MAD MARGINAL
Cahier #1

FROM BASAGLIA TO BRAZIL

A book by Dora García
Published by Mousse
LA LIBERTÀ È TERAPEUTICA
As part of the Trentoship and Trento.link projects, Dora García’s workshop at Fondazione Galleria Civica di Trento is one step in a symbolic path, one which has led the museum to examine an elsewhere and an other that can be found, moreover, at the threshold of the museum itself: by investigating the “public dimension”, the intimately “social” role – open-ended, interactive and narrative – of the contemporary cultural institution, Dora García presents the institution with a snapshot of itself, in all of its idiosyncrasies, contradictions, and inhibitions, comparing its hypothetical agenda to its real, day-to-day priorities, revealing its aspect of pure potentiality, showing how it hovers between a chronicle of action and a (vital) need to constantly reinvent itself.

Dora García’s work is structured around unconventional formats of a conceptual nature: texts, photographs, and installations, conceived for specific spaces at the institutions where she works. Often employing performance and participatory forms of art, she explores the relationship between artist, work, and viewer, presenting the various facets of a world that is, indeed, more potential than real, incorporating many layers of interpretation and experience. The workshop proposed by the artist serves as an introduction to the ongoing project “Mad Marginal”, presenting its first outgrowths (the film The Deviant Majority and this publication, Mad Marginal Cahier #1: From Basaglia to Brazil). Opening up a debate on the three main elements of the “Mad Marginal” project – radical politics, radical art, radical psychiatry – the workshop, along with this film and book, will offer an opportunity for reflecting on the many different theories and research tools that the artist employs in her work. “Mad Marginal”, which García calls an “extended film project”, naturally leads both the artist and the institution to expand “beyond” and perhaps even “in reaction”
to these ideas, to explore a territory that lies between (artistic as well as institutional) “madness” and “marginality”.

“Mad Marginal” is inspired by the artist’s take on the writings of Franco Basaglia, a psychiatrist and scholar who spearheaded the passage of “Law 180” in 1978, which made Italy one of the first countries in the world to abolish psychiatric hospitals, becoming a hotbed of experimentation in the treatment of mental illness. García’s idea was to analyze artistic practice by drawing on the anti-psychiatric tradition, and specifically, the “Basaglian revolution”, as a prism for examining marginality as a potential creative position, exploring the relationship between radical politics and artistic thought in the ‘70s (all the way to its possible contemporary incarnations), and reflecting on wide-ranging intellectual viewpoints (from Antonin Artaud to Jack Smith, and beyond) that have been consciously and productively defined as “marginal”.

The workshop, accompanied by the presentation of this book and the film that the artist made for the most recent São Paulo Biennial, embraces a participatory approach, made up of multiple stages, that brings together archival research, workshops, seminars, the creation of an ongoing archive, the artist’s participation in the International Festival of Contemporary Art in Faenza, a film, and an initial publication. This plunge into action, conceived as running parallel to thought, makes this book, at the very least, a simple tool for developing and tracking the project, and it symptomatically presents itself as the first in a series, cahier #1...

In keeping with the description outlined above, “Mad Marginal” has relied on extensive collaboration even at the institutional level, in which Fondazione Galleria Civica has interacted with other public and private organizations that we would like to thank, since we identify with their goals and recognize them as sharing part of our path and identity: Sint-Lukas Hogeschool, Brussels, Vlaams Audiovisueel Fonds, Belgium, Peep-Hole, Milan, Nomas Foundation, Rome, Formcontent, London, and the 29th São Paulo Biennial. Our thanks go also to out all the people who have personally assisted the artist and Fondazione Galleria Civica throughout the evolution of this project, which has only now arrived at a turning point, one of further transition, in the company of the artist and the workshop participants. We see ourselves reflected in all of you, (re)discovering other versions of ourselves... and so there may be no point, as you are (or have been, or will be) working on this project together, to single you out by individual names:

Thank you...
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I know of one Greek labyrinth which is a single straight line. (Borges, "Death and the Compass")

Is not writing mainly about the writer continuously shunning the main subject, as if it were something too precious, and one should beat around the bush?

One procrastinates about something important, about something one would like to discuss at all costs, but for the time being, one writes or speaks about something else, rather subsidiary. (Robert Walser, "Der heiße Brei", my translation)

Radical politics, radical psychiatry, radical art. It all started with an insight, a conviction, and a good story. The story came from Erik Thys, a Belgian psychiatrist, who told me the fantastic tale of a certain psychiatric patients' group and of its founder. What he told me (I know now that his version was not completely accurate— but still beautiful) was that the founder of this group, a German psychiatrist, a doctor and a professor, had started a therapy group with the psychiatric patients at the university clinic of Heidelberg, in the late '60s; and that the therapeutic activities they practiced included urban guerrilla techniques. Erik Thys intertwined the story of this doctor in an extraordinary way with the “Entartete Kunst” exhibition (outsider art being considered equivalent to

1. The "Mad Marginal" project was initiated by Dora García in 2009 at the invitation of Andrea Viliani from Galleria Civica di Trento (I). The almost accidental discovery of the writings by Franco Basaglia (by pulling the fil rouge of the SPK) lead to a very ambitious, tentacular project about marginality as an artistic position, the concepts of the mainstream and counterculture, anti-institutional movements, and the notion of outsider art. This project has enjoyed the generous support of Hogeschool Sint-Lukas, Brussels, Belgium.

2. The "Entartete Kunst" exhibition, normally translated as "Degenerate Art", opened in Munich on July 18, 1937, and is still one of the most successful art exhibitions ever: after touring eleven German cities, it had received over two million visitors.
avant-garde art, and labeled degenerate) and with the Aktion T4 program\(^3\), which exterminated psychiatric patients and people with Down's syndrome or other disabilities in Germany, and was a sinister rehearsal for the Holocaust. This was not the end of it: Erik said there is a movement in Germany right now\(^4\) that is calling for the Prinzhorn collection\(^5\) (Prinzhorn himself being a Nazi sympathizer) to be moved from Heidelberg to Berlin; and for this seminal art collection to be housed in Tiergarten 4, the very place where the decision was made to exterminate psychiatric patients. Who was the man behind this contemporary movement? Someone sharing the same name as our original

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3. Action T4 (German: Aktion T4) was the code name for the euthanasia program in Nazi Germany that officially spanned from October 1939 to August 1941, but continued unofficially until the demise of the Nazi regime in 1945 and even beyond; during it, physicians killed thousands of people specified in Hitler’s secret memo of September 1, 1939 as suffering patients “judged incurably sick, by critical medical examination”, but described in a denunciation of the program by Cardinal Galen as long-term inmates of mental asylums “who may appear incurable”.

4. Cameron Munro (1964) and Artur Hojan (1973) founded the “Tiergartenstrasse 4 Association” to research Nazi crimes. Between 2005 and 2009, the association researched Nazi euthanasia in the Wielkopolska region (Warthegau). Some of the results of this study were published in The Chronicle from Dead Places (2005) and Opfer der NS-Psychiatrie (2007). The Tiergartenstrasse 4 Association was founded in 2005 as a private international association in Poland. It has sixteen members from all over the world.

5. Hans Prinzhorn (June 6, 1886 – June 14, 1933) was a German psychiatrist and art historian. In 1919, he became Karl Wilmanns’s assistant at the psychiatric hospital of the University of Heidelberg. His task was to expand an earlier collection of art created by the mentally ill, started by Emil Kraepelin. When he left in 1921, the collection had grown to over 5000 works by about 450 “cases”. In 1922, he published his first and most influential book Bildernde der Geisteskranken (Artistry of the Mentally Ill), richly illustrated with examples from the collection. While his colleagues were reserved in their reaction, the art scene was enthusiastic.

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6. According to Carmen Roll in the interview she was kind enough to grant me… was a doctor at the psychiatric polyclinic of the University of Heidelberg. When people were in distress, police brought them to the polyclinic. And one of the tasks of the doctors working at the university polyclinic was to select which of these people would go to the psychiatric hospital in Wiesloch, where there were two thousand patients, and which could remain as patients at the polyclinic and get therapy, psychotherapy. Because it was obvious that at Wiesloch there was no psychotherapy. So said at a certain point, ‘I will not do this (send people to Wiesloch), because Wiesloch is a concentration camp. I just met you (the patient) today, you tell me your story of suffering and distress, and then I have to judge where to send you… But how do I judge? If you are dirty, you are jobless, you have nothing, then I say: Wiesloch. If you are well dressed, you have three friends with you, your mother is calling, you father is on his way, you are a good student, you have a good social background, and everyone will help you get out of your crisis, then I say: you can stay at the polyclinic’. So decided not to send anyone to Wiesloch anymore, and everyone stayed at the polyclinic. But they could not afford that; there was a waiting list at the polyclinic. In this new group at’s polyclinic, there was not just you (the nice family girl), but people from the ‘lumpenproletariat’, jobless, stinking, with bad clothes. And to avoid the waiting list, started to do group therapy with all of them. And he worked from ten in the morning till two the next morning, you could have a therapy

Heidelberg doctor, only forty years younger… a case of eternal, supernatural youth? Or a case of poetic justice?

The story of the Aktion T4 euthanasia program is beyond horror. The story of our eternally young doctor was, from any point of view, an excellent story that I could not let go of anymore.

Radical psychiatry, radical politics. The insight and conviction was that radical psychiatry involved a profound truth about politics: that when our Heidelberg doctor gave the patients the (courageous, radical) right to decide how to behave within the monstrous leviathan of the institution, something very close to justice took place.\(^6\)
What does radical mean? Believing or expressing the belief that there should be great or extreme social or political change. Relating to the most important parts of something or someone; complete or extreme (Cambridge Dictionaries Online).

What is an institution? The best definition for me came from Franco Basaglia: that which resists change.

It was clear, then: radical and institutional are mutually exclusive. Radical psychiatry, radical politics, radical art: rage against the institution. But also, and here comes insight again: an uncompromising idea of truth.

appointment with him at ten in the evening; and this drove the other doctors out of their minds. So [ ] went into the waiting room and said, 'Who among you is a really urgent case?' and everyone went: 'Me! Me! Me!' and he said, 'Ok, then, discuss it among yourselves, and then I will discuss it with you'. So instead of just waiting in the waiting room, people started to talk, and then [ ] went to join them and did therapy, which was called 'group agitation'. Because Heidelberg was a student city, many of these young people in distress were students. And when [ ] got into trouble, students led the protests along with the poor, sometimes so-called chronic people whom [ ] had saved from Wiesloch. So we were a mixed group of students and working-class chronic youth. We were a very young group, none of us were over forty. So it was a class composition that was characteristic for this place, and this was in '68 or '69; the student movement was at its peak. So the [ ] was a natural outcome of a sort of social setting. And then [ ] sent his nurse to the doctors' meetings. Every morning at the psychiatric university, the doctors had this meeting at eight o'clock to discuss the different cases; and [ ] decided not to go and to send his nurse instead. And the other doctors took offense. And the whole thing got started as a natural development of things that could only have happened in Heidelberg. I went to Heidelberg in '68 because I was a militant in the student movement; Heidelberg, Berlin and Frankfurt were the centers of the student movement in Germany. Because in Heidelberg and in the other places, there were American army bases, and this during Vietnam.

To reveal the truth, to dismiss ideologies that prevent the disclosure of truth. Psychiatry, politics and art are ideologies\(^7\), and ideologies conceal truth, deform vision, dogmatize the response to a certain situation\(^8\). A radical position must reveal the truth about psychiatry, about politics, about art. Is psychiatry part of medicine, is it even a science at all? Is anyone being cured in psychiatric hospitals? Is there such a thing as psychiatric illness? The truth about psychiatry casts doubt on the very fundamentals of psychiatry: what is psychiatry? (Che cos'è la psichiatria?)\(^9\). A remark of David Cooper's\(^10\) supports this: “If psychiatry is one day to be an effective force, it will be thanks to a transformation which will earn it, for a time at least, the name of anti-psychiatry”\(^11\).

7. Ideology: a theory, or set of beliefs or principles, especially one on which a political system, party or organization is based (Cambridge Dictionaries Online).
8. To quote Franco Rotelli in the brief interview he was kind enough to grant me: “Ideology is the falsification of reality. Basaglia tried to understand what was happening. The mental hospital was an ideology. Basaglia said, 'This is an ideology, which tries to hide a reality, saying that someone can be cured here, saying that the hospital is a necessity, saying that there is an illness and a doctor to treat this illness. But I don't see any doctor and I very much doubt that there is any illness to be treated here, and certainly no one is being cured. This is ideology: I don't believe in this pseudoscience'—that is what Basaglia said. And he also said that the mental hospital is made just for poor people. Therefore there is a class problem here. And this is not my ideology, this is what I see. And this class vision, you don't find it in Cooper, you don't find in Guattari, and you don't find it in any of the other so-called anti-psychiatry movements.”
10. David Cooper (b. 1931, Cape Town – d. 1986, Paris) was a British psychiatrist, noted theorist, and leader in the anti-psychiatry movement, along with R. D. Laing, Thomas Szasz and Michel Foucault.
Radical politics. The truth about politics. The psychiatric patients’ group we are talking about, and one of its possible after-effects, the politically radicalized RAF, was made up of Germany’s finest youth, the gifted children who demanded that the truth about the West German state be revealed.

In Guy Debord’s late film *In girum imus nocte et consumimur igni* (1978), the camera lingers at a certain point on two photographs: the exterior of the Stuttgart-Stammheim maximum-security facility, where the first generation of the RAF committed suicide (and, incidentally, where was imprisoned in solitary confinement from 1973 to 1976), and a press shot of the leftist militants Andreas Baader and Gudrun Ensslin on trial in 1968. “La plus belle jeunesse meurt en prison,” reads the narrator. The flower of youth dies in prison.

Radical politics. The truth about politics. To quote Thomas Elsaesser’s “ANTIGONE AGONISTES: Urban Guerrilla or Guerrilla Urbanism? The Red Army Faction, Germany in Autumn and Death Game”:

“...The RAF was the resistance that German citizens had never managed to organize when it mattered, for instance, resisting the Nazis or opposing the persecution of the Jews. The RAF was in this precise sense not the ‘return of the repressed’, but involved in a situation of Nachträglichkeit, engaged in making up for something that had been omitted in the past, desirous to assume a role, across a historical gap, that was marked by shame, guilt, self-hatred. Under these circumstances, speaking of ‘mutual symbiosis’, as does Delius, may not quite strike the right note, although it recognizes that something other than pure antagonism played across the confrontation between the state and the terrorists. The RAF was not only attacking the state: it was also ‘addressing’ it, their mode of address being that of ‘symbolic identification’. That such an awareness was even shared by some of those thus addressed is attested by security chief Horst Herold’s remark ‘I loved Andreas Baader’.”

Or, to quote Carmen Roll in the interview I conducted with her in Trieste, June 2010:

“Basaglia had very strong anti-fascist positions. He said to me sometime in 1978, ‘You are the girl who has reconciled me with the Germans’. (...) the process of democratization in Germany, for left-wing Italian intellectuals, was a point that deserved primary attention. And the had a lot to do with it, you have to realize that the radicalization of the. I remember... when the Minister of Culture for Baden-Württemberg, in the Baden-Württemberg Parliament, with the proceedings broadcast over the radio, said: “ ist die Gebärmutter des Radikalen, Unkraut” ( is the womb carrying the radical offspring, bad seed), and this was what Hitler said about the Jews, the Gypsies... they used the same language! We started to study our enemies, and our enemies were people who were 50 years old then. A guy who was 50 in the ‘60s, and who was a university professor teaching psychiatry, where was he in the forties? It was not Klaus Dörne and all these professors who started investigating the connection between psychiatry and concentration camps, the elimination of handicapped people, Gypsies, homosexuals; it was the. And when we started to talk about this, we made enemies. Because in
Germany, it was very difficult to be a university professor and have it discovered that as a young doctor you had worked in a concentration camp, or in a psychiatric hospital that was known for having deported people, handicapped people, to concentration camps. It was hard to be university professor during the student movement, which was profoundly anti-fascist. And we uncovered them: very important, very powerful people. And we made real enemies, and the Italians liked us for that. That was the position of the [illegible] of my friends and me at least: we will never tolerate this (the Fascists still in power). Our parents did this, and we will never do it."

Radical art. The truth about art. The “Entartete Kunst” exhibition forever sealed the profound and complex connection between modern art and outsider art.

“Wahnsinn wird Methode”, “Madness becomes method”\(^1\), was one of the slogans depicted on the gallery walls. The “Entartete Kunst” exhibition was designed to inflame public opinion against modernism, as elitist, incomprehensible, praising ugliness — the arguments against the avant-garde have hardly changed since then.

