

4.1 *Writing behind the walls. A walk by the silent side of Italian mental institutions*

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«[...] noi conosciamo la misura del silenzio. Sappiamo quando è ora di non parlare più. Pochi credono alle nostre parole, quasi nessuno. Pochi sanno che abbiamo un segreto così irrilevante e così vasto che in greco si potrebbe chiamare anima» (MERINI A. 1996: 57)

Introduction

This research is aimed at analysing the experience of commitments to Italian mental hospitals through the inmates' writings, such as diaries, letters, autobiographies and personal documents. They do not only describe the state of things during the period of hospitalization as well as the patients' reactions and answers to this institution, but they also unveil and recall its dynamics. As previously stated in the title, this report is like "a walk on the silent side", on the side of those who, as Basaglia wrote, «are ill mostly because they are outcasts, abandoned by everyone, because they are people with no rights, who are therefore subject to any possible situation» (BASAGLIA F. ed. 1968: 33)⁽¹⁾.

This research being a work in progress, I would like now to present a descriptive analysis of the material I have gathered, by showing some of the multifarious aspects emerging from these records: the way the mental hospitals are described, the dynamics with the medical staff, the relationship between mental institutions and the social and cultural status of writers, the use of drugs and methods of constriction, the way in which subjective real-life experiences of writers are unveiled, the perception of space-time categories within a mental hospital... All materials can be obviously interpreted from a complex and many-sided anthropological point of view, which this research is going to closely examine and analyse. Further reflections will in fact be focused on the following themes: the relationship between writing and strategies of construction of one's self; the relationship be-

tween story, personal experience and the mental hospital; the matter, suggested by Byron Good (GOOD B. 1999 [1994]), on how much and in which way narration can contribute to making sense of events or personal experiences; the question, raised by Arthur Kleinman (KLEINMAN A. 1988), about the way in which life experiences are organised according to a narrative form. An ethnology of writing shows its value and function within a mental hospital, its role, as underlined by Daniel Fabre, as a space of identity and memory and the methodologies according to which “biographical” aspects are turned into written texts (FABRE D. ed. 1998 [1997]).

Within the field of psychiatry, documents produced by patients were mostly used and studied because of their diagnostic value. These written texts were for long time considered as mere clinical documents and were, as such, of medical interest only. The closing of Italian mental hospitals, the anti-institutional movement, the role played by social sciences – and particularly by anthropology – towards reform movements, its renewed interest in the patient’s subjectivity, in his living conditions within the mental hospital and in the dynamics internal to the hospital itself, as well as the growing number of studies about stories of life and about illness narratives, have led to a new sensitivity. This study can be considered as part of this anthropological approach.

The Writings of the Inmates: A General View

This research was focused on the first person written documents of some inmates of Italian mental hospitals, produced during their stay in hospital (text in italics). These were furthermore supported and confirmed by the use of written documents produced after the period of stay within the mental home. The texts written during hospitalization show different features as regards form, origin, place where they were found, preservation and peculiarity to be published⁽²⁾ and unpublished works⁽³⁾. The period examined is the 20th century including mostly the beginning of the 1930s in regard to the unpublished works⁽⁴⁾ and up to the 1970s for the published ones.

All these materials refer to the framework of mental institutions prior to the reform promoted by the so-called “act 180” (issued on the 13th of May 1978), which ordered the closing of mental hospitals⁽⁵⁾ in Italy. According to this old approach, asylums were places of real constriction with «custody-repression tasks based on the most complete limitation of the patients’ personal freedom» (GIACANELLI F. - GIACANELLI BORIOSI E. 1982: 17). They were places where the patient was subject to a destructive and dehumanis-

ing culture, which could impress the stigma of a deviance due to constitutional weakness and disablement (GOFFMAN E. 1983 [1963]). Franco and Franca Basaglia comment that the approach of a «mental hospital towards an individual who has to become a patient since he is no more tolerated by outside society – due to a break of society rules – is simply that of presuming an sick body and, according to this presumption, seeing it as sick and establishing a relationship without any therapeutic feature, continuing the patient's objectivities, which is in itself a source of regression and illness» (BASAGLIA Franco - BASAGLIA Franca in GOFFMAN E. 1968 [1961]: 12). Basaglia also wrote: «a mental home is a concentration camp, an extermination camp, a prison where the patient does not know either the reason nor the period of his punishment, since he is subject to subjective arbitrary judgements which can vary according to the different psychiatrists, situations and moments. It is an institution where the degree or the phase of one's illness often plays a relative role» (BASAGLIA F. 1963: 12).

