# A Clinic of Lack.
# Franco Basaglia, Biopolitics and the Italian
# Psychiatric Reform

Alvise Sforza Tarabochia

Ph.D. in Italian

March 2011

a.sforza-tarabochia@kent.ac.uk

# ABSTRACT

In this thesis, I propose a new reading of the work of Franco Basaglia, the psychiatrist responsible for Law 180/1978, which, to date, makes Italy the only country in the world where psychiatry does not rely on asylums. Basaglia's *oeuvre* has often been divided into two periods: his early philosophical self-education, revolving around the rethinking of the psychiatrist-patient relationship in terms of intersubjectivity, and his subsequent 'political activism', centred on his struggle against institutional psychiatry and his reformation of the latter, which culminates in Law 180. Critics have overlooked the structural continuity between these two phases. Such an interpretative division has produced a fragmented reading of Basaglia's work, which I endeavour to overcome in my thesis. I aim at establishing a solid connection between Basaglia's 'theory of the subject', which I compare to Lacan's, and Basaglia's activity of de-institutionalisation, which is indebted to Foucault's reflection on disciplinary power and psychiatry. The notion of the 'subject', according to both Basaglia and Lacan, revolves around a constitutional lack: as human beings we lack the very possibility of *being* without the other. While for Foucault this notion is nothing other than an effect of power-knowledge relations, for Basaglia and Lacan subjectivity *as* lack entails a constitutional participation in otherness. My claim is that this stance anticipates Roberto Esposito's biopolitical notion of *communitas*, as the 'place' where subjects lose their illusory individual subjectivity to actively embrace intersubjectivity. The formation of a *communitas* prevents an excess of immunisation. On the contrary, the extreme consequence of withdrawing from otherness by objectifying the patient is the creation of an organicist thanatopolitical psychiatry. This is why I propose to call Basaglia's practical and theoretical work a 'clinic of lack', an affirmative biopolitical psychiatry centred on the idea that subjects are constitutionally lacking.

# Table of Contents

III

# Acknowledgements

This thesis would not have been possible without many exceptional people, who have helped me, in different ways, during these years of reading and writing.

First and foremost, I would like to thank my supervisor Dr. Lorenzo Chiesa for all his support in these years: his very detailed feedback, his encouragement when times were hard and his friendly advice have guided me through this Ph.D. I owe all that I have done to Wissia Fiorucci who has always been there for me, emotionally and intellectually, stimulating my ideas, clarifying doubts and never letting uncertainty come in the way of creativity. No word suffices to acknowledge my mother and my father, who have patiently and ceaselessly encouraged me to carry on, study, read and write; there will always be space for printed (and blank) paper, they used to say. I also want to thank Marco Piasentier, with whom I engaged in so many heated discussions on my thesis that at least half of my ideas (if not much more) took shape while talking to him. My sincere gratitude goes to Dr. Ana De Medeiros for having been such a supportive, helpful and friendly mentor and guide.

I would also like to thank wholeheartedly Harriet Clements and Maureen Speller for their impressively accurate proof reading. I express my gratitude to Mario Colucci for his help in this project, and also to Giuseppe Dell'Acqua, Giovanna Gallio, Franco Rotelli and Pier Aldo Rovatti.

# Bibliographical Note

All cited works have been referenced using Harvard In-Text style. If the work is cited in its original language of publication, the year refers to the actual date of publication of the text consulted. If the citation is from a work that has been translated into either Italian or English, the year refers to the publication date of the translation.

In order to avoid confusion a different criterion has been applied to the following large collections of essays:

— Franco Basaglia, *Scritti*, Volume 1 and 2, edited by Franca Ongaro Basaglia, published by Einaudi in 1981.

— Franco Basaglia, *L'utopia della realtà*, edited by Franca Ongaro Basaglia, published by Einaudi in 2005.

— Jacques Lacan, *Écrits*, edited by François Wahl, published by Seuil in 1966, translated into English by Bruce Fink in 2002 and published by W.W. Norton & Co.

— Sigmund Freud, *Standard Edition*.

In these four cases the date in the in-text citation refers to the original publication date of the paper cited. Correspondingly, the name of the author in the bibliography is followed by the original date of publication date of the paper cited, whereas the publication date of the collection of essays is given at the end of the bibliographical reference.

# Introduction

## 1. The Reform of Italian Psychiatry: Law 180/1978

On 13 May, 1978, four days after Aldo Moro was executed by the Red Brigades, the Italian Parliament voted on and passed Law 180. Since then, Italy has been at the forefront of psychiatric health care worldwide as a result of the radical changes that Law 180 brought about: especially, the eradication of psychiatric hospitals and the strict regulation of involuntary hospitalisation in psychiatric units. Thus, a potential lifelong incarceration was reduced to a seven-day treatment process, carried out with proper respect for patients' human rights. Simultaneously, Law 180 introduced a radical community approach to Italian psychiatry, based on *Dipartimenti di Salute Mentale*, divided into *Centri di Salute Mentale* and supported by the *Servizio Psichiatrico di Diagnosi e Cura*, small (15 bed) units in general hospitals which deal with psychiatric emergencies. Many countries (such as France and the United Kingdom, after World War II) had adopted a community approach to psychiatry before Italy, while others, most notably Brazil, are presently moving towards an 'Italian' model, i.e. a psychiatric service based on community intervention which respects the patient's human rights. Yet, to date, only the prairie province of Saskatchewan in Canada and the state of Vermont in the U.S.A. can boast, along with Italy, a psychiatric service that does not rely *at all* on the use of asylums. The Italian experience in psychiatry is unique, as is testified to by the fact that the World Health Organisation regards it as a 'punto di riferimento per le politiche planetarie di salute

1

mentale' (Piccione, 2004: 67).

The system is not flawless, however. First, there is one significant exception to the implementation of Law 180: the six *Ospedali Psichiatrici Giudiziari*, which admit convicted criminals diagnosed with a mental illness. These account for a total of approximately 1,500 in-patients, interned in very harsh conditions, as a recent inquiry by Senator Ignazio Marino has shown. The number of in-patients is very modest compared to the 96,000 psychiatric patients hospitalised in 1968 (Ongaro Basaglia, 1987: xxiv) but is nevertheless an inconsistency within the Italian psychiatric health care system. Secondly, Law 180 has been implemented at a different pace and to very different extents in individual regions. While Friuli-Venezia Giulia, Veneto and Toscana, for instance, have very efficient *Dipartimenti di Salute Mentale*, others, mainly because of a lack of funding, heavily rely on pre-Law 180 systems, redirecting patients to private residential facilities, enforcing physical constraint, and so on. The extent of this 'patchy' implementation, as Donnelly (1992: 81) calls it, is difficult if not impossible to assess, for no nationwide censuses, studies or surveys have been carried out since the approval of Law 180 (Corbellini and Jervis, 2008: 163).

It may also be because of this that numerous attempts have been made to counter these reforms in psychiatry, the latest being the *PDL* (*Proposta di Legge*) put forward by the deputy of the *Lega Nord*, Ciccioli, on 29 July, 2010 (this *PDL* is a consolidated text based on numerous previous proposals and also signed by other deputies of the

centre-right government coalition).[1] Most of these proposals introduced longer and stricter involuntary hospitalisations, emphasised the importance of the private sector, reintroduced semi-residential facilities and stressed psychiatry's role in social protection. Significantly, none of these previous proposals ever passed and, most possibly, as the former director of Trieste's *Azienda Sanitaria Locale*, Franco Rotelli (2010), anticipates in an interview recently granted to the author of this thesis, neither will this most recent one.

When Law 180 was approved, Italian psychiatry was still regulated by a law dating back to 1904 (*Legge 36/1904*) which, in brief, noted the social dangers represented by the mentally ill and provided for their involuntary (and potentially lifelong) internment in an asylum. Italian psychiatry was practised in abysmal conditions compared to other European countries (Ongaro Basaglia, 1987: xii). Psychotherapeutic, social and community approaches, in spite of their progress abroad, were not introduced into Italian psychiatry – known as *freniatria* precisely to avoid any reference to what was regarded as an overtly 'spiritual' notion, that of 'psyche' (Donnelly, 1992: 30) – until around 1978. The main response to the problem of mental illness amounted to internment in asylum and to therapeutic approaches with very dubious, if not entirely iatrogenic, results, such as shock therapies and psychosurgery. Among those 'alternative' psychiatrists who fought against this

---

[1] The full text of all the relevant proposals and the minutes of the Parliamentary discussions are available at this address:
http://www.camera.it/cartellecomuni/leg16/documenti/progettidilegge/IFT/formEstrazione.asp?pdl=3 421 [accessed 15 March 2011].

backward scenario to eventually persuade Italian psychiatry to keep up with the progress in community and social approaches that was being made abroad, Franco Basaglia is the best remembered. It was thanks to Basaglia's political activism that the general population was made aware of the backwardness of Italian psychiatry and that, eventually, this problem came to the attention of the psychiatrist and Christian Democrat Senator Bruno Orsini, who formulated Law 180 and pushed for its approval in the Italian Parliament. Although Basaglia could count on a team of prominent collaborators and followers in his everyday psychiatric practice, while his political activism was backed by the group *Psichiatria Democratica*, which he co-founded in 1973, it is thanks mainly to his unceasing reforms in the asylums of which he was director and to his public propaganda campaigns that a wide spectrum of the population developed an awareness of psychiatric issues and the Italian Parliament recognised the necessity of reforming psychiatry through the law.

## 2. Franco Basaglia and His Legacy

After graduating in paediatric neurobiology, specialising in *malattie nervose e mentali* and working for a university clinic, Franco Basaglia (Venice, 1924–80) directed three asylums: first Gorizia (1961–69), then Colorno (1969–71) and, finally, Trieste (1971–79). In Gorizia, Basaglia began to experiment with possible alternatives to the harsh institutional conditions that he witnessed there. He abolished the wearing of white

coats to lessen the perceived distance between the doctor and the patient, abandoned all forms of physical restriction, such as straitjackets and cage-beds, and finally unlocked the wards of the asylum. It was during his years in Gorizia that he developed the idea that the main obstacle to the advancement of a more 'human' form of psychiatry was the asylum itself: even if it was possible to 'humanise' the psychiatric hospital, as had already been done in many European countries, its persistence would still mean that psychiatry might only respond to social/moral demands rather than to actual medical needs. As long as the asylum, albeit humanised, was allowed to stand, psychiatry would be entrusted with the separation of deviant individuals, the insane, and so on, from 'healthy' society. In 1964, Basaglia declared his intentions: 'la distruzione dell'ospedale psichiatrico è un fatto urgentemente necessario, se non semplicemente ovvio' (Basaglia, 1964a: 19). The administration of the province of Gorizia was too conservative to permit Basaglia and his team to implement the radical reforms that would lead to the *demise* of the psychiatric hospital and Basaglia moved first to Colorno and then to Trieste. Here, Basaglia not only implemented all the reforms he had carried out in Gorizia, he also began to prepare the 'community' for the closure of the asylum. This preparation involved various initiatives, most notably a campaign to raise the awareness of the Triestine population with respect to psychiatric health care issues. Among various examples, we might mention a parade through the city organised by the inmates and the psychiatric workers of the asylum, led by the iconic blue paper-maché horse, Marco Cavallo (23 March 1973);

5

the flight organised for the inmates by Alitalia on 16 September 1975 and, finally, the renting of a holiday house, *Villa Fulcis*, in Belluno (1975). These initiatives played a key role in raising public awareness and finally bring the issue of psychiatric health care in Parliament, where Basaglia's pioneering work was transformed into Law 180. Basaglia was to die only two years later, leaving the actual implementation of the law, the gradual closure of all Italian asylums and the relocation of psychiatric health care to community centres in the hands of his followers.

What happened in the next thirty years is difficult to reconstruct in brief, mainly because of the lack of consistent censuses and statistical data concerning psychiatric health care. What is quite clear is that psychiatry in Italy has found itself in the difficult situation of having to reconcile a bio-medical approach with a social-community approach based on the Basaglian legacy. A third position, the psychotherapeutic one, is scarcely represented in public psychiatric health care (although it is an important player in the *private* sector). Behind these two dominant tendencies there continues to be a strong political and social pressure on psychiatrists to 'protect' society from the hazards of mental illness, a tendency that, as Basaglia foresaw in 1976, is emphasised in times of economic crisis, when the criteria for what constitutes normality usually narrow (Basaglia, 1976: 386). To date, a synthesis between the bio-medical approach, Basaglia's legacy and socio-political pressure has proved impossible. Given the lack of consistent statistical data to assess this claim, it will have to suffice to offer the example of the University

of Trieste, the city where the Basaglian reform began. As Rotelli (2010) pointed out, among undergraduate, postgraduate and specialist degrees in psychiatry, barely one module is dedicated to 'Social Psychiatry' (the only module to include 'Basaglian ideas'), while the rest of the studies and preparation focuses on generic medical subjects (e.g. anatomy, pathology, etc.) and bio-medical subjects specific to the discipline of psychiatry (such as neuro-sciences, brain imaging, psycho-pharmacology, neurology, and so on). The established paradigm seems to be that very little space is left for a non bio-medical approach to psychiatry and answers to the issue of mental illness are sought almost exclusively in 'organicist' solutions, namely the extensive use of psycho-pharmacology. However, little mention is ever made of the fact that, as Piccione (2004: 14) remarks, only a striking 15% of 'organicist' therapies in psychiatry are backed by consistent clinical studies and peer-reviewed research publications.

## 3. Criticism and Appraisals

One of the accusations that has been levelled against Basaglia and his followers[2] is that they did not prevent the rise of this organicist psychiatry, which Pierangelo Di Vittorio (2006: 73) does not hesitate to call (quite wrongly as I will endeavour to show) 'biopolitical'.

---

[2] Such as Agostino Pirella, former director of the Arezzo asylum and now professor of psychiatry in Turin, Giuseppe Dell'Acqua, director of Trieste *Dipartimento di Salute Mentale*, Franco Rotelli, former director of Trieste *Azienda Sanitaria Locale*, and many others, most of whom are members or former members of the group *Psichiatria Democratica*.

According to Di Vittorio, 'biopolitical' psychiatry responds to the socio-political need for identifying, preventing and dealing with the social and material dangers allegedly represented by the mentally sick person primarily in organic terms, by focusing on the neurobiological mechanisms of mental illness. Basaglia has also been accused of failing to prevent the return of what is often referred to as 'neo-manicomialità' (Piccione, 2004: 118); that is to say, the return of an institutional logic, characteristic of the asylum, in the community centres (e.g. locked doors, physical restraint, chronicisation of ailments, and so on). Michel Foucault (1994c: 274) was the most prominent of Basaglia's critics in this regard. Thus, on the one hand, Basaglia and his followers are accused of not having done *enough* to implement the de-institutionalisation of psychiatry (that is to say, the overcoming of any institutional logic in psychiatry, or in Piccione's words (2004: 13), the 'percorso di critica teorico-pratica all'interno dell'apparato istituzionale psichiatrico, inteso come luogo, disciplina, procedure, norme, ecc.').

On the other hand, Basaglia and his followers have also been accused of the exact opposite. By having carried out the 'de-institutionalisation' of psychiatry, they are held to be responsible for an additional burden laid on the families of the mentally ill, who are left to their own devices because of the lack of proper residential facilities or alternative support. Suicides, self-destructive behaviours and violent crimes committed by mentally ill people are often ascribed to the lack of residential facilities in which to properly contain the danger posed by those who suffer from a psychiatric illness. This should be borne in mind

when reading Ciccioli's recent *Proposta di Legge*, for instance, with regard to the introduction of a ninety-day involuntary hospitalization period, enforceable in private residential facilities.

Finally, Basaglia and his followers have been criticised for having turned mental illness into nothing more than a product of certain (unjust) social conditions, that is, a consequence of poverty, misery, social exclusion, eccentricity, and so on. One of the most recent authors to express this opinion has been Adriano Segatori, in his book *Oltre l'utopia basagliana*, in which he claims, in brief, that Basaglia and his followers have promoted a 'socioiatria' (Segatori, 2010: 36). In other words, he accuses Basaglian psychiatrists of seeing society itself as being sick and in need of 'healing', completely disregarding the real suffering of the mentally ill person and his/her possible recovery. In Segatori's words (2010: 36), Basaglia's followers assume that 'ogni disagio psichico possa essere attenuato – se non eliminato – attraverso un cambiamento della coscienza sociale e della mentalità comune'. According to Gambescia (2010: 13), this is mainly due to the 'istituzionalizzazione del carisma basagliano' and the creation of a 'nuova e dogmatica religione antipsichiatrica'.

This criticism is not completely unfounded as Basaglia's work has met with an enthusiastic response in the thirty years since the approval of Law 180. As Maria Grazia Giannichedda (2009) recently pointed out during a lecture at the University of Trieste, 'Basaglia ormai è santo'. Basaglia, his pioneering work in psychiatry and its results (Law 180 itself), should be seen in the light of the wave of social unrest that hit the

9

Western world beginning in the 1960s, and that, in Italy, continued at least until 1980, if not later. Basaglia is regarded as a successful political activist who achieved the liberation of the insane, akin to Pinel's freeing of the madmen from their chains at *Salpêtrière*, in 1795, an act on which Foucault comments at length in his 1961 *Histoire de la folie,* and which is usually ranked among the founding myths of modern psychiatry. Basaglia became an icon, first and foremost because of his political achievements. The 1968 collection of essays which he edited, *L'istituzione negata*, became 'one of the important books for the post-1968 protest movements which swept in Italy' (Donnelly, 1992: xiii), alongside Mao's *Red Book*. This 'mythicising' gained momentum and reached its apogee with the passing of Law 180. After that, Basaglia's work was placed alongside other progressive political and social achievements of 1970s Italy, such as the approval of the divorce (1971) and abortion (1978) laws. As Giuseppe dell'Acqua recently claimed, the only possible improvement to Law 180 would be 'rafforzare ogni strumento amministrativo, finanziario, e organizzativo atto a realizzare compiutamente i presupposti e le indicazioni della 180' (Dell'Acqua, 2008b). Dell'Acqua continues: 'la legge 180 fa parte del patrimonio democratico e civile del nostro Paese [...], rappresenta infatti una conquista irreversibile di diritti irrevocabili'.

## 4. Overcoming the Dichotomy between Basaglia 'Philosopher' and Basaglia 'Political Activist'

Before continuing, it is important to note that several of the authors who

have either criticised or praised Basaglia are psychiatrists. By commenting on their reading of Basaglia's work I am not offering an assessment of the outcomes of Law 180 or the actual effectiveness of its implementation in comparison to a traditional institutional or organicist approach in psychiatry. Such an assessment, although quite possibly overdue, cannot be carried out from the perspective of Italian Studies, because it would need a much more interdisciplinary approach, involving specialists from various fields, not least psychiatry.

Having said this, it must be observed that all the criticism and praise that I have mentioned seem to be based on a very fragmented understanding of Basaglia's work. In other words, commentators seem to be exploiting certain aspects of his work while neglecting or overlooking other elements. Segatori, for instance, seems to be focusing exclusively on two ideas: the iatrogenic potentiality of society and Basaglia's disregard for the bio-medical aspect of psychiatry. When Basaglia is accused of not having prevented the rise of a 'biopolitical' psychiatry, the use of which he was apparently unable to oppose successfully, the focus moves to his criticism of psychiatry as a means of social control.

These fragmentary readings appear to originate, ultimately, in a dichotomy between, loosely speaking, two different 'Basaglias': Basaglia the 'philosopher' and Basaglia the 'political activist'. This dichotomy seems to be rooted in Basaglia's very biography. In the *Introduzione generale ed esposizione riassuntiva dei gruppi di lavori*, published posthumously in 1981 as the introduction to his *Scritti*,

11

Basaglia divided his own writings into an 'anthropo-phenomenological' phase and one of 'negazione istituzionale'. In doing so, he distinguished chronologically between the papers he wrote while working in Belloni's university clinic in Padua (1953–1961) and those written when he was director of the asylums of Gorizia, Colorno and Trieste. Indeed, there is a noticeable difference between the two groups of works. During his 'anthropo-phenomenological' phase Basaglia was declaredly influenced by phenomenological psychiatry, an approach to mental illness that was grounded in a phenomenological/existentialist theoretical framework. In brief, phenomenological psychiatry (whose main exponents were Karl Jaspers, Ludwig Binswanger and Eugène Minkowski) opposed the traditional bio-medical approach which would see the patient as an object of study. Phenomenological psychiatrists proposed reassessing the importance of the subjectivity of the patient, in order to establish an equal relationship between psychiatrist and patient, an intersubjective rather than a traditionally medical subject-object relationship. Binswanger developed a notion of subjectivity that owes much to Heidegger's existential analysis. According to Binswanger the 'subject' that the psychiatrist has to approach in therapy corresponds to Heidegger's *Dasein*, the ontological structure of the human being, characterised by its 'being-there', being always-already thrown into the world. In other words, instead of proceeding from the diagnosis of mental illness, Binswanger would analyse the 'totality' of the human being as he/she is in the world. Basaglia's writings from his anthropo-phenomenological phase are indeed strongly influenced by such a

current of thought. In synthesis, it could be said that in this phase Basaglia shows a strong interest in the subjectivity of the patient, and the focus of his analysis is indeed the patient as a subject and on the inter-subjective relationship between psychiatrist and patient.

The phase of 'negazione istituzionale' is characterised by Basaglia's struggle against the institution of psychiatry, especially as represented by the asylum. In the writings belonging to this phase (1964–79) it is quite clear that Basaglia's interests have shifted. The subjectivity of the patient is no longer the centre of his attention but instead he turns to the relationships between inmates of the asylum, psychiatrists/nurses, psychiatry as a science and society. Specifically, in this phase, Basaglia understands that psychiatry, although disguised as a medical science, is used simply as a means of social control. The very concept of mental illness seems to be a category applied to all kinds of deviant and anti-social behaviour in order to justify patients' separation from 'healthy' society and their seclusion in the asylum. In Basaglia's work, this phase is characterised by two different tendencies: criticism and reforming praxis. On the one hand, Basaglia's criticism is addressed to traditional and institutional psychiatry as was practised in the asylum, to society, whose norms and condition are, to a certain extent, iatrogenic, to the asylum as the place in which to conveniently seclude deviant individuals, and so on. On the other hand, by reforming praxis I mean the changes in the running of the asylum that Basaglia implemented to reform and subsequently dismantle it, such as the gradual opening of the wards, the gatherings of psychiatrists and inmates that he regularly

arranged, the abolition of shock therapies, and so on.

In their intellectual biography, *Franco Basaglia*, Colucci and Di Vittorio (2001: 76) do not fail to notice that 'fenomenologia e lotta antiistituzionale si intrecciano nell'esperienza di Basaglia', yet they also dedicate an entire chapter of their work to Basaglia's alleged 'svolta politica' (Colucci and Di Vittorio, 2001: 75), where they ask themselves 'cosa abbia comportato il passaggio da una rottura *filosofico-scientifica* a una rottura *pratico-politica*' (Colucci and Di Vittorio, 2001: 85). Also, at Gorizia, the first asylum he directed, Scheper-Hughes and Lovell (1987: 9) note how much Basaglia's 'emphasis shifted from that of his phenomenological period [...]. This inevitably meant a praxis'. Yet they also comment that 'the process of moving from a phenomenological (and hence purely analytical or even ideological) stance to collective action was a gradual one'. This quotation clearly shows what Mistura (2004: 141) refers to as a 'bipartizione' between 'un primo Basaglia teorico [e] un secondo Basaglia pratico'. In these terms, the dichotomy is rather difficult to reconcile and, as it stands, it legitimises a fragmentary reading of Basaglia, at least inasmuch as the 'first', 'philosophical' Basaglia can be (and has been) disregarded in favour of the 'second' Basaglia, the political activist who, thanks to the many promotional events and public protests he organised, and his influence over politicians, was able to reach the Italian Parliament and give shape to Law 180.

In this thesis, I put forward a reading of Basaglia's work (including his writings from both phases, his clinical practice as a

psychiatrist and his praxis as a political activist), which considers it in its entirety, as a continuum. This does not mean to deny that it is indeed possible to retrieve from Basaglia's writings and in his biography a 'svolta politica', a gradual shift of interest from the subjectivity of the patient to the relationship between individuals and society, nor that his work can be roughly divided into two aspects, one of 'phenomenological' and the other of 'socio-political' inspiration. On the contrary, my intention is to find elements of continuity in Basaglia's work, throughout his 'phenomenological' and 'political' phases. In doing this, I am not contesting the distinction between the two 'phases' but I am trying to blur it, in order to show that Basaglia's political activism and his final dismantling of the asylum cannot be read separately from his complex system of thought. This is what distinguishes my approach from that of Colucci and Di Vittorio: while they seek a *reason* for the shift between philosophical/scientific and political/practical criticism, I seek a conceptual bridge that will allow us to consider these two 'phases' as part of a continuous evolution. Hence, rather than referring to a 'philosophical/phenomenological' and a 'political activist' Basaglia I prefer to distinguish between his theory of the subject and his study of the relationship between individuals and political power, especially in reference to psychiatry, a *corpus* of ideas that we might call Basaglia's 'anti-institutional theory'. To further clarify these two fundamental aspects which characterise all of Basaglia's work, I will make use of two theoretical frameworks: Foucault's study of disciplinary power in relation to the concepts of

15

individuality and subjectivity and Lacan's theory of the subject.

First, to better understand Basaglia's reflection on the relationship between individuals and power (especially the power exerted by psychiatry), I will employ Foucault's *Histoire de la folie* (1961), his later studies on disciplinary power and psychiatry (especially his two courses at the *Collège de France, Le pouvoir psychiatrique*, 1973–74 and *Les Anormaux*, 1974–75) and finally his notions of subjectivity and individuality. I will claim that Foucault advances a very pessimistic view of subjectivity, which he often overlaps with individuality. According to Foucault, all human beings are always-already 'trapped' in a certain idea of subjectivity and individuality. What we believe to be our own self is, in fact, only a product of disciplinary power, which Foucault defines, especially in *Surveiller et punir: La naissance de la prison* (1975), as a power that is exercised in such a diffuse way that it is eventually internalised by those on whom it is exerted and the aim of which is the production of docile individuals. Hence, as Rovatti (2008: 219) puts it, there is no 'way out' of this notion of subject; there is no possible liberation from a condition of subjection to power. For his part, Basaglia subscribes to Foucault's analysis of disciplinary power, especially when applied to psychiatry. As I shall discuss shortly, according to both Basaglia and Foucault it could be said that the very notion of mental illness is a product of disciplinary power, a rationalisation of the phenomenon of madness, created *ad hoc* to 'tame' it, and to have a medical science entrusted with its understanding and eradication. Basaglia's struggle against the asylum, the embodiment of disciplinary

16

power, can thus be read in this light.

Yet Basaglia's theory of the subject is more complex than Foucault's and draws nearer to that of the psychoanalyst Jacques Lacan. As Kirchmayr (2009: 41) has pertinently noted, Lacan

> mantien[e] viva l'interrogazione sul soggetto ben al di là di una sua 'scomparsa' decretata in più modi, tra gli anni sessanta e settanta, da uno strutturalismo che Lacan tuttavia aveva attraversato, assunto, rielaborato.

In brief, Lacan does give a straightforward definition of subject in his work and he does use the notion recursively as different from that of the individual subjected to power. I will discuss this at length in Chapter Four: for the time being, suffice it to point out that, in Lacan's terms, the subject is characterised by a constitutional and constitutive lack, which is initially biological. Since birth, human babies are helpless creatures, and need to alienate themselves into language in order to survive; we all need to *demand* that the Other provide food. This creates the subject by virtue of its being alienated into the Other. There is no such thing as a subject outside of otherness. However, it seems to me that this subject is much more than just the product of power relations, more than just a notion envisioned by an impersonal-ideological power, in which we always-already alienate ourselves. Indeed, we are all alienated into the Other, losing, as Lacan put it, our very *being* as individual subjects, absolutely distinct from all other people, but it is precisely through this alienation that we actively enter intersubjectivity. While for Foucault the very idea of subject is a means by which we are *subjected* to power, for Lacan to be a subject is to be subjected to language, and ultimately, to be

17

part of the Other. I believe that Basaglia shares Lacan's stance concerning subjectivity, and I will claim that Basaglia's theory of the subject revolves around the notion of a 'constitutional lack of the subject'. In other words, according to Basaglia, outside of otherness there is no subjectivity, it is only inside the other, when we subject ourselves to the mercy of the other's gaze that we are able to define ourselves as subjects. The 'constitutional lack' amounts precisely to the fact that we lack the possibility of being subjects outside of otherness, when we are not recognised by the other. While for Foucault the absence of a subjectivity beyond power relations is what weaves us into a mechanism of social control, according to Basaglia this lack ties us to the Other, beyond social control and political power.

Before discussing the idea that, in my opinion, creates a bridge between the reflection on power/individuals and the theory of the subject, I will present a brief summary of this thesis.

## 5. Franco Basaglia's Affirmative Biopolitics

In Chapter One of this thesis, I will first provide the historical and biographical background for this research. I will present a summary intellectual biography of Franco Basaglia, along with an assessment of how psychiatry was practised in Italy during his university education, specialisation and early years of practice. The second part of this chapter is dedicated to an examination of Basaglia's early philosophical influences, such as phenomenological psychiatry (especially Jaspers,

Binswanger and Minkowski) and Heidegger's existential analysis. I will pay particular attention to the first two papers published in Basaglia's *Scritti*, namely 'Il mondo dell'incomprensibile schizofrenico' (1953) and 'Su alcuni aspetti della moderna psicoterapia: analisi fenomenologica dell'incontro' (1954). In the third and final part of the chapter, I will analyse in depth Basaglia's study of the idea of body, in relation to Husserl's distinction between *Leib* and *Körper* and the existentialist notion of 'choice'. Here I will focus on several different writings by Basaglia from the decade covering 1957–67. I will define what I consider to be the most prominent feature of Basaglia's theory of the subject, a feature that is shaped by his early philosophical studies and that in turn shapes his praxis as a political activist and his reflection on power and society: namely, what I call the 'constitutional lack of the subject'. Basaglia, from his very first writings, seems to have been putting forward the idea that the 'subject' is a concept that entails a constitutional lack: although we can delude ourselves into believing in the idea of being *individual* subjects, distinguished from the rest of the world by a substantial individuality, there is no such thing as a subjectivity that is not in a constitutional and constitutive relationship with the Other. This characteristic of subjectivity, according to Basaglia, is primarily shaped by a lack: in other words, we lack the very possibility of defining ourselves outside of otherness and, in spite of the destructive potential that the Other has, it is only when we submit (subject) ourselves to the Other that we can properly *become* subjects. In some mental illnesses, the issue at stake is precisely that the sick person

19

refuses to entertain a relationship with the Other. By failing to fulfil this constitutional and constitutive relationship, he/she fails to become a subject and, as Basaglia says, 'fades' into the Other. The 'constitutional lack of the subject' is a feature that will prove of crucial importance for the rest of this thesis.

In Chapter Two, I will analyse what is regarded as Basaglia's 'political turn'. In 1964, after making his famous declaration, 'la distruzione dell'ospedale psichiatrico è un fatto urgentemente necessario, se non semplicemente ovvio' (Basaglia, 1964a: 19), Basaglia seems to abandon the study of the subjectivity of the patient in order to focus on the power relation between psychiatrist and patient, on the one hand, and, on the other, between society, politics and the psychiatrist. This 'political turn' is in line with a number of writings by others published at the beginning of the 1960s (such as Foucault's *Histoire de la folie* and Goffman's *Asylums*, both published in 1961) that, for the first time, called into question psychiatry as a means of social control rather than as a specialised branch of medicine. Foucault develops this idea later when he studies the relationship between political power and psychiatry, which I will discuss in Chapter Three. In Chapter Two, I will instead focus primarily on a number of writings by Basaglia, including his famous *Conferenze brasiliane* (delivered in 1979). During the years covered in Chapter Two, Basaglia worked first in the Gorizia asylum, then in Colorno and finally in Trieste. In the first part of this Chapter, I will discuss Basaglia's reform of the psychiatric hospital 'from the inside': the abolition of white coats, shock therapies and physical

restraint, the opening of the wards and so on. I shall argue that, in spite of the urgency of these (partial) reforms, Basaglia, from the beginning, is quite clear: the psychiatric hospital has to be dismantled. Even if it can be 'humanised' and kept up to date with the progress of medical psychiatry, insofar as it is a residential facility it is still a means of social control, a place where 'sane' society can 'dump' its deviants. Reform has to be carried out outside of the asylum, has to invest society as a whole and must eventually lead to the dismantling of the psychiatric hospital. This is why, according to Basaglia, the psychiatrist fighting for the freedom of the asylum inmates can be compared to the Gramscian intellectual struggling alongside the lower classes for their emancipation.

The second part of this chapter is dedicated to an analysis of Basaglia's 'external reform', as I propose to call it, encapsulated in his famous motto 'mettere tra parentesi la malattia mentale', which literally means to 'bracket' mental illness, that is, to put mental illness in parenthesis or to one side. With this expression Basaglia refers to the fact that the reforming psychiatrist should disregard the diagnosis of mental illness, as traditional psychiatric nosology (the study and classification of illnesses) is scarcely related to the subjective experience of the patient/inmate. Classifying the patient's behaviour and subjective experience through *a priori* categories imposed by traditional psychiatry means objectifying him/her, making him/her an object of study rather than an equal subject. 'Bracketing' mental illness allows the psychiatrist to establish a proper intersubjective relationship with the patient. To conclude Chapter Two, I will present the main points of Law 180 and

indicate how these relate to what has been discussed so far. I will suggest that Law 180 should not be considered as the ultimate achievement of Basaglia's work but as one more step in his strategy for de-institutionalising psychiatry.

In Chapter Three, I will analyse Basaglia's theory of the subject and his reflection on the relationship between individuals and power in the light of Foucault's study of psychiatry and power and the Italian debate on biopolitics, especially Roberto Esposito's notion of *community*. In the first part, I will discuss Foucault's *Histoire de la folie* (1961), where he contends that mental illness is not an a-historical category, but one of many possible interpretations of madness. According to Foucault, the concept of mental illness establishes a 'graft' between madness and reason. As a scion (the grafted bud), which survives only as long as the stock onto which it is grafted provides it with nutrition, madness is 'grafted' onto reason: it is allowed to survive only in a subaltern state to reason, insofar as there is a medical science entrusted with its identification and elimination. The notion of 'graft', as I will show, persists in all of Foucault's works on psychiatry, especially in his two courses at the *Collège de France*, *Psychiatric Power* (1973–74) and *Abnormal* (1974–75). For his part, Basaglia, in one of his *Conferenze brasiliane*, proposes a similar notion to describe the relationship between madness and reason, that of a *nodo*, a knot, that the reforming psychiatrist has to untie (through the 'bracketing' of mental illness in particular) if he/she wants to properly reform psychiatry. Yet, interpreting Basaglia's reflection on the power that psychiatry exerts on

22

individuals only through the motif of the graft/*nodo* is not sufficient: untying the knot, de-grafting madness from reason can only effectively counter psychiatry as it was practised in the asylum, a psychiatry that, drawing on Foucault, could be called *disciplinary*. According to Foucault, disciplinary power is, in brief, a diffuse form of power, that is exerted on each person, in every part of their lives. We could mention as examples large disciplinary institutions such as barracks, schools, prisons and, especially, asylums. Although Foucault has never been clear on the circumstances of this shift, around the end of the eighteenth century, we can witness a 'swarming of disciplinary mechanisms' (Foucault, 1991: 211), along with the creation of a 'state-control of the mechanisms of discipline' (Foucault, 1991: 213). This disciplinary power overflows the enclosed institutions and begins to be exerted in the everyday lives of all people, to the point that Foucault believes that the very idea of 'individuality' is a product of disciplinary power.

The second part of Chapter Three is dedicated to an analysis of the notion of biopolitics in relation to Basaglia's thought. As Foucault himself seems to suggest, disciplinary power evolves into *biopolitics*, a term used to emphasise how much political power, especially in the twentieth century, becomes invested in interfering with the biological aspects of the lives of individuals (i.e. managing births, deaths, prevention of illnesses, etc.). According to Foucault (1998: 138), biopolitics can, on the one hand, *foster* life and, on the other, also *disallow* it. Typical examples of a biopolitics that *fosters* life would be nationwide campaigns for the prevention of certain illnesses and the

23

creation of better health conditions, while a biopolitics that *disallows* life would include the Nazi 'final solution', eugenics, and so on. 'Biopolitics', and the correlated notion of 'biopower', have no intrinsic positive or negative connotation, but as much as they can 'foster' life, they can also 'disallow' it. Foucault never clarified his ambiguous statement and it could be said that the following debate on biopolitics and biopower was born precisely because of Foucault's vacillation. Two questions dominate this debate: first, how can we distinguish between a positive, 'affirmative' biopolitics that 'fosters' life and a negative, 'destructive' biopower that 'disallows' life? Secondly, what is it that occurs in both positive and negative biopolitics to make them two sides of the same coin?

Esposito tries to provide an answer by introducing the notions of *immunity* and its apparent opposite, *community*. He claims that the term 'community', from *communitas*, is based on the Latin word *munus*, which means 'gift': creating, maintaining and belonging to a community is based on a certain amount of individual loss, a *munus*, which is, loosely speaking, the toll one pays for creating and being part of a community. This is a loss of that individuality that illusorily distinguishes 'me' from 'the other' (Esposito, 1998). *Immunity* thus protects us from this *munus*, this loss: as is the case with its bio-medical counterpart, immunity is necessary for the survival of the organism, but an *excess* of immunity (for instance, as in autoimmune syndromes such as Lupus) provokes the system to turn against itself (Esposito, 2002). *Immunity* is what makes bio- and thanatopolitics (as Esposito and others

usually refer to the negative and destructive aspect of biopolitics) two sides of the same coin. While a certain amount of immunity allows the community to survive, an excess of immunisation can destroy it.

Quite wrongly, Di Vittorio (2006: 73) defined post-Basaglian Italian psychiatry as 'biopolitical', imputing an entirely negative connotation to this adjective. To conclude Chapter Three, I will argue that Basaglia was well aware, soon after the approval of Law 180, of the possible 'neo-manicomiale' drift that the implementation of the law might create; specifically, he was particularly concerned with the excessive medicalisation of psychiatry and the reduction of all psychological suffering to an organic/biological cause, to be solved not through a psycho-social intervention but purely by pharmacology. Colucci (2008: 115) grasps Basaglia's main concern when he summarises his work as a clinical approach centred on the subject and aimed at the reconstruction of the *polis*. In the light of Basaglia's theory of the subject, which I summarise as the idea of the 'constitutional lack of the subject', and of Esposito's notion of *munus* as the 'loss' of subjectivity entailed in the formation of a proper community, I will claim that Basaglia's work can be regarded as a 'clinic of lack'. This amounts to a clinical approach centred on the subjectivity of the patient, but only inasmuch as this is a lacking subjectivity, a subjectivity that lacks its wholeness and substantiality, radically open to a constitutive relationship with the Other: the constitutional lack of the subject urges each human being into a relationship with the Other, to the point where there is no such thing as a 'subject' before he confronts otherness.

In Chapter Four, to better clarify the notion of 'clinic of lack', I will analyse the work of the French psychoanalyst Jacques Lacan, in particular his theory of the subject, his notion of transference and his theory of the 'four discourses'. According to Lacan, the 'ontogenesis of the subject', that is to say the coming into being as subject of every human being, necessarily entails alienation in the Other. At birth, human beings cannot provide for themselves, a biological limitation intrinsic to our species: in order to survive the newborn child must transform its most basic need (that is, hunger) into a *demand* to the Other. This demand, although merely a cry at this point, is already inscribed into the language of the Other; that is to say, it is spoken in a language that pre-exists the subject. In order to become such, the subject must submit (*subject*) him/herself to the shaping action of language. Simply put, if we do not *express* our needs, we do not survive. This is the basic idea behind Lacan's notion of the *barred subject*: being a subject means to be in a constitutive relationship with otherness, a relationship that has been established on the grounds of an original (biological) lack. It is also for this reason that the Italian Lacanian psychoanalyst Massimo Recalcati (2002) refers to the traditional psychoanalytic clinical approach as a *clinica della mancanza*, literally a 'clinic of lack'. Although I do not want to suggest that Basaglia's clinical approach should as such be read in terms of a psychoanalytical approach, in Chapter Four I will advance the idea that Basaglia was far more influenced by psychoanalysis than he cared to admit (in fact, he harshly criticised psychoanalysis).

The second part of Chapter Four is dedicated to a discussion of

Basaglia's clinical approach in relation to Lacan's notion of transference. Freud (1940) initially regarded transference as the patient's simple redirection towards the analyst of feelings and affects that he had had for an important person in his childhood. Lacan accepts this idea but further problematises it. It is not only a matter of a transference of feelings; it is more than anything the fact that the analysand tends to consider the analyst as an all-knowing subject, he who has the ultimate 'truth' concerning the ailments of the analysand. While this idea, which Lacan encapsulates in the notion of the 'subject supposed to know' (Lacan, 1998), is one of the primary motors of analysis, the analyst should avoid being in the position of the 'subject supposed to know', in order to reveal to the analysand that it is he himself who already possess the 'truth' that he is seeking in the analyst. Basaglia himself stresses the importance for the alternative psychiatrist to avoid being put into a position of knowledge either by society or by the patient/inmate: psychiatrists should aim at bracketing mental illness, that is to say, calling into question the established knowledge and the alienating effects it can have, not reinforcing it. Only when the psychiatrist-patient relationship is not regulated by the *a priori* categories imposed by psychiatry can a proper intersubjective relationship be established. In the final part of Chapter Four, I will discuss Lacan's theory of the 'four discourses' (Lacan, 2007) and apply it to Basaglia's thought. Briefly, in the theory of the 'four discourses' Lacan contends that psychoanalysis is basically grounded on the subversion of a knowledge that is put in a dominant and *a priori* position (i.e. academic knowledge). This idea

perfectly applies to Basaglia's work, as it is precisely in the subversion of the position of knowledge/power associated with the traditional psychiatrist, in charge of the psychiatric institution (i.e. the asylum), that the alternative psychiatrist can actively produce the much-needed reform in psychiatry.

In synthesis, Basaglia's 'clinic of lack' seems to share several basic tenets with Lacanian psychoanalysis. My notion of 'clinic of lack', when applied to Basaglia's thought, provides a conceptual bridge that has been consistently overlooked by those scholars who have previously analysed Basaglia's work: a bridge between Basaglia's notion of subjectivity, his urge to envision a clinical psychiatric approach centred on the 'subject', and the necessity of bringing these considerations to a socio-political level, in order to achieve a reform not only in the approach to clinical psychiatry but also in public psychiatric health care. First, a 'clinic of lack' can be understood in terms of a clinical approach centred on a *lack* of subjectivity, rather than grounded in a substantial, a-historical and possibly metaphysical notion of subjectivity. Such a notion is only an illusory escape from acknowledging the constitutional lack of the subject, that is to say, a 'defence' against the danger represented by the other, namely, the 'possibilità dissolutiva della "messa in comune"' (Esposito, 2002: 18). Secondly, and perhaps most notably, the concept of 'clinic of lack' enables us to understand that Basaglia anticipates Esposito's notion of *communitas* as that place where the lack of subjectivity is elevated to the 'fixant' that bonds subjects together in intersubjectivity. Seen in this light, Basaglia's 'clinic of lack'

28

should be understood as an 'affirmative biopolitical psychiatry'. It would be useless, and possibly even counter-productive, to think of biopolitics as an exclusively negative state of affairs that must be completely overcome, as Di Vittorio seems to suggest. Basaglia, in spite of having never used the term 'biopolitics', had already understood this. The notion of 'clinic of lack' allows us to understand the extent to which Basaglia was already aware of such an issue: through the notion of 'clinic of lack' it is possible to see Basaglia's work as preventing psychiatry from becoming 'thanatopolitical' rather than 'biopolitical'. Psychiatry understood in terms of a 'clinic of lack' is an affirmative biopolitical psychiatry, capable of limiting the paradigm of immunisation intrinsic in psychiatry and thus preventing it from turning into a instrument of thanatopolitics.

## 6. Overview of Existing Literature

To conclude this introduction, I wish to offer a brief overview of existing literature on the topic explored in this thesis, focusing in particular on monographs or edited volumes dedicated to Franco Basaglia. To date very few works have focused on Basaglia's work from a theoretical perspective such as the one I propose and all of them are written in Italian. In English, only two books have been devoted entirely to Franco Basaglia. The first is Scheper-Hughes and Lovell's *Psychiatry Inside Out: Selected Writings of Franco Basaglia* (1987). In this, the editors have collected a number of Basaglia's most famous writings in

English translation, adding short commentary chapters at the beginning of each thematic section. Scheper-Hughes and Lovell's collection is a remarkable contribution insofar as it introduced Basaglia to the English-speaking world for the first time. However, it suffers from a fragmentary reading of Basaglia's work: while the editors declare their intention to show how 'his theoretical writings and his practical experiences interacted' (Scheper-Hughes and Lovell, 1987: 11) they focus almost exclusively on the latter, for instance discussing at length Basaglia's daily gatherings of patients and staff, the open-door policy, the political influence he was able to exert in order to take part in the drafting of Law 180, and so on, while only analysing in passing Basaglia's early philosophical and anthropo-phenomenological studies and disregarding his stance concerning individuals and their relationship with political power.

Donnelly's 1992 *The Politics of Mental Health in Italy*, to date the only single-authored monograph on the subject in English, is also a partial reading, although it provides a much deeper analysis. This book is an invaluable tool which provides numerous pieces of historical and statistical data on Italian psychiatry that are unavailable in any Italian work on the topic. Donnelly's analysis is particularly interesting because it focuses, with timely lucidity, precisely on the *socio-political* aspect of Basaglia's work, comprehensively analysing the topic in relation not only to the previous conduct of psychiatric health care in Italy, but also to the social unrest of the 1960s. Donnelly seems to reach the conclusion that Basaglia's work should be read primarily as a political achievement,

which risks reducing it to the 'patchy' implementation of Law 180 (Donnelly, 1992: 81).

Quite surprisingly, few monographs on Franco Basaglia have been written in Italian, the latest being Parmigiani and Zanetti's *Basaglia. Una Biografia* (2007). As the title suggests this work is a popular biography of Basaglia, which, apart from the historical and biographical data included in it, proved of little interest for the purposes of this research. Conversely, I will repeatedly refer to Mario Colucci and Pierangelo Di Vittorio's *Franco Basaglia* (2001). Colucci and Di Vittorio seem to be, to date, the only authors who have given ample space to discussing the young Basaglia's philosophical (self-) education and the main ideas that guided his entire career, such as the phenomenlogical notion of *épochè* (the suspension of judgment), the Heideggerian-Binswangerian notion of *Dasein* and being-in-the-world, the Sartrean criticism of intellectuals and the Foucauldian reflection on disciplinary power. Colucci and Di Vittorio's book is a remarkable intellectual biography, which provided very fertile terrain in which to ground my research.

To date, two collections of papers in Italian have focused on Franco Basaglia's thought. The first, *Follia e paradosso. Seminari sul pensiero di Franco Basaglia* (1995) was edited by the *Laboratorio di filosofia contemporanea* in Trieste, led by Pier Aldo Rovatti, and contains the proceedings of a seminar of the same name. Several of these papers explore notions that will prove of crucial importance for the argument of this research (for instance Di Fusco's and Kirchmayer's

papers on the notion of body, Colucci's and Di Vittorio's papers on the role of intellectuals and Rovatti's *Cosa possiamo scrivere nel libretto rosso?*, a reflection on the Basaglian notion of the subject). The second collection is *Franco Basaglia e la filosofia del '900* (2010), the proceedings of a conference of the same title, that, among others, collects papers by the psychoanalyst Massimo Recalcati and the philosophers Carlo Sini and Pier Aldo Rovatti. Possibly the most important feature of this collection is the revisitation of the possibility of establishing a comparative analysis of Basaglia's psychiatric clinical approach and psychoanalysis (particularly in Recalcati's *Lo snodo Sartre, Basaglia e Lacan*). These collections are very important because, to a certain extent, they invert the tendency of the partial reading that is usually given to Basaglia: instead of privileging his work of de-institutionalisation, that is, the actual reforms he implemented in Gorizia and Trieste and their rationale, they privilege the theoretical aspect of Basaglia's reflection, allowing for instance his theory of the subject, his notion of the body and so on to emerge.

To conclude this survey of existing literature I should mention four other books which try to give an assessment of the results of Basaglia's reforming work in psychiatry and try to point out possible future paths for further work. Jervis and Corbellini's *La razionalità negata. Psichiatria e antipsichiatria in Italia* (2008) offers a harsh criticism of the ideological dogmatism by which the charismatic figure of Franco Basaglia has been taken up as the leader of a humanitarian revolution in psychiatry. According to the two authors, this revolution

32

has only fomented a strong anti-scientific tendency that does not allow psychiatry to progress at the same rate as other branches of medicine. The above-mentioned *Oltre l'utopia basagliana* (2010), by Segatori, follows the same line but, when compared to Jervis and Corbellini's *La razionalità negata,* offers much more constructive criticism, as it proposes possible alternatives to the dogmatism the author also ascribes to Basaglia's legacy, such as a renewed therapeutic 'orizzonte in cui il biologico, lo psichico e il sociale si confrontano, si integrano e si condensano in un unico e condiviso obiettivo' (Segatori, 2010: 315).

At the opposite end of the spectrum we find Stoppa's *La prima curva dopo il paradiso. Per una poetica del lavoro nelle istituzioni* (2006) and Piccione's *Il futuro dei servizi di salute mentale in Italia* (2004). Stoppa praises Basaglia and emphasises the importance of further implementing a community approach to psychiatry, grounded in respect for the patient's human rights and the radical continuation of the process of de-institutionalisation initiated by Basaglia. Continuing de-institutionalisation means, according to Stoppa, but also to Piccione, preventing the recreation of a 'logica manicomiale' in the *Centri di Salute Mentale.* This can be achieved by implementing a continuous process of transformation inside the institution entrusted with psychiatric health care. Beginning with the premise (which they share with Basaglia) that psychiatry is intrinsically required to provide an institutionalised and standardised answer to the problem of mental illness, both Stoppa and Piccione stress the importance not of *destroying* the institution, but of maintaining it in a state of constant transformation,

avoiding as much as possible the *crystallisation* of the answers offered for dealing with the issue of mental illness.

# Chapter I
# Basaglia, the 'Philosopher'

## 1. Introduction

The aim of this Chapter, in which I will focus on the first decade of Basaglia's work (1953–64), is to portray the formative years of his thought. I believe that discovering the philosophical grounds of his approach to psychiatry will clarify, first and foremost Basaglia's theory of the subject, and secondly, why this needs to be complemented by a study of the relationship between individuals and power. In analysing his early writings, I will focus mainly on three issues: the influence that organicist medical psychiatry exercised on young Basaglia, the latter influence of phenomenology and existentialism in his theory on the relationship between physician and patient, and his reflection on the body.

Before beginning this analysis, I shall briefly introduce Franco Basaglia's work in a schematic and chronological way in order to reconstruct a short intellectual biography. I will then give an overview of Italian psychiatry during the first half of the Twentieth century and claim that its influence on the young Basaglia was much greater than scholars have so far thought.

I will then introduce the so called phenomenological psychiatry (otherwise known as *Daseinsanalyse* or anthropological phenomenology) in order to clarify the main tenets of what was,

possibly, the only alternative[3] to organicist psychiatry in Italy in the 1950s and why Basaglia turned to such an alternative. I will claim that Basaglia grew dissatisfied first and foremost with the kind of relationship that organicist/institutional psychiatry established with the patient. While the traditional relationship encouraged the psychiatrist to treat patients as the object of his science, Basaglia intended to establish an encounter between two equal subjects.

Thirdly, I will show how this new relationship enabled Basaglia to discover a duality in the body of the patient: that between the lived and the institutionalised body. I will assert that it is precisely this duality that led Basaglia to take political action against the asylum. Through his study of the body, he discovered that the institution could wield its power directly on the body of the patient (the institutionalised body), thus suppressing the importance of his experience, feelings, and existence (the lived body). In discovering such a feature of psychiatric power, Basaglia already turned his attention from the singularity of the patient to the wider social context in which the patient lived, preparing the grounds for a study of the relationship between individuals, power and society, based on the notion of the 'constitutional lack of the subject'.

---

[3] In this respect see Lovell and Scheper-Hughes, 1987: 6–7.

## 2. A Brief Intellectual Biography of Franco Basaglia

Franco Basaglia was born on 11 March 1924 in Venice, where he spent most of his childhood. In 1943, when Italy was under the Nazi-Fascist regime, he began his studies at the University of Padua. It was here that the young Basaglia became a member of a student antifascist group and, following subversive activities, was arrested by Fascist squads; Basaglia's first experience of a 'total institution', the prison,[4] lasted six months. Graduating in 1949 in *medicina e chirurgia*, having defended a thesis on pediatric neurobiology, Basaglia specialised in *malattie nervose e mentali*. In 1953, he joined Giovanni Battista Belloni's *Clinica di malattie nervose e mentali*, a University clinic in Padua, where he worked until 1961.

Basaglia (1981b) himself, in the introduction to the first volume of his writings, divided his work into four different phases: the first, which could be called psychopathological and consists of his first six essays, was purely scientific. In fact, the strictly organicist orientation of the clinic in which he worked marked Basaglia's early papers. In his own words:

> la prima fase può essere ritenuta il segno del primo contatto con la cultura psichiatrica e dell'adattamento pedissequo ai parametri di una scienza che presenta l'oggetto e gli strumenti della sua analisi come dati fissi e indiscutibili (Basaglia, 1981a: xix).

---

[4] A 'total institution', as defined by Erving Goffman, is an institution – such as a prison or an asylum – in which all aspects of human life are controlled by a central organisation. See Goffman 2007.

The second phase, on the other hand, marked Basaglia's first attempts to address general human problems, instead of specific scientific issues. He considered it as a phase dedicated to studying 'l'uomo nella sua globalità' (Basaglia, 1981a: xx). During this phase the influence of phenomenological psychiatry and *Daseinsanalyse* becomes clear: the person suffering from mental illness was no longer approached through a set of scientific categories, as the aim was rather to understand the patient's existence:

> la fenomenologia esistenziale poteva essere, dunque, un primo strumento di smascheramento del terreno ideologico su cui la scienza si fonda (Basaglia, 1981a: xx).[5]

Basaglia developed his interests in philosophy during his years in Belloni's clinic. Dissatisfied with the conduction of psychiatry within the University, Basaglia felt the need to move to the asylum, which psychiatrists considered as a second choice and regarded as a dead end in one's career. In 1961, Gorizia's asylum appointed Basaglia as its director. Here he began his work of de-institutionalisation, applying several reforms to the institution and gradually opening its wards. It is during his years in Gorizia that Basaglia wrote his works on the lived and the institutionalised body, and it was actually in Gorizia that Basaglia developed his political ambition of dismantling, by law, the

---

[5] On this point, it is interesting to report the words of the director of psychiatric health care for World Health Organization at the time of writing, Benedetto Saraceno. Saraceno recognised the importance of Basaglia's early thought, and the influence it had on his later political activism on the occasion of a recent international conference on Basaglia's legacy (18/04/2008, *Comunicare il pensiero, il lavoro e l'eredità di Franco Basaglia nel mondo*, Trieste – Italy). Saraceno claims that Basaglia is generally unknown in the Anglo-Saxon world mostly because of a resistance towards phenomenology as a philosophy.

asylum.

During the final years of his experience in this asylum, which he left in 1969, Basaglia began the third phase of his work, which he defined as 'negazione istituzionale'. He believed this to be the most important stage towards reforming psychiatric health care. In this phase, 'unmasking' the scientific ideology takes on a new meaning for Basaglia. Criticising psychiatry as a science, the institution of psychiatry, can only end up in fighting the asylum, the psychiatric institution. After analysing what happened to the inmate inside the institution, Basaglia insisted on the importance of social and structural changes, such as abolishing physical constraints (e.g. straitjackets, cage beds, etc.) and shock therapies (e.g. electroshock) in favour of a social and communicative approach (e.g. Jones' 'therapeutic community'[6]). It was time to 'mettere tra parentesi la malattia mentale' (Basaglia, 1981a: xxii), an expression that owes much to Husserlian phenomenology, as I shall discuss in the second Chapter. During this phase of his work, Basaglia discovered how the institution is an organ of social control rather than a means of achieving and preserving mental health.

In 1969, Basaglia moved to Colorno (Parma), where he stayed for two years but was unable to enforce a real reform of the institution.[7] In

---

[6] Jones' therapeutic community is a participative and group based approach to the treatment of mental illness. It is best applied in residential and long term stay facilities, where patients meet with trained nurses and psychiatrist to discuss their condition and recreate, in small, the social structure of the world outside of the asylum. See second Chapter, especially Section 3.1.

[7] So far, scholars have largely neglected these two years of Basaglia's career. Recently, Giovanna Gallio edited a special issue of *aut aut*, where she collected, reconstructed and commented on the minutes of several meetings between Basaglia and the staff of Colorno hospital (V.A., 2009). According to Gallio (2009: 52) the minutes of the meetings enable the reader to re-discover the 'spazio di emergenza dei fatti e dei materiali di lavoro che più contano'. The selection of documents

1971 he became director of Trieste asylum where he stayed until 1979 –
one year after Law 180 was approved. The fourth and last phase of his
work was the actual dismantling of the institution, from the internal
reforms carried out in the asylum of Trieste to the enforcement and
implementation of Law 180. This itinerary is documented in the last
phase of his writings. After the approval of Law 180, and after
beginning to implement it in Trieste, he moved to Rome, where he was
entrusted with the reconfiguration of Lazio's psychiatric health care
under the terms of Law 180. He died soon after this appointment, on 29
August 1980.

After this brief biographical introduction, I shall now discuss the
context in which Basaglia began to practise psychiatry.

## 3. Organicism and Institutionalisation in Italian Psychiatry

In 1953 Franco Basaglia met for the first time the psychiatric world, and
this was an academic experience in the first instance. At the time, Italian
psychiatry was divided into two branches; on the one hand, there was the
so called 'piccola psichiatria', where 'i grandi psichiatri erano cresciuti'
(Basaglia, 1973: 210): it was the psychiatry practiced in the University
clinic, that accepted only cases of alleged great scientific interest; on the

---

is enriched by Gallio's notes and comments, which make of the collected minutes an introductory
essay to Basaglia's work. It is undeniable that this collection has a profound historical value, in that it
unravels a scarcely studied period of Basaglia's life. Yet it does not achieve a critical perspective on
Basaglia's thought. It is my opinion that the collection mainly lacks, as Gallio (2009: 67) herself
admits, an analysis 'del contesto e l'importanza che il "passaggio a Colorno" può assumere nella
valutazione dell'impresa che stava a cuore a Franco Basaglia: la "distruzione dell'ospedale
psichiatrico"'.

other hand, there was the 'grande psichiatria, dove solo i piccoli psichiatri lavoravano – quelli che non avevano trovato migliori allocazioni' (Basaglia, 1973: 210): this was the reality of the asylum. However, the distinction between the patients of a clinic and the inmates of an asylum was ultimately grounded on economic reasons. While the University clinics admitted only the richer patients, because of the high fees, the asylum received all those whose poverty prevented them from enjoying better care. The University and the psychiatric hospital were two separate entities, where different physicians practised, and different kinds of patients were treated.

If this scenario is compared to that in the rest of Western Europe, where the first experiments for a new and less institutionalised psychiatry were already progressing, Italy is clearly seen to be lagging behind its neighbours, as Scheper-Huges (1987: 9) aptly notices.[8] In the early 1950s Italy, the branch of medicine dedicated to the study and cure of mental illness was still known as 'freniatria'.[9] The term had been chosen precisely to avoid any reference to psychology and its root 'psych-'. As Donnelly (1992: 30) remarked, 'psyche connoted the spirit', while the root 'fren-' suggested a closer connection with the alleged organic aetiology of mental illnesses. Beside this 'narrow, materialistic, and anti-spiritual foundation' (Donnelly, 1992: 28), the

---

[8] For instance, in France (1952) Georges Daumézon and Philippe Koechlin began to implement the so-called *psychoterápie institutionelle*, that is, they introduced a psychoanalytical approach in psychiatric health care. In the United Kingdom, Bion and Rickman began to experiment several forms of social approaches. These converged in Maxwell Jones' *therapeutic community*, a practice that Basaglia implemented later in Gorizia's asylum.

[9] The English equivalent, though rarely used, is 'phreniatry' or 'phreniatria'.

Italian 'freniatria' owed much to Lombroso's criminological observations. Cesare Lombroso (1835–1909) believed that criminality could be reduced to an organic trait. Influenced by the contemporary reflection on eugenics, physiognomy and social Darwinism and drawing especially on Wilhelm Griesinger's conception of mental illness,[10] Lombroso believed that criminality and madness had the same biological origin. Those who practiced 'freniatria', also known as 'alienisti', were required to 'provide psychiatric explanations for disturbed (or disturbing) social behaviour. [They] had to become [...] experts on social pathology' (Donnelly, 1992: 32).[11] The asylum represented the synthesis of the organicist and the 'criminological' perspective. On the one hand, the psychiatric hospital provided a place to contain those who were socially dangerous. On the other hand, inside the asylum physicians practiced a strictly positivist medicine, and administered a series of rigourously organic therapies.

In this respect, Italy was in the forefront of organic psychiatric therapy in Western Europe. The different therapies associated with psychiatry inside the pre-Basaglian asylum, in Italy and beyond, were referred to as 'shock therapies', which literally consisted in traumatising the patient through different means, such as inducing insulin overdoses, inoculating malaria-infected blood or submerging the patient in freezing

---

[10] Wilhelm Griesinger (1817–8) was a German physician and psychiatrist. He studied contagious diseases but became famous for his studies on mental illnesses. Despite acknowledging the psychological importance in their insurgence, he claimed that mental illnesses are mainly the result of encephalic lesions (See Griesinger, 1965).

[11] This development has been the object of Foucault's analyses in his two courses at the *Collège de France Psychiatric Power* and *Abnormals*. I will focus on this in the third Chapter.

water. An Italian neurologist, Ugo Cerletti, invented, in 1938, the most successful shock therapy: electroshock. This therapy consists in delivering a controlled electric shock to the patient, until it induces an epileptic crisis. This therapy is still practised today in several countries, raising an ongoing debate on its effectiveness and on the bio-ethical implications of its use.[12]

With regard to pharmacology, the use of drugs was limited to bromides and barbiturates, as pharmacists only discovered the first proper neuroleptic drug (chlorpromazine) in 1952.[13] In addition to shock therapies, Italian psychiatrists often relied on psychosurgery, especially the so-called 'ice-pick' lobotomy.[14] Basically, the only outcome of such therapies was to render the patient permanently docile and quiet. The only non-physical therapeutic approach was ergo-therapy, theorised for the first time by Hermann Simon, a German psychiatrist who had discovered that the symptoms of catatonic patients improved to the point

---

[12] The most recent paper published on the topic, 'The Effectiveness of Electroconvulsive Therapy: A Literature Review' by Read and Bentall (2010), shows that to date no study has demonstrated unquestionable positive outcomes from the use of ECT (Electro-Convulsive Therapy).

[13] Neuroleptic drugs (from the Ancient Greek 'νεύρον', that today refers to nerves, and 'λαμβάνω', which means 'to take hold of') are better known today as 'anti-psychotic drugs'. These drugs are used to counter the symptoms and effect of different psychotic and neurotic states, from schizophrenia to depression. Mild 'anti-psychotic drugs' are also used for minor ailments, such as insomnia or anxious states. Chlorpromazine was first discovered as a powerful anesthetic. At a later stage, pharmacists discovered that, taken in a limited dosage, chlorpromazine had a very strong tranquillising effect, to the point that it was referred to as 'chemical lobotomy'.

[14] Psychosurgery was first practiced experimentally on humans in 1935 by Egas Moniz at the University of Lisbon. Psychosurgery is the general term that encompasses several different procedures of lobotomy, which consist in severing different connections between brain tissues, in order to regulate or suppress emotional reaction in the patient. Psychosurgery flourished in the United States with the introduction of ice-pick lobotomy, which consisted literally of the insertion of an ice-pick between the eye and the nose of the patient (also referred to as transorbital lobotomy). Ice-pick lobotomy could be practiced under local anesthesia and left no visible scars. It severed the connection between the lobes of the brain, rendering the patient docile. Other, less invasive, kinds of lobotomy are still practiced (though rarely) today in different countries (such as the United States, Finland, Sweden, United Kingdom, etc.), with debatable results.

of disappearing when the patient was forced to work for the institution. This method was still widespread in Italian asylums when Basaglia began to practice psychiatry.

The small number of available therapies and the strong anti-psychological organicist approach of Italian psychiatry resulted in strengthening its psychopathological aspect. Italian psychiatrists literally confined, observed, classified, produced a diagnosis and kept the sick away from society. Until the mid 1950s and the appearance of the first neuroleptics, it was commonly accepted that 'di terapeutico c'è poco da fare' (Colucci and Di Vittorio, 2001: 19). The wards of the asylum reflected this classificatory frenzy; they were strictly divided between men and women and, above all, into the different conditions of the inmates: *sudici, agitati, tranquilli, violenti, catatonici, imbecilli*, etc. There was no communication between the patients of different wards; nurses enforced physical restraint whenever the inmates were not calmed enough by shock therapies and the psychiatrist in charge of the asylum visited the wards on a daily basis but almost never spoke directly to the patients, whose voice passed to him through the nurses.

In Padua Basaglia did not encounter such a harsh reality and came to know the asylum only in 1961, when he moved to Gorizia. However, notwithstanding the 'milder' conditions of the University clinic, Basaglia soon became dissatisfied with its organicist/institutional conduction. His primary concern at that point was to reform the way in which the psychiatrist approached the patient. Even in the milder regime of the University clinic, the physician treated the patient as an object to

be studied and classified. To counter such an approach, the young Basaglia began to read Jaspers, Binswanger and Minkowski, the most important representatives of so-called phenomenological psychiatry. This innovative trend in psychiatry, whose philosophical premises were grounded in Husserl's phenomenology, and Heidegger's thought, as well as existentialism, called for a humanistic rather than scientific approach to mental illness, favouring communication and contact over classification and physical therapy. The only true alternative to organicist psychiatry in Basaglia's early years as a doctor was indeed phenomenological psychiatry, which had not had much impact in Italy until Basaglia himself, and other lesser known psychiatrists such as Cargnello, Callieri and Borgna, adopted it. In the next Section, I shall analyse to what extent phenomenological psychiatry influenced the early work of Franco Basaglia.

## 4. 'Il filosofo Basaglia'

The first contributions of 'il filosofo' Basaglia, as Belloni nicknamed him for his interest in phenomenological psychiatry, which was regarded as a philosophical rather than a medical discipline, do not mark a break with the University and organicist/institutional psychiatry. Although scholars never mention it, Basaglia's early writings are marked by a strong organicist influence, which we can discover in most of his articles from his phenomenological phase, up until the beginning of his anti-institutional tendencies, well beyond, that is, the first six, which were

45

concerned with strictly psychiatric matters such as barbituric subnarcosis (Basaglia and Rigotti, 1952), drawing tests (Basaglia, 1952) or verbal association tests (Basaglia, 1953b).

For instance, in the 1953 text 'Il mondo dell'incomprensibile schizofrenico' Basaglia (1953a: 12-3) presents the case of 'C. Rita, 25 years old, clinical diagnosis: schizoidia'[15] and analyses it in clearly phenomenological psychiatric terms. Yet he comments that:

> la terapia biologica che certamente ha contribuito a riorganizzare il suo equilibrio organico è stata senz'altro utile a ridarle una certa stabilizzazione, a rafforzare il pur debole equilibrio psicologico creato dal suo ricovero, così da far nascere in lei la speranza di poter 'cominciare di nuovo', piena di un desiderio a lei sconosciuto di affrontare il mondo che fino allora aveva subito (Basaglia, 1953a: 21).

The 'biological therapy' to which Basaglia (1953a: 13) refers is a series of twenty induced insulinic comas[16] – as reported in the clinical case. Basaglia treated several other cases with shock therapies, as reported, for instance, in 'Contributo allo studio psicopatologico e clinico degli stati ossessivi' (Basaglia, 1954a: 86–9). Not only did Basaglia show respect for and approval of organicist clinical methods (which he apparently wanted to be complemented rather than replaced by a phenomenological approach), but he also made a great effort to produce works of high interest for the organicist/institutional psychiatric community. This is very clear, for example, in 'Il corpo nell'ipocondria e nella

---

[15] Schizoidia is a term introduced by E. Bleuler (1857–1939) to indicate the tendency to turn towards the inner life, thus withdrawing from the external world (especially from society).

