

# Italian Law 180: the enduring principles it represents and the community of Arezzo

Monica Bettoni<sup>(a)</sup> and Bruno Benigni<sup>(b)</sup>

<sup>(a)</sup>General Director of the Istituto Superiore di Sanità  
(at the time, physician, internist in the Hospital of Arezzo), Rome, Italy

<sup>(b)</sup>President of the "Franco Basaglia" Centre in Arezzo  
(at the time, Provincial Councillor for Social Security of Arezzo), Arezzo, Italy

**Summary.** This work reconstructs the atmosphere that developed in the city of Arezzo with the approval and application of Italian Law 180. A detailed description of the events, which saw this medium-sized community involved in what was to become an example for mental health policy, helps to illustrate the values underlying Italian Law 180. This endeavour was at once a scientific, cultural and political project making Italian Law 180 an undeniable part of Italian national heritage.

*Key words:* social inclusion, alliance, therapeutic community.

**Riassunto** (*La legge italiana 180: l'attualità dei suoi principi e la comunità di Arezzo*). Questo lavoro ricostruisce l'atmosfera che si creò nella città di Arezzo in seguito all'approvazione e all'applicazione della legge 180. Una descrizione dettagliata degli eventi, che coinvolsero questa comunità di medie dimensioni in ciò che divenne un esempio di politica per la salute mentale, aiuta a illustrare i valori alla base di tale legge. Questa impresa fu un progetto allo stesso tempo scientifico, culturale e politico, che incontestabilmente ha reso la legge 180 parte del patrimonio nazionale italiano.

*Parole chiave:* inserimento sociale, associazione, comunità terapeutica

*"Scientific knowledge certainly has a privileged, albeit not exclusive, position in the world of awareness. The expansion of knowledge of the world through science is fundamental in order to overcome ignorance and fear which often generate tension, misunderstanding as well as irrational behaviour".*

*Evelyn Fox Keller*

## INTRODUCTION

Thirty years ago, on 13 May 1978, Italian Law 180 was approved abolishing mental asylums in Italy and proposing a model for all the civilized world. From that day on, existing psychiatric hospitals would have to be closed at the earliest possible date and no new structures could be built.

In presenting this achievement of civilization and humanity which required many years of political battle, we would first like to describe the experimental phase that led to the overcoming of mental asylums, and how this task was faced in creative ways by the community of Arezzo. A reconstruction of this local experience, will help to illustrate the fundamental assumptions underlying Italian Law 180 which was essentially a cultural, scientific and political project. Still today, while in a different context, the implications of this project are relevant to social practices, institutional policies, health care and so-

cial services, patient and consumer associations and to all citizens in general.

A final preliminary comment to our reader: any inevitable recall of the past has the sole aim of safeguarding a necessary historical memory together with a recovery of the values, the culture and the strengths that have not only made history but also produced good results. Nonetheless, there have been moments when there was a breakdown in the face of obstacles, reticence and desertion, especially on the part of policy-makers.

## HISTORICAL BACKGROUND

The 1960s concluded a period of great openness in Gorizia which began in 1964 and saw important cultural and political changes at both the national and the international levels. The efforts of Franco Basaglia to abolish mental asylums reached a traumatic conclusion due to the unavailability of the local administration to continue with the developments of the project.

All but ready to give up their fight, Franco Basaglia and his team publicly declared that the conditions necessary to continue the project did not exist in Gorizia because policy-makers had allowed themselves to be overcome by "conservative influence".

As Franco Basaglia reached Parma in 1970, the Province of Arezzo stepped up to continue the experience of Gorizia.

Agostino Pirella, friend and collaborator of Franco Basaglia, known for his scientific work and director of the Psychiatric Hospital of Arezzo, took on the scientific and political objective of closing the local mental asylum whose inmates numbered approximately 700 patients.

The project was based on two principles: on the recognition and promotion of the rights of patients who were considered a resource for their rehabilitation, and on an innovative concept of the role of health care operators who would now be seen as participants, committed in a concrete way to move beyond the asylum structure. The opening of the wards was the first visible sign of this change.

The approach was based on listening to and deciphering the life experiences of people. Care was taken to prepare projects for the recovery and rehabilitation of the individual with the participation of patients, health care professionals, volunteers, administrators and the local community. There was a concerted effort among the various stakeholders involved, all contributing to reaching the final objective.