The truth about art. A term such as “outsider art” deserves some reflection. Outside of what? Obviously the term “outsider” implies exclusion, exclusion from something. Whether at the forefront (the avant-garde) or outside, this art is clearly not an insider. It is not at the center.

The counterculture! A term again very precisely defined by Basaglia: the culture of the deviant.

Whatever meaning we give to outsider art — art made by psychotics; art made by non-professional, untrained artists; art made by the socially marginalized; art that is not art because it was never conceived as art; art made spontaneously, that is, without knowledge of what art is supposed to be; art that is defined as art by other people (insiders) instead of its maker (an outsider) — whatever meaning we give to outsider art, it says much more about mainstream art than about whatever is outside it.

Logically speaking, then, “mainstream art” (or art tout court?) should be made by sane people; trained and professional people; socially successful people; mainstream art is art that has been art since the moment of its conception; un-intuitive art, that is, art made with well-grounded knowledge of what art is supposed to be; art that is defined as art by its maker (an insider).

No wonder then, that the truth about art might sound like: radical artists profoundly mistrust the ideology of art.

One could speak here of Artaud, and his refusal to use the term “artworks” for the artworks he had made in the asylum. Instead, he greatly preferred to call them “documents”\(^1\). One could speak here of Robert Walser, and his ruthless, bitter satire of the well-established literati. We could speak here of the idioms so often used by filmmaker Jack Smith: “moldy aesthetics” and “plaster art”.

Radical politics, radical psychiatry, radical art. As in the quote from Robert Walser, perhaps this is not really what we want to talk about, perhaps this is only the subsidiary subject we are

12. Incidentally, “Turn your illness into a weapon” (AUS DER KRANKHEIT EINE WAFFE MACHEN), was the most celebrated slogan of the [illegible].

13. I owe this quote to Nicola Valentino.
using to “beat around the bush”\textsuperscript{14}. What might it be, then, the real bird we are seeking?

* * *

\textsuperscript{14} “Beat about/around the bush” – the meaning of this idiom is to prevaricate and avoid coming to the point. The figurative meaning we have for this phrase has evolved from the earlier meaning, which was more literal. In bird hunting, some participants roused the birds by beating the bushes while others caught them in nets. So ‘beating about the bush’ was the preamble to the actual capture.

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Epilogue

\textbf{La Luce di dentro. Viva Franco Basaglia}

Text by Gianni Fenzi, stage direction by Giuliano Scabia, in collaboration with Claudio Misculini and l’Accademia della Follia. Fragment.

Basaglia: Signori, cala il sipario sul teatro della follia. oggi il manicomi chiude... (Gentlemen, the curtain falls on the theater of madness. The asylum closes today...)

Dario Matto Falegname: Sior Basaglia, la saludo! (Mr. Basaglia, I’m off!)

Basaglia: Dove vai? (Where are you going?)

Dario Matto Falegname: Fora, a inciodar la città! (Out there, to nail the city down)

Basaglia: Non hai più paura adesso? (Aren’t you afraid anymore?)

Dario Matto Falegname: No, fora e dentro xe la stessa minestra! E poi le rondini xe tornade! (No, outside or inside, it’s all the same! And besides, the swallows are coming back!)

Basaglia: Ricordi ancora la strada? (Do you still remember the way there?)

Dario Matto Falegname: E come no! Zò sempre dritto fino al mar! (How could I forget? \textit{It’s straight on all the way, till I reach the sea!})

\textbf{Note}: Curiously enough, “SPK”, “Madness Becomes Method”, “Entartete Kunst”, and “Art Brut” are all names of alternative, hiphop, electronic, noise, etc. bands. \textit{Turn Your Illness into a Weapon} is a record by Canadian punk group “The Endless Blockade”.

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A STORY TOLD BACKWARD: AT SOME POINT I NOTICED THAT BASAGLIA ALWAYS WORE A TIE

Two years ago, I started working on a project with the generic title *Museo per Franco Basaglia* (The Soul, or Much Trouble in the Transportation of Souls, Manifesta 7, Trento, 2008). I saw it as an open-ended possibility, imagining a museum for something that couldn’t be put in a museum.

I still don’t think of it as being completed or done, and in many ways, it is part of many other things, often cropping up at different times and in different forms, which is why I’m writing this now.

I no longer find it very interesting to try to describe what happened and how we arrived at the point of closing down mental institutions, or at least closing down the one in Trieste. The “Museum for Franco Basaglia” currently takes the form of a portable museum, structured around various themes. It includes a photographic archive with the work of unknown individuals who were active on the grounds of San Giovanni, conveying the spontaneous cultural climate that developed at the former asylum in the ‘80s and ‘90s; selected publications by Franco Basaglia and his wife Franca Ongaro; texts that visitors could photocopy; copies of *847, Foglio del manicomio aperto di Trieste, 16 Dicembre 1974*, conceived by Ugo Guarino and Danilo Sedmak, with drawings by Ugo Guarino; a very accurate timeline written by Giovanna Gallio; a drawing by Vittorio Basaglia of the storyteller on Marco Cavallo; photographs of the rose garden and the hospital after its construction in 1908; the transcription of conversations with some of the people who took part in what has been called Basaglia’s revolution.

It will be rather schizophrenic, but I’d like to describe my reflections on the encounters and discussions I had during the period when I was conceiving the structure of this project.
One of the things I thought about almost immediately was the use and prescription of psychiatric drugs, and how this was a determining factor that made it possible to close down mental hospitals. Basaglia is often called an anti-psychiatrist, but it is interesting to read how he himself stated that he had little in common with anti-psychiatry, and that he was pursuing a specific approach within the discipline of medical science. Basaglia talks about this, writes about it in his “Brazilian Lectures” (Franco Basaglia, Conferenze Brasiliane, Raffaello Cortina Editore, 2000), and specifically in Silvano Agosti’s film Il volo, shot in 1975, which shows Basaglia and several patients taking a plane trip over the city of Trieste on an ATI flight. Basaglia himself talks about the implications of power, control and dependency in the use of medication. The same ideas can be found in the documentation related to a show about psychiatric drugs, organized in 1977 for “Réseau Internazionale di Alternativa alla Psichiatria”, when Franca Ongaro Basaglia introduces the exhibition. What has always sparked my curiosity the most is the explicit possibility of going mad, which at the same time, is a chance to understand the behavior connected to various psychoses, neuroses, or forms of schizophrenia. I also think that in a world driven by anxiety, a world that has essentially been deprived of the chance to dream of a future (Castel), drugs can be both an instrument of control and a frontier of exploration. I’ve heard Robert Castel say that we live in a world with no future, which I suppose implies that what Basaglia wanted most of all would no longer seem possible or desirable today.

I won’t touch on art. I’ve always thought that it should be one step ahead of events; of course, in a world with no future, this anticipation turns into nostalgia, delay turns into prediction, contradiction turns into a tool. Perhaps it would be a good idea to open up a discourse on historically themed art, starting with Liberty Leading the People, painted by Eugène Delacroix in 1830; one useful essay is “Monochrome and Photojournalism in On Kawara’s Today Paintings”, by Jeff Wall (published in Robert Lehman Lectures on Contemporary Art, Lynne Cooke and Karen Kelly, ed., New York, Dia Center for the Arts, n. 1, 1996, pp. 135-156).

I’d like to say a bit more about ideology and the mythology of contemporary culture, but I prefer to cite something Basaglia said in a conversation with Sartre (Franco Basaglia, L’utopia della realtà, ed. Franca Ongaro Basaglia, p. 241): “ideologies are freedom while they are in development, oppression once they are formed”.

I think it’s interesting to think about the fact that Basaglia really pulled off a huge victory, that Law 180, signed by the Andreotti administration on 13 May, 1978, went far beyond all expectations; that his experience played a fundamental role, that Basaglia succeeded in hammering out a law in the Italian Parliament that up to then had seemed impossible to imagine or propose. At the same time, one might reflect on the possibility that Law 180 and the dismantlement of mental institutions was the last act that derived from the antifascist resistance movement, and that these initiatives entailed enormous savings for the healthcare system in Italy, whose management in that period was being transferred from the provincial to the regional governments. So non-productive individuals had to be made functional and restored to society, with all the contradictions deriving from this, in both practical and conceptual terms; here, it is important to remember the Mariotti Law passed on February 12, 1968 — predating 180 — which had already introduced voluntary psychiatric hospitalization. To continue, one could look at decentralization, the practical implementation by Franco Rotelli, who succeeded
Basaglia in 1979; along with others (first and foremost, Peppe dell'Acqua) he carried out the process that had been initiated, i.e., a gradual shift towards local management of mental health clinics, which moved from the center – the mental hospital, the structure of institutionalization – into the city. Today there are five operative mental health centers in Trieste. Moving out of the specifically psychiatric environment, there is an idea that has now become operative: the microarea, that is, a subdivision into districts, in which several doctors serve all the potential patients who live in a specific part of the city. Hospitalization is reduced to a minimum, patients are cared for at home, in their own area. This is an active, practical approach that I see as implementing the idea of decentralization, not just in the specific field of psychiatry, but in the entire healthcare system. I have also reflected on why it has only now become possible to try to compile an “archive of deinstitutionalization”, i.e. a place where one can trace a story, consult materials and laws, see what happened, and what has been done. I’ve looked at various theories, but the one that seems most substantiated is structural impossibility. The subversion of power that took place in the Trieste asylum started off with the destruction of an archive that categorized the patients: the violent ones, the dirty ones, the suicidal ones, the quiet ones, the men, the women; the significance of this decision made it impossible to create a systematic archive of the revolution as it was taking place.
I have been general director of the healthcare agency in Trieste for four years now. Prior to this, I was general director of Local Health Authority no. 2 in Caserta, a large area that included towns like Casal di Principe, Castel Volturno, and Aversa, which often appear in the news because of organized crime.

And prior to that, for three years, I was director of the same agency in Trieste that I head now.

I came to Trieste in 1971 with Franco Basaglia, arriving from the psychiatric hospital in Colorno where Basaglia had previously been. I worked here during the period that the institution was being “dismantled”, then in 1980, when Basaglia left for Rome, I became director of psychiatric services in Trieste until 1995.

The “dismantlement” of the psychiatric hospital in Trieste was a phase that lasted about eight years. After Law 180 was passed, I had to manage the situation to show the rest of the country that this legislation didn’t just get rid of mental hospitals, it opened up concrete alternatives. We had to construct completely alternative services to replace the hospital, services that would have all of its positive characteristics and, if possible, none of its negative ones.

The psychiatric hospital housed people: so we created housing solutions at the city’s mental health centers and in protected apartments. The psychiatric hospital tried to provide treatment: so we transferred the 30 psychiatrists who worked there to the centers, which were gradually set up as facilities open 24 hours a day, 7 days a week.
After a few years, there were seven centers in operation, which were gradually reduced to four, due to a fall-off in the city’s population. A department was opened at the city’s general hospital, building a series of apartments and integrating a considerable number of mental healthcare professionals into the operations. Extensive human resources and financial assets were rechanneled into local services. Each mental health center had eight beds for critical situations, as well as the means to provide home care and clinic treatment. The centers were created by converting old public administration facilities, which were laboriously renovated over the years and gradually knitted into a strong, reliable network. We had to show that closing the hospital would not mean abandoning people to their own devices or burdening their families, but would be monitored and cared for.

This was a rather difficult period, because in the ‘80s, the political administration was no longer as collaborative as the previous one had been; in the ‘70s, the provincial government had strongly supported Basaglia’s initiative. Then in the ‘80s came the rise of the “List for Trieste”, a right-wing ticket, which was a major political rupture. It was quite difficult to forge ahead with the project, in terms of political dialogue and the organizational effort of setting up the services.

But with considerable support from the university sphere, we were able to set up a network nevertheless. It incorporated a series of smaller, but no less important tools, like painting and theater workshops, creative activities, and a large number of volunteers from the city and from around the world. They truly helped us out in that period. The climate was still one of constructive enthusiasm, despite nationwide attacks, accusations that the law was impossible to implement, and recurrent requests for its repeal that were filed in Parliament by various parties. I believe that concretely demonstrating its feasibility in application was a key factor in the law’s survival at the national level.

In concrete terms, all of this was made possible by the unique civil climate of this city, which might seem conservative, but which has an enormous respect for individuals and thus for the mentally ill, their deviance from norms and their uniqueness. This civil support was accompanied by an obsessive administrative concern with the formulation of resolutions, administrative acts, and operating proposals.

Today we find ourselves in a situation that has been consolidated for years: it meets with general approval. No one, in this region, talks about amending Law 180 anymore. The city has adopted Franco Basaglia as one of its own, a part of its history.

Just recently, the entire regional council approved a motion in defense of Law 180: this is a sign that it has been assimilated by the local culture.

Over the years, we have also done important work outside the city: some of us have gone abroad or to other parts of Italy. My three years in Caserta made it clear to me that what was accomplished in Trieste was possible anywhere. In three years, we constructed something very similar, with 24-hour mental health centers, a small department at the general hospital, a network of apartments, and cooperatives.

On the outside, the most dramatic experience was that of assisting, along with the European Union, in the dismantlement
of a terrible psychiatric hospital on the island of Vero. It was a
dumping ground for all the mental hospitals in Greece: thousands
of people were shipped to the island and abandoned there. When
Greece entered the EU, one of the stipulations in the agreement
was that it eliminate this institution, which was detrimental
to any form of civil rights. The Greeks did not have the will or
capacity to get rid of it. A double team, from the Netherlands
and Trieste, intervened, and in several years, remedied the
situation. We have worked in Brazil, Argentina, and the Dominican
Republic, training many local healthcare professionals and
contributing to the birth of important projects.

There continues to be quite a bit of interest in the Trieste
system, and every year we have we have many, many visitors. But
unfortunately, overall progress in the organization of services
has been hampered in terms of the governing approaches we
would consider ideal. There are still enormous delays. There are
many countries in Europe and on other continents that have
yet to tackle the issue: England and Spain are the situations
that most closely resemble Italy; Germany, the Netherlands and
other countries still have mental institutions.

The task continues to be one of improving our organizational
structure, though we have attained the standards we wanted,
and maintaining the situation in Trieste as a concrete,
emblematic model for other situations and contexts.

In recent years, I have been focusing on healthcare in general,
because I believe that many ideas in the psychiatric reform
could become assets for the entire system. At the same time, I
have been working with healthcare in general in order to better
defend this project, from positions of greater power and
responsibility.

We have set up local systems in many fields, ranging from
pulmonology, to oncology, to cardiology. We’ve been looking
at the revitalization of the community as a whole, creating a
relationship with illness that is less delegated to institutions.
The biggest problem today is “chronic illness” — a term I do
not accept — which cannot be cured with hospitalization.
I’m talking about diabetes, heart disease, addiction, mental
health problems, etc. In each instance, these are situations
that demand long-term care; they cannot be managed by
the hospital, so they call for a participatory network of
stakeholders to respond to these needs. This leads to the
recovery of institutional resources and other assets, both
human and material, a dialogue between parties.

To grasp the scope of the problems we are facing, one need
only look at the condition of senior citizens.

I think that the basic elements have to do with the ethical
concept of public responsibility, which is essential in managing
a public service and services to the individual. Without ethical
planning, it is difficult for a system of this kind to say or
do anything useful. A second issue is our vision of illness and
health, since there is a tendency to see them as two separate,
opposite realms.

In terms of the philosophy that has developed around the
major theme of insanity, which is a limitless one, there is an
awareness that we are all healthy in some ways and ill in others.
This relativity must be acknowledged. Subjects who are to some
degree ill live their lives anyway, just like diabetics, who cannot
be cured but continue to construct their existence. Being
diabetic does not dictate who a person is: the person is not
diabetes, he or she is a person with diabetes.
Very often, medicine treats people as if they were the illness itself, or the bearers of an illness. This is quite unsound from a therapeutic standpoint, since the person’s own resources for coping well with an illness are fundamental. It’s not just a question of a doctor’s skills. We have discovered that this way of thinking was not very effective, in addition to being ethically detrimental. The community itself, as a system of relations, contributes to this process. Nowadays, there are complex intrapersonal relationships that are essential when dealing with long-term illnesses.

For a good healthcare system, it is thus necessary to recover the individual’s own resources, along with those of the local community and social interaction, always as an integral part of planning treatment. We are talking about the ethics of public service, but also its aesthetics, because we draw sustenance from many things: the quest for what is good, what is beautiful, what is right. This is part of a strategy for healthcare planning that is not moralistic, but efficient and effective.

These are issues that medicine is finally examining.

All of this is important not just because it has to do with the “hows” of public service, but because it works with the quality of the social fabric. It enters into the cultural framework of society, which can obviously be discriminatory about illness. Many people can play a significant role even without being professionals in the healthcare system itself. When we come up with public initiatives, like “La Fabbrica del Cambiamento”, which seem separate from the healthcare system, we are continuing our effort to understand, and help others understand, that illness and health are not in some other realm, but are inside social life. They are a major part of everyone’s existence.