[16] The so-called insulin coma therapy is a shock therapy introduced by Manfred Sakel in 1933. It entailed overdosing the patient with insulin, so as to induce a critical hypoglycaemic state and a controlled coma.

depersonalizzazione. La struttura psicopatologica dell'ipocondria' (Basaglia, 1956b). The article tackles the experience of the body in two different neurotic and psychotic symptoms: hypochondria and depersonalisation. The aim of the article is to show how patients suffering from these symptoms perceive any alteration of their body as an alteration of their whole subjectivity. As I will clarify later on, we could consider this perspective as phenomenological: in fact Basaglia is not seeking to explain organically a dysfunction in the patient. Rather, he is trying to establish an understanding of the patient's subjectivity. However, such a 'phenomenological' task is actually carried out systematically in a nosological style, that is to say, a traditional perspective aimed at classifying mental illnesses according to categories of observable symptoms. For instance, Basaglia specifies that hypochondria is not a syndrome but a 'situation'. He then specifies that the symptoms mentioned above have different manifestations depending on the kind of syndrome (neurotic or psychotic). Finally, he stresses that shock therapies are effective in treating these symptoms but only when depersonalisation shows up in certain syndromes (Basaglia, 1956b: 144, 148, 155–9).

Basaglia describes shock therapies as an established and effective treatment. Also, he seems to adopt an acritical point of view towards nosology. This could suggest that he had not yet developed the possibility of a break from the institution of psychiatry. Up to this point, he considered phenomenological and existentialist philosophies as allies of organicist/institutional psychiatry rather than as opponents:

psicopatologia e antropofenomenologia, se associate, si arricchiscono e si influenzano vicendevolmente: la psicopatologia in un senso di rapporto psicofisico, l'antropologia studiando come l'uomo si rapporti al suo prossimo attraverso la comunicazione, ricercando le relazioni di lui con il suo corpo e nello stesso tempo con se stesso (Basaglia, 1957: 104).

In their intellectual biography *Franco Basaglia*, Colucci and Di Vittorio (2001: 48) highlight the difficulties Basaglia encountered at this early stage in his attempt to merge the two approaches:

Basaglia [...] mantiene in questo periodo una posizione di maggiore apertura, persuaso che psicopatologia e fenomenologia, se associate, si arricchiscono e si influenzano vicendevolmente. [...] la ricerca di un terreno comune di confronto per le due discipline è presente in molte pubblicazioni basagliane: si tratta di una sintesi complessa.

I shall now give an overview of phenomenological psychiatry, focusing especially on the key authors of this trend, Jaspers and Binswanger, and on the crucial philosophical influences that shaped their thought.

## 5. Phenomenological Psychiatry and *Daseinsanalyse*

During his first years of psychiatric practice, Basaglia approaches phenomenological psychiatry, which, in brief, calls for a non-medical relationship between the physician and the patient. In other words, an organicist psychiatrist will first identify in the patient a set of symptoms and then classify them through a psychopathological study into a specific syndrome. In turn, he will find a therapy based on his explanation of the symptoms. Basically, this is the medical method consisting of anamnesis, diagnosis and therapy. On the other hand, a

phenomenological psychiatrist will listen to the patient in order to collect his history, describe his symptoms and understand how they appeared in the patient's life. Subsequently, he will help the patient to reach an understanding of his own life.

In order to establish its own method, phenomenological psychiatry draws its basic concepts on different philosophical concepts: Dilthey's distinction between understanding and explanation, Husserl's phenomenology, Heidegger's existential analysis and existentialism, to mention only the dominant ones. Therefore, phenomenological psychiatry is not only a psychiatric method but also, and above all, a philosophical anthropology, that is, a theory of the human being that does not necessarily involve a therapeutic process. As Colucci and Di Vittorio rightly claim, Basaglia approached phenomenological psychiatry as an alternative to Belloni's organicist psychiatric perspective. Yet what he found was nothing less than a new approach to the human being as such. As we shall see in detail, it was this *philosophical* reflection that influenced him the most, rather than the therapeutic (i.e. clinical) approach prompted by the representatives of phenomenological psychiatry.

It is worth noting that the term 'phenomenological psychiatry' could be misleading. 'Phenomenological' here does not stand for a current of thought directly stemming from Brentano's and Husserl's phenomenology. Phenomenological psychiatry owes much more to existentialism than to Husserl's phenomenology. It is indeed 'phenomenological' because it privileges the study of manifestations

(phenomena) of human nature, whilst avoiding any search for an explanation of their essence.

The main conceptual distinction between organicist and phenomenological psychiatry amounts to the distinction between explanation and understanding, which Wilhelm Dilthey (1833–1911) sketched for the first time, some decades before it was applied to psychiatry. Dilthey distinguished between explaining [*Erklären*] natural facts and understanding [*Verstehen*] human subjects. He did this in order to valorise the human being beyond his factual and natural existence and in order to give human sciences the same methodological dignity as the natural ones. Dilthey's idea was that explanation, which is the method of natural sciences, works only when it is not applied to human beings, because we cannot reduce man to his physical nature (i.e. the organic body with its functions), even if this dimension influences the human being as such. Therefore, any scientific approach to the human being should stress what transcends his nature, that is, his self-consciousness, his internal processes and how these appear to the exterior (phenomena), rather than analyse exclusively man's physical nature. In order to appreciate what transcends nature in man, the scientist should try to understand human phenomena rather than explain them (Dilthey et al., 1989).

Jaspers was the first to apply the Diltheyan distinction to psychiatry when, in 1913, he published his *Allgemeine Psychopathologie* (Jaspers, 1963). Jaspers' basic tenet is that psychiatrists should appreciate and study subjective phenomena as

experienced by the patients themselves, without trying to reach for their essence. Establishing a psychopathology means, for Jaspers, returning to the immediate contact with the patient's subjectivity, rather than cataloguing his symptoms into given organic categories: according to him, psychology and psychiatry can have two different finalities, that is, to explain the symptom or to understand the human being.

When the Diltheyan distinction is applied to psychiatry, understanding and explanation are 'technical terms that represent two opposed approaches to a comprehension of human behaviour' (Phillips, 2004: 180). Jaspers was the first to distinguish these two methods in the specific domain of psychiatry. On the one hand, explanation aims at working out the functional and causal relationships between the data given by the patient. Subsequently, the psychiatrist can categorise them as symptoms of known pathologies: Jaspers calls this 'explanatory psychology', *Erklärende Psychologie*. 'Psychology of meaning' (*Verstehende Psychologie*), on the other hand, points at 'sinking into the psychic situation and understand genetically by empathy how one psychic event emerges from another' (Jaspers, 1963: 301). Jaspers' method blends the two approaches in order to consider the 'human being as a whole' (Jaspers, 1963: 474).

Yet, as the Italian philosopher Umberto Galimberti (2007: 185) puts it,

> Jaspers non va oltre la determinazione del limite tra ciò che è 'comprensibile' e ciò che è 'incomprensibile' in un particolare uomo che si riveli alienato secondo i principi della psicologia esplicativa.

On the one hand, even if Jaspers extends the reach of psychiatry beyond positive medicine, he does not overcome the difficulties in accounting for psychotic states. Jaspers indeed introduces the Diltheyan understanding in psychiatry, yet he also limits its possibilities. According to Jaspers, the psychiatrist still needs to rely on *explanation* to deal with psychoses such as schizophrenia, because at this level understanding is impossible.

In his critique, Umberto Galimberti echoed Jung's student Ludwig Binswanger (1881–1966), who saw the limits of Jaspers's psychopathology and tried to overcome it. The director of the Kreuzlingen sanatorium, Binswanger tried to push phenomenological psychiatry one step further. He was the first to articulate Jaspers' psychopathology with Heidegger's existential analysis, thus creating a psychiatric research method known as *Daseinsanalyse* (or anthropological phenomenology). Binswanger accepted and integrated in his practice only the first theses of Heidegger's *Sein und Zeit*, that is, those expressed in the part dedicated to existential analysis, which also influenced the philosophical current of existentialism.[17] To put it simply, man is, according to Heidegger, the only entity that inquires about his own being. Furthermore, man is in a constant relationship with the

---

[17] Heidegger dedicated the first part of *Being and Time* to *Existenziale Analytik*, that is, the analysis of the *Dasein*'s modalities of existence. This first part was not meant to be an independent method of studying humanity but a preliminary investigation into an ontology. Heidegger's main philosophical goal was to question Being as such, therefore *Existenziale Analytik* was not meant to be an anthropology. On the contrary, it is a study of man's ontological structure, which Heidegger calls *Dasein*, that is to say, man's relationship with his own Being and his own existence. Both existentialism and *Daseinsanalyse* use Heidegger's existential analysis as an anthropology, leaving aside most of Heidegger's ontological reflection. See Heidegger, 1967: 67–77.

external world, into which he is thrown at birth. These two aspects, the questioning of one's own being, and the fact of being thrown into the world (being-in-the-world in Heidegger's terms), are the two fundamental characteristics of *Dasein*, namely being-there, or existence.[18]

According to Binswanger, psychiatry should focus entirely on man's *Dasein,* analysing man's being-in-the-world, existence and life, rather than obstinately trying to find an organic aetiology and treatment for mental illnesses. Binswanger called this method of analysis *Daseinsanalyse*, or anthropological phenomenology, as Basaglia will often refer to it. In Spiegelberg's words (1972: 204), *Daseinsanalyse* is:

> the attempt to use the ontological structure of human existence [*Dasein*] as the privileged access to an interpretation of the meaning of Being as such.

*Daseinsanalyse* distinguishes itself from positivist psychiatry, and also from Jaspers' method, because it does not imply any *a priori* distinction between health and sickness. Binswanger's main aim is above all to give psychiatry:

> la possibilità di comprendere tanto l' 'alienato' quanto la persona 'sana' come appartenenti allo stesso 'mondo', quantunque l'alienato vi appartenga con una struttura di modelli percettivi e comportamentali differenti (Galimberti, 2007: 223–4).

Precisely for this reason Binswanger, despite his friendship with Freud,

---

[18] The word *Dasein* is a German expression, composed by the verb *sein* (to be) and the particle *da*, which has both a temporal (now) and a spatial (here) connotation. Heidegger uses *Dasein* in *Being and Time* to define man's ontological structure. *Dasein* is 'this entity which each of us is himself' (Heidegger, 1967: 27).

53

dissociated himself from psychoanalysis.[19] According to Binswanger (1957b: 89), Freud's doctrine is of a 'monumental one-sidedness [in that it] interprets man only in terms of his natural characteristics'. Despite the fact that these premises are at the very least arguable, Binswanger's *Daseinsanalyse* was conceived as a method for understanding man in his entirety, without limiting the analysis to what he called the 'homo natura' (Binswanger, 1957a). Basically, Binswanger's objection to Freud's psychoanalysis rested on its tendency to reduce man to his nature, analysing all human forms of expression, i.e. art, myth, religion, and so on, 'as reducible to their biological bases' (Bühler, 2004: 41).

Nevertheless, *Daseinsanalyse* is also distinct from Husserl's phenomenology. As Galimberti (2007: 206) says:

> Husserl ha limitato la sua indagine al senso che si produce nel dispiegamento degli atti intenzionali, ma non ha detto nulla del modo d'essere della persona che compie questi atti.

In other words, Binswanger intends to formulate an analysis which is capable of accounting not only for the subject's acts but also and above all for the subject himself. This is why he relies on Heidegger's existential analysis instead of Husserl's phenomenology: an existential analysis of the *Dasein*, as opposed to Husserl's phenomenology, can account for both the subject's acts and the subject's relationship with himself and the surrounding world. Basaglia follows Binswanger's privileging of existential analysis over phenomenology. He considers the

---

[19] As testified for instance in their correspondence, collected in the volume Freud and Binswanger, 2000.

54

subject as *Dasein* and being-in-the-world in all of the works of the phenomenological phase, the phase dedicated to the study of 'l'uomo nella sua globalità' (Basaglia, 1981a: XX).

Basaglia is especially interested in the therapeutic outcomes of Binswanger's method. Organicist/institutional psychiatry, based on the explanation of symptoms rather than the understanding of the patient, encouraged the formation of an impersonal relationship where the physician could treat the patient as an object of knowledge, a relationship between a subject and an object. In opposition to this stance, Binswanger prompted the idea of an 'encounter' where both subjectivities could be called into question. Binswanger's encounter takes place between two subjects.

According to Binswanger (1962: 171), there are only two ways to practise psychiatry and to approach the patient:

> one leads away from ourselves towards theoretical determinations, i.e. to the perception, observation, and destruction of man in his actuality, with the aim in mind of scientifically *constructing* an adequate picture of him (an apparatus, 'reflex mechanism', functional whole, etc.). The other leads 'into ourself'.

This second way, *Daseinsanalyse*, begins with the recollection of the patient's history. Through a discussion of the data collected, the psychiatrist opens up to the patient an understanding of himself as a human being that should allow him to find his 'way back' from his pathological state. Therefore, psychiatry is basically an encounter with a fellow human being. The apparent similarities with the psychoanalytic method, which also aims at recollecting the patient's history, are

misleading. Like psychoanalysis, *Daseinsanalyse* privileges dialogue and understanding over organic explanation. But while psychoanalytic interpretation seeks in the patient's narration 'un contenuto del passato che disturba l'esistenza e "causa" l'alienazione [del paziente]', *Daseinsanalyse* seeks to reconstruct 'una modalità con cui l'esistenza vede il mondo, una modalità che [...] presiede sia il passato sia il futuro, impedendo al passato di passare e al futuro di annunciarsi come avvenire' (Galimberti, 2007: 189). Yet drawing a clear-cut division between *Daseinsanalyse* and psychoanalysis is, to say the least, problematic. To a certain extent, it could be argued that both adopt very similar methods, i.e. the analysis of the patient's history, in order to achieve a rather similar goal, i.e. some kind of reconfiguration, re-discovery or re-appropriation of the patient's subjectivity. Also, the alleged psychoanalytic reduction of man to his nature is, to say the least, debatable and this problematises the very assumption of Binswanger's critique of psychoanalysis. The main difference between *Daseinsanalyse* and psychoanalysis could rather rest in the theoretical framework they adopt: one is grounded in Heidegger's existential analysis while the other in Freud's theory. Given that this is not the place to examine this complex relationship, suffice it to mention that Basaglia's doubts about psychoanalysis were based also on Binswanger's critiques (I will return on this in the fourth Chapter). In Basaglia's words (1953a: 6),

> la scuola psicoanalitica portò in campo l'istinto e l'importanza di
> esso nel determinismo dei moti umani; tuttavia si partiva sempre
> dall'uomo come tale, o meglio dalla sua natura, facendo parte di
> essa pure l'istinto, attributo della natura umana, non sua

> manifestazione. [...] Si ricadeva quindi, anche se in una visione più
> ampia e più dinamica, in un concetto prettamente naturalista.

At this stage, it is important to specify that Binswanger never meant *Daseinsanalyse* to be regarded primarily as a therapeutic method. As Spiegelberg (1972: 228) suggests:

> Binswanger saw limits to therapy and he looked upon the eventual
> suicide [of one of his clinical cases] as a kind of liberation and
> answer to an insoluble conflict.

Apparently, the therapeutic outcomes of *Daseinsanalyse* are not always successful, and this is because *Daseinsanalyse* is not, primarily, a therapeutic method, but a method to approach the mentally ill person, to investigate their psyche. Basaglia found a source of inspiration in this approach to the sick person, which enabled him to build his theory of the subject. However, because of the lack of positive therapeutic outcomes, Basaglia will eventually try to overcome the very methods of *Daseinsanalyse*. In light of these preliminary considerations, in the next Section I shall look at the first of Basaglia's writings that includes references to phenomenological psychiatry.

## 5.1 'Il Mondo dell'incomprensibile schizofrenico'

Basaglia's 'declaration of committment' to a philosophical approach to psychiatry, if not to phenomenological psychiatry *tout court*, is formulated in the 1953 article 'Il mondo dell'incomprensibile schizofrenico' (Basaglia, 1953a), which is the first article of his *Scritti* (1981). Referring to Jaspers, Basaglia (1953a: 3) describes his method as

follows:

> l'indagine fenomenologica si compie attraverso la percezione interna e non attraverso un processo di introspezione [...] L'analisi fenomenologica si ottiene [...] dalla descrizione, la più fedele possibile, delle esperienze soggettive del malato e dalla loro classificazione, una volta che l'esaminatore abbia presentato dette esperienze al suo spirito, immedesimandosi nella vita del malato stesso.

From the outset it is clear that, for Basaglia, the most important outcome of the application of phenomenology to psychiatry is a new therapeutical relationship: the psychiatrist calls into question his own world and chooses to understand the patient, rather than explain his symptoms.

This new relationship is a 'relazione di comprensibilità' (Basaglia, 1953a: 4), which shows the extent to which Basaglia agreed on the distinction between explanation and understanding. In his opinion, the latter is a direct subjective experience, as opposed to an explanation which involves a subject and an object. To clarify his position, Basaglia gives some examples and, in so doing, refers to Jaspers. We can understand, for instance, that a man who is insulted becomes angry and that a deceived lover becomes jealous (Basaglia, 1953a: 4). Yet this explains neither the mental state they are in nor how they got into that state. In brief, explaining a psychic phenomenon keeps the subjectivity of the psychiatrist out of the relationship, whereas 'la comprensibilità [ne] è una diretta emanazione' (Basaglia, 1953a: 4).

Nonetheless, Jaspers's application of phenomenology to psychopathology had, according to Basaglia, been very limited. To cope with these limits, it is crucial to resort to *Daseinsanalyse*. As we have

seen, Binswanger's approach proceeds from the totality of the human being, whereas Jaspers's phenomenological psychiatry proceeded strictly from a description of the patient's subjective response to the world.[20] The existential analysis of this totality, in turn, aims at analysing 'la vita particolare dell'uomo, tale quale esso è posto nel mondo' (Basaglia, 1953a: 5), that is to say, it aims at analysing not only the sick person's subjectivity, but also the world he/she lives in, and his/her relationship with it.

This remark entails the key idea that no subject exists outside a context, that is, a world. In the context of psychiatry, this conclusion has a fundamental consequence: the symptom is no longer a dysfunction of the individual's nature but an abnormal way of relating to the world. This new notion of the symptom is a perfect means whereby to criticise traditional positivist psychiatry, which assumed mental illness to be a natural and therefore organic dysfunction.

Basaglia criticises positivist psychiatry, and, as I have observed, even psychoanalysis, for being too tied to naturalism and determinism. This dependence is the source of its limits since it accords a privilege to

---

[20] Basaglia criticises Jaspers for two reasons. First, because Jaspers' position, based on an entirely subjective perspective, could not produce any scientific theory. A rigourous phenomenological investigation should take into consideration both the patient's and the psychiatrist's subjectivities but it should also aim at producing scientifically valid results. Basaglia believes that *Daseinsanalyse* provides the means to obtain such a scientific approach. Furthermore, Basaglia distinguishes Jaspers's from Binswanger's phenomenological approach for another reason: while the former studies the subjective phenomena that belong to the patient's mental life, the latter directs phenomenological investigation towards the meaning of all human activities, that is, towards man in his being-in-the-world. See Basaglia, 1954b: 32n. Secondly, Basaglia believes that Jaspers' subjective approach does not enable the psychiatrist to address the ailments of the psychotic patient, who remains excluded from any possible comprehension (Basaglia, 1966b: 50f). With regards to the phenomenological understanding in psychiatry as a source of scientific knowledge, see for example Phillips, 2004. With regards to Basaglia's critiques of Jaspers, see also Colucci and Di Vittorio, 2001: 22–6 where the authors stress how Jaspers, in his first works, ultimately regards psychosis as unintelligible.

human nature to the detriment of its manifestations (phenomena). Therefore, the psychiatrist needs to rely only on *a priori* theories, which can grasp the natural essence of the human being but cannot account for the variability of its manifestations. On the contrary, an *a posteriori* existential analysis of the manifestations of human nature, focusing on the specificity of the singular subject, is capable of understanding the infinite possible paths that a human mind can follow in his experience. From this it follows that the analysis of the patient's history aims at reconstructing the specific way in which the patient exists (modality of existence) or at 'entrare nell'essere della persona ammalata e poter penetrare il suo modo di adattarsi alla nuova situazione determinata dalla malattia' (Basaglia, 1953a: 8).

In 'Il mondo dell'incomprensibile schizofrenico', Basaglia (1953a: 11) presents a clinical case, the 25 year old schizoid Rita, claiming that, thanks to *Daseinsanalyse*, it was possible to reach 'una comprensione del modo di essere [del soggetto] nella malattia'. Basaglia begins his analysis by looking at Rita's feelings of inferiority and distrust which result in her inability to adapt to the world. Basaglia believes that Rita lacks confidence in her own *Dasein*, that is to say, she is unable to acknowledge and accept the constant dialectical relationship between being herself and being part of a world. Only when the subject accepts this dialectical relationship, can she participate in the world. Above all, this participation is crucial because, according to Basaglia, it is only in distinguishing herself from the rest of the world that the subject becomes an individual and gains self-awareness. Therefore, in

withdrawing from the world, that is, in not accepting her being-in-the-world, Rita refuses the possibility of 'being herself'. In turn, unable to have any 'self-awareness', Rita cannot distinguish herself from the rest of the world. Rita does not know who she is; therefore she does not know where the world ends and where her self begins.[21] According to Basaglia, she is somehow 'falling' into the world and 'fading into it'. In Basaglia's own words (1953a: 14),

> quando l'esistenza non è sostenuta dalla possibilità di rapporto nel modo 'duale e plurale', essa non può rivelarsi al proprio *Dasein* come un 'esserci singolare' e non esistendo possibilità di rapporto dell'Io con se stesso (modo singolare) il soggetto è costretto a precipitare totalmente 'nel mondo'.

Rita is unable to distinguish between the world and herself. This results in the two main symptoms of her schizoidia. The first is that her potentially unlimited existential possibilities shrink to what the world seems to dictate to her. She is unable to decide for herself, so she chooses according to what she believes the world wants from her. Secondly, she regards any change in the surroundings as a change in herself. This condition is what Basaglia (1953a: 15) calls a 'rimpicciolimento della struttura esistenziale'.

Two points of consideration emerge from 'Il mondo dell'incomprensibile schizofrenico'. First, the analysis of Rita's case introduces the first reference to a new relationship between the patient and the psychiatrist, which I am going to discuss in the next Section.

---

[21] I am using a very generic vocabulary to describe Rita's condition on purpose, in line with Basaglia's paper.

Secondly, the article itself anticipates Basaglia's notion of body, which I will consider in Section 6. According to him, it is impossible to have an immediate relationship with one's self. Any form of self-knowledge must refer to an external world in order to be able to return to the self. The impossibility of an immediate relationship of the individual with his own self will often recur in Basaglia's early writings, and I shall argue in Section 6 that this will lead him to articulate his first ideas on the body. As we shall see, the body will be the privileged pole through which an individual relates to oneself in an indirect way. Further to this, as I will argue in the third and fourth Chapter, Basaglia will implicitly retain throughout his work the idea that a human being is unable to 'become oneself' outside of a relationship with the other. Later in my thesis, I will propose to call this characteristic feature of Basaglia's theory of the subject a 'constitutional lack of the subject'.

Despite the emergence of a new relationship with the patient, Basaglia never refers to a therapeutic process or to Rita's recovery, and this should be read in the context of the lack of therapeutic aims in Binswanger's *Daseinsanalyse* to which I have already referred. The application of such a method can indeed produce a form of understanding of the patient's world but it does not guarantee or even facilitate any kind of recovery. In this article, Basaglia stresses the importance of considering mental illness as a different mode of existence, rather than as an organic dysfunction that needs to be cured. According to Basaglia, when Rita withdraws from the world, she is not under the spell of an abnormal brain chemistry but her being-in-the-

world is distorted. I shall now continue my analysis of Basaglia's early writings with his second 'philosophical' article.

## 5.2 The Encounter

Basaglia developed his initial considerations on the new psychiatrist-patient relationship and on the body, which concluded 'Il mondo dell'incomprensibile schizofrenico', in his next article, 'Su alcuni aspetti della moderna psicoterapia: analisi fenomenologica dell'incontro' (1954). Basaglia here deals with the concept of the 'encounter' on two different levels.

On a first level, the encounter amounts to the constitutional dual structure of the *Dasein,* which is able to refer to itself only through the world, that is, through an external pole. Clearly, this acceptation of the encounter derives from the impossibility of an immediate relationship with the self expounded in 'Il mondo dell'incomprensibile schizofrenico'. Drawing on the Dutch phenomenological psychiatrist J.H. van den Berg (born 1914), Basaglia considers the 'encounter' as a pre-reflexive unit, that precedes the 'Me' and the 'You' and thus creates the consciousness of a 'We' before the separation of the subjects. According to Basaglia (1954b: 35):

> soltanto nel momento in cui l'uomo sente la necessità di un rapporto umano egli diviene tale, in quel tanto che rompe il suo isolamento per entrare e darsi al mondo: [...] l'individuo che si isola perde la possibilità dell''incontro'.

Basically, the term 'encounter' stands here for the fact that a human

63

being finds himself in a world before being himself an individual and has to cope with his being-in-the-world before he can cope with himself as an individual.

Any possible alteration of the dual structure of the *Dasein*, the encounter, might result in a mental disorder, as was the case with Rita and the two cases Basaglia (1954b: 40–1 and 46–8) presents in 'Su alcuni aspetti della moderna psicoterapia'. Basaglia considers any alteration of the encounter, such as Rita's loss of the self and her falling into the world, as a shrinking of the patient's existence, and thus of her possibilities of expression. This is the case for both Rita and B.T., the priest whose case Basaglia discusses as the second study of 'Su alcuni aspetti della moderna psicoterapia'. B.T.'s existence 'shrinks' to a certain extent: he is unable to structure a relationship with the world (understood in the widest possible sense of the patient's surroundings, including society, other people and the physical space inhabited) and consequently unable to set himself against the background of the world. He develops a mental disorder,[22] once again as a consequence of his 'debolezza nell'accettare l'ambiente come elemento determinante dell'"incontro"' (Basaglia, 1954b: 51).

Turning to the second acceptation of 'encounter', this draws on the new psychiatrist-patient relationship at which Basaglia had already hinted in 'Il mondo dell'incomprensibile schizofrenico'. In addition to representing one of the constitutional modalities of the existence of the

---

[22] This mental disorder is defined by Basaglia (1954b: 46) as 'reazione fobico-ansiosa in psiconevrosi neuroastenica.'

64

*Dasein*, the encounter is the only appropriate relationship a psychiatrist should establish with his patient.

In the wake of Binswanger's idea of the encounter, Basaglia (1954b: 43–4) states that:

> il rapporto di autorità che potrebbe sussistere fra il personaggio del medico e quello del malato viene a sostituirsi con una relazione fra due strutture di individui che parlano assieme. [...] È [...] attraverso la ricostruzione del 'vissuto' dell'individuo esaminato che lo psicoterapeuta riuscirà a ridargli la possibilità di aprirsi e ritornare al mondo.

Language enables a privileged access to the encounter between the patient and the psychiatrist. Primarily, this means that the psychiatrist should establish a basic linguistic understanding of the patient's world, that is, understanding his way of expressing himself, his use of words, tone, register and gestures. Once the psychiatrist has established this relationship, he can access the patient's world and his history. He can then carry out the therapeutic act on two different levels, which Basaglia draws on Minkowski's (1970: 220–71) distinction between the notions of 'ideo-affective' and the 'phenomeno-structural'. At first, therapy affects the patient's emotions, the affective level. The encounter is initially established on the basis of an understanding of the element that is shared between patient and psychiatrist, namely the fact of being human. The ideo-affective level of therapy amounts to an understanding of basic human feelings in their constitutional relationship with the individual. Interestingly, Basaglia argues that psychoanalysis also acts on this level. However, while psychoanalysis would eventually block

this relationship as it intends to analyse it,[23] phenomenological psychiatry uses it as a basis for the encounter. Yet we should not expect this encounter to be a mere friendship:

> l'ammalato infatti non trova nel medico l'amico nel senso banale della parola, ma vede in lui la possibilità di risolvere se stesso attraverso un uomo che lo comprende (Basaglia, 1954b: 44).

Most importantly, therapy cannot be only ideo-affective, because this level is just one part of the human being's totality. Therapy must also act on a phenomeno-structural level. The psychiatrist needs to make the patient aware of his totality, which means making him aware that his pathological condition is an integrating part of his whole life. In other words, the final act of the therapeutic relationship is

> [riportare] all'intera consapevolezza del paziente il meccanismo di formazione dei suoi disturbi, [ovvero rivivere] con il soggetto il modo nel quale si era posto nel mondo, lasciandolo libero di scegliere la maniera in cui egli doveva porsi durante e dopo il trattamento psicoterapeutico (Basaglia, 1954b: 52).

As I shall argue in the fourth Chapter, Sections 3 and 5, in spite of Basaglia's declared aversion for psychoanalysis, his approach is remarkably psychoanalytical. I leave to the fourth Chapter a detailed explanation of this claim. For the time being, suffice it to point out that both Basaglia's and the psychoanalytical approach establish a relationship between the therapist and the patient on the grounds of a linguistic understanding, both focus on the study of the patient's history,

---

[23] Basaglia has a very limited grasp of the notion of 'transference', which he reduces to an 'identificazione da parte del soggetto della immagine detestabile paterna nella persone del psicoterapeuta' (Basaglia, 1954b: 44). For a comprehensive study of the notion of transference and its implications in the analysis of Basaglia's thought, see the fourth Chapter, especially Sections 3 and 5.

both (to a certain extent) bring the patient to acknowledge the causes of his symptoms and, finally, both leave the patient 'free' during and after treatment, as Basaglia remarks in the above quotation. As will become clearer in the next Sections, and especially in the fourth Chapter, Basaglia's aversion to psychoanalysis is mostly ideological and often prevents him to adopt an established and univocally understandable vocabulary. In order to distinguish his own method from psychoanalysis, Basaglia often relies on vague descriptions of the psychiatric treatment, defending alternatives to psychoanalysis that sound remarkably similar to psychoanalysis itself but with a vague and inconsistent use of notions such as 'I', 'subject', 'individual', 'world', 'other/s', and so on. I will come back on this shortly.

'Su alcuni aspetti della moderna psicoterapia' is once again an anticipation of concepts that Basaglia will fully develop only in his later work. The article is not without contradictions. As we have just seen, Basaglia does not adopt a consistent vocabulary in describing his practice and he always feels the need to differentiate his approach from organicist/institutional psychiatry and psychoanalysis. Basaglia also shows a contradictory stance with regard to the idea of the patient and psychiatric practice. On the one hand, he is worried that 'il rapporto con il soggetto non sia da "psicoterapeuta a malato" ma da "psicoterapeuta a psicoterapizzato"' (Basaglia, 1954b: 43). But on the other, he always refers to the patient as the sick person, 'il malato', to such an extent that he believes that 'l'Io dello psicoterapeuta deve sostituirsi all'Io del malato che non esiste più' (Basaglia, 1954b: 45).

Apparently, the phenomenological encounter is still unable to deal with the traditional relationships of power. Despite his desire to avoid any relationship of *authority* between the doctor and the patient, Basaglia has not questioned the persistence of relations of *power* inside his own method. Moreover, the concept of the encounter is unable to make him overcome the link between mental illness and error, abnormality and deviance. For instance, he refers to the pathogenetic moment as a 'sviata impostazione' (Basaglia, 1954b: 36), or, again, as a 'sbaglio iniziale' (Basaglia, 1954b: 51).

Having said this, the article features several important developments. First of all, Basaglia advocates a new psychiatrist-patient relationship and he lays out its basic characteristics. We could consider it as his first expression of distrust towards the authority present in the organicist/institutional psychiatric relationship.

Secondly, according to Basaglia, the Binswangerian 'way back' from mental illness, which consists basically in understanding the patient's totality and sharing this understanding with him, is a strategy that must not stem from a predetermined psychiatric knowledge. That is to say, it is not through a rigidly rational and categoric thought that we can approach the *incomprensibile* of psychosis. Reason cannot, in fact, account for its contrary and, therefore, an approach stemming from reason can only strengthen psychotic unintelligibility. Rather, the psychiatrist has to 'rintracciare la sua ragione [psicotica] e la chiave per accedervi' (Colucci and Di Vittorio, 2001: 30), a strategy that relies on the encounter. In these considerations Basaglia refers for the first time, if

68

only in passing, to the link between power and knowledge, which will be crucial in his following works. This link will allow me to contrast and compare Basaglia with Michel Foucault in the third Chapter of this thesis. In fact, it is clear from these considerations that the authority implicit in the organicist/institutional psychiatric relationship rests and is justified on the grounds of a knowledge that remains external to the patient. The psychiatrist should seek a knowledge from the patient's words rather than imposing him a set of categories based on an external rationality.

Finally, in 'Su alcuni aspetti della moderna psicoterapia', Basaglia gives his definition of the 'psychic':

> allorquando parliamo di 'psichico' non intendiamo riferirci necessariamente a qualche cosa di soggettivo ed individuale, poiché l'individuo partecipa oltre che di se stesso, di tutto ciò che lo circonda, [...] lo supera e investe tutte le altre entità umane, qualche cosa di interumano cui partecipa ogni essere. (Basaglia, 1954b: 43)

The idea of the psychic as something that surpasses the individual, a notion that was already evident in Basaglia's concept of the encounter as a constitutional structure of *Dasein*, will play an important role in the development of the concept of body, which I discuss in the following Section.

From these conclusions we can understand why Colucci and Di Vittorio (2001: 288) referred to a 'dialogo mancato' between Basaglia and Jacques Lacan, which I am going to discuss in detail in the fourth Chapter. It could be considered as a dialogue, because Basaglia's and Lacan's theories bear striking similarities. Yet it is also a 'missed'

dialogue because Lacan never acknowledged the existence of Basaglia's theories and Italian psychiatry. On the other hand, Basaglia never referred to Jacques Lacan, except indirectly, when discussing psychiatric practice in France. On this occasion, Basaglia referred to the influences of Lacanian psychoanalysis on French psychiatric health care. The same cannot be said of the philosopher Michel Foucault. He directly referred to Basaglia and Italian psychiatry in several interviews and, on his part, Basaglia openly acknowledged his debt to Foucault's works. For the time being, suffice it to note the striking resemblance between Lacan's notion of the symbolic, the dimension of the Other (i.e. the language that pre-exists every subject, into which we must all alienate to become subjects and in which the subject occupies a position to give meaning to its constitutional lack) and Basaglia's *psichico*, 'qualcosa di interumano cui partecipa ogni essere'. It is also worth noting that the two authors have a very similar perspective on the therapist-patient relationship. According to both authors, in fact, this relationship should be based on a deposition of the psychiatrist/analyst from a position of power and eventually leads to the calling into question of knowledge as such.

## 6. From the Lived to the Institutionalised Body

In the previous Sections, I have analysed Basaglia's preliminary considerations on the relationship between the psychiatrist and the patient and also his embryonic ideas on the impossibility of a direct relationship with the self. In this Section, I discuss Basaglia's theory of

the 'body'. I shall argue that this theory develops the idea that there can be no direct relationship with the self. In order to do so, I will analyse a number of Basaglia's writings that we cannot consider individually, as they are part of an organic development. In these writings, Basaglia analyses the body from two different perspectives. The first, that of the lived body, basically amounts to what the subject perceives ordinarily as his own body. Basaglia analyses this concept in 'L'ipocondria come deformazione dell'*Erlebnis*' (1957), 'La struttura psicopatologica dell'ipocondria' (1956b), 'La coscienza del corpo' (1956a) and 'Corpo, sguardo e silenzio' (1965a).

The second perspective is that of the institutionalised body. In brief, this concept defines what happens to the lived body once the institution wields its power on it. In this Section, I claim that Basaglia began his fight against the psychiatric institution precisely because of the discovery of the institutionalised body. In fact, I shall argue that it is through his reflection on the body that Basaglia introduces in his psychiatric theory a set of socio-political concepts. The first instance in which Basaglia appears to have adopted a socio-political perspective is his article 'Ansia e malafede' (1963). In this article, Basaglia analyses the concept of 'choice' taking into account, as we shall see, a whole new dimension, that of society. Beginning with 'Ansia e malafede', Basaglia turns his attention towards the effects that society has on the mentally ill subject. What is at stake is no longer exclusively the subject thrown into a world but the dialectic relationship produced by the clash of the subject with social, political and institutional interests.

In both 'Corpo, sguardo, silenzio' and the following 'L'ideologia del corpo come espressività nevrotica' (1966a), the concept of institutionalised body begins to take shape. Nevertheless, Basaglia gives a clear definition of the institutionalised body only in 'Corpo e istituzione' (1967a). It is crucial to note that these two articles follow 'La distruzione dell'ospedale psichiatrico' (1964a), the writing that marks the shift from Basaglia's interest in a phenomenological-existential analysis of the subject to the anti-institutional and political practice that characterises all of his subsequent work. While in the essays of the late 1960s and 1970s Basaglia will be more interested in a socio-political approach to mental illness, in 'Corpo, sguardo, silenzio', 'L'ideologia del corpo come espressività nevrotica', and 'Corpo e istituzione', a phenomenological-existentialist perspective on the subject is still dominant. In spite of the fact that these articles were written after 1964, I prefer to consider them as the conclusion of Basaglia's phenomenological phase.

It is important to note that throughout the following Sections, I will use the terms 'individual' and 'subject' almost interchangeably, in accordance with Basaglia's use. I leave to the third Chapter, Section 7.1, an analysis of the distinction between individuality and subjectivity in Basaglia's often improper use of the terms. Further, I will use the term 'other' with a lowercase 'o' until the fourth Chapter, to signal that 'other' is used only as the term to indicate 'all other people' as opposed to the subject/individual. I will leave a comprehensive analysis of the relationship between subjectivity and otherness and Lacan's distinction

between other and Other to the fourth Chapter. Finally, Basaglia often resorts to terms such as *sé* (self) and *io* (I and ego). It is critical to remark that, for the time being, these two terms are used neither with a Foucauldian connotation nor with a psychoanalytical one (i.e. briefly, the self is not regarded as the product of self-disciplining techniques and the ego is not considered as the product of an alienation). Until called into question from said perspectives, 'self' and 'I' are understood with a generic acceptation: 'self' indicates the object of the reflexive relationship (one perceives oneself as 'self' in a reflexive relationship) and *io* (I or ego) is the subject of an action when this subject coincides with the subject of the utterance.

### 6.1 The Lived Body

Giovanna Gallio remembers a gesture that Basaglia used to perform when asked what the body was:

> lui univa il pollice con l'indice e tracciava un cerchio attorno al corpo, come un confine a una certa distanza, e diceva 'questo è il corpo'. [...] Il corpo, lui diceva toccandosi, non è qui, ma è nella traccia di questo cerchio che protegge il corpo come un'area di inviolabilità, ma anche come una linea di carcerazione. Questa traccia-confine non può riguardare un corpo solo ma, situandosi a metà, delimita il corpo dell'altro da cui prende senso (quoted in Di Fusco and Kirchmayr, 1995: 82).

The body that this gesture evokes is very different from the body of medicine, and of anatomy, that is to say, the body as a bio-mechanical entity. This gesture encloses Husserl's distinction between *Körper* and

73

*Leib*.[24] The concept of *Leib* is a richer concept of body than that of *Körper*, because it can account for the body both as a limit and as a possibility, as subject and object, and also as the body lived by the subject and by others. It is not a body whose dysfunctions could generate mental illness. On the contrary, it is a body that can be distorted by mental illness.

Positivist psychiatry has always been interested in what is referred to as 'coenesthesis', which is the feeling of one's own body as it results from the merging of proprioceptive information and one's own spatial representation. We can otherwise define coenesthesis as the translation into conscious sensations of the vegetative functions of the organism (Basaglia, 1956b: 148). Basaglia claims that coenesthesis results in something more than the mere conscious rendering of the vegetative functions. Coenesthesis is the basis of the *Erlebnis* (the experience) of one's own body, and it is during the translation process from organic sensations to *Erlebnis* that a pathological dysfunction can manifest itself.

---

[24] Briefly, we can distinguish four main areas of philosophical interest regarding the body. The first one originated with Plato and the juxtaposition *soma/sema* (body/tomb) (see *Gorgias*, 493a; *Phaedrus* 250c). A distant echo of the body as prison for the soul can still be tracked in Basaglia and the reflection on the lived body. With Aristotle (see *De anima*, II-1), a second conception arises: that of the body as an instrument. Despite being a perspective that bears less negative connotations than Plato's, it still puts the body in an ambiguous position. In fact, despite being essential for the soul, it is still in an inferior instrumental relationship with it. Later on, with Descartes, the body is emancipated from the soul: *res cogitans* and *res extensa* answer to different laws. This dualism between matter and soul opened the doors for a scientific approach to the body. It is thanks to Husserl that the distinction between *Körper* (the body considered as an object) and *Leib* (the lived body) flourished in philosophy. With the distinction between *Körper* and *Leib* the strict dualism body/soul (or body/psyche) should be overcome: the lived body participates in the sphere of consciousness. The four conceptions play a crucial role in Basaglia's reflections on the body (which in turn is influenced by Merleau-Ponty's and Sartre's). Man is and has a body which in turn is thrown into a world. This is not only a possibility (the body as instrument) but also a responsibility. Man is condemned to be and have a body in order to entertain any relationship with the world. Besides, Basaglia never neglected the existence and the importance of a purely biological/anatomical body. Yet he affirmed that it is not the *Körper* that plays a leading role in psychiatry but the *Leib*, as a psychosomatic unity.

Hence, in accordance with a *Daseinsanalitik* approach, Basaglia considers any dysfunction that concerns the body as an altered *Leib* (experience of the body).

The primacy accorded to the *Leib*, rather than to the *Körper*, and the importance of abandoning 'ogni concezione oggettivo-funzionale del corpo e considerarlo nel suo aspetto di vissuto' (Basaglia, 1956b: 162), marks the commencement of Basaglia's reflection on the 'lived body'. According to Basaglia (1956b: 137), the body is not only

> oggetto complementare alla soggettività dell'Io, ma rappresenta [...] l'esperienza più profonda ed insieme la più ambigua delle percezioni: proprio questa ambigua bipolarità del corpo, contemporaneamente presente e dimenticato, soggetto ed oggetto delle percezioni, fa dell'esperienza corporea la più fragile delle esperienze.[25]

Therefore, from this perspective, the lived body is complementary to subjectivity. This approach allows a development of the idea of the impossibility of an immediate relationship with the self. According to Basaglia, the body is the pole that allows the subject to relate to oneself. That is, the individual becomes aware of being an 'I', different and

---

[25] As Colucci and Di Vittorio (2001: 56) pointed out, Basaglia is here openly reviving Merleau-Ponty's theory of the lived body. Merleau-Ponty (2002: 230) claimed that 'the experience of our own body [...] reveals to us an ambiguous mode of existing'. According to him (Merleau-Ponty, 2002: 231), man cannot have an objective perception of his own body, hence 'my awareness of it [my body] is not a thought'. Merleau-Ponty (2002: 231) continues by stating that we have no other means to know a body, whether it is ours or another's body, 'than that of living it'. In such a way, the very concept of body subverts the relationship between subject and object, in that the 'experience of one's own body runs counter to the reflective procedure which detaches subject and object from each other, and which gives us only the thought about the body [...] and not the experience of the body or the body in reality' (Merleau-Ponty, 2002: 231). As Basaglia (1956b: 137) himself acknowledged, his observations on the lived body are much indebted to Merleau-Ponty's, insofar as for him as well the body is an ambiguous experience that blurs the distinction between subject and object. In the following Sections I will show that it is precisely because of this ambiguity that the body is such a fragile experience, on which the institution of psychiatry can wield its power most effectively.

distinct from the rest of the world, only when he sets himself as a body against the world. Several mental disorders, such as depersonalisation and hypochondria amount to the loss of this pole.[26] In the normal ontogenesis of the self it is

> nella contrapposizione fra Io e non Io [che] l'Io trova, nel legame con il corpo, la possibilità di opporsi al mondo esterno, giungendo in tal modo ad affermare se stesso (Basaglia, 1956a: 171).

From this perspective, the lived body represents the privileged means of the subject's relationship with his own self. On the other hand, the lived body is also the privileged means of the relationship between the subject and the rest of the world. This is true insofar as the body is somehow that extension of the subject which is given to the world. Or, in Basaglia's own words (1956a: 169), the lived body is a vehicle for being-in-the-world. Through the body, the sensations that come from the world reach consciousness. Consequently, when the subject does not relate to his body, or when this relationship is distorted, there can be no world or at least the world results distorted. This happens, for instance, in the case of depersonalisation. In order to collect the sensations given by the world, the body has to make itself an object for the rest of the world. That is, the subject can perceive the world only if his body is thrown into it.

---

[26] Hypochondria is the obsessive belief in having a severe illness and is related to other minor manifestations such as an increased attention towards one's own bodily sensations. On the other hand, depersonalisation is a feeling of distance from one's own body, and eventually towards the rest of the world. The subject perceives his body as not belonging to himself and feels excluded from the world. During the first years of Basaglia's practice, organicist/institutional psychiatry did not categorise hypochondria and depersonalisation as mental illnesses. Rather, it considered both of them as symptoms of more complex neurotic or psychotic states. Psychiatrists often regarded hypochondria and depersonalisation as signs of an incipient psychosis (pre-psychotic manifestations).

76

In conclusion, in becoming an individual, in setting itself against the world, in collecting the stimuli given by the world, the body 'aperto e vulnerabile, si staglia in mezzo agli altri e alle cose' (Basaglia, 1965a: 31). Thrown into the world, the body needs to maintain a distance from it in order to protect itself from the possible 'invasion' of the other and to safeguard its uniqueness and singularity. The subject can achieve such a distance only when he accepts that his own body is not only the subject of his experience but also an object thrown in the world. I shall now discuss how this distance relates to the concept of choice.

## 6.2 Choice

Basaglia claims that accepting the state of belonging to the world is a matter of choice. It is when faced with his own body that man has the possibility to choose an authentic existence or to fall into an inauthentic one. Following Heidegger's (1967: 312–48) thought, Basaglia bases his distinction between an authentic and an inauthentic *Dasein* on choice: when the subject chooses and accepts his existence fully and by himself but in a constant negotiation with the other and with the world, this is an authentic existence. Conversely, inauthenticity is the condition of the *Dasein* who falls into the impersonal 'They', delegating the choices of existence to others. In the impersonal 'They', 'everybody is the other, and no one is himself' (Heidegger, 1967: 165), that is to say, in the impersonal 'They' everybody is free to do only what everybody does.

The impersonal 'They' homogenises the possibilities of one's existence and takes away responsibility of choice from the individual. In this Section, I will clarify what does it that the authentic choice of existence involves not only the self but also a negotiation with the other and how does this negotiation differ from the 'falling' into the impersonal 'They' of inauthenticity. As Basaglia (1963: 6) remarked in 'Ansia e malafede':

> l'inautenticità è la mia incapacità a realizzare tutte le mie possibilità individuali in seguito alla mancata presa di coscienza di me.

Unable to become a subject, one becomes an object for the other.[27] As regards the body, becoming an object or choosing to be a subject involves different spatial and metaphorical distances. On the one hand, the subject can choose to accept his *alterità*. In this case, he understands and accepts the gap between himself and others and, at the same time, acknowledges that he himself is part of otherness and that all other subjects possess their own *fattità*, that is, they are independent from him. Alternatively, the subject could misunderstand the importance of distance and, as a consequence, fall into a state of *alienità*. Without a distance, the distinction between the subject and the world becomes blurred and the subject alienates himself in the other. Hence the other penetrates the open and vulnerable body of the subject and pushes him into a state of promiscuity (Basaglia, 1965a: 31). The subject is at the mercy of the other's look,[28] which has the power to objectify it.

---

[27] Basaglia inherits this acceptation of choice from Enzo Paci's thought (Basaglia, 1963: 6).

[28] The look is one of the fundamental forms of interaction between human beings, since the very beginning of psychical ontogenesis. Sartre (1969: 269) already remarked that 'the Other's look, as the

When the subject chooses *alterità* rather than *alienità*, he is choosing to accept a body that is at the mercy of the other's look. Once again, this is the only way of overcoming the impossibility of an immediate relationship with the self, and eventually of becoming a subject:

> l'uomo non può attuare [un] atto di riflessione su di sé se non attraverso lo sguardo altrui: è lo sguardo d'altri come intermediario che mi rimanda da me a me stesso che mi rende cosciente di me (Basaglia, 1965a: 32).

In discovering that the other's subjectivity can determine me as an object, I can, in turn, subvert this relationship. I discover that I have the same power over the other, the power to reveal him to himself, through my objectifying look.

Becoming a subject/individual means choosing one's own body as something that participates in the world. Because of this participation, I can affect others in the same way as they affect me. To sum up, 'l'uomo che tende ad individualizzarsi è dunque un uomo che sceglie se stesso nella lotta per il proprio progetto' (Basaglia, 1963: 5). On the one hand, the responsibility of the subject/individual is to become conscious of the world in which he participates, of the relationships that tie him to the world and the others, and of the place he occupies in this world. On the other hand, the subject/individual is responsible for overcoming these

necessary condition for my objectivity is the destruction of all objectivity for me'. Michel Foucault himself defines the gaze as an instrument of power. This is the case above all in disciplinary power, which requires continuous control over the individual's life, time and especially body. In Foucault's words (2006b: 47), 'in the disciplinary system, one is not available for someone's possible use, one is perpetually under someone's gaze, or, at any rate, in the situation of being observed'. Lacan (1945) himself makes the gaze the fundamental structure of intersubjectivity.

given positions and freely choosing his own project. According to Basaglia, these are the two conditions that are necessary in order to become a subject/individual.

Here, Basaglia parts company from his first considerations on the encounter. Following Binswanger, Basaglia first sought for a relationship able to uncover *Dasein*'s original dual structure, the original 'We' which precedes the idea of a divided 'I and You'. When it comes to the question of the problem of choice, Basaglia completely subverts this idea. As he remarks:

> è nel pormi chiaro e distinto di fronte ad un altro individuo che io mi scelgo in una lotta mia, in una mia scelta verso un fine, un futuro che è 'mio e tuo' prima che 'nostro' (Basaglia, 1963: 7).

The theory of the psychiatrist-patient relationship evolves along with these considerations on choice, which urge Basaglia into envisioning a new meaning for the therapeutic relationship, which, at this stage, becomes the choice of authenticity. Through the psychotherapeutic act the patient must face his own responsibility and freedom, in order to be able to choose his own way of life. Conversely, an objectifying look marks an inauthentic psychiatric relationship, through which, at the utmost, the patient could accept recovery as a 'gift' from the doctor and not as a personal conquest.[29] In the following Section, I shall analyse the concept of the institutionalised body in its connections to the lived body and the concept of choice.

---

[29] See the fourth Chapter, especially Section 5, for a comprehensive comparison between this idea and Lacan's notion of the 'subject supposed to know'.

## 6.3 The Institutionalised Body

Basaglia never refers to the world as an entity on its own but only in its relationship with the subject. As we have seen, he was interested in 'the being-in-the-world' rather than in the world itself. However, soon after studying the lived body, Basaglia discovers that the psychiatric institution can interfere with it and exploit it. This is what he refers to as the institutionalised body. It is worth noting that the analysis of the institutionalised body could be regarded as the earliest implicit occurrence of Foucauldian notions in Basaglia's thought, especially in reference to Foucault's analysis of the relationship between political power and the individual body.[30] As we shall see in this Section, Basaglia is precisely referring to such a connection between political power and the bodies of the inmates when he develops his theory on the institutionalised body. For the time being, suffice it to point out that, in the 1966 paper 'L'ideologia del corpo come espressività nevrotica', Basaglia uses for the first time a political terminology to refer to the body. Here, he affirms that:

> il problema che si pone si concreta, in definitiva, in una sola
> domanda: se cioè l'alterata esperienza corporea del neurastenico

---

[30] I analyse at length Foucault's studies in the third Chapter. For the time being, suffice it to note that in his 1975 *Discipline and Punish* Foucault (1991: 138) notes how disciplinary power, which could be roughly defined as the direct exercise of power over individual bodies, actively 'produces subjected and practised bodies, "docile" bodies'. In the 1973–74 course at the *Collège de France*, *Psychiatric Power*, Foucault (2006b: 56), affirms that disciplinary power 'fits somatic singularity together with political power. What we call the individual is not what political power latches on to; what we should call the individual is the effect produced on the somatic singularity, the result of this pinning, by techniques of political power'. Basaglia formulates the notion of 'institutionalised body', which can be compared to Foucault's 'docile body' at least ten years before Foucault.

non sia evidenza del suo vivere *ideologicamente* il proprio corpo e *quali legami possa avere una simile esperienza ideologica con la nostra realtà sociale* [added emphases]. (Basaglia, 1966a: 69).[31]

What is this link between the ideological perception of one's own body and social reality? We have seen that Basaglia claimed that the mentally ill are unable to live/choose their bodies and thus to project them onto the world. Hence, in order to entertain a relationship with others and avoid the state of promiscuity, the sick person needs to build 'un'immagine,[32] una ideologia capace di legarlo, comunque, all'altro da cui non sopporta essere escluso' (Basaglia, 1966a: 73). The individual does not build this image according to his own body image (or self-perception). Rather, he passively accepts it from the dominant culture: the individual builds his image according to ideal models that encourage him to adapt to the culture that surrounds him. This is nothing other than a new acceptation of the choice between *alterità* and *alienità*. The individual alienates himself into a given image to avoid accepting his authentic relationship with the other, because this relationship would expose him to the look of the other.

Nevertheless, seeking the aid of culture in the imaginary construction of one's own body is not necessarily a pathological characteristic. Basaglia follows Freud (2002a) on this point: alienation is

---

[31] Basaglia here employs the term 'ideology' in a Marxist acceptation of 'false knowledge', referring especially to Karl Mannheim's definition. Ideology in such an acceptation is the primary means of alienation: the individual conceals to himself his poor conditions of life idealising them. He appeals to absolute moral principles to justify his conditions, to the point that he does not want to fight and overcome them. See Mannheim et al., 1936.

[32] Significantly, Basaglia uses the term *immagine* (image) to describe the process through which the subject can avoid an authentic relationship with the other. In the fourth Chapter, Section 4.2, I will show how Basaglia's idea converges with the conclusions that can be drawn from Lacan's theory of the mirror stage.

82

an inherent problem of culture. In fact,

> porsi ideologicamente, rifiutando il piano delle proprie esperienze
> è, [...], l'*impasse* attuale della nostra cultura, dove l'uomo trova
> schemi già dati per ogni esperienza, cui non gli resta che adattarsi,
> alienandosi (Basaglia, 1966a: 81).

Here, Basaglia is possibly suggesting that our culture as such could be compared with a neurosis but he does not further develop this argument. However, he advances that the institution, that is, the asylum, can wield its power precisely by exploiting this imaginary process of identification with a cultural model.

Once interned in an asylum, the patient begins his 'moral career' as an inmate.[33] His body, which is already suffering from an illness and unable to maintain a distance from the other, finds an image into which to alienate itself, in order to be protected from the physical promiscuity of the asylum wards.[34] The prevailing culture, in this case that of the institution, offers only one image to the inmate: the naked objectivity of an anatomic body. In other words, organicist/institutional psychiatry has built a 'metafisica dogmatica nel corpo del malato' (Basaglia, 1967a: 100).

The main device of this metaphysics is the traditional

---

[33] As I shall discuss in the second Chapter, Basaglia is influenced by Goffman's theory of the 'moral career' of the inmate. According to the sociologist Goffman, once admitted in a 'total institution', such as an asylum, a prison or a hospital, the patient/inmate/prisoner is required to abandon his self and to identify completely with the institution. See Goffman, 2007: 154.

[34] Goffman (2007: 37) referred to this promiscuity as 'contaminative contact'. According to Goffman (2007: 35), in our society the model of this contact is 'presumably rape'. It is so, because contaminative contact is characterised by several, and often violent, impositions on the body: the obligation to take medicines, eat (or being force fed) and especially to be completely controlled by others. In Goffman's words (2007: 35), the inmate 'is being contaminated by a forced relationship to these people'.

institutionalised relationship between psychiatrist and patient. As we have seen, this relationship involves both an objectifying[35] look and a set of defensive strategies that allow the psychiatrist to avoid any intersubjective contact with the patient. The most important of these defensive strategies is neglecting the lived body in order to reduce the patient to a *Körper*. Only through such an idea of body can the psychiatrist impose a set of organic categories without any kind of subjective contact with the inmate. As such, the organicist/institutional psychiatric relationship is far from being 'authentic', as it amounts to a relationship with a body that the physician considers *a priori* as sick.

Forced into this condition, the inmate can only choose to introject the image that the institution imposes on him and fully identify with a body in which the institution has entered (Basaglia, 1967a: 105–8). The body is reduced to a

> punto di passaggio: un corpo indifeso, spostato come un oggetto di reparto in reparto, cui viene impedita – concretamente ed esplicitamente – la possibilità di ricostruirsi un corpo proprio che riesca a dialettizzare il mondo, attraverso l'imposizione del corpo unico, aproblematico, senza contraddizioni dell'istituto (Basaglia, 1967a: 110).

The interventions of psychiatry and its institutions, originally thought to cure diseases, eventually pave the way to the artificial fabrication of an

---

[35] *Oggettificazione* and *oggettificare* are terms that Basaglia recurrently uses. Scheper-Huges notes that this term might sound unorthodox in English and, in the introduction to the only collection of works by Basaglia translated in English, says: '*Objectify* is a term that Basaglia uses repeatedly. He is referring to the reification of patients and their afflictions through biomedical diagnosis and treatment. For Basaglia diseases (any more than patients) cannot simply be reduced to biological entities. Patients and illness speak to the sensitive and often contradictory aspects of culture and social relations. The objectivity of medicine and psychiatry is always a phantom objectivity, a mask that conceals more than it reveals' (Lovell and Scheper-Hughes, 1987: 7n).

image of the 'sick'. According to Basaglia, this image only answers the need to justify and guarantee psychiatric knowledge. From this point on, organicist/institutional psychiatry appears to him as an ideological investigation on mental illness, rather than a science of the subject (Basaglia, 1967a: 104).

Basaglia met the institutionalised body for the first time in 1961, when he became director of Gorizia's asylum. His first description of the institutionalised body refers to an Oriental tale: a snake enters the body of a man and deprives him of his freedom of choice. When eventually the snake leaves, the man is unable to live and act normally: he is no longer used to freedom and, consequently, does not know what to do with it.[36] According to Basaglia (1967a: 106), this tale is analogous with the institutional condition, in that

> il malato, che già soffre di una perdita di libertà quale può essere intepretata la malattia, si trova costretto ad aderire ad un nuovo corpo che è quello dell'istituzione [...]. Egli diventa un corpo vissuto nell'istituzione, per l'istituzione, tanto da essere considerato come parte integrante delle sue stesse strutture fisiche.

To conclude, it is the ideological manipulation of the body of the patient that urged Basaglia to consider the importance of reforming and eventually destroying the asylum. We could say that the critique of the institutionalised body shaped Basaglia's future struggle against the asylum.

---

[36] In Basaglia, 1967a: 105–6, Basaglia claims he first read the tale in *Il lavoro e la libertà* (Davydov, 1966).

# Chapter II
# The Destruction of the Psychiatric Hospital

## 1. Introduction

In this Chapter, I will analyse Basaglia's writings from the years between 1961 and 1978. In 1961, Basaglia moved from Belloni's University clinic to the asylum in Gorizia. He left it in 1969, upon being appointed director of the asylum in Colorno and then took up the directorship of the asylum in Trieste in 1971. We have seen that, during his work at Belloni's clinic, Basaglia focused on the subjectivity of the patient and on the relationship between psychiatrist and patient as a space of intersubjectivity. From 1961, Basaglia's approach addresses a new range of *political* aims that go far beyond psychiatry as such. From 1961 until 1978, he is engaged in the work of de-institutionalisation, that is to say, the task of reforming, overcoming and finally dismantling the institutional side of psychiatry as embodied in the asylum. All of his work seems aimed at 'la distruzione dell'ospedale psichiatrico' (Basaglia, 1964a). For this reason, I concur with Maria Grazia Giannichedda's belief (2005: XXX) that 'la posizione di Basaglia non fu capita da quanti vollero vedere nella riforma un punto di arrivo'. By means of a close analysis of Basaglia's anti-institutional theory and his reflection on the relationship between individuals and society, I intend to show how the destruction of the asylum, decreed by Law 180, must be regarded as the beginning and not the end of the work of de-

institutionalisation. Not taking this into consideration makes the dismantling of the asylum appear, in Donnelly's words (1992: XII), as a mere 'victory of principle', implemented in a country, Italy, which was 'in many ways poorly prepared'. In order to advance such a reading, I initially need to provide an overview of European psychiatry during the early 1960s.

In 1961, the publication of several works by Foucault, Goffman, Fanon and Szasz among others cast a new perspective on psychiatry, in that these works questioned the social mandate of psychiatry.[37] Briefly, these four authors demonstrated that psychiatry, in the guise of medical science, served the social purpose of containing and excluding those who showed deviant and anti-social behaviour, *i devianti* (the deviants). This introductory analysis will be necessary, if the crisis psychiatry was undergoing in the year in which Basaglia decided to leave the University for the asylum is to be understood; it will also provide a preliminary overview of the key influences on Basaglia during the time when he was working in the asylums in Gorizia (1961–69) and Trieste (1971–78).

When analysing Basaglia's work of de-institutionalisation, I will distinguish two levels of reform: internal and external. The former amounts to transforming the asylum from the inside, that is to say, its administration, the therapies administered in it and its management, without undermining its social role, that is, its provision of a place in

---

[37] I am referring to Michel Foucault's *Folie et déraison: Histoire de la folie à l'âge Classique* (*History of Madness*), Erving Goffman *Asylums's Essays on the Social Situation of Mental Patients and Other Inmates,* Frantz Fanon's *Les Damnés de la terre* (*The Wretched of the Earth*) and Thomas Szasz's *The Myth of Mental Illness*, all published for the first time in 1961.

which deviants can be conveniently contained because it marginalises and segregates them. Of all tasks on his agenda, Basaglia regarded internal reform as the most urgent. In the psychiatric hospital, he encountered a harsh reality; patients were physically restrained (for instance, they used to be locked in their rooms, tied to their beds, straitjacketed for weeks); they had no right to speak or to express themselves and shock treatments were often used as a punishment rather than as proper therapies. In such a context, the priority was to change the way in which psychiatry was practised in the institutional context of the asylum. In dealing with the internal reform, I shall focus on two main issues: the risks of such an internal reform and the way in which Basaglia tried to avoid them, and why he compared the role of the reforming psychiatrist with that of the intellectual.

However, limiting the work of reform to the transformation of the institution, without dismantling it, would only create a newer and better, but basically similar, structure, i.e. a 'gabbia d'oro' (Basaglia, 1964a: 256). Such a 'cage' would serve the social purpose that both Foucault and Basaglia ascribed to the unreformed asylum, that is, the control of deviance. A psychiatrist working in an asylum is at the service of society, in the role of 'keeper' of deviants. To get away from such a position, the psychiatrist must unreservedly refuse his role of psychiatrist, reject his social mandate and become a political activist. During his work in Belloni's clinic, Basaglia acknowledged that patients were treated as objects. At that time, he believed that, in order to establish an equal relationship with them, the psychiatrist had to

recognise and valorise the patients' subjectivity. In other words, he wanted to establish a state of 'phenomenological equality' with the patient.

When he began working in an asylum, Basaglia discovered that inmates also lacked the power to resist the institution. Even if the psychiatrist had been able to establish a 'phenomenological equality', for which Basaglia called in his theory of the 'encounter', the inmate would still have been an inferior political subject, as he was not able to challenge the power wielded by the psychiatrist. For the patient to enjoy political as well as phenomenological equality, Basaglia urged taking advantage of the patient's aggressiveness which should be allowed expression rather than be forcibly suppressed. According to Basaglia, this would give the inmate the bargaining power (*potere contrattuale*) he lost along with his civil rights when he had been hospitalised.[38]

It is in this respect that Basaglia explicitly saw the relationship between psychiatrist and patient as being analogous to that between intellectuals and the lower classes, a relationship that was much debated during the 1960s. Briefly, Basaglia believed that intellectuals, like psychiatrists, are usually at the service of the dominant class, to the dissemination of whose norms and morality they contribute through a certain number of techniques.[39] In order to transform society,

---

[38] Hospitalisation on psychiatric grounds was, before Law 180, regulated by legislation dating back to 1904, namely Law 36. This provided that committal to an asylum effected an abrogation of an inmate's civil rights.

[39] For the purposes of this research I shall use the term 'technique' to refer to a certain well-established procedure that can be used to accomplish a specific task. In the particular context with which I am dealing, the most notable feature of psychiatric techniques (i.e. involuntary hospitalisation, shock therapies, etc.) is that psychiatry itself does not shape the purpose of their

89

intellectuals should take the part of the lower classes. Likewise, psychiatrists should take the part of the inmates, arguably 'the most vulnerable and unprotected of the subordinate classes' (Donnelly, 1992: 56).

These considerations prompted Basaglia to consider a range of issues that went beyond the restricted reality of the asylum. This widening of Basaglia's critical interests could be regarded as his attempt to carry out an 'external reform'. Beginning, not ending, with the destruction of the asylum, the 'external reform' was intended to question the social structures that made psychiatry the science entrusted with containing deviance. Moving on from these considerations, I shall discuss four theoretical aspects of this 'external reform': the concepts of contradiction and utopia; Basaglia's concept of regarding mental illness as incidental to other issues, what he called the 'bracketing' of mental illness,[40] his criticism of capitalist society and the scientific establishment of psychiatry and, finally, the ideological gap (*vuoto ideologico*) which resulted after Law 180 was passed.

With regard to the first point, Basaglia believed that the concept

---

application. In other words, psychiatry controls the *means* but not the *aims* of psychiatric intervention. Rather, it is society, or rather the dominant class in society, that dictates the purpose of psychiatric techniques. For this reason, we could suggest that psychiatry is in itself a technique, used by society to accomplish the task of secluding and controlling deviance.

[40] 'Mettere tra parentesi la malattia mentale' is a famous Basaglian dictum. Translated literally, this means 'putting mental illness into brackets' or, more accurately 'into parentheses'. However, the phrase 'tra parentesi' also means 'incidentally', so 'mettere tra parentesi la malattia mentale' means 'treating the issue of mental illness as incidental to other issues'. The phrase has been translated as 'bracketing mental illness' but this is misleading, since although 'to bracket' can mean 'to put in brackets', i.e. 'to segregate' or, figuratively, 'to set aside', it can also mean 'to couple or join with a brace'. However, as 'bracketing' is a convenient shorthand expression for what would otherwise be a lengthy circumlocution, it will be used in this thesis but within inverted commas, to indicate its special significance in the context of Basaglia's thought.

of contradiction played a key role in involving society as a whole in the reform. Keeping social contradictions, such as mental illness or the clash between individual and social needs, unresolved is the only way to grant utopian aims the possibility of shaping reality. Basaglia recognised at least three contradictions: between managing the institution and dismantling it, between the concepts of health and illness and between curing mental illness and 'bracketing' it. I shall focus particularly on this last point as it is the 'bracketing' of mental illness that allows the psychiatrist to see through the obfuscation which institutional psychiatry creates by imposing a system of categories, the basic object of 'bracketing' being to expose the fact that the common preconceptions that determine not only the general image of madness but also institutional psychiatric practice are mostly without foundation. In doing so, Basaglia embarked on an overall critique that concerned several different psychiatric methods. He criticised social psychiatry,[41] which had been the key influence on him during the internal reform carried out in Gorizia. He also reconsidered the claims of *Daseinsanalyse*, which had allowed him to overcome a purely organicist approach in clinical psychiatry. Eventually, Basaglia discovered that the most important of such criticisms is not to be directed at psychiatry but at our social and economic system. In fact, 'bracketing' the preconceptions surrounding

---

[41] Social psychiatry is the general definition given to those approaches in psychiatry that are based on the principle that mental illness is not only an organic disease. Social psychiatry focuses on the impact of society in the aetiology of mental illness and experiments therapeutic approaches based on the reintegration in the community. Social psychiatry gained influence during the late 1930s, especially with the works of Karen Horney and Erik Erikson. Its main therapeutical outcome was the introduction of the therapeutic community, through the work of Maxwell Jones. Social psychiatry greatly influenced the subsequent current of anti-psychiatry, which I shall discuss shortly.

psychiatry reveals that the distinction between health and illness finally amounts to that between productivity and idleness: the capitalist economic system dictates the very conditions of organicist/institutional psychiatric practice.