This significant scientific effort and laborious exercise in democracy resulted in a novel, bold alliance between local and provincial political forces, democratic institutions, scientific leadership and a team of health care professionals, all determined to change direction.

A complex initiative which was at times contradictory, but always strongly participatory, it spanned the decade from 1970 to 1980 giving extraordinary results associated with and consequential to the closing of the mental asylums.

By the time Italian Law 180 was approved by Parliament in 1978, the path leading toward liberation of the Psychiatric Hospital of Arezzo had already been travelled. The structure had by then effectively been closed; only few patients still awaited their return to the reality of society.

In the place of asylums, scientific and political policy had established a territorial-based network of mental hygiene services, social services and rehabilitation centres to treat the mentally disturbed without physical and/or chemical containment and without risk of ostracism.

Arezzo, Trieste, Perugia, Parma and Ferrara shared initiatives analogous to the one described here and were points of reference for Law 180. All of these situations demonstrated how the law was not only necessary and right, but also feasible if supported by a new scientific paradigm and a novel system of assistance.

History will analyze the decisive factors that lead to the closing of the mental asylum in Arezzo. Here, we would like to reflect upon and highlight the effective results in the life of the community of Arezzo, in the scientific culture and in the nation as a whole during that period.

Hundreds of patients in Arezzo and thousands in Italy left the asylums and returned to society, worn out from years of internment. They were no longer fixed to containment beds, no longer forced to remain behind bars, and live in a motionless and senseless reality. They were now free to rebuild a sense of self-esteem and to return to living and planning their own existence, albeit with difficulty.

They needed to overcome the fears of leaving a "safe place" and entering into an unknown world that was perceived as hostile and unknown, yet attractive.

Patients, one by one together with the assistance of community and health care services, had to make choices and take responsibility for themselves. They had to call upon their most inner sources of vital energy.

Members of the community of Arezzo also were now freed of a constant reminder of the risk that they too ran of being committed to the local asylum. After all, anyone could fall victim to the often unpredictable psychic crisis which might have resulted in a more or less forced, but always harmful, period of internment.

Now that the Psychiatric Hospital of Arezzo, "Pieraccini", was closed, all citizens had the right to be treated equally within the spaces of daily life and within those formal spaces of the public health care system without incurring any further damage from an asylum.

It was then that we began to see the first cases of "delirium tremens" in the general hospitals. These cases had previously been segregated and perhaps buried away forever within the area of asylums. It was then that we internists and non-psychiatrists fully regained our professionalism with respect to all patients, putting ourselves to the test with the most varied and, until that moment, neglected clinical cases.

The new open therapeutic community structure liberated not only the patients but also hundreds of health care providers, physicians and nurses from the role of control and containment. A role that was essentially oppressive, it distorted the true nature of the profession of mental health care provider.

Doctors and nurses, psychologists and educators, social assistants and therapists all fully recovered their professional role using their expertise for a human function. Certainly a more complex application of their skills than simply that of guard, it was once again a creative and gratifying endeavour.

It made sense to further develop, study, research, compare, collaborate and share results.

Each operator had their part of the responsibility for taking care of the patient to rehabilitate and to lead back to life.

With the liberation of the patients, policy-makers once again had the responsibility that had been delegated to psychiatry. No longer having the role of hiding contradictions and lacerations, policy-makers were now called to perform their intended func-

tion, that of promoting the rights of citizens and involving the population in reaching objectives of health and social well-being.

While patients, health care operators and volunteers analyzed questions that arose regarding the daily management of the hospital and the discharge programs, administrators were directly involved in finding solutions, discussing proposals, dealing with the prejudices nested within the community and opening paths of solidarity in all the social areas within and surrounding Arezzo.

Policy-makers found it necessary to open new spaces for coexistence and cohabitation and to create novel solutions for social inclusion. Not only for patients but for all citizens, healthy and ill, young and old, men and women.

Politics had its responsibilities and it fulfilled them through a variety of initiatives that included cultural and institutional relations, social organizations and the commitment of financial and human resources.

A consequence of these experiences of social upheaval was the strong impulse toward a reform of the entire system of social services.

Not by coincidence, contextually with Law 180 policy-makers set the objective of health care and social assistance reform.

At this point, we must make a consideration: so long as science, participation, and politics were allied in a strategic way to foster the right to full social citizenship, the nation progressed along the path toward greater civilization. When politics moved away from citizens to close itself within sterile powerplays, the nation saw periods of decreased attention to reforms, not to mention a cultural and democratic involution.