In Trieste, there are 11,000 diabetics, 2000 people assisted by the mental health services, over 1000 people receiving addiction services from SERT, 3000 senior citizens in rest homes, and 1000 people currently in the hospital, out of a total population of 200,000.

We must all try to understand more, and to do more.
To me and my friends, psychiatric clinics seemed like places where the power of medicine was exercised, in an exemplary, emblematic way. So we went to gain experience, as interns at the clinic for mental illnesses.

While there, I heard about the experiment Basaglia was conducting in Gorizia. When we decided to visit him, we learned that he had been transferred to Parma. So in April 1971 — a time in which I was playing rugby on the University of Naples team — I went to Parma to meet Basaglia.

And there I discovered a “different world” from the one I had been in up to that point. At the university clinic, there were white coats, a strict hierarchy, the rigid figure of the “professor”; he taught us to see the patients as objects.

So in Colorno, I saw a mental institution for the first time in my life; my first impulse was to flee. They immediately took me to the room where Basaglia was holding a meeting with the doctors and staff; no one was wearing a white coat, the seating arrangement was not hierarchical, and Basaglia immediately welcomed me in a friendly, casual way. He addressed me using the informal tu and invited me to do the same! I found this very embarrassing, because I felt like I was in the presence of a guru. It was really a different world.

I realized then that I would not be going back to the psychiatric clinic; my “contamination” by that cultural climate had already begun. Luckily, that encounter changed my life: in September I went to Parma, or rather, I graduated and then went to Parma.
There was an amusing episode when he asked me when I would be back. I told him I'd come right after graduation, at the end of June. And I graduated right on time in my sixth year, a model student. So he said, “Graduate, and come here”. I answered, “Well, actually, maybe I'll rest up for a month after graduating.” “Fine, decide for yourself,” he said. In the end, I went there in September.

At that point, Basaglia confessed me that he was thinking about going to Trieste. This in itself seemed amazing to me, that a professor would talk to me about his plans and what he was doing. His exact words were, “In a few months we're going to Trieste.” And so I began to experience the situation in a psychiatric hospital.

There I met Rotelli — another important figure for me — in very significant circumstances. We were in the garden of the Colorno hospital, and the nurses in the ward had organized a sort of luncheon. I went there with a few interns from a different ward. Franco Rotelli, whom I barely knew, was already there. At a certain point, a lady came up from Franco’s ward. A tall woman, with features that looked Indian. She shyly approached us, and without a word, took out a bundle of cigarette packs wrapped in newspaper and gave it to him, embarrassed. Rotelli silently accepted them. They gripped each other’s hands for a moment without speaking. It was wonderful, because you could feel their rapport. Then this woman, without saying anything, let go of his hand and went back to her friends, with a very delicate smile.

As I watched, I thought about the way my university professor talked about the patients, and how I could have already taken on a doctor’s “arrogance”. A standard doctor, when presented with a gift by a patient, would probably have said, “Oh, now that was a very nice thing to do!” with that god-awful paternalistic tone that I'd been learning in Naples.

This facet of human acknowledgement, on laboriously equal footing — she was a patient from a peasant background, approaching a doctor from the middle class — made me think, “Fine, let’s go to Trieste, Copenhagen, anywhere: I’m not going back to Naples.” After that I came to Trieste, but for me the story began in Parma, two months before leaving for the North. It was 1971.

Now I should talk about a difficult step, which primarily regarded the technical field: that of helping the patients understand their right to be citizens. The uncertain terrain we were invited to enter was the path of giving up roles. We came from the university, where we had been trained to act like doctors; there were the “white coats” and there was the illness. A model that one almost instinctively followed. Then you came here, and all of this, day to day, in very rapid sequence, seemed totally flimsy, useless for what you were supposed to do or what you were asked to do. First of all, you had reject this role and this “expertise” of yours; you had to do this yourself, because what you were being asked to do was to see the other person as “another me”.

How could that be possible if I was trying to be a psychiatrist? Indeed, it was a difficult process, very painful. It was the first step; if you didn’t tackle it, you couldn’t take other steps in that direction.

There I began to explore a different dimension, one of great uncertainty, of paths that begin but whose end isn't in sight. But these are the necessary steps in putting the focus back
on the individual, his or her history, feelings and desires. A question of “putting things in relation to yourself”, since you are the person who sees, listens and restores meaning to everything. This is a crucial step: there can be no citizens if their very existence is negated.

There was the famous story of Giovanni, who left Istria after the war and stayed in the refugee camp. He had no documents, hence he didn’t exist. He only existed as an institutionalized patient, diagnosed with schizophrenia. So I set out on a path with him: I met Giovanni. I pretended not to know about the schizophrenia diagnosis, I put it aside, and tried instead to get to know the man. He was 54 and had been here for 27 years. I discovered that he was born in San Giovanni di Umago, and had siblings and relatives it would be a good idea to track down...

And so, the minute he entered the scene as Giovanni, he began to be a potential citizen. And he would soon become one, because since we wanted to get to know him, we had to cross the border. We had to go beyond the boundaries of the illness, because he was not “schizophrenia”, he was Giovanni, we had to go outside the hospital walls, because he was not a patient, but a person who could interact with society; we had to transcend the boundaries of this state, and to do that, Giovanni had to be a citizen. For him to be one, we had to go to the registry office and get him an identity card, his passport.

This task, this critical analysis of psychiatry, touches on all the certainties that predominate in this field: certainties regarding illness, its progress, the institution, the hierarchy, the prognosis. It all starts when you experiment, in a radical way, with questioning of these certainties. If their collapse had produced other certainties, the problem would have come back again. What emerged was a process that we “built as we went along”. It is something that replaces security with possibility. The timing of events can no longer be defined and determined, and the stakes are very high. This is the first element of strength: “possibility” comes into play, which means mobilizing energy, resources, people, personal strength, but also entails a deep uncertainty.

The idea that this whole system is fragile is something I don’t believe. Of course, the risk is higher than in other circumstances, due to its complex internal organization and the community of individuals who work together.

This, in my opinion, becomes a strength.

The risks in this system are linked to the fact that social systems, laws, and political structures have power, and the people we are dealing with are in a condition of extreme fragility, with regard to their dignity and social rights. Things can always regress. But the fact remains that we have been moving forward on this path for 35 years, and I believe that the more time goes by in Italy, the more these concepts and images take root.

Our image of madness in Italy has radically changed. This morning there was a group of visitors from France, who kept telling me how amazed they were by the image people have here of the mentally ill, the healthcare personnel, the city. So expectations have changed, in Trieste and in the rest of Italy: since the law has changed peoples’ destiny, or rather, given them back “possibilities”, public opinion has assimilated the idea that mental illness is not a destiny. This creates a degree of solidity, compared to the overall fragility. And then, I’m an optimist.

At the national pop festival in Sanremo, last year’s winner was
Simone Cristicchi: he stole everyone’s hearts with a song about a mental patient, Antonio, writing to his beloved Margherita. I see this is a sign of public awareness. If I were to look at psychiatry and psychiatrists, I would be much more pessimistic. There’s been this diffusion of ideas that take root.

I often go to work in one of the more isolated towns in Sardinia, and everyone there clearly understands that a person has rights, possibilities. The mayor asks things, the family members want things, in short, there is a dynamic mechanism surrounding the person with mental problems. What is actually done is another question entirely: the services, the resources that are brought into play, the skills of personnel. That’s where the fragility in the system lies.
My name is Mariuccia Giacomini, and I began working as a psychiatric nurse in 1968; we were not real psychiatric nurses, because we didn’t even know what the profession consisted in. I worked here as a guard and cleaning woman; specifically, in Pavilion M.

Basaglia arrived, and he opened up a whole new world for me. It was completely unfamiliar, and I started to explore it. I’m still exploring it today.

We started applying Law 180 here as early as 1973, keeping our eyes on a goal that was enthusiastically shared by the whole team. We were divided into areas, and I worked in what was called “area three”, with Franco Rotelli. I learned a lot from him; he was a great teacher to me and still is today. He taught me to move in this unfamiliar world: at his urging, I studied mental illness, what institutionalization means, this whole sphere I never knew about before.

With Law 180, I moved to a different facility; as I said before, we were already applying the law. But bureaucracy levelled everything out. I worked at the mental health center in Barcola, and some things changed: a lot of attention was focused on the structure, and not much on individuals. There were concerns about application of “the rules”, especially with regard to possible risks. So there was a guard at night.

With the application of the law, the Basaglian movement came to an end, the one I was part of, at least. They all went back to their families; I found myself alone, and I have never been successful in recreating a private life. Even today I’m alone, in my small personal sphere; the rest of my time is entirely devoted to public service.
I retired in 1994 and had to figure out what to do; I decided to get back into the world of psychiatry. At Club Zyp, I found some knitting machines. That had been my first job. We started working with a small group of women from the department of mental health and a social worker who managed things. I taught them to knit. We did the first course independently, winding it up with a fashion show at Caffè Tommaseo, in collaboration with a boutique. This was in 1997. In that class, there was a woman who didn’t talk. At the time she would have been called “catatonic”. Catatonia, by the way, existed only in the mental institutions, where people had to stay still and shut up. I invested so much energy in that girl, who learned to make her own clothes on the machine and even to model. So for the show at Caffè Tommaseo, every girl had made her own outfit. For me, it was fabulous: I was retired, so it was a resurgence after a static period, an “exit” that was no longer in the world of psychiatry. After this first course based on people’s individual interest, I went to ENAIP and started doing job training courses, with women from the department of mental health on trainee scholarships. That experiment led us here, to Pavilion M, where I had started out in 1968 with 151 women, as the guard and cleaning lady. It was a magical experience to find myself back in the same place, with other women of course, and try my hand at a new task. It was all about not worrying over everything, and freeing our feelings and emotions instead.

Over the last ten years, we have created a group that is now called Lister Sartoria Sociale, a place of harmony and ongoing dialogue: that’s what gives richness to my work today. When you’re working with 10-15 women, dialogue is important, because some of them make a big deal even out of silly things. But by talking, we grow.

When Law 180 was passed, in 1978, I was no longer at the mental health center in Barcola. So three of us, all nurses, decided to go back to the renovated Pavilion M. This pavilion has been a constant in my life since 1968. There were 22 old people who now had civil rights, but who had been abandoned to their own devices. We managed to create groups and place 21 of them in apartments and one at home, since his brother needed the pension money and didn’t want to give it up. Ultimately, we dismantled Pavilion M all over again. This was in 1982.

The pavilion then became a dormitory for foreign students who came to do specialization work focused on the Basaglia project. Since then, there has merely been a process of change that has turned it into what it is today. Now there are the cooperatives, the radio, the workshop and the SAR (residential training service) offices.

Still working here, I now find myself in a difficult position: I got myself involved with this place again, through the Sartoria project. But I no longer feel the same enthusiasm; I feel almost useless. I need to think things over.

Basaglia’s revolution led to a freedom that all of us can consciously achieve. Freedom and responsibility. Even though I’m retired, I have responsibility towards a group, and at the same time, freedom, just as Basaglia taught us. We are no longer in a role, but we are a social body: I interact with others, but I demand and seek my own space. If I’m free, they’re free, if they’re free, I’m free.

I don’t know what will happen tomorrow. To me, today is already tomorrow; you must always invest in the small everyday things, not project yourself into the future. Today we had a meeting.
There were 18 of us, coordinators and the women. We didn’t decide what will be done at the planning level.

Our artistic director, Pino Rosati, is telling me to undertake a project, but I’m not up to it. I’ve always embraced the projects I identified with and was familiar with. Like I did with Basaglia. Under these conditions, working on a small scale, I need everyone’s help to figure out investments and approaches. We recently did the scarecrow project, relaunching the Sartoria Sociale, but I don’t know what will happen tomorrow. I’m just a little worker ant on the inside, and I don’t have information from above; I try to be as happy as possible, because when we are happy together, we grow. Recently there’s been a restlessness in the group that I feel very strongly, undoubtedly due to my experience.

I think that in planning, it’s essential to look back over what we have already created; you can’t make plans if you don’t know who we are and what we want now, after 30 years of history. Rationally, I don’t want anything more, but today I realize that I’m sad because I really do need something more. I put love and enthusiasm into it all the same. Perhaps things aren’t moving forward because of the outside politics hammering away at us, the violence going on. The general situation definitely affects the little details. At the same time, we can’t give in, we have to push ahead.

It is a sad period for me, but I’m not going to drop anchor and not going to stop.

We definitely have to work to forge social networks in the area, with schools, districts, rest homes, long-term patients... The workshop has this vision and intention. But we have to plan initiatives. My priority is my own health and that of all the people who use this space. To keep us healthy and prepare and achieve an initiative takes a lot of energy. It’s possible, because we’ve done it before. We started with district 3 in Valmaura, with a fashion show in front of a huge audience. Reali said, “Now I know why I’m here and working in this district.” We achieved it because many parties were involved, not just one. You have to build a network, like we did with Scabia’s Cantastorie, like we’ve done in the past. The storytellers went from neighborhood to neighborhood, telling the story of crazy people in this city: we spread information. Then, starting in 1975, we worked from house to house. Basaglia said, “You have to manage the situation where the conflict arises,” so with every person using the center, we would go to their homes, talk with family members, get relatives and acquaintances involved. That way, we built a network, and the “crazy people” were no longer seen as dangerous figures, but as individuals that you knew. We did it with the enthusiasm that makes you say, “This is a person, let’s build something together”.

Now we are doing the same thing, with other ideas. They aren’t bureaucratic responsibilities, they’re human responsibilities. I don’t feel responsible for the people I work with, but for what I do with those people; that’s not just something I feel, it’s felt by everyone who has to create an activity. I was given an award on the Capitoline Hill, but I didn’t need one. I feel honored every time I come to work here. I don’t need to receive accolades. I was happy just to meet all those old psychiatrists and friends I hadn’t seen in a long time. Looking at each other, we said, “It’s still us. It’s not me, it’s not you, but it’s still us”.

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This paper introduces the concept of “working utopias” (WUs) and explores their relation to social movements. WUs are used in a variety of ways by social movements, it is argued, and they play a central role in the reproduction and advancement of movements. They reproduce the movement habitus and illusio, extend and reproduce networks, generate new forms of knowledge and practice, and serve, to some extent at least, as “proof” of the validity of movement claims. Two utopias from within radical mental health movements are focused upon in the paper: the Kingsley Hall therapeutic community and the “Trieste experiment”.

(...) Social movements are a vital source of critique and innovation in modern societies (...). They generate new plans and ideals for living, questioning that which we take for granted and challenging central norms and values. In many instances this challenge involves direct protest. (...) Alongside such strategies, however, some movements have sought to bring about direct change within their own local and/or movement community. They have initiated experiments in social practice. (...) In this paper I examine one particular type of movement experiment, which I refer to as working utopia. Utopias are generally defined, following Thomas More, as places “which have no place”, or perhaps more positively, as places which exist in the imagination. There are occasional instances, however, where these imaginative projections achieve some degree of concrete realization, becoming “working utopias”. Working utopias maintain a Utopian element, not least because they are generally small-scale affairs, which fall short of the complete aspirations of the movements, which implement them. They are more models of the types of change desired by these movements than full-
scale realizations of that change. They are “working” models, however, and for this reason alone enjoy a quite different significance to imaginary Utopias. As real, “working” sites of practice they have specific uses for the movements that spawn them and an added symbolic value. It is these uses and their significance which concern me in this paper.

(...)

ILLSIO

The importance of Trieste to those of my interviewees who mentioned it was that it seemed to embody values and ideals which were central to their political projects and which loomed large in their critiques of the British system. They were looking for alternatives and in Trieste they found one that they could connect with, one that articulated their concerns in a coherent form:

“The first, literally what did for the first week of the new team was, we all went off to Trieste. So we were a new resettlement team, newly sort of enthused, went over to Trieste, spent an incredible week, you know, having our minds blown about it, and came back with a sort of, a kind of, what had been an emotional reaction against things that we had witnessed and experienced in the hospital, institution, which a much more sort of clearer, won’t say clearer, but much more robust kind of ideological kind of understanding of the process of de-institutionalization... there was an element of evangelizing, you know evangelistic feeling.” (Interview 3 – a mental health worker and activist)

Trieste is not the only place to have fulfilled such a role in relation to mental health movements. In his account of his father’s life, Adrian Laing (1997), echoing a few of my interviewees and many 1960s retrospectives, attributes a similar role to Kingsley Hall: “There was a feeling of revolution about Kingsley hall. The ideas and the people were so radical that the focal issues created the feeling that Kingsley Hall was the paradigm of psychiatric revolt, itself part of a wider, greater revolt, against the “old order”. It was all terribly exciting.”

