglia sensed that his analysis had reached a point where his interlocutors could no longer follow him. What was lacking was a common language, a shared vocabulary. In speaking of the future he used the image of ‘a huge asylum that envelops the city and which has replaced the original asylum’.<sup>30</sup> The image, while a bit naïf, was hardly accidental. In fact, Basaglia had already expressed the same idea in a number of scathing analyses that situated the psychiatric problem within the more general context of medicalisation processes. ‘The real asylum is not psychiatry but medicine,’<sup>31</sup> for medicine is, *in primis*, a specific organisation of power relations. The patient is in a statutory position of dependence with respect to the physician, and this lack of reciprocity limits the areas of freedom and autonomy.<sup>32</sup> Moving beyond the scandal of the asylum meant beginning to question medicine as a form of the

<sup>25</sup> See. F. Basaglia, F. Ongaro Basaglia (ed.), *La maggioranza deviante. L'ideologia del controllo sociale totale*, Einaudi, Turin 1971; French translation: *La majorité déviante*, Paris, UGE 10/18, 1971.

<sup>26</sup> F. Basaglia, *Conferenze brasiliane*, op. cit. p. 50.

<sup>27</sup> Ibid, p. 52.

<sup>28</sup> Ibid, p. 190.

<sup>29</sup> Ibid, p. 51.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid. p. 181.

<sup>32</sup> Ibid, p. 81, 92 & 147.

political governance of human beings. Significantly, while Basaglia often invoked ‘human rights’ when denouncing the conditions of inmates, it was during this same period that Foucault began to speak of ‘the rights of the governed’.

In this new context, focussing exclusively on the asylum-institution might prove useless, if not counterproductive. The network of community-based services, with their multidisciplinary and tendentiously ‘informal’ approach to mental disorders, greatly attenuated the central role of the asylum. Instead, what most concerned Basaglia in this new scenario was the overlapping of the old asylum reality onto the new bio-political apparatuses, a development which ‘instead of decreasing the number of users, increases them’.<sup>33</sup> Reformist psychiatry had produced a sort of temporal accumulation in which the ‘antiques’, duly renovated or camouflaged, continued to exist alongside more modern structures and approaches. Basaglia predicted that such hybrid systems would soon dominate. His time in the United States had convinced him that this trend was rapidly becoming the dominant model. During his second visit to Brazil, in November 1979, he was invited to speak at Belo Horizonte together with Robert Castel who, with Françoise Castel and Anne Lovell, had just published a study on the situation in the United States, with a second study on the situation in France about to appear.<sup>34</sup> What Basaglia saw taking place around him struck him as a disturbing *déjà vu*. After 30 years of proposals, transformation and struggle, he realised that the reality of the most advanced psychiatric situations did not differ ‘substantially’ from the asylums of San Paolo or Barbacena. The risk was that the more backward psychiatric situations, in evolving, would follow exactly the same path towards modernisation as in the more developed countries, creating a vicious circle, without breaks or alternatives.

In order to break this circle, the Italian experience could serve as a factor of de-stabilisation or resistance, demonstrating that it was possible to take a different path in the reform process. This explains why Basaglia refused to propose either a model or an anti-model. The Italian experience, from Gorizia to Law 180, was a sort of wild card which made it possible to view the transformation of psychiatry in a different light. Modernisation was not inevitable, something predestined, to be either accepted or refused. On the contrary, reform processes should be undertaken in the awareness that they contained margins for manoeuvre. They were not trains hurtling through the desert, in which one either got on board or remained stuck forever in the past. During this journey there were branchings, and one need only seize the opportunities as they appeared.

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<sup>33</sup> Ibid, p. 189.

<sup>34</sup> R. Castel, F. Castel, A. Lovell, *La Société psychiatrique avancée : le modèle américain*, Grasset, Paris 1979; R. Castel, *La gestion des risques. De l'anti-psychiatrie à l'après-psychanalyse*, Les Éditions de Minuit, Paris 1981.

By straying from the established route, it was possible to make discoveries. Foremost among these was that it was possible to steal a march on modernisation. After 20 years of experimentation and struggle, of public participation and debate with political parties and labour unions, the reform process had taken root in Italy and become an opportunity for civic and democratic growth. This meant that the transformation process was not necessarily synonymous with modernisation. Or, better, that reform processes did not necessarily have to adhere to a reformist logic. It was possible to reform psychiatry in practical and legal terms without gradual institutional reform and without first reforming the asylum. When Basaglia declared that the Italian experience proved that the impossible can become possible, he was referring to the destruction of the Trieste asylum. However, if the problem was not the asylum *per se*, Trieste also showed that reform could be achieved by taking a 'radical' and not a reformist path.