The writings of the patients were for a long time thought to be the product of a mental disease and therefore so “counterfeited” by it, as to be unsuitable for any kind of research apart from merely medical-diagnostic research (CAVAZZONI E. 1985). A renewed interest in social sciences as regards the patient's subjectivity not only ruled out the stereotyped conviction that those witnesses could only reflect a world of deviance, but also allowed a different approach to the patients' first person productions, featuring renewed curiosity and awareness.

The writer's disease is certainly reflected in many of these texts, nevertheless all of them, independently from the writer's phase of disease, feature shared feelings, descriptive skills, clearness of presentation, dramatic force and often irony, so as to be turned into an effective evidence of life within a mental hospital, as well as interesting works from a literary point of view.

Due to their formal features, these texts can be divided into real literary genres: autobiographies, diaries, letters, memoirs, and essays⁽⁶⁾. Among them, autobiographies are of particular interest; as stated by the historian Augusta Molinari, they are real «autobiographies of the brain», since they represent an attempt to recover one's existence and one's own story through writing (MOLINARI A. 1996). Even if for the most part written under a doctor's inducement – suggesting themes to the patient in order to reconstruct his case history by focusing the story on childhood, diseases, traumas and the family – these texts show a particularly strong introspective element leading the writer to think about his condition and story, by means of a real dialogue with himself. As the narration proceeds all autobiographies show for example an increasingly intimate and sad narrative tone; a

detached and “quiet” description of childhood is replaced by a sense of anguish for the appearance of the first symptoms of mental uneasiness and a sense of dismay due to a lack of self control; their inflection becomes now more intimate, feelings are experienced once again through narration and are mediated through personal meditation ratified from a retrospective point of view. These autobiographies become an echo of change and beat the phases of a story, which is most of all “a story of one’s brain”.

Diaries are probably that kind of literary genre, that which most of all allows us to penetrate the writers’ experience of life. Being intimate “writings about one’s soul”, these texts show a great variety of different features. Some diaries, for example, are only about the period spent within the mental hospital, whereas others are also focused on different phases of life. Their structure varies from a simple succession of events to a more complex organisation, subdividing the text into real themes. They all share a “narration” skill as regards the institution; by taking daily note of any impression, sense of uneasiness, small daily event, but also meditations and memories, these texts do not only reflect the writer’s interior life, but also supply lively descriptions of the institution “from the inside”, as well as of the relationship with the medical staff and the other patients, the constriction methods, daily life within a mental hospital.

Letters represent, among the written documents produced from the patients, the most frequent kind of writing within the case file preserved in the archives of mental hospitals⁽⁷⁾; they are nevertheless not so regular as compared to other documents, since they were linked to a spontaneous need of the patient and not to an institutional procedure. Their presence within the hospital files is justified by the rule of absolute isolation enforced within every mental hospital; the patient’s contacts with the external world were severely controlled and the doctors would very often keep back both letters addressed to the patient and those written by him. The texts “selected” by the medical staff were therefore neither sent, nor shown to the patient, but simply registered in medical records. Many of these written documents are calls for help, protest letters, denunciations of ill-treatments suffered or simply thoughts committed to paper, mostly addressed to relatives and friends. There are furthermore letters addressed to the patients’ doctor or to the hospital manager. As regards letters as well as autobiographies the patient was mostly led to write under the inducement of his psychiatrist, who was hoping to obtain an interesting document to better understand the symptoms of the disease and to find supporting documentation for the preparation of a case history (CAVAZZONI E. 1985).

Memoirs and essays were also found within these hospital files. The first ones, according to our classification, include narration and stories of particular life experiences, descriptions, memories about small events; essays are on the contrary real treatises on certain themes. In both cases, they seem to take as a model a real literary work, with a title, a layout, an elegant form and the choice of a public as an interlocutor.