Indeed, Kingsley Hall was able to do this to even greater effect because its concrete existence was amplified by the virtual existence it acquired in the oral and published traditions of the 1960s counter-culture.

(...) 

HABITUS

Working Utopias are sites of what Bordieu and Passeron (1996) refer to as “pedagogic action”, sites for the reformation and reproduction of a movement habitus. People visit them in order to learn how to practise differently; how to perceive, think and act in different ways. (...) Social movements are equally characterised by the fact that they have broken with the habitus of the obedient citizen and with the doxa of the society to which they belong. Social movements are agents of change.

(...) 

NETWORK, SOCIAL CAPITAL AND MICRO PUBLIC SPHERES

New ideas and practices are also generated by such spaces as Trieste and Kingsley Hall because, as places of pilgrimage,
they become meeting grounds for key movement activists and intellectuals, and thus sites of debate and discussion.

(...)  

One of my interviewees, himself a leading figure in British Psychiatric politics, described a number of occasions where, in Trieste, he had met up with other leading figures from French anti-psychiatry, such as Felix Guattari and Robert Castel, and members of the German SPK:

“Oh yes, yes... Felix Guattari, I really met him mainly in Trieste because when I was invited he was amongst the people they also invited, and er, what's the other chap's name? French guy, he wrote The Psychiatric Society? Oh Castel, Castel. Both he, I and Guattari were, from time to time, invited to similar meetings, that's where and it tended to be, in Trieste.” (Interview 2, psychiatrist and activist, my emphasis)

“After the German police cracked down on the whole SPK thing, a good number of those people, some of them I met, and some of them are still nurses of course in Trieste.” (Ibid)

(...)  

SYMBOLISM AND EMBODIED PRACTICE

We are now in a position to specify more exactly what constitutes a WU. It is central to my definition that WUs have both a symbolic and a concrete aspect, each of which is central to their functioning. They can only be sites of pedagogic action, experimentation and market places for ideas and social capital, for example, because they really do exist as concrete sites of embodied practice. (...) It is not simply the coexistence of these two elements, concrete and symbolic, that is important, however. It is the interaction between them. A WU entails an interaction and interdependency between the concrete and the symbolic. On the one hand, for example, it is evident that the symbolic value of Trieste and Kingsley Hall was largely constituted around the fact that these places were not simply figures in the imagination of mental health activists but actually existed and, furthermore, seemed to enjoy some degree of success - a claim, as we have seen, which is always open to question. (...
confused and those who venture into it so uniformly terrified whether they are 'professionally qualified' or not) by the hint what they might encounter, not only in 'the others' but also themselves, that one must seriously consider relinquishing the project. One cannot proceed, I believe, without challenging the basic classification of clinical psychiatry of people into 'psychotic', 'neurotic', and 'normal'. But then, since the story of psychiatry has consisted very largely in the elaboration of an immense public convenience that takes the form of large mental hospitals, outpatient clinics, general-hospital psychiatric units, and, sometimes, unfortunately, the psychoanalytic couch, one should not let this deter one from attempting what might seem to be a radical and possibly dangerous re-evaluation of the problem of madness.

The essence of this necessary re-evaluation of madness, as I see it, is perhaps most aptly and economically expressed in the diagram (Figure 1). In this schematic representation, which for present purposes restricts itself to a very conventional terminology, we discover first the point of insertion of the individual person at point alpha. From this point the person develops in the sense of progressively taking into himself, registering, and then acting on the things his parents are taught, feel, and then teach him to be the 'correct' things. Along with this he learns 'masculine-instrumental' or she learns her 'feminine-compressive' social role. If all progresses 'well' in his family and school, he attains the point of adolescent 'identity crisis' where, in effect, sums up everything that has conditioned him so far, all the early identifications he has made, all the things that he has been 'made of', everything he has been stuffed full of. (This constitutes 'normality' - a statistical concept that most of us live by as a golden rule.) Then, more or less successfully, he projects himself into an independent future, but one which, by default, unless there has been some fortunate error,
In the past, disability was self-evident to most citizens because standards of behavior were rigidly and clearly defined. No one had any doubt, for example, that the blind, the deaf, the mentally retarded, the amputee, the alcoholic, or the spendthrift was, behaviorally speaking, incapacitated. But in the middle of the 20th century, as normative standards have become diffuse and the range of tolerable behavior has been extended, disability is no longer apparent and obvious to everyone.

(...)

In the modern world, responsibility for one’s own actions and informal control by the ingroup have been replaced by collective responsibility and control by the outgroup. The personal and informal ways in which the sick and the inept used to be protected by members of the family have given way to impersonal and formal management by private institutions and government agencies.

Although the chronically ill and the socially marginal have always existed, the institutionalization of their condition under the heading of “disability” has thrust them into the medical and political limelight. The disabled have moved out of the domain of the charitable and religious organizations and have become the wards of the government-supported health disciplines.

Institutionalization at the lower range of human proficiency — the disabled — has been paralleled by a similar development at the upper range — the achievers.

From a system of natural selection of people we have moved to a system of selection by tests and formal qualifications.
Where formerly a vast number of persons were able to succeed in agriculture, industry, trade, or the armed forces, the modern social systems reward particularly those who possess the necessary formal qualifications. Automated selection procedures weed our applicants to colleges, professional schools, training courses, routine jobs, and military or civil service, and nonverbal aptitude and practical experience count for little.

Although many of the rejectees may be absorbed into other sectors of the economy, there are some who cannot find admission to any kind of training program, job, or social setting. The increasing complexity of technical, social, and educational systems excludes more and more people, and to be excluded means to be temporarily or permanently disabled.

(...) In the centuries preceding the great revolutions, caste, class, and the economic structure more than anything else determined a person’s station in life. Inclusion in or exclusion from a social, religious, or occupational group was based primarily upon birthright and the social standing of the family and less upon a person’s skill, knowledge, or ability. Thus an infant pope, a psychotic cardinal, and an insane monarch could be permitted to hold title and office and not be considered disabled because their respective social groups would not dare to deprive them or their kin of any rights or privileges.

But with the expansionist policies of the absolute monarchies and their need for skilled manpower, the notions of caste and class gradually were replaced by the concept of merit and fitness. If in the middle ages the military relied upon roving mercenaries to fill their manpower needs, in later centuries they switched to a system of compulsory military service. Inducted against their will, conscripts of course did everything in their power to give the appearance of being unable to serve. Consequently, standards of acceptance and rejection were established whereby physically disabled or overtly insane people were not admitted to the armed forces. But during war time, the press gangs of the various navies and the recruitment officers of the armies were not exactly choosy, and the better functioning mentally retarded and the emotionally disturbed often found their way into the service.

The Age of Enlightenment, with its cry for liberty, equality, and fraternity, gradually brought better care for wounded or disabled soldiers. (...) But it took another two centuries before, in 1864, the signing of the Geneva Convention and the organization of the International Red Cross led to more humanitarian consideration for the casualties of war. With the rise to power of the labor unions in the 19th century, and with the ascendancy of clinical medicine and the development of neurology and psychiatry, the concept of disability was extended to include people who were psychologically or mentally incapacitated; and by the time of World War I, the notion of psychological disability was firmly established and a shell-shocked soldier could count on being compensated by the service.

The universal acceptance of the idea of care for the physically and the psychologically disabled paved the way for the notion that society should look after all of its disadvantaged people, including those who are victims of social circumstances.

(...)
The rise of the social consideration of illness and disability was intimately tied to a change in the theoretical emphasis of medicine as a whole. The narrower concept of disease as a time-limited, organism-alien state gave way in the 20th century to the notion of health as a life-long condition. This modern point of view no longer limited the physician to a study of organs and organ systems but encouraged him to consider the human being in his natural habitat.

(...) For the psychiatrist, the shift from the notion of pathology to the notion of health was embodied in the move from Kraepelin's psychopathology to Freud's emphasis of personality and intrapsychic processes. In the social arena a parallel move became apparent. (...) by 1917, Mary Richmond in her Social Diagnosis had provided some of the principles underlying the modern appraisal of social functioning. During the turbulent 1930's and extending past World War II, social functioning was considered under the headings of stress, morale, and leadership — topics which in the 1950's were subsumed under the heading of social psychiatry.

With the entry of government into the health field in the 1960's, community psychiatry and mental health became the disciplines concerned with the operational assessment of social functioning.

(...) Disability may be brought about by impediments resulting in physical impairment, by mental difficulties leading to psychological impairment, and by cultural, economic, and social conditions such as unemployment, old age, imprisonment, inadequate education, and cultural deprivation leading to social impairment. If the physical, the psychological, and the social causes of malfunctioning are combined, the disabled comprise a total of about 6.6% of the population of the United States. In addition, there exists another group that has a very good chance of becoming disabled in the future, adding another 13.2% to the previous figure. The actually disabled together with the high risk population total about 20% of the population of the United States. This figure is backed up by statistics of people suffering from chronic disease, which indicate that around 30% of the population is afflicted with some permanent ailment.

(...) In a world in which special qualifications or preparations are required for the management of machines or the execution of social tasks, the proper assessment of an individual's functioning with regard to the demands of the situation becomes of paramount importance. The events that lead to a person's acceptance or rejection may be found in the interrelations between the situation and his physical state, the situation and his personality, or the situation and his social approaches.

(...) However, people do not only work. A person has a home, a core and extended family, and a circle of friends. Also he may belong to fraternal, sports, or other organizations. The assessment of social disability therefore takes into account the individual's aptitudes to fulfill all of the requirements of the various micro-environments in which he is involved. This
information is of interest to personnel officers, who wish to be informed about the situations in which a person might break down; they want to know whether the individual can cope with stress and whether he is inclined to seek unhealthy or socially unacceptable solutions to reduce tension. Such assessment determines whether the expenditure of funds for the applicant’s training is worth while and whether he is capable of assuming responsible positions.

The step from being unqualified or inexperienced to being disabled is a small one. Because social dysfunction is the result of a relationship, it rarely is an across-the-board disability. For example, a man may be able to get along well on his job and fairly well with his wife, but he may never have learned to get along with neighbors; and this dysfunction may remain covert for long periods of time until a neighborhood crisis brings it to the foreground.

But even if a person fits into the requirements of a current situation, there may be a high probability of his becoming disabled if he lacks flexibility or if his qualifications do not fit other situations that are consistent with his status, education, and skill. A mentally retarded but normal appearing infant, for example, will progressively be more handicapped as he grows older. Rigidity of social approaches thus characterizes the person who may become disabled at a future date.

Social disability is triggered into existence when a person’s functioning does not blend into a given situation. The point at which the tolerance limits of the social system are exceeded is recognized in the vast majority of situations by the intervention of other people. The person in question may become the subject of corrective or remedial action.

There exists, of course, some latitude. Interpretations as to what constitutes nonacceptable behavior vary depending upon the roles and the vested interests of the participants. Employer and employee, teacher and pupil, doctor and patient, policeman and suspect, social worker and welfare recipient, or parent and child will tend to differ in their views of what constitutes an ideal performance under optimal circumstances and what is a minimum performance acceptable under adverse circumstances. If a person falls outside the extreme limits beyond which certain behavior is not tolerated under any circumstances, he may be labeled as unsuited for the occasion but without hint as to impairment, he may be labeled as a foreigner to whom these standards do not apply, or he may be labeled a deviant and steered into the orbit of the remedial social disciplines — medicine, psychiatry, social work, rehabilitation, law enforcement, or correction.
THE DEVIANT MAJORITY
HD VIDEO
34 MIN.
VIDEOSTILLS

Dora García
La rete dei servizi psichiatrici

Gruppi appartenenti

Cooperative formazione/lavoro

Laboratori

Ospedale generale

8 letti guardia 24 ore

Urgenza notte e giorno

Self help
CENTRI DI SALUTE

24/7/3/7
8 LETTI X CENTRO TOT 40

LA VORO QUOTIDIANO

URGENZE DIURNE
VISITE DOMICILIARI
INTERVENTO SULLA CRISI A CASA
Franco Rotelli: And in all this, which I have recounted 500 times already, what is that specifically interests you?

Well, I can immediately tell you something: what you want to do is perfectly possible, I see no problems with it; but I must tell you as well that there is something in it that I don’t like and that is completely unconvincing. Nowadays, we are witnessing a permanent nostalgic revival of the ’70s, and I find this extremely uninteresting. This romantic vision of the early ’70s is a fallacious vision. It is simply not true that important things were done in the ’70s. In my opinion, the important things were done after the ’70s. And therefore, I think this heroic vision of the ’70s is a dangerous way to reconstruct history. Here I’m referring especially to the psychiatric sphere. They say it was a utopian period, that Basaglia was a saint, and to me, this is an excruciating trivialization of reality. I have been working in Trieste since 1971, I have taken part in each and every activity that happened here in the ’70s; but I do not recognize this media version emphasizing the ’70s. So if you want my opinion, my opinion is that Trieste’s achievement lies in the services that it has managed to construct over the last 30 years, the organizational structure that supports these services, the concrete, practical, real demonstration that things are possible, that it is possible to create a credible, efficient alternative to the psychiatric hospital, something that no country, absolutely no country in Europe has done. Many countries in Europe have managed to attenuate conditions at psychiatric hospitals, but none has managed to eliminate them entirely. Trieste did. And this all happened in the ’80s, not in the ’70s. It did not happen with Scabia and it did not happen with Marco Cavallo; it has been done by working every day within a network of services, real and practical ones. And this is the importance of Trieste.
As for radical movements in psychiatry, there have been many. In England, France, Belgium, Holland, Brazil. Cooper and Laing were in England, never in Italy; Guattari's clinic of La Borde was in Paris, not in Italy. They were never here; they passed through here, that's all. Cooper was here for four days. There was no relation whatsoever between them and Trieste as far as praxis was concerned. There was a relation in terms of media visibility, in terms of spectacle, but not a real one. From a media standpoint, everything works, everything is fine; but the media story is just a simplification, a way to make an easy story out of one that has always been extremely difficult, and this simplistic rendering of the story does not correspond at all to the complexities of reality.

Basaglia worked against ideologies, not to create a new ideology. The media story is a choreography of reality, it is not reality. It's the contrary of reality, a falsification of reality. The unique aspect of Trieste was the change in things, really; and this change was not even attempted by the other contemporary radical movements in Europe. Of course, one can read published conversations between Laing, Cooper, Guattari and Basaglia; but if one reads what they say, then one realizes that they did not agree on a single point. Yes, they talked to each other, but we really talked to everyone, to anyone, we are still talking to anyone. We talked to the Communist party. We talked to the newspaper L'Unità, the newspaper of the institutional Left. We talked to the trade unionists. We talked to right-wing psychiatrists, to all the political and parliamentary parties, to the provincial administration of the time, which was Christian Democratic. We talked to everybody. But all through the '70s, radical movements did not have any intention to really change any structures, and they had zero capacity to change anything; they wanted to change everything or nothing, and so they changed nothing. It is true that at the time in Italy there was a keen political awareness, a political movement, and a will for radical reform. But there is a big difference. What happened in Italy was the capacity of certain intellectuals to play a part in a general social change and give it a meaningful direction. And they wanted to change a concrete institution, not an abstract change, but a concrete change in a concrete institution. It was not an intellectual movement, it was a political movement. There is nothing, nothing in common between the Trieste story and the avant-garde visions of some European intellectuals. Ideology is the falsification of reality. Basaglia tried to understand what was happening. The mental hospital was an ideology. Basaglia said, “This is an ideology, which tries to hide a reality, saying that someone can be cured here, saying that the hospital is a necessity, saying that there is an illness and a doctor to treat this illness. But I don’t see any doctor and I very much doubt that there is any illness to be treated here, and certainly no one is being cured. This is ideology; I don’t believe in this pseudoscience” — that is what Basaglia said. And he also said that the mental hospital is made just for poor people. Therefore there is a class problem here. And this is not my ideology, this is what I see. And this class vision, you don’t find it in Cooper, you don’t find in Guattari, and you don’t find it in any of the other so-called anti-psychiatry movements.

And so what I see is that when people talk about Trieste in the '70s, they are talking about a theatrical vision that I have never experienced. It seems to me like an extremely distorted vision, a false vision. But I cannot do anything, because that’s theater. We cannot be victims of this stereotype; maybe we are guilty of letting the stereotype form, not fighting it when there was still time. We thought everything was fine as long as
people were talking about Trieste, and if the media chose a certain image, we thought that after all, this was also part of the experience. This was wrong, and we are paying for it.

But the real problem now is to preserve Law 180, and especially to preserve its credibility, and the credibility of services that are a real alternative to the mental hospital. This is the real thing, and its relation to events in the ’70s is virtually nil. And the image that the media give of this is of a truly ideological, stereotypical nature.

Of course we may have cultivated some sympathies for certain movements, certain radical movements; but the radical movements ended and that was it. And in too many places, the real questions, the questions about psychiatry, were solved mostly with medication and nothing else.