Moving on from these considerations, I shall then compare the provisions of Law 180 with the previous Italian laws on mental health, namely the already mentioned law passed in 1904 and another in 1968. To conclude, I shall take into account Basaglia's reflections on Law 180 and its enforcement. Basaglia regarded the passing of the law and its early implementation as an 'ideological gap', during which psychiatry could be finally conceived without the impositions of implicit ideologies or social mandates. To begin with, in the next Section I will introduce the situation of psychiatry in 1961, the year in which Basaglia became director of the asylum at Gorizia.

## 2. Basaglia and Psychiatry in 1961

In 1958, whilst working in Belloni's clinic, Basaglia became a lecturer at the University of Padua. Three years later, he left for the asylum. The reason why Basaglia did so is still a matter of debate. Colucci and Di Vittorio (2001: 13), for instance, believe that Basaglia did not want to fall into the 'sindrome universitaria, quasi che l'intera esistenza si risolvesse soltanto in questa realtà: la carriera universitaria' (Basaglia et al., 1978: 103). Yet Basaglia himself gave this explanation, only *a posteriori*, almost twenty years after leaving Belloni's clinic for the

asylum at Gorizia. Giovanni Jervis, who had formerly worked with Basaglia and later strongly criticised his ideals, argues that Belloni fell out with the university and thus denied Basaglia the prospect of an academic career. According to this interpretation, Basaglia had to move to Gorizia where he lived 'malvolentieri, un po' come in esilio' (Corbellini and Jervis, 2008: 83). Another explanation comes from Basaglia's biographer Michele Zanetti, a member of the provincial council that supported Basaglia's reforms in Trieste. Zanetti suggests that Belloni was on the verge of retiring and could not back Basaglia's academic career; hence, following the advice of his wife, Franca Ongaro, Basaglia accepted the post of director of Gorizia's asylum. Whatever the biographical reasons, Basaglia never completely endorsed Belloni's organicist theories. Possibly, he was eager to find a less conservative *milieu* in which he could develop his original thought. Only at a later stage did he subject the University to a harsh critique.[42]

In the early 1960s, international psychiatry was undergoing radical changes. Jervis observes that, in the late 1950s, traditional organicist psychiatry was experiencing a crisis. Psychiatry

> avvertiva il suo ritardo scientifico rispetto ad altre branche della medicina e soffriva della mancanza persistente di terapie efficaci contro i disturbi del comportamento (Corbellini and Jervis, 2008: 36).

In the first place, the aftermath of the Second World War was casting a

---

[42] See, for instance, *Struttura sociale, salute e malattia mentale* in *Conferenze brasiliane*: 'l'università e la scuola [...] non insegnano nulla [...] sono solo un punto di partenza [...] prima di entrare nel gioco della produttività' (Basaglia, 2000: 91).

sombre light on psychiatry; a terrible truth about the Nazi 'final solution' had surfaced: many doctors and especially psychiatrists had collaborated in the *Shoah* and 'i malati di mente erano stati tra i principali obiettivi di discriminazioni sistematiche basate su pregiudizi biologistici, e ne erano nati abusi agghiaccianti' (Corbellini and Jervis, 2008: 41). Furthermore, psychiatry was seen to have supported colonisation and the abuses related to it in many cases. The psychiatrist Frantz Fanon, who studied the psychological effects of colonisation and racism in Algeria, points out that, 'it was affirmed that the Algerian was a born criminal. A theory was elaborated and scientific proofs were found to support it' (Fanon, 1961: 239). This theory was grounded on dubious psychiatric studies such as that of the World Health Organisation representative, Dr. A. Carothers, who believed that 'the African makes very little use of his frontal lobes' (Carothers, 1954: 176). According to Carothers, Fanon (1961: 244) continues, 'the likeness existing between the normal African native and the lobotomized European is striking'. Especially after 1954, several other studies emerged, linking psychiatry with colonialist regimes. Another matter of debate concerned the difficulties that arise 'when seeking to "cure" a native properly, that is to say, when seeking to make him thoroughly a part of a social background' (Fanon, 1961: 200). While Fanon uncovers the social role of psychiatry in a colony such as Algeria, other scholars focus on psychiatry in Europe and in the United States. Notably, the role of psychiatry in the countries of the West appeared to be rather similar.

1961 should be regarded as a crucial year for psychiatry, as in this

year Michel Foucault published *Folie et déraison: Histoire de la folie à l'âge Classique* (*History of Madness*); Erving Goffman *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*; Frantz Fanon *Les Damnés de la terre* (*The Wretched of the Earth*) and finally Thomas Szasz published *The Myth of Mental Illness*. All these monographs consider psychiatry from a completely new perspective, namely, they unravel for the first time the social role of psychiatry. With this in mind, I shall discuss Foucault's position in the following Chapter. In the meantime, suffice it to say that Foucault depicts the specific historical evolution whereby the asylum eventually came to be entrusted with the containment of deviance. Starting with Pinel, whose act of freeing madmen from the chains in the *Salpêtrière* hospital is often considered as the birth of modern psychiatry,[43] 'the asylum becomes [...] an instrument of moral uniformity and social denunciation' (Foucault, 2006a: 495). This instrument was:

> a form of social segregation [...] that guaranteed bourgeois morality a *de facto* universality, enabling it to impose itself as a system of law over all forms of alienation (Foucault, 2006a: 495).

At the same time, psychiatry as a positive science supported the asylum as a place of containment. Inasmuch as the psychiatric science

---

[43] Philippe Pinel is considered to be the father of contemporary psychiatry. He is remembered for removing all forms of physical restraint (especially iron chains) from the *Hospice de la Salpêtrière*, and his experiment with the so-called 'moral treatment'. When Pinel became the *Salpêtrière*'s director in 1795, the hospital was a huge village, where seven thousand destitute and sick women were interned. However, Pinel was not the first to remove physical restraint. At *Bicêtre*, where he worked before *Salpêtrière*, Pinel was under the supervision of the governor of the hospital, Jean-Baptiste Pussin, who was experimenting what Pinel later called the 'moral treatment'. It consisted of a non-medical and non-violent approach to the patients, which he later applied at *Salpêtrière*. See Philippe Pinel, *Traité medico-philosophique sur l'alienation mentale* (1800). Translated into English in 1806.

established a structural link between illness and dangerousness, grounding both of them in the very biology of the human being, it also justified the need to intern the deviant. As Foucault puts it, 'psychiatric practice is a certain moral tactic [...] covered over by the myths of positivism' (Foucault, 2006a: 509).

While Foucault focused on the historical evolution of the social mandate of institutional psychiatry, the sociologist Erving Goffman studied the contemporary condition of inmates inside the asylum, which he regarded as a 'total institution'. With this expression Goffman defines all those institutions, such as asylums, prisons or even schools and hospitals, which tend to encompass the life of inmates, controlling every single aspect of their existence. The 'total' (i.e. totalitarian) character of the institution is reinforced by a 'barrier to social intercourse with the outside' (Goffman, 2007: 16), which divides the institution from everyday life. Inside this secluded space, the inmate experiences what Goffman calls a 'moral career'. This is a series of 'progressive changes', constantly monitored by the institution, 'that occur in the beliefs that [the inmate] has concerning himself and significant others' (Goffman, 2007: 24). Eventually, through this process, inmates are deprived of their own self. The long-term effect of the 'moral career' is that the self of the inmate ceases to be:

> a property of the person to whom it is attributed but dwells rather
> in the pattern of social control that is exerted in connection with
> the person by himself and those around him (Goffman, 2007: 154).

Basaglia agreed on this point. He believed that the inmate is deprived of

96

his 'self'. This is why the inmate alienates himself in the image presented by the institution, as Basaglia's theory on the institutionalised body suggests.

In *The Wretched of the Earth*, Fanon proposes a controversial and much debated solution to overcome this state of domination, a solution which is endorsed in the equally disputable introduction to the book, written by Jean Paul Sartre. Fanon (1961: 37) suggests that a new world must come into being, and the only means of achieving this is a total revolution, 'absolute violence'. To a certain extent, Basaglia was influenced by this position. Both Basaglia and Fanon believed that somehow the aggressiveness of the oppressed could be an answer to oppression itself. Furthermore, as John Hopton has observed, Fanon reveals, within his analysis of the psychological effects of colonisation, that the relationship between the doctor and the patient is a 'microcosm of power relationships in wider society, and within oppressive societies mental institutions are places of coercion and not of healing' (Hopton, 1995: 726).

Finally, in his monograph *The Myth of Mental Illness*, the psychiatrist Thomas Szasz questions the existence of mental illness *tout court*. Szasz (2003: 1) goes as far as to affirm that 'there is no such thing as "mental illness"'. Drawing on his own article 'The Myth of Mental Illness' (1960), Szasz (2002) claims that 'the concept of illness, whether bodily or mental, implies deviation from some clearly defined norm'. This idea shows how much Szasz was indebted to the work of the French philosopher and historian of sciences George Canguilhem, in

particular his 1943 *Essai sur quelques problèmes concernant le normal et le pathologique* (*The Normal and the Pathological*) in which he states (2007: 144) that 'there is no fact which is normal or pathological in itself'.[44] Whilst in physical medicine the norm can be ascribed to a certain integrity (whether functional or structural) (Szasz, 1960) or as Canguilhem (2007: 197) puts it, to a 'margin of tolerance to the inconstancies of the environment', in the case of psychiatry, the norm is not so easily defined. Szasz (1960) maintains that this norm is 'stated in terms of psycho-social, ethical, and legal concepts'. Hence, while psychiatry claims to be a medical science, its distinction between health and illness is dictated by the dominant norms of society. I shall argue that Basaglia was especially sensitive to this theme. As we shall soon see, he claimed precisely that psychiatry is a means of perpetuating the dominant capitalist norm through the identification and seclusion of deviants under the guise of a positivist medical science.

This brief overview is meant to outline the situation of psychiatry when Basaglia joined the asylum at Gorizia. In the following Section, I shall analyse Basaglia's work in Gorizia, which, as opposed to his later political actions, could be considered as a work of internal reform of the institution itself.

---

[44] Georges Canguilhem (1904–1995) first published *Essai sur quelques problèmes concernant le normal et le pathologique* in 1943. This was re-published in 1966 under the title *Le normal et le pathologique, augmenté de nouvelles réflexions concernant le normal et le pathologique.*

# 3. Internal Reform

## 3.1 Reforming the Institution

Such was the climate of crisis and criticism, when Basaglia first began working in an asylum. As mentioned in the first Chapter, Italian psychiatric health care was regulated by laws dating back to 1904, the *Legge 14 Febbraio 1904, n.36*, which defined the *disposizioni sui manicomi e gli internati*. Law 36 'codified the public mandate of psychiatry to defend society against the "dangerousness" of the insane' (Donnelly, 1992: 26). That is, it associated mental illness with social dangerousness and public scandal, entrusting asylums with the custody and containment of these. The Italian 1904 psychiatric law was consistent with Foucault's portrayal of a science whose main function is that of containing deviance. To put it in Basaglia's words (1964a: 249), Law 36/1904 was 'una legge antica, ancora incerta fra l'assistenza e la sicurezza, la pietà e la paura'.

As we saw in the first Chapter, Basaglia was conscious of the fact that, despite the dehumanising process they underwent in the traditional asylum, inmates are human beings. We also saw that, according to him, the psychiatrist should, instead of limiting his involvement to simply analysing the symptoms of the patient's illness, i.e. the objective positivist medical science, reach the patient's subjectivity. Yet such an approach could not be easily put into practice in the asylum. This institution had been created to serve a social purpose, that of containing anti-social behaviour, and not been designed to satisfy the needs of those

99

suffering from a mental disorder. The asylum was the place in which, according to Basaglia (1977: 399), psychiatry could operate an 'espropriazione della sofferenza in quanto disturbo psichiatrico'. The totalitarian character of such an institution fitted the purpose it served. In order to overcome the institutional organisation of the psychiatric hospital, Basaglia enforced several reforms first in Gorizia and then in Trieste.

As a first step, Basaglia abolished all forms of physical restraint (such as straitjackets) and physical barriers (such as fencing and iron gratings). However, this raised a major issue, that of staff security. Most personnel, physicians, nurses and other employees, had been working in the asylum for a long time; physical restraint provided a safe workplace, and traditional institutional psychiatry guaranteed a complete lack of involvement with the inmates. Basaglia introduced methods which questioned the safety of the workplace. He himself admitted (1964a: 254) that it would not have been possible to reform the institution without the use of drugs; the introduction of anti-psychotic drugs was the preliminary step towards the provision of a working environment that was both safe for personnel and did not entail the physical restraint of inmates.

In addition, he called for a direct involvement between staff and inmates. As all staff were charged with new responsibilities and duties, they did not always appreciate Basaglia's work. Donnelly (1992: 41) points out that, with Basaglia's reforms, 'psychiatrists themselves were obliged to spend more time on the wards, and to delegate less'; Ongaro

Basaglia (1987: xv), for her part, stresses that 'doctors could not stay on the wards for a few minutes [and] nurses could no longer calmly play cards'. Even the pioneer of the therapeutic community, the English psychiatrist Maxwell Jones, acknowledged similar problems. In his words, 'to have a senior staff member accept discussion and criticism [...] by other staff members, or even patients, is difficult without a training period' (Jones, 1968: XX). In this respect, Basaglia (1968c: 475) maintained that

> bisogna che noi stessi – gli appaltatori del potere e della violenza – prendiamo coscienza di essere a nostra volta esclusi, nel momento stesso in cui siamo oggettivati nel nostro ruolo di escludenti.

According to Basaglia, people who worked in a psychiatric institution were often unaware that they themselves were alienated by adopting the role they played. There seemed to be a need to re-educate personnel, yet Basaglia regarded such an idea as an excessively institutionalised task. Instead, what he tried to do was to bring closer the needs of psychiatric workers and those of the inmates. Instead of re-educating members of staff, Basaglia adopted a modified version of the clinical approach called the 'therapeutic community'.[45] Basaglia's *assemblee* draw on Maxwell

---

[45] In 1938, the psychiatrist Maxwell Jones began to work with Sir Aubrey Lewis at the Maudsley teaching hospital. He was soon transferred to the Mill Hill detachment where he worked for the military. After the war, Jones was appointed director of a social rehabilitation unit for disturbed prisoners-of-war. He involved the patients in community activities and tried to negotiate a contact with the external world (for instance with possible employers or former friends of the patients). In 1947, he became director of the Industrial Neurosis Unit (future Social Rehabilitation Unit) in Belmont Hospital. He focused his research on the rehabilitation of chronic character disorders and developed the practice of 'social therapy'. It was Maxwell Jones who first structured the experience of a Therapeutic Community in an organic and official practice. Basaglia visited Jones' Dingleton Hospital in Scotland in 1961–62. From there, he imported the therapeutic community into his everyday practice in Gorizia's asylum. Elly Jansen claims that the therapeutic community 'should provide a communal living experience which encourages open communication, and promotes

Jones' approach but, as Scheper-Huges (1987: 14) notices, are

> not to be confused with the general meetings that were part of the British and America therapeutic community models. The Italian *assemblea* was a stage for confrontation, for expression by people who had been silent for years.

Each day, inmates, nurses and psychiatrists met in a common assembly to discuss outcomes, issues, developments, proposals and also everyday aspects of life inside the asylum. During these meetings, the inmates were allowed to speak, to express their needs and to negotiate with qualified staff for the first time. Whereas in Britain the therapeutic community was generally regarded as a 'technique for collective management', in Gorizia it represented a 'powerful means of unleashing new and dynamic relationships' (Donnelly, 1992: 45). In other words, the therapeutic community aimed at reaching a state of equality, in which members of staff shared with the patient 'il "rischio" della sua libertà' (Basaglia, 1965b: 267). Reaching a state of equality meant acknowledging the patients' needs and fulfilling them as much as possible, even if this meant running the risk of losing the privileges of a position of power or giving rise to anti-social behaviour.

Besides importing and modifying the therapeutic community, Basaglia applied several other reforms. He made the wards of the asylum open, created a Day Hospital and, at a later stage and especially

---

intrapsychic and social adjustment, to the maximum capacity of the individual' (Jansen, 1980: 32– 3). We could mention that the main principles of the meeting are the following: all participants must be present by agreement, the purpose of the meetings must be agreed beforehand by all participants, meeting is to obtain and give help, so that an inmate may eventually leave the community (Jansen, 1980: 24).

in Trieste, a 'propaggine dei servizi urbani all'interno dell'ospedale' (Basaglia, 1968f: 24), such as a barber's, a cinema and a social club. These services were aimed at facilitating a merger between the city and the asylum; two areas that were originally separated and that Basaglia wanted to unite. As Pitrelli (2004: 94) remarked, this was a 'restituzione reciproca fra città e ospedale psichiatrico di spazi e di persone'.

Nevertheless, according to Basaglia, a proper reform of psychiatric health care could not be limited to reforming the institution. Undoubtedly, this internal reform 'ha avuto ed ha il compito di demistificare l'ideologia del manicomio' (Basaglia, 1968b: 6). Even so, Basaglia (1968b: 5) acknowledged that 'le nuove contraddizioni che si evidenziano non possono che venire coperte e soffocate attraverso l'ideologia comunitaria che le spiega, le scioglie e le risolve'. The community approach becomes an abstract ideology comparable with organicist/institutional psychiatry when it ceases to be an act of protest and is just adopted as a new and more effective technique for the treatment of mental illness. I shall now discuss the risks associated with enforcing an internal reform only.

### 3.2 The Risks of Internal Reform

As his article 'La distruzione dell'ospedale psichiatrico' shows, as early as 1964, Basaglia (1964a: 256) was aware that internal reform ran the risk of creating a 'gabbia d'oro'. This 'golden cage' would give rise to a 'stato di soggezione ancora più alienante, perché frammisto a sentimenti

di dedizione e riconoscenza che legano [il paziente] al medico' (Basaglia, 1964a: 256). Humanising the conduct of psychiatric health care does not necessarily imply undermining the power psychiatrists wield on behalf of society. A humanised psychiatric hospital would serve the same social purpose as the traditional asylum. In some respects, this 'paternalismo terapeutico' (Colucci and Di Vittorio, 2001: 66) would even reinforce psychiatric power, as it would create docile and grateful inmates who would regard the physician as a source of freedom and recovery. In such a situation, the patient would see healing only as a gift from the psychiatrist and not as a personal conquest. The inmate 'è lì, in attesa che qualcuno pensi e decida per lui perché non sa [...] di poter fare appello alla sua iniziativa, alla sua responsabilità, alla sua libertà' (Basaglia, 1964a: 257).[46]

Likewise, Basaglia (1968d: 80) referred to such a new state of subjection as the creation of an 'istituzione della tolleranza', the 'faccia adialettica dell'istituzione violenta' (Basaglia, 1969b: 102). In other words, the tolerant institution seems to be revolutionary only in comparison to the violent one. Actually, it is as institutional as the latter, because it is not able to challenge its premises. In order to subvert institutional psychiatry properly, reform should be a dialectical process aimed at questioning the core values of the psychiatric institution and also the social structures on which it rests, rather than just its therapeutic techniques.

---

[46] Basaglia's and Lacan's theories of the therapeutic process once again converge on this point. In fact, both stress the importance of abandoning the position of power from which the patient could only regard recovery literally as a gift from the doctor. See Chapter Four, especially Section 5.

As regards the situation of the inmate in the asylum, there seems to be only one possibility whereby an equal relationship can be established without a regression into an institutionalised paternalistic approach. Basaglia (1964a: 257) believed that 'l'unico punto su cui sembra di poter far leva è l'aggressività individuale'. The psychiatrist should take advantage of the patient's aggressiveness to build a relationship of reciprocal tension. The institution must not suppress the aggressiveness of the inmate in order to create the myth of a good and docile patient – 'il "perfetto ricoverato", [...] assoggettato e adattato al potere istituzionale' (Colucci and Di Vittorio, 2001: 173). On the contrary, the aim of any intervention should be 'risvegliare [nel paziente] un sentimento di opposizione al potere che lo ha finora determinato ed istituzionalizzato' (Basaglia, 1965c: 290). Donnelly (1992: 46) infers from these considerations that Basaglia wanted his patients to 'focus their aggressiveness on the institution as both the symbol of, and the practical means for, their exclusion from the broader society'. Yet Basaglia also regards the aggressiveness of the patient as the possibility of putting into question the power of not only the institution but also the psychiatrist himself. In this way, the patient is granted the bargaining power (*potere contrattuale*) that he lost when he was hospitalised. This seems to be the only way to counter the consequences of hospitalisation. Upon admission into the asylum, the patient suffers three kinds of privation: first, the inmate is dispossessed of the lived body, which is replaced by the institutionalised image of the anatomic body; secondly, the inmate is legally stripped of his civil rights

(as was decreed by Law 36/1904); thirdly, the inmate loses personal autonomy, a loss that results from living in any 'total institution'. As Goffman (2007: 24) notes,

> the recruit comes into the establishment with a conception of himself made possible by certain stable social arrangements in his home world. Upon entrance, he is immediately stripped of the support provided by these arrangements.

The challenge for the psychiatrist is to re-establish an equal relationship with a human being deprived of his body, civil rights and social support. It is all the more challenging if we take into account the organicist/institutional psychiatric relationship. In it, the psychiatrist exercises a double power over the patient. On the one hand, he represents knowledge and science; hence, he can assess the patient's state and decide his treatment and his very life (involuntary hospitalisation, lifelong treatment, etc.). On the other hand, the psychiatrist represents public morals and society; he is entrusted with the containment of anti-social behaviour and the protection of society from the insane. In addition, the psychiatrist wields a strong political power over the inmate, in that he has the power to hospitalise the sick person, which entails the loss of civil rights. According to Basaglia (1965c: 291), the psychiatrist should put these powers into question: 'sta in noi, ora, pagare il rischio della libertà [del paziente]'. The first step towards an equal relationship is 'dividere, da parte del medico, il rischio della libertà del malato' (Basaglia, 1964b: 407). This means that the psychiatrist, accepting the risk of anti-social behaviour, has to leave the inmate 'libero di esprimere la sua follia all'interno dell'istituzione'

106

(Colucci and Di Vittorio, 2001: 174). In other words, only by taking advantage of the inmate's aggressiveness can the creation of a 'golden cage', in which the inmate is controlled by a paternalistic approach, be avoided.

A psychiatry based on the therapeutic community as well as social psychiatry can turn out to be as institutional as organicist/institutional psychiatry was. Social psychiatry similarly creates a technical answer to the problem of mental illness, that is, a new and more effective therapy, which 'guarisce di più come OMO lava più bianco'[47] (Basaglia, 1968c: 503). This approach may effectively render psychiatry more 'human' and may also be more effective as far as therapy is concerned. However, even if it does not directly address the need to control deviance, it still fulfils that need.

The reason for this, according to Basaglia (1970b: 108), is that social psychiatry lacks 'l'analisi di quanto costituisce e fonda il sociale cui si riferisce'. It is impossible to reform psychiatry radically if there is no analysis of the social structure which created, motivated and accounted for it as an instrument of control. As Basaglia claims, it does not really matter if the asylum is refined and its methods abandon all types of violence. It does not even matter if the aim of the psychiatric hospital now becomes integration and rehabilitation. Psychiatry as a tolerant institution is still 'una risposta tecnica a una domanda economica' (Basaglia, 1975a: 323). According to Basaglia, eventually it

---

[47] The ubiquitous detergent 'OMO' used the slogan 'OMO washes whiter' throughout the fifties and early sixties in all Western countries.

all comes to the economic system, to capitalism. The demand to which psychiatry responds may have started as a social request, to effect the control of deviance. Yet in a capitalist state, society itself is grounded on economic principles. As I shall shortly argue, the social request to seclude deviants becomes the economic request to control those who are not productive (i.e. those who are unable to work or to respect hierarchies).

Having said this, Basaglia seems to have been walking a very thin line in Gorizia. He was in charge of an asylum he wanted to dismantle and possessed a power he wanted to get rid of. Or, to use his own words, in Gorizia

> l'istituzione è contemporaneamente negata e gestita, la malattia è contemporaneamente messa fra parentesi e curata, l'atto terapeutico viene contemporaneamente rifiutato e agito (Basaglia, 1968a: 515).

Walking such a thin line was the only possible way in which Basaglia was able to avoid conforming to the social mandate of psychiatry. Society constantly asks the psychiatrist to produce a newer and better technique for controlling and containing anti-social behaviour. The only possible subversive action that could undermine this mandate from within was 'un'azione che tendeva a fondarsi su forme precarie di organizzazione, che rifiutava di stabilizzarsi su nuove regole positive' (Basaglia, 1977: 392).

This precarious and unstable organisation obliged Basaglia to reflect on the role of the psychiatrist in society as such and not only as part of the asylum. As we have seen, the psychiatrist attempts to build an

equal relationship with the patient. From a political perspective, this means that he allows the patient the civil rights enjoyed by every other citizen. In order to do so, the psychiatrist must face an extra-psychiatric *milieu*. In this way, he is no longer just a therapist or a physician. The psychiatrist must act on a political level. According to Basaglia, it is only by working at a political level, e.g. with the help of political forces, such as parties, that it is possible to restore their civil rights to inmates of an asylum. This process entails taking advantage of the inmates' aggressiveness, returning a bargaining power to them, and eventually decreeing the destruction of the asylum.

As I shall argue in the next Section, it is for this reason that Basaglia could relate the psychiatrist to the intellectual. From this perspective, Basaglia studied the importance of intellectuals and their relationship with dominant ideologies. Thanks to this study, Basaglia ventured to extend the psychiatric reform to include reform outside the asylum. That is, he began to question the social structures which support and justify psychiatry as a discriminating apparatus. At the same time, he came to question the social mandate of psychiatry.

### 3.3 Psychiatrists as Intellectuals

During the work of reform, the psychiatrist is in a precarious condition. In order to support the inmates, he must abandon his traditional position of power; at the same time he has to question his own knowledge. In doing so, the psychiatrist transcends the *milieu* of the asylum and

engages wider and different issues. As Colucci and Di Vittorio (2001: 218) put it, we can recognise in these problematics

> gli elementi paradigmatici di un gesto intellettuale che va oltre la storia stessa della comunità terapeutica e dell'apertura delle porte dell'istituto.

According to Basaglia, when the psychiatrist questions his own power and knowledge in order to support the inmates, he engages with the general issues that intellectuals encounter when they side with a subordinate class. For this reason, Colucci and Di Vittorio (2001: 219) claim that, during the work in Gorizia, the asylum represented 'il luogo dove muore la figura dell'intellettuale universale – il portatore di valori ideali "eterni" che agisce dall'alto sulle masse'. In this Section and the next, I shall explain why, according to Basaglia, the psychiatrist must somehow 'die' in order to overcome his traditional role. I shall also analyse how and why Basaglia related the psychiatrist to the figure of the intellectual.[48] In order to do so, I shall focus especially on Basaglia's article 'Crimini di pace' (1975a), and the preface to the book with the same title, which is a collection of essays focused on the role of intellectuals as technicians of oppression.[49]

---

[48] Once again, this reference to death with regard to the role of the psychiatrist can be related to Lacan's thought. As he points out in 'The Freudian Thing', 'the analyst concretely intervenes in the dialectic of analysis by playing dead' (Lacan, 1955b: 357). The analyst plays dead in two instances. First, when the patient supposes that the analyst possesses the vital truth of the patient's own unconscious, i.e. when the analyst is installed in the position of 'subject supposed to know'. Secondly, when the patient regards the psychiatrist as an object. In both cases, the analyst must avoid taking the position in which the patient is expecting him to be. In order to do so, 'via symbolic and imaginary effects, respectively, he makes death present' (Lacan, 1955b: 357). See Chapter Four, Section 5.3.

[49] Among the most notable contributions to this book edited by Basaglia we should mention Michel Foucault's 'La casa della follia', Robert Castel's 'La contraddizione psichiatrica', two essays by the anti-psychiatrists Laing and Szasz and one by the sociologist Erving Goffman.

When dealing with the figure of the intellectual, Basaglia relied on Antonio Gramsci's theories. Gramsci (1949: 9) observed that there was a need for *new* intellectuals, who should abandon their traditional role of 'commessi del gruppo dominante per l'esercizio delle funzioni subalterne dell'egemonia sociale e del governo politico'. According to Gramsci, traditional intellectuals were only servants of the dominant ideology and could not take part in the struggle of the lower classes, i.e. the working class, the proletariat. Gramsci thus proposed a new conception of the intellectual, which he named the 'intellettuale organico'. Briefly, such a person would be able to mediate between the State and the lower classes, thus effectively reducing the distance between the two.

For his part, Basaglia (1975a: 241) asserted that the intellectual had so far played a 'ruolo di funzionario del consenso'. That is to say, intellectuals had 'il compito di assicurare legalmente la disciplina di quei gruppi che non "consentono" né attivamente né passivamente' (Basaglia, 1975a: 239). Intellectuals have disciplined the subordinate classes, workers, the proletariat, the poor and also the mentally ill. These 'funzionari del consenso' are able to do so by exercising a certain amount of power and, especially, by administering a technique. Sartre (1972: 412) calls them the 'technicians of practical knowledge'. In Basaglia's words (1975a: 239), they are the

> esecutori materiali delle ideologie [...] gli intellettuali di serie C, [...] coloro che affrontano problemi pratico-teorici, traducendo l'astrazione della teoria nella pratica istituzionale.

111

The lower classes work to realise aims defined by the ruling ones. Intellectuals make this possible through a series of techniques, which contribute to the disciplining of 'quei gruppi che non "consentono" né attivamente né passivamente'. As Colucci and Di Vittorio (2001: 220) put it, intellectuals are only 'specialisti di un sapere pratico, un sapere che interviene sulla realtà per [...] adattarla alle esigenze della classe dominante'. Yet intellectuals exercise power on behalf of the dominant class. Just like the lower classes, the actions of intellectuals do not satisfy their own requirements, as they are not allowed to express their own needs, because they have to conform to those of the dominant class. This idea owes much to a Marxist analysis of society. In the clear-cut dichotomy between ruling and lower classes, intellectuals play the role of intermediaries. They endorse the claims of dominant ideologies, reinforcing the justifications for exploiting the lower classes and administering techniques to exclude them from ruling positions.[50]

In Basaglia's opinion, these considerations can be seamlessly applied to psychiatry. Traditional psychiatrists are 'funzionari del consenso' inasmuch as they are entrusted with the identification and custody of social deviants. These 'deviants' are merely those who do not comply with the requirements of the dominant ideology, i.e. those who

---

[50] According to Marx, intellectuals, or ideologists, serve the ruling class inasmuch as they produce ideologies capable of masking the alienating character of labour. In *The German Ideology*, Marx and Engels (1970: 64) point out that 'the class which has the means of material production at its disposal, has control at the same time over the means of mental production, so that thereby, generally speaking, the ideas of those who lack the means of mental production are subject to it'. This is how the members of the ruling class can impose their needs on the masses of workers through an ideology. As Basaglia himself believed, the subordinate condition of mental patients is reinforced by their alienation in an ideology imposed by the dominant class. See for instance Basaglia, 1975a: 244.

112

do not 'consent' (Basaglia, 1975a: 239).

Psychiatrists also fit into the category of 'technicians of a practical knowledge'. The techniques of organicist/institutional psychiatry allow them to translate the nosographic knowledge of psychiatry into an alleged therapeutic practice. Yet, although this practice implies a certain amount of power, organicist/institutional psychiatrists exercise it only on behalf of the dominant class. That is to say, 'non controllano i fini per i quali questo sapere viene messo in atto' (Colucci and Di Vittorio, 2001: 220). They have the power to impose a diagnosis on patients, enforce their hospitalisation and regulate all of their life in the 'total institution' of the asylum. Even so, they cannot modify the essential purpose of their actions: that is, marginalising an individual who is considered deviant. This fact is beyond their control and psychiatrists have no choice but to accept this mandate.

### 3.4 Psychiatry as a Medical Science

By and large, the power enjoyed by psychiatrists derives from the fact that psychiatry is generally perceived as a medical science. As such, it is supposed to be an unbiased, objective and specialised application of medicine to mental diseases; that is to say, psychiatry should not be hindered by moral, social or economic considerations. Yet we have seen that psychiatry, especially after 1961, could no longer be regarded as an unbiased science. Some scholars went as far as putting into question even the alleged unbiased and scientific nature of medicine itself. One of

these scholars was Michel Foucault.

In *The Birth of Clinic* Foucault, following Canguilhem's work among others, argues that contemporary medicine is based on a certain clinical 'gaze' (*regard*), which treated the dead, anatomical body and its diseased components as the visible object of a positive science. This objective and supposedly neutral 'gaze', is a concept whose history is entwined with power releations and economic reasons (Foucault, 2008). With regard to the historical nature of medicine, Sigerist (1932: 35) asserted that 'medicine is closely associated with general culture, that every change in medical thinking is the outcome of the world point of view of the time'. Canguilhem (2007: 103) relied on Sigerist to endorse the opinion that a medical concept seems 'to satisfy simultaneously several demands and intellectual postulates of the historical moment of the culture in which it was formulated'. According to these studies, the main issue is not that psychiatry cannot be considered to be a medical science, but that medicine itself cannot be unquestionably regarded as an unbiased science. As Canguilhem (2007: 221–2) says, every scientific perspective is 'an abstract point of view' insofar as it expresses 'a choice and hence a neglect'. This choice tends to privilege those objects that allow 'measurement and casual explanation'. The 'need to determine scientifically what is real', i.e. what is measurable, extends also to life, with the so-called sciences of life and especially with medicine. In *The Birth of Clinic*, Foucault (2008: XX) advances a possible 'analysis of a type of discourse, that of medical experience', which we are 'accustomed to recognising as the language of a "positive science"'. As

114

Rose (1999: 52) observes, Foucault's analysis reveals 'the political objectives [that] have been specified in the vocabularies and grammars of medicine'. Foucault's analysis thus breaks medicine down into a series of political and social effects. In Rose's words (1999: 55), 'medicine [...] has played a formative role in the *invention of the social*'.

More recently, Žižek returns to this point by extending his critique to science as such. According to Žižek (2009: 69), 'science today effectively does compete with religion'. It does so, insofar as science is as ideological as religion, because 'it serves two properly ideological needs, those for hope and those for censorship'. In this way, science first and foremost works as a 'social force, as an ideological institution'. Science has become a universal discourse, an absolute 'point of reference'. Hence, science is hardly questioned.

According to Basaglia (1968e: 468), these considerations are all the more true in psychiatry. In this discipline, the aura of scientific neutrality eventually 'agisce a sostegno dei valori dominanti'. It does so, insofar as it conceals the true social and economic considerations that underlie psychiatry. Arguably, psychiatry in Italy before Basaglia was not a neutral, medical science either, in that its dealings with patients by and large had a socio-economic bias; as Ongaro Basaglia (1987: xvi) observes, 'the discourse about the nonneutrality of science [...] found a practical confirmation in the Gorizia experience'. As already outlined in the first Chapter, Italian psychiatry was firmly split into two branches until the enforcement of Law 180. While private and University clinics admitted those patients who could afford the high fees involved,

115

hospitalisation in the asylum was free of charge. As a consequence, 'the stigma of the asylum was very much associated with poverty' (Donnelly, 1992: 34). Hence, although institutional psychiatry was also dealing with mental illness, it came to treat only the patients belonging to the lower classes, those who could not afford a private clinic. As Basaglia (1975a: 239) observes, 'il manicomio non è l'ospedale per chi soffre di disturbi mentali, ma il luogo di contenimento di certe devianze di comportamento degli appartenenti alla classe subalterna'.

Although Basaglia seems to be suggesting that belonging to the subordinate class is a sufficient precondition to being regarded as potentially dangerous, this issue is not further developed in his writings. However, Basaglia does stress how this socio-economic bias reinforces psychiatric power itself. As he says,

> non è automatico che la classe subalterna, anche la più politicizzata, riconosca nella scienza e nelle ideologie la manipolazione e il controllo di cui è oggetto, e non invece un valore assoluto, che accetta perché al di là della propria possibilità di conoscere e di comprendere (Basaglia, 1975a: 244).

Considered as a science, psychiatry cannot be questioned. This is because it both enjoys the objectivity and neutrality of sciences and is a specialised knowledge, with specialised technicians entrusted with its application, i.e. psychiatrists. Inasmuch as they appear to draw their conclusions from scientific, neutral and objective observations, their decisions are not to be challenged. Mental illness is considered to be real inasmuch as there is an allegedly scientific knowledge that defines it. Given that this knowledge pertains to a specialised domain, those who

116

have not specialised in psychiatry cannot properly understand mental illness. Mental and physical symptoms are 'inaccessible to the patient without a medical interpretation' (Armstrong, 1995: 19). Only specialised workers can provide such an interpretation. The impossibility for untrained people to understand and call into question psychiatric knowledge conceals all the more the true grounds of psychiatric practice.

The psychiatrist, as much as the intellectual, has the possibility of siding with those who do not possess this knowledge. In order to do so, the 'funzionario del consenso', the 'technician of a practical knowledge', must unveil the economic bias of psychiatry and renounce his social mandate. That is to say, he must 'enable the subordinate class to take possession of the technicians' knowledge, and hence emerge themselves as subjects' (Donnelly, 1992: 56). Arguably, Sartre (quoted in Basaglia, 1975a: 271) refers to this when he asserts that the intellectual must 'sopprimersi in quanto intellettuale'. Colucci and Di Vittorio (2001: 219) note that, in Gorizia asylum, 'muore la figura dell'intellettuale' through the work of de-institutionalisation. If the intellectual must 'sopprimersi' in order to reach the working class, the subordinate class or the masses, the psychiatrist must similarly renounce the power that comes from his belonging to an elite comprised of representatives of a given knowledge. In doing so, psychiatrists are suppressing themselves as psychiatrists, 'rejecting their official role' (Donnelly, 1992: 56). The psychiatrist withdraws from his position of power, grants the patient the possibility of acting as a subject, renounces the science that justifies his choices and finally awakens in the inmate a

117

feeling of rebellion. Such a change is the essential precondition to establishing a proper encounter with the patient and thus to avoiding becoming a 'representative of a dominant ideology' and a 'technician of practical knowledge'. It is only from such a weakened condition that the psychiatrist can allow the patient to express those basic human needs (such as not only shelter and food but also freedom, dignity and respect) which, according to Basaglia, often remain unsatisfied in the lower classes. This is a project that aims at political equality inasmuch as both the psychiatrist and the patient share those basic human needs. But it is also a position of phenomenological and existential equality insofar as, in this condition, psychiatrist and patient respect each another as subjects.

All these considerations show that Basaglia was nurturing 'wider "political" aspirations' (Donnelly, 1992: 46) and that he was to adopt a new perspective, which would not necessarily be confined to the psychiatric context. In the next Section, I shall analyse how Basaglia developed this wider perspective and how he expanded his critique from organicist/institutional psychiatry to capitalist society as such.

## 4. External Reform

Although reforming the institution provides a better and more human psychiatric health care, the psychiatrist's position of power remains unchanged. Ultimately, not even social psychiatrists can escape their role of 'technicians of practical knowledge' or 'representatives of the

dominant ideology'. Having abandoned institutional psychiatry, they adopt the technique of the therapeutic community. However, their ideology remains that of the dominant class, which aims at containing and secluding deviants. Social psychiatrists continue to use the allegedly scientific nature of psychiatry to mask this ideology.

Contrary to the claims of social psychiatry, Basaglia believed that, once institutional psychiatry had been dismantled, there could be no replacement technique, that is, there could be no 'Basaglian method'. This is also the reason why Basaglia believed that an anti-institutional process could not end with the reform of the institution but continue with the reform of society. If a discipline, such as psychiatry, has had a social mandate since its very beginning, any change in the given discipline would still only serve the dominant ideologies of society itself; these must first be changed, if one wants to modify the discipline radically. Only by changing the social structures that support institutional psychiatry is it possible to achieve a new, de-institutionalised psychiatry. In other words, 'society had to be brought into collision with the problems it had tried to lock away in the asylum' (Mollica, 1985: 31).

Briefly, this utopian project aimed at changing 'society's relation to the insane' (Donnelly, 1992: 95). In the following Section, I will discuss how the concept of contradiction played a key role in this project. In order for utopian aims to shape reality, according to Basaglia, it is crucial to leave contradictions unresolved. For him, the dialectic relationship between contradictions, reality and utopia is the only

premise from which a proper external reform can emerge and truly influence society.

## 4.1 The Double Presence of Contradictions

Throughout his writings, Basaglia recognised that madness itself raises many contradictions. Beginning with 'La distruzione dell'ospedale psichiatrico' (1964), Basaglia focused on the contradiction that mental illness raises between individual needs and social norms as well as between a subject who wants to be recognised as such and a science that considers him as an object. Encompassing both definitions, Basaglia (2000: 99) claimed that mental illnesses are contradictions 'del nostro corpo, e dicendo corpo, dico corpo organico e sociale'.

For these reasons, it is of the utmost importance for the psychiatrist to live 'dialetticamente le contraddizioni del reale' (Basaglia, 1964b: 399). To face 'dialectically' both mental illness as a contradiction and the issues thereby raised means that psychiatrists must not silence this contradiction by the explanations of a predetermined ideology. Mental illness must be considered as a contradiction we cannot solve and that we must face on a daily basis by dialectically negotiating the possible solutions of each single issue it raises. Organicist/institutional psychiatry tended to base diagnosis and therapy on *a priori* categories, relating all problematic behaviour of the patient to the standard symptoms of the illness, rather than facing them in their uniqueness.

It follows from this that the concept of contradiction also plays a specific political role in the work of de-institutionalisation as such. According to Basaglia (1980: 481-2), contradictions were elements in his political strategy, because

> evidenziare le contraddizioni significa creare l'apertura di una spaccatura. [...] Nel tempo che intercorre tra l'esplosione della contraddizione e la sua copertura (perché non può avvenire che questo), si determina un'occasione di presa di coscienza da parte dell'opinione pubblica.

On the one hand, Basaglia suggests that contradictions should be kept unresolved through a continuous negotiation; in such a way, one could deal with the uniqueness of each single individual. On the other hand, when kept unresolved, contradictions generate further dialectical processes, which can go as far as undermining power. This is possible insofar as a contradiction amounts to a double presence. The first is 'la presenza del relativo (quindi del polo concreto del reale, del possibile) all'interno di un discorso che rischia di assolutizzarsi' (Basaglia, 1970b: 124). Possibly, Basaglia is here suggesting that what he refers to as 'real' transcends the mere level of perceived reality. Arguably, the 'real' amounts to the presence of what is relative, local and subjective in the general perception of reality. According to Basaglia, what we perceive as reality is only a product of ideologies: definitions, norms, codifications are 'messi in atto dalla classe dominante per costruire la realtà secondo i propri bisogni' (Basaglia, 1975a: 254). Individual needs and the contradictions to which they give rise are silenced by these ideologies. This is the reason why Basaglia regards them as the 'real'.

121

The 'concrete pole of the real' is the resistance to the creation of ideologies, that is to say, absolute and abstract representations of reality, aimed at silencing social contradictions, the 'obscene' byproduct of society. As one would expect, this local resistance runs the risk of being turned into a replacement for ideologies and thus of becoming itself a new ideology. Basaglia was especially concerned that this might happen with the enforcement of Law 180. He feared that the work of de-institutionalisation in the local reality of the asylum, i.e. a local resistance, might give rise to a new ideology, such as a new and more effective psychiatric technique that would have been used uncritically and without any concern for the needs of the individuals.

Nonetheless, a local resistance not only runs the risk of becoming an ideology: it also runs the risk of remaining a mere local endeavour that does not call into question the general ideology which it was resisting. For instance, Basaglia's reform aimed at calling into question institutional psychiatry as such. Yet it risked remaining a local resistance, centred in Gorizia and Trieste asylums, unable to reach the social structures that *produced* asylums. For this reason, Basaglia also wanted to turn his local reform into a law.

According to him, this is why a contradiction also amounts to a second kind of presence. A contradiction is also 'la presenza dell'assoluto (l'impossibile, ciò che si vuole essere) all'interno di un discorso relativo che porta in sé la propria morte' (Basaglia, 1970b: 124). This 'absolute' is not ideological insofar as it does not entail norms. It does not impose an abstract representation of society that

silences its obscene side. When Basaglia refers to this 'absolute', he is referring to the presence of a utopian aim. Utopia should guide the local resistance and prevent it from remaining a mere local endeavour, with no chance to have an effect on society as a whole.

To summarise, a social contradiction is an occasion to make people aware of the social injustice that is the byproduct of society itself. This is possible because a social contradiction is the presence of a local resistance to the 'absolutising' power of ideologies and, at the same time, it is also the presence of the utopian aims that guide this local resistance.

In the wake of these considerations, Basaglia (1975a: 254) encouraged a consideration of reality as something that is 'praticamente vero'. Reality should not be regarded as something given and static. It should be regarded as a dynamic entity, which is shaped by the actual needs of the people. On the other hand, utopia should be regarded as an 'elemento prefigurante' (Basaglia, 1975a: 254) of this reality. Utopias are 'una ricerca costante sul piano dei bisogni, delle risposte più adeguate alla costruzione di una vita possibile per tutti gli uomini' (Basaglia, 1975a: 254). Reality should be constantly shaped and re-shaped, according to this continuous search based on the needs of human beings. If reality is to be regarded as an unstable condition, then utopia is the element that prevents reality from becoming static. In the specificity of psychiatry,

> l'utopia è quella della pratica quotidiana, che permette di rovesciare la scienza, la tecnica, facendo brillare la speranza di un

cambiamento radicale della società (Colucci and Di Vittorio, 2001: 74).

In other words, the dialectical contradiction between reality and utopia ensures that reality never stops shaping itself according to the needs of the people. This is precisely what capitalist society does not allow. The bourgeoisie shapes reality according to its needs, whereas the lower classes have no choice but to alienate themselves in this reality, as they do not contribute to shaping it. Any attempt from the subordinate classes to shape reality is regarded as rebellious or, in psychiatric terms, as sick.

Before continuing it is crucial to stress that Basaglia's notion of utopia is in stark contrast with all previous understanding of utopia in the context of psychiatry. As Scheper-Huges (1987: 1) aptly observes, 'the history of psychiatry is replete with the myth making that perpetuates [...] utopian visions'. As I will discuss at length in the third Chapter, when dealing with Foucault's historical analysis of madness and the disciplines entrusted with its study and treatment, every epistemological break in the history of psychiatry, such as Pinel's freeing the madmen from the chains at *Salpêtrière* hospital, has been moved by a utopian vision. However, this utopian vision was never detached from the need of social control; in Scheper-Huges's words (1987: 3),

> earlier proposal [to reform psychiatry] were utopias in the sense that they generated ideologies, each with a preconceived future that would reinforce and improve upon existing patterns of management and control over excluded groups.

Basaglia's notion of utopia is very distant from this idea, as he urges to

124

consider utopias as *practical* realities: 'Basaglia's changes were forged out of the specific context in which he worked' (Lovell and Scheper-Hughes, 1987: 3).

## 4.2 The Contradictory Situation of De-Institutionalisation

As Basaglia himself has observed, the work of de-institutionalisation in itself gives rise to contradictory situations.[51] The first contradiction stems from the opposition between curing and 'bracketing' mental illness. As psychiatrists, Basaglia and his team were being asked to cure mental illness; but as reformers of psychiatry, they were trying to disregard organicist/institutional psychiatric categories, the most general of which is mental illness itself. They did this in order to achieve a deeper understanding of each individual patient considered as a subject, instead of delivering a scientific explanation of his abnormal behaviour. Such an understanding focused on the two aspects that were neglected in positivist psychiatry: the subjectivity of the patient and the social aspect of the illness. In Donnelly's words (1992: 60), 'the idea is to treat persons, not illnesses'. In Basaglia's opinion, the opposition between curing and 'bracketing' mental illness stems from the fact that we do not know what madness is: 'non so cosa sia la follia. Può essere tutto o niente. È una condizione umana' (Basaglia, 2000: 34). Yet according to

---

[51] 'Finché si resta all'interno del sistema, la nostra situazione non può che continuare ad essere contraddittoria: l'istituzione è contemporaneamente negata e gestita, la malattia è contemporaneamente messa fra parentesi e curata, l'atto terapeutico viene contemporaneamente rifiutato e agito' (Basaglia, 1968a: 515).

Basaglia, organicist/institutional psychiatry concealed all possible doubts concerning madness by defining it as a mental illness, that is, a phenomenon that can be explained scientifically. Through his famous dictum 'mettere tra parentesi la malattia mentale' (Basaglia, 1981a: XII), Basaglia tried to operate without silencing this doubt. If the psychiatrist does not know what madness is, then he has to 'bracket' all psychiatric *a priori* assumptions. Instead of acting as a therapist who needs to cure a disease, the psychiatrist must face the needs and desires of the patient as if he were dealing with a 'healthy' human being. In doing so, he is confronting an individual and a social subject, who has to understand himself as much as his relationship with society.

The second contradiction that Basaglia left unresolved was that between health and illness. According to Basaglia, we are used to considering health as the normal state of life, so illness is seen as an exception to the norm. This resumes the observation Canguilhem (2007: 138) had already made about twenty years before when he said that 'one could say that continual perfect health is abnormal'. If we take the concept of health in an absolute way, it 'is a normative concept defining an ideal type of organic structure and behaviour' (Canguilhem, 2007: 137); yet he continues, 'the experience of living indeed includes disease' (Canguilhem, 2007: 138). Similarly, Basaglia regarded both illness and health as opposite yet fundamental conditions of life. In his own words, 'un buon ordinamento sociale dovrebbe fare in modo che il malato viva la propria esperienza di malato come un'esperienza di vita' (Basaglia, 1975b: 359). In the psychiatric hospital, on the contrary, as

126

Goffman (2007: 306) observes:

> whatever the patient's social circumstances, whatever the particular character of his 'disorder', he can [...] be treated as someone whose problem can be approached, if not dealt with, by applying a single technical-psychiatric view.

If the patient's symptoms are only interpreted as the signs of an illness, the patient's needs will be met only from a technical-psychiatric point of view: the patient's real needs and his subjectivity are neglected. With this claim, Basaglia (1975b: 357) did not intend to assert that mental illness does not exist,

> ma che noi produciamo una sintomatologia [...] a seconda del modo col quale pensiamo di gestire [la malattia], perché la malattia si costruisce e si esprime sempre a immagine delle misure che si adottano per affrontarla.

The theoretical framework adopted when assessing an illness shapes how illnesses manifest themselves. This rules out the possibility that what psychiatry reads as a symptom could be instead an act of disagreement, rebellion or even subjective expression against the impositions of society as such. Hence, the inmate is somehow denied the possibility of expressing his own needs because 'ogni atto di contestazione alla realtà che vive [è] solo sintomo di malattia' (Basaglia, 1967c: 417). Once the psychiatrist diagnoses a mental illness, the institution relieves the patient completely of any responsibilities, as it interprets every single action of his as a mere symptom. In this way, illness becomes an *a priori* condition.

On the other hand, regarding illness as an inevitable part of life

allowed Basaglia to disregard the technical-psychiatric schemes which would silence the patient's needs through the application of *a priori* assumptions. According to Basaglia, this meant interpreting the symptoms not only as signs of a disease but also, and especially, as the expression of unsatisfied needs, of a clash between individual needs and social norms. In other words, it allowed Basaglia to regard as a subjective and social expression what medicine considered as an illness.

Lastly, Basaglia was perfectly aware of the contradiction in which he was living as the director of an asylum. He was managing an institution he was also dismantling: 'la contraddizione fra negazione e gestione dell'istituzione è la prima di cui si deve tener conto' (Basaglia, 1975a: 296). In order not to conceal such a contradiction, Basaglia could not privilege the pole of institutional negation. This would have prevented him from acknowledging that even '[la negazione] si inserisce all'interno di un'organizzazione e di una ideologia scientifica la cui logica è nostro compito spezzare' (Basaglia, 1975a: 296). It would also lead eventually to an ideology of negation and recreate the relationship of power that existed before the de-institutionalisation.

In order to maintain a powerless position that enables him to contrast power, the psychiatrist must leave these three contradictions unresolved. Any reform risks becoming part of the very system it is trying to reform. This can happen when a subversive idea becomes the dominant one, and also when a revolutionary practice becomes a new technique. In this way, instead of being the result of criticism, it turns into the acritical application of a procedure. In psychiatry, contradictions

must be left unresolved in order to avoid 'la cristallizzazione delle risposte' (Basaglia, 1977: 403), that is, the creation of a replacement technique. Yet it seems that in the case of the contradiction between curing and 'bracketing' mental illness Basaglia decidedly favoured 'bracketing' over curing the illness. 'Bracketing' mental illness allows the psychiatrist to see through the schemes and categories of organicist/institutional psychiatry. In turn, this could result in a clearer understanding of mental illness as both a subjective and a social rather than an organic issue. In the next Section, I shall discuss the implication of 'bracketing' mental illness and its results.

## 4.3 'Bracketing' Mental Illness

According to Basaglia (1968d: 81), we do not know much about madness. The organic hypotheses on mental illness and its possible medical treatments 'sono rimaste ipotesi non verificate'. Yet as Basaglia (1975b: 358) puts it, 'cancro e malattia mentale esistono come fatti concreti' and, in his opinion, this is indisputable. Basaglia never denied the existence of mental illness. In other words, as he himself stressed in a conference in Rio de Janeiro, he was not an anti-psychiatrist.[52]

---

[52] In Rio de Janeiro Basaglia (2000: 153) said: 'Io non sono un antipsichiatra perché questo è un tipo di intellettuale che rifiuto. Io sono uno psichiatra che vuole dare al paziente una risposta alternativa a quella che gli è stata data finora'. And again, even more emphatically: 'Quelli che dicono che la malattia mentale non esiste [...] sono degli imbecilli che non hanno il coraggio di portare sino in fondo l'analisi della vita che viviamo' (Basaglia, 2000: 139). The first occurrence of the term 'anti-psychiatry' is in (Cooper, 1967). Subsequently, the term was used to refer to a group of psychiatrists, which included, among others, the American Thomas Szasz and the British R.D. Laing, who rejected organicist/institutional psychiatric classifications and therapeutic methods. As opposed to Basaglia, most anti-psychiatrists maintained that mental illness as such did not exist. What existed for them is

According to Basaglia, a mental illness is a 'contraddizione che si verifica in un contesto sociale'. For this reason, it is not only a social product but 'una interazione tra tutti i livelli di cui noi siamo composti: biologico, sociale, psicologico' (Basaglia, 2000: 99). In this multifaceted dimension, the psychiatrist can move only from one premise:

> ciò che sappiamo è che abbiamo a che fare con dei malati e che siamo costantemente tentati di coprire la contraddizione che essi rappresentano ai nostri occhi con un'ideologia, per cercarne la soluzione (Basaglia, 1968d: 80).

The only way to avoid concealing the contradiction that the sick person represents is to 'bracket' mental illness, that is to say to omit 'ogni definizione nosografica' or to disregard 'la malattia come fatto reale' (Basaglia, 1969a: 35–6). This is basically what Basaglia (1981a: xxii) means with the expression 'mettere tra parentesi la malattia mentale'.

As Colucci and Di Vittorio (2001: 27f) have observed, Basaglia's 'bracketing' of mental illness resembles Husserl's *èpoché*. Briefly, in his *Ideas: General Introduction to Pure Phenomenology* (Husserl, 1931), Husserl defined *èpoché* as the suspension of judgement concerning the true nature of reality. Only through such a suspension is it possible to carry out a phenomenological investigation whose aims are not governed by preconceptions and prejudices. Yet as opposed to Husserl's *èpoché*, Basaglia's 'bracketing' of mental illness does not involve reality as such (Basaglia, 1981a: XXII). The psychiatrist has to 'bracket' the assumptions on mental illness, which basically derive from a twofold

---

deviance, which society segregated and excluded. Disease was caused only by the effects of prolonged hospitalisation.

perspective: medical (i.e. madness is an illness) and social-moral (i.e. madness amounts to danger and scandal). More recently, Raymond McCall, a phenomenological psychologist and a professor in philosophy of psychiatry, has returned to the importance of *èpoché* in psychiatry. McCall distinguishes three different forms of *èpoché*: the 'bracketing' of all the non-psychological elements of his investigation (such as behaviour, physical reality, etc.); the so-called transcendental reduction, which aims at referring the subject only to his self-consciousness; and finally phenomenological reduction *stricto sensu*, which means 'to overcome the illusions of perfect objectivity' (McCall, 1983: 56–9). This phenomenological reduction grants the psychiatrist several insights.

First of all, institutional psychiatry considered the patient through the supposedly objective lens of medicine. In 1961, Goffman (2007: 306) had already noted in *Asylums* that psychiatry reduced all the possible approaches to the patient to a technical-psychiatric perspective. From this point of view, the psychiatrist cannot distinguish between behaviour on the part of the patient which is a direct consequence and manifestation of his illness, in other words, an actual symptom of it, and behaviour which is assumed to be a symptom for the sole purpose of classifying the patient's anti-social or just abnormal behaviour. This was precisely Basaglia's concern. The 'bracketing' of mental illness should make it possible to see through the categories imposed on the patients, in order to let them express their subjectivity, a perspective that follows from Basaglia's early phenomenological and existentialist studies.

Secondly, 'bracketing' allowed the psychiatrist to 'individuare

quale parte avesse giocato nel processo di distruzione del malato la malattia e quale l'istituzione' (Basaglia, 1981b: XXII). In other words, 'bracketing' mental illness appreciated the extent to which inmates suffered from their institutionalised condition and distinguished this from the effects of their mental illness.[53] In doing so, 'bracketing' revealed that the inmate might be expressing certain unsatisfied needs through his symptoms. In fact, the aim of institutional psychiatry had been 'la tutela dell'ordine pubblico' and certainly not a 'risposta al bisogno espresso dalla malattia' (Basaglia, 1975b: 359). 'Bracketing' mental illness made it possible for the psychiatrist to let emerge the effects that the imposition of social norms had on the sick person.

From these considerations, it follows that the psychiatrist should act on both the organic and the social aspect of the illness. Psychiatric therapy had been lagging behind during the 1950s and early 1960s, especially in Italy. Before the implementation of anti-psychotic drugs, psychiatric therapies were limited. Acting as a therapist, therefore, proved controversial. Unlike in physical medicine, in psychiatry there was no unified and widely accepted nosography of illnesses. Therapeutic methods were used without a solid scientific study on efficacy, and prognosis was highly uncertain and depended on several non-medical factors, such as the social context, the conditions of life in the asylum, etc. On the one hand, as Donnelly (1992: 36) puts it, the 'bio-

---

[53] In the last few decades, several writings have explored the negative effects of prolonged psychiatric hospitalisation. Among others, Goffman (2007: 310) noticed that 'alienation can develop regardless of the type of disorder for which the patient was committed, constituting a side effect of hospitalisation that frequently has more significance for the patient and his personal circle than do his original difficulties'. See also Burton, 1959 and Wing, 1962.

determinism of Italian psychiatry [...] tended to induce a certain therapeutic pessimism'. On the other hand, while the asylum generally aimed to 'incapacitate dangerous madmen' (Donnelly, 1992: 33), the alternatives to institutionalisation were available only to those who could afford a private clinic. Hence, the decision between who was to be confined in an asylum and who was to be treated in a clinic ultimately depended on economic conditions.

For these reasons, the psychiatrist, as a physician, could not do much that targeted the organic aspect of mental illness. However, according to Basaglia, the psychiatrist could be very effective if he worked on a social level. That is to say, 'mettere tra parentesi la malattia mentale' disclosed the social aspect of mental illness, with all its implications and consequences: the stigmatising effects of institutionalisation on the patient, the social structures that support psychiatry as a means of social control, etc. The social aspect of mental illness emerged precisely through the 'bracketing'. In Basaglia's words (1969a: 36), 'ciò che viene affrontato e discusso, attraverso la messa tra parentesi della malattia, è il suo aspetto sociale'. Only when the psychiatrist 'brackets' the fact that he is looking at a sick person, is he able to overcome the 'biological determinism of Italian psychiatry [that] essentially precluded any interpretation which would make deviant behaviour socially intelligible' (Donnelly, 1992: 35). In other words, the psychiatrist discovers that the patient suffers first and foremost from a lack of correspondence between his individual needs and social norms, rather than from an illness.

133

Revealing that the sick person is a human being and that, as any human being, he has certain needs that often clash with social norms, calls into question the problem of normativity in society as such. In other words, it enables an analysis of the grounds on which society, especially a capitalist society, produces norms. According to Basaglia, being productive is the most important norm of the contemporary capitalist system. If production characterises the norm, it follows that a normal individual is the one who is productive, whereas deviants are those who are unproductive. As early as in the 1968 article 'La comunità terapeutica e le istituzioni psichiatriche', Basaglia insisted that institutional psychiatry considers the sick person as 'un elemento di disturbo, da escludere'. The cause for this exclusion is precisely 'il fatto [...] di essere usciti dal processo produttivo' (Basaglia, 1968b: 7).

Basaglia maintains that the distinction between normal and abnormal in a capitalist society is the criterion of productivity, from which it follows that institutional psychiatry is the science entrusted with the control of individuals who are unproductive. As Scheper-Huges (1987: 12) stresses,

> [Basaglia] recognised that psychiatric diagnoses were rooted in the prevailing economic order, in a moral economy which defined 'normality' and 'abnormality' in its own rigid and class-based terms.

Revealing this distinction further problematises the very assumptions that underlie the capitalist system. According to Basaglia, there is a certain confusion between economy and society at the origins of the discrimination between normal and abnormal. In the entry on the theme

of 'Follia/Delirio' in the Einaudi Encyclopedia, Basaglia (1979a: 429) claims that 'il corpo economico è contrabbandato come un corpo sociale'. While the needs of people should shape the social body, this is clearly not the case in a capitalist society, where the institutions that support the economic body also shape the social one. As a consequence, the capitalist social body, with its norms, institutions and prejudices, is the result of an economic logic based on profit. Therefore, it can no longer respond to the actual needs of people. Eventually, this situation produces individuals who are alienated by the economic logic and are 'implicitamente subordinat[i] alle esigenze della logica che l[i] determina' (Basaglia, 1979a: 429).

Basaglia supports his argument with a statistical study that he conducted along with his team in the asylums at Trieste and Volterra. The data shows that the number of hospitalisations and discharges followed the general course of economy; that is to say, higher hospitalisation rates corresponded to periods of economic recession and higher rates of discharges to periods of economic development. It seems as though:

> a seconda dei diversi momenti di sviluppo o di recessione e di crisi, si assiste al contemporaneo allargamento o restringimento dei limiti di norma e, quindi, al dilatarsi o restringersi della tolleranza nei confronti dei comportamenti anormali (Basaglia, 1976: 386).[54]

In a period of economic recession individuals are required to be more productive; as the social body cannot provide for those who are

---

[54] The relevant data can be found in Basaglia, 1976: 387.

unproductive, the norm 'shrinks', and the exclusion of deviants increases. Conversely, in periods of economic growth, the social body can look after unproductive individuals; in this case, the norm 'expands', allowing a more generous tolerance of deviants.

The most important outcome of the 'bracketing' of mental illness is precisely the revelation of the economic bias underlying psychiatry. This bias explains, for instance, why the majority of inmates in an asylum were the impoverished and the destitute who lacked the economic means to survive in a capitalist society and needed to be somehow contained by it.

For this reason, the process of 'bracketing' mental illness calls into question the social structures that support institutional psychiatry and its discriminatory methods. It is to this end that the psychiatrist becomes a political activist. As Basaglia (1968e: 468) says, 'la polemica al sistema istituzionale esce dalla sfera psichiatrica, per trasferirsi alle strutture sociali che la sostengono'. Yet in Colucci and Di Vittorio's words (2001: 89),

> la politica non è una risposta alla follia, è stata soltanto, in un certo momento storico, il modo più radicale di tenere aperta la sua domanda.

It is important to stress that, according to Basaglia, the psychiatrist does not become a political activist in order to cure mental illness. Rather, he begins to act on a social level and brings psychiatric issues to the political arena, in order to keep unresolved the contradiction that madness represents. In such a way, it should be possible not to silence

this contradiction through the schemes of *a priori* theories and to grant the sick person the chance to express his needs.

'Bracketing' mental illness also entails criticising those alternative psychiatric treatments that were aimed at reforming institutional psychiatry, such as social psychiatry and *Daseinsanalyse* itself. Basaglia maintains that these alternatives, while effectively humanising psychiatry, could not change the social structures that grounded institutional psychiatry. Hence, they would only replace it with a treatment serving the same purpose of containing unproductive individuals. The only proper alternative to institutional psychiatry is a militant and politically engaged psychiatry. This new psychiatry should not only change the previous techniques but also aim at changing society as such. In the following Section, I will discuss Basaglia's critique of the psychiatric alternatives that aimed at humanising the institution without calling into question the social structures that sustain it.

## 4.4 Basaglia's Critique of 'Humanising' Psychiatry

We have seen that, according to Basaglia (1971a: 193), in a capitalist society being normal means being productive. Hence, 'chi è fuori da questo cerchio [produttivo] deve trovare un luogo in cui assumere un ruolo specifico'. The psychiatric institution serves the purpose of containing unproductive deviants. However, it is not only the traditional asylum that serves this purpose; the therapeutic community does the same, along with any alternative that does not challenge the

social/economic/moral premises on which it rests. Eventually, both psychiatrists and patients must assume that social psychiatry and institutional psychiatry serve the same purpose. Both the psychiatrist and the patient need to refuse 'anche l'ultima, mistificata soluzione che viene [loro] proposta: quella dell'integrazione' (Basaglia, 1967c: 419). In other words, reforming psychiatry does not mean privileging integration over exclusion. De-institutionalisation is problematic insofar as it unveils an uncomfortable truth: in a capitalist society integration is not the alternative to exclusion. The reason is that both integration and exclusion serve the same social norm, productivity, which is almost exclusively dictated by the dominant class, and does not reflect the needs of the other, lower, classes.

Integration is a myth not only because it re-introduces sick people into a society that is structurally built on their exclusion but also because 'la nostra società – pur delegando i tecnici a riabilitarli – non sa che farsene dei malati recuperati' (Basaglia, 1968b: 8). Therefore, the process of adaptation to the dominant norm, whose ultimate aim is to assign an active role to the patient in the productive cycle, is not expected to be successful. This renders integration an ideological utopia, built with the purpose of humanising psychiatric assistance without changing its social mandate.

Basaglia was very sceptical of social psychiatry, the precise aim of which was to reintegrate the sick person. Also, he distrusted human sciences *tout court*, when they proposed an alternative to institutional psychiatry without undermining its presuppositions. 'Il nuovo psichiatra

sociale, lo psicoterapeuta, l'assistente sociale, lo psicologo di fabbrica, il sociologo industriale' (Basaglia, 1968c: 474) cannot reform psychiatric assistance insofar as they do not question their own social role. Without a social and political analysis they are 'i nuovi amministratori della violenza del potere' (Basaglia, 1968c: 474). Their action, 'apparentemente riparatrice e non violenta' (Basaglia, 1968c: 474), is merely another technique that perpetrates institutional power.

We have already seen how this criticism of alternative psychiatries had marked most of Basaglia's practice. Yet the years spent working in the asylum eventually also led Basaglia to a critical rethinking of his previous stance, to the point that he put even phenomenological psychiatry under close scrutiny. In his opinion, phenomenological and existentialist approaches to psychiatry had not been able to overcome the objectification of the patient. As he said in 'Le istituzioni della violenza',

> il potere eversivo di questi metodi di approccio si mantiene all'interno di una struttura psicopatologica dove, anziché mettere in discussione l'oggettivazione che viene fatta del malato, si continuano ad analizzare i vari modi di oggettualità (Basaglia, 1968c: 477).

The phenomenological approach to psychiatry itself is still very far from the 'realtà cui avrebbe dovuto riferirsi' (Basaglia, 1970a: 137). Phenomenological psychiatry still dictates a framework that foregrounds the actual experience of madness and can be regarded as an *a priori* approach to the patient. That is to say, even with the concept of *Daseinsanalyse*, 'il fenomeno è sempre ricondotto alla teoria che è

139

presupposta' (Colucci and Di Vittorio, 2001: 25).