And yet that extraordinary cultural and political phase whose innovative fervour we have tried to recall here continues to bear fruit. This is for the simple reason that the values affirmed can never be cancelled from the culture or from the national horizon.

It is important to remember that when in 1970 we began to enter the psychiatric wards we were met with desperate scenes that recalled a lager. There were men and women without a flame of vitality who were undone, annihilated.

The putrid air and degradation left no space for hope of recovery and social inclusion. It seemed to be a triumph simply to get people on their feet after having been abandoned in filthy beds, on the floor, naked or just barely covered with grimy rags. Yet beyond the repulsive appearances, Agostino Pirella's team discovered in each and every person, buried beneath the blanket of the mental asylum, that flicker of vitality that exists in every living being whatever their existential condition.

We were motivated by the moral conviction, which was subsequently scientifically confirmed, that within each person there is the possibility for rebirth. Even the most "regressed" person can be empowered to put into play an inherent and extraordinary capacity that people have to rise up from the lowest

level of degradation and decline, be it a lager, a mental asylum or a prison.

It was clear to all of us that it was possible to reverse the annihilation using primary needs as the focal point of our approach. The focus was placed on this, the subjectivity of people, each one different, each one differently marked by life and by the asylum, but all potentially capable of coming out of the hell of the "Fondaccio" (a derogatory term for a women's psychiatric hospital ward).

Here is one of the enduring principles: it was not only right but it was possible to give all people hope and to build a project for treatment and social inclusion that involves and serves all.

This was true then as it is today, not only for the mentally disturbed but also for the many so-called chronically ill who inappropriately occupy the many social health care institutions of internment.

People reclaimed the road to return not alone or based on a service order, as proposed by some psychiatric hospital directors with their lists for discharge, but rather empowered by a collective effort and a therapeutic community. These people succeeded with the help of a health care and social project composed of humanisation and of solidarity. The provincial and local administrations were called upon as were the professionalism of health care operators and the willingness of the community of Arezzo.

Unlike many other examples in Italy where communities were involved in the closing of asylums, in Arezzo the point of departure was the last on the list, the most difficult, most chronic of the cases. Each individual, with their own personal life experiences and hopes, was accompanied and helped to reach their individual goal by calling upon their most dormant inner energies. At the same time, initiatives were taken to open each and every possible context for hospitality, availability and integration.

There was the belief that if the most challenging case could find social value then all the others would have benefited enormously.

Return into society was not merely an administrative procedure nor was it a discharge built upon techniques of rehabilitation. It was a health care and social project that necessarily involved the community and, on its behalf, associations that were directly interested.

Rather than a bureaucratic decision, it was a project of life shared by the individual and favoured by the receiving community.

The second enduring principle: a person does not come out from the abyss of illness alone but does so with a project of recovery and of life that calls together the energies present within the person and those that institutions and the community are able to make available.

Today, the community is little more than the context for mental health services. A welfare reform requires an active and responsible role of all the stakeholders in the community.

In the crucible of the mental asylum a veritable scientific revolution took place regarding primarily psychiatry but involving all the biological and social sciences. Franco Basaglia and all our psychiatrists, with Agostino Pirella leading the way, refused any delegation that the law and the political powers made to psychiatry to validate, in the name of science, segregation through asylums which is a violation of the most elementary of human rights.

Psychiatry returned to being a science of man, aimed at understanding that which lies beyond symptoms and appearances and at helping the more fragile to pursue their personal project for life, together with others.

Psychiatry reconsidered the multifaceted aspect of the individual as 'sinolo' (basic unit of matter) of the body and the mind and a synthesis of social relations. It searched for the necessary links with the other human sciences toward a greater knowledge of the state of psychic suffering and the construction of a project for recovery.

From the new scientific paradigm, and from within an asylum, a new health care and social practice evolved. This new practice favoured working together within the same space and time, 'hic et nunc', involving physicians and psychologists, nurses and social assistants. This concerted efforts enhanced the individuality of inpatients with assemblies within the wards and with weekly encounters among patients, health care operators, administrators and volunteers.

Thus, a new paradigm for assistance was born and tested. This group or departmental work, as it were, undoubtedly needs to be re-proposed within the practicality of health care services.