And yes, I think that the process that has taken place in Trieste in the last thirty years is reversible. The dominant ideology is not ours; the dominant ideology today is the ideology of security, of social risk, the ideology that considers the insane person to be a dangerous being, who has to be segregated and locked up, and everyone in Germany, in the Eastern Europe, in France, Austria... they are maintaining and building more and more psychiatric hospitals.

Yes, if you wish, there was a commonality among radical positions of the 70’s, a commonality that manifested itself in the general desire to subvert power relationships and notions of difference and marginality. But that is not characteristic of Trieste and of what happened in Trieste. Radical movements appeared everywhere in the world, but there was something specific, characteristic, that happened only, exclusively in Trieste. I don’t think you have to come all the way here to discover general connections among radical movements. You have to look for the specifics of Trieste. And what is unique in Trieste is the subversion of power relationships, the very, very major modifications in power relationships that were made concrete in closing the psychiatric hospital. These subversions and modifications were mainly about medical power being de-centralized, atomized. And this is reality, not fantasy.

Artaud already said everything that needed to be said about psychiatric hospitals. Nothing can be added to his legendary “Lettre aux Médecins-Chefs des asiles de fous”. The difference between Trieste and all the other radical or pseudo–radical movements of the ’70s is that we did not proclaim, we did not

1. “Lettre aux médecins chefs des asiles de fous”: Messieurs, les lois, la coutume vous concèdent le droit de mesurer l'esprit. Cette juridiction souveraine, redoutable, c'est avec votre entendement que vous l'exercez. Laissez-nous rire. La crédulité des peuples civilisés, des savants, des gouvernants pare la psychiatrie d'on ne sait quelles lumières surnaturelles. Le procès de votre profession est jugé d'avance. Nous n'entendons pas discuter ici la valeur de votre science, ni l'existence douteuse des maladies mentales. Mais pour cent pathogénies prétentieuses où se déchaîne la confusion de la matière et de l'esprit, pour cent classifications dont les plus vagues sont encore les seules utilisables, combien de tentatives nobles pour approcher le monde cérébral où vivent tant de vos prisonniers? Combin de êtes-vous, par exemple, pour qui le rêve du dément précoce, les images dont il est la proie sont autre chose qu'une salade de mots?

Nous ne nous étonnons pas de vous trouver inférieurs à une tâche pour laquelle il n'y a que peu de prédéfinisés. Mais nous nous élevons contre le droit attribué à des hommes, bornés ou non, de sanctionner par l'incarcération perpétuelle leurs investigations dans le domaine de l'esprit.

Et quelle incarcération! On sait –on ne sait pas assez– que les asiles loin d'être des asiles, sont d'effroyables geôles, où les détenus fournissent une main-d'œuvre gratuite et commode, où
denounce, we did not demonstrate: we simply did. Marco Cavallo, Giuliano Scabia, La Assemblea are symbols, symbols related to a time 30 years ago. But the fight is today. The battle is today. It is a practical, concrete battle. The Italian Parliament will be almost certainly be called upon to re-discuss Law 180. So we have serious, urgent business to attend to.

So yes, I am worried; I am worried when people keep talking about the ‘70s. Because it looks like nothing interesting has happened since then.

Having taken part in each and every event of the ‘70s, I can afford to say that what interests me is the now. What matters is that people know that today, in Trieste, there are active services that have turned the old logic of psychiatry upside-down, and people must come to see this, because psychiatric reform still needs to take place in the world. People should not pay attention to what was said in the ‘70s, but what is being made today, when words finally have a say in reality.
First of all, I am a person who doesn’t understand anything about art. So I cannot talk about the relationship between art and madness. I have always been very suspicious of this question, so I cannot talk about this. All this music therapy, art therapy, design therapy, riding therapy... because when you’re mad, you don’t have the right to enjoy things anymore. And everything that normal people enjoy becomes therapy. And I am really against this. I cannot deal with these questions, I become immediately suspicious of them. Because I think that enjoying music, dancing, singing... it’s a right, you know. But for people who have been labeled mad, all these activities become therapy.

And I think the special thing about Trieste is that, at least until a few years ago, there was a consensus about my position there. We can go singing and sailing and go on holidays and to the theater, and set up a painting studio... but we must not make therapy out of this.

Because the mainstream idea is that everyone does therapy, you know? For children, for mad people, for drug addicts.

In the period when the SPK was active in Heidelberg, Suhrkamp published The Negated Institution by Basaglia, and this book became famous in Germany.

So the SPK made its way without knowing anything about Trieste and Gorizia, but then this book came out, and people involved with psychiatry read this book, and for the SPK, Basaglia’s position was the only interesting position in psychiatry. This position of the SPK’s towards Basaglia had to do with the issue of class in his analysis of the psychiatric hospital. You don’t find such a clear approach in Cooper, Laing, or Goffman. Because the effect of institutionalization on working-class people and on
upper-class people is nearly the same, after thirty years of being shut up in a psychiatric hospital, it’s nearly impossible to distinguish a former member of the upper class from a former member of the working class. The institution, the hospital, the asylum, reduces them to the same status. So when Goffman deals with this question, he thinks about the asylum, what the asylum does to people; but not to upper-class, middle-class, or working-class people. He thinks about what the psychiatric institution, the asylum does to people in general. Basaglia introduces the idea of psychiatry as an apparatus of social control. Social control over the lower classes. You see analysis about the way the hospital functions in history. You find studies about how during wars and at times of high unemployment, the psychiatric hospital population increases, and when there is full employment, it decreases. So the population of mental patients increases and decreases in relation to the labor market. So the psychiatric institution changes its characteristics in relation to what is happening in society, what is happening economically in the country. So, somebody said that the Germans invented social psychiatry. A friend of mine, a journalist, told me about this research project: at the end of the First World War, the people in psychiatric hospitals in Germany were dying from hunger. And some intelligent, humane psychiatrist sent them home. Because many of these patients came from the countryside and people had food there, whereas people in the cities had nothing to eat. There was no hospital reform; they were just freed and told, “Go home. Just go and find something to eat on your own, because we don’t have food”. Years later, they had the idea of doing a follow-up study to find out what happened to these people, and they were found to be OK. Some people said, “But they had no therapy, there were no doctors, no nurses”. The social environment cured them. When they started to look, they were afraid of finding some sort of social disaster. Because by definition, you are a dangerous person if you have been in a psychiatric hospital. They feared suicides, homicides, but nothing like that happened. They were just there... of course, some died, like so many other people who were not labeled “mad” died during the war. And out of this study, the term “social psychiatry” was born. Anyway, I think the SPK’s fascination with Basaglia was that his analysis of the psychiatric hospital included a class analysis. And this was something the SPK had too, this class analysis. One of the SPK’s slogans was “every suicide is a homicide by capitalism”. We had an analysis of the psychiatric hospital as a place where poor people were controlled. Where economic, but also cultural resources, were controlled. To put it bluntly, since the SPK was a little more complex. But this was certainly one of the pillars of the SPK. So we had this fascination with Basaglia because of this issue, which was unique. Because critical psychiatry as formulated by Maxwell Jones, Laing, Cooper, the French “psychiatrie du secteur”, these are rich, northern countries. You know, Italy is a different country, the northern part of Italy might be like Austria or Germany, but the southern part of Italy is different, it’s much more like Spain, Brazil, Morocco; it is not an advanced, postmodern society, it is a society based on families. The north of Italy is Europe, but it’s hard to say what the south of Italy is, it is borderline. The welfare system is not well-developed. There is no state. It is a family government, and in many parts of the south, a criminal government. Clan-based. Italy is this very mixed question. When you talk to people from southern countries, they never managed to talk about psychiatry without putting it in a certain period, in a class context. Because it is so obvious. In Germany, it is not so obvious. But the SPK made it obvious. So the link with Basaglia was this social question. In the SPK, there was a strong antagonism
towards psychoanalysis, you know, the introduction by Sartre... Jean-Paul Sartre wrote the introduction to the [book.
So we considered psychoanalysis to be a bourgeois thing.
We were the anti-institutional movement. Whereas Trieste
was the de-institutional movement, not anti-institutional.
As a young student in Germany, I did not understand this
difference; I learned it when I came here. Basaglia was never
anti-institutional; the [was. The [never had the idea of
constructing alternative institutions to psychiatric hospitals.
The [wanted to destroy psychiatric institutions and
thought that the abolition of capitalist society would abolish
madness. I was twenty-two years old and believed this. I don't
know if the founder of the [thought this. I think he
was a little bit more intelligent. But I thought this way when
I joined the [I did not join for political reasons, but for
personal reasons, because I thought that I might be a patient.
So I joined the [as a patient.

[was a doctor at the psychiatric polyclinic of the
University of Heidelberg. When people were in distress, police
brought them to the polyclinic. And one of the tasks of the
doctors working at the university polyclinic was to select
which of these people would go to the psychiatric hospital in
Wiesloch, where there were two thousand patients, and which
could remain as patients at the polyclinic and get therapy,
psychotherapy. Because it was obvious that at Wiesloch there
was no psychotherapy. So [said at a certain point, “I will
not do this (send people to Wiesloch), because Wiesloch is a
concentration camp. I just met you (the patient) today, you
tell me your story of suffering and distress, and then I have to
judge where to send you... But how do I judge? If you are dirty,
you are jobless, you have nothing, then I say: Wiesloch. If you
are well dressed, you have three friends with you, your mother
is calling, you father is on his way, you are a good student, you
have a good social background, and everyone will help you get
out of your crisis, then I say: you can stay at the polyclinic.”
So [decided not to send anyone to Wiesloch anymore, and
everyone stayed at the polyclinic. But they could not afford
that; there was a waiting list at the polyclinic. In this new
group at [s polyclinic, there was not just you (the nice
family girl), but people from the “lumpenproletariat”, jobless,
stinking, with bad clothes. And to avoid the waiting list, [started to do group therapy with all of them. And he worked
from ten in the morning till two the next morning, you could
have a therapy appointment with him at ten in the evening; and
this drove the other doctors out of their minds. So [went into the waiting room and said: “Who among you is a really
urgent case?” and everyone went: “Me! Me! Me!” and he said,
“Ok, then, discuss it among yourselves, and then I will discuss it
with you.” So instead of just waiting in the waiting room, people
started to talk, and then [went to join them and did
therapy, which was called “group agitation”. Because Heidelberg
was a student city, many of these young people in distress
were students. And when [got into trouble, students led
the protests along with the poor, sometimes so-called chronic
people whom [had saved from Wiesloch. So we were a mixed
group of students and working-class chronic youth. We were a
very young group, none of us were over forty. So it was a class
composition that was characteristic for this place, and this
was in '68 or '69; the student movement was at its peak. So the
[was a natural outcome of a sort of social setting. And then
[sent his nurse to the doctors’ meetings. Every morning
at the psychiatric university, the doctors had this meeting
at eight o’clock to discuss the different cases; and [decided not to go and to send his nurse instead. And the other
doctors took offense. And the whole thing got started as a
natural development of things that could only have happened in Heidelberg. I went to Heidelberg in ‘68 because I was a militant in the student movement; Heidelberg, Berlin and Frankfurt were the centers of the student movement in Germany. Because in Heidelberg and in the other places, there were American army bases, and this during Vietnam. And the was also saved by a judge! Because when we went to occupy an apartment that was the property of the university, the university went to court to throw us out of the apartment, but we claimed we were carrying out scientific research, and the judge said, “Ok, then we must have expert advice about this. Only university professors can decide if scientific research is actually being carried out here”. And so the judge called in three eminent university professors to advise on the subject, a left-wing, a centrist, and a right-wing university professor. The left-wing professor said we were the best and only scientific researchers in the world. The politically centrist professor said that the dignity of our scientific approach was worth experimentation. The right-wing professor said we were political criminals. And the judge decided that we could stay. And this could have only happened in Heidelberg. And then the radicalization happened, the RAF, the connections with the armed struggle, and so on. was arrested. Several people were indicted, me among them; nine people were arrested, but I wasn’t, because they did not find me at home. And those who were not arrested went to Trieste. And the university organized big meetings with 500 or 600 students, in solidarity with the . And the remaining members of the went to Trieste to invite Basaglia’s group, and they came to the students’ meetings, to bring the solidarity of Basaglia’s group to the .

So I just explained to you why the was interested in Basaglia; someone should explain now why Basaglia was interested in the . Because he did send a group of doctors from Trieste to Heidelberg, and then some free members of the went to Trieste, I think in 1971. No other members of the anti-psychiatry community, not Laing, not Cooper, not Goffman, none of the French, was as radical as the . None of the others ever went to prison like the . I think a very important factor was Italian history in relation to Germany. When I arrived here, 35 years ago, the daily running joke was, “You are a Nazi”. Thirty-five years ago, in Italy, anti-German sentiment was really strong. And this joke, “You are a Nazi”, was made by left-wing people. The Communist party was really strong in Italy; only in France was there an equally strong Communist party. And they were the ones who made the Nazi jokes to me, when I arrived here in 1976. Basaglia had very strong antifascist positions. He said to me sometime in 1978, “You are the girl who has reconciled me with the Germans”. So I think the process of democratization in Germany, for Italian left-wing intellectuals, was a point that deserved primary attention. And the had a lot to do with it, it was an antifascist movement. I remember... when the Minister of Culture for Baden-Württemberg, in the Baden-Württemberg parliament, with the proceedings broadcast over the radio, said, “ist die Gebährmutter des Radikalen, Unkraut” (is the womb carrying the radical offspring, bad seed), and that was what Hitler said about the Jews, the Gypsies... they were using the same language! We started to study our enemies, and our enemies were people who were 50 years old then. A guy who was 50 in the ’60s, and who was a university professor teaching psychiatry, where was he in the ’40s? It was not Klaus Dörner and all those professors who started investigating the connection between psychiatry and the concentration camps, the elimination of handicapped people, Gypsies, homosexuals, it was the ; and when we started to talk about this, we made enemies. Because in Germany, it was very difficult to be a university professor and
have it discovered that as a young doctor you had worked in a concentration camp, or in a psychiatric hospital that was known for having deported people, handicapped people, to concentration camps. It was hard to be a university professor during the student’s movement, which was profoundly antifascist. And we uncovered them: very important, very powerful people. And we made real enemies, and the Italians liked us for that. That was the position of the [BLANK], of me and my friends at least: we will never tolerate this (the Fascists still being in power). Our parents did this, and we will never do it. So I did not start out as a Communist; I started as an antifascist. I remember that in ’67 I went to the big public meeting held by Günter Grass, in support of the Six-Day War in Israel. To support the state of Israel. When I was fifteen, I wanted to quit school and go to a kibbutz. To help them, to compensate for what our parents did. These were the sort of people who carried out the armed struggle, the old ones. We were more antifascists than Communists. And radicalism came out of this idea, because it was terrible in Germany in that period. I came here (Trieste) and stayed. And I learned the “Italian difference”. I don’t want to judge the [BLANK] negatively now, but the situation was so difficult in Germany in those years. No one in the institutions wanted to have a dialogue with us. There was a total, absolute clash. In the end, in the ’70s, they undertook a lot of political questioning about the “long march through the institutions”. When the armed struggle, the Rote Armee Fraktion started, some people on the Left sympathized, and others criticized it on the basis of the need to start this “long march through the institutions”. This was a big discussion, and what Basaglia did was close to this idea of a “long march through the institutions”. But in Germany, dialogue with the institutions was very difficult until the Green Party appeared, until Joschka Fischer entered politics. But before that, I think young people thought institutions were evil.

If you talked to an institution, you entered it, you were compromised. You could not save yourself; you became part of the institution. I think this has a lot to do with German philosophy and history. Italians don’t have a religious relationship with institutions. They don’t trust institutions, they think institutions are corrupt, and there is a very different relationship between citizen and state, compared to Germany. In Italy, if you become part of an institution, your friends will not repudiate you; on the contrary, they will try to take advantage of your new position, which will allow them to stop paying parking tickets and so on. In Germany, in ’68, they did repudiate you: you went to the other side of the barricade. In Italy it was never like this. Italy is a clan system. Germany is a state system. Italy is like Spain, or Greece. I’ve worked in Greece. It is very different from Germany, it is the clan, the family, and everything is achieved through family relations. In Germany, it is totally different, the law is above everything, even the people who killed six million Jews referred to the law.