In order to take account of this criticism, every real act of reform should not be understood as an absolute answer to the problem of madness. In other words, every institutional negation '[deve] riuscire a mantenersi tale anche dopo essere stata assorbita come affermazione dal sistema' (Basaglia, 1968b: 4). When a protest reaches its aims, it also runs the risk of extinguishing its subversive potentiality. Depriving the new psychiatry of its subversive potentiality was indeed the risk run by the approval of Law 180. As Colucci and Di Vittorio (2001: 98) point out,

> gli psichiatri alternativi non possono più identificarsi con la psichiatria tradizionale, ma non possono nemmeno identificarsi con la lotta contro il manicomio, perché c'è una legge che ne ha ormai decretato la fine.

It is precisely this revolutionary moment that Basaglia regarded as the crucial achievement of Law 180. In the next Section, I shall first compare and contrast Law 180 with the previous Italian laws that regulated psychiatric treatment and then discuss Basaglia's comments on Law 180 and his perplexity concerning the effects of its implementation in the everyday practice of psychiatry.

## 4.5 The Ideological Void: Law 180 and its Aftermath

Basaglia's work culminates with the approval of Law 180, which was passed in May 1978 and was included in the final formulation of the new law for public health care on the 23rd of December 1978 (Law

833/1978).[55] Ten years before, another law on public health care had been passed, which had included some articles on psychiatric assistance. Although Law 431/1968 addressed mainly financial issues, it also called into question involuntary hospitalisation. The fourth article added to involuntary psychiatric hospitalisation (*ricovero in regime coatto*) the possibility for patients to enter the institution voluntarily. Indirectly, it also created the possibility of turning involuntary hospitalisation into a voluntary one.[56] Law 36/1904 had established a direct link between mental illness (at that time referred to as *alienazione mentale*) and social dangerousness, thus effectively stressing the need to protect society from madness. Law 431/1968, known as the *Legge stralcio Mariotti* (from the name of the politician who proposed it), called into question this assumption for the first time. It allowed patients to turn their involuntary hospitalisation into a voluntary admission. This meant that there was no obligation to inform the authorities of an inmate's discharge. Involuntary hospitalisation was not abolished but a new legal category of sickness was created. The mental patient could now partly control his psychiatric assistance and avoid confrontation with public authorities with regard to his illness. In other words, these patients were no longer considered

---

[55] Insofar as it relates to psychiatry, Law 883/1978 included the text of Law 180 in its entirety and without any change. For this reason, in this Section I will quote only from the text of Law 833/1978, as this is the law currently in force in Italy.

[56] *Legge 18 marzo 1968, n. 431, art. 4*. 'La ammissione in ospedale psichiatrico può avvenire volontariamente, su richiesta del malato, per accertamento diagnostico e cura, su autorizzazione del medico di guardia. In tali casi non si applicano le norme vigenti per le ammissioni, la degenza e le dimissioni dei ricoverati di autorità. La dimissione di persone affette da disturbi psichici ricoverati di autorità, ai sensi delle vigenti disposizioni, negli ospedali psichiatrici è comunicata all'autorità di pubblica sicurezza, ad eccezione dei casi nei quali il ricovero di autorità sia stato trasformato in volontari'. Published in *Gazzetta Ufficiale 20 aprile 1968, n. 101*.

dangerous and could actively take part in their therapeutic decisions.

After the *Legge stralcio Mariotti* was passed in 1968, most of the patients in Gorizia were allowed to turn their involuntary hospitalisation into a voluntary admission. Thanks to this, by the time Basaglia left Gorizia, most of the inmates of the psychiatric hospital were not forced to reside in the asylum.

Arguably, the *Legge stralcio Mariotti* was only a temporary measure, as it merely outlined a new perspective on psychiatric assistance. Italian psychiatric reform proper, that is, the complete abolition of the 1904 law on *alienazione mentale*, was achieved by the inclusion of Law 180 into the general public health care regulation (*Legge 23 Dicembre 1978, n. 833*). There are three main points of reform in the law: the clear regulation of involuntary hospitalisation, the ban of psychiatric hospitals, the construction of community centres for psychiatric health care.

Articles 33, 34 and 35 of Law 833 decree that involuntary hospitalisation must be enforced 'nel rispetto della dignità della persona e dei diritti civili e politici' (*Legge 23 Dicembre 1978, n. 833, art. 33, comma 1*) and that the hospitalised person retains the right to 'comunicare con chi ritenga opportuno' (*art. 33, comma 2*) and request an appeal (*art. 33, comma 3*). Also, specifically with regard to psychiatric intervention, involuntary hospitalisation may be enforced only:

> se esistano alterazioni psichiche tali da richiedere urgenti interventi terapeutici, se gli stessi non vengano accettati dall'infermo e se non vi siano le condizioni e le circostanze che consentano di adottare

tempestive ed idonee misure sanitare extraospedaliere (*art. 34, comma 4*).

In comparison, the 1904 law had stated that involuntary hospitalisation must be enforced on those people who are 'pericolose a sé o agli altri o riescano di pubblico scandalo e non siano e non possano essere convenientemente custodite e curate fuorché nei manicomi' (*Legge 14 febbraio 1904, n. 36, art. 1, comma 1*). Since 1978, what Law 833 defines as *Trattamento Sanitario Obbligatorio* or 'TSO' (involuntary hospitalisation) is to be enforced for the benefit of the sick person and not for the benefit of society. This is a fundamental change in perspective, a 'rivoluzione copernicana' (Colucci and Di Vittorio, 2001: 299), in that it focuses the aims of psychiatric intervention on the individual, rather than on the social body.

Article 64 of Law 833 ratifies what Basaglia (1964a) used to call 'la distruzione dell'ospedale psichiatrico', as it decrees 'il graduale superamento degli ospedali psichiatrici o neuro-psichiatrici e la diversa utilizzazione' (*art. 64, comma 1*). The buildings that housed psychiatric hospitals had to be converted to different purposes, such as offices or, as happened in Trieste, university campuses.

Law 180 also stipulates that 'è [...] vietato costruire nuovi ospedali psichiatrici' as well as using the existing ones as 'divisioni specialistiche psichiatriche di ospedali generali' (*art. 64, comma 3*). As an alternative to the psychiatric hospital, the new law provided for the creation of local services, in order to guarantee the continuation of psychiatric health care and the support of those in need of assistance.

143

Although the law did not provide for the structure of such centres (to be known as *Centri di Salute Mentale* or 'CSM'), usually they adopted an open-door policy often on a 24/7 basis. In Rotelli's words (1994: 18), Law 180 established

> per la prima volta nella storia dell'umanità, che non debbono più esistere luoghi separati, concentrazionari per i folli.

Despite the revolutionary achievement of this law, Basaglia was far from considering it to be the final act of his work of de-institutionalisation. As he observed in 'Conversazione: a proposito della Legge 180', Law 180 was a milestone for psychiatric assistance in that it granted mental patients their human rights (Basaglia, 1980). The law finally broke the link between social dangerousness and mental illness. The new legal measures overturned the logic that had governed institutional psychiatry and the asylum ever since the era of the 'great confinement' (Foucault, 2006a: 44), 'that banished madness into the dull, uniform world of exclusion' (Foucault, 2006a: 249). Nevertheless, Basaglia (1980: 470) also noted that 'questa legge ha in qualche modo violentato lo stesso operatore psichiatrico alternativo'. Basaglia's work was entirely structured around the need to reform psychiatry. In Donnelly's words (1992: 100), Basaglia's criticism provided 'very limited guidance about how positively to reconstruct "help" to psychologically suffering'. Once reform was achieved, the anti-institutional psychiatrist had no positive guidelines with which to manage the new, de-institutionalised system of which he was in charge. Donnelly (1992: 100) regards Basaglia's activism as the positive face of his aversion to producing a psychiatric

144

'school' or current, grounded on a common theoretical framework: 'the strong activist character of the interventions, [...] was also a cover for a lack of theoretical production'. On the other hand, Scheper-Huges (1987: 4) notes that

> Basaglia presented no famous case histories, and no specific therapeutic techniques or practices. Innovations, of course require new conceptual schemes and reference points, but Basaglia's apprehension that these might freeze into ideological utopias was reminiscent of Sartre's [1948] observation that ideologies are liberating only while they are in the making, and oppressive since they are established.

As also Colucci and Di Vittorio (2001: 99) note, the most important outcome of Law 180 was, according to Basaglia, precisely this lack of guidelines. He maintains that this lack of method, technique, guidelines and theories should be regarded as a 'vuoto ideologico' (Basaglia, 1979b: 472). It is a 'momento felice' (Basaglia, 1979b: 472), during which psychiatrists can be independent from the impositions of an implicit ideology, such as organicist and social psychiatry. When the psychiatrist has eventually exhausted his task of dismantling the institution of psychiatry, he can finally deal with mental illness within society as such. In Basaglia's words (1979b: 472),

> disarmati come siamo, privi di strumenti [...] siamo costretti a rapportarci con questa angoscia e questa sofferenza senza oggettivarle automaticamente negli schemi della 'malattia', e senza disporre ancora di un nuovo codice interpretativo che ricreerebbe l'antica istanza fra chi comprende e chi ignora.

The new role of the psychiatrist is to let the subjectivity of the patient emerge, without the mediation of the category of mental illness. The

145

subjectivity of the patient, which had always been Basaglia's primary concern, 'può affiorare solo in un rapporto che [...] riesca a non rinchiudere in una ulteriore oggettivazione l'esperienza abnorme' (Basaglia, 1979b: 472). That is to say, it can emerge in a relationship that is not regulated by *a priori* categorisations.

Yet as Basaglia's former colleague Agostino Pirella (1987: 133) has remarked, 'merely changing the law is no magic formula for altering the practice of psychiatrists [or] the attitudes of the population'. In a moment of radical changes such as occurred in 1978, the psychiatrist is still required to rationalise his work. That is to say, he is required to produce a theory capable of remaking his local work as universal and objective as possible. As Ongaro Basaglia (1987: 19) observes, 'our culture has tended to resolve things by creating an institution for every phenomenon, for every problem, where all phenomena and problems of the same type can be concentrated'. This holds good also for the alternative psychiatry advocated by Basaglia. The approval of Law 180 thus generates new risks in psychiatry, for instance, the risk of re-creating a segregating and stigmatising power inside the newly founded territorial centres. Also, to use Basaglia's words, there is the risk of 'crystallising the answers' to mental illness with a new technique. After the reform, psychiatry ran the risk of being re-integrated within a general system of social control, thus creating new technicians with a newer and more efficient set of 'social' techniques that would serve the same social purpose as institutional psychiatry. This happened for instance with pharmacology, when its use was extended to healthy people (such as

146

those who use sleeping pills for cases of mild insomnia, or anti-depressants to cope with grieving, etc.). I would argue that it was this outcome Foucault had in mind when he claimed that the destruction of the psychiatric hospital had created a dissemination of power in the small territorial centres that replaced the asylum (Foucault et al., 1994: 664–5). As I shall argue in the following Chapter, Foucault could be suggesting that de-institutionalisation may have accelerated and prompted the intrusion of psychiatry into everyday life. Foucault (1994c: 274) questions Italian psychiatric reform in that he asks whether psychiatry in the community, rather than inside the asylum,

> n'est-il pas une autre façon, plus souple, de faire fonctionner la médecine mentale comme une hygiène publique, présente partout et toujours prête è intervenir?

In the following Chapter, it is my intention to analyse this question and its consequences by contrasting and comparing Michel Foucault's reflections on madness, psychiatry and power with Basaglia's work.

# Chapter III
# Discipline and Biopolitics in Psychiatry: Basaglia, Foucault and the Contemporary Italian Biopolitical Thought

## 1. Introduction

A year before his death in 1980, Basaglia (1979b: 212) regretfully acknowledged that he might have failed to give proper guidelines to those alternative psychiatrists who were implementing the reform in Italy. He seemed to recognise (Basaglia, 1979b: 472), after his reforms had been carried out, an urgent need to give shape to the reformed psychiatry, even though he stressed the importance of envisaging this shaping in the 'ideological void' left by the implementation of Law 180 and especially even though he did not specify the nature of this absent shape (should it have been a philosophical anthropology, involving a new conception of the human being; a socially-aware nosography of mental disorders; a clinical method; or a therapeutic approach?). During a debate in Belo Horizonte that same year, Basaglia (2000: 167) declared that one of the most important tasks after the reform was precisely that of finding a 'contenuto reale' for the new alternative psychiatry. Basaglia died one year later, without leaving any guidelines concerning the conduct of reformed psychiatry in Italy. For this reason, his legacy was eventually reduced to the introduction of community

mental health care in Italy, which consisted of 'strutture decentrate di terapia e riabilitazione' (Corbellini and Jervis, 2008: 118). It was undeniably urgent to replace the underdeveloped Italian asylum with community care, as it had already happened in the rest of Europe. However, this could not completely overcome the marginalising logic of the asylum and a psychiatry centred on a relationship of power between the psychiatrist and the sick person. As Basaglia's former collaborator Dell'Acqua (2008: 7) has recently observed, these new structures alone could not prevent the mentally ill from running the 'rischio incombente della marginalizzazione'. Dell'Acqua, one of the most important members of Basaglia's team, seems perplexed as to the outcomes of the implementation of Law 180, as he declares that institutional psychiatry does not appear to have changed much since the reform. What is more, we are witnessing the 'rinascere di una psichiatria', grounded on the 'promessa della sicurezza e dell'ordine, sul potere dell'industria del farmaco, sugli interessi privati' (Dell'Acqua and Camarlinghi, 2008: 7). Di Vittorio (2006) suggests calling this modulation of psychiatry 'biopolitical', a definition that I consider misleading, as I will shortly explain.

The aims of this Chapter are the following: first of all to show the extent to which Basaglia's reflexion of madness and psychiatry converges with Foucault, often anticipating the latter's published works. In this Chapter I shall define the nature of disciplinary psychiatry in both Basaglia and Foucault. Secondly, I aim at challenging Di Vittorio's claim that Basaglia did not foresee the rising of a 'biopolitical

149

psychiatry', which he regards exclusively in negative terms (i.e. insofar as it 'involves control and social normalization through an apparatus of generalized prevention of pathology risks and the massive prescription of psycholeptic drugs'; Di Vittorio, 2006: 75). In this Chapter, I will show that Basaglia was indeed aware of the risk that the implementation of Law 180 might give rise to a 'biopolitical' psychiatry, defined in Di Vittorio's terms, although Basaglia himself never used the term 'biopolitical'. Thirdly, and most importantly, I intend to show that Basaglia did not regard 'biopolitical' psychiatry in a completely negative fashion, as Di Vittorio does. Drawing on Foucault, Esposito and Agamben, I put forward the idea that 'biopolitics' has both a positive/affirmative connotation and a negative one (which Esposito and Agamben call 'thanatopolitics', literally a 'politics of death'). The *raison d'être* of an affirmative biopolitics is to prevent itself from becoming a thanatopolitical operation, a risk that is intrinsic in biopolitics as such. Finally, in this Chapter, I aim at defining, in Basaglia, an *ante litteram* affirmative biopolitical approach in psychiatry, which I propose to call a 'clinic of lack'. This is in line with his concern (Basaglia, 1979b: 472) of not having left positive proposals and guidelines to implement the psychiatric reform.

I have already commented on the influence that Foucault's 1961 *Folie et déraison: Histoire de la folie à l'âge Classique* (*History of Madness*) had on both Basaglia and the international anti-psychiatric movement.[57] A part from this, while Basaglia was working in Gorizia,

---

[57] See Chapter Two, Section 2.

Colorno and Trieste on dismantling the asylum (from 1961 to 1978), Foucault returned to an analysis of madness and psychiatry, especially between 1973 and 1975, when he delivered two courses at the *Collège de France*, dedicated respectively to *Le pouvoir psychiatrique* (*Psychiatric Power*) and *Les Anormaux* (*Abnormal*). Although their proceedings have been published only recently in French and Italian,[58] their conclusions concerning disciplinary power, its connection to psychiatry, and the expansion of discipline beyond enclosed institutions converge with Foucault's analysis of sovereignty, discipline, and punishment in *Surveiller et punir* (*Discipline and Punish*), which was published in French in 1975, and translated into Italian soon after (1976). In 1975, Basaglia edited a collection of essays under the title *Crimini di pace* which, among other contributions, presented for the first time in Italian Foucault's *Resumé* of the 1973–74 course on *Psychiatric Power*, entitled *La casa della follia*. Two years later, in 1977, a very important collection of essays by Foucault was published in Italian. It was entitled *Microfisica del potere*, and included, among other texts, 'Nietzsche: La généalogie, l'histoire' ('Nietzsche, Genealogy and History'), 'Au de là du bien et du mal' ('Beyond Good and Evil') and the first two lectures of the 1975–76 course *Il faut défendre la societé*

---

[58] *Les anormaux* edited by Ewald, Fontana, Marchetti, and Salomoni, was published by Seuil-Gallimard in 1999; the Italian edition, translated by Marchetti and Salomoni was published by Feltrinelli in 2000 under the title *Gli anormali* and the English edition, translated by Burchell, was published by Picador in 2003 under the title *Abnormal*. *Le pouvoir psychiatrique*, edited by Lagrange, Ewald, Fontana, and Snellart, was not published until 2003, also by Seuil-Gallimard; the English edition, translated by Burchell was published by Palgrave MacMillan in 2006 under the title *Psychiatric Power* and the Italian edition translated by Bertani, was published by Feltrinelli in 2004 under the title *Il potere psichiatrico*.

(*Society Must Be Defended*). Although many of Foucault's works were still unpublished, it is quite clear from Basaglia's writings that he was acquainted with his reflection on madness, psychiatry and disciplinary power. In this Chapter, I will focus especially on Foucault's texts that, in my opinion, are of crucial importance to an understanding of Basaglia's struggle against the asylum: *History of Madness* (1961), *Psychiatric Power* and *Abnormal* (1973–75), and *Discipline and Punish* (1975), where Foucault details the transition from sovereignty to discipline and in which the conclusions of the previous three works converge.

Before beginning my analysis, in the next Section, I will present a brief overview of the existing literature that attempts to outline the possible relationships between Foucault and Basaglia, both at a biographical level, and between their theories on madness and psychiatry. After this overview, I will first, in the following three Sections, analyse Foucault's reflection on madness (Section 3) and disciplinary power and psychiatry considered as a discipline (Section 4), with the aim of assessing the impact that this study had on Basaglia's work (Section 5). In Section 6 I will then problematise the outcomes of Basaglia's work by means of Foucault's definition of biopolitics, and, after that, argue that Basaglia himself had anticipated the rise of a biopolitical psychiatry, although he never used the word 'biopolitics' to describe it. Finally, I will claim that Basaglia left a possible 'contenuto reale', as he himself called it (Basaglia, 2000: 167), for his alternative psychiatry in his writings, even though he never defined it in clear terms.

More specifically, in Section 3, I offer a possible reading of

Foucault's *History of Madness* (2006a), the first of his monographs that directly influenced Basaglia's work. Many different analyses have been put forward on this book, of which I will offer a summary. I intend to read it as the diachronic analysis of the establishment of a peculiar link between madness and reason. Following Foucault's suggestion (2006a: 489), I shall call this link a 'graft'. In brief, just as grafted plant that cannot live without the stock on which it has been grafted, madness cannot be considered independently from reason. The establishment of a science devoted to the study of madness, that is, early psychiatry, and the definition of madness as an illness concur in establishing this graft: psychiatry alienates madness in the concept of mental illness. Henceforth, madness is not allowed an autonomous existence, as it must be always studied, classified, identified, treated, cured by a specialised branch of medicine. Foucault portrays a detailed history of such a graft during the modern age, up to when the asylum, a specialised place for the treatment of mental illness, was created. *History of Madness* ends with the study of the modern asylum.

In Section 4, I focus on the two courses at the *Collége de France* dedicated respectively to *Psychiatric Power* (Foucault, 2006b) and to the *Abnormal* (Foucault, 2003a). I argue that Foucault's concept of 'graft' persists in both. I believe that his analysis of disciplinary power and psychiatry (in *Psychiatric Power*) details the continuation of the graft established by the early medicalisation of madness. As Foucault (2006b: 161) clearly states, madness, as it is understood by disciplinary psychiatry, is still not allowed an independent existence, as it has to be

'disciplined', corrected, and eventually normalised. This holds good for psychiatry as it was practised in the asylum. Yet the graft between madness and reason surpasses the enclosed institution: according to Foucault (2006b: 220), around the 1860s psychiatry ceases to be the science dedicated to the study of the 'aliens', of madmen. Psychiatry at this stage is required to understand how madness, and especially its associated dangerousness, could be prevented. The answer is to be found in childhood: it is the abnormal child who carries the seeds of a possible future dangerousness. That is to say, every individual could carry a latent madness. In becoming interested in the study of children, psychiatry becomes the science of the conduct and behaviour of the human being *tout court*. According to Foucault (Foucault, 2003a: 120), psychiatry steps beyond the enclosed walls of the asylum to enter daily life: it becomes a generalised disciplinary mechanism. As we have already remarked, Italy was strongly lagging behind the rest of Europe for what concerned mental health care. It could be said that the psychiatry Basaglia faced when he joined the asylum of Gorizia in 1961 was precisely the psychiatry that Foucault describes in *Psychiatric Power* and in *Abnormal*.

Basaglia (2000: 34) himself used a term very similar to 'graft' in order to describe the relationship between madness and reason: he described it as a *nodo* (knot). Yet I argue that Basaglia's main concern was not to understand this knot but to *untie* it. In Section 5, I compare and contrast this *nodo* with Foucault's graft, in order to understand how, according to Basaglia, it is possible to undo it.

154

In Section 6, I challenge Di Vittorio's (2004a) notion of biopolitical psychiatry. To do so, I will first provide a critical introduction to Foucault's concept of biopolitics. Foucault has never been completely clear on either the evolution form discipline to biopolitics, or the distinction between biopolitics and biopower. Roberto Esposito (2004) proposes to distinguish between a *politica della vita* (affirmative biopolitics), which *fosters* (Foucault, 1998: 138), protects, and manages life, from a *politica sulla vita* (biopower), which is the negative aspect of biopolitics. That is to say, he describes biopower as the possibility, intrinsic to biopolitics, of turning into a power that intervenes in and manipulates life, to the extent of eventually *disallowing* it (Foucault, 1998: 138). Biopower is an intrinsic possibility of biopolitics inasmuch as, according to Esposito, an excess of protection, management and fostering of life can easily turn into its opposite. Di Vittorio seems to overlook the tension between biopolitics and biopower. Therefore 'biopolitical psychiatry', which according to his definition does not encompass the connotation of Esposito's 'affirmative biopolitics', should, rather, be defined as a form of 'biopower'. With the adjective 'biopolitical' Di Vittorio is mainly referring to the systematisation at a State level of the implementation of psychiatry, an example of which would be the *Programma di comunicazione contro il pregiudizio in salute mentale* promoted by Italy's *Ministero della Salute* (Anon., 2006), the medicalisation of psychiatry and the widespread use of psychopharmacology, even for minor ailments. After bursting the asylum walls and becoming the

155

generalised science of conduct and behaviour, psychiatry becomes a matter of direct interest for politics. According to Colucci (2008), this corresponds to a generalised medicalisation of society. The sixth Section of this Chapter will be dedicated to an in depth analysis of both Di Vittorio's 'biopolitical psychiatry' and Colucci's 'medicalisation' of society.

Finally, in Section 7, I will show that, as is clear from, for instance, *Conferenze brasiliane* (2000), Basaglia was aware that the struggle against disciplinary psychiatry might produce a biopolitical psychiatry, as understood by Di Vittorio. The graft between madness and reason was the result of the medicalisation of psychiatry and the introduction of the concept of mental illness. It then followed psychiatry's evolution from disciplinary psychiatry practised inside the asylum to the generalisation of psychiatric intervention to the sphere of abnormality and, ultimately, to the biopolitics of psychiatry or, even better, to psychiatric biopower. In Section 7, I will claim that, throughout its evolution, psychiatry could be read as a paradigm of *immunisation*, as Esposito (2002) defines it. In short, according to Esposito (1998), a community should be grounded on the Latin concept of *munus* [gift]. This implies that every member of the community should accept a certain amount of subjective loss in order to take part in the community. Esposito is here referring to a Foucauldian acceptation of individuality and subjectivity, two concepts that are, according to Foucault, mere effects of power. In this perspective, there is no such thing as an individual subject, because even the very way we perceive

ourselves is grounded on disciplinary techniques, such as spiritual exercises, examination of conscience, or confession (see for instance Foucault, 1982: 211–2). Yet as Rovatti (2008) suggests, we 'cling' to this subjectivity, or, in Esposito's (2002) words we 'immunise' ourselves, in the belief that this is our only possibility of freedom, whereas it is, on the contrary, precisely the measure of our dependence on the social order. It is subjectivity, understood in these terms, that we should renounce in order to form a proper community. Esposito is not calling for the actual formation of this community; rather, we could understand it as a utopia. Immunisation against the loss of subjectivity is a necessary part of the community: there is no such thing as a society without relations of power, nor a community without immunity. What can be envisaged is an affirmative biopolitics capable of preventing an *excess* of immunisation, which would turn biopolitics into thanatopolics. The aim of Section 7 is to show that Basaglia had already anticipated these conclusions. Colucci (2008: 115) has observed that there is a 'real content' of Basaglia's legacy, claiming that it amounts to a return to the subject, in order to rebuild the always-already lost *polis*. I will problematise this statement by maintaining that Basaglia shared to a certain extent with Foucault the idea that there is no individual subject who can consider himself independent from the other and ultimately from relations of power. As I have shown in the first Chapter, since his early writings, Basaglia theorised the impossibility of a reflexive relationship with one's self outside and without the other. I propose to call this feature of subjectivity on which Basaglia grounds all his work,

the 'constitutional lack of the subject', as it seems to me that, according to him, human beings *lack* since their birth the very possibility of becoming subjects without a relationship with the other. The 'constitutional lack of the subject' amounts to the fact that, paradoxically, it is only in establishing a relationship with the other that we *become* subjects. It is only in *losing* the illusion of being completely independent from the other that we 'become ourselves'. My own interpretation of Colucci's return to the subject should therefore be interpreted as a return to a constitutionally lacking subject, which is why I propose to call Basaglia's legacy a 'clinic of lack'.[59] This would indeed urge the rebuilding of a *polis*, as Colucci suggested, but understood in terms of Esposito's community: a community of subjects who accept their constitutional lack and their need for the other. I am not suggesting that this community may be actually possible. Yet drawing on Basaglia's idea of utopia, which is what shapes reality according to the needs of people, I believe that this 'clinic of lack' could be considered as the utopian aim of alternative psychiatry. The more the psychiatrist draws his practice near to this utopian 'clinic of lack', the more he reduces the power implied in his actions, and its negative effects, such as the

---

[59] I have borrowed the term 'clinic of lack' from the concept of *clinica della mancanza*, introduced by Massimo Recalcati, one of the most well known Lacanian psychoanalysts in Italy. I will analyse in depth the concept of clinica della mancanza in Recalcati, along with Lacan's conception of the subject and of lack, in reference to Basaglia's thought in the next Chapter. For the time being suffice it to say that, according to Recalcati, a *clinica della mancanza* is a therapeutic practice aimed at allowing the patient to face and accept his/her inherent lack of subjectivity (Recalcati 2002). In English, the unusual use of the term 'clinic' is borrowed from the English translation of Foucault's *La Naissance de la clinique* (*The Birth of the Clinic*), in which the translator A.M. Sheridan explains a duality of meaning in the French term which does not exist in English: when Foucault speaks of *la clinique*, he is thinking of both clinical medicine and the teaching hospital. So if one wishes to retain the unity of the concept one is obliged to use the rather odd-sounding 'clinic' (Foucault, 2008: vii). It is in the sense of 'clinical medicine' that I am here using the term 'clinic'.

158

creation of docile inmates, the alienation of the patient in the diagnosis, and so on.

Finally, I suggest that Basaglia's 'clinic of lack' should be regarded as a proposal for an affirmative biopolitical psychiatry, as opposed to Di Vittorio's entirely negative understanding of biopolitical psychiatry. By drawing on Esposito's conception of *immunitas*, I will claim that Basaglia's 'clinic of lack' should be regarded as an attempt at preventing the mechanisms of immunisation to reach an excess in psychiatry. Interestingly, this 'clinic of lack' substantiates the connection between Basaglia and the French psychoanalyst Jacques Lacan that I will explore in the fourth Chapter. I believe that Lacan's approach to psychoanalytical therapy could also be regarded as a 'clinic of lack', in that his theory of the subject revolves around the concept of *want-to-be* (*manque-a-être*, literally lack-of-being/lack-to-be). That is to say, according to Lacan the subject is always in a state of lack (biological and ontological), since his birth and throughout his life.

## 2. Foucault and Basaglia: an Overview of Existing Literature

Several scholars have already mentioned the correlation between Basaglia's and Foucault's works. Most of these authors have noted at least in passing the influence that Foucault exercised on Basaglia and the importance of the Foucauldian reflection on madness and psychiatric power in the struggle against the Italian asylum (Corbellini and Jervis, 2008: 95f; Di Fusco, 1995; Giannichedda, 2005: xxif; Rovatti, 1995:

159

131; Rovatti, 1998). Nevertheless, only a few of these authors have dedicated if not entire monographs then at least lengthy discussions to this relationship; of those that have, Colucci and Di Vittorio must be mentioned. Any study of the relationship between Foucault and Basaglia will find in them, with their articles and monographs, an essential point of reference (Colucci and Di Vittorio, 2001; Colucci, 1995, 1998, 2004, 2006a, b, 2008; Di Vittorio, 1998, 1999, 2004a, b, 2006). Because of their remarkable contribution, I will, throughout this Chapter, repeatedly rely on their work, although I will also criticise Di Vittorio's monograph *Foucault e Basaglia* (1999) and Colucci's and Di Vittorio's *Franco Basaglia* (2001). In this Section, I believe it is crucial to justify this decision and take some critical distance from these two works. Finally, I believe that a literature review on this topic would not be complete if I did not mention Stefano Mistura's article (2004) 'Per un'etica del soccombente', a profound analysis of Basaglia's and Foucault's common understanding of phenomenology and existential analysis. I will discuss this article at the end of the Section.

To begin with, the value of Di Vittorio's *Foucault e Basaglia* is that it revealed for the first time how much Foucault was aware of Basaglia's work. Di Vittorio's argument revolves around two statements by Foucault and Basaglia. On the one hand, Foucault, in a 1971 interview, declared his jealousy upon discovering that someone *had done something* with his book *History of Madness*. In Foucault's words (1994d: 209),

depuis quelques années s'est développé en Italie, autour de Basaglia, [...] un mouvement [...] ils ont vu dans le livre que j'avais écrit une espèce de justification historique et ils l'ont en quelque sorte réassumé, repris en compte, ils s'y sont, jusqu'à un certain point, retrouvés, et voilà que ce livre historique est en train d'avoir une sorte d'aboutissement pratique. Alors disons que je suis un peu jaloux et que maintenant je voudrais bien faire les choses moi-même.

On the other hand, Basaglia (1979b: 212) asked himself 'cosa abbiamo offerto per riflessione alle persone che sventolavano il libretto rosso di Trieste e sul quale non c'era scritto niente'?[60] As a consequence he seems to believe that he and his team should have written 'qualcosa di più in quel libretto rosso'. On the basis of these two quotations, Di Vittorio argues that a reciprocal bond of jealousy links Basaglia and Foucault. Basaglia felt the need to transcend his psychiatric and political practice in order to produce a theoretical work. On the other hand, Foucault seemed to be jealous about the fact that Basaglia transformed his theories into practice. According to Di Vittorio (1999: 15), this is a 'verdetto inequivocabile', as it reveals that 'il filosofo è in crisi, e in preda a gelosia scende per strada'. Foucault apparently discovered that his books would have remained

> muti e vuoti senza quei movimenti di base che, rimettendo praticamente in discussione campi specifici come la psichiatria o la giustizia, rendono possibile un'analisi concreta del potere (Di Vittorio, 1999: 15–6).

---

[60] Basaglia is here referring to Mao's *Red Book*. Ever since the 1960s, the phrase 'sventolare il libretto rosso' has derogatorily indicated the act of publicly defending an ideology without a background understanding of its implications. Basaglia is here openly criticising both himself and those who supported his work. As he seems to imply, these supporters would have backed his work without questioning that they were in fact adhering to an ideology and not subscribing to a consistent philosophy. As a matter of fact, Basaglia seems to suggest that he did not offer enough theoretical grounds to his supporters, who often ended up 'waving his *Red Book*', on which nothing was written.

161

For his part, Basaglia understood that his attempt to reform psychiatry would have been a 'fuoco di paglia fino a quando la negazione del manicomio non verrà vista come un aspetto settoriale di un problema che riguarda la società intera' (Di Vittorio, 1999: 16).

Di Vittorio's work is commendable inasmuch as he was able to unravel the attention Foucault payed to Basaglia's reform; it is also, however, conspicuously limited. The whole argument revolves around this reciprocal jealousy that, according to Di Vittorio (1999: 312), would be the basis for the birth of the 'intellettuale specifico' as opposed to the 'intellettuale universale'. Whilst the promotion of a new intellectual is of crucial importance for both Basaglia and Foucault, I believe that the relationship between their approach to madness, mental illness and psychiatric power greatly surpasses this reciprocal jealousy.

*Franco Basaglia*, Colucci and Di Vittorio's intellectual biography, contains several further insights. According to them, Basaglia was influenced by Foucault's reflection on psychiatric power. Colucci and Di Vittorio seem to consider Basaglia's dismantling of the asylum as the practical outcome of Foucault's theoretical reflection. Through the study of Foucault, Basaglia acknowledged that 'la verità della follia è sancita da una ragione [...] in conformità a una norma socialmente riconosciuta'. He also understood that psychiatry inevitably establishes a 'rapporto di potere con il paziente, in vista della realizzazione di una sorta di società ideale' (Colucci and Di Vittorio, 2001: 134). According to Colucci and Di Vittorio, once Basaglia discovered the conclusions reached by Foucault, mainly that psychiatry is a knowledge that exerts a

162

form of disciplinary power, the only solution seemed to be 'realizzare l'incontro con il malato [giungendovi] disarmati'. This would mean exploiting the 'occasione fornita da questo vuoto ideologico e istituzionale' (Colucci and Di Vittorio, 2001: 201) left by the dismantling of the asylum. In other words, Colucci and Di Vittorio (2001: 228) claim that, through Foucault, Basaglia developed a *'saper fare'*, the only knowledge that can counteract a *'sapere tecnico* che pretende di essere padrone'. That is to say, Basaglia found in Foucault the grounds on which to criticise the knowledge imposed by psychiatry.

To sum up, Foucault's work, according to these authors, gave Basaglia the grounding knowledge that allowed him to envisage the subversion of psychiatric power through the dismantling of the asylum. This observation, whilst being quite insightful and an improvement on Di Vittorio's 'jealousy' theory, is grounded on the implied assumption that Basaglia is to be considered mainly as a political activist, the leader of a revolution in the practice of psychiatry, while Foucault is to be considered as a theoretical philosopher. This assumption seems to contradict their own argument; throughout their intellectual biography of Basaglia, they imply that he has been heavily influenced by philosophical reflection (such as early existential analysis and phenomenology), thus blurring the distinction between theory and practice that they seem to take for granted in dividing Basaglia 'the activist' from Foucault 'the thinker'.

Finally, in his article 'Per un'etica del soccombente. Congetture su Foucault e Basaglia', Mistura (2004: 136) proposed a comparison of

163

Foucault's and Basaglia's 'concezione forte della persona umana', which requires the prioritising of an analysis centred on the actual existence of human beings rather than on *a priori* assumptions such as those of organicist/institutional psychiatry, for instance, the assumption that madness is an illness. In developing this analysis, Mistura (2004: 141) seems notably to be the only author who has criticised the dichotomy between 'un primo Basaglia teorico a fronte di un secondo Basaglia pratico'. Still, Mistura does not develop this consideration beyond Di Vittorio's and Colucci's analysis. On the one hand, he sees Basaglia's neglected theory as a simple persistence of his early phenomenological studies. On the other hand, he draws on Di Vittorio when he maintains that 'Basaglia [...] si è rammaricato, alla fine, di non aver teorizzato a sufficienza' (Mistura, 2004: 151).

My study of Foucault's and Basaglia's analysis of psychiatric power will begin from a radically different perspective. Instead of analysing the extent to which Basaglia and Foucault may be linked by a reciprocal influence, I wish to stress that they reached similar conclusions, yet through mostly independent paths. It is true that Basaglia's work could be – and has been – regarded as the practical 'tip of the iceberg' of Foucault's reflection on psychiatric power, as the latter described how psychiatry *works*, whereas Basaglia prompted for *transforming* this mechanism. Yet the implicit distinction between theory and practice that this interpretation entails should be blurred, in order to understand that Basaglia did, as a matter of fact, theorise, and that his political achievements cannot be considered without their

164

theoretical grounds. This point is further endorsed by the fact that Basaglia formulated some of his most important theories *before* the publication of Foucault's relevant works, which casts doubts on the idea that Foucault always influenced Basaglia. I am referring, for instance, to Basaglia's theory of the institutionalised body, according to which the inmates of the asylum are forced to introject the power imposed on them, in order to make their bodies docile. Basaglia formulated this theory in 'Corpo e istituzione' (Basaglia, 1967a) and suggested that taking advantage of the aggressiveness of the patient could counteract the institutionalisation of the body (1964a: 257). The first published work in which Foucault deals extensively with the idea of docile bodies and the introjection of power is the 1975 book *Discipline and Punish* (Foucault, 1991). This suggests that Basaglia's and Foucault's thought might be treated in certain aspects as independent from each other. Yet before we can do this, we also have to take into account the fact that *History of Madness* played a crucial role in shaping Basaglia's criticism of the power relations implicit in psychiatry. To this end, I will begin my analysis with the discussion of the concept of 'graft', as Foucault understands it, in *History of Madness*.

## 3. Foucault's Graft

*History of Madness*[61] is not the first work in which Foucault focuses on madness. *Maladie mentale et personnalité*, his first published

---

[61] Henceforth referred to as HM.

monograph (Foucault, 1954),[62] was dedicated to the study of mental illness. In 1962, he published a completely revised edition of it, entitled *Maladie mentale et psychologie* (Foucault, 1962), subsequently translated into English and published under the title *Mental Illness and Psychology*.[63] However, neither version satisfied him: apparently, Foucault left a note expressly prohibiting all reprints of the 1954 version and he also tried, albeit unsuccessfully, to prevent the translation into English of the 1962 revised edition (Dreyfus, 1987: viii).[64] In *Maladie mentale et personnalité* Foucault focuses mainly on the psychological definition of mental illness. *Mental Illness and Psychology*, published one year after HM, features a second part,[65] entitled *Madness and Culture* (Foucault, 1987: 59–85), which amounts to a summary of the conclusions drawn in HM. For the purpose of this research, the fist part of *Mental Illness and Psychology* (Foucault, 1987: 15–84) relates to Basaglia's early philosophical approach to psychiatry: both Foucault and Basaglia dwell on the idea of 'understanding' as a proper method of

---

[62] This text has never been translated into English.

[63] I shall henceforth refer to this work and the parts of it by their English titles.

[64] According to Foucault, *Mental Illness and Psychology* (Foucault, 1987) left him unsatisfied for two main reasons. In the first draft of the introduction to the second volume of *History of Sexuality*, on the one hand, he acknowledged a 'theoretical weakness in elaborating the notion of experience', on the other hand, he also regarded his treatment of psychiatry as an 'ambiguous link [...] simultaneously ignored and taken for granted' (Foucault, 1984: 334).

[65] In the 1954 version, the second part – *The Actual Conditions of Illness* – advanced 'a Marxist account of mental illness and a Pavlovian account of its organic basis' (Dreyfus, 1987: viii). This version was completely replaced by the 1962 Part II. Dreyfus believes that the main weakness of *Maladie Mentale et Personnalité* was precisely its 'unstable combination of Heideggerian existential anthropology and Marxist social history' (Dreyfus, 1987: viii). Shortly before his death, in an interview with Charles Ruas, the translator of *Death and the Labyrinth*, Foucault himself expressed reservations on his own use of existential analysis, phenomenology and Marxism: 'I was divided between existential psychology and phenomenology, and my research was an attempt to discover the extent these could be defined in historical terms. That's when I first understood that the subject would have to be defined in other terms than Marxism or phenomenology' (Foucault and Ruas, 2004: 176–7).

investigating mental illness; they also both stress the importance of the body as a medium for the self to relate to the world. However, the second part added in 1962 does not add much to the conclusions Foucault reaches in HM. For this reason, I dedicate this Section primarily to the analysis of HM.

HM is a multifaceted work; as Khalfa (2006) observes in his introduction to the English edition, it has at least three possible readings. First of all, it is a history of the process that brought about the medicalisation of madness. In Khalfa's words (2006: xv), Foucault's main claim is that 'there is a moment in history when madness started to be perceived as a disease'. HM is to be considered as a history of the medicalisation of madness. Secondly, as Foucault himself claims, the aim of HM is to unravel why and when human beings became possible subjects of psychological research in the first place. Khalfa (2006: xix) sees in this Foucault's first definition of the 'particular brand of historiography that he named, in this book, the "archeology of knowledge"'.[66] Finally, according to Khalfa (2006: xx), HM 'marks the passage between two philosophical perspectives': namely, it marks the

---

[66] Foucault (2002b) expanded the concept of 'archeology of knowledge' in the text of the same name. The archeology of knowledge is very different from a history of ideas, which is 'the discipline of beginning and ends, the description of [...] continuities and returns, the reconstruction of developments in the linear form of history'. A history of ideas focuses on retrieving the 'genesis, continuity and totalisation' (Foucault, 2002b: 154) of history. The archeology of knowledge, on the other hand, is not 'an interpretative discipline', that is to say, it does not look at historical data and documents to find a 'better-hidden discourse'. Rather, it seeks to reconstruct how specific discourses became 'practices obeying to certain rules' (Foucault, 2002b: 155). If we take the example of HM, an archeology of the discourse on madness, we can see how Foucault does not try to find the 'innermost secret of the origin' (Foucault, 2002b: 156) of this discourse, nor does he try to describe its evolution into a continuity. Instead, Foucault is 'rewriting' the history of madness, that is, he focuses on 'the preserved form of exteriority', i.e. the representation of madness through the centuries, in order to produce a 'regulated transformation of what has already been written'. In other words, Foucault (2002b: 156) is advancing a 'systematic description of the discourse' on madness.

167

shift from phenomenological research to a structuralist approach within Foucault's work; while Foucault still refers to the horizon of experience, he does so in order to structure such experiences under the articulation of norms and principles. The aim of this history is to unravel how they bear witness to the changing structures that produce them.

Although HM can be read from many different perspectives, it has been subjected to unambiguous criticism. The main critique levelled against it is that Foucault does not sufficiently support his argument with consistent historical data. For instance Scull (1990: 57) believes that while HM 'is a provocative and dazzling [...] poem', it also rests on the 'shakiest of scholarly foundations'. For his part, Midelfort (1980: 259) states that many of HM's arguments 'fly in the face of empirical evidence, and that many of its broadest generalizations are oversimplifications'. Many other scholars share the same reservations.[67] I believe that this criticism legitimately problematises the historical data that endorse Foucault's main argument. Nevertheless, I also believe that, as Gutting (2005: 50) summarised, HM should be primarily praised for its 'meta-level claims about how madness should be approached as a historiographical topic'. That is to say, the importance of HM lies not so much in the historical data it presents as in its study of the changes throughout history to the concept of madness.

Although HM can be regarded as a history of the representation of madness, it may not be considered as a history of psychiatry. As Still

---

[67] For instance Sedgwick, 1982: 131–2; Hacking, 1986: 29; LaCapra, 1990: 32–4.

and Velody (1992: 4) observe, this book is a 'history of the significance of madness', which may not have a direct connection with the 'disciplinary history of how specially trained professionals dealt with it'. In any case, its first appearance in English[68] greatly influenced the anti-psychiatric movement, which was steadily growing in Britain in the 1960s. In David Armstrong's words (1997: 16), the abridged edition of HM 'was rapidly recruited to the anti-psychiatry side'. Despite the fact that HM's main focus is the representation of madness rather than that of psychiatry, it represented a challenge to traditional psychiatrists insofar as it showed 'that the practitioner does not know his subjects as well as he thinks' (Barham, 1992: 49). Anti-psychiatry adopted HM because it shook the scientific grounds of psychiatry by revealing that mental illness was not a discovery but rather a 'variable social construct, not an ahistorical scientific given' (Gutting, 2005: 50).

Unfolding the history of madness was soon considered to be a 'method which allowed one to put brackets round medical rationalizations' (Castel, 1992: 66). Castel goes as far maintaining that, with HM, madness became a 'kernel of authenticity', that is, the paradigm of a free subject (Castel, 1992: 67). Suffice it to say that HM made it possible for anti-psychiatrists to problematise psychiatric rationalisations, in order to glimpse the possibility that madness may be

---

[68] *Histoire de la folie à l'âge Classique* appeared in English for the first time in 1965. This translation is based on the abridged French edition (*Folie et Déraison*), and bears the title of *Madness and Civilization*. It consists of less than half of the original, the abridgement amounting to over three hundred of the five hundred pages, most of the footnotes and all of the bibliography. The unabridged edition was not translated into English and published, by Routledge, until 2006, although its introduction appeared in 2002 in *Pli* (Foucault, 2002a).

something more than a disease.

The problematisation of psychiatric rationalisations did, in fact, move away from the premise that madness – the object of psychiatric study – is not an ahistorical concept. As Khalfa (2006: xv) noted following Foucault's argument, the history of madness can be roughly divided into three ages, the first being the Renaissance, when the discourse on madness becomes a 'reflection on wisdom'. After this, came the Classical Age (the seventeenth and eighteenth centuries), during which the 'institutions of confinement' (Khalfa, 2006: xv) were born. In these, madmen were interned along with the destitute, the poor and the sick. Finally, the 'modern experience of madness' (Khalfa, 2006: xv) comes into being with the creation of the asylum, i.e. a special institution dedicated to the treatment of madmen. In the age of the asylum, madness is to be perceived as the object of positive sciences, to be studied as an object and treated as an illness. It is at this point, at the beginning of the age of the asylum, that an important concept emerges in Foucault's discourse: that of 'graft'. As secondary literature on Foucault's graft is absent, I believe it is convenient to refer at the outset to a statement made by Foucault himself concerning the practice of *grafting* and its relationship with madness that is most illuminating:

> For this new reason which reigns in the asylum, madness does not represent the absolute form of contradiction but instead a minority status, an aspect of itself that does not have the right to autonomy, and can live only *grafted* onto the world of reason [added emphasis] (Foucault, 2006a: 489).

The practice of *grafting* has a privileged role in describing the

170

relationship between madness and reason, whose very articulation is a graft, in Foucault's opinion. The reason why he relies on the practice of grafting can be traced back to its common meaning: in botany, different plants can be grafted to form new hybrids. According to the *Dictionary of Plant Sciences,* the definition of 'to graft' in botany is:

> to transfer a part of an organism from its normal position to another position on the same organism (autograft), or to a different organism of the same species (homograft), or an organism of a different species (heterograft) (Allaby, 2006).

Suffice it to say that, although two different entities can be combined to form a new one, the relationship between the two plants is *not equal*: if plant A is grafted onto plant B, it is the latter that provides the new AB hybrid what it needs to survive (nutrition, water, etc.). When we extend the practice of grafting from botany to a conceptual, and possibly a metaphorical, level, an important implication emerges. If in botany a graft is mainly a transfer and a creation, on a conceptual level it is also, and possibly above all, a relation of power.

When Foucault describes madness as a graft onto the world of reason, his use of the term 'graft' highlights the inequality between the two elements rather than their fusion or, to put it in another way, it defines the fusion between them in terms of their original inequality. For it to participate in the totality of the social body madness must first be marked as different, separated, stigmatised and then grafted onto reason, from which, like a grafted plant, it derives all its sustenance. In other words, madness lives in a subaltern state to reason.

Foucault's entire reflection on psychiatric power can be seen as a

171

double interest in this graft. On the one hand, it is a diachronic study of the establishment of such a graft, as Foucault analyses how and why such a relationship between madness and reason came into being. On the other hand, it is also a synchronic analysis on how the contemporary status of psychiatry is grounded on a similar graft.

On a diachronic level, when the first graft was established between madness and reason, it renewed a form of repression and exclusion that was once associated with lepers. In Foucault's words (2006a: 52), 'the empty space left by the disappearance of leprosy was now peopled with new characters'. During what Foucault refers to as the era of the 'great confinement', madmen were indiscriminately associated with criminals, the poor and the destitute. Confinement was an 'economic measure and a social precaution' that constituted a 'determining factor in the experience of madness'. In fact, in its association with poverty and indigence, madness came to be recognised as 'one of the problems of the city' (Foucault, 2006a: 77).

When, later, Philippe Pinel freed madmen from the chains of the 'great confinement' and established the moral treatment at the end of the eighteenth century, madness was to be hidden away in a more sophisticated and specific place. As a consequence of these processes of 'excommunication', madness eventually became 'an object of knowledge' (Foucault, 2006a: 104). According to Foucault, this happened precisely when madness was transformed into mental illness. Yet, while the asylum was represented as 'a free domain of observation, diagnosis and therapeutics' of mental illnesses, it turned out to be

nothing less than a 'judicial space where people were accused, judged and sentenced'. Foucault's assertion (2006a: 503) is unequivocal: 'For a long time to come, and at least until today, [madness] was imprisoned in a moral world'. The link between morality and medicine came into being through the fear that the immorality of madmen could be contagious. In Foucault's words (2006a: 355), 'people were in dread of a [...] sickness that [...] emanated from the houses of confinement'. This fear shaped for the first time the link between madness and reason in medical terms: madness 'found itself facing medical thought' (Foucault, 2006a: 358).

According to Gutting, the main argument of HM revolves precisely around this point: this book 'is intended as a basis for showing that madness as mental illness was a social construction [...] original with the nineteenth century' (Gutting, 2005: 53). In fact, the primary characteristic of the newly discovered mental illness was not, as one may expect from an illness, a specific set of medical symptoms; rather, it amounted to a certain distance from rationality. In HM, Foucault maintained that this rationality consisted of the acceptable standards of bourgeois society. That is to say, mental illness was not so much a medical condition as 'the stigma of a class that had abandoned the forms of bourgeois ethics' (Foucault, 2006a: 378). Mental illness became 'the most immediate threat' to the bourgeois order (Foucault, 2006a: 379). The encapsulation of madness into the concept of mental illness turned madmen into social outcasts and a threat to society: madmen were simply defined such by the ruling class by reference to behaviour which

seemed to oppose its moral dictates. The humanitarian act of dividing the sick from the criminals and freeing them from chains became 'not the liberation of unreason but madness mastered in advance' (Foucault, 2006a: 489). Madmen became 'sick' precisely when they began to embody the intersection of a 'legally irresponsible subject and a man who troubled the social order' (Foucault, 2006a: 128).

Madness 'was never *made manifest* on its own terms', excluded as it was from society, on the one hand, and objectified by science, on the other. Rather, it continued to be split 'between the two terms of the dichothomy' (Foucault, 2006a: 171), between medicine and morality, objectification and exclusion. Through these conceptualisations, the product of the age of the asylum was a specific space (both physical and conceptual) for madness. The graft to which Foucault referred is perfectly embodied in the asylum as the nineteenth and twentieth century came to know it.

In HM, Foucault referred for the first time to the concept of 'graft' in relation to madness and reason. More specifically, HM could be read as the history of the graft between madness and reason: while the relationship of graft properly emerged only after the 'great confinement', we can see it evolving throughout HM, until finally it gains a definitive shape in the modern asylum. I believe that the concept of graft persists in Foucault's thought, and that his entire reflection on psychiatric power could be read as an articulation of it. In the following Section, I will analyse the two main characteristics of psychiatric power: discipline and normalisation. I believe that the following considerations

174

should not only be regarded as a historical description of how the graft between madness and reason came into being and evolved during the Modern era; they also show how the graft is maintained and regulated by contemporary psychiatry.

## 4. Discipline and Normalise, the Power of Psychiatry

### 4.1 Disciplinary Power

Both in the 1973–74 course dedicated to Psychiatric Power[69] (Foucault, 2006b) and in the 1975 monograph *Discipline and Punish*[70] (Foucault, 1991), Foucault describes what he calls 'disciplinary power'. In the latter, Foucault defines 'discipline' as 'a type of power [...] comprising a whole set of instruments, techniques, procedures, levels of application, targets' that 'may be taken over by "specialised" institutions' in order to 'reinforc[e] or reorganiz[e] their internal mechanisms of power' (Foucault, 1991: 215). In other words, disciplinary power is composed of a number of techniques that can be 'totally appropriated in certain institutions' (Dreyfus and Rabinow, 1982: 153) such as schools, prisons or asylums. I believe it is convenient to refer primarily to PP, as it is in that work that Foucault focused on discipline as it is 'taken over' by psychiatry.

According to Foucault (2006b: 40), discipline is what enables political power to reach 'the level of bodies and to get hold of them',

---

[69] Henceforth referred to as PP.
[70] Henceforth referred to as DP.

with the aim of producing a 'human being who could be treated as a docile [and productive] body' (Dreyfus and Rabinow, 1982: 134-5). From a diachronic perspective,[71] disciplinary power is preceded by sovereign power, which establishes an asymmetrical 'link between sovereign and subject' (Foucault, 2006b: 42). In a relationship of sovereignty, the centre of power, the sovereign, imposes levies and taxes on the subjects without having to give them anything in return ('for the sovereign does not have to pay back'; Foucault, 2006b: 42). There is thus a wide dissymmetry between the one who exerts power, the sovereign, who receives and does not have to give anything in return, and the ones over whom power is exerted, the subjects, who give in order to receive nothing. Despite this dissymmetry, sovereign power can only partially get hold of the individual, for instance it seizes a part of the goods of the individual through a tax, when it threatens him with torture, or when it celebrates the power of the sovereign in a ceremony. Contrary to this, disciplinary power 'is a seizure of the body, [...] of time

---

[71] The exact chronological boundaries of sovereignty, discipline and especially biopolitics are not always clear in Foucault's writings. Yet, in PP, Foucault seems somewhat convinced that 'disciplinary power [...] has a history; it is not born suddenly, has not always existed'. Although disciplinary power 'was not completely marginal to medieval society', instances of it are limited and generally only occur 'within religious communities'. The birth of disciplinary power can be pinned down to a 'symbolic reference point', which is, according to Foucault (2006b: 40–1) 'when [it] becomes an absolutely generalized social form [...] in 1791, with Bentham's *Panopticon*'. Also in DP, Foucault (1991: 137) observes that although 'many disciplinary methods had long been in existence', there is a point in history during which 'one can speak of the formation of a *disciplinary society*' (Foucault, 1991: 216). This moment is when Bentham's panopticon – an enclosed institution – becomes 'an indefinitely generalizable mechanism of "panopticism"' (Foucault, 1991: 216). Most of the disciplinary techniques 'have a long history behind them'; nevertheless, in the eighteenth century, 'by being combined and generalized, they attained a level at which the formation of knowledge and the increase of power regularly reinforce one another in a circular process' (Foucault, 1991: 224). For the sake of clarity and for the time being, I will assume that disciplinary power follows sovereign power in a chronological order, leaving a more detailed discussion of Foucault's oscillations between sovereignty, discipline, and biopolitics for Section 6.1.

176

in its totality' (Foucault, 2006b: 46). In a relationship of sovereignty, the sovereign exerts his power *discontinuously*, for instance when he needs to obtain a tax from his subjects. The disciplinary seizure of the body, on the other hand, entails an exertion of power which is not fragmented. Because discipline aims at creating a 'docile body' that 'may be subjected, used, transformed and improved' (Foucault, 1991: 136), it calls for a total and continuous control as it 'seeks to reduce to docility as continuously as possible' (Dreyfus and Rabinow, 1982: 154). This continuity is encapsulated in the idea that the body should be disciplined with constant exercise. The effectiveness of these exercises is assessed by a plethora of teachers, supervisors, assistants, who are constantly ready to intervene. This constant visibility establishes what Foucault (2006b: 52) defined as the 'panoptic character of disciplinary power', around which revolves the argument of DP (Foucault, 1991).

The concept of 'panopticism' originates with Jeremy Bentham's utopian prison, the *Panopticon* (1838). This was a circular structure that had the inmates' cells on the external perimeter, while the superintendent was located at the centre. While he could see all that was happening in the cells, the inmates could never see the central surveillance process. As Foucault (1991: 201) says, the *Panopticon* induces 'in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power'. In Bertani's (2004: 64) words, the *Panopticon* fulfils a 'principio di visibilità permanente'. According to Foucault, this is the utopia of disciplinary power: to achieve the total visibility of all individuals, without exposing the source

177

of power.

Disciplinary systems work on a double mechanism: on the one hand, they are 'normalising' insofar as they establish a criterion of normality – 'an average to be respected or [...] an optimum towards which one must move' (Foucault, 1991: 183) – and also a series of exercises (Foucault, 2006b: 54) to make individuals reach this condition. On the other hand, disciplines are 'anomising', that is to say, they continuously discard those individuals who cannot be normalised. This is the reason why discipline necessarily entails a margin, insofar as not all individuals might be disciplined effectively. This mechanism is not at work in a relationship of sovereignty as the latter 'applies [...] to multiplicities [...] which are in a way situated above physical individuality' (Foucault, 2006b: 44). For this reason, discipline inverts the so-called pyramid of power that is at work in sovereignty. There is 'an elimination of individualization at the top', that is, there is no sovereign, while there is 'a very strong underlying individualization at the base' (Foucault, 2006b: 55). In other words, discipline stems from an unidentifiable source in order to exert power not on a multitude but on every single individual, it is 'invisible and dispersed' (Smith, 2000: 290). Disciplinary power literally creates the individual, as it produces 'new gestures, actions, habits, and skills, and ultimately new kinds of people' (Rouse, 2005: 98).

This is why Foucault believes that the individual does not pre-exist discipline. As Elden (2006: 49) puts it, the very 'constitution of the individual is a product of a certain technology of power, namely

discipline'. Foucault (2006b: 56) maintains that 'what we should call the individual is the effect produced on the somatic singularity', which derives from disciplinary techniques. The individual is an effect of power, 'a subjected body held in a system of supervision and subjected to procedures of normalization' (Foucault, 2006b: 57). Since its emergence, disciplinary power has, in fact, been 'concerned not with repressing but with creating' (Armstrong, 1995: 23). To be more specific, discipline creates the individual, which is as such always-already woven into relations of power. The modern acceptation of 'human being' as such is an 'after-image', resulting from 'the technology employed by the [...] bourgeoisie to constitute the individual in the field of productive and political forces' – i.e. discipline (Foucault, 2006b: 58). To put it simply, the modern human being is, according to Foucault, an individual who is in himself the product of the domination of the bourgeoisie.

How do these considerations on discipline apply to psychiatry? It could be said that, according to Foucault, psychiatry is not only the discipline of the *undisciplined* but also the *discipline of disciplines*. We have seen that Foucault believes that disciplinary systems always have a margin, made of those who cannot be normalised. It is in this margin that psychiatry begins to operate, when it takes on itself the 'role of discipline for all those who could not be disciplined' (Foucault, 2006b: 86). Foucault is somewhat unclear with regard to the history that led psychiatry to becoming the discipline of disciplines. According to him, the person who was 'inassimilable, incapable of being disciplined,

179

or uneducable' (Foucault, 2006b: 81) was sent back to his own family, who had the role of 'rejecting him in turn [and] getting rid of him' (Foucault, 2006b: 82). When, at the end of this process, the family rejected the abnormal person, 'he was put in a psychiatric hospital' (Foucault, 2006b: 85). This is why Elden (2006: 50) affirms that the family had 'a crucial role in fixing individuals into disciplinary systems'. When all disciplinary apparatuses (such as the school, the army, the workshop, etc.) failed, and when the family also failed, psychiatry 'stepped in' (Foucault, 2006b: 86) and compensated for these failures. In this way, psychiatry became the discipline that could establish all the 'schemas for the individualization, normalization, and subjection of individuals within disciplinary systems' (Foucault, 2006b: 86).

In Foucault's words (2006b: 174), the strength of psychiatry consists of 'giv[ing] reality a constraining power', in that it literally pins the individual down to four impositions.

The first imposition is that of the 'other': the person who is mentally ill has to accept otherness as a 'source of power', to which he 'must be subjugated' (Foucault, 2006b: 176). The second imposition is identity: upon admission in the asylum and other institutions, the sick person must state his name and other biographical details. According to Foucault, this should confine him inside 'his own history', because he must recognise himself in an 'identity constituted by certain episodes in his life' (2006b: 159). The patient is then subjected to the 'reality of illness itself', that is, psychiatric intervention is always about 'showing the mad person that his madness is madness and that he really is ill'

180

(Foucault, 2006b: 176). The patient must perceive himself as sick, he must believe he is ill. Additionally, he is required to alienate himself completely into his diagnosis. As Laing (1990: 34) pointed out, 'no one has schizophrenia, like having a cold [...] he is schizophrenic'. This is why Roberts (2005: 38) rightly stresses that

> in being 'invited' to understand themselves accordingly, and in being understood as such by others, [the sick are] 'tied' to a specific identity through a 'conscience or self-knowledge'.

Finally, the patient must accept 'everything corresponding to the techniques concerning money', that is to say the dimension of 'need', and the fact that he must work, earn, and exchange these earnings with services to 'provide for his needs' (Foucault, 2006b: 177). In short, inside the asylum, psychiatry is able to 'produrre degli effetti di verità'[72] (Bertani, 2004: 68). It gives reality a constraining power over the madman. By extension, it can be put to work wherever 'it is necessary to make reality function as power' (Foucault, 2006b: 189).

Once psychiatry became a medical science, the constraining effect of reality was reinforced by the authority of medicine. Already in HM,

---

[72] 'Truth' has a peculiar meaning in Foucault's work. In an interview with Alessandro Fontana and Pasquale Pasquino in 1976, published in the Italian edited work *Microfisica del potere*, translated and abridged in English as *Truth and Power*, Foucault (1986: 72–3) states that 'truth isn't outside power, or lacking in power: contrary to a myth whose history and functions would repay further study, truth isn't the reward of free spirits, the child of protracted solitude, nor the privilege of those who have succeeded in liberating themselves. Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth [...] that is, the types of discourse which it accepts and makes function as true'. Thus, the notion of truth has two aspects. On the one hand, 'truth' is to be understood as a quality that is conferred to a notion, an idea, a theory, etc. when this is supposed to reinforce or produce an effect of power: that which is true is unquestionable, because it is believed to be in strict adherence to reality. On the other hand, broadly speaking 'truth' is that system, that 'regime of truth', which enables notions, ideas, theories, and so on to be true in a certain historical context and thus to produce effects of power.

Foucault (2006a: 508) was considering the process that led psychiatry to becoming a branch of medicine nothing short of a 'dense mystery'; in fact, 'as positivism imposed itself [...] on psychiatry, the practice became more obscure, the power of the psychiatrist more miraculous' (2006a: 508). According to Foucault, the medical nature of psychiatry is at the very least questionable. In this respect, he poses the following question in PP: 'What medical practice inhabits [the asylum]?' (Foucault, 2006b: 129). He gives a twofold answer. On the one hand, the nosological discourse, the description and classification of madness, serves only as a 'sort of *analogon* of medical truth'. On the other, the anatomo-pathological knowledge, which researches the 'organic correlatives of madness', serves as 'the materialist guarantee of psychiatric practice' (Foucault, 2006b: 133). Both discourses are only 'guarantees of truth' (Foucault, 2006b: 134) and are never really put to work in the asylum.

## 4.2 Abnormality

These considerations concern primarily psychiatry as it was practiced in the asylum. Yet, as Beaulieu rightly points out, the evolution of disciplinary power brought about a change. By the end of the nineteenth century, psychiatric power aimed no longer 'to proliferate within institutions but rather to break out of institutions' (Beaulieu, 2006: 27), as part of the widespread process that Foucault (1991: 216) calls the

'formation of disciplinary society',[73] which entails that disciplinary power got away from the enclosed institutions where it originated. In disciplinary society the 'effects of power' can be brought to the most 'minute and distant elements', in that discipline 'assures an infinitesimal distribution of power relations' (Foucault, 1991: 216). As De Giorgi (2006: 122) remarks, 'panottiche non saranno [...] solo le prigioni o le altre istituzioni totali [...] panottica sarà la società nel suo insieme'. From the 1840s and through to the 1860s, psychiatrists began to stress the importance of showing the intrinsic dangerousness of madmen, even if this entailed writing false reports. It was as if they felt the need to 'transform an act of assistance into a phenomenon of protection' (Foucault, 2006b: 220). Since this could not be based on a true medical practice, 'perché in qualche modo deve supplire a un suo vizio d'origine, la mancanza di un corpo anatomico' (Colucci, 2006b: 176), psychiatry became a form of social defence and, arguably, the best strategy to adopt in defending society is prevention.

This was made possible through a 'psychiatrization of the child' (Foucault, 2006b: 203). When psychiatrists began to look for early manifestations of a possible future dangerousness, they looked for this predisposition in childhood. The abnormal child, and abnormality in general, became the condition that precedes madness. In this way,

---

[73] It is unclear in DP whether Foucault considers 'disciplinary society' as a stage that follows chronologically the rise of discipline in enclosed institutions. Statements such as 'one can speak of the formation of a disciplinary society in this movement that stretches from the enclosed disciplines' (Foucault, 1991: 216) imply a suggestion on his part that the rise of discipline in enclosed institutions precedes that of a disciplinary society. Yet, if this is the case, the process of this transformation is not clearly spelled out in a consistent chronology.

psychiatrists seized power not just over madmen but 'over the abnormal' (Foucault, 2006b: 221), insofar as every abnormal 'is a possible criminal' (Foucault, 2006b: 250).[74]

'Abnormal' is precisely the title of the course at the *Collège de France* that follows PP. In this course, Foucault explored how psychiatry established an indissoluble link with law and justice, and how this effectively extended the influence of psychiatry into daily life. Psychiatrists were first asked, in criminal cases, to give an expert opinion as to whether the defendant were suffering from a mental illness, on the grounds of which he could plead extenuating circumstance; in this way psychiatry took the form of an *expertise*. According to Rose (1999: 49), an expertise is a specific form of knowledge

> in which the human being was not only to be known but to be the subject of calculated regimes of reform and transformation, legitimised by codes of reason and in relation to secular objectives.

Basaglia shares this opinion on the specificity of psychiatric expertise, which he considers as the instrument of the complicity between psychiatry and law:

> le perizie psichiatriche non sono che uno strumento che consente il passaggio da un terreno all'altro, attraverso una misurazione

---

[74] Foucault's interest in the intersection between psychiatry and justice precedes the course *Abnormal*. In 1973, Foucault had edited and published the memoirs of the parricide Pierre Rivière along with other documents concerning the case, such as the psychiatric expertises (translated into English in 1978). The case, dating back to 1836 bears witness to the process that Foucault describes in *Abnormal*. In his own words, the collection of documents on Pierre Rivière 'provided the intersection of discourses that differed in origin, form, organisation and function [...] in their totality and their variety they form neither a composite work nor an exemplary text but rather a strange contest, a confrontation, a power relation' (Foucault, 1978: x).

quantitativa [...] degli elementi abnormi presenti nel soggetto esaminato (Basaglia, 1971a: 192).

An expertise is a biased knowledge, which aims at transforming its object according to a set of socially approved norms. Through expertise, psychiatrists were able to suggest the 'point of origin and the site where [the crime] took shape' (Foucault, 2003a: 17), and to show 'how the individual already resembles the crime before he has committed it' (Foucault, 2003a: 19),[75] as this resemblance is already manifest in childhood.[76] In Foucault's words (2003a: 302), one can identify the condition of psychiatrisation 'inasmuch as the adult resembles what he was as a child, [...] inasmuch as one can rediscover an earlier wickedness in today's act'. Psychiatry thus brought about the belief that the kernel of possible dangerousness is 'endemic in the population', as opposed to the 'old insanity, which was restricted to the unfortunate

---

[75] In Italy, the most famous alienist who embraced the assumption that man resembles the crime before having committed it was Cesare Lombroso (1835–1909). In his 1876 book *L'uomo delinquente*, Lombroso argued that the born criminal, the atavistic criminal, could be identified by a certain number of physical traits, or stigmas, such as an asymmetrical face, abnormal eyes, excessive dimension of the jaw and cheek bones, protruding lips, abundance of wrinkles, supernumerary fingers, etc. Lombroso wanted to create an objective and scientific criminal anthropology, grounded on the measurement of physical traits of individuals and comparing them through the statistical analysis of the population. In order to understand the natural determinism of the criminal, 'meglio [...] abbandonare [...] le sublimi regioni delle teorie filosofiche, [...] e procedere invece allo studio diretto, somatico e psichico, dell'uomo criminale, confrontandolo colle risultanze offerte dall'uomo sano e dall'alienato' (Lombroso, 1896: xxxiv–xxxv).