The linguistic and stylistic framework of these texts varies from writer to writer, being strongly linked to one's educational level; all these written documents feature a well-considered content, a narrative line, as well as the use of verbs, adjectives and metaphoric images, which are not due to a random choice. Apart from the fact of being more or less familiar with writing, from the variety of tones – which could be solemn or colloquial, ironic or bitter, angry or resigned – and from the different registers, all the patients' works are influenced by the conditioning action of the segregating institution. The writers share their condition as outcasts and isolated people, which is the main incentive to the preparation of these texts. The frequent use of metaphors, similes, and comparisons is an evidence for it; writing becomes a linguistic means to recall feelings made up of other images, as if this was the most appropriate way of representing and telling the story of what one cannot express with simple words.

The guiding thread of all these texts (apart from the essays) consists in the story of one's illness, the estranging experience of being a patient, the uneasiness and the protest against living within a mental hospital; memories, reflections on one's past and present condition, personal history and events unfold on this basis.

Every written document underlines a point of view, a system of values, a kind of narration about life and illness which are instruments to be analysed in order to rejoin the body as biological data to be fed and preserved, with a story and a way of thinking which had once been accurately buried by the psychiatric hospital.

Such an approach towards these documents allows us to examine several aspects of the relationship between patient and institution: the way this is described, the dynamics with the medical staff and other patients, the perception of the self, of space and time within a psychiatric hospital.

Voices from Asylum: The Institution Through the Written Documents

The majority of writings feature a particularly negative image of mental hospitals: they are seen as places where man seems to lose every sense of

dignity, and is left in a state of abandonment and indifference. Some diaries read:

«Who is going to write a novel on the terrible stink of a nurse of a mental hospital?

I am in the street in front of this sad ward and the stink is haunting me: it's the four rooms of tied-up and evil-smelling women. In these bedrooms people scream, cry night and day, and things are being made, which normal fantasy cannot conceive» (ADAMO M. 1991: 26).

«In the dining-hall for breakfast. Nauseating scenes. Impossible to get down, a lump in my throat suffocates me» (NENCIONI I. 1973-1984).

«There are two toilets, but no toilet paper, patients clean themselves with their hands and the flushing system is always clogged, full with excrements. Most of the time the patients' personal hygiene is entrusted with the most efficient ones, who throw pails of cold water on them. The civil department is constantly pervaded by a terrible stink» (MARSIGLI M. L. 1963: 95-96).

Many written documents denounce those processes – described by Goffman – which transform the self within the institution: to trace the story of a patient, to assign numbers, to make a list of a person's possessions to deposit them, to leave one's clothing ... these were in other words all procedures aimed at depriving an individual of his personality in order to let him become an “object” in the hands of the institutional administrative system (GOFFMAN E. 1968 [1961]):

«In the nursing department, where they bring me, they take everything away from me: clothes, shoes, papers, money and the few jewels I have with me. Even my glasses, without which I cannot read, my wedding ring which I had never parted with all my life, my watch [...] I find myself wrapped up in one of those horrible gowns which should be called sackcloth. Now reduced to the anonymity of the garments of the mental hospital, I will have to search for my self again» (MARSIGLI M. L. 1963: 7).

Evidence deriving from these texts is proven by Franco Basaglia's words: «[within a mental hospital] syndrome has now gained the importance of a judgement of value, of a labelling system which goes beyond the real meaning of the disease itself. A diagnosis has the value of a discriminating judgement» (BASAGLIA F. ed. 1968: 32). One's own identity, story, system of values are by now established by the mental hospital. As Goffman states, the patient's behaviour is accepted and judged only within the boundaries of his disease; in fact, «anything the patient is forced to do, can be considered as part of his treatment or of the health-care goal of a mental hospital; anything the patient could spontaneously do, can be seen as a symptom of his disease and of his state of convalescence» (GOFFMAN E. 1968 [1961]: 228). A brief comment by T.G. – author of one of the autobiographies – if

I must be mad at all costs, let it be» (T.G. 1901), is an evidence for this, as well as Marsigli's statement:

«Doctor Aspetti came and sat down in front of me to control me. Did he perhaps believe I wanted to try to deceive him? Hasn't he understood that I am doing my best to look normal, sane? He left me after a few minutes, then he came back to carry out a check, and so he came to understand that I am not ill. When we finished he told me that he is not happy with me and that tomorrow he will do another test. This is the third one I do. What do they want to find if I am sane?» (MARSIGLI M. L. 1963: 40).