[BLANK] must be 80 years old now. I have no idea where he is. I am a traitor to them. No one is interested in the story anymore, it was 30 years ago. The only thing I know is that when they finally got out of prison, they became even more radicalized. You know, the [BLANK] believed in the end that Basaglia was the highest mystification of capitalism. But I came here (Trieste) and they received me very well, and I went to live in a room in a Mental Health Center. I told Rotelli I preferred to go there instead of going to the students’ house, because I’d be surrounded by Italians and learn Italian faster. They asked me nothing. They just said, “We have this project, would you like to participate?” “Yes, where shall I start?” “Here.” — and that was it. This was only possible here. Three months after I arrived here as a volunteer, together with a nurse and three other volunteers,
we were in charge of a group of nine young people; the oldest one was 35, and they had been in the psychiatric hospital for 20 years. We went to live in a flat that Rotelli had rented for his family. And we brought the people there, and we brought the beds and the sheets from the hospital, and we worked 24 hours a day, life and work, work and life. This was only possible in Trieste. But, this reflects the concept of the reform in Trieste.

I went with Peppe Dell’Acqua, Grazia Cogliati, and Carla Prosdocimo to Florence, to ask Scabia to help with Réseau 77. And Scabia made Marco Cavallo. But I never thought at the time that I was going to Scabia as an artist, even though he was an artist. My way of seeing things was that we had to do everything possible to open up the field. Hence Scabia, Ornette Coleman and Dario Fo, and the theater groups, and so on. So the problem was that the psychiatric hospital was a closed society, and we could not make a workshop about stigmas, but we would try to normalize the place, open it up, so that the stigma would go. You had to work like a dog to open this place up, to convince people like Scabia, using this fascination that artists have with mad people, with nice, real mad people... artists sometimes consider the insane to be the only sane people. So, Basaglia was - and Rotelli is - a manager of institutional transformation, they used this fascination to get the artists in, what they wanted was to destroy the hospital, and this would be done by slowly opening the hospital. Bringing in normal things all the time. When you are a psychiatrist, you look for instruments to transform.

As a psychiatrist, you don’t share the same fascination artists have with the insane. You are the manager of a transformation, and you look for instruments to transform, and this does not mean that you share the opinions of the people you invite to come help transform the place. When the young, anarchic theater groups came and occupied some rooms in the hospital, Basaglia said, “See, these are future users of our hospital, they are mad, a little stupid, they don’t understand anything. Open the door and let them in!” So you must not have a romantic idea of these artistic collaborations... Basaglia saw that these people were at risk, if they did not find a proper place to invest their enthusiasm and their anger. Because Basaglia gave them an institutional place they could respect, they did not become the SPK. Basaglia said, “I will give you the place, you have the right to a social space. So I will give you that space. But I will make the rules.” Because he (Basaglia) always made the rules. So some of those theater groups still exist today, Claudio Misculin’s Accademia della Follia. They came and occupied the place, and then Basaglia and Rotelli came and asked them, “Do you like it here? “Yes, yes, we love it here.” “But you know, this is no normal place, this is a psychiatric hospital. You can use the spaces here, but you have to pay.” “Ah! What?” “You have to open your theater group up to the patients.”

Rich, northern countries consider psychiatry to be a technical matter, part of the medical science. And when they want to change things, they think they have to change psychiatry. In poor countries, perhaps with the exception of the former Communist countries, they consider the psychiatric question to be part of the social problem. And this is a radical difference in approach. A big, radical difference between considering it a matter of scientific discipline, and considering it one of the social issues in a country. So are handicapped and disabled people a technical issue, ... or are they part of a social issue? The truth is, the attitude of a society towards its disabled and handicapped people defines the society’s level of civilization; and therefore, they cannot be considered a purely technical
problem. The level of democracy in a country is tested by the way they treat their disabled, their handicapped, their insane, their homosexuals, their people who are different, their immigrants. Therefore, this can never be a technical question. Clearly, this question is a social question. But this still isn’t understood in rich, northern countries; and Rotelli is right when he says they haven’t done anything. This does not mean that they are stupid. Guattari was certainly not stupid. BUT. I knew Guattari. I was working in Greece and we had a big party because we had opened the hospital there. And the European Commission came to check what we did there. And Rotelli came with Guattari. And they came to this party we had organized with patients, handicapped people, many of them without arms or legs. We started to dance the sirtaki, and Rotelli convinced Guattari to dance, and he started to dance between a nurse and a handicapped person who had no legs and therefore you had to lift him to dance; the guy was literally flying. And at that moment, Rotelli said to Guattari, “et voilà votre étique-esthétique.” Guattari wrote books about ethics and esthetics, but he did not have the praxis. He never did anything; he was doing electroshock in ’77. During the Réseau Psychiatrie in ’77, we were following him around with a fake electroshock bed, we were following him all around Trieste and on the bed was written, «Guattari, come have your electroshock chez nous”. Only Basaglia carried out the praxis. The SPK did not have any chance to change anything. In the situation Germany was at that time, it was impossible, it only could happen later, with Klaus Dörner, a famous alternative psychiatrist in Germany. He wrote Bürger und Irre. Zur Sozialgeschichte und Wissenschaftsgeschichte der Psychiatrie. (Europäische Verlagsanstalt, Frankfurt 1969 (New edition, 1995). Ten years after the end of the SPK, he started this big research project about the relationship between psychiatry and Hitler. The role hospitals played in the elimination of the disabled.

As a member of the SPK, I had a trial and was absolved. They accused me of setting the new forensic ward on fire at the psychiatric hospital in Wiesloch. Someone had indeed gone there with the intention of burning it. And before they left, they wrote on the walls, “From Auschwitz to Wiesloch, one way”. And at that moment in Germany, no institution had the guts to say that we were right.
Dear Dora García:

1. POLITICAL CLIMATE

In 1979, when Basaglia visited Brazil, the country was still living under the iron hand of the Authoritarian State that had ascended to power through the civil-military coup which took place in the early morning hours of 1 April 1964.

This dictatorship lasted more than two decades, during which resistance movements were cruelly, and relentlessly, repressed. Assassinations, torture, disappearances unexplained to this day, exile, and marginalization were common experiences among Brazilians who were opposed to the regime.

By availing itself of the rhetoric supplied by the “Cold War,” the coup managed to gain the support of the majority of Brazilian society. The red, Marxist-Leninist, atheist ghost, ready to confiscate everyone’s property, coupled with the protective, and participative, shadow of the United States of America, were enough to guarantee this rhetoric’s success...

The resistance was on the minority, and the Nazi-fascist propaganda was so successful, so visible, that the very people, manipulated by it, turned in their fellows associated with the resistance movement.
At first, there was a coup inside the coup, and the civilians who gave their support were quickly disabused of their aspirations to power, and presidential elections were cancelled. The changing of presidents was there to give the whole process a democratic look, but a look is all it was: presidents were imposed from within the higher echelons of the military. These presidents appointed State governors and these, in turn, got to appoint mayors to the cities considered areas of national security. The remaining mayors, along with senators, state and federal deputies, councilors, could still be elected by an agreed-upon bipartisanship, in which the Aliança Renovadora Nacional (ARENA), the official party of the military was pitted against the Movimento Democrático Brasileiro (MDB), the opposition party. There were, also, a number of senators, put in office by the dictatorship, whose seats were not up for elections. These came to be known as “bionic senators.” That is how things stayed until 1982. By then, civil society, exhausted by an authoritarian regime that had nearly driven the national economy over a cliff, destroying in the process any possibility of securing for the people a decent quality of life, stopped supporting the regime and demanding free and direct elections. This movement came to be known as “Diretas já” (“Direct elections now”).

And so it was that 1982 saw the first direct elections for state governors. The elections for state governors were followed by presidential elections and, on 15 January 1985, Tancredo Neves, following a parliamentary model, was elected president having won a majority of the Electoral College votes. But he never assumed power. He died a day before he was taking the oath of office, and José Sarney, his running mate, was sworn in instead. Sarney had been, for years, closely tied to the dictatorship.

The Authoritarian regime lasted twenty-one years. The process towards democratic rule, which came to be known as “the opening,” began during the mandate of Brazil’s fourth militarily appointed president, General Ernesto Geisel, who served a five-year term from 1974 to 1979.

It was during “the opening,” in 1979 to be precise, that Basaglia visited Brazil. He didn’t know much about the day-to-day realities of Brazilians, or about its mental health system, which, at the time, was administered solely in psychiatric hospitals, and was characterized by its exclusive practice. There was, moreover, no emphasis on therapeutic commitment or on social reintegration.

I think the only way to understand Brazil’s dictatorship and its consequences is to examine this period of the country’s history in light of its international relations. Summing it up: Brazil did show during this period a penchant for coups and authoritarianism, but this was not an isolated instance in Latin America. Argentina, Chile and Uruguay displayed the very same penchant during this very same period. Today, I understand that it was a time when international capitalism, with the US as its leader, needed to control countries with the potential for economic autonomy. There is nothing new in this; indeed, it is a dynamic that survives to this day. Current grievances and the movements these inspire have to be mercilessly repressed, with brute force when necessary, in the interests of nationalism, patriotism, and the Christian faith, all of which are under threat from the Red monster, both an enemy of the country, and an atheist.

1. ARENA: stands for the National Renewal Alliance Party, whereas MDB stands for Brazilian Democratic Movement.
When Basaglia came to Brazil to give talks and participate in debates, the country’s only model for the treatment of mental illnesses were psychiatric hospitals. This was true even in São Paulo, the richest state in the country. University hospitals, it is true, offered a handful of walk-in clinics, but these operated on the principle that they were ante-chambers to internment. There were 121 psychiatric hospitals then, of which 112 were private and 9 public. It was a sort of ideal association of the “new economic model,” which coupled social control to private profit.

2. CULTURAL CLIMATE

Many works of literature, music, theatre and cinema were censured and banned. Books by leftist authors were taken off library and bookstore shelves. Authors such as Marx, Engels, Gramsci, Celso Furtado, Florestan Fernandes, Emilia Viotti da Costa, Octávio Ianni, Pablo Neruda, among many others, could no longer be found except through a very risky clandestine network.

For years, the famous conservative daily newspaper Estado de São Paulo would publish recipes in the places left open by censured articles.

In Brazilian popular music, composers such as Chico Buarque de Holanda, Geraldo Vandré, Caetano Veloso, Gilberto Gil, Taiguara, among others, not only had some of their songs censured, but some of them also wound up being imprisoned, tortured, and exiled.

Theatre plays were also censured, and some theatres were invaded by the military police, and also by right-wing civil groups; notorious among these was the Comando da Caça aos Comunistas (CCC).²

In the cinema, a number of films were censured, and some only shown after their scripts and scenes had been mutilated. As I mentioned earlier, the cultural climate began to change, albeit slowly, in the mid-1970s, during “the opening.”

Franco Basaglia arrived in Brazil in the midst of this process. It may very well be that he would not have been allowed into the country prior to 1979.

3. BASAGLIA’S IMPACT ON BRAZIL

In the mid-1970s, borne aloft by the “opening,” one could detect a number of movements directed at reforming medical assistance in Brazil, which had till then been anchored to an entrepreneurial logic that transformed patients into lucrative assets.

After overcoming a series of obstacles, and having already conquered a democratic space, Brazilian society went on to develop one of the most advanced public health policies in the world, namely: the Sistema Único de Saúde (SUS).³ The system, approved in 1990, is decentralized, hierarchical, and universal, which is to say, it covers all citizens.

Twenty years later, SUS still has a number of problems, and this explains the survival of private, for-profit companies in the area of public health. That said, SUS continues patiently laying its foundations, successfully, I think, and its progress is in lockstep with other items of public policy in the country.

2. Commando for the Chase of Communists.
3. The Single Health System.
But what was Basaglia’s contribution to this reform, especially in the area of mental health?

Exhausted by the dictatorship, Brazilian society started to create opportunities for the reorganization of various movements; among these was the movement to reform mental health, which were already moving in the direction eventually taken with SUS.

However, without a carefully outlined model for reform, the proposals Franco Basaglia was championing in Italy, came to the attention of mental health professionals in Brazil. It was in this context, and in 1978, that I met my colleague and friend Darcy Antonio Portolese, at a conference in Portugal. When we returned to Brazil, we decided to get the institutions we were working for to invite and sponsor Basaglia’s visit to Brazil. We secured the support of Pedro Mascarenhas, who was then tied to the Sociedade de Psicodrama of São Paulo. Our network of contacts expanded to include also Pedro Gabriel Delgado, in Rio de Janeiro, and Antonio Soares Simone, in Belo Horizonte. Through these means, and thanks to Basaglia’s availability, we were able to bring him to Brazil in 1979, where he gave a series of talks and participated in a number of debates. By then, the process of reform in Italy was already quite advanced, and the experiences Basaglia could share with us turned out to be inestimably important as we were starting to plan our own reforms.

With the collaboration of the publishing house Brasil Debates, we organized the first Portuguese translation of Basaglia’s work; there were two print runs, and both sold out very quickly. An Italian version, under the title Conferenze brasiliane, was published in 2000 by Raffaello Cortina Editore.

The discourse and practice of Basaglia and his group on the axis São Paulo/Rio de Janeiro/Belo Horizonte was so convincing that it accelerated our movement in the direction of reform.

A number of changes followed that visit. Most asylums were deinstitutionalized and new models of social assistance are being created.

We recognize that we are in a process of transition, where it is still possible to detect a number of problems to be solved. I will not discuss the high points of the changes, though, lest this become overly long.

After 10 years of fighting for it, we got the federal government to pass measure 10216/2001 into law. The measure is intended to give preference to new models of mental health treatment over the old, asylum model.

Basaglia’s impression of Brazil was that of a hospitable and friendly people eagerly trying to recuperate two lost decades, and also that of a privileged nature making the most of favorable winds to generate change.

4. POPULAR CULTURE AND COUNTER-CULTURE

Paulo Freire became famous for his articulation of a pedagogical method in which the educational process was linked to social and political problems.

Augusto Boal did the same thing — tried to do the same thing — in the theatre.

Both were exiled during the dictatorship.
Tropicália does not seem to me to be a part of the counter-culture. When Caetano Veloso says “É proibido proibir” (“It’s forbidden to forbid”), it is in an inconceivable context of repression. He does not come close to the level of radicalization of T. Szasz or D. Cooper. Caetano, it seems to me, respects and always has respected the cultural norms accepted and spontaneously shared by the people.

As concerns artistic manifestations through drawings, painting, and the plastic arts in general, the person who contributed the most to the reform of psychiatric assistance was Nise da Silveira (1906–1999), who revealed a number of artists/patients. In 1952, she founded the Museu de Imagens do Inconsciente (Museum of Images of the Unconscious), in Rio de Janeiro.

Although Nise was quite old already during the period when psychiatric help was undergoing reform in Brazil, the force of her influence can easily be seen in the country’s mental health policies.

Dora: I hope I have answered your questions to your satisfaction. Please don’t hesitate to contact me if you have any questions.

Gabriel Figueiredo

7 April 2010
03:36 pm

Dear Dora,

To complete the answers to your three questions, I would like to say something more about Paulo Freire.

I am professor of psychiatry at the Faculdade de Medicina da Pontifícia Universidade Católica de Campinas (PUC–Campinas), where Paulo Freire was counselor to the Academic Dean during the 1980s.

In the wake of the military coup of the 1960s, Freire was imprisoned and tortured before he obtained asylum in Chile, where he devoted his time studying and thinking about adult education and agrarian reform. It was in Chile that he wrote his most important book, the Pedagogy of the Oppressed.

Before he found exile in Chile, Freire worked hard to improve the literacy of the poorest groups of Brazilian society. This represented the better part of the population, and Freire’s methods meant that the pedagogical content was directly tied to the awareness of Brazil’s social reality. It was this work that led to his persecution under the military regime.

At the end of the 1980s, with the dictatorship fallen, he was appointed to be Secretary of Education of the City of São Paulo; the work he did in his post is worthy of his legacy. He died in 1997.

Warm regards,

Gabriel Figueiredo
INTRODUCTION

Reading this text may pose certain difficulties in arriving at an immediate understanding of its intent. It is a small clinical-political experiment that undertakes to analyze certain texts referred to in various media, with the intention of testing out a radical critique of their "murky" findings. It should therefore be borne in mind that it was written in the context of a particular time, in particular circumstances and with a certain audience in mind.

Openly hostile to this depoliticizing of thinking, our analysis specifically addresses certain publications retrieved from the mainstream media or in intra-institutional communications, committed to an offensive against Brazilian psychiatric reform.

A clinical exercise in analysis of the established media, the text seeks to warn against this insidious strategy – increasingly frequent in all fields – of manipulating information in a way that seeks to neutralize political confrontation and the debate of ideas.

The enforced deterioration of politics and history that are so characteristic of our time provide a fertile ground for the growth of what we are calling "murky thought." Intended to bombard the collective imagination until it is transformed into a tabula rasa, these primitive ideologies use communication strategies to foster homogeneous opinion on controversial issues.