[76] Despite such focus on childhood, this assumption is very different from the psychoanalytic idea that neuroses originate in repressed childhood memories, which Freud formulated as early as 1895 in his *Studies on Hysteria*: 'Events from childhood establish a symptom of varying degrees of severity which persists for many years to come' (Freud and Breuer, 1895: 8). Foucault is describing a process through which the very biological nature of the human being is put at stake: psychiatrists are to find in childhood the organic characteristics of potential abnormality, i.e. the sign of a potential dangerousness, in order to prevent it. The child is psychiatrised before the adult. On the contrary, in psychoanalysis there is no preventive aim. It is from the standpoint of the adult that childhood is addressed as the repository of those memories – often regarded as 'trivial and unimportant matters' (Freud, 2002b: 45) – that can unravel the aetiology of the neurosis. While abnormal psychiatry targets the child before he can become a dangerous adult, psychoanalysis targets the remnants of childhood in the neurotic (and normal) adult.

few' (Armstrong, 1995: 25). Through this recognition, psychiatry begins to function as a 'public hygiene' (Foucault, 2003a: 119), by being, on the one hand, the negative technique of preventing crime and, on the other, the 'positive technique of intervention and transformation, a sort of normative project' (Foucault, 2003a: 50). The moment in which 'psychiatry "disalienizes" itself' (Foucault, 2003a: 160) is what Foucault (2003a: 121) refers to as the 'enthronement of psychiatry'. That is to say, psychiatry shifts its sphere of intervention from madmen, i.e. aliens, to children and addresses their possible abnormality as a sign of a future illness/dangerousness. According to Bertani (2004: 61), psychiatry becomes 'la medicina dell'anormale e dell'anomalia'. Psychiatry effectively steps out of the walls of the asylum to become the knowledge entrusted with the definition of normality and the discipline entrusted with the re-normalisation of abnormal people.

Foucault's and Basaglia's viewpoint converge as to the ultimate outcome of disciplinary psychiatry, be it practised inside or outside of the asylum. Basaglia believed that psychiatric patients were deviants rather than merely sick, 'individui che per motivi diversi non partecipano alla produzione' (Basaglia and Ongaro Basaglia, 1971: 176). According to Foucault (2006b: 112), the aim of psychiatry is precisely to 'take out of circulation individuals who cannot be employed in the apparatus of production [so as to be] turned into a new source of profit'. This is another way of stating, in economic terms, the principle that Foucault had already expressed in HM, namely that madness came to be perceived as a threat to bourgeois society. Both Basaglia and Foucault

186

believed that psychiatry was primarily a discipline that enforced the bourgeois ideal of productivity, as the very definition of mental illness was grounded on the morality of the bourgeoisie.

On the basis of this analysis of the courses *Psychiatric Power* and *Abnormal*, I believe that it is possible to see how Foucault is returning to the concept of 'graft'. In summarising the disciplinary character of psychiatry, Foucault says that, all things considered, the truth produced by psychiatry 'is not the truth of madness speaking in its own name but the truth of a madness agreeing to first person recognition of itself in a particular administrative and medical reality' (Foucault, 2006b: 161). Esposito (2007: 172) follows on Foucault's argument and states that madmen, along with other 'vite misere, anguste, [...] scellerate',

> non avendo mai giocato un ruolo soggettivo di primo piano, sfuggendo, per così dire, alle maglie della storia e perdendosi nell'anonimato dell'esistenza, non ci parlano mai in prima persona, non pronunciano mai il pronome 'io', né si rivolgono mai a un 'tu'. Non sono altro che dei fatti, o degli eventi, in terza persona.

In other words, the discourse *of* madness was never allowed; rather, a discourse *on* madness was produced through disciplinary psychiatry. This discourse forced madness to continue being a 'graft' onto the world of reason, inasmuch as there is a science that studies madness, classifies it as an illness, spots its early (alleged) manifestations, and treats it accordingly. Thus, psychiatry becomes the knowledge that can enforce, maintain, and regulate this graft, all the more so as it leaves the asylum to extend its gaze into the everyday life of individuals. These considerations converge on what Basaglia (1979c: 5) wrote in a recently

published essay:

> per noi la follia [...] è una cosa seria. La malattia mentale è invece il vuoto [...] la costruzione [...] per tenere celata, nascosta l'irrazionalità. Chi può parlare è solo la Ragione, la ragione del più forte, la ragione dello Stato e mai quella del diseredato, dell'emarginato, di chi non ha.

Like Foucault, Basaglia believes that reason imposes a certain discourse on madness, in order to keep the needs of what he calls the subaltern class concealed.

In the next Section, I will show that Basaglia developed a concept that closely resembles Foucault's graft. Namely, I will analyse the idea of '*nodo*', focusing especially on how, according to Basaglia, this knot could be undone.

## 5. Basaglia's *Nodo*: Strategies Against Disciplinary Psychiatry

During a series of conferences in Brazil, in 1979, Franco Basaglia delivered a number of papers focusing on the work of de-institutionalisation he had carried out in Italy. During his second conference in São Paulo (19 June 1979), Basaglia was asked if psychiatric intervention was possible at all both outside the institution and without it. Basaglia did not directly answer the question but took the chance to state: 'Non so cosa sia la follia'; yet he also acknowledged that 'in noi la follia esiste ed è presente come lo è la ragione'. He continued by saying that 'la società dovrebbe accettare la ragione quanto la follia'. On the contrary, 'questa società accetta la follia *come parte della ragione*', in that it makes madness reasonable through 'una scienza che

188

si incarica di eliminarla'. The asylum serves this purpose because when a madman is interned in an asylum 'smette di essere folle per trasformarsi in malato. Diventa razionale in quanto malato'. Therefore, any reform of psychiatry should start with considering how to 'disfare questo *nodo*', which means 'andare al di là della "follia istituzionale" e riconoscere la follia là dove essa ha origine, cioè nella vita' [added emphasis] (Basaglia, 2000: 34). Psychiatry establishes a 'knot' between madness and reason, that is to say, it weaves them together inasmuch as it defines madness as something to be rationalised and thus makes it possible for it to be reintegrated into reason. Reforming psychiatry means undoing this 'knot'; in other words, understanding madness not in medical terms as a mental illness but as a human condition. I believe that the concept of *nodo* [knot] is remarkably close to Foucault's graft. We have seen how, according to Foucault, this graft was born and how it functions through disciplinary power. It is now time to understand the way in which Basaglia's *nodo* works, and how much the formulation of this concept owes to Foucault's notion of 'graft'.

Interestingly enough, establishing a link between Basaglia's *nodo* and Foucault's graft endorses Di Vittorio's claim (1999: 111) that 'una verità storica può dimostrarsi strategicamente efficace'. In other words, when Basaglia refers to a *nodo* between madness and reason, he does not do so in order to describe the history, the 'verità storica', or the conditions of such a relationship. Rather, the socio-historical reflection is the grounds from which Basaglia advances possible strategies to counteract the effects of such a historical truth, i.e. that madness is

189

somehow grafted onto the world of reason.

As can be evinced by the previous quote, Basaglia believes that reason subjugates madness insofar as it establishes a science, psychiatry, entrusted with the elimination of madness. Undoing this knot would mean addressing madness as a human condition. In order to succeed in this task, the reforming psychiatrist must deploy certain strategies aimed at neutralising the underlying mechanisms that enable the 'knot/graft' to be established, perpetuated, and reinforced. By analogy with Foucault, it can be established that the knot, or graft, that is, the relationship between reason and madness, rests on three main grounds. The first is that madness is subdued through the implementation of a disciplinary power, which means that psychiatric patients are reduced to docile individuals. Secondly, the effect of disciplinary power is that it produces a truth (i.e. mental illness) and imposes it on madness. Thirdly, this power functions through a capillary microphysics, that is to say, it is not imposed from top to bottom but, rather, grounded in the very relationships between individuals, whereby it brings under control daily life and private conduct.[77]

---

[77] Foucault introduced the concept of 'microphysics of power' in PP. During the first lecture, Foucault (2006b: 16) maintains that his course will focus not on violence and institutions but on the 'microphysics of power' that designates 'these immediate, tiny, capillary powers that are exerted on the body, behavior, actions, and time of individuals' (Foucault, 2006b: 16n). Again, in DP, Foucault (1991: 139) stresses how the 'meticulous, often minute, techniques [...] had their importance' in defining 'a certain mode of detailed political investment of the body, a new micro-physics of power'. Overall, the concept of microphysics of power describes the way in which disciplinary power functions: it is a capillary power, exerted on every single individual. It does not need the macro-physics of sovereignty, such as the visibility of the sovereign (in rituals, parades, etc.) or extremes forms of punishment such as public executions; 'alla trascendenza del sovrano subentra l'immanenza di un governo capace di agire dall'interno sui processi che regola' (De Giorgi, 2006: 121). Disciplinary power works at a local level, almost silently and invisibly, through a capillary, microphysical distribution.

In Basaglia's practice it is possible to distinguish three main strategies that oppose each of the three aforementioned characteristics. First of all, in order to neutralise the disciplinary aspect of psychiatry, Basaglia calls for taking advantage of the aggressiveness of inmates. Only in this way it is possible to avoid a perpetuation of paternalistic disciplinary power. Secondly, the truth imposed by psychiatry could be effectively called into question with Basaglia's 'bracketing' of mental illness. Basaglia believes that 'bracketing' mental illness means deliberately ignoring the impositions of psychiatric knowledge in order to establish an unmediated relationship with the patient. He maintains that, once this relationship is established, only the patient's basic needs, sustenance, shelter, freedom of speech, etc., become apparent, and the psychiatrist acknowledges that he is facing a subject rather than the object of a science. Thirdly, Basaglia believes that intellectuals can counteract the capillary microphysics of psychiatric power; but they have to undergo a transformation. While the traditional intellectual can only be a 'funzionario del consenso', the new intellectual should be able to bring the struggle against power to a local level. In this way the 'specific' intellectual can effectively oppose disciplinary power precisely where it is exerted.

As Foucault observes, in order to function properly, disciplinary psychiatry exploits a number of strategies inside and outside the asylum in order to function properly: inmates must be kept under the continuous gaze of the superintendent, they must be constantly visible and no aspect of their life must escape surveillance; their bodies must be restrained,

their voices subjugated to the knowledge of the psychiatrist; their behaviour must be disciplined through a series of exercises and their performance monitored and written down in their case histories. In other words, inmates must be forced to alienate themselves in the image with which the institution provides them. Basaglia describes a similar situation when he puts forward the concept of the institutionalised body: the inmate must alienate himself in the image that the institution offers him. What I have previously referred to as 'internal reform' (Chapter Two, Section 3) should also be considered in light of these remarks.

When Basaglia abolished all forms of physical restriction (straitjackets, handcuffs and so on) he was trying to free the inmates' bodies from the constriction that was imposed on them. The opening of the wards should be interpreted in the same light: instead of being individually located in controlled cells, inmates were able to occupy all parts of the asylum. Abolishing the psychiatrist's white coat was the first attempt at symbolically reducing the distance between doctor and patient. The symbolic importance of white coats has been the object of several studies, because, just like uniforms, white coats

> not only allow outsiders to identify individuals as members of the organization but also enables [*sic*] insiders to interpret their rank, duties, and privileges [...] a basic relation of power, or who controls whom, is conveyed through organizational use of uniforms (Kaiser, 1990: 362).

Among others, Blumhagen has studied the evolution of the white coat as the respected symbol of medicine. Introduced as a means of avoiding cross-contamination in 1889 it soon, on the one hand, became a symbol

192

of purity and moral integrity and, on the other, it conferred on physicians and medicine the authority of science (Blumhagen, 1979). More recently, Wear has studied the hidden implications of the white coat and pointed out that

> wearing the white coat, the occupational clothing of a prestigious group with substantial power over human lives, may actually promote unselfconsciousness (Wear, 1998: 736).

In short, 'doctors may become the coat' (Wear, 1998: 736). In abandoning the white coat, the psychiatrist is thus renouncing not only the uniform that distances him from the patient but also the symbol of knowledge and power that the status of physician gives him.

Yet Basaglia was also aware of the fact that these internal reforms could not satisfactorily oppose the disciplinary aspect of psychiatry. Masked under the humanised efficiency of the reformed hospital, an internal reform would only perpetuate the very same psychiatric power: the violent institution would become a tolerant one, an 'istituzion[e] per deistituzionalizzati' (Blais, 2005: 46). As we have seen in the second Chapter, Section 3.2, the only solution to this predicament is to take advantage of the patient's aggressiveness. The psychiatrist must awaken in inmates their power to dissent and protest in order to call his own power into question. Patients should be able to protest and express their needs, if these are not met by the institution. As Colucci and Di Vittorio observe, 'liberare il malato mentale significa innanzitutto lasciarlo libero di esprimere la sua follia' (Colucci and Di Vittorio, 2001: 174).

Taking advantage of the aggressiveness and returning his power

to dissent to the patient ultimately strips the psychiatrist of his own power. In the reformed asylum, patients have a certain amount of freedom from superintendents. Their bodies are no longer restricted with straitjackets and handcuffs, their identities should no longer be pinned down to external impositions, as they should be able to express, and often impose, their own needs. By freeing the inmate and sharing with him the risk involved with his freedom (not only of expression but also physical inasmuch as the inmate is no longer physically constrained), the psychiatrist de-institutionalises himself. In Colucci and Di Vittorio's words (2001: 184), 'il medico è istituzionalizzato dalla sua ambigua posizione di uomo di scienza e di tutore dell'ordine'. The emergence of the inmate's freedom enables the psychiatrist to renounce his power and, with it, his institutionalised position.

Nevertheless, as Foucault (2001: 239) says in *Madness and Civilization*, even if the patient is granted freedom of expression and his body is freed from the straitjacket, this is certainly 'not unreason liberated but madness long since mastered'. This holds good as long as psychiatry is still allowed to pronounce a truth on madness. The patient may consider himself free but he is still classified as suffering from a mental illness; he is, therefore, still forced to alienate himself into a category defined by the application of an expertise, a biased knowledge, in which he had no active participation.

It is in reference to this point that Basaglia envisages the 'bracketing' of mental illness. According to him, when the psychiatrist meets the patient and relies on a diagnosis to evaluate the possible

therapy, he is completely neglecting the patient's uniqueness as a human being. The psychiatrist accepts what psychiatric knowledge (in the form of psychopathology or nosology) has to say about an illness and applies these conclusions to the patient. Psychopathology is an impersonal knowledge that constitutes an *a priori* theory about people who are accordingly regarded as pure objects of science.

We have seen that the 'bracketing' of mental illness literally means to ignore deliberately the diagnosis of a patient. Only through this 'bracketing' it is possible to face an equal human being, without *a priori* preconceptions. In Basaglia's words (2000: 115),

> è ovvio che uno schizofrenico è uno schizofrenico [...] ma innanzi tutto è un uomo, che ha bisogno di affetto, di denaro e di lavoro; è un uomo totale, e noi dobbiamo rispondere non alla sua schizofrenia, ma al suo essere sociale e politico.

While an organicist/institutional psychiatric intervention envisages answering to the patient's issues according to the diagnosis of his condition, through the 'bracketing' of mental illness the psychiatrist can treat the patient as a human being, that is to say, in his totality rather than only on the basis of his illness. The specific feature of taking advantage of aggressiveness and the 'bracketing' mental illness is that both eventually let the *radical needs* of the inmate emerge. Colucci has already suggested that Basaglia's own idea of 'need'[78] may be actually converging with Ágnes Heller's concept of radical need (Colucci,

---

[78] In the fourth Chapter, I will discuss at length Basaglia's notion of need in comparison to the psychoanalytical notion of desire and Lacan's idea that desires and needs, in spite of their radical difference, are not incompatible as Basaglia seems to suggest in his criticism of psychoanalysis.

1995: 97). However, he did not develop this suggestion further. Although the concept of need can be regarded as Heller's main concern throughout her career (see Heller, 1976), the most clarifying definition of radical needs can be found in *A Radical Philosophy*. Radical needs are

> all needs which arise within a society based on relationships of subordination and superordination but which *cannot be satisfied* within such a society. These are needs that can only be satisfied if this society is *transcended* [added emphasis] (Heller, 1984: 138).

Radical needs not only 'are not currently satisfied' but especially 'they cannot be satisfied within existing social arrangements'. This is why radical needs possess a 'specific qualitative and transcendent impetus' (Grumley, 1999: 64). This impetus amounts to the fact that in order to satisfy radical needs, society as such must change. I believe that Colucci is perfectly correct to draw Heller and Basaglia together on this point. We have seen how Basaglia (1975a: 254) believed that utopias should be the 'prefiguration' of reality, meaning that reality should be constantly transforming itself according to the actual needs of people. Basaglia seems here to be alluding exactly to Heller's radical needs: the attempt to satisfy them must entail transforming society as such. In the context of Basaglia's work of reform, many examples of the correspondence between satisfaction and transformation could be listed. For instance, the inmate's need of freedom corresponds to the transformation of the asylum itself, what I called 'internal reform'. This brought about a radical change in the staff members' approach to patients. Psychiatrists and nurses had to accept the inmate's freedom and abandon their former

196

positions of power; Law 180 itself could be considered in this light: in order to satisfy the radical needs of the former inmates, society is required to abandon its traditional defence against the threat of madness (the asylum) and accept madness in the very fabric of society.

Overall, overcoming disciplinary psychiatry and 'bracketing' mental illness contribute to the creation of a new character: the new intellectual, who should be able to oppose effectively the microphysics of power that disciplinary psychiatry establishes. To a certain extent, Basaglia and Foucault had a different perspective with regard to the role and definition of 'specific' intellectuals. In the 1975 article titled 'Crimini di pace', for the first time Basaglia stressed the urgent need of overcoming the traditional intellectual, which he called, using Gramscian and Sartrian expressions, the 'funzionario del consenso', 'tecnico di un sapere pratico'. For his part, Foucault did not urge the creation of a new intellectual, believing as he did that two kinds of intellectuals already exist: the universal and the specific intellectual. Although this distinction is made apparent throughout his work, Foucault defines it very clearly in the 1976 interview *Truth and Power*.[79] According to Foucault the 'universal intellectual [...] acknowledged the right of speaking in the capacity of master of truth and justice'. That is to say, he considered himself or was considered as 'the spokesman of the universal' (Foucault, 1986: 67), in whose speech 'the tone of prophecy and promised pleasure neatly mesh' (Dreyfus and Rabinow, 1982: 130).

---

[79] It should be noted that *Truth and Power* is the translation of an excerpt from an interview with Alessandro Fontana and Pasquale Pasquino, which was originally published in Italian in *Microfisica del Potere* (Foucault, 1977).

Basaglia used Gramsci's definition of 'funzionario del consenso' for the figure that Foucault referred to as the 'universal intellectual'. According to Basaglia, this intellectual is not merely the spokesman of a universal knowledge. He is also and especially someone who translates this knowledge into a practice of domination: the ruling class exploits the intellectual in order to reinforce its power over the lower classes.

Foucault also acknowledged the existence of a second kind of intellectual: the specific. As Robert Castel puts it, the specific intellectual 'remains an intellectual, with all that the term entails in the way of a deontology proper to it'. Yet the specific intellectual must also abandon 'the traditional position of theoretical superiority' (Castel, 1992: 67), insofar as, in Foucault's words, the specific intellectual does not work 'in the modality of the "universal" [...] but within specific sectors'. The localisation of his intervention gives him 'a much more immediate and concrete awareness of struggles' (Foucault, 1986: 68). It is for this reason that the specific intellectual has become closer to the masses, according to Foucault.

Specific intellectuals are 'l'insegnante, lo scienziato, il medico, lo psichiatra', that is to say, those who discover that they have 'un sapere locale e limitato', and for this reason cannot 'parlare ulteriormente a nome dell'universale' (Colucci and Di Vittorio, 2001: 221). When the psychiatrist accepts the role of specific intellectual, he can finally provoke a 'crisi pratica di un'ideologia scientifica' (Basaglia, 1975a: 243). That is to say, the psychiatrist, acting as a specific intellectual, can unveil the social issues that the scientific ideology of

198

psychiatry masks. In doing so, he is effectively bringing the psychiatric issue to a political level. According to Basaglia (1975a: 246), the

> tecnico borghese vive in una condizione di alienazione da cui può uscire rompendo la condizione di oggettivazione in cui vive l'oppresso.

By 'bracketing' mental illness the psychiatrist can take into account the history and the subjectivity of his former object of study – the patient (Basaglia, 1975a: 246). It is only in this 'ricerca di uno spazio reciproco di soggettivazione' (Basaglia, 1975a: 246), that the psychiatrist can effectively oppose the microphysics of power that disciplinary psychiatry has created. In other words, only a local struggle can oppose the local exertion of power.

Through these three strategies (taking advantage of aggressiveness, the 'bracketing' of mental illness, the emergence of the specific intellectual), I have shown how much Basaglia's reflection on psychiatric power converges with Foucault's. Proceeding from the idea that madness could be considered as a graft onto the world of reason, Basaglia envisaged the possibility of undoing this graft, which he referred to as a *nodo*. The strategies he advanced aimed at calling into question those mechanisms that produce, reinforce and maintain the graft described by Foucault.

So far, I have focused on the disciplinary aspect of psychiatry. However, after the Second World War and the anti-psychiatric movements, psychiatry changed remarkably, at least inasmuch as it abandoned almost completely its disciplinary aspect. This is the reason

why, in the next Section, I shall deal with a second, and possibly more contemporary, aspect of psychiatry: that which relates to biopolitics.

## 6. Foucault and Basaglia: Biopolitics and Psychiatrisation

As we have seen, Foucault believed that madness and reason are linked by a relationship of graft. First, in *History of Madness*, he described this graft from a historical perspective, from its origins to the age of the asylum. He then analysed the graft's continuation into the twentieth century, when contemporary psychiatry finally assured its perpertuity, thanks to certain mechanisms that are characteristic of disciplinary power. Basaglia drew on these considerations on disciplinary psychiatry, insofar as this was the only psychiatry practiced in Italy. He needed to dismantle the asylum precisely because it embodied disciplinary psychiatry.

### 6.1 Biopolitics and Biopower

There is another modulation of psychiatry that must be taken into account when assessing the scope of Basaglia's reforming work. Recently, Di Vittorio distinguished between two psychiatries, relying on the distinction between discipline and biopolitics,[80] which Foucault

---

[80] In Foucault's work, the first occurrence of the term biopolitics, coined by Rudolph Kjellen in 1920 (Kjellen, 1920: 93–4), can be traced back to a paper delivered at a conference in Brazil in 1974, entitled *Crisis de un modelo en la medicina?* This paper has been published in Portuguese with this title (Foucault, 1976a) and translated into Spanish with the title *La crisis de la medicina o la crisis de la anti-medicina* (Foucault, 1976b). While the French and Italian translations (Foucault, 1994a, 1997a) are based on the Portuguese text, the English one (Foucault, 2004) is based on the Spanish translation. Neither the Spanish nor the English text contains any reference to the concept of bio-

draws, albeit controversially, in his 1975–76 Course *Society Must Be Defended*. In Foucault's words (2003b: 242), biopolitics is 'a new technology of power', which does not rule out disciplinary power but 'integrates it, modifies it [...] and uses it [...] by embedding itself in existing disciplinary techniques'.

Foucault has never been completely clear on the distinction between biopower and biopolitics. In Esposito's words, Foucault 'non ha mai articolato a sufficienza il concetto di politica – al punto da sovrapporre sostanzialmente le espressioni di "biopotere" e "biopolitica"' (Esposito, 2004: 39). Rabinow and Rose try to resolve this ambiguity by defining biopower(s) as the 'more or less rationalized attempts to intervene upon the vital characteristics' of both human beings, considered 'as living creatures who are born, mature, inhabit a body that can be trained and augmented, and then sicken and die', and also of 'collectives and populations composed of such living beings' (Rabinow and Rose, 2006: 196–7). On the other hand, they define biopolitics as those 'specific strategies and contestations over problematizations of collective human vitality, morbidity and mortality; over the forms of knowledge, regimes of authority and practices of intervention that are desirable, legitimate and efficacious' (Rabinow and Rose, 2006: 197). It could be said that, whereas biopower is the power exerted on the population, when this is understood as a collective of bodies or bare lives, biopolitics is the organisation and systematisation

---

politics. The Italian translation, however, contains the following: 'per la società capitalistica è il bio-politico a essere importante prima di tutto, il biologico, il somatico, il corporale. Il corpo è una realtà bio-politica; la medicina è una strategia politica' (Foucault, 1997a: 222).

201

of such power by the political forces that govern these collectives. Nevertheless, Rabinow and Rose (2006: 197) also agree that Foucault is 'somewhat imprecise in his use of terms' and they regret that there has been no systematic study of his 'sketchy suggestions' on biopolitics and biopower.

Before discussing in detail some attempts at overcoming the unclear distinction between biopower and biopolitics, let us, for the time being, focus on Foucault's notion of biopolitics, without trying to solve its controversiality. To a certain extent, biopolitics overcomes the tension between individuality and multiplicity that disciplinary power could not solve. Discipline 'is addressed to bodies' (Foucault, 2003b: 242), in that it aims at controlling individual bodies as distinct from the mass, i.e. the multiplicity of individuals they may constitute. Discipline individualises insofar as the formation of a mass is the biggest threat to its power. Biopolitics, on the other hand, has, as its object, the 'global mass' of individuals, insofar as they can be all reduced to their shared organic and mental processes (Foucault, 2003b: 242). If the disciplinary 'seizure of power over the body is an individualizing move', the power that biopolitics exerts 'is not individualizing but [...] massifying' (Foucault, 2003b: 243). That is to say, it seizes power over man considered as a species.

The boundaries between discipline and biopolitics are blurry, and it seems to me that Foucault intended them to be so: biopolitics evolves from disciplinary techniques, it embeds and overcomes them. Arguably, Foucault seemed to regard the chronological transition between

202

sovereignty and biopolitics as a four-stage process: sovereign power, discipline inside the institutions (e.g. asylums), disciplinary society,[81] and finally biopolitics. However, Esposito (2004: 27) problematises this possible reading: 'Foucault si astiene dal fornire una risposta definitiva [su come] si rapportano sovranità e biopolitica'. In *Society Must Be Defended*, Foucault (2003b: 35–6) seems to believe that discipline is a 'new mechanism of power', which is 'the exact, point-for-point opposite of the mechanics of power' of sovereignty. In the first volume of *History of Sexuality*, Foucault (1998: 138) puts forward the argument that biopolitics evolves from discipline when it completely replaces the very grounds of sovereignty: 'the ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death'. It is precisely in this definition of biopolitics as the power that both *fosters* and *disallows* life that Foucault's oscillations emerge. If fostering life, by protecting and enhancing it, is arguably very different from the idea of a sovereign's limiting life, through impositions, taxes, the death penalty, and so on, the possibility of *disallowing* life seems to converge with the sovereign's right of life and death over his subjects. This contradiction is already evident in *Society Must Be Defended*, where Foucault states that the new power is on all points the exact opposite of sovereignty but also contends that:

> I wouldn't say exactly that sovereignty's old right – to take life or
> let live – was replaced but it came to be complemented by a new
> right which does not erase the old right but which does penetrate it,
> permeate it (Foucault, 2003b: 241).

---

[81] See above, Section 6.2 and especially note 73.

In different ways, both Esposito and Agamben try to resolve this contradiction by distinguishing between a modulation of biopolitics that does indeed *foster* life and one that *disallows* it, which they both call 'thanatopolitics'. Yet biopolitics and thanatopolitics are two sides of the same coin, because they rest, to put it bluntly, on the same premise that political power can and should somehow interfere with the very life of people.

Esposito distinguishes between a *politica della vita* from a *politica sulla vita*. The *politica della vita* could be regarded as an affirmative biopolitics, which 'fosters life', 'in contrasto con l'attitudine impositiva del regime sovrano' (Esposito, 2004: 31). While sovereignty 'si esercitava in termini di sottrazione, di prelievo', this affirmative biopolitics

> si rivolge alla vita non soltanto nel senso della sua difesa, ma anche
> in quello del suo dispiegamento, del suo potenziamento, della sua
> massimizzazione (Esposito, 2004: 30).

On the other hand, a *politica sulla vita* corresponds to the 'sviluppo del biopotere e incremento della capacità omicida' (Esposito, 2004: 33), which he calls *thanatopolitics*. This aspect of biopolitics is not a break from but a continuity of sovereignty in that it is marked by the return of the 'antico potere sovrano di dare la morte' (Esposito, 2004: 36): biopolitics does not only foster life but it can also 'disallow' it.

According to Agamben (2005: 9), sovereignty and biopolitics are intrinsically connected. He believes that 'l'implicazione della nuda vita nella sfera politica costituisce il nucleo originario – anche se occulto –

del potere sovrano'. In other words, there has never been such thing as a sovereign power that is not always-already biopolitical, as Foucault, at times, seems to suggest. In Agamben's words, '*si può dire, anzi, che la produzione di un corpo biopolitico sia la prestazione originale del potere sovrano*' (Agamben, 2005: 9). The intrinsically biopolitical nucleus of all Western politics lies in the notion of *homo sacer*, which he draws from the ancient Roman law. The *homines sacri*, literally 'sacred men', were not sacred in the current sense of the term; they were 'set apart', banned, stripped of their civil rights and cast out of society. While this could seem as a destiny similar to that met by the inmate in the asylum described by Foucault in PP, there are two crucial characteristics of the *homo sacer* that distinguish him from the inmate: first, anyone who had been declared *home sacer* could be killed with impunity; secondly, the *homo sacer* could not be sacrificed in a religious ritual. For Agamben, this double characteristic brings forth the notion of *nuda vita* or 'bare life', a life that is directly implicated with political power in the form of an 'esclusione inclusiva' (Agamben, 2005: 10). In other words, this bare life is 'inclusa nell'ordinamento unicamente nella forma della sua esclusione (cioè della sua assoluta uccidibilità)' (Agamben, 2005: 12). The sovereign's power to declare someone a *homo sacer*, that is to say, to strip someone of all rights and reduce him to a bare life that can be eliminated without murder's being committed, is for Agamben the original biopolitical character of sovereignty, that characteristic which makes all forms of Western politics biopolitical to a certain extent. Nonetheless, a critical change took place in the twentieth

205

century that engendered a drift of biopolitics into *thanatopolitics*: the absolute power to *disallow* life. Such, for instance, was the Nazi *Euthanasie-Programm*:

> Se al sovrano [...] compete in ogni tempo il potere di decidere quale vita possa essere uccisa senza commettere omicidio, nell'età della biopolitica questo potere tende ad emanciparsi [...] in potere di decidere sul punto in cui la vita cessa di essere politicamente rilevante (Agamben, 2005: 157).

In the notion of *homo sacer*, Agamben summarises the intrinsic power of any political system to discriminate between those lives that are allowed to live and those that can be eliminated without consequences (bare lives). The Nazi *Euthanasie Programm* brought this discrimination to its extreme consequences, in that

> si colloca [...] all'incrocio fra la decisione sovrana sulla vita uccidibile e l'assunzione della cura del corpo biologico della nazione, e segna il punto in cui la biopolitica si rovescia necessariamente in tanatopolitica (Agamben, 2005: 157).

In virtue of being grounded on the same, ageless notion of *homo sacer*, biopolitics and thanatopolitics (i.e. the fostering and the disallowing of life by means of political power) are two sides of the same coin, and the former constantly runs the risk of turning into the latter.

It goes beyond the purpose of my thesis to resolve Foucault's contradiction between affirmative biopolitics and biopower, biopolitics and thanatopolitics, politics *of* life and politics *over* life. It is, however, important to understand how these considerations on biopolitics can be applied to psychiatry, especially in the Italian post-Basaglian context. It is with this aim in mind that, in the next Section, I will analyse the

concept of 'biopolitical psychiatry' as a possible evolution of the early twentieth century disciplinary psychiatry.

## 6.2 Biopolitical Psychiatry

According to Di Vittorio, there is not only a disciplinary form of psychiatry but also a biopolitical one that emerged following the definition of abnormality as the concept in which the legal system and psychiatry converge. Biopolitical psychiatry adopts 'an apparatus of prevention', which 'classifies, pathologizes, and institutionalizes a much larger segment of the population' (Di Vittorio, 2006: 73). Overall, Di Vittorio's analysis is profoundly indebted to Foucault's *Abnormal* (Foucault, 2003a). In this course, Foucault describes how psychiatry became a medico-legal expertise entrusted with the assessment of the behaviour of the entire population. This new modulation of psychiatric knowledge ultimately aimed at explaining 'scientifically "who" the criminal was' (Di Vittorio, 2006: 77), which means that it was meant to anticipate and prevent crime by spotting dangerousness in the everyday conduct of individuals. As we have seen, this alleged potential dangerousness was identified with abnormality, and it was through this identification that psychiatry ceased to study exclusively the disorders of the mind, in order to address the totality of the 'inner space of the individual', which becomes the 'privileged object of psychiatric gaze' (Rose, 2007: 194). In other words, by becoming the 'scienza e tecnica di gestione delle anomalie' it turned into an 'istanza generale di difesa della

società contro i pericoli che la corrodono dall'interno' (Bertani, 2004: 61).

We have seen how, according to Foucault, disciplinary psychiatry made it possible for the disciplinary system to work, in that it could take care of those who could not be disciplined by other disciplinary apparatuses (such as schools and prisons). With regard to this point, Di Vittorio claims that biopolitical psychiatry is that which enables the biopolitical system to run smoothly, because it creates a 'whole tissue of bio-security on which the state and governmental bio-policies have been able to establish themselves, both below and above the sovereign State' (Di Vittorio, 2006: 79). In the late nineteenth century, psychiatry articulated all other disciplinary apparatuses insofar as it re-normalised those people who could not be disciplined by other institutions. Arguably, biopolitical psychiatry today articulates the discourse of bio-power through the establishment of the tissue of bio-security to which Di Vittorio refers.

It is precisely this possible evolution that might have been overlooked by the post-Basaglian psychiatrists. As Di Vittorio (2006: 75) suggests, the 'reformed Italian psychiatry has failed to recognize that the new "mental health" policy is bio-political as well'. Colucci agrees with Di Vittorio on this point and, as he writes in the recent article 'Scienza del pericolo, clinica del deficit', this is precisely the 'rischio biopolitico che corrono molti operatori psichiatrici'. Psychiatric workers are asked to seize control over the sick person in order to enforce a social order that has not changed since the era of the

asylum (Colucci, 2008: 113). Despite Basaglia's reform, Italian psychiatry 'non ha potuto mettere tra parentesi del tutto la medicalizzazione della sofferenza' (Colucci, 2008: 111), which ultimately is the 'riduzione in malattia di tutti i bisogni' of the psychiatric patient (Colucci, 2008: 112). Both Colucci and Di Vittorio seem sceptical towards the ultimate outcome of the psychiatric reform, which they deem to be only partially successful, however revolutionary.

Foucault himself had some reservations on the positive effects of reformism in psychiatry. Initially, Foucault praised the achievements of the anti-psychiatrists, among whom he expressly lists Basaglia along with Szasz and Cooper (2006b: 345–6). Foucault (2006b: 342) regarded anti-psychiatry as

> everything that calls into question the role of the psychiatrist previously given responsibility for producing the truth of illness within the hospital space.

Anti-psychiatric movements seemed to give 'the individual the task and right of taking his madness to the limit'. Notably, these movements were able to de-medicalise madness, therefore freeing the patients 'from the diagnosis and symptomatology' (Foucault, 2006b: 346).

In 1977, some years later, Foucault re-assessed anti-psychiatry, and his opinion became more cautious. It seemed to him that anti-psychiatry had not been able to oppose the fact that, ever since the nineteenth century, 'nous sommes tous devenus psychiatrisables' (Foucault, 1994c: 273). He went on to question whether practising a form of psychiatry that could work outside the confines of the asylum

were not a break with nineteenth century psychiatry and whether anti-psychiatry were not a subtler way of making medicine work in the interest of public hygiene by being always present and ready to intervene (Foucault, 1994c: 274). While he was directly referring to the French experience of sectorial psychiatry and institutional psychotherapy, his remarks can be seamlessly applied to Italy. The reform of psychiatry could have effectively pulled down the walls of the asylum. To this extent, it can be considered successful, as it achieved the transformation and eventual abandonment of the disciplinary techniques that were practiced inside the asylum. Yet Foucault queries whether this had not resulted in a generalised psychiatrisation of everyday life. The psychiatrist Hassoun summarised this point at a round table on psychiatric expertise in which Foucault participated: 'il n'y a plus les murs de l'asile. Ils ont éclaté. Ils englobent la ville'. (Foucault et al., 1994: 665). Cooper's former collaborator and sociologist Marine Zecca expressed her doubts concerning the Italian psychiatric reform with a similar question: 'hasn't one simply broken up the hospital into tiny external centres that play the same role – that of confinement?' (Cooper et al., 1988: 198). Even if 'l'internamento coatto a vita' is no longer enforced, it has been allegedly substituted for 'nuovi procedimenti di emarginazione, [...] meno violenti e appariscenti' (Berlincioni and Petrella, 2008: 109).

In his recent assessment of Italian psychiatric health care, Colucci presents a scenario that confirms these preoccupations. While Franco Rotelli (2005: 39) had already anticipated that 'oggi il campo è [...]

dominato in Italia e ovunque [dalle] forme di surmedicalizzazione della follia', Colucci (2008: 118) adds that there are hardly any practices of 'assistenza e [...] presa in carico della persona sul territorio, nella comunità', and psychiatric assistance is mostly confined to arranging for the patient's admission into a public hospital.[82] The medicalisation of psychiatry[83] is advocated as a necessary step, 'dopo anni di "oscurantismo" e "ignoranza"' towards the 'riconversione della psichiatria in disciplina scientifica' (Colucci, 2008: 121). Basaglia himself had already acknowledged that Law 180 was not a 'panacea a tutti i problemi del malato mentale', because in the end all it achieved was 'omologare la psichiatria alla medicina, cioè il comportamento umano al corpo', which Basaglia deemed as paradoxical as 'omologare i cani con le banane' (Basaglia, 1978a). Likewise, Di Vittorio (2006: 75) observes that, after Basaglia, Italian psychiatry 'fails to understand how the "good" mental health policy [...] can easily become the best alibi for a "bad" mental health policy'. It is this 'good' mental health policy which Basaglia most advocated: 'una clinica del soggetto attraverso la cura dei suoi legami sociali e la ricostruzione della sua appartenenza a una *polis*' (Colucci, 2008: 115). This 'good' policy easily turns into a 'bad' one, a policy that

---

[82] The Italian National Statistical Institute (*ISTAT*) has recently published a detailed analysis of the hospitalisation of patients suffering from a psychic disorder in the years 1999-2004. This data confirms Colucci's claim. The *Nota Informativa* of 2008 states that most admissions, 99.6%, take place in public or private hospitals. Of these 92.7% are acute disorders, 3.1% are chronic disorders and 4.2% are rehab (ISTAT, 2008: 3).

[83] Also Scheper-Huges (1987: 36) stresses the importance of keeping into account that 'biodeterministic psychiatrists had been gaining strength with a resurgence and reformulation of positivist psychiatric models beginning in the late seventies'.

211

involves control and social normalization through an apparatus of generalized prevention of pathology risks and the massive prescription of psycholeptic drugs (Di Vittorio, 2006: 75).

The massive use of psychopharmacology is the latest consequence of the reduction of mental processes to organic, that is, brain, activity.[84] As Homer Nadesan (2008: 168) posits, psychopharmacology is based on the assumption that 'mental states [are] epiphenomena of brain states and that chemical imbalances in the brain produce mental imbalances'. Rose (2003) summarised the effect of such an assumption by defining the contemporary individual as a 'neurochemical self', the result of a brain activity that can be enhanced, modified and restored to a 'normal' state in case an imbalance such as mental illness sets in. Yet as Healy (1997: 5) pointed out, advances in the neurosciences cannot assure that applying a 'chemical scalpel' may prove to be the definitive answer to mental disorders,[85] because 'current understandings of brain chemistry are very incomplete and some basic tenets, such as the serotonin theory of depression, may be inaccurate' (Holmer Nadesan, 2008: 169). Several studies (for instance: Begley, 2007) point towards the view that mental states may not be an epiphenomenon of brain activity; rather, they may shape and radically change it. What is more, it is documented that the effectiveness of many psycholeptic drugs is limited,[86] and that in several

---

[84] On the return of an organicist trend in psychiatry see Andreasen's (1997) emblematic article 'Linking Mind and Brain in the Study of Mental Illness'.

[85] On the other hand, see the work of T.J. Crow (1980; 1986; 1990), who dedicated his research to finding an organic aetiology of schizofrenia.

[86] See for instance Abboud, 2005, Vedantam, 2006. Both authors report that only half of the patients treated with anti-depressants respond to the medicament and recover – even only partially – from depression. See also Moncrieff and Cohen, 2005, for a comprehensive analysis of the assumptions that ground the 'disease-centred' model used to explain how psychopharmacology works.

212

clinical trials patients on placebos improved almost as much as those treated with the medication.[87] The massive use of psycholeptic drugs extends from their being prescribed for those who are diagnosed with a severe mental illness to their being prescribed for people suffering from minor ailments such as mild insomnia, or living through a difficult phase such as grieving or adolescence.[88] This intervention is very cost-effective, 'compared to social-psychological interventions', and therefore appeals 'to state and private apparatuses with limited budgets' (Holmer Nadesan, 2008: 172). Rose maintains that psychopharmacology is a constitutive part of contemporary biopolitics. Psycholeptic drugs were introduced, and are often still used, in 'all manner of coercive situations' (Rose, 2007: 210), a 'camicia di forza chimica' as Petrella called it (quoted in Galzigna, 2006). Nowadays, continues Rose (2007: 210), their purpose is rather different: their use aims to 'adjust the individual and restore and maintain his or her capacity to enter the circuits of everyday life' (especially productivity).[89]

In this perspective, the effects of the Italian psychiatric reform mark a continuity with rather than a break from the organicist/institutional psychiatric institution, as is further endorsed by Dell'Acqua's (2008a) recent criticism towards the extensive use of

---

[87] For instance Bernstein and Dooren, 2007 show that in clinical trials of anti-depressants only 11% of the patients on the actual drug showed more improvements than those on placebo.

[88] See also Law, 2006 on how pharmaceutical companies influence the definition of the models of mental illness.

[89] A further insight on the relationship between psychopharmacology and biopolitics can be found in Bourgois, 2000. Bourgois argues that methadone therapy as a replacement for heroine in addicted patients has been used as a means to control unproductive individuals, while the side effects of the treatment are scarcely emphasised.

213

psychopharmacology in Italy.

Foucault distinguishes two main stages in the evolution of psychiatric power. The first amounts to the medicalisation of psychiatry inside the asylum, which resulted in a new medical science entrusted with the control of dangerous deviants, on the basis that their dangerousness and madness can be ascribed to their organic body. According to Foucault, medicine at this stage is simply a guarantor of psychiatric knowledge and allows psychiatry to function as a disciplinary power, the discipline of disciplines. At the second stage, psychiatry ceases to be the science of 'aliens', those suffering from a mental disorder; it 'dis-alienises' itself, by becoming the science of conduct and behaviour. This brings about a more generalised medicalisation: psychiatry functions as a public hygiene, which both controls dangerous deviants, and preventively detects all possible dangerousness (and madness). Psychiatry becomes the medical science of conducts and abnormalities. According to Di Vittorio, this is the beginning of biopolitical psychiatry.

However, anti-psychiatrists may have played a key role in reinforcing the medicalisation of daily life. A further, third, stage in the evolution of psychiatric power emerges: it involves the capillary medicalisation and psychiatrisation of all individuals, sane and insane. It is this stage that sanctions the 'trionfo generalizzato di tutto ciò che ha validità neuroscientifica, reale o presunta' (Colucci, 2008: 115); a renewal of the interest in the organic body (Husserl's *Körper*) to the detriment of what Basaglia, among others, referred to as the 'corpo

214

vissuto' (Husserl's *Leib*). On the other hand, what remains of social and community intervention is still grounded on 'modelli di riabilitazione', just another term for 'tecniche di adattamento alla normalità'. These techniques exploit 'moduli di addestramento e assistenze invalidanti, che non sanno che farsene della specificità del soggetto' (Colucci, 2008: 115). Even in Italy, psychiatry grounds its third stage of medicalisation on the achievements of neurosciences, although the alleged scientific nature of psychiatry still conceals the 'vecchie forme di tutela della società dal folle' (Colucci, 2008: 115).

Basaglia could only open up this issue: he was not able to elaborate it further. During a conference in Belo Horizonte on 17 November 1979, just one year before his death, he stressed that the asylum is no longer 'nelle mura'. On the contrary, it is in our everyday life, because we are 'medicalizzati e psichiatrizzati ogni volta che andiamo dal medico' (Basaglia, 2000: 176). Basaglia (2000: 181) is clear on this point: 'su questo nuovo manicomio dobbiamo agire'. In the 'ideological void' that the reform created, Basaglia (2000: 189) witnessed a 'ridefinizione in termini territoriali della logica manicomiale'. As he feared, instead of being allowed to move forward from the ideological void let by the reform, psychiatrists were required to produce an alternative for disciplinary psychiatry. As Foucault remarked, notably in agreement with Basaglia's position,

> as soon as one proposes, one proposes a vocabulary, an ideology, which can only have effects of domination. What we have to present are instruments and tools that people might find useful (Cooper et al., 1988: 197).

215

In other words, the need to find an ideological framework was, for Basaglia (2000: 167), less urgent than the need 'trovare un contenuto reale di questa [...] psichiatria alternativa', the grounds on which to create a new psychiatry that does not re-propose alienating ideologies. In the next Section, I will put forward a possible reading of this 'contenuto reale' of alternative psychiatry.

## 7. Towards a Clinic of Lack

### 7.1 Subjects and Individuals

Colucci has suggested that the real but neglected content of Basaglia's practice amounted to a therapeutic approach centred on the subject, on curing his social bonds, and on the reconstruction of the *polis* (Colucci, 2008: 115). I believe that, although Colucci's statement effectively identifies Basaglia's purpose, it fails to address two highly problematic questions: what, according to Basaglia, is a subject and what is the *polis* that should be reconstructed? Although to a certain extent I agree with Colucci's statement, in this Section, I intend to problematise it by proposing that the real content that Basaglia advocated for his practice was, in brief, a clinical approach based on a constitutional lack of subjectivity. In Basaglia this constitutional lack is to be understood first and foremost as an ontological lack: the very being of 'man' depends on the other. Without the other there is no subject at all. In Basaglia's thought the ontological lack becomes a sociological one: human beings cannot provide for their own needs without belonging to a group. Yet, Basaglia never spelled out such a theory, this lack might as well be

216

regarded as purely *biological*, in the form of a neotenic characteristic of the human species. As I will fully discuss in the fourth Chapter, the most primordial and thus constitutive lack is the fact that, at birth, the human being is unable to provide for himself, and thus has to rely, from the outset, on the other. But before I substantiate this claim, it is crucial to clarify Basaglia's idea of subjectivity – or lack of it. I will proceed by first discussing Foucault's conception of the individual and of the subject, and then contrasting and comparing it with Basaglia's.

According to Foucault, the individual, being already woven into a number of power relations, is an effect of power itself. This is clear for instance in PP, where Foucault (2006b: 56) suggests that the individual is nothing but the result of certain 'techniques of political power', such as 'uninterrupted supervision, continual writing and potential punishment'. Also, the process of individualisation entails several other techniques, which he describes elsewhere: examination (Foucault, 1991: 184–92), expertise (2003a: 1–30), normalisation (1991: 182–3), and so on. Up to this point, Foucault is referring to the individual, with little mention of the notion of subject. In his later works, when the concept of subject becomes central, it is never completely clear if Foucault regards the subject as something different from the individual or not. It could be suggested that, while the individual is the effect of power as regards social relations, the subject is the effect of power as regards the reflexive relation. That is to say, we, as human beings, are under an effect of power when we are in a relationship with others (individuality) but are under the same effect also when we are alone with ourselves (subjectivity).

217

The most clarifying statement towards a definition of the Foucauldian subject can be found in *The Subject and Power*, the afterword Foucault wrote to Dreyfus and Rabinow's *Michel Foucault: Beyond Structuralism and Hermeneutics*. As Foucault (1982: 208) says, his objective throughout his work 'has been to create a history of the different modes by which human beings are made subjects'. Arguably, Foucault is implying by this statement that human beings are not of themselves subjects but are *made* so. Hence, we can assume that, according to Foucault, there is no subject that pre-exists individuality, there is no 'free' subject who alienates himself into a given concept of individuality. Subjectivity in itself is given to the human being as something in which he is always-already alienated. This conclusion is endorsed in the course *Hermeneutics of the Subject* (Foucault, 2005), where Foucault (1982: 208) goes as far as maintaining that not only is a human being *made* a subject, he/she also 'turns him- or herself into a subject' through a number of techniques such as the examination of conscience or spiritual exercises. Subjectivity in itself is the product of several 'technologies of the self' (Foucault et al., 1988), which

> permit individuals to effect by their own means [...] a certain
> number of operations on their own bodies and souls, thoughts,
> conduct, and way of being, so as to transform themselves in order
> to attain a certain state of happiness, purity, wisdom, perfection, or
> immortality (Foucault, 1988: 18).

Through these technologies, individuals become capable of self-discipline and self-control. Not even the Socratic 'know yourself' (Foucault, 1997b: 28) can be regarded as independent from relations of

218

power. To put it simply,

> one comes to know oneself [...] in relation to behavioral, cognitive,
> and emotional norms generated by the social sciences (Holmer
> Nadesan, 2008: 153).

Eventually there is no need for someone to wield power, because subjects are themselves a product of self-disciplining techniques and are thus always under a permanent effect of power. This was already clear to Foucault in DP, where he suggests that the ultimate aim of panopticism was precisely to create a surveillance that is 'permanent in its effects, even if it is discontinuous in its action' (Foucault, 1991: 201). Inmates do not know when the supervisor is actually inside the central tower of the *Panopticon*, so they constantly believe that they might be under supervision. Eventually, they are 'caught up in a power situation of which they are themselves the bearers' (Foucault, 1991: 201). Power no longer emanates from a centre, such as the sovereign or the supervisor; it is the subjects who exert power on themselves: instead of 'il dominio sull'oggetto', the generalisation of panopticism inaugurates 'la [...] partecipazione soggettiva [dell'oggetto] all'atto della dominazione' (Esposito, 2004: 29). This is why, according to Rovatti (2008: 217), '[il] soggetto [...], per Foucault, non c'è, è un'invenzione piena di conseguenze negative e perfino distruttive'. The very notion of subjectivity is the mark of our alienation and loss of freedom. The negative consequences of subjectivity amount to the fact that,

> mentre noi crediamo di segnare, attraverso la singolarità delle
> nostre esperienze interne ed esterne, un territorio individuale [...]
> libero, in realtà ci chiudiamo [...] nella prigione della nostra

soggettività individuale [...] e ci rendiamo docili [e] agenti di questo potere (Rovatti, 2008: 224).

In short, and using Seigel's words (1990: 276), 'sought in the name of freedom, such subjectivity opened individuals to domination by the powers'. There is no such thing as an independent subject, as the very way we perceive ourselves is already determined by relations of power.

In this respect, Agamben notices that, throughout his work, Foucault seems to focus mainly on two objects: on the one hand, the '*tecniche politiche* con le quali lo Stato assume e integra al suo interno la cura della vita naturale degli individui' and, on the other, the

> *tecnologie del sé*, attraverso le quali si attua il processo di soggettivazione che porta l'individuo a vincolarsi alla propria identità e alla propria coscienza e, insieme, a un potere di controllo esterno (Agamben, 2005: 8).

While, arguably, the production of individuals through political techniques and the production of subjects through the technologies of the self are interconnected, 'il punto in cui questi due aspetti del potere convergono è rimasto, tuttavia, singolarmente in ombra nella ricerca di Foucault' (Agamben, 2005: 8). I agree with Agamben on this point and, to this extent, I also believe that Foucault's notions of 'individual' and 'subject' seem to be often overlapping. Although Foucault never clearly advances a complete convergence of individuality and subjectivity, from his writings it is not always clear if it is possible to trace a clear cut distinction between the two notions or if a subject is, all things considered, an individual. It seems to me that Foucault very often implies that human beings are always-already subjects (i.e. subject to

220

self-disciplining techniques) *and* individuals (i.e. individuated and individualised by a network of power relations). Although we can distinguish theoretically subjectivity and individuality in order to distinguish between the effects of self-disciplining techniques and the effects of social relations of power, there is no such thing as a subject who is not an individual.

Despite the fact that Basaglia never developed a precise definition of subjectivity, it is possible to sketch his notion of the subject from the conclusions drawn in the first and second Chapter. Yet it is crucial to remark outright that Basaglia's stance cannot be reduced to Foucault's: unlike Foucault, Basaglia's subject does not correspond in any possible way to an individual in Foucault's terms.

It is also important to remember that Basaglia, as we have seen in the first Chapter, can be imprecise in his use of words. In his early works, it is quite clear that when he mentions the subject and subjectivity he is using it in a phenomenological way in opposition to the positivist conception of objectivity. After the 'political turn' in 1964, his language becomes less specific. He often uses the terms *soggetto*, *individuo* and also *persona* interchangeably. Hence, the following discussion is to be considered as an analysis of the concept of subject as it is *implicit* in Basaglia's writings, rather than a study of his own definition of subject.

In *Corpo e istituzione* (1967), Basaglia refers to an Oriental tale,[90]

---

[90] Discussed in the first Chapter, Section 6.3.

which tells of a snake that entered a man through his mouth and from there controlled him for a long time: this is the 'condizione istituzionale del malato mentale'. Through this tale, Basaglia (1967a: 106) wants to exemplify the 'incorporazione da parte del malato di un nemico che lo distrugge'. This is not only the condition of the inmate in the old asylum but also a risk for the more recent social psychiatry – based on the chimera of rehabilitation: 'le nuove tecniche su cui si fonda la riabilitazione [...] vengono esportate come nuovo mezzo di manipolazione delle masse' (Basaglia, 1971b: 207–8). Arguably, Basaglia is here stressing that human beings are indeed woven into power relations, and that they tend to introject these relations.

Basaglia does not define clearly the concept of the subject, nor does he distinguish it from the individual. In his early thought he refers to the subject using a Heideggerian-Binswangerian vocabulary: the subject is characterised by the notion of *Dasein*, by his being-in-the-world, his intrinsic capacity of creating projects for his life, in short 'il soggetto esiste solo nella misura nella quale "è" al mondo' (Basaglia, 1953a: 5). Yet if there is such thing as a 'Basaglian subject' it must not be regarded as something substantial – 'con tutte le sue più irrinunziabili connotazioni metafisiche di unità, assolutezza, interiorità' (Esposito, 1998: 10). First of all, because, as we have seen in the first Chapter, the most important characteristic of the subject is its inability to establish a direct reflexive relationship without the existence of the other. Without a world to which one can relate, there is no subject. This is what I refer to as the 'constitutional lack of the subject'.

Secondly, the subject cannot be considered substantial in Basaglia's thought because it amounts primarily to a utopian construction.[91] According to Basaglia (1975a: 254), utopias are those ideas that help to shape reality; they may be goals that are unattainable but any practice that aspires to change reality must nevertheless regard them as a guide. The utopia to which psychiatric therapy should aim is precisely to get as close as possible to the subjectivity of the patient. We have seen that, according to Foucault, the individual/subject can only ever be the effect of power relations, into the fabric of which he is inextricably woven. This suggests that the psychiatrist must act as if there could be a subject that pre-exists power relations, a constitutionally lacking subject. Psychiatric therapy's aim seems to be to make contact with this hypothetical and paradoxical subjectivity, in spite or maybe in virtue of the fact that it is constitutionally lacking. The closer therapy brings the psychiatrist to this constitutionally lacking subject, the more is it able to lessen the alienating effects of power relations. This does not mean that this constitutionally lacking subject is isolated: by accepting his own constitutional lack, he is rather urged into a relationship with the other.

It may be that there is no real 'way out' of a Foucaudian notion of individual/subject, being, as he is, the effect of power relations; it may be that it is not possible to 'svuotare [il soggetto], liberar[lo] da se stesso' (Rovatti, 2008: 219); nonetheless, psychiatry should, maintains

---

[91] The concept of utopia in Basaglia has been discussed in the second Chapter, at the end of Section 6.1.

Basaglia, always aim at 'restituir[e] la soggettività' (Colucci, 1995: 92) to the mentally sick person. This is what I am calling a 'clinic of lack'. According to Basaglia, whilst the *individual* may be the effect *of* power relations, a psychiatrist must assume that the *subject* cannot be reduced *to* such power relations. Through the struggle of intellectuals and the 'bracketing' of mental illness it seems to be somehow possible to recover a hypothetical and paradoxical subjectivity, innocent of the effect of power relations, even if this amounts only to a constitutional lack, to the need for the Other.

To a certain extent, these conclusions problematise rather than clarify the idea of a 'clinic of lack'. Why should a clinic that helps patients accept their constitutional lack not reintroduce them into an alienating society? How is the relationship with the other that the clinic of lack promotes different from the relationship with other individuals in the capitalist society? In the next Section, I will clarify the idea of 'clinic of lack' by contrasting it with a possible 'clinic of the individual', and by introducing the contrast between the social-psychiatric acceptation of community care with what I believe is the underlying assumption of Basaglia's conception of community.

### 7.2 *Communitas* and *Immunitas*

The 'clinic of lack' has been assimilated by society, 'recycled', as Basaglia would have put it, into a *clinic of the individual*. The latter overlooks the constitutional lack of the subject in favour of considering

the patient as a unitary individual, with the aim of reintegrating him into society and rehabilitating him to the circuit of productivity. That is to say, this clinic aims at reintroducing the individual into the place where he is woven into those power relations that can keep him under control. This is the general aim of contemporary capitalist society, whose power is not challenged by individuality but, on the contrary, actively *produces* individuals: 'notre individualité, l'identité obligatoire de chacun est l'effet et un instrument du pouvoir, ce que ce dernier craint le plus: la force et la violence des groupes' (Foucault, 1994b: 664). A psychiatry centred on individuality is yet another instrument aimed at weakening the strength of collectives.

Even social psychiatry, with its aim of reintegration and rehabilitation, is a mere chimera, as it does not properly cure but 'cura il [...] ritorno al circolo produttivo' (Basaglia, 2000: 123). Social psychiatry reintegrates the lacking subject into the capitalist productive system, thus perpetuating the aim of disciplinary psychiatry through different means. For Basaglia, psychiatric therapy should have a twofold aim. On the one hand, it should help the sick person to recover his always-already lost subjectivity, a utopian task that should diminish his alienation into the identity imposed by society. On the other, it should also enable the sick person to return to the community. How is this return to the community different from the social-psychiatric concept of reintegration? To what extent does this tension between recovering the subject and reintroducing him in the community not perpetuate disciplinary aims, such as the creation of docile individuals?

In psychiatry, the 'over-used' concept of community (Acheson, 1985: 3) can be defined by using its dictionary definition: it 'includes two particularly relevant meanings, which refer both to the people in a particular area and to the locality itself' (Tansella and Thornicroft, 2009). As far as psychiatric intervention and mental health care are concerned, the community is

> a defined population, for whom an integrated system of mental health care can be provided. Such a population may be geographically defined or may be identified by some other key criteria (Tansella and Thornicroft, 2009).[92]

If we accept this definition of community, Basaglia's position amounts to a vicious circle: the psychiatrist establishes with the patient a proper inter-subjective relationship that is no longer mediated by the positivist distinction between subject and object; he tries to understand the patient rather than explain the patient's symptoms. In short, the psychiatrist tries to 'dis-alienate' the patient from the individuality imposed on him by society, i.e. being an inmate, being useless to the productive circle, and return him to his status of subject. But in doing so, the psychiatrist's

---

[92] Notably, the notion of population is crucial to understand Foucault's conceptualisation of biopolitics, as it 'made possible a logic in which the government of the state came to involve [both] individualization and totalization' (Curtis, 2002: 510). Defining the notion of population enables Foucault to articulate the 'development of anatomo-political techniques aimed at the individual body [with] the development of bio-political techniques aimed at the collective or social body' (Curtis, 2002: 506). As Curtis (2002: 510) continues, population entails the definition of an essence common to all the members of the population, which can be therefore defined only by statistic means. In the context of psychiatry (and medicine broadly speaking), defining a population, which Tansella and Thornicroft seem to regard as a synonym of defining a community, means to reduce all members to their shared organic traits, that is to say to their human nature understood as set of biological and universal characteristics. Also, it means to reduce the psychological depths of the members of the population to their shared mental functions and reactions, thus actually defining their psychology by means of a statistical analysis. In light of these considerations it is all the more important to understand that the notion of individual does not logically precede that of population but is one of its consequences. Thus, the 'individual' is the atom of the population; the traits and features of each single individual depend upon the statistical description of the population to which it belongs.

226

ultimate aim would still be to reintegrate the sick person into a community defined as a population. This brings us back to Foucault's controversial definition of biopolitics, which is interested in exerting power not on individuals but on the entire population defined in statistical terms. Arguably, this is a space regulated by relations of power that would eventually demand the re-integrated sick person to alienate himself once again as a docile element of the community.[93]

I believe that Basaglia's notion of community cannot be reduced to a definable part of the population, as it entails a wider conception, which anticipates that elaborated in the last two decades by the work of the Italian philosopher Roberto Esposito. According to Esposito, community is neither 'un soggetto collettivo', nor an 'insieme di soggetti'; it is 'la relazione che non li fa essere più [...] soggetti individuali' (Esposito, 2008b: 92). In other words, it is a 'ni-ente', a 'nothingness' that subtracts the subject from the 'identità con se stesso' and delivers it to an 'alterità irriducibile' (Esposito, 2008b: 81). People tend to protect themselves from belonging to this community, as this would entail a loss of their identity:

> gli individui [...] divengono davvero tali [...] solo se preventivamente liberati dal debito che li vincola all'altro. Se esentati [...] da quel contatto che minaccia la loro identità

---

[93] This is also one of Rotelli's concerns, which he raises in 'Quale politica per la salute mentale alla fine di un secolo di riforme?' (Rotelli, 1999). He asks: 'di che tipo di comunità dobbiamo parlare per il futuro, posto che di comunità dobbiamo comunque parlare, di relazionalità dobbiamo comunque parlare? [...] Dov'è la comunità, lo spazio in cui noi possiamo portare avanti questa pratica terapeutica che non può non essere fonte di emancipazione? Dov'è il luogo concreto, il sito, dov'è lo strumento per emanciparci ed emancipare, se il muro è crollato e se, al di là di esso, spazi capaci di dar forma al legame sociale non esistono?' (Rotelli, 1999: 93–4).

227

> esponendoli al possibile conflitto con il loro vicino (Esposito, 1998: xxiv).

Individuals tend to avoid the risk of losing their identity and belonging to a community. The 'soggetto individuo, indiviso, lungi dall'essere una inconsapevole parte della comunità, è proprio ciò che le sbarra la strada' (Esposito, 1998: 74). There can be no proper community as long as human beings perceive themselves as individuals. In other words, a proper community is only that which is founded on lacking subjects, rather than the dystopian notion of individuality. Understood in these terms, community does not amount to a

> moltiplicazione della soggettività per un numero indeterminato di individui così come l'individuo costituirebbe un frammento della comunità che aspetta solo di entrare in rapporto con gli altri per realizzarsi interamente (Esposito, 1998: 74).

On the contrary, community is composed of human beings who understand their constitutional lack, their constant need for the other and accept it: they accept the risk they run in losing their identities and individuality.

According to Esposito, contemporary capitalist society is based on an excess of immunity, which hinders the formation of a community. The word 'community' comes from the Latin *communitas*, which is composed of *cum-* [with], 'ciò che non è proprio' and *munus*, the gift that 'si dà perché si *deve* dare e *non si può non* dare' (Esposito, 1998: xii, xiv). Esposito (1998: xv) puts forward the notion that community is based not on a common property but on a debt; community 'non da un più, ma da un "meno"'. In a community, human beings are precisely

228

expropriated 'della loro proprietà iniziale [...] della loro stessa soggettività' (Esposito, 1998: xvi). I find it interesting to note that Stoppa used the very concept on *munus* precisely to define a 'community', in so far as this is implicated in psychiatric treatment. In his words,

> nel caso della nostra pratica, il *munus* (oggi, più prosaicamente, si usa parlare di *mission*), cioè l'impegno, il dono che gli operatori portano a favore dell'umanizzazione delle istituzioni, è rappresentato dal loro pensiero prima e dalla loro azione poi (azione dove la passione deve sposare la cautela, il desiderio, la misura) (Stoppa, 2006: 30).

*Immunitas* (literally, immunity) seems to be the exact opposite of community: it is the avoidance of the *munus*, of the debt, the lack that constitutes those who belong to a proper community. On the one hand, *immunitas* is the 'autonomia originaria o [...] sollevamento successivo da un debito precedentemente contratto' (Esposito, 2002: 8): those who are immune, are exempted from the *munus* that would introduce them to the community. It is therefore something radically anti-social, 'e più precisamente anti-comunitario'. In exempting the subject from the obligation of a reciprocal donation, it also 'interrompe il circuito sociale' (Esposito, 2002: 9). Nonetheless, Esposito (2002: 9) adds a second interpretation of immunity, which draws on bio-medical language: according to this, immunity is the 'condizione di refrattarietà dell'organismo rispetto al pericolo di contrarre una malattia'. This concept entered the bio-medical vocabulary during the eighteenth and nineteenth centuries, especially with the discovery of vaccinations and bacteriology. Hence, *immunitas* is tied to a process of reaction to the

229

external world, bacteria and other possible vectors of contagion. But any process of immunisation, for instance vaccinations, implies 'la presenza del male che deve contrastare': 'il male va contrastato – ma non tenendolo lontano dai propri confini. Al contrario, includendolo all'interno di essi' (Esposito, 2002: 10). Hence, immunity is not the exact opposite of community: there is no community without a certain amount of immunity. In the same way as the human body, the community needs some level of protection and immunisation: this is a condition of affirmative biopolitics. To follow the organic metaphor, when there is an excess of immunisation there is a reversal in the target of anti-bodies: the organism develops an auto-immune syndrome, such as lupus. The body fights against itself, in that 'l'immunità, necessaria a proteggere la nostra vita, se portata oltre una certa soglia, finisce per negarla' (Esposito, 2005: 161). This is the opposite of an affirmative biopolitics; it is thanatopolitics, an exertion of ruthless biopower.

In short, immunisation grounds the process of individualisation: the individual immunises himself from his constitutional lack and from the 'possibilità dissolutiva della "messa in comune"' (Esposito, 2002: 18). Whilst this is to a certain extent a necessary part in the formation of a community, an excess of immunisation arrests the community, which comes to be felt as a threat to subjectivity, as the ultimate limit to its (illusory) wholeness.

From these considerations, it should become clear that the concept of 'graft' itself can be read as a paradigm of immunisation. If there is a graft, a *nodo*, between madness and reason, this is because madness

must be rationalised, included in reason, in order for it not to represent a threat to rationality. Only when madness is completely reduced to mental illness, to a rational construct, can there be a science entrusted with its elimination, that is, with protecting society and individuals from the possible negative consequences of madness. The paradigm of immunisation is implicit in Foucault's conceptualisation of graft as early as HM, in which he affirms that madness meets the medical gaze because people fear that it may be contagious (Foucault, 2006a: 355). And it is implicit in all of his work on psychiatry, especially when, in *Abnormal*, he acknowledges the shift from assistance of the sick person to protection of society (Foucault, 2006b: 220).