Goffman reads furthermore: «If the aim of a hospital is to be able to control the daily situation eliminating complaints and requests on the part of the patient, it will be useful to let the patient understand that the rights he claims and on which he bases his requests, are false, that he is not what he tells to be, and that in fact he is not anything else but a miserable person [...] [the doctors] must be able to prove in detail that their version of the patient's past or character is much more real than his. [...] The patient must "inwardly" convince himself that he has to accept and let people accept the judgement given by the hospital in his regards» (GOFFMAN E. 1968 [1961]: 179-180).

The relationship with the institution and the medical staff varies a lot according to the social and cultural status of patients. People of high social and cultural status have the necessary means to reject and contrast the injustices of the institution, by means of a critical analysis of what they observe. As Basaglia underlines, since they have these instruments they find themselves in a privileged position as compared to the system, because of the fact that they can detach themselves from it and remain critical towards the segregating mechanisms, trying not to be involved and subdued (BASAGLIA F. 1963).

The written documents produced by people of high cultural or social status show their ability to recognize the instruments and symbols of power, to oppose one's own knowledge to that of the psychiatrists, to critically interpret things happening within the institution, keeping a certain self control. The system nevertheless maintains its forcing power, strikes terror, and leads with the passing of time to a progressive submission. Those who do not have adequate economic and social or cultural status are not able to understand and criticize the mechanisms of the institution, or to oppose a system of power, which cannot be modified; one is swallowed by the system, till one becomes submitted to it. An extreme and perhaps more representative example is the relationship with one's doctor: mostly for women patients, his absolute power represents a source of fascination. In a letter to her psychiatrist one of the authors writes as follows:

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«Send me to work as a servant, baby-sitter, cook or dishwasher; because you are for me a God; you can do anything provided that you want to» (CONTI A. 1978: 38).

The coercive measures the patients were forced to submit to, are imposed by means of their social and cultural weaknesses, since the patients had no means to oppose against this systematical destruction:

«My head is a volcano, notwithstanding my efforts I am not able to find the “reason” of such wickedness» (NENCIONI I. 1973-1984).

Maria Luisa Marsigli, who had a degree and a high social status, is an example: she opposes her knowledge to that of her psychiatrists, she speaks the same language of those who “govern”, she selects the instruments and symbols of power, she carries out a critical interpretation of her observations:

«Sometimes I wonder if the resentment for having failed (since psychiatrists only work on the base of hypotheses) or the fact of being segregated as we are, even if only five hours a day, among monsters, could be the reason leading them to the sadistic desire of punishing their own patients. As a matter of fact their aggressive charge literally seems to force them to punish their non-conformist colleagues also; even prosecutions of the “orthodoxies” against the “heretics” of psychoanalysis are all in all a page of modern inquisitorial history» (MARSIGLI M. L. 1963: 75).

Mental hospitals base their dominion on two antagonistic powers: the patients, on one side, the doctors and nurses on the other. Goffman writes that «the patient is deprived, on one side, of the possibility to know the decision made as regards his destiny [...] this creates a certain distance between the medical staff and the patients, which grants the staff a possibility to control them» (GOFFMAN E. 1968 [1961]: 38-39).

The doctor is the one to prepare a diagnosis, the one having the power to discharge and to put away; his judgement is unpredictable; he is seen like a father and a persecutor at the same time. The attitude of the patients towards their psychiatrist plays on this double aspect: the tone of written documents varies in his regards passing from a reverent and submitted to an aggressive and highly critical approach. All witnesses anyway experience the figure of the doctor as “detached”, institutional; many texts observe that the psychiatrist stops within the departments only a few minutes a day. «The presence of a psychiatrist within a mental hospital» as Basaglia writes «has a relative importance. The daily visit to the wards is almost nonexistent: it is reduced to the time necessary to ask the nun or the superintendent a very brief report on the situation; it is enough to sign some forms, symbols of the juridical-bureaucratic personage of the psychiatrist within the hospital, and the visit is over» (BASAGLIA F. 1963: XIV). Still less

frequent are the visits of the chief physician, described as real “power displays”:

«It is like when there's an alarm. Nurses and patients try to assume a pose, almost a military one for the first ones and a normal modest one for the second ones. There's that fear which always arises when facing the visit of authorities, which can decide of one's destiny on the base of a word or deed. Here is the Most Illustrious Professor accompanied by his assistant Doctor. A few words can say everything; it is a brief and effective visit, most of all with regards to discipline. Once it is over a perfect silence reigns, souls are pervaded with doubts because of the many orders to be given» (C. P. 1927).