The entire practice of medicine today must pass from expectation to promotion, from the duality of the physician-patient relationship to group work that includes individual treatment making it more effective.

The third enduring principle is: the emancipation of the individual from the limitations resulting from psychic suffering and the subsequent social inclusion require a concerted effort on the part of all the sciences and all the professions collaborating side-by-side within a single framework of time and space.

This value still applies for the treatment and social integration of people with mental disturbances and with psychological and social difficulties.

This work of discharge from the institution and subsequent social integration was all but easy. We must not forget that society turned the mentally disturbed over to the asylum to protect itself from a danger that was legally certified; the mentally ill created a sense of fear and alarm.

Paradoxically, the mentally ill were afraid, too. Leaving the asylum they were facing an intimidating situation. Society for them was unknown, hostile and threatening.

Prejudice had contaminated the healthy and the ill. That unspoken hostility was overcome, albeit not

completely conquered, by means of an immense cultural and political effort that saw both points of encounter and contrast. Above all, this was possible with the exit of patients from the asylums accompanied by initial co-habitation arrangements that gave life to the first "Family Homes" ("Case Famiglia"), scholastic integration, social activities and programs for "socially useful jobs" which were organized by the local administrations. All these activities contributed to reducing this hostility.

It took ten years.

The resistance to living with someone who is different served almost symmetrically to motivate a broad range of moral energies and ample willingness in the different communities in the area of Arezzo.

Little by little, as the experience of the Therapeutic Community proceeded, the more a person rebuilt a life project the stronger was the request to leave the institution, to push for social integration and for a humanisation of social relations.

A fourth enduring principle is: social inclusion advances and prejudice withdraws not as a result of ideological diatribes on existence and the essence of mental illness, but as a result of action. Intermediate-care facilities, the exercise of rights, a project for a better quality of life, co-habitation and good practices all contribute to effective services in mental health care.

Let us return to the asylum. Almost immediately, it became clear that the rehabilitation of people could not be limited to the confines of the institution even though it was open and organized as a therapeutic community. People needed to taste life as everyone lives it with the opportunities and adversities that define it.

The brief excursions into the world of the free and the summer holidays by the sea or in the mountains were no longer sufficient. All patients were asking for a home, a community with affective relationships, a job and the freedom to organize one's own life.

Real life still awaited just beyond those walls even though they had been brought down.

It became increasingly clear that it was necessary to change the life of the "patient", or "in-patient", as it were, but it was equally essential to change the receiving social context.

Some suggested blocking the authorizations for discharge until society was better prepared without any knowledge or indication as to how or when this change might occur. What might have been an apparently wise position, was in reality hypocritical and cynical. It meant asking the ill citizens to suspend their life projects until the healthy ones came to their senses and freed themselves of their prejudice.

It was neither possible nor right to stop the process. It was equally impossible to hope in a spontaneous change in society as though it were capable of freeing itself, of its own initiative, of prejudice and the egotistical closure induced by petty convenience.

What was needed was a democratic discussion among political and social forces in order to devel-

op a collective awareness of the issues. Awareness was needed of aspects such as the concrete problem of co-presence in society of all its members and the mentally ill returning from ostracism. All citizens needed to be set before the urgent question of existence and cohabitation.

The fifth enduring principle is: social integration postulates an alliance between different subjects, between health care professionals and institutions and between these and the civil society, beginning with families. There must be an alliance to understand all the players implicated in the ethical, cultural and material changes within the social context.

This is an alliance that has grown from confrontation, from a dialectic of positions, sometimes from conflict, to reach a unity of intent for a higher and shared form of civil cohabitation.

The mentally ill left the mental asylums in hundreds, not spontaneously but with projects that were predisposed, carefully followed and democratically constructed. In this way, little by little we saw the fall of barriers that had been raised by laws, by social

convention and by politics. These are the facts, the paths followed, the positions of the time; and these are the values which are and must continue to be the foundation of today's work.

## CONCLUSIONS

With our brief dissertation we have tried to reconstruct the reasons for a fertile period that involved numerous local contexts in our country. While elaborating primarily on the experience in Arezzo, our aim has been equally satisfied. The objective here was to highlight the essential, undeniable underpinnings of Law 180. While revealing itself to be more a law of principle than one of specifically organizational content, it represents a necessary call to face those permanent conditions of human existence that determine the problematic and contradictory backdrop of our time.

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