What I propose to call Basaglia's 'clinic of lack' seems to aim precisely at a partial refusal of immunisation and a return to a community understood in Esposito's terms. It should lead to the acceptance of the 'alterità', which does not mean only accepting the distance between the subject and the other but also acknowledging the unavoidability of the relationship with the other. In doing so, it prevents the subject from the *alienità*, which, as we have seen, entails losing the distance from the other and alienate oneself into the ideological identity that is supplied to us through the exertion of power. The reintegration into a community means that the subject has to accept his constitutional lack, to accept that 'è caratterizzato da una mancanza originaria che non può riempire' (Esposito, 2007: 135): this constitutional lack is the need for the other. Through psychiatric therapy the sick person does not recuperate an (illusory) substantial subjectivity, which would make him

231

believe to be an independent individual who cannot belong to a *communitas*. On the contrary, the sick person discovers and accepts his constitutional lack of subjectivity, the need to constantly refer to the other in order to understand oneself.[94]

This 'clinic of lack' necessarily involves the acceptance of a constitutional lack, an idea that, as we have seen in the first Chapter, Basaglia formulated as early as his 1953 article 'Il mondo dell'incomprensibile schizofrenico'. In this article, he claimed for the first time that the subject cannot establish a direct relationship with himself, that is, a reflexive relationship, if he is not in a relationship with the other. We have also seen that Basaglia's primary concern in his early work was to define a method, which he found in *Daseinsanalyse*, capable of accounting for both the psychiatrist's and the patient's subjectivities, as opposed to the positivist subject-object relationship. It could be said that Basaglia's early conception of the relationship between the patient and the psychiatrist anticipates this idea of community: both psychiatrist and patient call into question their own subjectivities and accept their constitutional lack – their need for the other. The psychiatrist eventually should accept to lose his immunisation, which means 'accettare il conflitto che ogni soggetto produce, senza difendersi dietro schemi interpretativi diventati ormai dogmi' (Ongaro Basaglia, 1998). In other words, 'bracketing' mental illness, establishing a proper inter-subjective relationship, entering this

---

[94] I have discussed Basaglia's concepts of *alterità*, *alienità* and the impossibility of a direct reflexive relationship with the self in the first Chapter, Section 6.2.

relationship 'disarmati' (Basaglia, 1979b: 472), refusing the role of psychiatry, in short, the condition of ideological void left by the implementation of Law 180 should all be read as an attempt at reducing the paradigms of immunisation and establishing a 'proper' community.

If there is such a thing as a 'contenuto reale' of Basaglia's 'alternative psychiatry', it seems to me that it amounts to a therapy that aims at returning the subject to a community, understood in Esposito's terms, rather than at reintegrating the subject into society. In other words, this therapy is guided by the utopian aim of helping the patient to understand and accept his constitutional lack, in order for him to participate in a community (also utopian) of human beings who have in turn accepted their lack and their need for the other. This utopian community is not an ideal world 'dove tutti sono buoni, dove i rapporti sono improntati al più profondo umanitarismo, dove il lavoro risulti gratificante' (Basaglia, 1997: 20) but a community where the paradigms of immunisation are kept to that minimum which guarantees its survival but does not run the risk of turning it into a thanatopolitical biopower. In other words, Basaglia's 'clinic of lack' could be regarded as an element of 'democrazia porosa', that is to say, a democracy in which power relations and paradigms of immunisation are not completely erased (because it would not be possible), but 'le cui forme siano sempre oggetto di innovazione e autosuperamento' (Esposito, 2008a: 26). Basaglia himself observes that, in defining a community and thus a 'clinic of lack', it is not possible to avoid completely power relations and paradigms of immunisation: the critical characteristic of a properly

therapeutic community is its ability to be guided and not determined by relations of power, a community capable of overcoming itself and constantly referring to the needs of it members. In Basaglia's words,

> problema sarà quello del come organizzare una comunità che non deve essere determinata, che non può essere comandata ma solo diretta da un potere che sappia limitarsi ad instradarla e a coordinarne le forze (Basaglia, 1966b: 63).

That is to say, the community is to be understood as 'un abbozzo di sistema cui riferirsi, per subito trascenderlo e distruggerlo' (Basaglia, 1966b: 63). As Stoppa (2006: 29) contends, community is a 'realtà mai compiuta, "possibile" [...], che richiede un costante lavoro di manutenzione'. Esposito's notion of 'democrazia porosa' is of critical importance to understanding the connection I am establishing between 'clinic of lack' and affirmative biopolitics. In a regime of 'democrazia porosa', which is itself an appropriate expression to describe a state of affirmative biopolitics, immunity is not completely absent. On the contrary, it is present but kept to that minimum which still allows a constant redefinition and reworking of the structure of the community itself.

Let us return for a moment to Colucci's definition of Basaglia's clinical approach: a restitution of subjectivity aimed at the reconstruction of the *polis*. Rephrased in the light of these considerations on subjectivity, individuality and community, Colucci's definition becomes a very appropriate definition of 'clinic of lack' as a possible affirmative biopolitical psychiatry: 'clinic of lack' is the return to a hypothetical and paradoxical lacking subject, a subject that does not pre-exist

234

individuality, power relations, immunisation and especially a relationship with the other but that is supposed to be 'innocent' of them. In this movement of return, the lack of subjectivity is elevated to the most central and distinctive feature of the being human (we could venture to call it Basaglia's only notion of human nature). Overcoming this lack does not mean resorting to a full and metaphysical notion of subjectivity but to establish the lack of subjectivity as the grounds on which to build and maintain a community understood in Esposito's terms, a community of lacking subjects. Hence, to a certain extent, such an understanding of 'community', made of lacking subjects, could be regarded as a community where the lack of each single subject overlaps with the lack of every other subject, a notion that will prove crucial in the following Chapter, when I will be analysing Basaglia's 'clinic of lack' in comparison to Lacan's psychoanalysis.

To conclude, I consider it necessary to observe that it is appropriate to consider Basaglia's proposal as an affirmative biopolitical psychiatry. Di Vittorio regards biopolitical psychiatry only in negative terms, as the science that enables the net of biosecurity to work, advances a notion of the human mind reduced to the biochemical workings of the brain and promotes the massive use of psychopharmacology in order to produce docile and controllable individuals, and so on. Yet I believe that, in spite of Di Vittorio's opinion, biopolitical psychiatry cannot be regarded as entirely negative and Basaglia anticipated this point. He anticipated that his reform might have a 'negatively' biopolitical outcome, a thanatopolitical one in

Esposito's terms. But he also seems to posit that it is impossible, and maybe not even desirable, to avoid or contrast biopolitics as such. What Basaglia seems to suggest is that it is both possible and urgently needed to envision a biopolitical psychiatry that does not turn into its thanatopolitical counterpart: an affirmative biopolitical psychiatry that moves from the premise that a 'clinic of lack' might adequately reduce the paradigms of immunisation in psychiatry.

In the next Chapter, I will compare and contrast Basaglia's understanding of therapy with that put forward by the French psychoanalyst Jacques Lacan. I believe that this may shed light on what Di Vittorio referred to as the possible 'good practice' that Basaglia advocated but which could not find space even in reformed Italian psychiatry.

# Chapter IV
# The Constitutional Lack of the Subject and Its Clinic: Basaglia with Lacan

## 1. Introduction

In a recent interview, the Italian Lacanian psychoanalyst Massimo Recalcati (2008) insisted on the importance of establishing a comparative analysis between Basaglia's thought and that of the French psychoanalyst Jacques Lacan. Yet he was not the first scholar to affirm this. Before Recalcati, several authors (Colucci and Di Vittorio, 2001; Kantzà, 1999; Polidori, 1999; Stoppa, 1999; Viganò, 2009), an overview of whose works I offer in Section 2, have tried to establish a dialogue between Basaglia and Lacan; it is therefore legitimate to put forward the following question: why do so many authors believe that a dialogue between Basaglia and Lacan – who never met and hardly acknowledged one another in their respective works – is of such focal importance?

In spite of the diversity of these studies, I believe that they all move from a similar assumption: simply put, Basaglia should have read Lacan's work. What could have been the outcome of such a reading? Colucci champions the introduction of Lacanian psychoanalysis in psychiatry; Viganò believes that Basaglia could have acquired from Lacan a rigorous deontology for the psychiatric operator; Stoppa seems to find in Lacan the theoretical framework that Basaglia failed to

develop. These are some of the possible outcomes of what Colucci and Di Vittorio called the 'dialogo mancato' between Basaglia and Lacan. None of these texts offers a systematic and comprehensive comparison between Basaglia's and Lacan's work: they outline but fail to develop it.

The aim of this Chapter is to offer a consistent comparative study of Basaglia's and Lacan's stances on subjectivity, transference, and the relationships between psychiatrist/analyst and patient/analysand and that between society and the psychiatrist/analyst. Reasons of space constraint make it impossible to summarise Lacan's work in its entirety. Determining the chronological development of his ideas and the nuances they assume at different moments of his intellectual itinerary is problematic, since Lacan was continually reworking most of his concepts throughout his life: this makes a thorough examination of his theories challenging. For this reason, I will limit my analysis to those concepts that I deem pivotal for the purpose of my research, such as Lacan's account of the ontogenesis of the subject, his idea of transference and his theory of the four discourses.

The aim of a comparison between Basaglia's and Lacan's thought is twofold. Its first aim is to show that, despite the criticism of psychoanalysis that Basaglia advanced, and that I will discuss more fully in Section 3 of this Chapter, he often implicitly relies on psychoanalytical concepts, such as the distinction between neurosis and psychosis,[95] the relationship of transference, etc. This implicit use of

---

[95] The distinction between neurosis and psychosis is not a psychoanalytical distinction strictly speaking. However, Basaglia suggests a distinction between the two that converges with Lacan's. See Section 4.7 and related footnotes.

238

psychoanalysis cannot be ascribed exclusively to Basaglia's adoption of Binswanger's *Daseinsanalyse*. Although Binswanger was influenced by Freud, the discrepancies between the former's method and psychoanalysis have been satisfactorily demonstrated by Bühler (2004), among others. It is also interesting to note that a well known Italian psychoanalyst figured among Basaglia's closest collaborators in Gorizia: Michele Risso, who also wrote a contribution to the 1967 volume *Che cos'è la psichiatria?*.[96]

The second aim of this comparison is to define the premises of what I called Basaglia's 'clinic of lack', which I believe to converge with Lacan's interpretation of psychoanalysis as a possible therapeutic approach to neurosis and psychosis. Namely, I will suggest that Basaglia's 'clinic of lack' and Lacan's psychoanalysis rest on two premises: first, the constitutional lack of the subject that engenders an indissoluble relationship between subjectivity and otherness and, secondly, the need for any therapeutic approach to subvert the position of power traditionally occupied by the psychiatrist/analyst, which is in turn a consequence of the knowledge ascribed to him.

In Section 4, I will put forward the idea that both Basaglia and Lacan ground their therapeutic approach on the notion that the subject is

---

[96] I was made aware of Basaglia's collaboration with Michele Risso during an interview with the independent researcher and Basaglia's former collaborator Giovanna Gallio on the 26th August 2010. It is also mentioned in an interview to the psychiatrist Stefano Mistura (Molinaroli, 2007). Michele Risso is remembered especially for his contribution to etnopsichiatry, a discipline he developed after his collaboration with Ernesto De Martino. Among his most influential works we should mention the 1968 paper 'Delusions of Witchcraft. A Cross Cultural Study' and the posthumous collection of case-studies recently published in Italian, entitled *Sortilegio e delirio. Psicopatologia dell'emigrazione in prospettiva transculturale* (1992), both co-written with Wolfgang Böker.

constitutionally lacking. Here I will rely mainly on Lacan's *Écrits* and on Seminar III, *Psychoses*. Lacan's notion of 'lack' proceeds from his investigation of the ontogenesis of the subject. At birth, the child is a powerless creature who needs to rely on the other for survival (for instance he cannot feed himself, and needs his mother to feed him). Thus, in the impossibility of an immediate satisfaction of biological needs, need becomes a demand to the other. When the child eventually understands that his demands are not always met, demands become desire: the child no longer wants the other only to satisfy his biological needs, he desires the other to be there for him. This is the origin of the child's alienation into the other. This is a constitutive alienation, which cannot be overcome and amounts to the constitutional lack that characterises subjectivity according to Lacan. While at birth we biologically lack the means to sustain ourselves without the other, at a later stage this lack becomes an ontological lack: it is no longer the lack of the other *qua* feeder but a lack of the other as such. According to Lacan, lack is what indissolubly ties subjectivity with otherness. Basaglia himself believes that outside of a relationship with otherness there can be no subject: an aspect that in the first Chapter I called the 'constitutional lack of the subject'. According to both Lacan and Basaglia, this constitutional lack is an ethical responsibility: it must be assumed and accepted as the most characterising feature of our being subjects. In other words, in order to assume the ethical responsibility that is this constitutional lack, we must, at the same time, also accept that it is only when we entertain a relationship with the other that we can

240

overcome this lack; we cannot do so by annulling it, by filling it but by accepting it as the essential attribute that indissolubly links us to the other.

In Section 5, I will show the centrality of the notion of transference in both Basaglia's and Lacan's notions of the relationship between the psychiatrist/analyst and the patient/analysand. In this Section, I will use primarily Lacan's Seminar XI, *The Four Fundamental Concepts of Psychoanalysis*, along with his *Écrits*. The phenomenon of transference was discovered by Freud: during psychoanalytic treatment, the patient establishes a controversial relationship with the analyst, by projecting onto him the affects and feelings that the patient had as a child for a parental figure. Lacan expands the notion of transference by distinguishing two of its components: an imaginary one (the projection of feelings), and a symbolic one (which is established when the analysand convinces himself that the analyst has the knowledge needed to cure his ailments). The responsibility of the analyst in both cases is to 'play dead': he has to avoid the analysand's identification[97] and also the position of the one who is supposed to know. To a certain extent the analyst is thus refusing to be in a position of both power and knowledge over the analysand: it is the analysand who is called to work on himself and overcome his

---

[97] Identification is a crucial notion in psychoanalysis. In Freud's (1900: 150) words, 'identification is not simple imitation but assimilation on the basis of a similar aetiological pretension; it expresses a resemblance and is derived from a common element which remains in the unconscious'. Identification is an unconscious process through which certain parts of one's personality come to be projected on someone else and, conversely, certain parts of someone's personality are assumed by the subject. It is not imitation insofar as it is an unconscious process.

ailments, by re-writing his personal 'history' and uncovering repressed memories, etc. Although Basaglia openly criticised the notion of transference, in his 1963 article 'Ansia e malafede', he formulated the relationship between the psychiatrist and the patient in such a way that it almost overlaps Lacan's interpretation of transference. According to Basaglia, the psychiatrist is to avoid allowing the patient to identify with him, because this would give rise to an inauthentic relationship: the patient would not relate to the psychiatrist as another human being but as a projection of his own feelings. Strictly speaking, this relationship would be played entirely in the patient's mind and would exclude any contact with the other. On the other hand, the psychiatrist is also to avoid being placed in a position of knowledge. If the patient were to believe that the psychiatrist knows more than he does, he would accept any improvement in his condition as a 'gift' given to him by the psychiatrist and not as a personal conquest. Colucci and Di Vittorio's (2001: 292) 'dissipazione del soggetto di conoscenza' amounts precisely to this: according to both Basaglia and Lacan, the psychiatrist/analyst must both be deposed from and abdicate his position of knowledge when approaching the patient/analysand.

In Section 6, I will expand the claim that, according to both Basaglia and Lacan, the psychiatrist/analyst is to overcome an authoritative position when facing the patient. In this Section, I will analyse especially Lacan's Seminar XVII, *The Other Side of Psychoanalysis*, in which he puts forward the idea that all social bonds are discourses, structures in which there are four elements that fluctuate,

occupying in turn one of the four available positions. Depending on the place of the elements, we can distinguish four discourses: Master, University, Analyst, and Hysteric. I will leave a comprehensive study of these discourses for Section 6.2, for the time being suffice it to say that the discourse of the Analyst subverts that of both the master (the authoritarian position of the psychiatrist/analyst) and the University (the knowledgeable position of the psychiatrist/analyst). Lacan's theory of the four discourses can be applied to the study of Basaglia's work: by subverting institutional psychiatry, the alternative psychiatrist, the anti-institutional psychiatrist who is envisaging a new psychiatry in the 'ideological void' left by the reform, subverts both the discourse of the Master and that of the University.

These three points of comparison converge in Section 7, where I will draw my conclusions, by defining the premises of Basaglia's 'clinic of lack'. It is not feasible to infer a prescriptive model of clinical approach from Basaglia's writings, because he himself never systematically outlined one. However, I believe it is possible to tease out the premises on which his clinical approach, understood as a 'clinic of lack', can be grounded. The three main points of comparison that I propose in this Chapter, namely Basaglia's and Lacan's interpretations of the subject as linked to the other by his constitutional lack, transference and the subversion of the psychiatrist/analyst's position of power/knowledge, lead to the conclusion that the premises that ground Basaglia's clinic of lack are the following:

— Subjectivity is grounded on a constitutional lack (biological at

243

first, then ontological), which is an ethical responsibility: we must assume our lack as the only means to achieve a proper relationship with the other. Otherness cannot be rejected but must be assumed as the only possibility to overcome our constitutional lack;

— The therapeutic relationship is established by means of the notion of transference, as it was understood by Lacan. The patient will try not only to identify with the psychiatrist/analyst but also to take his knowledge for granted. The psychiatrist/analyst must answer to this tendency in terms of avoidance: he must avoid the patient's identification, and he must reject ('bracket', in Basaglia's terms), the knowledge that is ascribed to him. In doing so the psychiatrist/analyst is actively subverting his authoritarian relationship with the patient/analysand. The psychiatrist/analyst also 'brackets' all *a priori* assumptions based on a pre-existing knowledge such as psychiatry, his ultimate aim being that of creating a knowledge *a posteriori*, grounded on the everyday experience of his practice.

Ultimately, such a 'clinic of lack', as I will show in Section 7.2, perfectly responds to the definition of an affirmative biopolitical psychiatry, as it was outlined in the third Chapter. Institutional psychiatry and all its late derivatives, such as a strictly organicist psychiatry and the widespread use of psychopharmacology, can be considered, in Esposito's terms, as an excess of immunisation against the constitutional lack that characterises our subjectivity. On the other hand, a 'clinic of lack' would aim precisely at reducing these paradigms of immunisation, establishing an indissoluble relationship between

244

subjectivity and otherness on the grounds of the subject's constitutional lack.

Before beginning my analysis, I will offer a brief overview of the existing literature on the relationship between Basaglia and Lacan.

## 2. Basaglia and Lacan: an Overview of Existing Literature

Among the scholars who studied Basaglia's thought, Colucci insists the most on the importance of establishing a comparative analysis of Basaglia and Lacan. In their intellectual biography *Franco Basaglia*, Colucci and Di Vittorio (2001: 288) refer to the 'dialogo mancato' between Basaglia and Lacan, drawing on Colucci's 1999 article 'L'etica di Franco Basaglia', in which he put forward the view that the two authors share an 'etica del sacrificio', that is, they call for an 'atto di destituzione' (Colucci, 1999: 64). The Lacanian analyst must avoid the position of subject supposed to know. That is to say, at a certain point during analysis, the patient will believe that the analyst possesses the knowledge that he needs for his psychic ailment to be healed. According to Lacan, the analyst must avoid being placed in such a knowledgeable position; he must make the patient understand that it is the patient himself who can do all that is needed to achieve his recovery. In Basaglia, this *destituzione* is both institutional and personal; it is a 'doppio sacrificio' (Colucci, 1999: 64). The psychiatrist renounces the protection he enjoys and the role assigned to him by virtue of his being part of an institution and, hence, the knowledge with which he is

entrusted. According to Colucci (1995: 94), this *destituzione*, could even be read in terms of Bataille's (1991) *dépense*: '*dépense del tecnico* dal suo ruolo istituzionale' and '*dépense liberatoria della rivoluzione* [...] la dissipazione della scienza psichiatrica e delle sue [...] istituzioni' (Colucci, 1995: 95–6). Eventually, Colucci and Di Vittorio (2001: 292) will summarise this destitution with the notion of 'dissipazione del soggetto di conoscenza'. I will come back to this point in Section 5.

Apart from Colucci and Di Vittorio, other authors have explored the relationship between Lacan's and Basaglia's thought. Among them, the neuropsychiatrist and psychoanalyst Carlo Viganò (2009), who traces back the limits of Basaglia's reform precisely to the 'etica del sacrificio' (Basaglia et al., 1978: 88): psychiatrists and nurses have to risk the safety of the workplace to let patients as free as possible, they must 'bracket' their previous knowledge that made diagnosis and treatment easier, etc. In his words, 'la necessità di far tacere tutti i discorsi della psichiatria ha lasciato Basaglia privo di un discorso che fondasse l'etica dell'operatore' (Viganò, 2009: 95). He speaks of a 'fragilità nell'insegnamento di Basaglia', which amounts to 'una linea di frattura' (Viganò, 2009: 92–3) between Basaglia as a psychiatrist, 'guidato cioè dalla sensibilità e dall'intelligenza cliniche', and his 'discorso filosofico', which he was unable to 'roversciar[e] dall'interno'. Viganò (2009: 93) believes that this fracture 'si possa suturare con gli strumenti della psicoanalisi di Lacan', such as his theory of the four discourses (Lacan, 2007), and the ethics of psychoanalysis (Lacan, 2008). Viganò does not clarify whether this suture should take place in

246

clinical practice or as a theoretical framework. Yet he seems to believe that, without these 'Lacanian instruments', Basaglia was unable to find a language 'che lo renda atto a parlare della follia senza "accerchiare" il folle'. In turn, this forces Basaglia 'a fidarsi solo della pratica' (Viganò, 2009: 94) inasmuch as he regarded any theory as a threat to the 'ideological void' left by the reform. Ultimately, according to Viganò (2009: 96), it is important that Basaglia's teachings 'si incontrino con l'etica della psicoanalisi', in order not to 'naufragare nella morale del sacrificio'.

Kantzà (1999: 73) agrees with Viganò in that he also believes that 'sarebbe stato davvero necessario che Basaglia avesse letto Lacan'. To make institutional negation fully operative, Basaglia should have pushed it until the 'sovversione del soggetto', in order to 'addentrarsi in quell'enigma che è la follia'. Instead, according to Kantzà (1999: 75), 'il discorso di Basaglia trovò il suo limite', in that the 'istituzione negata [...] doveva comunque rispondere ai suoi interessi [...] per non essere frenata dalle *impasse* soggettive': although he denied the institution the ability to let its inmates' subjectivity emerge, Basaglia nevertheless had to privilege the institution over the inmates. The needs of the institution (even those of the 'denied' institution) eventually became more important than the needs of the inmates. The 'assemblee di reparto' became a 'discorso asservito al *maître*'. Basaglia's last resort was that of 'portare le contraddizioni nel campo sociale' but he failed to recognise that, in doing so, psychiatric issues were once again 'rinviat[e] al Grande Altro' (Kantzà, 1999: 76), that is to say to society.

While Viganò and Kantzà use Lacan to criticise Basaglia, by comparing Lacan and Basaglia Stoppa (1999: 112) aims at 'articolare in maniera più efficace possibile una clinica capace di mettere in crisi i naturali processi segregativi [...] presenti nel funzionamento delle istituzioni'. Stoppa (1999: 113) begins his argument by taking into account the ontogenesis of the subject, which, according to both Basaglia and Lacan, passes through a 'momento decisivo', that is, the

> incontro con il corpo dell'altro. L'assunzione della differenza è fondatrice della propria identità e di quella altrui [...] perché c'è un'alterità che deve attraversare il soggetto stesso e lo deve dividere.

Yet this constitutional need for the other generates the risk that 'l'immagine ideale dell'altro' becomes 'totalizzante e tirannica, impedendo al soggetto la corretta assunzione della propria realtà corporea' (Stoppa, 1999: 114). This, as we have seen in the first Chapter, is what happens, for instance, in the case of an asylum inmate, whose body becomes institutionalised and at the mercy of the other. According to Stoppa (1999: 121), the clinical approach should therefore be 'l'arte con cui coniugare [...] identità e alterità, apertura e chiusura, intensione ed estensione del soggetto'.

Polidori (1999: 128) tries to bring Basaglia and Lacan even closer, by suggesting that 'un certo tipo di discorso analitico sia pienamente solidale con il discorso di Basaglia'. As I will discuss in the next Section, Basaglia somewhat superficially discarded psychoanalysis as a 'bourgeois science' that deals with bourgeois desires instead of helping those in dire need, as if desire could arise exclusively in those who have

248

all their basic needs (such as food, shelter, etc.) satisfied. Polidori tries to re-read Basaglia's stance by suggesting that he did not rank the importance of the notion of desire below that of need but believed in the importance of fighting the desire that psychoanalysis addresses 'solo se pretende di diventare [...] una sorta di elemento essenziale [...] cioè pieno e come tale in concorrenza al bisogno' (Polidori, 1999: 129). Needless to say, this stance is at the very least confusing, because it does not call into question the erroneous premise that the notions of desire and need must somehow be radically incompatible.

The most recent contribution to a comparative analysis of Basaglia's and Lacan's thoughts has been given by Recalcati, in his 2010 paper 'Lo snodo Sartre, Basaglia e Lacan'. In spite of the title, Recalcati does not insist much on Sartre's thought, focusing especially on Basaglia's stance in relation to Freud's psychoanalysis. According to Recalcati, Basaglia initially praised Freud's thought, in that he emancipated mental illness from the organic dimension, making the symptom 'il luogo di una storicizzazione dell'esperienza' (Recalcati, 2010: 12). Beginning in the 1960s, Basaglia developed his criticism towards the practice of psychoanalysis, which he kept well distinguished from Freud's thought. Recalcati notices that Basaglia does not seem to acknowledge the diversity of the different schools of psychoanalysis (*in primis* he does not recognise the differences between mainstream psychoanalysis as represented by the International Psychoanalytical Association, the IPA, and the Lacanian school). Basaglia seems to criticise psychoanalysis *tout court*, yet his criticism does not apply to

Lacan's psychoanalysis (Recalcati, 2010: 15). According to Recalcati, Basaglia's criticism revolves around four main points: psychoanalysis disregards the social aspect, the treatment of mental illness only addresses the inner reality of the analysand; it is a 'terapia di classe', available only to the wealthy; it imposes the interpretative framework of the psychoanalyst on the analysand; it aims at normalising the patient. However, the four points do not represent psychoanalysis but 'una degenerazione della psicoanalisi' (Recalcati, 2010: 15), the same degeneration that Lacan himself criticises. Recalcati also outlines some of the possible points of contact between Basaglia and Lacan: according to both, there is an indissoluble relationship between subject and intersubjectivity; both criticise the institutionalisation of science, that is to say, the reduction of science to an imposition of knowledge that cannot account for the subjective dimension; both maintain that Otherness is firmly inscribed in our own subjectivity, to the point that we must establish an *intervallo*, a 'separation' in Lacan's terms, with the Other. The direction Recalcati outlines is possibly the most promising and the one that inspires my research the most, yet it is no more than an outline, which needs proper development.

All these works constitute a solid ground on which to begin a comparative analysis between Basaglia and Lacan. First of all, because they testify, regardless of Basaglia's aversion to psychoanalysis, that a comparative study is not only legitimate but also promising towards a clarification of Basaglia's sometimes imprecise claims (for instance, as I shall show in detail in the next Section, his almost aprioristic distinction

between need and desire). Secondly, because, when taken together, they outline the main points of convergence of Basaglia's thought with Lacan's (such as the relationship between subjectivity and otherness, a similar therapeutic approach and the critical stance towards the authoritarian position assumed by the psychiatrist/analyst).

## 3. Basaglia and Psychoanalysis

Before beginning my comparative analysis of Lacan and Basaglia, I believe it is of crucial importance to outline the three focal points of Basaglia's criticism of psychoanalysis.

As Colucci and Di Vittorio (2001: 288) remarked, Basaglia's first criticism against psychoanalysis is grounded on a 'sospetto epistemologico': that is to say, he believed psychoanalysis to be based on a naturalistic determinism of the human being. In Basaglia's words (1953a: 6), 'la scuola psicoanalitica portò in campo l'istinto [...] nel determinismo dei moti umani; tuttavia si partiva sempre dall'uomo come tale, o meglio dalla sua natura'.[98] Insofar as psychoanalysis is grounded on a naturalistic determinism, it also cannot properly advance an *understanding* of the patient's existence, as a human science should do. Instead, psychoanalysis stops at the *explanation* of the patient's symptoms. As Basaglia (1954b: 45) puts it, in psychoanalysis, the

---

[98] It is important to note, along Recalcati's lines, that Basaglia does not take into account any distinction between the different schools of thought in psychoanalysis. When he criticises psychoanalysis, he grounds his considerations almost exclusively on an 'orthodox' understanding of Freud's works.

patient 'è reso cosciente, ma *non consapevole* della propria situazione [...] attraverso l'illustrazione e la *spiegazione* del suo conflitto [added emphasis]'. On the contrary, Basaglia suggests that the aim of therapy is to make the patient 'consapevole del "tutto" di se stesso, del suo aspetto strutturale e fenomenologico'.

Later, after his 'political turn', when he began his political struggle against the asylum, Basaglia's criticism of psychoanalysis is grounded on the distinction between desire and need. While psychoanalysis would focus on the bourgeois notion of desire, the task of the alternative psychiatrist was to address the *primary needs* of the (former) inmates. The rationale underlying Basaglia's criticism is very straightforward: because the bourgeois have all their needs satisfied, they can desire; the lower classes cannot desire because they are in a state of *need*, hence, it is more important to address the needs of the lower classes rather than the desires of the bourgeoisie. This is clear in Basaglia's introduction to the Italian translation of Castel's *Le Psychanalysme* (1978), when he says that 'il mondo dei bisogni non è neppure sfiorato dalla psicoanalisi', in that it focuses 'sul piano dei desideri, o dei *bisogni indotti* [...] che esistono quando i bisogni primari sono soddisfatti'. Psychoanalysis was born and developed

> all'interno di una classe [...] in cui i bisogni primari sono automaticamente soddisfatti [...]. Proletariato e sottoproletariato sono completamente esclusi da questo mondo, perché finché i bisogni primari non sono soddisfatti, *i desideri non si sa neppure cosa siano* [added emphasis] (Basaglia, 1978b: 349–50).

Even if we disregard this superficial distinction between primary needs

and superfluous desires, another issue emerges. As was already clear to Freud,[99] psychoanalysis is hardly accessible to the poor, because it is a form of treatment that requires frequent and costly consultations over a long period. Among others, Basaglia's former collaborator Jervis (1975: 295) harshly criticises psychoanalysis for this reason. In his words, 'i pazienti che vengono scelti abitualmente per il trattamento analitico devono avere come prima caratteristica quella di essere ricchi'.

The third, and maybe the most important point of criticism, does not relate as much to the premises of psychoanalysis as to its institutionalisation – a criticism that Basaglia shares with Castel (1973). As Basaglia (2000: 201) puts it,

> non si può distinguere fra psicoanalisi e istituzione psicoanalitica, sarebbe come distinguere fra cristianesimo e Chiesa cattolica [...] Non sono d'accordo con gli psicoanalisti perché hanno trasformato la psicoanalisi in una multinazionale.[100]

Yet the issue lies not in the institutionalisation of psychoanalysis *per se* but in the normalising effects that this process has. As Sartre (qt. in Basaglia, 1975a: 273) puts it in an interview published in *Crimini di Pace*,

> guarire in questa società, significa adattare le persone a dei fini che esse rifiutano, significa quindi insegnar loro a non contestare più,

---

[99] See for instance the 1913 paper *On the Beginning of Analysis*, where Freud stresses the importance for the patient to pay each session. If this makes 'analytic therapy [...] almost inaccessible to poor people', there is 'little [to] be done to remedy this. Perhaps there is truth in the widespread belief that those who are forced by necessity to a life of hard toil are less easily overtaken by neurosis' (Freud, 1913a: 132).

[100] Notably, this quote endorses the fact that, when referring to psychoanalysis, Basaglia had in mind more the orthodox reading of the International Psychoanalytic Association than all other schools of psychoanalysis. Lacan himself was against the institutionalisation of psychoanalysis. On this point, Roudinesco's intellectual biography of Lacan is enlightening (Roudinesco, 1997).

adattarle alla società. Questo è stato uno dei grandi torti della psicoanalisi. Evidentemente lo scopo della psicoanalisi è quello di prendere un individuo, che è più o meno ai margini, e adattarlo. Se diventa un buon dirigente o qualche altra cosa, lo si è guarito.

A similar critical stance was adopted by Foucault, who regarded psychoanalysis as the science that

> ground[ed] sexuality in the law – the law of alliance, tabooed consanguinity, and the Sovereign-Father, in short, [it] surround[ed] desire with all the trappings of the old order of power (Foucault, 1998: 150).

To sum up, psychoanalysis is regarded as an institution that exerts a certain control, and engenders a self-control of individuals within society.

The conclusion emerging from these three considerations is quite straightforward. Psychoanalysis is a bourgeois endeavour, by now standardised and approved throughout the Western world as an institution, as a means of normalisation.

I believe that this criticism rests on a crucial misunderstanding; a confusion between the notion of need and that of desire. As Benvenuto (2005: 195) correctly observes, according to Basaglia the 'modo originario di manifestazione della vita erano *i bisogni*'. Yet he continues, these *needs* did not properly connote a primary need but

> un desiderio socialmente legittimo. Un certo moralismo sinistrorso portava tanti operatori [...] a rifiutare i desideri come capricci piccolo-borghesi alquanto ridondanti: i bisogni erano invece cose serie, da cui non si può prescindere.

According to Benvenuto, it is not possible to distinguish once and for all need from desire, in that 'il limite tra bisogno e desideri non è mai

assoluto, ma storicamente fluttuante'. In short, it is the psychiatrist who decides 'quale bisogno fosse legittimo, e cosa fosse ideologia o meno'. Furthermore, Recalcati (2010: 17) observes Basaglia's aprioristic distinction between need and desire and maintains that there is no such thing as 'bisogno senza desiderio'. Desire is the transfiguration of need: it springs from 'la presa del linguaggio sul bisogno'. I will return on this point in Section 4.2, when addressing Lacan's theory of the 'mirror stage'.

As I will show in the following Section, Lacan proposes an important distinction between need and desire. The child is born in a state of biological inadequacy: without *asking* the other (in this case the mother) for food, he/she cannot survive. In other words, need (hunger) cannot be satisfied if it does not become a demand (the cry) to the mother. Once demand is not satisfied, the child begins to *desire* properly: he/she desires the presence of the mother, not in order to be fed but as a token of presence, of love. As I will discuss at length in the following Sections, this account of the ontogenesis of the subject *qua* desiring subject is not incompatible with Basaglia's notion of subject. Basaglia never described in detail his interpretation of the ontogenesis of the subject but he portrayed, as we have seen, a constitutionally lacking (adult) subject. Basaglia does not properly define the nature of this lack: from his writings it is not clear whether he regarded lack as biological, ontological or possibly both. This is not a pivotal element of my analysis. What matters is that from this constitutional lack proceeds a subject that cannot exist outside of its relation with the other. The adult

255

human being has no choice but to *be with* and *inside* the other, because of his/her constitutional lack. In other words, outside of the other there is only death, starting with the fact that a newborn child without the other cannot survive. This engenders a mechanism in the newborn child that amounts to the ontogenesis of the subject and ultimately creates an indissoluble bond between the subject and the other. In dismissing the notion of desire as a bourgeois, induced and secondary form of need, Basaglia failed to recognise how much he himself was indebted to psychoanalysis, and how much his clinical approach was implicitly relying on the idea that the constitutional lack of the subject is precisely what engenders *desire* and not only *need* as he understood it.

One last observation is necessary; Basaglia criticises psychoanalysis insofar as he believed it to be a normalising technique aimed at reintroducing the 'sick person' into an alienating society, a task that is incompatible with his vision of a community that continuously calls into question its paradigms of immunisation. Yet in this criticism, he completely overlooks Lacan's stance: what Lacan proposed was precisely the contrary of a normalising function, one that, as Recalcati (2008) pointed out in a recent interview on Basaglia and Lacan,

> isola e separa astrattamente il mondo interno dal mondo esterno, l'individuale dal sociale, e che pone come obiettivo di una cura psicoanalitica l'adattamento acritico del soggetto al principio di realtà.

As I will shortly explain, Lacanian psychoanalysis bonds subjectivity and intersubjectivity in an original relationship, without even implying that psychoanalysis should aim at reintegrating the sick person into

256

society, and directly criticising those psychoanalytical schools, such as ego psychology,[101] that aim to 'bring about the patient's readaptation to the Real' (Lacan, 1988: 18).[102] In the next Section I will begin my comparative study of Basaglia and Lacan by discussing the constitutional, and constitutive, relationship that they establish between the subject and the other.

## 4. The Subject and the Other

### 4.1 Lacan's Subject

The notion of subject in Lacan's work has been the object of at least two monographs (Chiesa, 2007; Fink, 1997). Their work satisfactorily accounts for the multifaceted and often changing definition of subjectivity according to Lacan. For reasons of space constraint, I cannot attempt something similar in this Section and I shall confine my research to the main points of Lacan's theory of the subject, in so far as they are comparable to Basaglia's.

Evans's dictionary entry on the *Subject* (Evans, 1996: 197–8)

---

[101] 'Ego psychology' is a psychoanalytical school of thought initiated by Anna Freud and Heinz Hartmann. Ego psychology is grounded on Freud's distinction between ego and id, and regards the conscious ego of the analysand as the main instrument of analysis. The analyst must establish an 'allegiance' with the ego of the patient and aim at its re-adaptation to the surrounding environment. On ego psychology see for instance A. Freud, 1966 and Hartmann, 1964.

[102] Luis Althusser, in his essay 'Freud and Lacan', ascribes this generalised misunderstanding of psychoanalysis to its subordination to psychology and sociology. The effect of this subordination has been that psychoanalysis 'is most often reduced to a technique of "emotional" or "affective" readaptation, to a retraining of the "relational function", neither of which has anything to do with its real object – but both of which unfortunately respond to a strong and [...] highly tendentious demand in the contemporary world. It is as a result of that bias that psychoanalysis has become a common object of consumption in culture' (Althusser, 2003: 60n2).

257

provides an insightful and concise summary of the different acceptations that the notion of subject assumes throughout Lacan's work. Whilst in his early writings Lacan equated the subject to the human being *tout court* (Lacan, 1936: 60), in his 1945 'Logical Time and the Assertion of Anticipated Certainty' (Lacan, 1945), he already distinguished three notions of subject: the 'impersonal subject', unrelated to the other, the 'undefined reciprocal subject', indistinguishable from the other, and the 'personal' one, who is unique insofar as he has overcome both impersonality and indefinition/anonymity (Lacan, 1945: 170). The personal subject is an integral part of intersubjectivity and has conquered its uniqueness not by refusing the other but by accepting it and setting an act of self-affirmation in opposition to it.

This personal subject does *not* correspond to the ego. As Freud already proposed in 'The Ego and the Id',[103] 'there is a fundamental distinction between the *true* subject of the unconscious and the ego as constituted in its nucleus by a series of alienating identifications' (Lacan, 1955b: 347). As Lemaire (1991: 180) notes,

> Lacan strives to denounce the common illusion which identifies the ego with the self and attributes it with a reality of the order of

---

[103] In the 'The Ego and the Id' (Freud, 1926), Freud outlines his 'map' of the human psyche. First of all he distinguishes between conscious and unconscious thoughts. To the latter belong two types of thoughts: preconscious thoughts, which are latent and on the verge of becoming conscious, and the proper unconscious ones, which are *repressed* and have to be brought back to consciousness through the psychoanalytical process. The ego is made of consciousness and preconscious thoughts. The ego is a sort of skin that covers the unconscious: it elaborates perceptual data and regulates the relationship between the outer world and the inner unconscious, which Freud dubs the id. Like a 'rider', the ego should control and master the id but this is not always possible. The strength of unconscious desires, the urge of the id's libido, the importance of certain repressed memories, often pushes the ego to acknowledge the id's and succumb to its urge. When this happens, it usually does so in the form of the neurotic symptom: the ego censors unconscious desires and the neurotic symptom is thus a deviated and displaced expression of the id, when it has been being censored by the ego.

258

being. This belief arises from a failure to recognize the real nature of the ego as being completely derived from a dialectic of narcissistic identifications with external Imagos.

While the ego is conscious, the subject, strictly speaking, is unconscious. Hence, we can distinguish two acceptations of *subject*: a broad one, which defines the human being as constituted by an unconscious and an ego, and a subject *stricto sensu*, which corresponds to the unconscious. Throughout this Chapter, all occurrences of the term 'subject' should be considered in the broad sense, unless specified otherwise.

Lacan defines the subject as *barred, split*: the subject divided between conscious and unconscious, between otherness and self-affirmation (Lacan, 1958b). Yet the subject as unconscious is in itself split: as Lacan repeatedly posited (Lacan, 1957: 10), 'the unconscious is the Other's discourse'.[104] There are many reasons for this: because we speak a language that pre-exists us (it belongs to the Other), because we are constantly influenced by what the others say, etc. But this holds good especially because every human being was born from the Other: the child's parents have chosen a name for him, a symbolic space that is already invested with the parents' desires. We come into being inside a symbolic space that pre-exists us and that also pre-existed our parents.

---

[104] A crucial distinction in Lacan's work is that between the lowercase other and the uppercase Other, which he draws for the first time in his second Seminar (Lacan, 1991), Chapter 19. The other (*autre*), for which Lacan uses the sign *a* belongs to the imaginary order. It is not other to the subject, in that it is the reflection of the subject's ego. As such, it *is* the ego. The Other (*Autre*), for which Lacan uses the sign *A*, is otherness, which transcends the subject and cannot be assimilated by it: it is the radical otherness of the other subject, and it amounts to the fact that others exist regardless of whether the subject exists or not, and regardless of what the subject is and thinks about the other. As such, *A* is the dimension where there is language: the language already spoken by the Other when the subject is born, the language in which the subject must find a space in order to exist. Inside the Other, in language, that is in the symbolic order, the subject is that which one signifier representes for another signifier, a sort of placeholder inside otherness.

259

To this extent, the subject, *stricto sensu, is* this space, that is to say, it is the effect of what Lacan, drawing on Saussurre's linguistics, calls the *signifier* that represents the subject to all other signifiers ($S_2$) (Lacan, 1964: 708).

One fundamental feature emerges from these schematic considerations. Throughout Lacan's work, subjectivity and intersubjectivity, subjectivity and otherness, the subject and the other are constitutionally linked. There is no subject *per se*, without or outside of the other. As a consequence, we can also infer a second conclusion: that because of this constitutional link with the other, the subject is lacking or, even better, as Chiesa (2007: 6) contends, the Lacanian subject is a subject of lack. What the subject lacks varies throughout Lacan's work; for the time being, suffice it to say that what the Lacanian subject lacks is the possibility of being whole in itself outside of the other and without the other. To this extent, Lacan (1958b: 581) can state that

> Man cannot aim at being whole (at the "total personality", another
> premise with which modern psychotherapy veers off course), once
> the play of displacement and condensation to which he is destined
> in the exercise of his functions marks his relation, as a subject, to
> the signifier.

Subjectivity can be regarded as a relationship with this lack of wholeness. In Chiesa's (2007: 6) words, 'Lacan's subject amounts to an irreducible lack [...] which must *actively* be confronted and assumed'. It is to this extent that I deem Basaglia's and Lacan's notions of subjectivity and otherness to be legitimately comparable and even converging. But before disclosing the focal points of this comparison, I

260

shall give a more detailed account of the notions of subject and other, and of their relationship in Lacan's work.

## 4.2 The Mirror Stage: From Need to Desire

To begin with, I will start with Lacan's account of the ontogenesis of the subject. According to Lacan (1949: 75–6), children between the age of six and eighteen months, undergo what he calls the 'mirror stage'. The child identifies him/herself with the image he/she sees in the mirror. Given that the child does not identify with him/herself but with an external idealised image, Lacan sees in this identification the source of a primary alienation. A newborn child is 'outdone by the chimpanzee in instrumental intelligence' (Lacan, 1949: 75), victim of an 'organic inadequacy in his natural reality' (Lacan, 1949: 77), marked by the *'specific prematurity of birth'* (Lacan, 1949: 78). In other words, according to Lacan, as human being we are born in a state of constitutional lack, which is *biological*: we lack the very possibility of providing for ourselves, without the other on which he/she can rely, any child would just perish. The effect of the mirror stage is that the child finally 'don[s] armor of an alienating identity that will mark his entire mental development with its rigid structure' (Lacan, 1949: 78). The mirror image is a 'supplemento narcisistico che offre un tampone immaginario alla frammentazione reale del soggetto' (Di Ciaccia and Recalcati, 2000: 24). In other words, the 'subject recognizes himself in the otherness of the specular image' (Chiesa, 2007: 16) and alienates

261

into it in order to compensate for an organic deficit. Strictly speaking, the ego comes into being through this alienation, and not what we called the subject *stricto sensu*. For this reason, according to Ragland-Sullivan (1986: 61) the *'raison d'être'* of Lacan's ego 'is to fill up a Real lack in the human organism'. However, the effect of the mirror stage is the advent of the subject in a broad sense: the identification with the image inaugurates the division into an ego and the unconscious, that is, it establishes an unconscious as 'una sorta di trascendenza interna che trascende il soggetto' (Di Ciaccia and Recalcati, 2000: 9). The subject will never overcome this original imaginary alienation which, as a matter of fact, is permanent: 'niente potrà riassorbire lo scarto aperto dalla dissociazione tra il soggetto e la sua rappresentazione alienata nell'immagine' (Di Ciaccia and Recalcati, 2000: 26).

Not only is the child alienated in the mirror image: because he is such a helpless creature, the child cannot provide for his own needs, and this is a state that *precedes* imaginary alienation. Hence he must transform his *need* (the most primordial of which would be hunger), into a *demand*. That is to say, in order to obtain satisfaction the child must alienate his need into the other (in this case, the mother), who alone can provide for its fulfilment. *Need* must become *language* in the form of *demand* to the other. This is the child's cry [*cri*], the first instance of alienation into language (Lacan, 1994: 182–8): 'the infant's screams become organised in a linguistic structure long before the child is capable of articulating recognisable words' (Evans, 1996: 35). Chiesa contends that demand follows frustration and should be distinguished

262

from the cry. After a 'mythical moment', when the child 'does not lack anything' (Chiesa, 2007: 65), he experiences frustration: his needs are no longer immediately satisfied but he must articulate them in a demand. In this way, the demand 'initiates the child's active presence in the symbolic order while accompanying his permanent dissatisfaction' (Chiesa, 2007: 73). However, the demand that the child addresses to the other, the mother, soon becomes disarticulated from need: it becomes a demand for the presence of the Other *tout court*, a demand for *love*. In Fink's (1997: 38) words, 'the presence of the Other soon acquires an importance in itself [...] beyond the satisfaction of need, since [it] symbolises the Other's love'. While the Other could successfully provide for the object of need, it cannot fulfil this craving for love. Thus, the child has entered the dimension of *desire*. As Lacan (1960b: 689) puts it,

> desire begins to take shape in the margin in which demand rips away from need, this margin being the one that demand [...] opens up in the guise of the possible gap need may give rise here, because it has no universal satisfaction.

For Lacan the constitutional lack of the subject is initially biological, it is an anatomical inability to provide for oneself (i.e. hunt, digest raw food, etc.) that has radical consequences on primordial needs (such as hunger): to satisfy them every subject must alienate oneself into the Other. This alienation, which could be regarded as the *neoteny* (the retention in adulthood of infantile traits) of the human species, marks the entrance of the child into language: in order to survive and later to receive satisfaction, subjects, from a very early stage in their lives, must

263

produce utterances. These utterances do not carry a meaning *per se*: as Fink (1997: 6) correctly observes 'when a baby cries, the meaning of that act is provided by the parents or caretakers who attempt to name the pain the child seems to be expressing'. The child enters the world in a space that has been prepared for him long before his birth, by his parents for instance.[105] In turn, the child's parents prepare this space in a language that is not entirely their own: their mother tongue has been spoken long before their birth. The words they speak, and with which they build the space for the newborn, are what Lacan calls the 'Other of language'. Lack becomes constitutional, inasmuch as desire will never be satisfied but will perpetuate itself throughout the life of the human being. Language, which the child involuntarily assumes as a means to call the Other to obtain satisfaction and to overcome imaginary alienation, redoubles alienation on a symbolic level: the child is now lost in a linguistic world that pre-exists him and that has already a space for him carved in its meshes.

### 4.3 Object *a* and *Jouissance*

While need can have a direct satisfaction, in that it can be fulfilled, this is not the case for desire, because desire is the direct consequence of the

---

[105] When finally the child will identify this image with the object of the mother's 'you are', he/she will eventually form an ego completely based on a constitutional alienation. To put it simply, according to Lacan the ontogenesis of the subject is complete when the child defines him/herself as both the image in the mirror and the object of the mother's symbolic 'you are'. The consequence of this is that a subject is the result of an imaginary and a symbolic alienation. See the entry on *demande* in Chemama & Vandermerch's *Dictionnaire de la psychanalyse* (Chemama and Vandermersch, 2003).

absence of the object of need, it is the consequence of an unsatisfied need. Desire cannot be fulfilled and it *will never*, in fact, be fulfilled, as its proper fulfilment is to continue desiring: the only proper desire is desiring to 'maintain a position as a desiring subject' (Fink, 1997: 92). In this, Lacan's theory is reminiscent of Hegel's notion of Desire, as he posits it in his 1807 *Phenomenology of Spirit*. Lacan, along with a whole generation of thinkers, was deeply influenced by Kojève's seminars (1933–39) on Hegel's *Phenomenology of Spirit*. As Fink (1997: 38) observes,

> Lacan's distinction between need and desire, which lifts the concept of desire completely out of the realm of biology, is strongly reminiscent of Kojève's distinction between animal and human desire.

Desire becomes human desire insofar as it is not directed strictly speaking to an object (it is not desire of *something*). Human desire means desiring to be desired by the Other. In Kojève's (1969: 5) words, 'human Desire must be directed towards another Desire'. Kojève (1969: 6) gave Desire a constitutive role in the formation of society as such: 'if the human reality is a social reality, society is human only as a set of Desires mutually desiring one another as Desire'.

At the logical beginning of this chain that links desires with one another, there is no ultimate object. Yet this infinite chain that makes desire move from one object to another is *caused* by an object: *object a*, which Lacan regards as his only remarkable contribution to

265

psychoanalysis.[106] Although object *a* undergoes several redefinitions throughout Lacan's work, I consider it necessary to focus on the one which Lacan elaborates between 1960 and 1970. Object *a* (*objet petit a*) is what remains of the primordial object that satisfied the need of the child. In other words, we can assume a primordial mythical moment when the child was one with the mother, when he did not have to *ask* anything, because all his needs were instantly satisfied. Then, with the absences of the mother and the articulation of need in demand, and hence in language, the child begins to *desire*. The breast, the object that gave satisfaction to the child's most primordial need, upon becoming absent also becomes 'an object as such, an object separate from and not controlled by the child'; however, although the child could acknowledge that the 'satisfaction provided the first time can never be repeated', this primordial object remains there, at the core of the child's subjectivity, insisting and unsymbolised, 'a reminder [and remainder] that there is something else, something perhaps lost, perhaps yet to be found' (Fink, 1997: 94). This rest that 'resist[s] imaginarisation and symbolisation' (Fink, 1997: 92) is the object *a*. Hence, object *a* is not an object *of* desire, rather, it is the *cause* of desire (Lacan, 1998: 168). This is why, in Seminar XVI (Lacan, 2006), Lacan posits that object *a* can be regarded as *surplus jouissance*, the original pleasure that the subject attained before losing his object, in comparison to which all other pleasures are mere reproductions. Lacan echoes Marx's notion of *surplus value* and is

---

[106] For instance in Seminar XXI *Les non-dupes errent*, unpublished, lesson of 9th April 1974 (Lacan, 1973).

thus suggesting that *jouissance* can never be completely attained by the subject: *surplus jouissance* is always a privilege of the Other, something that the Other has inasmuch as the subject loses it.

## 4.4 The Barred Subject

In that, since his birth, the child acquires language as the means through which *others* give meaning to his utterances, he is constitutionally alienated into language, into the discourse of the Other, what Chiesa (2007: 37) refers to as 'linguistic alienation into the Big Other'. For this reason, Lacan refers to the subject as *barred*. Insofar as the subject speaks the language of the Other and, inside the Other, he occupies a space that was given to him; 'the subject will never know himself completely' (Evans, 1996: 195) because 'in speech and because of speech,[107] the subject is never fully present to himself' (Chiesa, 2007: 39): 'l'azione del linguaggio è ciò che assoggetta il soggetto a un ordine che lo trascende' (Di Ciaccia and Recalcati, 2000: 54). This causes a *Spaltung*,[108] a *split* between conscious speech and unconscious desire,

---

[107] Speech translates the French term *parole*, which, depending on the context, can mean both *speech* and *word*. To put it simply, the distinction between speech and language is that while language is present *before* the subject, speech is language insofar as it is used by a subject. Because of this relationship between speech and language, a subject can never say exactly what he wants to: he is using something that does not belong to him, and into which he is alienated.

[108] Lacan draws the notion of split (*Spaltung* in German) from Freud. In his 1938 'Splitting of the Ego in the Process of Defence' (Freud, 1938), Freud defined the splitting of the ego (*Ich-Spaltung*) as a defence mechanism (evident especially in fetishism and psychosis). Unable to cope with the complexity of reality, the pathological ego splits it into two contradictory, separate and coexisting versions, which could lead to a polar simplification of reality. Freud gives the following example: a child is 'under the sway of a powerful instinctual demand', which he usually satisfies. One day, a frightening experience teaches him that satisfying such a demand is dangerous. Now the child can take two paths: he either succumbs to the instinctual demand and faces its risks, or he succumbs to the fear and avoid seeking satisfaction. Freud's answer is that the child takes both courses at the same time. For instance, a father, finding his child masturbating, threatens him by saying that he will lose

267

for which the subject can never fully express what he wants to say (because he speaks in the Other's language); his message anyway will be misunderstood by the interlocutor (because even the interlocutor is alienated in language), and most probably, the subject will 'say *more* than [he] wants to say' (Chiesa, 2007: 38). Lacan (1958a: 530) symbolises this *split* with 'the slanted bar of noble bastardy' that strikes the S representing the subject – $.[109]

To this extent Lacan (1964: 708) can say that the subject is 'what the signifier represents, and the latter cannot represent anything except to another signifier: to which the subject who listens is thus reduced'. Lacan draws on Saussure's (1986) claims concerning the sign as the minimal part of language. Saussure put forward the concept that the sign is made up of a conceptual part, the *signified*, and a phonological one, the *signifier*. However, whereas Saussure maintained that the two parts are in an arbitrary yet unbreakable unity, Lacan (1960a) contended that signifier (S) and signified ($s$) are divided by a *bar*: not only there is no stable relationship between the two but it is the chain of *signifiers* that produces the *signified* and not the other way round.

The bar that separates the signifier from the signified is the same as that which splits the subject. For every subject there is a signifier ($S_1$) that represents him to the Other (all other signifiers, $S_2$) but $S_1$ can never *completely* represent the subject to the Other. The subject is therefore

his penis if he persists in this practice. The child might masturbate again but, at the same time, he could develop a neurotic symptom associated to the guilt of masturbating. The two instances will bear no connection with the conscious ego, in that the ego is in itself *split*.

[109] A bar slanted downwards from right to left, or bend sinister, is popularly supposed to be an heraldic charge denoting bastardy. See Fox-Davies, 2007.

caught up in a constitutionally alienating situation, which is twofold: not only is he alienated in the imaginary dimension, through the identification in the mirror image, he is also alienated in the symbolic one, in language.[110]

According to Lacan (1998: 149), the unconscious itself is 'structured like a language'. This does not only mean that the unconscious has its own grammar, syntax and structure, and that it is composed of signifiers. It also means that 'the unconscious is full of other people's talk, other people's conversations, and other people's goals, aspirations and fantasies (insofar as they are expressed in words)' (Fink, 1997: 9–10). Although Lacan regards the unconscious as the privileged seat of the subject *stricto sensu*, it is a subjectivity woven into and inhabited by otherness. Very much like Freud's id, Lacan's unconscious 'is itself Other, foreign, and unassimilated' (Fink, 1997: 9). For this reason, Lacan (1957: 10) posits his well-known claim, that 'the unconscious is the Other's discourse'. According to Chiesa (2007: 43–4), this statement has a twofold meaning: not only is the unconscious produced by the speech of other people (including the subject himself) but it also cannot be regarded independently of language; 'the

---

[110] Lacan distinguishes three *orders*: the *imaginary*, the *symbolic* and the *real*. The system of the three orders could be regarded as a system of classification that allows Lacan to take into account what he regards as the three aspects of psychoanalytical treatment. The *imaginary* order is the order strictly speaking of the ego, that is to say, of the subject alienated into his own mirrored image. The other is included in the imaginary order only as a projection of one's own ego. The *symbolic* order is the crucial one in psychoanalysis. It is the order of the signifiers and thus of language (albeit language has also imaginary and real components), the order of the Law, and of the Other. Finally the *real* – which is not to be confused with *reality* – is the dimension which escapes symbolisation and is thus impossible to attain. The *real* is first and foremost traumatic for the subject, in that it is impossible to assimilate.

unconscious (which is structured like a language) is the Other' (Chiesa, 2007: 44). This is the 'other who speaks from my place, apparently, this other who is within me' (Lacan, 1997b: 241). These considerations still concern the notion of *barred subject $*: the subject once again amounts to the bar, the split between the unconscious and the ego, between the discourse of the Other and the subject alienated in the mirror image. Nothing pre-exists the barred subject: strictly speaking there is no subject that becomes barred, the subject comes into being as barred. Di Ciaccia and Recalcati (Di Ciaccia and Recalcati, 2000: 62) call the belief in a pre-symbolic and pre-linguistic subject a 'vizio aristotelico-naturalistico [...] che trascura l'azione originaria dell'altro sul soggetto': the barred subject is not preceded by a substantial subject, a whole subject that alienates into the other. The subject as such is constituted in the alienation into the Other and language. What does pre-exist the subject is only the 'Altro come campo costituito del linguaggio e del suo potere di determinazione del soggetto' (Di Ciaccia and Recalcati, 2000: 62).

### 4.5 Subjectivity and Intersubjectivity

Despite the succinctness of this account, one fundamental characteristic of the Lacanian notion of subject already emerges: there is no such thing as a substantial 'subject', because there can be no subjectivity defined outside of intersubjectivity. In Di Ciaccia and Recalcati's (2000: 38) words, there is, according to Lacan, 'un ordine sovraindividuale che

determina [...] l'essere dell'uomo'. I believe that, in this respect, Basaglia's reflection on the subject draws close to Lacan's. Since his 1953 'Il mondo dell'incomprensibile schizofrenico', Basaglia (1953a: 5) maintained that 'il soggetto esiste solo nella misura in cui "è" nel mondo'. As we have seen in Chapter One, Basaglia will bring this consideration to the conclusion that human beings are unable to know themselves outside of the relationship with the other; this impossibility of a direct reflexive relationship is what I proposed calling a constitutional lack of the subject. The need for the other becomes Basaglia's only attempt at defining human nature, insofar as it is in the urge to entertain a relationship with otherness that we become proper human beings:

> soltanto nel momento in cui l'uomo sente la necessità di un rapporto umano egli diviene tale [...] il volere essere se stesso, il sentirsi cioè una personalità totale e compiuta presuppone sempre il reciproco aprirsi ad un altro se stesso (Basaglia, 1954b: 35).

The need for the other is not only an ethical responsibility, one that urges us to become human beings by looking for a relationship with the other. Otherness constitutes our psychic dimension *tout court*. At this stage, I find it useful to repeat in its entirety a quote which I have already mentioned in the first Chapter: according to Basaglia (1954b: 43),

> allorquando parliamo di "psichico" non intendiamo riferirci necessariamente a qualche cosa di soggettivo ed individuale, poiché l'individuo partecipa oltre che di se stesso, di tutto ciò che lo circonda, inteso non solo nel senso di ambiente ma come

> qualche cosa che lo supera e investe tutte le altre entità umane, qualche cosa di *interumano* cui partecipa ogni essere.[111]

Arguably, it is, according to Basaglia, impossible to outline a subjective dimension unrelated to the other: outside of a relationship with the other there is no subject. This is also clear in the articles that Basaglia (1956a; b; 1957) dedicates to depersonalisation and hypochondria, where he posits that both symptoms derive from a lack of relationship with the world and the other. When this external pole is absent, the sick is unable to define him/herself as a subject. The primacy of the external world over the internal one, that is to say, the primacy of the intersubjective dimension over the subjective, is by no means to be regarded as a characteristic exclusive to Basaglia's and Lacan's thought. On the contrary, as I have discussed in the first Chapter, Basaglia drew these considerations from Heidegger and Sartre: the human being is *Dasein*, whose primary characteristic is its being-in-the-world, that is, being always-already immersed in a relationship with the world and with others. What draws Basaglia and Lacan nearer is that, according to the former, this *inter-human* dimension, which constitutes the subject, finds its most appropriate expression in language. As Basaglia (1953a: 9) puts it, 'una delle espressioni più significative della natura umana ci sembra

---

[111] As Chiesa (2007: 44) appropriately remarks, it would not be correct to equate Lacan's definition of unconscious as the discourse of the Other with the Jungian collective unconscious, in that this is made of pre-existing *images*. In other words, in Jung's collective unconscious *signification* is already given: intersubjectivity amounts to the fact that all human beings associate certain images with a specific *meaning*. Conversely, Lacan's unconscious as the discourse of the Other entails a *signifying* structure: no hard and fast meaning is given for 'collectivity'. That is to say, the Other does not provide the unconscious with *signifieds* but with *signifiers*. Likewise, Basaglia's *inter-human* dimension bears no Jungian connotation. Intersubjectivity as a dimension that precedes and structures the subjective is by no means a collective and shared unconscious repository of images that signify something universally. Rather, it is, as much as Lacan's, the dimension that determines the subjective.

sia "il linguaggio"'. Yet language is not to be understood as a 'strumento atto ad esprimere le nostre idee ed i nostri concetti' (Basaglia, 1953a: 9), what Chiesa (2007: 36) refers to as 'ordinary (conscious) discourse'. Language is 'l'espressione più genuina che l'uomo possieda nei suoi rapporti interumani poiché esso può essere considerato come la proiezione dell'individuo nel mondo' (Basaglia, 1953a: 9). In language and through language human beings are enabled to project themselves into the world. Arguably, in this acceptation, Basaglia seems to consider the subject as a linguistic projection into the space of the Other.[112]

In brief, it could be said that first and foremost Basaglia shares with Lacan the idea that intersubjectivity logically precedes subjectivity, in that there is an intersubjective dimension that defines and shapes the subject. Once again, it is worth noting that this conclusion is not exclusive to Basaglia's and Lacan's thought, as it could be drawn from many twentieth-century philosophers, most notably Heidegger, Merleau-Ponty and Sartre, whose works, on which Lacan has often commented,[113] had all considerable influence on Basaglia. As we have seen in the third Chapter, to a certain extent this is also Foucault's position, as he regarded individuality and subjectivity as effects of the

---

[112] A disambiguation is necessary at this point. Basaglia is not referring to the psychoanalytic notion of projection, which Freud (especially in *Further Remarks on the Neuro-Psychoses of Defence* (Freud, 1896) and in *Beyond the Pleasure Principle* (Freud, 1920)) defined as a mechanism of defence thanks to which the ego can displace unconscious desires or feelings to an external object (for instance: a husband desires a woman who is not his wife but he cannot acknowledge it, so he *projects* this desire onto his wife. He begins to believe that she is adulterous and develops an obsessive jealousy). I would say that Basaglia is overlooking the psychoanalytic implication of this notion. In this quote, Basaglia implies that the subject is alienating himself into language, by completely identifying with the signifier that represents him for the Other.

[113] See for instance Lacan on Sartre's notion of 'gaze' and on Merleau-Ponty's *The Visible and the Invisible* in Seminar XI (Lacan, 1998), or Lacan on Heidegger's *Dasein* in Seminar III (Lacan, 1997b).

273

relations of power. However, as I will show in the final Section of this Chapter, Basaglia's and Lacan's stance in certain respects go beyond Foucault's definition of subject: while Foucault's subject is, indeed, *only* an effect of relations of power, an *effect* of a dominant otherness, Basaglia's and Lacan's subject is precisely the ethical responsibility of subjectifying this constitutional lack of subjectivity; while Foucault's subject is, properly speaking, a lacking subject, Lacan's and Basaglia's subject is, rather, a subject of lack, a subjectivised lack.

## 4.6 Alienation, *Aphanisis*, Separation, *Alterità* and *Alienità*

The constitutional and constitutive relationship between the subject and the intersubjective dimension, the Other, is established by means of *alienation*, to which Lacan dedicates an important lesson in Seminar XI. According to Lacan (1998: 210), alienation 'condemns the subject to appearing only in that division', which means that the subject can only appear 'on the one side as meaning, produced by the signifier', on the other as '*aphanisis*'.[114] Alienation is what the subject must undergo to appear in the field of the Other. The signifier manifests the subject to the Other but in doing so it also reduces

> the subject in question to being *no more* than a signifier, to petrify the subject in the same movement in which it calls the subject to function, to speak, as subject (Lacan, 1998: 207).

---

[114] *Aphanisis* ('disappearance' in Ancient Greek), is a word that Lacan borrows from Ernest Jones (Lacan, 1998: 207). While in his 1927 article 'The Early Development of Female Sexuality' Jones (1927) defines *aphanisis* as the disappearance of sexual desire, for Lacan, it is a disappearance of the subject *tout court*. Lacan's discussion on Jones' conception of *aphanisis* can be found in *Desire and Its Interpretation*, Seminar VI (1958-1959), 17 December 1958 and 4 February 1959 (Lacan, 2002).

274

Fink (1997: 50) reads this process as alienation into the Other's desire, inasmuch as, since his very birth, the subject is *caused* by the desire of his parents. Lacan summarises alienation in the logical disjunction *vel* (which corresponds to the grammatical compound *either...or...*): the subject *vel* the Other, Being *vel* Meaning, as exemplified in Fig.1 (Lacan, 1998: 211).
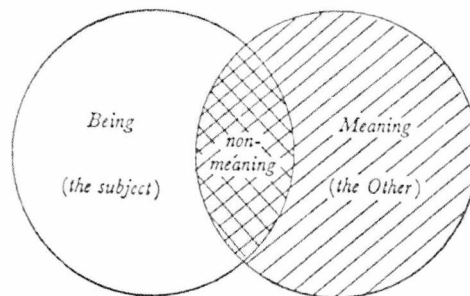


**Figure 1: The 'Vel' of Alienation**

If the subject chooses to be, he disappears from the field of the Other, he can no longer be recognised, he ceases to exist insofar as he refuses his *signifier*. In order to exist the subject must accept to *mean*, to be a *signifier*, thrown in the field of the Other. Yet in this case, the subject 'survives only deprived' (Lacan, 1998: 211) of something: his own being. That is to say,

> it is of the nature of this meaning, as it emerges in the field of the Other, to be in a large part of its field, eclipsed by the disappearance of being (Lacan, 1998: 211).

In the very alienation in the Other, the subject *disappears* as such, he

undergoes an *aphanisis*. In Lacan's words (1998: 207–8), 'the subject manifests himself in this movement of disappearance'. Lemaire (1991: 68) notes that the subject

> saves himself [...] insofar as he inscribes himself in the circuit of exchange, he becomes, on the other hand, lost to himself, for any mediate relationship imposes a rupture of the inaugural continuity between self and self, self and other, self and the world.

As Fink (1997: 51) remarks, alienation is the 'the "first step" in acceding to subjectivity', a step which necessarily involves a certain acceptance of *aphanisis*, that is, choosing "one's own" disappearance'. As Lacan (1998: 218) says, 'when the subject appears somewhere as meaning, he is manifested elsewhere as "fading", as disappearance'. The *aphanisis* of the subject *qua* being makes of the subject a 'place-holder within the symbolic order' (Fink, 1997: 53), because the subject 'cannot indicate himself there except *qua* disappearing from his position as subject' (Lacan, 2002: 10-06-59, 2).

This aphanisic process does not imply that subjectivity ultimately amounts to nothing. On the contrary, it portrays the process through which subjects accept to be 'subdued by the Other', a process that implies 'the loss on oneself' but also the eventual 'advent as a subject' (Fink, 1997: 50). Outside of the Other, beginning with the biological limits of the newborn child, there can be no such thing as a subject, even if the participation to the Other entails a paradoxical disappearance (*aphanisis*) of subjectivity itself.