«The chief physician sees us every two or three days (but someone told me he sometimes stopped doing this for an entire month). When he is about to arrive, one has to assume a modest pose and stand on a circle in the living room, just as convicts do.

As soon as the door is opened we have to be silent and look remorseful as if attending church. [...] So it is possible to see sixty mental patients in sixty minutes and the monthly wage is earned» (IOSINI A. 1973-1984).

The real interlocutor, the go-between between the doctor and the mental patient, is the nurse; he watches over the patients, spends the entire day with them, gives them medicines, and he is delegated by the doctor to put into practice all concrete repressive measures. The immediate image of the institution is conveyed through him; he can act as a guardian and accomplice but more often as a warder and executioner. The patients' texts denounce the violence of nurses, expressed through little daily duties: feed the patients, wash them, and give them drugs:

«At noon. I was pushed, drawn, let sit down all of a sudden on a dirty high lavatory-pan, I am subject to the constant trickle of being fed. I regurgitate my wine. A slap. I get up again staggering, [the nurse] gives me a blow with the elbow, the skeleton falls down on the bed. Dirty, stunned, I try to cover myself as best I can. I am cold, I am cold and I am very frightened. I am a mere semblance of a woman, a derelict» (NENCIONI I. 1973-1984).

It is interesting to see how one of the main qualifications required of nurses was that of having a strong constitution to be able to contrast and control the patients by force. The manual *Nozioni generali di assistenza ad uso degli infermieri di ospedale psichiatrico* states that, among the necessary qualities to be a good nurse, «physical strength and robustness are of particular importance, since they contribute a lot to tranquillity, which is necessary to face certain situations, which one must be able to overcome as best one can» (AMMINISTRAZIONE PROVINCIALE DI AREZZO ed. 1953: 174).

«The female nurses tied four women to a bed in the nursing department; they now did not have any worry and can do what they like best, knitting or sewing. Many of them are indifferent and insolent, they treat patients as

beasts. For the most part of them to beat the patients is as easy as to come to agreements with their conscience. I saw one of them, Marina, who crying like a fury (and people say the patients are mad), was dragging Anna by the hair on the floor, then she put her to bed by means of the same system that is by knocking her out for the whole night, and perhaps for the day afterwards. A good case of hospital care» (MARSIGLI M.L. 1963: 99).

The autobiography of a former patient of the mental hospital of Collegno reads: «When I came back to the ward I remember that the nurse called me to one side and started beating me with a stick and then he sent me to bed and tied me with tapes. I could neither react nor tell it to the Dottoressa, otherwise as soon as she had left it would have been worse. The best thing was to remain silent. While days passed I developed a terror which one cannot imagine [...]» (*Autobiografia di un ex ricoverato nel manicomio di Collegno*, 1971). Apart from the violent methods – which, instead of being treatment-oriented, became real coercive means aimed at maintaining the system of mental hospitals – the negative effect of drugs, the constriction of the straitjacket and electroshock therapy are to be strongly criticised.

«Injections have stunned me completely and prostrated me, I cannot even stand on my feet because I am too weak and I feel faint: luckily yesterday evening a good female nurse was moved to pity and listening to my prayers avoided another injection, acting as if she had done it. If she had done it I would not have had the possibility to see Delitala, and Coppola had already gently warned him that it would have been difficult to be able to talk to me, since I was out of my senses. Good systems to make people seem mad, even those who aren't!» (MARSIGLI M.L. 1963: 46).

«One cannot be safe from injections and electro-shocks here: if one does something against it, they take you by the neck, legs and arms, twisting you and forcing you to do what you do not want. All for your own good. All because they want to save the dignity of your human person. All because they only know what is good for you, whereas you (they say) are unable to understand and wish» (IOSINI A. 1973-1984).