In the Gorizia Psychiatric Hospital, in the early 1960's, Basaglia experimented with a therapeutic community based on the model first applied by Maxwell Jones at Dingleton Hospital, in Melrose, Scotland. He soon realised, however, that the community model was simply a more efficient way of managing the social and economic problems associated with the mentally ill. In Gorizia, the scandal was political and exploded within a daily practice that was experienced by participants as a militant commitment. The dilemma operators faced was how to carry out a humanitarian and therapeutic project which, however, remained within the framework of a reformist logic. The result was a lacerating contradiction. Basaglia therefore decided to change strategy, abandoning the community reform project and pursuing a reform that took into account the possibility of an 'institutional caesura' or break. This break occurred within the reformist dynamic and indicated a resistance to or rejection of the idea that reform could only be a by-product of modernisation, which was only a more advanced stage in the art of governing the mentally ill. The therapeutic community appears as a turning point in the liberal and bio-political renewal of psychiatry, and explains why Basaglia was so attentive to mental health apparatuses so early on and also perhaps why he felt a greater affinity with the French experience of institutional psychotherapy, with its linkage between the therapeutic and political dimensions. In this approach, at the outset at least, there was a break with the simple logic of a more liberal management of the mentally ill. The English therapeutic community, with its figure of the 'psychiatrist-executive' (so roundly criticised in *L'Istituzione negata*) was instead contained completely within this logic and appeared as a direct evolution and consequence of alienist management.

The asylum had to be eliminated. And not because of some humanitarian impulse wound up to an extremist pitch, but for essentially strategic reasons. For the

asylum was the great guarantor. It guaranteed psychiatrists that power relations would be left intact, and that their identity would not be effected adversely, while also assuring society that it could continue to enjoy a reasonable degree of security without having to assume any specific responsibilities. Only the abolition of the asylum could breach this wall of guarantees, shifting the reform process onto an uncharted terrain where all the actors were called into question and daily practice went to the very heart of the problems involved. It was the radical nature of the issues being posed which constituted the core of the transformation process. Psychiatrists were no longer the masters of the situation, for they now had to confront the opposition and protest of the inmates who claimed the right to question the logic and methods by which they were being managed. Their role as psychiatrists entered into crisis, and their subjectivity was called into question, becoming the theatre of a 'real inner battle'.<sup>35</sup> A difficult process of 'redemption' began for psychiatrists, for any rehabilitation of the mentally ill was inconceivable without first committing oneself to a profound internal transformation.<sup>36</sup> Similarly, society could no longer ignore the problem of the mentally ill, washing its hands of this problem and delegating technicians with the task of walking a fine line between the demands of care and those of security. Patients were beginning to return to their former neighbourhoods and communities, and it was necessary to come to terms with their presence, to engage in discussions and take a stance for or against. The whole of society was being called into question, and its civic and democratic identity put to the test. Recognising the rights of the mentally ill required a profound transformation not only of the institutions and legal framework, but also of attitudes and culture.

These were radical issues because they did not derive from abstract conjecture but instead grew out of 'practical action'.<sup>37</sup> Operators worked for the destruction of the asylum and the creation of a network of community services and accompanied patients in their processes of social reintegration. They were the 'lees' of the reform process, the humus from which a profound dynamic of transformation and resistance that went beyond the logic of modernisation could materialise and grow, and which it would be difficult to reverse. Basaglia rejected the either/or alternative of reform and revolution. In his view, implicit in both alternatives was an attempt to impose a moral imperative: on the one hand, the obligation to not reject a management model unless another one was ready to take its place, on the other, a total overthrow of society without which no authentic transformation would ever be possible. What sense was there in fighting against the asylum if this only opened the way for new forms of

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<sup>35</sup> F. Basaglia, *Conferenze brasiliane*, op. cit. p. 193.

<sup>36</sup> Ibid, pp. 38-39.

<sup>37</sup> Ibid, p. 143.

social control? Was the expression ‘power always gains the upper hand’ true for psychiatry as well?<sup>38</sup> Basaglia rejected this form of moral blackmail and returned the revolutionary imperative to the extremists. Indeed, one of the basic themes of the Brazilian lectures is that of revolution. Caught between the disillusionment with social realism and the extremism of the Red Brigades,<sup>39</sup> Basaglia offers a series of acute insights which recall some of Foucault’s positions during the same period. As a ‘specific’ intellectual, what interested him was the possibility of intervening on concrete mechanisms of power, especially within the doctor/patient relationship. A total change in the social organisation did not necessarily mean that this relationship would be transformed. Just as revolutionary processes can leave certain power relations intact, so reform processes can produce substantial changes. The radical nature of the transformation in question had its own specificity and could not be contained within rigid conceptual grids.