In the ontogenesis of the subject, alienation is followed by what Lacan (1998: 213) calls 'separation'. The subject enters the symbolic

276

order through alienation, which amounts to the imposition of an 'either...or...', i.e. 'either being or being part of the Other': by choosing to be part of the Other, the subject accepts his constitutional lack of being.[115] At a second stage, the subject recognises that the Other is also lacking, in Lacan's (1998: 214) words, 'a lack is encountered by the subject in the Other', first of all in the first Other that the child meets: the mother. Only when the mother shows to be herself lacking, to be herself desiring, can the subject properly become *barred*: in attempting 'to fill the mOther's lack', the subject effectively lodges 'his or her lack of being (*manque-à-être*)[116] in that "place" where the other is lacking' (Fink, 1997: 54). On the one hand, alienation promotes the advent of the barred subject, because

> scava una mancanza nel soggetto – gli sottrae l'essere – e questa mancanza mobilita il desiderio come movimento finalizzato a ritrovare quella parte di essere perduta (Di Ciaccia and Recalcati, 2000: 66).

On the other hand, in separation, the child acknowledges that the Other, once perceived as One, bearer of the object lacking to the subject, is itself barred, lacking something, its own object. In other words, in separation, the child discovers that the mother herself *desires*, and his desire thus becomes desire of being the object of the mother's desire:

---

[115] Interestingly, for the 'normal' subject, it is not, properly speaking, a matter of choosing or accepting his/her own *aphanisis* and his/her own alienation in the Other. It would be better to refer to this as an implicit imposition. Yet as Fink (1997: 49–50) correctly notes, the best possible way to refer to alienation would be a 'forced choice [...] (which is something of an oxymoron)'. One does not choose to submit to the other '*if* one is to come to be as a subject' but submission to the other still 'maintains its status as a choice' because it is still 'possible to refuse subjectivity' (Fink, 1997: 50), for instance in the case of psychosis.

[116] For an explanation of the term *manque-à-être* see the final Section of this Chapter.

according to Lacan, who drew this point from Kojève, desire is always desire of the Other. As Lemaire (1991: 82) puts it, 'he is the desire of his mother's desire and, in order to satisfy that desire, he identifies with its object'. In Di Ciaccia and Recalcati's words, this is the

> condizione stessa dell'umanizzazione del soggetto il cui desiderio, come tale, non è mai desiderio di qualcosa ma desiderio dell'Altro, desiderio di riconoscimento, desiderio che assume come oggetto non l'oggetto immaginario del desiderio dell'Altro, ma il desiderio dell'Altro come oggetto (Di Ciaccia and Recalcati, 2000: 36).

In separation, the barred subject encounters the barred Other, intersubjectivity is thus established on the grounds of lack and desire. In other words, when a lack is encountered in the Other the child desires to become what is lacking to the Other. The desire of the child is established as desire *of* the Other in all its possible meanings: the Other is the object of the child's desire; the child desires to become the object of the Other's desire; the child desires the object that the Other desires.

Bearing in mind Basaglia's discussion of the alternative *alterità-alienità*, which I have introduced in Chapter One, it is clear that he reaches comparable conclusions. In the 1965[117] article 'Corpo, sguardo e silenzio', Basaglia (1965a: 31–3) posits that the relationship between the subject and the other can be either *alterità* or *alienità*. In facing the other, the subject can choose to accept the need of the other, the fact that he would not be able to be a subject, were it not for the presence of the other and his objectifying gaze. In this condition of *alterità* the subject

---

[117] I do not need to dwell on the interesting correspondence between the date of this article and Lacan's delivery of Seminar XI which took place precisely in 1964–65.

establishes a *gap*, an *intervallo* between himself and the other: in spite, or maybe in virtue, of accepting to be at the mercy of the other, the subject becomes such. In Lacan's terminology, this is separation: by acknowledging the overlapping of his/her and the other's lack, the subject separates him/herself from the other, finalises the *aphanisis* of his own subjectivity *qua* being, and alienates once and for all in the signifier that represents him to the Other. Loosely speaking, the subject becomes the only 'thing' he could ever be (a signifier in the field of the Other) by letting his illusion of a unitary, unique, independent and substantial subjectivity *fade*. The advent of subjectivity presupposes the assumption of one's own constitutional lack, which amounts to the fact that we cannot be without the other. In turn, this is what we could call the neoteny of the human species, inasmuch as it is the shadow in adulthood of the prematurity of our births, the helplessness of children, i.e. the biological inadequacies of the human newborn child.

According to Basaglia, while *alterità* is the primary characteristic of subjectivity, *alienità* is its opposite. By emphasising to the utmost the distance from the other, that is, by rejecting the constitutional relationship with the Other, there is no advent of subjectivity, there is, strictly speaking, no subject: this is what Basaglia calls *alienità*, a state in which the non-subject is assaulted by the Other, in a condition of 'promiscuità in cui l'altro [...] urge senza tregua' (Basaglia, 1965a: 31). For the sake of clarity, it is important to remark that the ontogenesis of the subject, i.e. becoming a subject, does not mean 'to become oneself': it does not entail an imaginary, substantial unity of the subject, divided

279

from the other, outside of a world. For Basaglia as for Lacan, expressions such as 'becoming' or 'being oneself' are deceptive, to say the least, insofar as the only possibility of 'being oneself' is, strictly speaking, alienation in the signifier that represents us to the Other, i.e. *aphanisis* of the subject, *alterità*.

The fundamental difference between *alterità* and *alienità* is a *gap*, in Lacan's terms the achievement of *separation*: in a state of *alterità*, a lack is recognised in the Other as much as in oneself; it is the overlapping of these two lacks, the establishment of desire as desire of the Other, that promotes intersubjectivity (and thus subjectivity). In the state of *alienità* there is no gap, the subject does not recognise that the Other is also lacking, and thus there is no advent of the desiring subject: one tries to distance the other completely, to be without the other, and one is bound to fail.

> Nel momento in cui l'uomo perde l'occasione di vedersi, di accettarsi [...] attraverso l'oggettivazione datagli dalla presenza dell'altro, perde la possibilità di uscire dalla molteplicità per porsi in opposizione; perde dunque la reciprocità dell'incontro con l'altro che invade il suo spazio [...] l'uomo perde la propria alterità e si aliena (Basaglia, 1965a: 37).

In this condition, man is unable to differentiate himself from the other. In this, Lacan's and Basaglia's considerations almost overlap.[118] As Lacan (1998: 206) maintains,

---

[118] I believe that the difference between Basaglia and Lacan is, at this point, merely linguistic. Lacan believes that alienation must be accepted as constitutional just as Basaglia insists on regarding *alterità* as constitutional. On the other hand, Lacan calls *aphanisis* the fading of the subject, while Basaglia calls this fading *alienità*. Basaglia's *alterità* necessarily entails the acceptance of what Lacan calls *alienation*.

the relation of the subject to the Other is entirely produced in a process of *gap*. Without this, *anything* could be there.

The gap between the subject and the Other is what allows the process of alienation to constitute the subject, without forcing him to disappear completely into the Other. The subject does not amount to *nothing*, on the contrary, the subject *is* the signifier that represents him/her to the Other. This is one of the reasons why Chiesa (2007: 6) can affirm that the Lacanian subject is '*not* a *lacking* subject' but a '*subjectivized lack*', a lack that 'must *actively* be confronted and assumed', not only during the ontogenesis of the subject but also during psychoanalytical treatment.

## 4.7 Psychosis and Neurosis Between Basaglia and Psychoanalysis

The ontogenesis of the subject, as described in the previous Sections, is regulated by the entrance into the Oedipus complex and eventually its resolution, which, as Di Ciaccia and Recalcati (Di Ciaccia and Recalcati, 2000: 76) appropriately note,

> è concomitante con la venuta stessa del bambino al mondo. Il bambino non entra nel mondo dell'umano dopo aver attraversato stati presimbolici poiché egli è uomo solo e unicamente essendo incluso da sempre nel campo del simbolico.

To put it simply, in Freud's theory, the Oedipus complex[119] is a stage of

---

[119] Freud developed the concept of the Oedipus complex throughout his writings. The notion as such appears for the first time in the paper 'A Special Type of Object-Choice Made by Man' (Freud, 1910), while the reference to Sophocles's tragedy *Oedipus Rex* can be found much earlier in Freud's work. In a letter to Fliess, dating back to 15th October 1897, Freud (1954) mentioned that he regarded the faith of Oedipus as a 'universal event of early childhood'. In short, the Greek tragedy tells of

the ontogenesis of the subject, during which the child desires to regain a total union with the mother, which he perceives as lost. The father thus becomes his primary rival, in that he prohibits the child's reunion with the mother. By overcoming this complex the child enters the adult world, his sexuality becomes organised under genital functions, and his separation from the mother becomes permanent. On the other hand, according to Lacan, the Oedipus complex has an even more fundamental function: it is the Law that establishes the subject's entrance in the symbolic order, 'the conquest of the symbolic relation as such' (Lacan, 1997b: 199). Evans (1996: 131–2) distinguishes three phases in Lacan's Oedipus complex. First, the child discovers the mother's lack, and as a consequence, he tries to become himself the fulfilment to this lack: the object of the mother's desire. Secondly, the father intervenes: he prohibits the child's access to the position of object of the mother's desire, and in doing so, he prohibits the mother's access to the child as an object of desire. In this phase, the father is the perpetuator of separation; he proclaims the child's inadequacy and the mother's lack. Finally, during the third phase, the child realises that it is not possible to compete with the father, as, while the child is trying to impersonate the

---

Oedipus, who, unwittingly, killed his father Laïus and married his mother Jocasta. After discovering what he had done, Oedipus blinded himself. The notion of the Oedipus complex is elaborated in *The Interpretation of Dreams* (Freud, 1900), *Essays on the Theory of Sexuality* (Freud, 1905a), *Notes upon a Case of Obsessional Neurosis* (Freud, 1909) and *From the History of an Infantile Neurosis* (Freud, 1918). In *Totem and Taboo*, Freud (Freud, 1913b) endorses the universality of the Oedipus complex by proposing that it is not only an ontogenetic stage of sexuality but also a primordial stage in the phylogeny of the human species. He posited that, in the prehistory of humanity, human being were organised in primal hordes, led by dominant men, who monopolised the possession of women. The mythical moment of the beginning of the Oedipus complex should be traced back to the day the members of this horde killed the primordial father to obtain free access to the women. However, the guilt generated by the murder persists in the human species as the conflict encountered by the child during the Oedipus complex. This formulation, according to Lacan, can only be a myth.

object of the mother's desire, the father already *has* it (Lacan, 1994: 208–9 and 227). This is the proper resolution of the complex, in that it frees the child from the 'anxiety-provoking task of having to *be*' (Evans, 1996: 132) the object of the mother's desire.

It is not the actual person of the father who allows the child to solve the Oedipus complex but the father's symbolic function, which Lacan, in his third seminar dedicated to *Psychoses*, calls the 'Name-of-the-Father' (Lacan, 1997b). As Chiesa (2007: 107) puts it, the Name-of-the-Father forces a 'detachment of the subject from the disquieting relation he entertained with the mother'. What is more, by enabling (and forcing) the child to enter the symbolic order, the Name-of-the-Father becomes, in Lacan's (1997b) theory of the subject, the signifier that sanctions the entrance into the symbolic field, into the dimension of intersubjectivity. In other words, by separating the child from the imaginary and symbolic union with the mother, and by establishing the Law, that is, the prohibition from this union, the Name-of-the-Father introduces the child into the symbolic order. For this reason, Di Ciaccia and Recalcati (2000: 92) suggest that the father 'sul versante simbolico, coincide con il simbolico stesso', the inaugural signifier, the beginning of the symbolic order for the child. The Oedipus complex is resolved, and the ontogenesis of the subject can be considered complete, when the signifier Name-of-the-Father is included in the child's symbolic dimension, inaugurating his active participation to the symbolic order.

The whole process described so far, the ontogenesis of the subject, can also deviate into a pathogenetic outcome, namely the generating of a

283

psychosis. Lacan's interest in psychosis[120] dates back at least to his 1932 doctoral thesis in medicine, entitled *De la psychose paranoïaque dans ses rapports avec la personnalité* (Lacan, 1975), in which he discusses the case Aimeé.[121] The two works that encompass most of his work on psychosis are the 1955 'On a Question Prior to Any Possible Treatment of Psychosis' (Lacan, 1955a) and his 1955–56 seminar *Psychoses* (Lacan, 1997b).

According to Stoppa (1999: 113), it is precisely in their respective interpretations of psychosis that Lacan's and Basaglia's theories converge. As he puts it, the crucial moment in the subject's ontogenesis is the moment when otherness is assumed inasmuch as otherness is 'woven into' the subject itself. Stoppa (1999: 113) suggests that, according to both Basaglia and Lacan the aetiology of psychosis lies to a certain extent in the fact that the assumption of this constitutional otherness does not take place.

---

[120] Drawing a precise line of distinction between neuroses and psychoses would be impossible in the limited space available. Suffice it to say that, according to most of Freud's early works, neurosis is a mental ailment that pervades the internal psychic functioning of the subject: for instance, it could have originated in a repressed memory or desire. Psychoanalytic treatment is effective in dealing with neurosis, in that it addresses the nucleus which contains the cause of neurosis: the unconscious. On the other hand, a psychosis pervades the subject's relationship with the outside world, his very perception of reality. As such it is almost inaccessible to psychoanalytical treatment. For instance, in his 1924 'Neurosis and Psychosis', Freud (1924) clearly suggests that neurosis is generated by a conflict between the ego and the id, while psychosis is triggered by a conflict between the ego and *reality*. While Freud gradually abandons this position, and his successors, such as Karl Abraham (1927), adopt a more nuanced distinction between neurosis and psychosis, this dichotomy remains controversial even today, especially with the discovery of *borderline states*, which define the state of an apparently neurotic subject who, during a treatment such as psychoanalysis, develops distinctly psychotic symptoms (Kernberg, 1975). For a study of the distinction between neurosis and psychosis see for instance Jacobson, 1972.

[121] Aimeé, whose true name was Marguerite Pantaine, tried to murder a famous Parisian actress on the 10th of April 1931. She was first detained in prison and then sent to the Saint-Anne asylum. Lacan grew interested in her case especially because of the nature of her notes, which she wrote only during her acute psychotic attacks. Lacan's thesis on this case included many of Marguerite's writings, and for this reason, it was widely circulated in surrealist circles, of which Lacan was also part. For a deeper insight into the Aimeé case and its study, see Roudinesco, 1997: 31–51.

Yet according to Lacan, the aetiology of psychosis is more complex than a simple rejection of constitutional otherness. As Chiesa (2007: 108) contends, Lacan does not equate psychosis with the 'absence of the Other *tout court*' but with the *foreclosure,* or radical rejection, of the Name-Of-The-Father. By rejecting the bearer of the Law, the psychotic is unable to enter the symbolic order actively: he becomes unable to produce a 'consistent discourse' (Chiesa, 2007: 109), and, by rejecting the very organising structure of the Other, of language, he becomes a 'victim of [it]; he is "spoken" by the Other'; deprived of the very symbolic organisation, the psychotic is literally 'invaded by the Real' (Chiesa, 2007: 108), in that he is unable to symbolise it.

The fundamental distinction between neurosis and psychosis, the two broadest categories of psychopathology, lies precisely in *foreclosure.* As Freud (1915) posits, the aetiology of neurosis is grounded in the process of repression (*Verdrängung*): what takes place in a neurotic patient is a 'return of the repressed' in the form of the neurotic symptom. Hence, neurosis pertains to the symbolic dimension, in that the set of neurotic symptoms is a language that speaks (although in a displaced fashion) of the repressed unconscious.

On the contrary, the psychotic has not *repressed* an unconscious desire/memory: in psychosis a different process is involved, namely, that of *foreclosure* (which Lacan draws from Freud's *Verwerfung*), in other words, a complete rejection of the Name-of-the-Father, the primordial signifier that caused the entrance of the subject in the symbolic order. Hence, in psychosis, it is not the repressed that returns as a symptom but

the *foreclosed* that returns as *hallucination*. In Lacan's (1997b: 81) words, 'something that has been rejected from within, reappears without', or, better still, 'something [that] is not symbolised [...] is going to appear in the *real*'. Due to the foreclosure of the primordial signifier and the consequent impossibility of taking part in the symbolic order actively, 'the subject finds himself in direct contact with the Real' (Chiesa, 2007: 108). Eventually, in psychosis, 'subjectivity collapses' (Chiesa, 2007: 109): the psychotic yields to the Real that is assaulting him, and for which he has no symbolic mediation. Unable to mediate his relationship with the Real and with the Other through the symbolic dimension, the psychotic,

> for want of being able in any way to re-establish his pact with the other, [...] substitutes for symbolic mediation a profusion, an imaginary proliferation, into which the central signal of a possible mediation is introduced in a deformed and profoundly asymbolic fashion (Lacan, 1997b: 87).

That is to say, the psychotic finds refuge in the imaginary dimension: pushed by the Real, in which he 'sees' the foreclosed signifier in the form of hallucinations, urged by the Other, with whom he cannot entertain a relationship, the psychotic escapes into the imaginary order.[122]

---

[122] This is, for instance, what Freud and Lacan believe happened to the famous Daniel Paul Schreber (1842–1911), judge at Dresden Higher Regional Court, who suffered from severe paranoiac delusions. Schreber published his memoirs in 1903 (*Memoirs of My Nervous Illness*, 2000), describing the complex hallucinatory cosmology that he created during his illness. Schreber also developed the fantasy of being transformed into a woman and becoming the redeemer of the world. Freud based his most important case study in the analysis of psychosis on Schreber's *Memoirs* (Freud, 1911). In Seminar III, Lacan moves from Freud's premises that in Schreber's case no repression is at work: according to Freud, Schreber's homosexuality is not repressed and thus does not return from within as a neurotic symptom; on the contrary, it is foreclosed and thus appears in the real as a hallucination, around which the psychotic constructs his whole system of delusions. Lacan

It is therefore indeed a kind of fracture with otherness that characterises psychoses, in that 'il delirio è [...] una parola che non entra in dialettica con l'Altro ma resta chiusa in se stessa' (Di Ciaccia and Recalcati, 2000: 134). Yet it is not a simple disavowal of the Other, as it could happen for instance in neurotic perversion: the psychotic lacks the very primordial signifier that would have enabled him to actively enter the symbolic order, thus the dimension of intersubjectivity.

This radical fracture between the subject and the Other that, nevertheless, allows the subject to be somehow included in the Other, is precisely where Basaglia's theory on psychoses converges with Lacan's. I believe that, in distinguishing neurosis from psychosis, especially in the 1966 article 'L'ideologia del corpo come espressività nevrotica', Basaglia is heavily relying on psychoanalysis, despite his declared aversion to it. Interestingly, Basaglia claims to be drawing on the psychiatrist Heinz Häfner[123] (1961) in defining the difference between neurosis and psychosis. According to Basaglia (1966a: 73), the neurotic tries to maintain a relationship with the other (unable to live his own body, the neurotic must 'costruirne un'immagine [...] capace di legarlo [...] all'altro da cui non sopporta di essere escluso'). This is what he refers to, using Häfner's words, as 'espressività nevrotica' (Basaglia, 1966a: 73): remaining 'nei limiti dell'ordinamento mondano', the

---

considers Freud's interpretation to be incomplete, and suggests that it was not homosexuality that Schreber foreclosed but the Name-of-the-Father itself: the onset of psychosis in Schreber's case was his inability to produce a child, which confronted him with the issue of paternity.

[123] Heinz Häfner (born 1926) is a German psychiatrist, director of the Central Institute for Mental Health in Mannheim. Häfner is responsible for the reform of psychiatry in Germany, which humanised psychiatric assistance and introduced a community centred mental health care.

neurotic tries to 'dominare le istanze che erompono, elaborandole come compromesso' (Basaglia, 1966a: 74). While the neurotic's 'azioni espressive' try to convey such 'erupting demand', this is bound to remain 'insoddisfatta, anche nel momento stesso in cui viene comunicata' (Basaglia, 1966a: 74). It seems to me that Basaglia is avoiding the psychoanalytical vocabulary almost on purpose, as these 'domande che erompono', 'erupting demands', retain all the characteristics of unconscious desires according to Freud's formulation: the neurotic represses an unconscious desire, which then returns expressed in the compromise formation of the symptom, because repression is never completely successful. The symptom is always a mere compromise and is therefore bound to be unsatisfactory, insofar as it deviates from the original unconscious content that was to be expressed (Freud, 1923: 242).

On the other hand, psychosis is not expressive, i.e. a psychotic symptom does not express an 'underlying erupting demand', or an unconscious desire. Psychotic actions are not 'azioni di espressività' but 'azioni di rottura psicopatica' (Basaglia, 1966a: 73): the distance from the other 'deve essere mantenuta e l'azione di rottura è appunto espressione dello sforzo attuato per mantenerla' (Basaglia, 1966a: 74). By radically breaking with the other, the psychotic does not experience the distance between himself and the other as a space of subjectification (the *intervallo* that allows human beings to be in an intersubjective relationship without losing themselves into the other). On the contrary, the psychotic completely loses his distance and precipitates himself into

288

the other: this is the apparently paradoxical outcome of Basaglia's theory of *alterità*/*alienità*. It is only in maintaining a *distance* with the other that I can acknowledge myself as, in turn, *other*. This *intervallo*, this gap between me and the other enables me to establish the unavoidable relationship with the other: this is a state of *alterità*. Yet this distance cannot be a complete fracture with otherness, because that would cause a state of *alienità*: by refusing to be in a relationship with the other (that paradoxically I would refuse precisely to safeguard to the utmost my *distance* from the other, make in insurmountable, protect myself from the other) I lose this *intervallo* and fade into the other. This was already clear in the 1953 article 'Il mondo dell'incomprensibile schizofrenico', where Basaglia (1953a: 15) defined this situation as the 'shrinking' of the psychotic existence. According to Basaglia (1965a: 36), the psychotic is 'devastato dallo sguardo dell'altro, dal mondo dell'altro che lo reifica, lo condensa, lo annulla': the psychotic 'si oggettivizza proprio quando crede di piú di soggettivarsi' (Basaglia, 1963: 10). That is to say, the psychotic tries to establish an insurmountable fracture with the other, in order to safeguard his illusory individual and substantial subjectivity, in doing so, he loses the *intervallo* and becomes object of the other. Both the psychotic and the neurotic have troubles accepting their *alterità* and therefore they fall into a state of *alienità*. While the neurotic alienates in an image, in the 'azioni di espressività nevrotica', which allow him to entertain an (inauthentic) relationship with the other, the psychotic completely breaks with otherness and refuses to be a part of it. For this reason, in Stoppa's

289

words (1999: 113), in psychosis 'l'alterità non assunta ritorna nella forma di un'alienazione assoluta': without the other to which to relate to and from which to distinguish himself, the psychotic becomes radically other to himself. In fact, as Lacan (1955a: 460) puts it, 'for if the Other is removed from its place, man can no longer even sustain himself in the position of Narcissus'. Without a relationship with the Other, there can be no subject.

Having unravelled my considerations on subjectivity, otherness and their relationship in both Basaglia and Lacan, I believe it is now time to move to the second main point of comparison between the two, that of the therapeutic approach.

## 5. The Psychiatrist/Analyst and the Patient/Analysand

In the previous Section, I analysed the fundamental features of Lacan's philosophical anthropology and compared them to Basaglia's. I focused especially on Lacan's interpretation of the ontogenesis of the subject, and its possible pathogenetic outcomes: the early articulation between need, demand and desire leads to the formation of the barred subject through its constitutional alienation in language and in the Other (which I compared to Basaglia's 'constitutional lack of the subject'), and the resolution of the Oedipus complex brings about the establishment of the symbolic order and the subject's active entrance in it (which I compared with Basaglia's distinction between *alterità* and *alientià*).

In this Section, I will discuss how this analysis of the subject's

290

constitutional lack can be applied to a therapeutic approach. I will analyse Lacan's reflection on transference in comparison with Basaglia's early clinical approach, grounded in a personal interpretation of *Daseinsanalyse*, and his later 'political' stance, more focused on satisfying the 'radical needs' of the inmates.

## 5.1 Transference and the Imaginary

In the first Chapter, I have already shown that Basaglia regarded the relationship between the psychiatrist and the patient of primary importance for the outcomes of therapy. While institutional psychiatry encouraged an impersonal relationship, where the patient/inmate was regarded as an object to study and treat, Basaglia insisted on calling into question the position of the psychiatrist himself. This was for him the only way to establish a proper intersubjective relationship that did not fall into an objectifying reductionism. It must be noted that Basaglia refers only in passing to the psychoanalytical notion of transference, which is the central feature of the psychoanalytical relationship.[124] In the 1954 article 'Su alcuni aspetti della moderna psicoterapia', Basaglia touches on the fact that the 'incontro' between the psychiatrist and the patient cannot be reduced to what psychoanalysis calls transference, as this is only a 'resistenza', which amounts to the 'identificazione [del

---

[124] It is generally believed (Cosenza, 2003: 112) that the role of the psychoanalyst is to 'interpret' the symptom of the analysand and it is impossible for the analyst to interpret outside of transference. As J.A. Miller (1988: 67–8) contends, the psychoanalytical interpretation takes place only under transference; Cosenza (2003: 115) echoes him in saying that 'il transfert è la condizione stessa dell'interpretazione in psicoanalisi'.

terapeuta] con l'immagine detestabile paterna' (Basaglia, 1954b: 44). Hence, the patient's resistance is not a 'complesso non analizzato' but a 'complesso non analizzabile che caratterizza le attitudini della vita' (Basaglia, 1954b: 44). This is a very reductive conception of transference that does not take into account any of Freud's considerations, let alone Lacan's.

Freud used the notion of transference for the first time in *Studies on Hysteria* (Freud and Breuer, 1895), where he referred to a hypnotic relationship between the analyst and the patient. In the 1900 *The Interpretation of Dreams* (Freud, 1900: 562), Freud regarded transference in terms of a transposition of feelings from one idea or person to another. In 'Fragment of an Analysis of a Case of Hysteria' (Freud, 1905b), Freud shifted the meaning of transference from a mere displacement of feelings to a specific resistance in the psychoanalytic treatment: in transference, the analysand redirects on the analyst all feelings, affects and even ideas that were once associated with an important figure of the patient's childhood, generally the father, a parental figure or a relative. In this acceptation, transference is to be eradicated from analysis. Finally, in his posthumous and unfinished 'An Outline of Psychoanalysis' (Freud, 1940), Freud summarises the conclusions he reached on transference: it is unavoidable in analysis, it amounts to an ambivalent mixture of positive and negative feelings towards the analyst and, although dangerous, it must be exploited to make the psychoanalytical treatment advance.

Lacan draws on Freud's latest conclusions and elaborates them.

According to Lacan (1998: 124–5), even if transference is typical of psychoanalysis, there have to be, 'outside of the analytic situation, preexisting possibilities which the analytic situation combines in what is perhaps a unique way'. There is transference whenever 'a man speaks to another in an authentic and full manner [...] something which takes place which changes the nature of the two beings present' (Lacan, 1988: 109). 'Full speech [*parole pleine*]' is in fact established 'in the recognition of one person by another' (Lacan, 1988: 107), and is characterised by the fact that it is 'identical to what it speaks about' (Lacan, 1954: 319). Lacan opposes full speech to 'empty speech [*parole vide*]', 'in which the subject seems to speak in vain about someone who [...] will never join him in the assumption of his desire' (Lacan, 1953: 211). While most of the analysand's speech is empty, the analyst should be ready to grasp the rare emergences of full speech. In this formulation of transference it is already possible to grasp Basaglia's conception of the therapeutic relationship in terms of authenticity/inauthenticity (Basaglia, 1963), as detailed in the first Chapter.

The first time Lacan focuses on the notion of transference is in the 1951 'Presentation on Transference' (Lacan, 1951), where he already calls for considering it not as a simple shifting of affects and feelings (Lacan, 1951: 184). Yet it is only at the beginning of the 1960s that Lacan will develop this point. In 1960–61, Lacan dedicates an entire seminar to transference, *Le Transfert* (Lacan, 1997a). Using Plato's *Symposium*, where Alcibiades compares Socrates to a box containing an *agalma*, a precious and unknown object, Lacan suggests that

293

transference is established precisely when the analysand regards the analyst as the one who possesses his unattainable object of desire. Until this point, transference is regarded primarily in its imaginary component, that is, as a relationship between the analysand's ego and its projection onto the analyst's ego. This imaginary relationship is not at all illusory. Rather, it reproduces the child's original alienation into his/her mirror image: the analysand speaks from an imaginary position (from his alienation into his egoic image), to the analyst perceived himself as an alienated imago. First, the analysand finds in the analyst an object of love, because he is identifying with him, then, he finds difference, hatred, rivalry: projecting onto the analyst the image of an important figure of childhood brings about a complex and multifaceted set of feelings and affects.

As Lacan (1955b: 357) puts it, 'there are not only two subjects present in the analytic situation but two subjects each of whom is provided with two objects, the ego and the other'. When the analysand's ego identifies with the analyst's ego, or enters in conflict with it, he is stuck in an imaginary relationship: he demands the analyst to become a 'stand-in for the imaginary other' (Fink, 1997: 86). In short, the analysand establishes a number of comparisons with the imaginary other represented by the analyst and, in doing so, he is reproducing with the analyst his childhood relationships: 'il soggetto ripete nel transfert gli atteggiamenti e i sentimenti verso i personaggi fondamentali della sua vita' (Di Ciaccia and Recalcati, 2000: 212).

To this extent, the analyst, when summoned as lowercase other, as

'imaginary stand-in', must disappear in order for the analysand not to get stuck in an imaginary relationship with him. In his seminar dedicated to the *Psychoses*, Lacan (1997b: 161) is very clear on this point: the analysand

> begins by talking about himself, he doesn't talk to you [the analyst]
> – then, he talks to you but he doesn't talk about himself – when he
> talks about himself [...] to you, we will have got to the end of
> analysis.

If the analyst is to avoid the imaginary identification of the analysand, he must be 'somewhere in O' (Lacan, 1997b: 161-2), in the symbolic order.

## 5.2 The 'Subject Supposed To Know'

According to Lacan, transference takes place not only at an imaginary level but also in the symbolic dimension, because it rests not only on the possible imaginary identification of the analysand but also on a symbolic function, which pre-exists the analytical relationship: that of the S.s.S. [*Sujet-supposé-Savoir*], translated by Sheridan as 'subject supposed to know'. Lacan focuses on the symbolic function of the S.s.S. in the 1963–64 seminar *The Four Fundamental Concepts of Psychoanalysis* (Lacan, 1998). Soon after entering the analytical relationship, the analysand places the analyst in the position of S.s.S.: he begins to believe that the analyst possesses a certain knowledge concerning the analysand himself. As a consequence, the analysand confers on the analyst the ability to retrieve in his (the analysand's) own speech an underlying truth that he (the analysand) cannot recognise. In Fink's

295

words (2007: 84),

> the subject supposed to know refers to the fact that the analysand
> tends to assume that the knowledge about what ails him – which is
> in fact located, loosely speaking, in his own unconscious – is
> located in the analyst.

Transference is therefore to be regarded not only as an imaginary displacement of feelings, emotions and affects but also as a symbolic relationship, in which the analyst is seen 'as avatar or representative of the Other' (Fink, 2007: 87). As Evans (1996: 199) remarks, 'the analyst is [...] thought to know the secret meaning of the analysand's words, the significations of speech of which even the speaker is unaware'.

## 5.3 The Analyst Makes Death Present

Placed in such a position, the analyst must recognise that he is not in possession of the knowledge that the analysand ascribes him (Lacan, 1968: 20). This was already clear to Lacan in his 1955–56 seminar *Psychoses*, long before he spelled out the notion of S.s.S. In *Psychoses*, Lacan does not refer to the knowledge that the analysand might seek in the analyst but to the principle of reality that the analyst might suppose himself to incarnate when dealing with a psychotic. Lacan (1955a: 480) understood that 'a psychosis may turn out to be compatible with what is called an orderly state of affairs', that is to say, that psychosis might be intelligible to the psychoanalyst. Yet this does not authorise him, even though he is a psychoanalyst, 'to trust in his own compatibility with this orderly state' and 'to believe that he is in possession of an adequate idea

296

of the *reality* to which his patient supposedly proves to be unequal'.[125] Whether it is the patient who places the analyst in the position of S.s.S., or the analyst himself who believes in his own perception of reality, the analyst must acknowledge that he is not in a superior position to the patient; he has neither a special knowledge, nor a better notion of reality. It is to this extent that Colucci and Di Vittorio (2001: 292) noticed in both Lacan and Basaglia what they call the 'dissipazione del soggetto di conoscenza'. In Lacan, this dissipazione (this deposition from and abdication of a postion of knowledge) is epitomised by the 'death' of the analyst.

According to Lacan (1955b: 348), if the analyst were to remain in the position of S.s.S., he would 'reinforce the subject's objectifying position', in that the analysand would put himself in the position of being determined by the Other's knowledge. As Cosenza (2003: 39) contends,

> l'analista [...] non risponde a colui che gli si rivolge e che gli domanda di aiutarlo a partire da una posizione di sapere (come avviene per esempio per il medico o lo psicologo).

Rather, the analyst must avoid the position of S.s.S., by enabling 'l'incontro del soggetto con la sua stessa parola come con un enigma che lo concerne direttamente': the analysand himself 'è chiamato [...] a lavorare [...] per cercare di venire a capo di ciò che la sua stessa parola vuole dire' (Cosenza, 2003: 39). In other words, the analyst will be

---

[125] To a certain extent, this stance converges with Foucault's criticism of psychiatric power, which, according to him, is grounded on the psychiatrist's power to produce a constraining effect with the imposition of his conception of reality on the sick person. See the third Chapter, especially Section 4.

asked by the analysand to retrieve in his (the analysand's) speech some kind of hidden knowledge [*savoir*]; upon this, the analyst will have to reveal that there is no such thing as a pre-existing *savoir*, and that it is the analysand's responsibility to construct it. To put it in Lacan's (1955b: 349) words, 'it is not about him [the analysand] that you must speak to, for he can do this well enough himself'. The hidden *savoir* that the analysand is seeking, which is supposed to be the source of his ailments,

> will remain forever inaccessible to him if, being speech addressed to you [the analyst], it cannot elicit its response in you, and if, having heard its message in this inverted form, you cannot, in returning it to him, give him the twofold satisfaction of having recognised it and of making him recognise the truth (Lacan, 1955b: 349).

Only in addressing his narration to the analyst, and by receiving it back, un-objectified, the analysand can recognise in it the *savoir* that it may express.

Knowledge, in the sense of both *savoir* and *connaissance*,[126] is different from *truth*. Like *savoir*, truth does not pre-exist speech, or, in Lacan's words (1950: 118) 'truth is not a pregiven that one can grasp in its inertia but rather a dialectic in motion', and, again, 'the dimension of truth emerges with the appearance of language' (Lacan, 1960a: 436).

---

[126] 'Knowledge' is the English translation of both *savoir* and *connaissance*, which bear two very different meanings in Lacan's theory. *Savoir* is *unconscious knowledge*, the knowledge of the symbolic order and of the subject's relationship with it. To this extent, *savoir* is what articulates the subject to the symbolic order, and it is a knowledge that the subject 'does not know he knows' (Evans, 1996: 96). *Savoir* is built in and through speech. Hence, *savoir* does not belong to a single subject: it is properly *intersubjective*. Conversely, *connaissance* is knowledge of the ego, that is to say, it is imaginary knowledge, 'an illusory kind of self-knowledge based on a fantasy of self-mastery and unity' (Evans, 1996: 97). The analysand supposes that the analyst possesses *savoir*, and the analyst is bound to signal to the analysand that it is he and only he who can construct *savoir*.

Yet it is not possible to define once and for all the notion of truth in Lacan. In Seminar XVII, *The Other Side of Psychoanalysis*, Lacan (2007: 56) seems to suggest that truth is 'hidden [or] perhaps, only absent' and when we seek to capture it 'truth flies off' (Lacan, 2007: 57). This does not mean that there is no such thing as truth, but that truth, in spite of emerging in language, cannot be grasped through knowledge, not even the *savoir* of the unconscious. Truth is the condition of this *savoir*, the aphanisic structure that, unreachable and ungraspable, makes speech possible. The reason for this is that truth is not the adherence of a discourse to reality but the 'truth of a desire, that is, of a subject':

> in analysis it is unimportant whether the discourse of the subject conforms to reality; what is important is that the subject speak himself in his truth [...] the subject 'realizes' his truth only in the discourse of autorepresentation or autoenunciation, by reducing reality (including his own) to nothing. (Borch-Jacobsen, 1991: 107).

In other words, truth subverts knowledge and its alleged grasp of reality: it is the Cartesian absolute doubt; as Lacan (2007: 186) puts it in Seminar XVII, 'the effect of truth is only a collapse of knowledge'. Ultimately, this is the reason why, according to Lacan (1966: 737) there can be no such thing as a metalanguage, because there is 'no language being able to say the truth about truth, since truth is grounded in the fact that truth speaks, and that it has no other means by which to become grounded'. Lacan's acceptation of truth is therefore significantly different from Foucault's, according to whom, truth is an apparatus of

power, in that it gives a constraining efficacy to reality.[127]

This admittedly brought Lacan to the point of frustrating his patients on purpose:

> If I frustrate [the analysand] it is because he is asking [*demande*] me for something. To answer him, in fact. But he knows very well that it would be but words. And he can get those from whomever he likes. [...] It's not these words he's asking for [*demande*]. He is simply demanding of me... [original ellipsis], by the very fact that he is speaking: his demand is intransitive – it brings no object with it (Lacan, 1958a: 515).

Providing an answer to the analysand's demand, such as an interpretation of his symptoms, would 'serve to make [the analysand] more dependent on the analyst' (Fink, 2007: 88), in that it would encourage him to seek in the analyst what he should seek, loosely speaking, in himself. As Fink (2007: 89) puts it, the analyst must not 'consider him or herself to be the representative of knowledge in the analytic situation', because it is his/her duty to 'take the analysand's unconscious as the representative of knowledge'.

Yet as we have seen, the analyst 'is always simultaneously in the place of the imaginary alter ego, and the symbolic other' (Borch-Jacobsen, 1991: 121). It is not enough for the analyst to avoid speaking from the position of S.s.S.: he must also distance himself from the analysand's imaginary identification/rivalry. For this reason, the analyst

> must not identify with the subject, he must be dead enough not to be caught up in the imaginary relation, within which he is always solicited to intervene, and allow the progressive migration of the

---

[127] See Chapter Three, especially Section 4.

subject's image towards S, the thing to be revealed, the thing that
has no name (Lacan, 1997b: 162).

It is to this extent that Lacan believes that the analyst should embody the function of death in the analytical relationship. While Borch-Jacobsen (1991: 78) prefers to identify the neutrality of the analyst who plays dead with that of a mirror ('the analyst [...] holds a mirror up to the subject'), I believe that Lemaire (1991: 217–9) fully grasps the importance of the function of death in the analytical relationship, for instance when she says that 'the Lacanian analyst [...] plays the part of the dummy [*le mort*]' (Lemaire, 1991: 218). In Lacan's terms, death is not to be regarded as 'the possible end date of the individual's life', nor as a certainty: death amounts to the fact that the 'subject [is] being understood as defined by his historicity' (Lacan, 1953: 261–2). The analyst is bound to bring the analysand to the limit represented by the fact that he is determined by a (finite) history (which is be re-written through psychoanalysis), to the limit of his own subjectivity.

The role of the analyst is to 'play dead' both at an imaginary and symbolic level. In Lacan's (Lacan, 1955b: 357–8) words, the analyst must intervene by

playing dead – by 'cadaverizing' his position [...] either by his silence where he is the Other with a capital O, or by cancelling out his own resistance where he is the other with a lowercase o. In both cases, and via symbolic and imaginary effects, respectively, he makes death present.

The psychoanalyst 'plays dead', on the one hand, when the analysand summons him as his own imaginary counterpart, and, on the other, when he is placed in the position of subject supposed to know.

301

## 5.4 The Deposition of the Psychiatrist

I have shown that Basaglia criticised the notion of transference, one of the most crucial aspects of the psychoanalytical relationship, on very feeble grounds. If we consider Lacan's notion of transference, it is possible to contend that Basaglia actually formulated a very similar theory in his 1963 article 'Ansia e malafede'. Although he never mentions the term 'transference' otherwise than in a critical context, this concept seems to play a crucial role in his theorisation of the psychiatrist-patient relationship, which I have discussed in the first Chapter.

As early as 1954, in his article 'Su alcuni aspetti della moderna psicoterapia', Basaglia (1954b: 43–4) states that the psychiatrist must refuse his position of authority in order to create a relationship with the patient based on a reciprocal communication. In the same article, he also observes that this new relationship is not to be considered as a friendship, as the patient is expected to find in the psychiatrist the possibility of 'risolvere se stesso' by being reflected in someone who understands him (Basaglia, 1954b: 44). This formulation is particularly limited, especially in Lacanian terms, as it implies that the relationship is blocked at an imaginary level (i.e. the immediacy of empathy, and the understanding of feelings and affects) without involving the process of

signification, that is, of the symbol order.[128]

Without ever referring to the notion of transference, in 'Ansia e malafede', Basaglia suggests not only that the neurotic identifies with the psychiatrist but also that the latter must not support this identification, as this would have counterproductive therapeutic results. This identification begins when the patient 'vede nel medico ciò che "vorrebbe essere"' (Basaglia, 1963: 14). In doing so he establishes a relationship that

> avviene, paradossalmente, fra due personaggi che non esistono: il medico quale dovrebbe essere per il nevrotico [...] e l''altro' che è il nevrotico, nella figura artificiale che egli si è creato di se stesso ad uso del medico (Basaglia, 1963: 14).

Despite Basaglia's limited notion of transference, this statement echoes Lacan's conception of imaginary transference, which takes place between two egos, that is to say, between two entities that are creations of the subject, imaginary objectifications of intersubjectivity. The patient refers to the psychiatrist/analyst not as a distinct subject but as what he imagines the psychiatrist/analyst to be: the psychiatrist/analyst as the second subject involved in the relationship is not properly present but is a product of the patient's imagination. As Basaglia (1963: 14) continues, the encounter between the psychiatrist and the patient 'avviene ancora e solo fra il nevrotico e se stesso: l'altro resta fuori, non esiste alcun

---

[128] Lacan criticised the Diltheian distinction between explanation and understanding on which Basaglia's statement rests on the grounds that only explanation is to be regarded as a scientific attitude, in that it takes into consideration the process of signification. In Lacan's words (1997b: 191), 'we must maintain that the only scientific structures is where there is *Erklären* [explanation]. *Verstehen* [understanding] opens onto all kinds of confusion. *Erklären* doesn't at all imply mechanical meaning or anything else of that order. The nature of *Erklären* lies in the recourse to the signifier as the sole foundation of all conceivable scientific structuration'.

legame reciproco'. In this imaginary relationship there is no *exchange*, as the symbolic order is not involved: the patient is not referring to the Other but to the image he has built of the other. Basaglia (1963: 15) goes as far as using the term 'identification', which bears a strongly psychoanalytical connotation. In his words,

> l'identificazione con il medico [...] darà [al paziente] soltanto una parodia di trascendenza da sé [...] l'ansia torna ad affiorare ed egli dovrà cercare un altro in cui identificarsi, un altro se stesso da cui poter trascendere. Per questo ci si sente a disagio di fronte al nevrotico: con lui non c'è mai rapporto (Basaglia, 1963: 15).

Such absence of relation derives from the exclusion of the Other from the therapeutic encounter: the patient is stuck at the imaginary identification with the psychiatrist and is unable to regard him as an independent subject, instead of an object created by his own ego.

We have seen that, in Lacan's opinion, if the psychoanalyst supported such an identification, it would have catastrophic effects on the analysis, in that it would halt the analytical relationship to the opposition identification/rivalry, 'the worst possible relation between analyst and analysand' (Fink, 1997: 88). According to Basaglia, therapy would not be successful, should the psychiatrist sustain this 'inauthentic' relationship, 'un rapporto cioè di oggettivazione' (Basaglia, 1963: 15). In such a condition, the patient would not participate in the 'conquista della sua guarigione' and would accept it as if 'gli venisse donata dall'esterno, e non fosse stato lui stesso [...] a dominare la sua ansia' (Basaglia, 1963: 16). In Lacan's terms, it could be said that the patient is waiting for the psychiatrist to provide him with the resolution of his

ailments, a solution that the patient himself possesses.

These considerations apply as far as the imaginary component of transference is concerned. With the theorisation of the subject supposed to know, Lacan suggests that transference also has a symbolic component, grounded on the fact that the analysand casts the analyst as the bearer of his unconscious *savoir*. Conversely, the analyst must 'play dead', i.e. refuse the position of S.s.S. Basaglia firmly believed that the psychiatrist must avoid the position that society gives him: that of the one who holds the knowledge concerning mental illness. I have already analysed in detail Basaglia's concept of 'bracketing' mental illness, that is, of disregarding any *a priori* psychiatric knowledge (such as nosology, psychopathological studies, and so on) in the second and third Chapters. Despite Colucci and Di Vittorio's (2001: 292) claims, I believe, however, that Basaglia's position in this respect differs from Lacan's, at least as far as its premises are concerned: whereas Lacan's notion of the S.s.S. presupposes that the analysand places the analyst in this position, according to Basaglia, the knowledgeable role of the psychiatrist is conferred on him by society itself, which is 'da proteggere e difendere [...] dalla paura che continua a nutrire nei [...] confronti [del malato mentale]' (Basaglia, 1966b: 54). Nevertheless, Basaglia (1966b: 54) also contended that, eventually, the inmate of the asylum 'si oggettivizza gradualmente nelle leggi dell'internamento, identificandosi'. While the psychiatrist might enjoy the position of S.s.S. because society has accorded it to him, the patient will ultimately accept his knowledgeable role and will ultimately assume his psychiatric knowledge as a veritable

305

discourse on his ailments. In spite of this problematisation, I agree with Colucci and Di Vittorio's claim that Basaglia and Lacan share a propensity for what they call the 'dissipazione del soggetto di conoscenza'. Whether it is society, i.e. the Lacanian Big Other, the psychiatric patient or the analysand that places the psychiatrist/analyst in the position of S.s.S., his role is to avoid such a position by, according to Basaglia, 'bracketing mental illness', or, according to Lacan, not answering the analysand's demands, playing dead. In Lacan's (1955c: 290) words, 'what the analyst must know [is] how to ignore what he knows'. As Evans (1996: 199–200) puts it, the analyst should be 'aware that there is a split between him and the knowledge attributed to him', and must not 'foo[l] himself that he really does possess the knowledge attributed to him', of which 'he knows nothing'. This quote could be seamlessly rephrased to mirror Basaglia's 'bracketing of mental illness': the psychiatrist must not fool himself that he really does possess the knowledge attributed to him.

The psychiatrist must also avoid this knowledgeable position once he embarks on the political struggle against institutional psychiatry. As I have pointed out in the second Chapter, the psychiatrist who embarks on this political struggle embodies the role of the traditional intellectual, who should side with the lower classes. Basaglia believed, as is clear when he quotes Sartre (quoted in Basaglia, 1975a: 271), that the intellectual (the anti-institutional psychiatrist) should 'suppress himself'. To this extent, Colucci and Di Vittorio (2001: 219) refer to Gorizia, the first asylum where Basaglia worked, as the place where the universal

306

intellectual dies. In other words, the psychiatrist, much like the Lacanian psychoanalyst, must 'play dead', not only in the therapeutic relationship but also in his political struggle against institutional psychiatry.

In this Section, I have analysed Basaglia's conceptualisations of the psychiatrist-patient relationship from two perspectives: his implicit use of the notion of imaginary transference and of the notion of subject supposed to know. Yet my analysis raises a further question: if the therapist (be it the Lacanian analyst or the Basaglian psychiatrist) should support neither the patient's imaginary identification nor his demand for knowledge, what is his role?

Before answering this question I consider it necessary to introduce Lacan's theory of the four discourses, especially as presented in Seminar XVII, *The Other Side of Psychoanalysis*. Through the four discourses Lacan delineates the role of the analyst, whose discourse enables him to overcome not only an authoritarian relationship with the analysand but also a position of absolute knowledge, such as the one that dominates the University.

## 6. The Subversion of the Master/Slave Dialectics

### 6.1 Hegel's Master/Slave Dialectic

In their criticism against the authoritarian position that the psychiatrist/analyst runs the risk of assuming, both Basaglia and Lacan repeatedly refer to Hegel's formulation of the master/slave dialectics.

Hegel developed the master/slave dialectic in the *Phenomenology*

*of Spirit*.[129] His basic tenet is that 'self-consciousness [...] exists only in being acknowledged' (§178): any human relationship is grounded on one's need to be recognised by the other. Hence, self-consciousness 'come[s] *out of itself*', in that it both 'finds itself as an *other* being' and 'in the other sees its own self' (§179). According to Hegel, this reciprocity can only degenerate into open conflict, as each of the parts believes the 'other' to be 'an unessential, negatively characterised object' (§186), although this 'other' is in itself a self-consciousness. The outcome of this 'life-and-death struggle' (§187) is not the death of the vanquished but its enslavement: the master/slave relation has been established. Instead of an initial reciprocity of recognition, in the master/slave dialectic the master is the only one who is *recognised*, while the slave is only *recognising*. This relation is grounded on a radical dissymmetry, which originates during the struggle for life: while the slave has decided to save his own life, the master has chosen to put his life at stake in order to obtain recognition. Thus, Kojève (1969: 42) can say that 'the vanquished has subordinated his *human* desire for *Recognition* to the *biological* desire to preserve his *life*'. The master demands the slave to *work* for him; that is, he entrusts the slave with the satisfaction of all his desires. In Hegel's words, 'what desire failed to achieve, he succeeds in doing' (§190). In entrusting the slave with the satisfaction of his desires, the master has 'interposed the bondsman between it [the object of his desire] and himself' (§190): he has become

---

[129] All references to Hegel's *Phenomenology of Spirit* are taken from A.V. Miller's translation for Oxford University Press (Hegel, 1977).

dependent on the slave. What is more, as Kojève (1969: 46) stresses, 'the master [...] risked his life [...] to be recognised by [...] *another man*' but after the struggle, 'he is recognised only by a *slave*'. The future master fights a man in order to be recognised by him but upon winning and becoming a master, the one he was fighting has become a slave. Kojève (1969: 46) concludes that 'the master never succeeds in realising his end', and therefore that 'mastery is an existential impasse'.

While the master is at an impasse, the slave, on the contrary, is improving, thanks to the very work that the master imposed on him. As Hegel put it, 'through work, however, the bondsman becomes conscious of what he truly is' (§195). In other words, the slave becomes conscious that, as much as the master freed himself from the 'given, natural conditions of existence' (in that he privileged a human desire over the natural instinct of preservation), he has achieved 'the same result' (Kojève, 1969: 49). Through work, improving his skills and his condition, the slave is able to *modify* the given conditions of existence and free himself. This is why Kojève (1969: 50) can go as far as affirming that 'progress in the realisation of Freedom can be carried out only by the slave'. The master does not have an ideal of freedom to realise through his work, because, after the Fight he *is* indeed *free*. Yet his freedom was not recognised by *man* but by *slaves*. On the contrary, the slave's freedom is recognised only by himself, it is an ideal, which 'can end in being *realised* and in being realised in its *perfection*' (Kojève, 1969: 50). Eventually, the slave changes his subaltern condition through work, which 'transforms the World [and] humanises

309

it' (Kojève, 1969: 52). The dialectics is complete: thesis (mutual recognition), antithesis (fight and subjugation), synthesis (the slave overcomes the master).

## 6.2 Lacan's Four Discourses

Hegel's centrality in Lacan's work has been the object of numerous analyses (Borch-Jacobsen, 1991: 1–18; Bowie, 1991: 81–2; Casey and Woody, 1996; Di Ciaccia and Recalcati, 2000: 17, 35; Roudinesco, 1997: 213). As all these works suggest, Lacan's acquaintance with Hegelian thought was mediated by Kojève's seminar, which Lacan attended from November 1933 (Roudinesco, 1997: 64). According to Di Ciaccia and Recalcati (2000: 17), Kojève 'ha letteralmente anticipato Lacan nel ricavare da Hegel la tesi secondo la quale il desiderio è il desiderio dell'Altro'. As we have seen, Lacan contended that ultimately desire is desire of the Other, meaning especially that it is desire of being recognised and desired by the Other. In spite of the centrality of this thesis, this is not the only idea that Lacan drew from Hegel. The master/slave dialectics played a key role in Lacan's thought, as the many passages in which he refers to it testify (for instance Lacan, 1948: 98; Lacan, 1953: 242,258; Lacan, 1955b: 359; Lacan, 1955c: 256; Lacan, 1960b: 686; Lacan, 1997b: 132). In this Section, I will focus my analysis on Lacan's XVII Seminar, *The Other Side of Psychoanalysis* (1969–70).

We could venture to define Lacan's notion of discourse as a structure that organises the relationships between subjects and their

310

objects, thus ultimately regulating social bonds (Di Ciaccia and Recalcati, 2000: 69). Yet as Soueix (1995: 47) aptly points out, 'la categoria di discorso in Lacan non fa da legame tra i soggetti: un discorso non unisce un soggetto a un altro'. On the contrary, 'un discorso è il modo in cui il soggetto si situa in rapporto al suo essere', the position that others will occupy in the structure will follow suit. Hence, a discourse does not structure intersubjective exchanges, it *is* intersubjectivity itself. According to Lacan, four elements are always involved in a discourse: $, the barred subject, that is, the constitutionally lacking and alienated subject; $S_1$, the master signifier, that is, the signifier that represents the subject to all other signifiers, the symbolic place where the barred subject alienates himself in the Other; $S_2$, all other signifiers, the Other, and *knowledge*; and finally *a*, *objet petit a*, the cause of desire. These four elements can occupy one of the four invariable positions, which are that of the agent, other, truth and product/loss, as detailed in the following diagram:

$$\text{agent} \longrightarrow \text{other}$$
$$\overline{\phantom{\text{agent}}} \qquad \overline{\phantom{\text{other}}}$$
$$\text{truth} \qquad \text{product/loss}$$
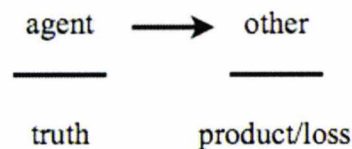
**Figure 2: The discourse (Fink 1997, 131)**

This diagram could be summarised as follows: the agent maintains power over the other, who gives him a product (which corresponds to his own loss - i.e. the other is the slave), while the agent is the only one in a

relationship with repressed truth. Each of the elements can in turn occupy one of these positions, thus generating a different discourse. According to the position occupied, the elements can assume a different connotation: their meaning is not static but depends on their position. Hence, for instance, $S_2$ is the knowledge known by the slave in the master's discourse, the all-knowing agent in that of the University and the *savoir* of the unconscious in that of the Analyst.

As Žižek remarks, the history of 'modern European development' is inscribed in Lacan's theory of the four discourses. The master's discourse, which according to Lacan (2007: 20) is the primary one from a historical perspective, represents 'absolute monarchy, the first figure of modernity that undermined the articulate network of feudal relations' (Žižek, 2006). The two discourses which follow chronologically and logically (the University's and the Hysteric's)

> deploy the two outcomes of the vacillation of the direct reign of the master: the expert-rule of bureaucracy that culminates in [...] biopolitics [and] the explosion of the hysterical capitalist subjectivity (Žižek, 2006).

For this reason, the four discourses cannot be regarded as 'Platonic forms characterizing all social relations', rather, they are 'historical entities that come-to-be and pass-away in time'; for instance the 'discourse of the analyst only comes into existence at the beginning of the 20th century' (Bryant, 2008: 8).

The discourse of the master which, as we have seen, is the primary one for historical reasons, is articulated as follows:
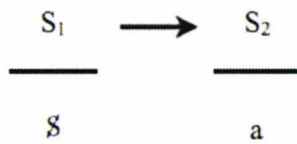
312

$$S_1 \longrightarrow S_2$$
$$\frac{}{\$} \qquad \frac{}{a}$$

**Figure 3: The discourse of the Master**

The master's discourse is a re-elaboration of Hegel's master/slave dialectics, as Lacan (2007: 20) himself observes. The position of the agent is occupied by the master Signifier, to which we are all subjected, insofar as we are speaking beings, that is, insofar as we are represented by a signifier among other signifiers: the discourse of the master is a universal discourse, which has not only a historical primacy but also an ontogenetic and logical one. It is because of this primordial submission to the signifier that a master, any master, can rule over an *other*, the slave. Yet as Hegel himself suggested, the slave possesses knowledge, 'the slave's own field is knowledge' (Lacan, 2007: 21). This is the knowledge that the master lacks, because he is only interested in having his desire satisfied, without knowing *how* it came to be fulfilled ('why would he want to know?' Lacan, 2007: 24). On the contrary, the slave must *know* how to do [*savoir-faire*] what his master commands. This makes the master completely dependent on the slave, as he (the master)

> non sa ciò che vuole, ed il suo inserimento nel godimento non può effettuarsi che attraverso il lato dello schiavo, attraverso la via del sapere che lo schiavo acquisisce lavorando (Vinciguerra, 1995: 64).

The product that the slave must lose for the master to gain is *jouissance*,

313

the object $a$.[130] In order for this system to work, the barred subject must be concealed/repressed: the truth is that the master desires because he is too a barred (and thus impotent) subject but this must remain unknown to the slave.

The master's discourse is the first of four discourses, which result from 'rotating' the elements in the scheme by one position counterclockwise.

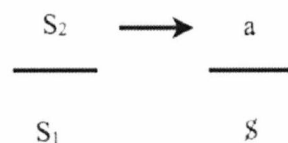By applying the first rotation, Lacan finds what he calls the University discourse:

$$S_2 \longrightarrow a$$
$$\overline{\phantom{xx}} \qquad \overline{\phantom{xx}}$$
$$S_1 \qquad \math$$

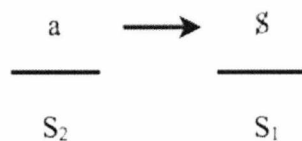**Figure 4: The discourse of the University**

As Žižek (2006) aptly observes, the discourse of the University is not 'directly linked to the university as a social institution' but describes any relationship in which knowledge is in the dominant position. Knowledge controls and assesses the cause of desire, the object $a$. In doing so, it produces barred subjects, alienated from the *jouissance* they are effectively producing. Knowledge here is not to be regarded as total, 'a knowledge of everything' (Lacan, 2007: 31) but as the position of the 'all-knowing' subject. Lacan seems to be drawing a chronological

---

[130] See Section 4.2.

314

sequence between the discourse of the master and that of the University. At first, the master 'does not know what he wants' (Lacan, 2007: 32), he depends on a slave who knows, whereas he does not. Then, 'the master has slowly defrauded the slave of his knowledge, and turned it into the master's knowledge' (Lacan, 2007: 34). This is how knowledge gets into the dominant position, and also why the master (signifier) falls down, in the position of truth. The master is the one who causes the 'tyranny of knowledge' (Lacan, 2007: 32), the ultimate guarantor of 'philosophy', insofar as Lacan (2007: 21) understands it as the 'theft, abduction', that is, 'stealing slavery of its knowledge, through the manoeuvres of the master'.

Lacan's third discourse is that of the Analyst:

$$a \longrightarrow \mathcal{S}$$
$$\overline{S_2} \qquad \overline{S_1}$$

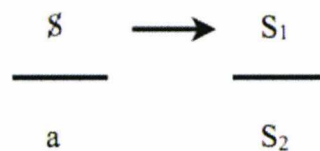Figure 5: The discourse of the Analyst

Here, $S_2$ is in the place of truth: $S_2$ no longer represents the all-knowing subject but stands for the *savoir* of the unconscious. $S_2$ under the object *a* means that knowledge is no longer

> the neutral objective knowledge of scientific adequacy but the knowledge that concerns the subject (analysand) in the truth of his subjective position (Žižek, 2006).

The analyst is in the position formerly occupied by the master but he occupies this position only insofar as he represents the cause of the

315

analysand's desire, object *a*. From this position the analyst can interrogate the split subject, 'precisely at those points where the split between conscious and unconscious shows through: slips of the tongue, bungled and unintended acts, slurred speech, dreams, etc.' (Fink, 1997: 135). These interrogations aim at letting the analysand's own master signifier emerge as product: $S_1$. The master signifier on the one hand represents the analysand to the Other (all other signifiers, $S_2$), on the other hand, it is the place where the subject comes into being as alienated.

From this position, the analyst can achieve what Lacan (2007: 33) calls the 'hysterisation of discourse', that is, he provokes the analysand in entering the hysteric's discourse:

$$\frac{\$}{a} \longrightarrow \frac{S_1}{S_2}$$

**Figure 6: The discourse of the Hysteric**

To a certain extent, regardless of the analysand's actual ailments, the analyst turns him into an hysteric. In this discourse, the barred subject is in the dominant position: $\$$ demands the master to provide him with a knowledge, while concealing that what he is actually seeking is the object *a*, the cause of his desire.

Discourses are dynamic entities; their 'revolution' (the shifting of their elements) can happen for historical reasons, at the level of society,

316

in the form of a literal revolution. Otherwise, discourses can also describe the relationship between two people, as is the case in psychoanalysis. Two or more discourses can coexist in the same situation (for instance psychoanalysis involves not only the Analyst's and the Hysteric's discourse but also that of the University, inasmuch as the analyst might also be an academic, etc.). In such a dynamic situation, it is not feasible to give an ultimate interpretation of Lacan's four discourses. Nevertheless, we can grasp at least one fundamental, albeit schematic, notion: that the discourse of the Analyst can (and should) subvert both the discourse of the master and that of the University. To 'hystericise' the analysand's discourse means that the analysand begins his treatment from the position of the master: he lives in the delusion of being the master of, loosely speaking, himself. The analyst should, therefore, draw attention 'to the fact that the analysand is not the master of his or her own discourse' (Fink, 1997: 136), thus enabling the analysand to allow his constitutional *Spaltung*, the split between what he consciously says and what he unconsciously means, to emerge. This process hystericises the analysand, in that it forces the split subject to become dominant and to demand a knowledge. The hystericised analysand demands the analyst to speak as if he were in the discourse of the University, thus from an all-knowing position, which is another way of saying that the analyst is placed in the position of subject supposed to know.

Before discussing the importance of Lacan's theory of the four discourses in a reading of Basaglia's work, as Viganò (2009: 86)

317

proposed, I consider it necessary to analyse Basaglia's own use of Hegel's master/slave dialectics.

### 6.3 Basaglia and the Master/Slave Dialectics

Although Basaglia recurrently referred to Hegel's master/slave dialectics (Basaglia, 1968c: 473; 1975a: 248, 318), he especially focused on it in 'Ansia e malafede' and in the 1966 article 'Un problema di psichiatria istituzionale'

In 'Ansia e malafede', Basaglia uses the master/slave dialectics as an example of an 'inauthentic' relationship, such as that between the psychiatrist and the patient in the context of institutional psychiatry. In this article, Basaglia anticipates the discussion on the opposition *alienità-alterità* that he develops in the 1965 article 'Corpo, sguardo, silenzio'. Those who do not accept their *fattità*, that is to say, those who live in a state of *alienità*, live 'nell'inautenticità'. The inauthentic man 'non è nel mondo, ma è un oggetto del mondo', because he is controlled by the 'parte oscura di sé che non riesce a soggettivizzare' and that 'lo porta a possedere gli altri – oggetti come lui' (Basaglia, 1963: 6). According to Basaglia (1963: 6), the human being who lives in a state of *alienità* is the master of Hegel's dialectics, insofar as he is an illusory master – 'perché oggetto di se stesso', who rules over 'servi-oggetto'. As soon as the master becomes such, he loses his freedom, because he becomes dependent on the slave. On the other hand, he does not even achieve the desired recognition, because it is an objectified slave and not

318

another subject who recognises him. While the slave submits himself to the master, 'piuttosto che affrontare la propria scelta, la propria responsabilità' (Basaglia, 1963: 7), the master, to overcome death, 'è necessitato ad innalzare la violenza a sua sola fede'. Hence, as much as he objectifies the slaves, he is himself 'spinto, costretto, oggettivato: c'è la Storia, c'è la Missione in cui il signore si identifica: sono *Esse* che esigono e giustificano la sua violenza' (Basaglia, 1963: 7). In this acceptation, the master/slave dialectics corresponds to the psychiatrist-patient relationship in an institutionalised context: as long as the psychiatrist objectifies the patient, he is himself objectified (by the institution of psychiatry) in the role of physician and guard of those who are dangerous to society.

In 'Un problema di psichiatria istituzionale', Basaglia, following Hegel, posits again that the master objectifies in the slave 'la parte di sé che non sa dominare', thus the slave comes to represent 'il male da cui egli non vuole essere toccato e che allontana, circoscrivendolo [nello] spazio degli esclusi' (Basaglia, 1966b: 47). Hence, Basaglia continues, the master/slave dialectics is 'intimamente legata al processo di appropriazione del reale', which could deviate into an inauthentic relationship when 'l'uomo si trova ad escludere nell'altro ciò che non è riuscito ad incorporare'.

Conversely, the authentic process of 'appropriazione del reale' would be the 'incontro' and the 'riconoscimento dell'altro', in which I have to 'accettare in me l'altro da me, l'estraneo che io sono in quanto oggetto di una soggettività che non è la mia' (Basaglia, 1966b: 48). Here

319

Basaglia is returning to the constitutional lack of the subject: without the other there is no self, in that the subject is inhabited by a constitutional otherness that prevents him from being whole.

Basaglia's reading of Hegel's master/slave dialectics dovetails into Lacan's discourse of the master. On the one hand, the master demands the slave to become an object, to provide him with something, e.g. *jouissance*, surplus value, work. On the other hand, in this process, the master, as barred subject, constitutionally alienated in the Other, *excludes* (represses) that part of himself that he cannot accept.

In this Section, I have discussed Basaglia's notion of the master/slave dialectics. In the next, I will show that the theory of the four discourses can be used to analyse and problematise Basaglia's thought.

Before I continue, it is crucial to observe that this reading raises an important issue. One of the elements of the four discourses is the object *a*, the cause of desire. Strictly speaking, referring to the notion of 'desire' is, for Basaglia, problematic to say the least. We have seen in Section 3 that he dismisses psychoanalysis precisely because it makes 'desire' a central notion, whereas Basaglia believed that only the bourgeois can desire, insofar as they have all their *needs* satisfied. In Basaglia's opinion, desire and need are two contrasting notions: the former can arise only when the latter is satisfied. As a consequence, the role of the alternative psychiatrist is to deal not with the patient's desires but with their needs. However, I suggest that Basaglia's notion of *need* inevitably rests on the acceptation of *desire* that is derived from Hegel's

notion of desire, which is, *stricto sensu*, desire for one's own desire to be recognised by the other.[131]

We have seen how much Basaglia stressed the importance for the alternative psychiatrist to listen to the inmates/patients, let their needs emerge and try to satisfy them. Yet this would not be possible had the psychiatrist not *recognised* the patient as an equal subject. To this extent, the *desire* for recognition logically precedes what Basaglia refers to as needs. I believe that it is not ultimately possible to compare Basaglia's concept of need with the psychoanalytical notion of desire (Basaglia's radical needs, e.g. sustenance, shelter, dignity, are not unconscious or repressed desires). Nevertheless, I also believe that Basaglia's notion of 'need' can be compared with Lacan's object *a*, which is *not* the object of desire but the object that *causes* desire as desire of the Other. Just as object *a* causes desire, the need for recognition logically and ontogenetically precedes all other needs to which Basaglia refers. This holds good not only because without recognition the patient would be unable to express all his other needs but also because all needs in Basaglia's terms, such as the need for sustenance, shelter, freedom, dignity, can be ultimately reduced to the primordial need for the other: to put it bluntly, there is no feeding without someone who feeds; there is no shelter without someone who protects; there is no freedom without someone who grants it; there is no dignity without the other's recognition. The primordial need for the other, which is the nucleus of

---

[131] This is the position that Kojève regarded as central in his reading of Hegel.

Basaglia's notion of the constitutional lack of the subject, could be legitimately regarded as Basaglia's object *a*. Hence, I believe that it is well-founded to proceed to the discussion of the other three discourses in relation to Basaglia's thought, bearing in mind that the substitution between the element 'object *a*' with 'need' rests on the above consideration.

### 6.4 Basaglia's Four discourses

Viganò (2009: 86) points out that

> se Basaglia avesse letto Lacan avrebbe detto che la rivoluzione è
> un cambiamento di discorso che passa per il discorso dell'analista,

insofar as 'ripassando per il discorso dell'analista si può recuperare [...] per il sapere un posto che non sia di potere' (Viganò, 2009: 90). Viganò reads in Basaglia the belief that,

> per sovvertire il discorso scientifico e la sua portata di
> universalizzazione, si debba opporre al reale trattato dalla scienza,
> quello della contingenza (Viganò, 2009: 94).