Regarding the electro-shock therapy, Alda Merini writes: «the small room for electro-shocks was very narrow and terrible; the waiting room was much more terrible, there they prepared us for this sad event. They injected us a pre-morphine and then gave us some curare, so as to avoid that our limbs started to be too restless during the electro-shock. Waiting was distressing. Many of us cried. Someone urinated on the floor. I once even caught the ward nurse by the throat, in the name of all my friends. As a result I had to undergo the electro-shock before the others, and without previous anaesthesia, so that I felt everything. I still preserve a dreadful memory of it» (MERINI A. 1997: 85-86).

The Perception of the Self: Space, Time, Writing

Written documents convey us the experience of being in-patients, the description “from the inside” of this institution; most of all they are a formidable witness of the subjective life of patients. By writing one establishes an intimate relationship with one’s self, one has the possibility to revise what one has interiorised, what one has been; it is a way of restoring a communication which had been interrupted by the institution and paper becomes a privileged confidant for feelings, fears, melancholic states of mind. A reflection on oneself and on one’s own presence within the mental hospital is a frequently recurrent aspect among the examined written texts. The reasons offered for one’s hospitalization vary from the statement of one’s soundness – accusing others for one’s hospitalization – to the full awareness about past irreparable mistakes to be expiated as such. The most frequent attitude is anyway that of seeing oneself as “normal”, whereas the descriptions of other patients are often aimed at proving their madness and the sense of horror for the environment in which the writers are forced to live, the image of the self is that of a “sound” person, bound to live with a universe of madness and unjust rules:

«I am a human being who, as regards me, I cannot understand why a young man like me, feeling me wise and serious, can live in a mental hospital, this surprises me a lot» (B. P. 1920).

«If I was out of here I would be able to defend myself, but now since I am arbitrarily and unjustly closed within this Mental Hospital I cannot do anything» (U. M. 1903).

The change in the perception of time and space within these written documents is particularly interesting. Within a mental hospital moments are suspended and continually repeated without any change. The same daily rhythms and routine procedures beat the passing of time within the institution. Written texts show a progressive loss of the space-time perception; all remains the same as the first day of hospitalization, the same scenes are repeated, the same prayers are asked, days pass among the same frantic voices of the other patients. Time seem simply meaningless.

Ida Nencioni, for example, writes a diary – not only during her stay in hospital – taking detailed note of the date of every day, but during her life as a patient she is no more able to perceive the borderline between one day and another, so that she confines herself to write «first», «second», «third» in order to indicate days, up to a moment when she asks herself whether it is afternoon or evening, and «the evening of which day?» or when she omits

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any information about time. The perception of this progressive crumbling down of time reveals awareness and acts as a further destructive element of one's own story and life. The concepts of order and duration seem to have become completely meaningless. There is a loss of the chronological process of evolution, because values allowing communication with the world lose their meaning. The temporal structure becomes rigid and the present is isolated from the past-present-future units.

Even the sense of space takes different values, most of all due to the fact that one is deprived of one's own private sphere (GOFFMAN E. 1968 [1961]). One's individuality disappears in favour of community and anonymity; the action of the institution sanctions an infinitely wide space which forces the patient to look for vital borders where to find refuge within the elsewhere and the "outside". One prefers to occupy a mental space, which one can build and create. In many written documents comfort is to be found in memories and in past events, which become spaces for identity and memory. One builds a "hiding place for one's self" where space and time are turned into "categories of elsewhere".

The same act of writing in itself beats a "different" time: the time of writing is in fact that which has been recollected and fixed through it and becomes also a "different" intimate space, where salvation is to be found⁽⁸⁾. In a context which destabilises its own system of value by increasing the "risk of existing", writing becomes an attempt to avoid that process which Tullio Altan calls «crisis of the conscious presence» (TULLIO ALTAN C. 1968). The act of writing not only reiterates the thread of a communication between one's own self and the world, which had been interrupted by the institution and by the disease, but also allows a person to regain possession of a seriously menaced self, of one's own story and freedom, of a past in which one can finally newly recognize oneself; as Philippe Lejeune puts it «it is the overwhelming power of desire looking for a way out, willing to find words of expression» (LEJEUNE P. 1986 [1975]: 57).