Usurping the title of a text written 500 years ago – *In praise of folly* by Erasmus of Rotterdam – the president of a major regional council of medicine wrote an editorial addressed to his colleagues in which he declared open season on the psychiatric reform under way in Brazil, as well as the social movement that supports it. This fact, described without citing names or places, would be nothing more than one more news report of a hostile reaction of the sort that reform movements have always provoked, in every era, among institutions affected by such reform – a simple reactionary retort on the part of people who, along with those who have decreed the end of history and revolutions, and also aspire to repudiate those community movements that bring about reforms in institutions and public policy. It turns out that this declaration, theoretically confined to the medical establishment, is being simultaneously multiplied along with others that are equally violent, now aimed at the general public and signed by other leaders of the profession sharing the same goal.

If we consider, furthermore, that these official speeches occurring on all sides have at their core the complex matter of insanity, we are forced to conclude that the matter has escaped into the exclusive competence of specialists and ceases to be a simple case of conservative reaction. This being the case, along with all those who identify themselves with the movement to uphold reform, we should be as precise as possible in analyzing the formal statements made public by the media, not only for the sake of defending reform, but also to properly address the public controversy that has emerged. With this end in view, we would now like to formulate immediately the lines of inquiry instigated by this situation and see where they may lead us.

If we are dealing with official speeches that represent, in principle, the thinking going on in each field... why, then, call them violent? Why call them declarations of war, in the language of warfare, and not statements of critical discourse, in the language of democratic debate, that are merely concerned with conflicts in public policy? Why not suppose that, in the final analysis, it is a matter of a mistaken understanding on the part of certain institutional authorities that have ceased to be representative of their institutions, and that their anti-reform offensive will come to an end with the expiration of their term of office? In short, what sort of thinking do these concerted attacks represent?

There is no thinking at all in these declarations, we would reply, except for what might be called “murky thinking.” Unfortunately so commonplace in all spheres of contemporary life, murky thinking amounts to the most harmful variant of “unique thinking,” to the extent that it repudiates/deletes any thinking that aspires to be different.

We can indeed affirm that an attentive reading of the statements by the doctors’ senior advisor, as well as the declarations of the president of the psychiatrists’ association in this country do not disclose the thinking on which their offensive is based! Upon reading them, we perceive that their interests – both public and private – remain murky, and do not discern in them any proposition except one of “scorched earth” with respect to reform. Without mincing words, the aforementioned president of the psychiatrist association has given his orders: “[...] get the ship on the right course and start from scratch,” that is, nothing less than going back to the status quo prior to the reform that is currently in progress. Now then, to seek to “start from scratch,” nullifying
a reform that is fully underway does not merely entail a change of course, but rather nullifying all the distance the vessel has already traveled ... without submitting any evidence or arguments to justify such a radical stance. Thus, in addition to concealing the issues – in keeping with its fundamental (fundamentalist?) and exclusive commitment to attack anything new – murky thinking divests the new of any symbolic or political value.

In the case before us, the aim is to obscure everything that has been said and done on behalf of psychiatric reform at one fell swoop, for the sole purpose of restoring the previous situation, that is, the medical treatment of institutionalizing and locking up insane people in asylums.

In the original In praise of folly, Erasmus has Folly, whom he presents as the main character, satirically make fun of the wise and powerful. Included here are those who will be the future specialists on the matter – that would be us, five centuries later – who claim to know everything about the subject.

“Insanity is the greatest tragedy that can befall a human being,” warns the president of the medical council, teaching that “delusion is a permanent affliction.” To convey to us his convictions on such controversial matters, the advisor tells us the following: “Someone is persecuting the psychotic and he does not know who it is nor the reason, much less why he should be a target of persecution.” Even setting aside the unbalanced grandiloquence brought to bear, we note that this is the strangest of his assertions: he appears to be confusing the insane person with a Kafkaesque character. And so we wonder: how is it possible that someone who claims to know what is the greatest human tragedy, and says he understands the experience of a deluded person’s affliction, does not know that the deluded person suffers because of his certainties, and not because he does not know who is persecuting him or why? Anyone who has listened carefully to the deluded people (prior to locking them up, of course), to whom the learned specialist refers, that is, anyone who has listened to sick people, understands perfectly what classical psychiatry refers to as “deluded conviction.” This self-affirmed conviction refers to a sustained certainty (stated or not) held by the persecuted person so absolute that it becomes incommunicable ... to those who really know nothing. Thus, within or outside the bounds of pathology, we observe that certainty is both the prerogative of deluded people and, at the same time, their greatest affliction. Sick or not, the persecuted person knows very well who his persecutors are, whether they are extraterrestrials, the neighbor next door, or ... the “anti-asylum partisans” of psychiatric reform ... who insist on not confining him to an institution!

The thinking of Erasmus of Rotterdam, who speaks through the mouth of Folly, is lucid. The thinking of the advisor is murky. He wants to impose his convictions regarding insanity to support a violent attack on what he calls “the lie of the anti-asylum position.” He disqualifies all the knowledge of insanity and denies the history of a movement that for decades has sustained a critique of the ideologies and practices that see in confinement the only possible treatment for psychosis. Armed with his certainties, he takes aim at those who “glorify” insanity – at “stupid people” whom he treats like his own imaginary persecutors – he does not name them but he is certain who they are – who interfere with his sacred mission of locking up insane people. At the height of his excitement, full of quasi-mystical certainties (the murky thinking of the enlightened we might say), he writes without the slightest...
shame: “[...] if Art depended on Insanity to exist (as he imagines his persecutors would have it), then Death to Art” (sic).

It is not enough to understand – as his fellow crusader the representative of the psychiatrists would have it – that it is a matter simply of denouncing a “mistake” in government programs and in public policies concerning mental health. It is not enough for us to think that this whole grand discussion is anything more than a contest between different “models” or “management” criteria. It is not possible to believe – as the crusaders would have it – that everything is solved by high doses of “training” or successive injections of “quality” (after discarding everything that exists to “start from scratch,” of course). Perhaps, once upon a time, we were content to understand the hostile declarations against reform, no matter how savage they might be, as one more clash among “ideologies,” but nowadays, in the era of biopolitics, this is no longer sufficient.

However, if we broaden the focus of analysis beyond the issue of hospitalization / de-hospitalization, it is possible to find the same shadow of murky thinking providing the basis for actions of the same totalitarian inspiration. The so-called “medical approach,” for example, which seeks to subordinate psychotherapeutic practices to the authority of the doctor, as well as seeking to subordinate all knowledge on subjectivity to his own knowledge. Or else the grim tendency to “naturalize” all that he says concerning the experience of the human subject, supporting his position on the modern neurosciences and legitimating the indiscriminate use of psychoactive drugs. Or even the expert manipulation of the presumed knowledge of the psychologist, psychiatrist or psychoanalyst to confine, incapacitate, disqualify and punish – an intervention in criminology, the judiciary and the correctional establishment.

It is murky thinking that goes to the extreme of authorizing the participation of these specialists in coercive interrogations – the doctrine of the “lesser evil” – that legitimates the use of certain forms of psychological torture in the name of safety against terrorism. A shadow that seeps into the black lists that are drawn up behind the regulation of the practice of these professionals, in the name of the State in an unprecedented public private partnership, etc., etc.

The murky thinking that governs the crusade that has been recently unleashed against psychiatric reform, going way beyond – or falling far short of – a critique or invitation to debate public policy concerning mental health, is bound to have a powerful effect of de-politicizing its own domain. This is why it must be considered retrograde and obscurantist, and not only because it wants to go back to the way things were before. It attacks the brains of the movement and wants to cut off its legs, acting like someone who wants to kill the creature while it is still small. Small, yes, because it is always necessary to bear in mind that, in light of the five centuries that separate us from Erasmus, the few decades of activity of the current anti-asylum movement in truth represent only a few minutes of life. To conclude that only circumstantial economic forces are benefited – laboratories and private hospitals, for example, is not enough. Those would only be the current circumstances of an ancient, very ancient issue having to do with insanity, an issue that nowadays is referred to as “subjectivity.”

We cannot speak of a “new” murky thinking (neo-obscurantism?) because it is, literally, always the same: thinking intended to impede action. It is, as it has always been, a sad way of thinking that, like the so-called sad passion, becomes an encumbrance
hobbling efficient action – hobbling, that is, the political action that creates something new. It is the darkness that castrates action.

In this connection it is worth remembering a striking episode to which we were witnesses. Thirty years ago, at a time when the anti-psychiatric and anti-asylum utopia seemed possible in Italy, Franco Basaglia visited us in Brazil as a guest at an international symposium. As he passed through Rio de Janeiro, he also agreed to take part in a debate at a public institution, in this case, a university hospital. There he could, we thought, freely express the radicalism of his ideas and could exhibit, in person, the optimism of his practice. And so he did, relating with contagious enthusiasm the advances achieved in his struggle against all insane asylums in favor of a democratic psychiatry. At the end of his vibrant presentation, the director of the hospital sitting beside him at the table took the floor, opening his remarks with surprising derision. He said that Brasilia’s proposals against insane asylums reminded him of the story of the betrayed husband who, when he came upon his wife with another man on the sofa at his house, did nothing more than ... sell the sofa! Basaglia did not allow him to continue. He rose from his chair and pointing his finger at the director said in a loud voice: “[...] these are the people who, when they’re cuckolded, chop off their own cock! [...]” Upon hearing the applause that erupted from the audience, after several seconds of silence provoked by the shock of this statement, the director withdrew hastily from the auditorium.

The curtain falls ... decades go by ... and the echoes of Basaglia’s statement have not stopped resounding in our ears. It was the best performance – in the true sense of the word – that I’ve ever heard spoken aloud. I believe that the force of Basaglia’s presentation awakened a number of anti-asylum vocations among those present at that memorable gathering. Even today it serves us, in post-asylum times, not only for the clash that awaits us with the “cuckolds of the present hour” (the anti-reform crusaders), but also for the good fight against all the forms of obscurantist totalitarianism that we encounter on all sides.

PART TWO – FEBRUARY 2008

In August of 2006, in an attempt to analyze the violent statements published against psychiatric reform, I wrote a short text entitled, “Murky thinking” (above), which sought to serve as a possible analysis of the upheavals that were foreshadowed on the horizon of the vast field of Mental Health.

At that time, leaders in the field of medicine and psychiatry, in full exercise of their capacity as representatives of the profession, violently expressed themselves against “everything” (in their own words) that had been done by public policy in this sector, and also against “anything” that might represent the thinking of the Anti-Asylum Movement that supports these policies. In their astonishing offensive, the “anti-reform crusaders” – so called because of the fundamentalist hostility they exhibited – accused the anti-asylum people of ‘praising’ (sic) insanity and disregarding its suffering.

In the face of these statements, my text attempted to understand the “thinking” that these concerted attacks represented, considering that they were not merely criticisms to be answered in the internal debate of the field, but also to be understood as an offensive that has been publicly unleashed. It is not enough to understand that, as always, it is a matter
of the interests of laboratories and private clinics. Such a call to arms requires an effort at reflection – within the social movement for reform – and also requires political action that is not confined to a purely defensive reaction, as so often happens. I sought to analyze, in short, what was evidently an initiative to “militarize” the anti-reformist ideology, as occurs, in certain circumstances, with all totalitarian thought (murky by nature) that is determined to de-politicize ideas and deny any thinking that is different.

I now wish to take this title as analytical (all that which helps to analyze) of the current situation, seeking to give continuity in light of new developments to the analysis presented in the foregoing text. I shall synthesize a few of the points that seem to me most significant to those “inside” the movement, to be considered now, in the aftermath of the justly indignant reactions immediately provoked (statements of Abrasco, Cebes, CRP, and various other institutions and networks of the movement). A few months later, at the end of the year, we have fresh news of these attacks, even more virulent, now broadcast by the mainstream media. With the hard-hitting title, “Without hospices more mentally ill people are dying,” the newspaper O Globo has published an extensive 2-page article in which it attempts to substantiate its unbelievable headline by citing statistical data that has clearly been manipulated.

In the first place, it is necessary to emphasize the powerful immediate ideological effect made by the sensationalism of the headline. It is not question of merely translating the great concern of a group of psychiatrists suddenly grief-stricken about alleged mentally ill people deprived of care. The printing of this article appears rather to be the result of a well-organized pressure group that understood how to exploit the hunger of the big newspapers for the so-called “negative news” – in one stroke the headline ties together abandonment, insanity and death. We can well imagine the common reader, uninformed about the achievements of psychiatric reform, called upon to “diagnose” around him all of the mentally ill who ought to be institutionalized ... so they will not die in the streets. Behind the apparent denunciation of “deprivation of care” (the slogan of the anti-reform crowd), the publication of this article seems more aimed at provoking subjective assessments that relate mental illness to safety, and also, as always, the collective imagination relating insanity to a need for confinement. To concoct the headline, the reporter chose the word ‘hospice’ – and not ‘hospital’ – to suggest the only recourse capable of saving unprotected lives. Add to this the sensationalist content of the article, while at the same time the hospice is re-inserted as the coercive idea of an entire ideological complex that prevailed for centuries and which right now finds itself, throughout the world, in the midst of reform of the institutions which it has produced.

If in our analysis we emphasize the effect of “ideological propaganda,” which the article can provoke, this should not be thought of as one more expression of the former critical thinking of the 1970s, so common to the era of Basaglia. Quite the contrary: we believe that we are at the start of a post-asylum era, in which it is not sufficient to affirm the former criticism of the asylum to start the new era as a rupture, but rather as an era that calls for the generation of new ideas and new practices for the training of new generations. However, it is necessary to understand why the position of psychiatrists and journalists on public health continues to posit the paired term of insanity / hospice as a paradigm for all that is “disturbance.” In an era full of new (and severe) pathologies that have scarcely
begun to be diagnosed, without paradigms of normality to demarcate the boundaries of society and culture, what could be the rationale of these psychiatrists and journalists waving the old flags of crazy people deprived of hospice care?

Although the ambiguity of the word ‘ideology’ has rendered it practically unusable (nowadays it is preferable to speak of “production of subjectivity,” of “imagination,” or, in journalistic terms, of “formation of opinion”), it enables us to emphasize that the anti-reformists are not really interested in a debate among different public policies or different models of assistance. From our perspective, to juxtapose more beds versus more CAPS (Centers for Psycho-social Care) in the dynamic of assistance policies, is just as reductive as juxtaposing opposition versus situation in the dynamic of the central government (which, incidentally, is the authority behind the reform). It should be noted that the singular headline on the second page says “The government doesn’t want to know about people who are hearing voices.” To get involved with the reductive construction of the hospital vs. the community or, carried to extremes, the institution vs. the individual, would bring us to a negative scorecard; recently we heard a playful and accurate summing up of this scorecard: ICD 10 vs. the individual 0.

Discuss models? If necessary, the reform movement needs to invent them, over and above its great invention, the CAPS. Just as in other fields of practice, in the mental health field there is also a “saturation of models.” Models that are interchangeable, clinical models and theoretical models that cannibalize each other, or that are against other models unto death ... here’s the panorama that may be glimpsed. From this perspective, it would be a mistake to believe that the anti-reformist offensive is proposing a public confrontation between models. To approach the conflict with this belief would be like going into combat on ground chosen by the adversary and, what is worse, condemning oneself to remaining always on the defensive. It would be to perpetuate the struggle within the false dichotomy of pro-asylum/anti-asylum, without breakaway movements that could allow for inventions in assistance that are truly autochthonous and not pre-fabricated. To think that the matter in question is a difference of models, in short, would be to remain a captive to the pernicious “substitutive logic” (that is, mutually exclusive).

Perhaps these are the factors that make it difficult for reform to progress in the at ground level [by the way: recent news indicates that at long last the NAFS – which represent psychiatric reform in the highly successful Family Health Strategy – are beginning to be put into practice], at general hospitals, walk-in clinics and workplaces – for example – that seem to be the interfaces for the emergence of problems in mental health in this post-asylum era [In this regard it should be noted that when I left Argentina (30 years ago!), already an activist in the field of mental health engaged in an “undeclared reform,” there were complete “psychopathology” services up and running (with admission, walk-in facilities, day hospitals, liaison psychiatry and emergency units) at a number of general hospitals in Buenos Aires. They were practically wiped out by the dictatorship, but today they have come back into service – although in different forms, they are a proof that it is possible for mental health to penetrate the “impregnable” general hospitals].

How might reform be able to train professionals on these salients to perform work that has never been done before? How is it possible to reform what has never been formed in the first
place? What, in short, are the disciplines (multi-... inter-... trans-...) and theories (of the social, of the psychic) that could be taken as reference points for this groundbreaking training? Theories of the individual or theories of disturbances? Biological naturalist theories (neurosciences) or psycho-social theories (society without asylums)? Of course it is not a matter of exclusive choices, but it is necessary to admit that we are at a political moment in which it is the choice that will end up determining the outcome of the battle.