In his later work, Basaglia does not dwell on the master/slave dialectics but he still mentions it in the 1975 article 'Crimini di pace'. Although Basaglia (1975a: 248) admits that this might be a 'discorso storicamente poco corretto', it nevertheless serves 'nel suo schematismo' the purpose of understanding the 'uso di un certo tipo di tecnico o di intellettuale, in qualità di funzionario del consenso'. It is when 'il servo ha cominciato a organizzarsi per opporsi al signore e la realtà sociale si è modificata',

that

> le ideologie sono servite a consentire al signore di proclamare
> come reali e indiscussi questi principi, conservando, insieme, il
> dominio e gli abusi propri della sua classe (Basaglia, 1975a: 248).

Basaglia is here proposing that *knowledge*, ideological scientific knowledge, assumed as *a priori* and devoid of connections with everyday experience, has been elevated to the dominant position of the agent. In the light of the conclusions drawn in the previous Chapters, we could say that, if we apply this consideration to institutional psychiatry, psychiatric knowledge, whose truth is the master, i.e. the psychiatrist who represents society, covers up the actual needs of the inmate/patient, in that it interprets them *a priori* as symptoms of an illness. The product of this process is indeed the barred subject: not only inasmuch as the subject is constitutionally alienated in language and in the Other but also and especially because it is alienated in the image that the psychiatric institution imposes on him. Re-written in Basaglia's terms, Lacan's discourse of the University, which we could call the psychiatric discourse, is the following:
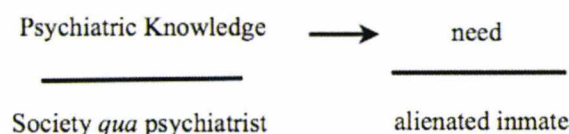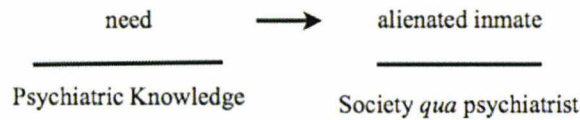
$$\frac{\text{Psychiatric Knowledge}}{\text{Society } qua \text{ psychiatrist}} \longrightarrow \frac{\text{need}}{\text{alienated inmate}}$$

**Figure 7: The Psychiatric Discourse**

According to Lacan, the discourse of the University is subverted by that of the analyst. If we apply a 'revolution' of the elements to the

psychiatric discourse, we find Lacan's discourse of the Analyst, which I would call, in Basaglia's terms, that of the alternative psychiatrist:

$$\frac{need}{Psychiatric\ Knowledge} \longrightarrow \frac{alienated\ inmate}{Society\ qua\ psychiatrist}$$

**Figure 8: The Discourse of the Alternative Psychiatrist**

This schematisation encompasses Basaglia's work: in the dominant position there is the dimension of need; it is demanded of the inmate/patient that he lets his needs emerge; in this action what is produced (changed, transformed) is society itself, and with it, the role of the psychiatrist. Psychiatric knowledge is in the position of truth, only insofar as, in this discourse, knowledge must be 'bracketed', set aside, so that the actual needs of the inmates can emerge. We have seen in Žižek's reading of Lacan's discourses that knowledge in the discourse of the analyst concerns the subject in the truth of his subjective position; for this reason Žižek (2006) also affirms that 'the analyst's discourse stands for the emergence of revolutionary-emancipatory subjectivity': this also holds good for Basaglia's discourse of the alternative psychiatrist, as knowledge here is no longer thought in terms of scientific adequacy but in terms of the subjective dimension's emergence. The crucial point to bear in mind is that even with the emergence of the analyst's/alternative psychiatrist's discourse quite possibly 'nothing changes at the level of knowledge'; what changes is that 'the same knowledge as before starts to function in a different mode' (Žižek, 2006). That is to say, it begins to

324

function as an hysterised knowledge: the effect of this revolution in the psychiatric discourse is precisely what, drawing on Lacan, I would refer to as the 'hysterisation of psychiatry':

$$\frac{\text{(former) inmate}}{\text{need}} \longrightarrow \frac{\text{Society } qua \text{ psychiatrist}}{\text{Psychiatric Knowledge}}$$
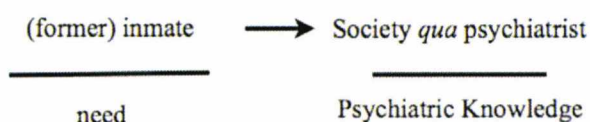
**Figure 9: The Hysterisation of the Psychiatric Discourse**

Through the emergence of his needs, the inmate has produced the dismantling of the asylum. He is now in the dominant position, from which he can demand the psychiatrist (and society) to produce a psychiatric knowledge no longer assumed *a priori* but rather grounded on the actual needs of the patients. Need, understood in terms of Heller's radical need, that is, the utopian force that enables society to change, is now in the position of truth. According to Lacan, the element that is in the position of truth is what supports the element in the position of agent. In the hysterisation of psychiatry the inmate/patient as agent is sustained by his/her radical needs, which are in the position of truth. And, as Lacan (2007: 186) observes, 'the effect of truth is [...] a collapse of knowledge'. By 'hystericising' the discourse of psychiatry, the alternative psychiatrist has ultimately put the *needs* of the inmates in the only position from which they (the needs) can call into question the *a priori* knowledge of institutional psychiatry: the position of truth.

To put it in other words, I have already observed that for Lacan there is no such thing as a metalanguage, because there is nothing that

325

can speak *of* language from without. Any alleged metalanguage is, in fact, within language. To a certain extent, any alleged metalanguage *is* the discourse of the University: a knowledge that claims its own absoluteness and independence, while concealing, in the position of truth, the master. The discourse of the analyst reveals this mystification, as much as the discourse of the alternative psychiatrist does for Basaglia. Rephrased in such terms, the 'bracketing' of mental illness reveals the following: that there can be no *a priori* psychiatric knowledge (i.e. institutional psychiatry) that claims to be a valid metalanguage speaking the truth of mental illness. The only possible psychiatric knowledge is the knowledge *of* the patient and *of* the psychiatrist dialectically constructed *within* their relationship.

It is now time to return to the question left unanswered in Section 5: if, in both Basaglia's and Lacan's terms, the psychiatrist/analyst is to avoid both imaginary identification and the symbolic position of S.s.S., what is his role? Where should he stand?

As we have seen, in the theory of the four discourses, Lacan is very clear on this point: the analyst must come to represent the object *a* for the analysand; thus he must represent the very *cause* of desire. In Fink's words (1997: 135), the analyst 'plays the part of pure desirousness'. By representing such a desirousness, the ultimate origin of desire, the analyst shows the analysand the origins of his split: that radical otherness from which the displacement of desire has begun. Desirousness represents, to put it in Neill's terms (2005: 12), 'the very movement and possibility of desire [which] emanates from the Other'.

326

We have also seen that object *a* is the cause of desire insofar as it is the rem(a)inder of the Real, the real breast, the real immediate satisfaction that is always-already lost when the child enters the symbolic order. To this extent, it is appropriate to consider the Lacanian analyst as the presence of the Real in the analytic relationship. For his part, Basaglia believes that,

> l'azione terapeutica dello psichiatra dovrà consistere soprattutto nel rappresentare per il malato la presenza della realtà con tutte le sue contraddizioni e starà in lui far sentire i limiti oltre i quali il malato dovrà affrontarla senza fuggire (Basaglia, 1967b: 452–3).

Yet *realtà* in this context is not to be understood in terms of Lacan's Real. As I have explained in the second Chapter, Section 4.1, Basaglia regards the real as a 'praticamente vero': reality in an unstable condition, that has to be shaped and re-shaped according to the radical needs of people. In the discourse of the alternative psychiatrist, the patient is required to let his needs emerge. All these needs must be ultimately related to the most primordial of needs, which, according to Basaglia, corresponds to our constitutional lack: from the very moment of our birth we need the other, we need recognition. The alternative psychiatrist comes to represent this ultimate and primordial need: only by acknowledging such a radical need *for* the other the patient can admit and express all his needs *to* the other. This is what rebuilds the patient's lost relationship with the other and with the world. The Basaglian psychiatrist is indeed in the position of the object *a*. For the analyst this means to be in that place where the real and always-already lost immediate satisfaction of *need* remains at the core of the *desiring*

327

subject, that is to say in the place where *desire* was originally generated from *need*. For the Basaglian psychiatrist being in the position of object *a* means being in that place where all the *needs* of the patient can be reduced (or elevated) to his constitutional and primordial need for the other. In both these ideas what remains is that moment, possibly mythical, in which need ceases to be satisfied immediately and becomes a demand to the other: the moment that indissolubly ties subjectivity to otherness, the moment of anthropogenesis.

As we have seen at the beginning of Section 4, desire ultimately originates in lack. To this extent, in the next Section, after introducing the concept of lack in Lacan's work, I will clarify what I mean by Basaglia's 'clinic of lack', a clinical approach grounded on a return to the constitutional lack of subjectivity, beyond the illusion of a unitary and substantial subjectivity, with the aim of reconstructing a community, understood in Esposito's terms.

## 7. Lack and Its Clinic

The constitutional lack of the subject is originally biological: the helpless newborn baby is unable to sustain himself without the other. Lack is soon elevated to the symbolic order, in that, as soon as the child utters his first cry, he has transformed his need into a demand, a demand addressed to the other. As Lacan (1998: 204–5) expresses it,

> two lacks overlap here. The first emerges from the central defect
> around which the dialectic of the advent of the subject to his own
> being in the relation to the Other turns, by the fact that the subject
> depends on the signifier and that the signifier is first of all in the

328

> field of the other. This lack takes up the other lack, which is the
> real, earlier lack, to be situated at the advent of the living being.

When the response of the other is lacking, when the child's utterances do not achieve the satisfaction of need, lack becomes desire. In the midst of this desire, at its origins, remains what Lacan calls the object *a*, the last remainder of the always-already lost moment when the child encountered immediate and unrequested satisfaction for all his needs. To this extent, for Lacan, lack is a constitutional *manque-à-être*.[132] As Lacan (1991: 223) puts it in his 1954–55 seminar on the ego in Freud's theory,

> lack is the lack of being properly speaking. It isn't the lack of this
> or that but lack of being whereby the being exists.

Lack as *manque-à-être* is the constitutional lack of the subject, that which brings about desire. To this extent, Fink (1997: 54) can maintain that 'lack and desire are coextensive for Lacan'. According to Lacan, every human being is born in a state of lack, which is initially purely biological. Yet this biological lack is soon elevated to a symbolic level and comes to constitute the core of the symbolic dimension *per se*: lack engenders the desiring subject, the barred subject, constitutionally alienated in language. In Lacan's words (1958a: 520), 'desire is the metonymy of the want-to-be': desire perpetuates metonymically the original *manque-à-être* of the subject. In fact, desire is never satisfied upon reaching its object, it simply turns to a different one. According to

---

[132] Translated by Evans as 'lack of being', by Sheridan as 'want-to-be' (suggested by Lacan himself) and by Schneiderman as 'want of being'. I will use the original French *manque-à-être* to avoid confusion.

329

Lacan, this is because desiring sustains one's own existence: if we do not desire we do not elevate our *manque-à-être*, our constitutional lack, to the symbolic level, as a consequence of which we do not alienate ourselves in the Other, thus we are not recognised as subjects.

The notion of *manque-à-être* is central to an understanding of Lacan's conceptualisation of the ontogenesis of the subject; hence it is also fundamental in the conduction of analysis. In Lacan's words (1958a: 512) the *manque-à-être* is the 'heart of analytic experience'. To this extent, the Italian Lacanian psychoanalyst Massimo Recalcati, defines the psychoanalytical therapeutic approach as a *clinica della mancanza*, a concept for which he draws on Cottet (1997). In Recalcati's words,

> la clinica della mancanza è [...] una clinica del desiderio [...]. Ciò che ne costituisce il centro è la passione del desiderio, come passione che prende corpo [...] dalla 'mancanza a essere' [*manque-à-être*] che abita il soggetto (Recalcati, 2002: 9).

Recalcati's clinic of lack proceeds from the subject's *manque-à-être* and regards desire as the expression of this lack, as its perpetuation and displacement. Better still, Recalcati's clinic of lack does not proceed from the *subject's* lack but from the subject *as* lack. As Di Ciaccia and Recalcati (2000: 65), put it, 'il soggetto non è un essere, ma una mancanza-a-essere'. Likewise, the clinical approach evinced by Basaglia's writings proceeds from the constitutionally lacking subject. As we have seen, Basaglia's implicit notion of subject rests on otherness: there is no such thing as an individual subject, insofar as there is no knowledge or even perception of one's own self, without accepting

330

to be at the mercy of the other.

This constitutional need for the other logically precedes the radical needs of the inmate to which Basaglia refers: freedom, dignity, and so on. Without establishing a relationship of mutual recognition, grounded on the acceptance of the other as a constitutional part of the self, the psychiatrist cannot listen to the needs of the patient, and the patient can never express them. According to Recalcati (2002: 11), 'la mancanza è una negatività dialettica: ciò a cui aspira è la sua stessa soppressione come mancanza [...] nondimeno la mancanza non si può colmare con nessun oggetto' in that 'la mancanza [...] investe l'Altro'. Basaglia's clinic of lack seems to be addressed precisely at this dialectical negativity, that is to say, it is addressed to the subject regarded as entangled in a constitutional relationship with the other, a subject who must accept and negotiate his inseparability from the other.

Yet I am not suggesting that Basaglia's clinical approach should be read in terms of psychoanalytical treatment. In this Chapter, I have revealed that Basaglia's *modus operandi* in psychiatric treatment shows remarkable convergences with Lacan's psychoanalytic approach as far as three main points are concerned:

— Treatment moves from the premise that human beings should be regarded as subjects of lack, 'subjectivised lack' as Chiesa (2007: 6) put it. This lack engenders a constitutional relationship with the Other, in that no subject can be defined outside of intersubjectivity;

— Although Basaglia had a critical stance towards the psychoanalytic notion of transference, he implicitly relied on it, and

331

made of it the focal feature of psychiatric treatment;

— Subversion of the relationship of authority: both Basaglia and Lacan showed that a relationship of authority, where the patient regards the psychiatrist/analyst as a source of knowledge and power, is a step that cannot be avoided but also that must eventually be overcome. The subversion of this relationship is a crucial step in treating mental disorders. As I have shown in the second Chapter, this consideration concerns not only Basaglia's therapeutic approach but also his political activism. The subversion of the psychiatrist's position of knowledge/power must be brought to a political level, in order to dismantle the psychiatric institution, which is the reason why the psychiatrist is installed in this position of power.

In spite of these convergences, it is not possible to equate Basaglia's 'clinic of lack' with the psychoanalytic one, because the latter is strictly a clinic of the *unconscious* desire: 'rimozione del desiderio e ritorno del rimosso nelle formazioni cifrate dell'inconscio' (Recalcati, 2002: 11). Although Basaglia praised Freud insofar as he

> disse agli uomini che c'è qualche cosa che non conoscono di sé,
> cioè l'*inconscio*, elemento estremamente importante da capire per
> la vita dell'uomo (Basaglia, 2000: 200),

he has never integrated the concept of *unconscious* in his own work. Primarily, I believe that he did not use the concept of unconscious precisely because of its psychoanalytical implications. As I have already remarked, Basaglia's critical stance towards the bourgeois nature of psychoanalysis hindered the possibility of a dialogue with it.

Nevertheless, the absence of the notion of the unconscious does not necessarily mean that Basaglia's 'clinic of lack' is to be understood as a clinic of *conscious* lack. Rather, I would say, Basaglia's 'clinic of lack' shares with Recalcati's psychoanalytical *clinica della mancanza* the fact that both address the subject not as a substantial wholeness but as a lack, which in turn ties irremediably the subject with the other. Both set forth from the premise that intersubjectivity logically precedes subjectivity, and that subjects have to face the constitutional lack that characterises them. Both posit that recovery from mental ailments begins and ends with the reconstitution of a lost or impaired relationship with the other: a relationship that was severed by the patient who could not accept his constitutional lack and his radical need for the other.

To this extent, I believe that Basaglia's 'clinic of lack' should encompass both Recalcati's *clinica della mancanza* and what he calls *clinica del vuoto*. Recalcati seems to believe that what are commonly referred to as the 'new symptoms', such as anorexia, bulimia, drug abuse, etc., should not be treated with a *clinica della mancanza*, which addresses the traditional neuroses treated by Freud and his successors, such as hysteria, obsessive-compulsive disorder, etc. According to Recalcati (2002: 12), the difference between a *clinica della mancanza* and a *clinica del vuoto* is that, while the symptoms treated by the former are indeed 'soddisfazione clandestina del desiderio inconscio, come messaggio cifrato e luogo inconscio di godimento', the new symptoms do not express a *lack*, strictly speaking, understood as a 'un vuoto significantizzato, simbolizzato, dunque in connessione con l'Altro'

333

(Recalcati, 2002: 11). Rather, the new symptoms are the 'espressione di una dispersione del soggetto, di una sua radicale inconsistenza, di una percezione costante di inesistenza che suscita un'angoscia senza nome' (Recalcati, 2002: 12). This *dispersione* is not to be confused with Lacan's *aphanisis* of the subject: *aphanisis* is necessary for the advent of the subject *qua* Other: one must disappear, assume his/her lack of being, *manque-à-être*, to alienate oneself in the Other. This is what links subjectivity with Otherness, and this is precisely what does not happen in Recalcati's *dispersione del soggetto*. This *dispersione* does not bring about alienation in the Other and therefore intersubjectivity. Lack is not subjectivised, symbolised, elevated to the nucleus of subjectivity and intersubjectivity itself. On the contrary, it is assumed as *vo*id, as the ultimate annihilation of subjectivity, as the core of its inconsistency. It brings about isolation from the other, *alienità* in Basaglia's terms.

This brings us back to the conclusions drawn in the third Chapter. The *radical inconsistency* of the subject to which Recalcati refers seems to corresponds to Esposito's notion of subjectivity. I believe that the new symptoms Recalcati mentions could be regarded as the pathological outcome of an excess of immunisation, a sort of pathological effect of thanatopolitics: those suffering the 'new symptoms' immunise themselves from the radical inconsistency of their own subjectivity, thus from the 'possibilità dissolutiva della "messa in comune"' (Esposito, 2002: 18). They cling to the notion of a substantial and individual subject to immunise themselves from its dissolution. But in doing so, as Basaglia appropriately reminds us when dealing with the opposition

334

*alienità-alterità*, they completely identify with this dissolution: they *become* the nothingness of their own subjectivity, in that they are unable to *overcome* it in and through the Other. A 'clinic of lack', understood in Basaglia's terms, would aim at making the patient assume this constitutional lack of the subject, that is, it would aim at subjectivising this lack. This in turn means to assume otherness as the place where the lack of subjectivity finds its only fulfilment. We immunise ourselves against our lack by deluding ourselves into believing subjectivity to be full and complete, to be individuals, that is, separated form the other. But his is indeed delusional, this notion of individuality and subjectivity are, all things considered, insubstantial. This realisation produces nameless anxiety and possibly the 'new symptoms' to which Recalcati refers. It is only by assuming this constitutional lack on ourselves, by assuming it to be the very core of subjectivity, that we can rely on the other to complete our lacking subjectivity and, possibly, form a community understood in terms of resistance towards an excess of immunisation.

Basaglia's notion of lack, in spite or possibly in virtue of its similarities with Lacan's, can encompass both Recalcati's notion of lack (the *manque-à-être* that engenders the subject and intersubjectivity) and void (the failure of symbolising lack, the absence of alienation in the Other). Lack, according to Lacan, is what engenders unconscious desire, thus it is what indissolubly ties subjectivity with otherness. Becoming subjects means to subjectivise lack and assume it as the core of one's own being, that which creates not only the subject but also

intersubjectivity. The constitutional lack of the subject is not an unfortunate premise of our existence but an ethical responsibility, the responsibility of assuming our constant need of the other.

# Bibliography

Abboud, L., 2005. 'The Next Phase in Psychiatry'. *The Wall Street Journal,* pp. D1, D5.

Abraham, K., 1927. 'A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders'. In: *Selected Papers on Psycho-Analysis*, translated by Douglas Bryan and Alix Strachey, Hogarth, London, pp. 418–79.

Acheson, E.D., 1985. 'That Over-Used Word Community'. *Health Trends*, 17, p. 3.

Agamben, G., 2003. *Stato di eccezione*. Bollati Boringhieri,Turin.

Agamben, G., 2005. *Homo sacer. Il potere sovrano e la nuda vita*. Einaudi, Turin.

Allaby, M., 2006. 'Graft'. Available at <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t7.e3018>, accessed 17 March 2009.

Althusser, 2003. 'Freud and Lacan'. In: Žižek, S., ed. *Jacques Lacan. Critical Evaluation in Cultural Theory,* Vol. 3, translated by Jeffrey Mehlman, Routledge, London, pp. 44–62.

Andreasen, N., 1997. 'Linking Mind and Brain in the Study of Mental Illness: A Project for a Scientific Psychopathology'. *Science*, 5306, pp. 1586-93.

Anon., 2006. 'Programma di comunicazione contro il pregiudizio in salute mentale'. Available at <http://www.campagnastigma.it/>, accessed 20 March 2010.

Armstrong, D., 1995. 'Bodies of Knowledge/Knowledge of Bodies'. In: Jones, C. & Porter, R., eds. *Reassessing Foucault: Power, Medicine and the Body*, Routledge, London, pp. 17–27.

Armstrong, D., 1997. 'Foucault and the Sociology of Health and Illness'. In: Petersen, A. & Burton, R., eds. *Foucault, Health and Medicine*, Routledge, London, pp. 15–30.

Barham, P., 1992. 'Foucault and the Psychiatric Practitioner'. In: Still, A. & Velody, I., eds. *Rewriting the History of Madness*, Routledge, London, pp. 45–50.

Basaglia, F., 1952. 'Esposizione di alcuni casi di utile impiego del test del disegno nei disturbi del linguaggio, Comunicazione alla sezione Veneto-Emiliana di Neurologia'. *Rivista Sperimentale di Freniatria*, 76(f2).

Basaglia, F., 1953a. 'Il mondo dell'"incomprensibile" schizofrenico attraverso la "Daseinsanalyse". Presentazione di un caso clinico'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. 3–54.

Basaglia, F., 1953b. 'Sull'impiego del test di associazione verbale secondo Rapaport in clinica psichiatrica, Riassunto della comunicazione svolta alla sezione Veneto-Emiliana di Neurologia'. *Rivista di Neurologia*, 23(f6).

Basaglia, F., 1954a. 'Contributo allo studio psicopatologico e clinico degli stati ossessivi'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 55–103.

Basaglia, F., 1954b. 'Su alcuni aspetti della moderna psicoterapia: Analisi fenomenologica dell'"incontro"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 32–54.

Basaglia, F., 1956a. 'Il corpo nell'ipocondria e nella depersonalizzazione. La coscienza del corpo e il sentimento di esistenza corporea nella depersonalizzazione somatopsichica'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 165–206.

Basaglia, F., 1956b. 'Il corpo nell'ipocondria e nella depersonalizzazione. La struttura psicopatologica dell'ipocondria'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 137-64.

Basaglia, F., 1957. 'L'ipocondria come deformazione dell'"Erlebnis" individuale nel fenomeno di depersonalizzazione'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 104–11.

Basaglia, F., 1963. 'Ansia e malafede. La condizione umana del nevrotico'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà*, Einaudi, Turin, pp. 3–16.

Basaglia, F., 1964a. 'La distruzione dell'ospedale psichiatrico come luogo di istituzionalizzazione'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà*, Einaudi, Turin, pp. 17–26.

Basaglia, F., 1964b. 'La libertà comunitaria come alternativa alla regressione istituzionale'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 394–409.

Basaglia, F., 1965a. 'Corpo, sguardo e silenzio. L'enigma della soggettività in psichiatria'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà*, Einaudi, Turin, pp. 27–42.

Basaglia, F., 1965b. 'La "comunità terapeutica" come base di un servizio psichiatrico'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 259–82.

Basaglia, F., 1965c. 'Potere ed istituzionalizzazione. Dalla vita istituzionale alla vita di comunità'. In: Ongaro Basaglia, F., ed. (1981) *Scritti*, Vol. 1, Einaudi, Turin, pp. 283–93.

Basaglia, F., 1966a. 'L'ideologia del corpo come espressività nevrotica'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà*, Einaudi, Turin, pp. 64–99.

Basaglia, F., 1966b. 'Un problema di psichiatria istituzionale'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà*, Einaudi, Turin, pp. 43–63.

Basaglia, F., 1967a. 'Corpo e istituzione. Considerazioni antropologiche e psicopatologiche in tema di psichiatria istituzionale'. In: Ongaro Basaglia, F., ed. (2005) *L'utopia della realtà,* Einaudi, Turin, pp. 100–13.

Basaglia, F., 1967b. 'Crisi istituzionale o crisi psichiatrica?'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. 442–54.

Basaglia, F., 1967c. 'Esclusione, programmazione e integrazione. Appunti sulla realtà psichiatrica italiana'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. 410–23.

Basaglia, F., 1968a. 'Il problema della gestione'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Torino, pp. 512–21.

Basaglia, F., 1968b. 'La comunità terapeutica e le istituzioni psichiatriche'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 3–13.

Basaglia, F., 1968c. 'Le istituzioni della violenza'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. 471–505.

Basaglia, F., 1968d. 'Le istituzioni della violenza e le istituzioni della tolleranza'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 80–95.

Basaglia, F., 1968e. 'Prefazione a "L'istituzione negata"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. 468–70.

Basaglia, F., 1968f. 'Relazione alla commissione di studio per l'aggiornamento delle vigenti norme sulle costruzioni ospedaliere'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 14–32.

Basaglia, F., 1969a. 'Introduzione ad "Asylums"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 33–46.

Basaglia, F., 1969b. 'Lettera da New York. Il malato artificiale'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 96–104.

Basaglia, F., 1970a. 'La malattia e il suo doppio. Proposte critiche sul problema delle devianze'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 126–46.

Basaglia, F., 1970b. 'Prefazione a "Ideologia e pratica della psichiatria sociale"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 105–25.

Basaglia, F., 1971a. 'La giustizia che punisce. Appunti sull'ideologia della punizione'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 185–98.

Basaglia, F., 1971b. 'Riabilitazione e controllo sociale'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 199–208.

Basaglia, F., 1973. 'Prefazione a "La marchesa e i demoni"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 209–21.

Basaglia, F., 1975a. 'Crimini di pace'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 237–338.

Basaglia, F., 1975b. 'Ideologia e pratica in tema di salute mentale'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 354–61.

Basaglia, F., 1976. 'La giustizia che non riesce a difendere se stessa'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 382–90.

Basaglia, F., 1977. 'Il circuito del controllo: Dal manicomio al decentramento psichiatrico'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 391–410.

Basaglia, F., 1978a. 'Intervista a *La Stampa'. La Stampa*, 12 May 1978.

Basaglia, F., 1978b. 'Introduzione a "Lo Psicanalismo"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 349–53.

Basaglia, F., 1979a. 'Follia/delirio'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 411–44.

Basaglia, F., 1979b. 'Prefazione a "Il giardino dei Gelsi"'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 467–72.

Basaglia, F., 1979c. 'Presentazione inedita'. In: Dell'Acqua, G., (2007) *Non ho l'arma che uccide il leone,* Stampa Alternativa, Viterbo, pp. 4–6.

Basaglia, F., 1980. 'Conversazione: A proposito della nuova legge 180'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 2, Einaudi, Turin, pp. 473–85.

Basaglia, F., 1981a. 'Introduzione generale ed esposizione riassuntiva dei vari gruppi di lavori'. In: Ongaro Basaglia, F., ed. (1981) *Scritti,* Vol. 1, Einaudi, Turin, pp. XIX-XLIV.

Ongaro Basaglia, F. (Ed.), 1981b. Scritti (1953–1968). Dalla Psichiatria Fenomenologica All'Esperienza Di Gorizia Einaudi,Turin.

Basaglia, F. (Ed.), 1997. *Che cos'è la psichiatria?*, Baldini Castoldi Dalai,Milan.

Basaglia, F., 2000. *Conferenze brasiliane.* Cortina Raffaello,Milan.

Basaglia, F. & Ongaro Basaglia, F. (Eds.), 1971. *La maggioranza deviante*, Einaudi,Turin.

Basaglia, F. et al., 1978. *La nave che affonda.* Savelli,Rome.

Basaglia, F. & Rigotti, S., 1952. 'Sull'impiego di alcune tecniche proiettive in subnarcosi barbiturica'. *Il Cervello*, 28(5).

Bataille, G., 1991. *The Accursed Share: An Essay on General Economy.* Translated by Robert Hurtley, Zone, New York.

Beaulieu, A., 2006. 'The Hybrid Character of "Control" in the Work of Michel Foucault'. In: Beaulieu, A. & Gabbard, D., eds. *Michel Foucault and Power Today. International Multidisciplinary Studies in the History of the Present*, Lexington Books, Oxford, pp. 23–34.

Begley, S., 2007. 'How Thinking Can Change the Brain'. *The Wall Street Journal*, 19 January 2007, p. B1.

Bentham, J., 1838. *The Works of Jeremy Bentham, published under the superintendence of his executor, John Bowring*. William Tait, Edinburgh.

Benvenuto, S., 2005. 'Psichiatria e critica della tecnica. Franco Basaglia e il movimento psichaitrico anti-istituzionale in italia'. *Psichiatria e psicoterapia*, XIXV(3), pp. 186–96.

Berlincioni, V. & Petrella, F., 2008. 'Michel Foucault e lo psichiatra'. In: Galzigna, M., ed. *Foucault, Oggi*, Feltrinelli, Milan, pp. 106–33.

Bernstein, E. & Dooren, J.C., 2007. 'Antidepressants Get a Boost for Use in Teens'. *The Wall Street Journal*, 18 April 2007, pp. D1, D4.

Bertani, M., 2004. 'La nascita della psichiatria dallo spirito della follia. Nota storica su "Il potere psichiatrico"'. *aut aut*, 323, pp. 52–86.

Binswanger, L., 1957a. *Der Mensch in der Psychiatrie*. Neske, Pfullingen.

Binswanger, L., 1957b. *Sigmund Freud: Reminiscences of a Friendship*. Translated by Norbert Guterman, Grune and Stratton, New York.

Binswanger, L., 1962. 'Freud's Conception of Man in the Light of Anthropology'. In: Needleman, J., ed. (1938) *Being-in-the-World. Selected Papers of Ludwig Binswanger*. Translated by Jacob Needleman, Basic Books, London, pp. 149–81.

Blais, L., 2005. '"Il soggetto che non è" e la verità (che non è) creduta'. *Rivista sperimentale di freniatria*, 3(S), pp. 40–49.

Blumhagen, D.W., 1979. 'The Doctor's White Coat. The Image of the Physician in Modern America'. *Annals of Internal Medicine*, 91, pp. 111–16.

Borch-Jacobsen, M., 1991. *Lacan. The Absolute Master*. Translated by Douglas Brick, Stanford University Press, Stanford.

Bourgois, P., 2000. 'Disciplining Addictions: The Bio-Politics of Methadone and Heroin in the United States'. *Culture, Medicine and Psychiatry*, 24, pp. 165–95.

Bowie, M., 1991. *Lacan*. Fontana Modern Masters, London.

Bryant, L.R., 2008. 'Žižek's New Universe of Discourse: Politics and the Discourse of the Capitalist'. *International Journal of Žižek Studies*, 2(4), pp. 1–48.

341

Bühler, K.-E., 2004. 'Existential Analysis and Psychoanalysis: Specific Differences and Personal Relationship Between Ludwig Binswanger and Sigmund Freud'. *American Journal of Psychotherapy*, 58(1), pp. 34–50.

Burton, R., 1959. *Institutionalism*. John Wright, Bristol.

Canguilhem, G., 2007. *The Normal and the Pathological*. Translated by Carolyn R. Fawcett, Zone Books, New York.

Carothers, A., 1954. *Normal and Pathological Psychology of the African. Ethnopsychiatric Studies*. Masson, Paris.

Casey, E.S. & Woody, J.M., 1996. 'Hegel and Lacan. The Dialectic of Desire'. In: O'Neill, J., ed. *Hegel's Dialectic of Desire and Recognition: Texts and Commentary*, State University of New York Press, Albany, pp. 223–32.

Castel, R., 1973. *Le psychanalysme: L'ordre psychanalytique et le pouvoir*. Maspero, Paris.

Castel, R., 1978. *Lo psicoanalismo*. Translated by L. Fontana, Einaudi,Turin.

Castel, R., 1992. 'Two readings of *Histoire de la Folie* in France'. In: Still, A. & Velody, I., eds. *Rewriting the History of Madness,* Routledge, London, pp. 65–68.

Chemama, R. & Vandermersch, B., 2003. *Dictionnaire de psychanalyse*. Larousse, Paris.

Chiesa, L., 2007. *Subjectivity and Otherness. A Philosophical Reading of Lacan*. MIT Press, Cambridge (MA).

Colucci, M., 1995. 'Dissipazione'. In: Laboratorio di Filosofia Contemporanea, ed. *Follia e paradosso. Seminari sul pensiero di Basaglia*, Edizioni E, Trieste, pp. 89–98.

Colucci, M., 1998. 'Il vetro dell'acquario. Michel Foucault e le istituzioni della psichiatria'. *aut aut*, 285–286, pp. 69–86.

Colucci, M., 1999. 'L'etica di Franco Basaglia'. *La Psicoanalisi*, 25, pp. 58–67.

Colucci, M., 2004. 'Isterici, internati, uomini infami: Michel Foucault e la resistenza al potere'. *aut aut*, 323, pp. 97–110.

Colucci, M., 2006a. 'Foucault and Psychiatric Power After *Madness and Civilization'*. In: Beaulieu, A. & Gabbard, D., eds. *Michel Foucault and Power Today. International Multidisciplinary Studies in the History of the Present*, Lexington Books, Oxford, pp. 61–70.

Colucci, M., 2006b. 'Medicalizzazione'. In: *Lessico di biopolitca*, Manifesto Libri, Rome, pp. 175–81.

Colucci, M., 2008. 'Scienza del pericolo, clinica del deficit. Sulla medicalizzazione in psichiatria'. *aut aut*, 340, pp. 105–22.

Colucci, M. & Di Vittorio, P., 2001. *Franco Basaglia*. Mondadori Bruno,Milan.

Cooper, D. et al., 1988. 'Confinement, Psychiatry, Prison'. In: Kritzman, L.D., ed. (1994) *Politics, Philosophy, Culture: Interviews and Other Writings, 1977–1984*, Vol.3, Routledge, London, pp. 178–226.

Cooper, D.G., 1967. *Psychiatry and Anti-Psychiatry*. Travistock, London.

Corbellini, G. & Jervis, G., 2008. *La razionalità negata. Psichiatria e antipsichiatria in Italia*. Bollati Boringhieri,Turin.

Cosenza, D., 2003. *Jacques Lacan e il problema della tecnica in psicoanalisi*. Astrolabio,Rome.

Cottet, S., 1997. 'Gai savoir et triste vérité'. *La Cause freudienne*, 35, pp. 25–27.

Crow, T.J., 1980. 'Molecular Pathology of Schizophrenia; More Than One Disease Process?'. *British Medical Journal*, 280, pp. 66–68.

Crow, T.J., 1986. 'The Continuum of Psychosis and Its Implication for the Structure of the Gene'. *British Journal of Psychiatry*, 149, pp. 419–29.

Crow, T.J., 1990. 'Temporal Lobe Asymmetries as the Key to the Etiology of Schizophrenia'. *Schizophrenia Bulletin*, 16, pp. 433–44.

Curtis, B., 2002. 'Foucault on Governamentality and Population: The Impossible Discovery'. *Canadian Journal of Sociology*, 27(4), pp. 505–33.

Davydov, J.U., 1966. *Il lavoro e la libertà*. Einaudi,Turin.

De Giorgi, A., 2006. 'Discipline'. In: *Lessico di Biopolitca*, Manifesto Libri, Rome, pp. 119–23.

Dell'Acqua, G., 2008a. 'Il Miraggio Del Farmaco'. *aut aut*, 340, pp. 93–104.

Dell'Acqua, G., 2008b. 'Il parere di Dell'Acqua'. Available at <http://news2000.libero.it/speciali/sp63/pg4.html>, accessed 19 December 2008.

Dell'Acqua, G. & Camarlinghi, R., 2008. 'Le scommesse di Basaglia. Intervista a Peppe Dell'Acqua a cura di Roberto Camarlinghi'. *Animazione Sociale*, 219(1), pp. 3–14.

Di Ciaccia, A. & Recalcati, M., 2000. *Jacques Lacan*. Bruno Mondadori,Milan.

Di Fusco, C., 1995. 'Bisogni dell'irrazionale'. In: Laboratorio di Filosofia Contemporanea, ed. *Follia e paradosso. Seminari sul pensiero di Basaglia*, Edizioni E, Trieste, pp. 51–61.

Di Fusco, C. & Kirchmayr, R., 1995. 'Secondo seminario: Quale corpo? - discussione'. In: Laboratorio di Filosofia Contemporanea, *Follia e Paradosso. Seminari sul pensiero di Basaglia*, Edizioni E, Trieste, pp. 75–85.

Di Vittorio, P., 1998. 'La balbuzie di Basaglia'. *aut aut*, 285–286, pp. 87–134.

Di Vittorio, P., 1999. *Foucault e Basaglia. L'incontro tra genealogie e movimenti di base*. Ombre Corte, Verona.

343

Di Vittorio, P., 2004a. 'Biopolitica e psichiatria'. *aut aut*, 323, pp. 159–74.

Di Vittorio, P., 2004b. 'La parabola della follia'. *Millepiani*, 27, pp. 7–26.

Di Vittorio, P., 2006. 'From Psychiatry to Bio-Politics or the Birth of the Bio-Security State'. In: Beaulieu, A. & Gabbard, D., eds. *Michel Foucault and Power Today. International Multidisciplinary Studies in the History of the Present*, Lexington Books, Oxford, pp. 71–80.

Dilthey, W., Makkreel, R.A. & Rodi, F., 1989. *Introduction to the Human Sciences*. Princeton University Press, Princeton.

Donnelly, M., 1992. *The Politics of Mental Health in Italy*. Routledge, London.

Dreyfus, H.L., 1987. 'Foreword to the California Edition'. In: *Mental Illness and Psychology*, University of California Press, Berkeley, pp. vii–xliii.

Dreyfus, H.L. & Rabinow, P., 1982. *Michel Foucault: Beyond Structuralism and Hermeneutics*. Harvester, Brighton.

Elden, S., 2006. *Discipline, Health and Madness: Foucault's "Le pouvoir psychiatrique"*. SAGE, London.

Esposito, R., 1998. *Communitas. Origine e destino della comunità*. Einaudi, Turin.

Esposito, R., 2002. *Immunitas. Protezione e negazione della vita*. Einaudi, Turin.

Esposito, R., 2004. *Bíos. Biopolitica e filosofia*. Einaudi, Turin.

Esposito, R., 2005. 'Biopolitica, immunità, comunità'. In: Cutro, A., ed. *Biopolitica. Storia ed attualità di un concetto*, Ombre Corte, Verona, pp. 158–67.

Esposito, R., 2007. *Terza persona. Politica della vita e filosofia dell'impersonale*. Einaudi, Turin.

Esposito, R., 2008a. 'Prefazione'. In: Bazzicalupo, L., ed. *Impersonale. In dialogo con Roberto Esposito*, Mimesis, Milan & Udine, pp. 9–39.

Esposito, R., 2008b. *Termini della politica. Comunità, immunità, biopolitica*. Mimesis, Milan & Udine.

Evans, D., 1996. *Introductory Dictionary of Lacanian Psychoanalysis*. Routledge, London.

Fanon, F., 1961. *The Wretched of the Earth*. Translated by Richard Philcox, Penguin, London.

Fink, B., 1997. *The Lacanian Subject: Between Language and Jouissance*. Princeton University Press, Princeton (NJ).

Fink, B., 2007. *Fundamentals of Psychoanalytic Technique. A Lacanian Approach for Practitioners*. W.W. Norton & Company, London.

Foucault, M., 1954. *Maladie mentale et personnalité*. PUF, Paris.

Foucault, M., 1962. *Maladie mentale et psychologie*. PUF, Paris.

Foucault, M., 1976a. 'Crisis de un modelo en la medicina?'. *Revista centroamericana de ciencias de la salud*, 3, pp. 197–209.

Foucault, M., 1976b. 'La crisis de la medicina o la crisis de la antimedicina'. *Educacion Medica y Salud*, 10, pp. 152–70.

Fontana, A. & Pasquino, P. (Eds.), 1977. *Microfisica del potere: Interventi politici*, Einaudi,Turin.

Foucault, M., 1978. *I, Pierre Rivière, having slaughtered my mother, my sister and my brother: A Case of Parricide in the 19th Century*. Translated by Frank Jellinek, Penguin, Harmondsworth.

Foucault, M., 1982. 'The Subject and Power'. In: Dreyfus, H.L. & Rabinow, P., eds. *Michel Foucault: Beyond Structuralism and Hermeneutics*, Harvester, Brighton, pp. 208–26.

Foucault, M., 1984. 'Preface to the History of Sexuality, Volume II'. In: Rabinow, P., ed. *The Foucault Reader*, translated by William Smock, Pantheon Books, New York, pp. 333–39.

Foucault, M., 1986. 'Truth and Power'. In: Rabinow, P., ed. *The Foucault Reader*, Penguin, Harmondsworth, pp. 51–75.

Foucault, M., 1987. *Mental Illness and Psychology*. Translated by Alan Sheridan, California Press, Berkeley & Los Angeles.

Foucault, M., 1988. 'Technologies of the Self'. In: Martin, L.H., Gutman, H. & Hutton, P.H., eds. *Technologies of the Self: A Seminar With Michel Foucault*, Tavistock, London, pp. 16–49.

Foucault, M., 1991. *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan, Penguin, London.

Foucault, M., 1994a. 'Crisis de un modelo en la medicina?'. In: *Dits et Ecrits*, Vol.3, Gallimard, Paris, pp. 40–58.

Foucault, M., 1994b. 'Folie, une question de pouvoir'. In: *Dits et écrits*, Vol.2, Gallimard, Paris, pp. 660–64.

Foucault, M., 1994c. 'L'asile illimité'. In: *Dits et écrits*, Vol.3, Gallimard, Paris, pp. 271-75.

Foucault, M., 1994d. 'Un problème m'interésse depuis longtemps, c'est celui du système pénal'. In: *Dits et Écrits*, Vol.2, Gallimard, Paris, pp. 205–10.

Foucault, M., 1997a. 'Crisi della medicina o crisi dell'antimedicina?'. In: Dal Lago, A., ed. *Archivio Foucault*, Vol.2, Feltrinelli, Milan, pp. 202–219.

Foucault, M., 1997b. 'Technologies of the Self'. In: Rabinow, P., ed. *Ethics: Subjectivity and Truth*, The New Press, New York, pp. 232–52.

Foucault, M., 1998. *The History of Sexuality: 1. The Will to Knowledge*. Translated by Robert Hurley, Penguin, London.

Foucault, M., 2002a. 'First Preface to Histoire de la folie à l'âge classique (1961)'. Pli, The Warwick Journal of Philosophy, 13, pp. 1–10.

Foucault, M., 2002b. *The Archeology of Knowledge*. Translated by Alan Sheridan, Routledge, London.

Foucault, M., 2003a. *Abnormal: Lectures at the Collège de France, 1974–1975*. Translated by Graham Burchell, Picador, New York.

Foucault, M., 2003b. *Society Must Be Defended: Lectures at the Collège de France, 1975-1976*. Translated by David Macey, Picador, New York.

Foucault, M., 2005. *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981–1982*. Translated by Graham Burchell, Picador, New York.

Foucault, M., 2006a. *History of Madness*. Translated by Jonathan Murphy and Jean Khalfa, Routledge, London.

Foucault, M., 2006b. *Psychiatric Power: Lectures at the Collège de France, 1973–1974*. Translated by Graham Burchell, Palgrave Macmillan, New York.

Foucault, M., 2008. *The Birth of Clinic*. Translated by Alan Sheridan, Routledge, London.

Foucault, M., 2004. 'The Crisis of Medicine or the Crisis of Antimedicine?'. *Foucault Studies*, 1, pp. 5–19.

Foucault, M., 2001. *Madness and Civilization: A History of Insanity in the Age of Reason*. Translated by Richard Howard, Routledge, London.

Foucault, M. et al., 1994. 'Table ronde sur l'expertise psychiatrique'. In: *Dits et écrits*, Vol.2, Gallimard, Paris, pp. 664–74.

Foucault, M. & Ruas, C., 2004. 'An Interview With Michel Foucault'. In: *Death and the Labyrinth*, Continuum, London, pp. 171–88.

Fox-Davies, A.C. (Ed.), 2007. *Marks of Bastardy*, Skyhorse Publishing, New York.

Freud, A., 1966. *The Ego and the Mechanisms of Defence*. Translated by Cecil Baines, International University Press, New York.

Freud, S., 1894. 'The Neuro-Psychoses of Defence'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 3, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 58–61.

Freud, S., 1896. 'Further Remarks on the Neuro-Psychoses of Defence'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 3, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 157–85.

Freud, S., 1900. 'The Interpretation of Dreams'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 4–5, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–625.

Freud, S., 1905a. 'Three Essays on the Theory of Sexuality'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 7, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 123–243.

Freud, S., 1905b. 'Fragment of an Analysis of a Case of Hysteria'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 7, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 3.

Freud, S., 1909. 'Notes Upon a Case of Obsessional Neurosis'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 10, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 151–318.

Freud, S., 1910. 'A Special Type of Choice of Object Made by Men (Contributions to the Psychology of Love I)'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 11, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 163–75.

Freud, S., 1911. 'Psychoanalytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 12, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–82.

Freud, S., 1913a. 'On the Beginning of Treatment (Further Recommendations on the Technique of Psychoanalysis I)'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 12, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 121–44.

Freud, S., 1913b. 'Totem and Taboo'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 13, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–161.

Freud, S., 1914. 'On the History of the Psycho-Analytic Movement'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 14, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–66.

Freud, S., 1915. 'Repression'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 14, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 141–58.

Freud, S., 1918. 'From the History of an Infantile Neurosis'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 17, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–122.

Freud, S., 1920. 'Beyond the Pleasure Principle'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 18, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–64.

Freud, S., 1923. 'Two Encyclopaedia Articles: Psychoanalysis and the Libido Theory'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 18, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 233–59.

Freud, S., 1924. 'Neurosis and Psychosis'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 19, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 147–53.

Freud, S., 1926. 'The Ego and the Id'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 19, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 1–59.

Freud, S., 1938. 'Splitting of the Ego in the Process of Defence'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 23, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 271–78.

Freud, S., 1940. 'An Outline of Psychoanalysis'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 23, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 7–67.

Freud, S., 1954. The Origins of Psycho-Analysis: Letters to Wilhelm Fliess, Drafts and Notes, 1887–1902. Basic Books, New York.

Freud, S., 2002a. *Civilization and Its Discontents.* Translated by David McLintock, Penguin, London.

Freud, S., 2002b. *The Psychopathology of Everyday Life.* Translated by Athena Bell, Penguin, London.

Freud, S. & Binswanger, L., 2000. *The Freud-Binswanger Letters.* Translated by Tom Roberts and Arnold Pomerans, Open Gate Press, London.

Freud, S. & Breuer, J., 1895. 'Studies in Hysteria'. In: *The Standard Edition of the Complete Psychological Works of Sigmund Freud,* Vol. 2, Hogarth Press & The Institute of Psycho-Analysis, London, pp. 48–106.

Galimberti, U., 2007. *Psichiatria e fenomenologia.* Feltrinelli,Milan.

Gallio, G., 2009. 'Le riunioni di Colorno. Introduzione ai verbali'. *aut aut,* 342, pp. 48–67.

Gallio, G., 2010. 'Interview'. (Personal Communication, 26 August 2010).

Galzigna, M., 2006. *Il mondo nella mente. Per un'epistemologia della cura*. Marsilio,Venice.

Gambescia, C., 2010. 'Prefazione'. In: *Oltre l'utopia basagliana. Per un nuovo paradigma della psichiatria*, Mimesis, Milan & Udine, pp. 13–18.

Giannichedda, M.G., 2005. 'Introduzione'. In: Ongaro Basaglia, F., ed. *L'utopia della realtà*, Einaudi, Turin, pp. VII–LII.

Giannichedda, 2009. 'Intervento al corso universitario specialistico "Il pensiero di Franco Basaglia"'. [lecture] (14 January 2009).

Goffman, E., 2007. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Aldine Transaction, New Brunswick.

Gramsci, A., 1949. *Quaderni del carcere, gli intellettuali e l'organizzazione della cultura*. Einaudi, Torino.

Griesinger, W., 1965. *Mental Pathology and Therapeutics*. Translated by Lockhart Robertson and James Rutherford, Hafner, New York.

Grumley, J., 1999. 'A Utopian Dialectic of Needs? Heller's Theory of Radical Needs'. *Thesis Eleven*, 59, pp. 53–72.

Gutting, G., 2005. 'Foucault and the History of Madness'. In: Gutting, G., ed. *The Cambridge Companion to Foucault*, Cambridge University Press, Cambridge, pp. 47–70.

Hacking, I., 1986. 'The Archaeology of Foucault'. In: Hoy, D., ed. *Foucault: A Critical Reader*, Basil Blackwell, Oxford, pp. 27–40.

Häfner, H., 1961. *Psychopathen*. Springer, Berlin.

Hartmann, H., 1964. *Essays on Ego Psychology*. International University Press, New York.

Healy, D., 1997. *The Antidepressant Era*. Harvard University Press, Cambridge (MA).

Hegel, G.W.F., 1977. *Phenomenology of Spirit*. Translated by Miller, A.V., Oxford University Press, Oxford.

Heidegger, M., 1967. *Being and Time*. Translated by John Macquarrie and Edward Robinson, Blackwell, Oxford.

Heller, A., 1984. *A Radical Philosophy*. Blackwell, Oxford.

Heller, A., 1976. *The Theory of Need in Marx*. St. Martin's Press, New York.

Holmer Nadesan, M., 2008. *Governamentality, Biopower and Everyday Life*. Routledge, London.

Hopton, J., 1995. 'The Application of the Ideas of Frantz Fanon to the Practice of Mental Health Nursing'. *Journal of Advanced Nursing*, 21(4), pp. 723–28.

349

Husserl, E., 1931. *Ideas: General Introdution to Pure Phenomenology*. Translated by W. R. Boyce Gibson, Macmillan, London.

ISTAT, 2008. 'L'ospedalizzazione dei pazienti affetti da disturbi psichici'. Available at <http://www.istat.it/dati/dataset/20080401_01/notainformativa.pdf>, accessed 13 March 2010.

Jacobson, E., 1972. *Depression, Comparative Studies of Normal, Neurotic, and Psychotic Conditions*. International University Press, New York.

Jansen, E., 1980. 'Editor's Discussion'. In: Jansen, E., ed. *The Therapeutic Community. Outside the Hospital*, Richmond Fellowship, London, pp. 19–51.

Jaspers, K., 1963. *General Psychopathology*. Translated by J. Hoenig and M. Hamilton, The University of Chicago Press, Chicago.

Jervis, G., 1975. *Manuale critico di psichiatria*. Feltrinelli,Milan.

Jones, E., 1927. 'The Early Development of Female Sexuality'. *International Journal of Psychoanalysis*, 8, pp. 459–72.

Jones, M., 1968. *Beyond the Therapeutic Community. Social Learning and Social Psychiatry*. Yale University Press, New Haven and London.

Kaiser, S., 1990. *The Social Psychology of Clothing: Symbolic Appearances in Context*. Macmillan, New York.

Kantzà, G., 1999. 'Il punto d'impasse'. *La Psicoanalisi*, 25, pp. 68–76.

Kernberg, O.F., 1975. *Borderine Conditions and Pathological Narcissism*. Jason Aronson, New York.

Khalfa, J., 2006. 'Introduction'. In: *History of Madness*, Routledge, London, pp. xiii–xxv.

Kirchmayr, R. 2009. 'A cosa può sevirci l'*objet (petit) a*'. *aut aut*. 343, 40–49.

Kjellen, R., 1920. *Grundriß zu einem System der Politik*. S. Hirzel Verlag, Leipzig.

Kojève, A., 1969. *Introduction to the Reading of Hegel. Lectures on the Phenomenology of Spirit*. Translated by James H. Nichols, Cornell University Press, Ithaca & London.

Laboratorio di Filosofia Contemporanea (Ed.), 1995. *Follia e paradosso. Seminari sul pensiero di Basaglia*, Edizioni E, Trieste.

Lacan, 1936. 'Beyond the "Reality Principle"'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 58–74.

Lacan, 1945. 'Logical Time and the Assertion of Anticipated Certainty'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 161–75.

Lacan, 1948. 'Aggressiveness in Psychoanalysis'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 82–101.

Lacan, 1949. 'The Mirror Stage as a Formative of the I Function as Revealed in Psychoanalytic Experience'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 75–81.

Lacan, 1950. 'A Theoretical Introduction to the Function of Psychoanalysis in Criminology'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 102–22.

Lacan, 1951. 'Presentation on Transference'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 176–85.

Lacan, 1953. 'The Function and Field of Speech and Language in Psychoanalysis'. In: Fink, ed. (2007) and trans. *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 198–269.

Lacan, 1954. 'Response to Jean Hyppolite's Commentary on Freud's "Verneinung"'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 318–33.

Lacan, 1955a. 'On a Question Prior to Any Possible Treatment of Psychosis'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 445–88.

Lacan, 1955b. 'The Freudian Thing, Or the Meaning of the Return to Freud in Psychoanalysis'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 334–63.

Lacan, 1955c. 'Variations on the Standard Treatment'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 269–303.

Lacan, 1957. 'Seminar of "the Purloined Letter"'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 6–68.

Lacan, 1958a. 'The Direction of Treatment and the Principles of Its Power'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 489–542.

Lacan, 1958b. 'The Signification of the Phallus'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 575–84.

Lacan, 1960a. 'The Instance of the Letter in the Unconscious or Reason Since Freud'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 412–41.

Lacan, 1960b. 'The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 671–702.

351

Lacan, 1964. 'Position of the Unconscious'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 703–21.

Lacan, 1966. 'Science and Truth'. In: Fink, ed. and trans. (2007) *Écrits: the First Complete Edition in English,* W.W. Norton, London, pp. 726–45.

Lacan, J., 1968. 'Proposition du 9 octubre 1967 sur le psychanalyste del École'. *Scilicet,* 1, pp. 14–30.

Lacan, J., 1973. *Les non-dupes errent (1973–1974).* Unpublished.

Lacan, J., 1975. *De la psychose paranoïaque dans ses rapports avec la personnalité.* Seuil, Paris.

Lacan, J., 1988. *Freud's Papers on Technique. The Seminar of Jacques Lacan, Book I, 1953–1954.* Translated by John Forrester, Cambridge University Press, Cambridge.

Lacan, J., 1991. *The Ego in Freud's Theory and in the Technique of Psychoanalysis. The Seminar of Jacques Lacan, Book II, 1954–1955.* Translated by Sylvana Tommaselli, W.W. Norton & Co., London.

Lacan, J., 1994. *Le séminaire, livre IV. 1956–1957. La relation d'objet et les structures freudiennes.* Seuil, Paris.

Lacan, J., 1997a. *Le séminaire, livre VIII. 1960–1961. Le transfert.* Seuil, Paris.

Lacan, J., 1997b. *The Psychoses. The Seminar of Jacques Lacan, Book III, 1955–1956.* Translated by Russell Grigg, W.W. Norton & Co., London.

Lacan, J., 1998. *The Four Fundamental Concepts of Psychoanalysis. The Seminar of Jacques Lacan, Book XI, 1963–1964.* Translated by Alan Sheridan, W.W. Norton & Co., London.

Lacan, J., 2002. *Desire and Its Interpretation. The Seminar of Jacques Lacan, Book VI, 1958–1959.* Translated by Cormac Gallagher, Karnac Books, London.

Lacan, J., 2006. *Le séminaire. Livre XVI. 1968–1969. D'un autre à l'autre.* Seuil, Paris.

Lacan, J., 2007. *The Other Side of Psychoanalysis. The Seminar of Jacques Lacan, Book XVII, 1969–1970.* Translated by Russell Grigg, W.W. Norton & Co., New York.

Lacan, J., 2008. *The Ethics of Psychoanalysis. The Seminar of Jacques Lacan, Book VII, 1959–1960.* Translated by Dennis Porter, Routledge, London.

Lacan, J., n/y. *Transference. The Seminar of Jacques Lacan, Book VIII, 1960–1961.* Translated by Cormac Gallagher. Available at <http://www.lacaninireland.com/web/wp-content/uploads/2010/06/THE-SEMINAR-OF-JACQUES-LACAN-VIII.pdf>, accessed 29 December 2010.

LaCapra, D., 1990. 'Foucault, History, and Madness'. *History of the Human Sciences,* 3(1), pp. 31–38.

Laing, R.D., 1990. *The Divided Self.* Penguin, London.

Law, J., 2006. *Big Pharma: Exposing the Global Healthcare Agenda.* Carroll & Graf, New York.

Lemaire, A., 1991. *Jacques Lacan.* Translated by David Macey, Routledge & Kegan Paul, London.

Lombroso, C., 1896. *L'uomo delinquente in rapporto all'antropologia, alla giurisprudenza ed alle discipline carcerarie.* Fratelli Bocca,Turin.

Lovell, A.M. and Scheper-Hughes, N., 1987. 'Introduction. The Utopia of Reality: Franco Basaglia and the Practice of a Democratic Psychiatry'. In: Scheper-Huges, N. & Lovell, A.M., eds. *Psychiatry Inside Out: Selected Writings of Franco Basaglia,* Columbia University Press, New York, pp. 1–50.

Mannheim, K., Wirth, L. & Shils, E., 1936. *Ideology and Utopia; an Introduction to the Sociology of Knowledge.* Brace and Company, London & New York.

Martin, L.H., Gutman, H. & Hutton, P.H. (Eds.), 1988. *Technologies of the Self: A Seminar With Michel Foucault,* Tavistock, London.

Marx, K. & Engels, F., 1970. *The German Ideology.* Translated by C.J. Arthur, Lawrence & Wishart, London.

Massi, A. (Ed.), 2010. Franco Basaglia e la filosofia del '900, Bema,Milan.

McCall, R.J., 1983. *Phenomenological Psychology: An Introduction.* University of Wisconsin Press, Madison.

Merleau-Ponty, M., 2002. *Phenomenology of Perception.* Translated by Colin Smith, Routledge, London.

Midelfort, E.H.C., 1980. 'Madness and Civilization in Early Modern Europe: A Reappraisal of Michel Foucault'. In: Malament, B., ed. *After the Reformation: Essays in Honor of J. H. Hexter,* University of Pennsylvania Press, Philadelphia, pp. 247–66.

Miller, J.A., 1988. 'Transfert e interpretazione'. *La Psicoanalisi,* 3, pp. 67–75.

Minkowski, E., 1970. *Lived Time. Phenomenological and Psychopathological Studies.* Translated by Nancy Metzel, Northwestern University Press, Evanston.

Mistura, S., 2004. 'Per un'etica del soccombente. Congetture su Foucault e Basaglia'. *aut aut,* 323, pp. 135–57.

Molinaroli, M., 2007. 'Mistura stefano: Lo psichiatra filosofo'. Available at <http://www.liberta.it/asp/default.asp?IDG=707187470>, accessed 04 January 2010.

Mollica, R.F., 1985. 'The Unfinished Revolution in Italian Psychiatry: An International Perspective'. *International Journal of Mental Health,* 14(1–2)

Moncrieff, J. & Cohen, D., 2005. 'Rethinking Models of Psychotropic Drug Action'. *Psychotherapy and Psychosomatics*, 74, pp. 145–53.

Neill, C., 2005. 'The Locus of Judgement in Lacan's Ethics'. *The Journal for Lacanian Studies*, 3(1), pp. 85–100.

Ongaro Basaglia, F., 1987. 'Preface'. In: Scheper-Huges, N. & Lovell, A.M., eds. *Psychiatry Inside Out: Selected Writings of Franco Basaglia*, Columbia Unversity Press, New York, pp. xi–xxvi.

Ongaro Basaglia, F., 1998. 'I vent'anni della legge 180. Il primato della pratica in psichiatria'. Available at <http://www.psychiatryonline.it/ital/180/ongaro2.htm>, accessed 12 March 2010.

Parmegiani, F. & Zanetti, M., 2007. *Basaglia, Una Biografia*. Lint, Trieste.

Phillips, J., 2004. 'Understanding/Explanation'. In: Radden, J., ed. *The Philosophy of Psychiatry*, Oxford University Press, Oxford, pp. 180–90.

Piccione, R., 2004. *Il futuro dei servizi di salute mentale in italia. Significato e prospettive del sistema italiano di promozione e protezione della salute mentale*. Franco Angeli,Milan.

Pinel, P., 1806. *Treatise on Insanity*. Translated by D.D. Davis, W. Todd, Sheffield.

Pirella, A., 1987. 'Institutional Psychiatry Between Transformation and Rationalization: The Case of Italy'. *International Journal of Mental Health*, 16(1–2), pp. 118–41.

Pitrelli, N., 2004. *L'uomo che restituì la parola ai matti. Franco Basaglia, la comunicazione e la fine dei manicomi*. Editori Riuniti,Naples.

Polidori, F., 1999. 'Una prassi che interroga l'etica'. *La Psicoanalisi*, 25, pp. 122–30.

Rabinow, P. & Rose, N., 2006. 'Biopower Today'. *Biosciences*, 1(2), pp. 195–217.

Ragland-Sullivan, E., 1986. *Jacques Lacan and the Philosophy of Psychoanalysis*. Croom Helm, London & Canberra.

Read, J. & Bentall, R., 2010. 'The Effectiveness of Electroconvulsive Therapy: A Literature Review'. *Epidemiologia e Psichiatria Sociale*, 19(4), pp. 333–47.

Recalcati, M., 2002. *Clinica del vuoto. Anoressie, dipendenze, psicosi*. Franco Angeli,Milan.

Recalcati, M., 2008. 'Integrati e borghesi, la psichiatria ci voleva così prima di Basaglia'. Available at <http://www.fondfranceschi.it/cogito-ergo-sum/integrati-e-borghesi-la-psichiatria-ci-voleva-cosi-prima-di-basaglia>, accessed 16 July 2010.

Recalcati, M., 2010. 'Lo snodo Sartre, Basaglia e Lacan'. In: *Franco Basaglia e la filosofia del 900*, Bema, Milan, pp. 11–22.

Risso, M. & Böker, W., 1968. 'Delusions of Witchcraft. A Cross Cultural Study'. *British Journal of Psychiatry*, 114, pp. 963–72.

Risso, M. & Böker, W., 1992. *Sortilegio e delirio. Psicopatologia dell'emigrazione in prospettiva transculturale*. Liguori,Naples.

Roberts, M., 2005. 'The Production of the Psychiatric Subject: Power, Knowledge and Michel Foucault'. *Nursing Philosophy*, 6, pp. 33–46.

Rose, N., 1999. 'Medicine, History and the Present'. In: *Reassessing Foucault. Power, Medicine and the Body*, Routledge, London, pp. 48–72.

Rose, N., 2003. 'Neurochemical Selves'. *Society*, 41, pp. 46–59.

Rose, N., 2007. *The Politics of Life Itself. Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton University Press, Princeton.

Rotelli, F., 1994. *Per la normalità. Taccuino di uno psichiatra*. Asterios, Trieste.

Rotelli, F., 1999. 'Quale politica per la salute mentale alla fine di un secolo di riforme?'. *La psicoanalisi*, 25, pp. 92–99.

Rotelli, F., 2005. 'Foucault a Trieste'. *Rivista Sperimentale di Freniatria*, 3(S), pp. 36–39.

Rotelli, F., 2010. 'Interview'. (Personal Communication, 27 August 2010).

Roudinesco, E., 1997. *Jacques Lacan*. Translated by Barbara Bray, Polity, Cambridge.

Rouse, J., 2005. 'Power/Knowledge'. In: Gutting, G., ed. *The Cambridge Companion to Foucault*, Cambridge University Press, Cambridge, pp. 95–122.

Rovatti, P.A., 1995. 'Cosa possiamo scrivere nel piccolo libro?'. In: Laboratorio di Filosofia Contemporanea, ed. *Follia e paradosso. Seminari sul pensiero di Basaglia*, Edizioni E, Trieste, pp. 127–32.

Rovatti, P.A., 1998. 'A cavallo di un muretto. Note su follia e filosofia'. *aut aut*, 285–286, pp. 5–14.

Rovatti, P.A., 2008. 'Il soggetto che non c'è'. In: Galzigna, M., ed. *Foucault, Oggi*, Feltrinelli, Milan, pp. 216–25.

Sartre, J.-P., 1948. *Situations II*. Gallimard, Paris.

Sartre, J.-P., 1969. *Being and Nothingness; an Essay on Phenomenological Ontology*. Translated by Hazel E. Barnes, Methuen, London.

Sartre, J.-P., 1972. *Situations VIII*. Gallimard, Paris.

Saussure, F., 1986. *Course in General Linguistics*. Translated by Roy Harris, Open Court, Newcastle.

Schreber, D.P., 2000. *Memoirs of My Nervous Illness*. Translated by Ida Macalpine and Richard A. Hunter, New York Review Books, New York.

Scull, A., 1990. 'Michel Foucault's History of Madness'. *History of the Human Sciences*, 3(1), pp. 57–67.

Sedgwick, P., 1982. *Psycho Politics*. Pluto Press Limited, London.

Segatori, A., 2010. *Oltre l'utopia basagliana. Per un nuovo paradigma della psichiatria.* Mimesis, Milan & Udine.

Seigel, J., 1990. 'Avoiding the Subject: A Foucaultian Itinerary'. *Journal of the History of Ideas*, 51(20), pp. 273–99.

Sigerist, H.E., 1932. *Man and Medicine: An Introduction to Medical Knowledge.* Translated by Margaret Gal Boise, W.W. Norton & Co., London.

Smith, C., 2000. 'The Sovereign State V Foucault: Law and Disciplinary Power'. *The Sociological Review*, 48(2), pp. 283–306.

Soueix, A., 1995. 'Il discorso del capitalista'. *La Psicoanalisi*, 18, pp. 47–54.

Spiegelberg, H., 1972. *Phenomenology in Psychology and Psychiatry; a Historical Introduction.* Northwestern University Press, Evanston.

Still, A. & Velody, I., 1992. 'Introduction'. In: Still, A. & Velody, I., eds. *Rewriting the History of Madness*, Routledge, London, pp. 1–16.

Stoppa, F., 1999. 'Basaglia, la comunità terapeutica e l'enigma della soggettività'. *La Psicoanalisi*, 25, pp. 111–21.

Stoppa, F., 2006. *La prima curva dopo il paradiso. Per una poetica del lavoro nelle istituzioni.* Borla,Rome.

Szasz, T.S., 1960. 'The Myth of Mental Illness'. *American Psychologist*, 15, pp. 113–118.

Szasz, T.S., 2003. *The Myth of Mental Illness. Foundations of a Theory of Personal Conduct.* Perennial, New York.

Tansella, M. & Thornicroft, G., 2009. 'Planning and Providing Mental Health Services for a Community'. In: Gelder, M., Andreasen, N., Lopez-Ibor, J. & Geddes, J., eds. *New Oxford Textbook of Psychiatry*, Vol.2, Oxford University Press, Oxford.

Gallio, G. (Ed.), 2009. *Basaglia a Colorno, aut aut* 342, aprile-giugno 2009, Il Saggiatore,Milan.

Vedantam, S., 2006. 'Drugs Cure Depression in Half of Patients'. *The Washington Post*, 23 march 2006, p. A1.

Viganò, C., 2009. *Psichiatria non psichiatria. La follia nella società che cambia.* Borla,Rome.

Vinciguerra, R.-P., 1995. 'Godimento e verità nel discorso del capitalista'. *La Psicoanalisi*, 18, pp. 63–66.

Wear, D., 1998. 'On White Coats and Professional Development: The Formal and the Hidden Curricula'. *Annals of Internal Medicine*, 129(9), pp. 740–42.

Wing, J.K., 1962. 'Institutionalism in Mental Hospitals'. *British Journal of Social Psychology*, 1, pp. 38–51.

Žižek, S., 2006. 'Jacques Lacan's Four Discourses'. Available at
　　　<http://lacan.com/zizfour.htm>, accessed 03 January 2011.
Žižek, S., 2009. *Violence*. Profile Books, London.