"To walk on the silent side", to analyse the microscopic transformations of the self within the institution through the writings of the patients could be then an ethnographic contribution to the understanding of profound transformation processes of institutional settings of mental health care. "To walk on the silent side," means therefore to follow a melody, to listen a voice... which is silent no longer.

Notes

⁽¹⁾ My translation. All the text in quotations in the article is translated by me from the edition reported in references.

⁽²⁾ Among the published works examined during within the framework of this research – see the bibliographic list at the heading “Sources” – this selection has taken into account the following: an autobiography written by Adalgisa Conti, hospitalised in the provincial mental hospital of Arezzo in 1913, when she was twenty-six years old, for sixty-four years. Put away with the diagnosis of “persecution complex with a tendency towards suicide”, she recalled her life in a letter addressed to her doctor which was found within her medical report (CONTI A. 1978) / A diary written by Maria Luisa Marsigli during her two years as a patient within the mental hospital of Santa Maria della Pietà in Rome, from 1968 up to 1970, where she had been hospitalized following to a charge of murder of her husband (MARSIGLI M. L. 1963) / A diary written by Margherita Adamo, hospitalized in the mental hospital of Siena as from 1940 up to 1947 because of drug addiction (ADAMO M. 1991).

⁽³⁾ The unpublished works were collected at the Archivio Diaristico Nazionale of Pieve Santo Stefano within the province of Arezzo (see the diaries) and in the case files of the provincial mental hospitals of Arezzo, Perugia and Reggio Emilia (including autobiographies, essays, memoirs and most of all correspondence). The authors of the writings found in the case files of mental hospitals are quoted in the article only with initials to protect their privacy.

⁽⁴⁾ The Italian privacy act forbids, in fact, the use of any documents produced in the last seventy years.

⁽⁵⁾ The complex process which led to the shutting down of Italian mental hospitals was characterized by multifarious procedures within the context of the struggles versus institutions, «which, to get things straight, were not only those based on Franco Basaglia’s ideas, notwithstanding his leading role, and which did not even take place within the framework of psychiatry» (Tullio Seppilli in FLAMINI S. - POLCRI C. eds. 2004: 1). The anti-institutional experience of Perugia turns out to be of special interest as compared to the various ones which influenced the Italian psychiatric panorama, because it proved to have specific features; the Fondazione Angelo Celli per una Cultura della Salute is now working on the *research Project on psychiatric policies in Umbria* promoted by the Province of Perugia and aiming at reconstructing the phases of the complex process of de-institutionalisation of the provincial mental hospital of Perugia.

⁽⁶⁾ This classification is sometimes an arbitrary one since the limits between different “genres” can turn out to be very ephemeral; some diaries also show the typical features of memoirs, and in the same way some autobiographies can be included in the epistolary genre. In this case a distinction was made as regards contents and structure of the text: letters addressed to one’s doctor recalling life experiences were listed as part of the autobiographic genre, daily notes were classified as diaries, retrospective narration of single experiences and events are on the contrary seen as memoirs.

⁽⁷⁾ The case files of mental hospitals contain many other documents witnessing the clinical, juridical and biographical story of the patient. Even if they vary a lot from one hospital to the other and also within the same institution according to the different historic periods, any file is in general made up of: *case history*, including data on the patient, anamnesis, diagnosis, etiology, symptoms, and very often a “diary” written by the doctor by periodically noting both the patient’s condition and behaviour; *administrative papers*, including the documents issued by the police authorities or the prefecture for the hospitalization of the patient, the correspondence of the manager with public administration or with the patient’s family, and the autograph written documents of the patient; the *reception form* which, once filled in by the family doctor, establishes the patient’s hospitalization.

⁽⁸⁾ Seen as a refuge from the and within the institution, writing could be compared to the “secondary adaptations” described by Goffman who explains: «One of these special kinds of secondary adaptation is the so-called “repression activity” or the “Kicks”, activities used by the individual in order to loose oneself into something, temporarily cancelling any perception of the surrounding world where one is forced to live» (GOFFMAN E. 1968 [1961]: 294).

Sources

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