Basaglia especially refused the idea of revolution as a form of Last Judgement. It was illusory to think that some future time held the definitive answer to every question. This was a dangerous illusion because the Messianic expectation of a brave new world provided technicians with a formidable alibi. During a debate in Rio de Janeiro, a psychiatrist argued that it was absolutely useless to engage in local, immediate struggles like that against the asylum, if the great social and economic problems were not resolved first. Basaglia replied: ‘I have the impression that you are God and that we speak two completely different languages’.<sup>40</sup> He detested the ‘pessimism’ of technicians who embraced theoretical extremism in order to justify their inaction or sublimate their bad faith. There is a phrase of Antonio Gramsci which recurs like a refrain during these conferences: ‘*pessimism of the reason, optimism of the will*’.<sup>41</sup> This maxim has often been interpreted as a generic devaluation of the intellectual sphere in favour of an equally generic exaltation of the ‘practical’. In reality, it is a barb aimed at a very specific target: the ‘beautiful souls’

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<sup>38</sup> Ibid, p. 53.

<sup>39</sup> It should be recalled that the 1970’s were a period of extreme political violence in Italy, with dozens of homicides and bombings. For example, on May 9, 1978, just 4 days before the ratification of the psychiatric reform act, Law 180, the Italian prime minister Aldo Moro was brutally murdered by the Red Brigades after being kidnapped and held prisoner for several months. Basaglia would always be firmly opposed to terrorism. In 1980 he wrote «Today, in the very tense situation in which we find ourselves, there are those who say that terrorism has opened up areas of struggle, has opened up contradictions. This is sheer madness, as is the view that the Red Brigades are an alternative to the State. Instead, the Red Brigades are a mirror image of the State. Opening up contradictions is something which is much more difficult and complex.» (F. Basaglia, “Conversazione: a proposito della nuova legge 180”, in *Scritti*, op. cit., vol. II, pp. 480-481). See also F. Basaglia, *Conferenze brasiliane*, op. cit., p. 128 e p. 143; F. Basaglia, F. Ongaro Basaglia, A. Pirella, S. Taverna, *La nave che affonda. Psichiatria e antipsichiatria a dieci anni da “L’istituzione negata”: un dibattito*, Rome 1978, pp. 68-69.

<sup>40</sup> Ibid, p. 157.

<sup>41</sup> Gramsci actually lifted this phrase from Romain Rolland, who may have found it in the writings of Malwida von Meysenbug where it refers to the transcription by one of Nietzsche’s students of Jacob Burckhardt’s lectures on Greek civilisation. It was Burckhardt who used the formula ‘pessimistic world view, optimistic temperament’ in order to define the essence of the ancient Greeks. ” (see. M. Montinari, *Nietzsche*, Editori Riuniti, Rome, 1996, p. 103).

who used theory to avoid reality and decide for others what needed to be done. Basaglia distances himself decisively from a series of figures prevalent during this period: the universal intellectual who offered visions of the world and showed others the path they must follow, the intellectual who prophesied a brave new world, the false prophets who preached armed struggle and the technicians who allowed themselves to be beguiled by the revolutionary discourse in order to gain some personal or corporate advantage. Basaglia never renounced his critical – especially ‘historical-critical’ - capacity. The historical analyses scattered throughout these lectures, while brief and fragmentary, are of great interest and lend an uncanny quality to his arguments. Being optimistic in terms of practice does not mean having only ‘positive’ thoughts.

The rejection of revolutionary discourse, which just like reformist discourse disqualifies real transformation processes, does not imply a reduced political commitment in favour of a more pragmatic approach. In Italy, the various movements for political and civil rights lasted longer than in other countries, but by 1979 there was a perceptible falling off in political militancy in favour of a neo-liberal model.

Basaglia insisted on the ‘subjective’ component of this political militancy. In some personal digressions on his family (in which he was perhaps unduly harsh and unjust with himself) he confessed to being a good revolutionary, but a poor father and husband. If he insisted on this aspect, it was certainly not in favour some sort of subjective or individualistic involution but in order to define an important aspect of the movement during the ‘60’s and 70’s. The radicalism of the anti-institutional movement in Italy cannot be explained by its ideological options or political credentials, but rather by its ethical implications. Transformation can only occur if there is also a ‘transformation of the Self’. As we noted earlier, the profound transformation that results from placing ourselves in question, shedding our former self and discovering that we are someone else is what makes this a process so difficult to reverse, whatever the reformists may think.

Basaglia never abandoned the revolution. Instead he tried to ‘save it’, precisely at a time in which he saw some of the areas that had been opened during the previous two decades beginning to close again. This raises the question of how one becomes a militant, what subjective journey must be undertaken in order to ‘convert oneself’ to revolution. The only plausible response is that ultimately revolutions will always disappoint us, unless we succeed in finding them first and foremost ‘within ourselves’.<sup>42</sup>

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<sup>42</sup> F. Basaglia, *Conferenze brasiliane*, op. cit. p. 195. Curiously, it was precisely at this same time that Foucault was trying to define a “political spirituality”, a research later developed during his course at the Collège de France

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entitled *L'ermeneutica del soggetto* (M. Foucault, *L'herméneutique du sujet. Cours au Collège de France (1981-82)*, Gallimard, Paris 2001).