The anti-reform fundamentalists seem to understand the need for a strategy at this juncture that unleashes a genuine campaign of disinformation concerning reform – obscuring it – and is availing itself of institutional and media assaults. This campaign, institutional and public at the same time, takes advantage of the moment in which the so-called collective imagination is not yet informed about reform and, in tandem with this, is intended to capture ideologically (if that term may still be used) the new generations of psychiatrists who are beginning their complex and heterogeneous period of training. It is true that the CAPS are here to stay, but it is also true that psychiatrists, including the so-called “biological” ones, are also here to stay. The question is: where? Could it be that the reform movement is interested in cloistering the psychiatrists inside the hospital, as they themselves seem to prefer? (apart from their private practice, of course). If they remain in this frightful allotment of confinement and private consultation, would biological psychiatry be “abandoning” the “rest” of mental health to social and community psychiatry that is multi-professional and interdisciplinary? Administrative psychiatry – of psychopharmaceuticals and hospital beds – on one hand, and mental health on the other? Who is interested in these dichotomies? The natural tension between politics and the clinic thus comes to its maximum point and we are at a moment when there is no place for middling terms.

True or false, such oppositions efficiently mass-disseminated by propaganda contain an even greater danger: to sow ambiguity. If one of the sides in the struggle manages in an illusory way to dislodge the point of contention (between models, as in our case), it also manages to create ambiguities for the other side, creating a false debate over half truths (over the need for confinement, psychopharmaceuticals or electroshock, for example), accusing reformers of being totalitarians who reject “all” cases of hospitalization, medication or electroshock. The reform movement could thus, through opposition, be pushed to the contrary totalitarian illusion: of seeking a “total mental care” for an absolute mental health for everyone. Thus there will always be among its ranks those who would prefer to relativize their reasoning saying, “they are partially right about the speed of de-hospitalization and about the inadequacy of CAPS,” for example, provoking false contradictions among themselves and losing sight of the main contradictions between them and their adversaries. Relativization of reasoning is usually part of debate; relativizing in the midst of battle is usually fatal. This is how “schisms” and splinter groups are born that could bring the advance of reform to a standstill.

* * *

We have received recent notice of the “I have” campaign sponsored by the same establishment of psychiatrists who accept the anti-reform discourse broadcast by the Globo news system – this time on the national television network. In fifteen daily 30-second spots, the video claims to be “fighting the stigma on mental health,” showing people who simply say
"I have," while the announcer explains the “high frequency of mental disturbance and the importance of seeking care,” ending with the appeal, “don’t be afraid to seek help. You have a right to be happy” (give us a break!!!). Is it possible that within the field of mental health we have one side that fights for human rights and another side that fights for the right to be happy? There is another powerful analytical element relating to the matter at hand, which enables us to set forth below certain conclusions and quickens our eagerness to disseminate these words forthwith.

– This time the establishment is admitting in plain terms and with as broad a scope as possible what is at issue is a campaign for a unilateral initiative: when it says that “there is beginning to emerge an awareness of the importance of mental health in Brazil,” it fails to acknowledge that this awareness just might be due to the psychiatric reform that has been under way for decades.

– In contrast to the pieces of propaganda (“Praise of insanity” and “Without hospices more are dying ...”) examined above as analytical elements, the establishment now seeks not only to denounce, but to attract to its side the enormous demand of the people “deprived of assistance,” offering – privately, of course – its ever growing list of psychopharmaceuticals. It almost seems to be saying “Everyone has the right to a happiness pill.” The triteness of this affirmation, disregarding every right that can be publicly asserted (as one would expect, the Globo TV Network requires that its peculiar programming of this nature must address matters that are exclusively of public interest)) reveals what would be in administrative terms a major program for the privatization of the repressed demand; since confinement can no longer be administered, let psychopharmaceuticals be administered ... before such administration is entirely captured by doctors who are not psychiatrists.

– Fight the stigma in mental health? In the days of asylums, the stigma was on institutionalized insanity (in other words, chronic schizophrenia). In these post-asylum times, the stigma is no longer on the crazy people who need to be locked up but on the “disturbed.” Where should they go? To the SUS walk in clinics? Who is stigmatized now? Depressed people? Compulsives? Borderlines? All varieties of people who are stressed out?

– The campaign of the establishment is expanding the scope of its target audience to a dizzying extent:
  . several hundred when directed at its internal audience;
  . hundreds of thousands when transmitted through the major print media in Rio;
  . tens of millions when broadcast by the national television media.

Everything indicates that Psychiatric Reform is faced with many urgent tasks without its having to stop to discuss substitutive models or statistics indicating results. There’s no point in discussing things when one is under full-scale assault, nor in engaging in a contest with one’s assailants. In Brazil, reform is taking place in exceptionally favorable – perhaps even unique – circumstances, in that it has the support of broad social movements, with political direction from the central government. For the reform movement to move forward with its complex institutional agenda without being thwarted by the attacks to which it is subject, it may have to arrive at an understanding of the thinking that currently sustains it, and thus discover how this thinking can be transmitted to future generations before it is lost in the murk once and for all.
Each night from the top of his tower, the mayor of Gotham
rails indiscriminately against tycoons, prostitutes, and
psychiatrists. He promises worlds and funds, control and
anarchy, bread and cloning. But tonight he asks for a Lexotan
before taking the stage. He can barely believe his eyes: Marta
Supicy is in the audience. The mayor of the imaginary city
is at a loss as to what to do in the presence of the mayor
of the real city: should he protest? compete? seduce? feel
embarrassed? Gotham–SP also has a very old emperor. Nearly
blind, and nearly deaf and dumb, the emperor is nevertheless
the addressee of lost voices. In vain: neither the frail emperor
nor the belligerent mayor has any power over what happens in
the city, or over the mood of its muttering citizens.

“It’s cold here,” the resident in her cubicle says again, and
concludes: “If tomorrow, or today, is nothing, then what
is everything for?” A passenger elicits the company of his
cabdriver, who merely echoes his memories and fears. The
decadent diva searches for the impossible musical note, Ophelia
emerges from a barrel of water to look for her beloved, angels
struggle to figure out where they’ve landed, a resuscitated
Joshua calls for a different world order ... Senseless voices
all, a critic might say. These antagonistic voices, however,
intertwine to form an audio, visual, scenic, metaphysical
polyphony ... Dissonant voices the emperor and mayor cannot
hear or orchestrate, much less stifle.

The beings on stage, to a man, carry in their fragile bodies
their frozen or burning worlds ... One thing is certain, though:
from the depths of their pallid isolation, these beings plead for
and announce another community of souls and bodies, another
play of voices. A community of those who have none.
LIVING, DYING

The Ueinzz theatre company is, perhaps, something of that sort for them. They spend months wasting away in insipid weekly rehearsals, with some in the cast occasionally wondering if they will ever actually perform, while others wonder if they will ever perform again. Some of the actors disappear, sponsors dwindle, lines are forgotten, the company itself comes to seem impalpably virtual. And, suddenly, a new gig appears: there is a theatre available, a patron or sponsor, the glimmer of a season... The costume designer picks up his needle and starts patching up the dusty wardrobe, the pizzeria 1900 agrees to give the actors the pizzas that invariably precede every performance, word of mouth makes up for the shabby publicity campaign, the actors who had disappeared return, some of them fleeing internment from some clinic... A magnetic field is reactivated and proliferates, makes rhizome. The lonely pair up, the dispersed summon each other, and a collective composed of disparate singularities establishes a subtle play of distances and resonances, of isolation and contamination — forming what Guattari would call the “collective agencies of enunciation.”

Still, even when everything “clicks,” it is always in the fragile line that separates construction from collapse.

For example: at the Festival Internacional de Teatro de Curitiba, minutes before we were to perform Daedalus, our narrator, a key character in the play, informed us that he would not go on. He was going to die that night. After much pleading, he agreed to go on, but the words he declaimed slid one upon the other in such a slur that, instead of serving as the play’s narrative thread, they threw it into a slippery slope. The same narrator, at the moment when he is transformed into Charon — to ferry Orpheus to Eurydice — decides to walk off the stage, head directly to the theatre’s front door, and out onto the street. Moments later I find him sitting down, deadly still, stuttering his demands for an ambulance: his final hour had come. I kneel down beside him and he says: “I’m going back to the pond.” What do you mean? I ask. “I’m going to become a frog.” The prince who becomes a frog, I answer affectionately, recalling the fact that on this tour, our first, he is traveling with a new girlfriend and that this is like a honeymoon. But he replies, catching me by surprise: “Message to ACM.” Without missing a beat, I tell him: “I’m out of that one.” I am no friend of ACM’s. Better send him to the pond while we stay put. The situation lightens up; instead of an ambulance, he asks for a McDonald’s cheeseburger, and suddenly we find ourselves talking about the lottery ticket we bought together and about what we’ll do with the millions that await us. I hear the applause for the end of the play inside the theatre, and it is not long before the public starts making its way out. What they see as they leave is Hades, lord of the underworld (that’s my character), kneeling at the feet of a living-dead Charon. The passing public spares us a reverential look, as if this intimate scene were part of the play.

By a hair our narrator didn’t go on; by a hair he eventually did; by a hair he didn’t die; by a hair he lived...

PRECARIOUS LIVES, AESTHETIC PRACTICES

It would be necessary to dare an extravagant leap and situate the relationship between “precarious life” and “aesthetic practices” in today’s bio–political context. The raw material of our play is the singular subjectivity of the actors. Nothing more. The thematicization of immaterial labor over the past

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1. ACM = Antonio Carlos Magalhães, a conservative Brazilian politician who died in 2007.
several years allows us to shed light on a hitherto unnoticed dimension of the production and staging I have just described. Immaterial labor produces immaterial things: not, for example, fridges and shoes, but images, information, signs. Immaterial labor requires workers to tap into immaterial “tools”: imagination, creativity, intelligence, affection, and intersubjective powers of connection, and not physical force. Finally, the product of immaterial labor interact on those who consume it on an immaterial plane: it calls upon their intelligence, perception, sensibility, affection, etc. Immaterial labor, predominant in contemporary capitalism, can be characterized by two aspects. The first is that immaterial labor is a form of production which depends above all on the subjectivity of the workers; in extreme cases, it puts even their dreams and crises to work. The second is that the fluxes produced by immaterial labor – in information, images, services – affect and format the subjectivity of those who consume it. Never before has Guattari’s fixation with the idea that subjectivity is at the heart of capitalist production been more true. With this proviso, though, which Guattari himself had already hinted at: subjectivity is not simply at both ends of the process, production and consumption—subjectivity itself is capital.

Before turning to a few examples, it may be worth insisting on the fact that when I say that immaterial fluxes affect our subjectivities, I mean that they affect our ways of seeing and feeling, of desiring and enjoying, of thinking and perceiving, of decorating and dressing... in sum, of living. And, when I say that they demand of their producers their subjectivity, I mean that they requisition their forms of thinking, imagining, living. In sum, their forms of life. In other words, these immaterial fluxes have forms of life as their content, and they make us consume forms of life. If to speak about forms of life is to speak about life, then we can dare to use a more spare formula and say that capitalism, today, infiltrates and vampirizes life on an unprecedented scale. The inverse, by the way, is also true: through this process, life itself has become capital. If ways of seeing, feeling, thinking, perceiving, living, and dressing are the object of capitalist interest and investments, then they too are sources of value, which means that these, too, can be vectors for valorization, as we shall see below.

Here is a first example. A band of prison inmates composes and records its own songs. What the band shows and sells is not (only) its music, or even the rough stories of its members’ lives; what it sell is their style, their singularity, their perception, their revolt, their irreverence, their way of dressing, of “living” in prison, of gesticulating, or protesting. In sum, their life. Since life, in its extreme condition as survival and resistance, is the inmates’ only capital, that is what they capitalize on, and what, by these means, is not only invested with value, but is itself a producer of value. On the outskirts of Brazil’s large cities, this process keeps expanding, creating a parallel economy. This group or gang economy is libidinal, axiological, aesthetic, monetary; it is a political economy based on these extreme lives. It goes without saying that, in a climate of cultural entropy, such “merchandize” — at once odd, rough cut, different, and visceral — cannot fail to attract interest. A number of recent films attest to this tendency, a tendency that can easily morph into a mere exoticism for disposable consumer goods.

**INSATIABLE VAMPIRISM**

This is the case with my second example. In 2000, I was contacted by an Indian–run NGO (the IDETI) and asked to be a “witness” on the bus that bringing to São Paulo two Xingú

2. IDETI = Instituto das tradições indígenas.
tribes (the Xavante and the Mehinaku), both of which wanted to make their presence felt during the commemorations for the 500th anniversary of the Discovery of Brazil. They wanted to present the force of their ritual and offer the President an open letter in which they stated that they had nothing at all to commemorate. But how to prevent their presentation of their ritual, once it found itself upon a lit stage, from dissolving into nothing more than a spectacle, a televisual spectacle no less? Without taking every imaginable precaution, the form of life they wanted to guarantee and protect ran the obvious risk of being consumed as folklore. In fact, that is what happened with the marvelous exhibition of indigenous arts in the Oca do Ibirapuera, which I had the sad privilege of visiting with “living” Indians. As we were leaving, the Xavante Chief relieved my discomfort with a thoroughly Nietzschean diagnosis of the exhibition: “All of this is just to show the vanity of the white men’s knowledge, not the life of Indians.” It had never been as clear to me how the asepsis of museums mask violence and genocide — a quintessential Benjaminian theme. Niemeyer’s white dome, the smooth surface, the sensuous curves of the metal rails, the careful lighting: everything in the place conspired to obscure the fact that all the objects on display were spoils of war. There was not a single drop of blood in the entire exhibition. Death had been purged from the place, and life too. Do we not find again, in this way of bringing indigenous culture into the museum, our insatiable vampirism?

LIFE AND CAPITAL

Last example, Arthur Bispo do Rosario is one of the most talked about Brazilian artists today, assuming, of course, it is correct to call his work, which he produced over many years of interment in a psychiatric clinic, artistic. His one obsession in life was to record his passage through this earth for the day he would ascend to Heaven; it was in order to be ready for this moment that he prepared his majestic Presentation Mantle, upon which he inscribed part of universal history. Museums, art critics, researchers, collectors, psychoanalysts, and the “market” took this singular life and its direct dialogue with God and with various regions of the globe by storm, and in the process transformed Arthur Bispo’s celestial mission into an object of aesthetic contemplation. Still, his work introduced a measure of strangeness in the ways of conceiving the relationship between art and life.

Three trajectories, three destinies: a criminal becomes a pop-star from prison, rightly rejecting the market with which he nevertheless maintains a critical distance; the Indian is incensed with the way whites rob the signs of his life of their vitality; the madman, unbeknown to him, is catapulted into the museological sphere. Each of these examples brings to the fore the ambiguous and reversible relationship between life and capital. Sometimes life is vampirized by capital — whether the market, the media, or the art world — and sometimes life is capital, that is to say, a source of value. The dividing line between the two is always tenuous. When life functions as capital, it reinvents its coordinates of enunciation and varies its forms; when it is vampirized by capital, it is brought back down to its raw dimension, to what Agamben describes as mere survival. We become cybernetic cattle, or what Gilles Chatelet calls “cyberzombies” in his Living and Thinking Like Pigs.

The bio-political premise that allows us to range all these examples together is the following. Decades ago, Foucault
developed the notion of bio-power to map out a regime which had life as its object. Life, in this regime, ceased to be that which power repressed, and became instead that which power manages and administers. Bio-power is interested in the conditions for the production and reproduction of the population as a species, as life. It is the power over life. Foucault intuited very early on, however, that the object of power — life — was precisely what, in an inevitable reversal, would thenceforward anchor the resistance to power. Foucault, though, may not have pushed this intuition to its final consequences. It fell to Deleuze to make explicit that the answer to the power over life could only be the power of life, in its political potential to resist and create, to vary, to produce forms of life. This is the crucial insight taken up by the group of thinkers around Negri. It informs their concept of bio-power, a concept that amounts to an inversion of Foucault, for it gives to bio-politics not only a negative meaning, as the power over life, but a positive meaning, as the power of life. From this perspective, and coming back to our topic, it is clear that capital appropriates for its purposes subjectivities and forms of life on an unprecedented scale. It is also clear, however, that subjectivity is itself a bio-political capital that is increasingly, and virtually, available to every one: madmen, prisoners, Indians, and indeed to each and all, with the singular form of life that belongs to them and that they create in their own way — the political consequences of this creation is to be determined.

As I see it, the theatrical experience described earlier has to be situated against this horizon. If the play puts subjectivity to work, what is staged is a way of perceiving, of feeling, of dressing, moving, speaking, thinking. It is also a form of representing without representing, of associating by dissociating, of living and dying, of simultaneously being on stage and feeling at home in this precarious presence, at once substantial and impalpable, which takes everything seriously at the same time that it “couldn’t care less,” as the composer Livio Tragtemberg put it after playing in one of the performances. To walk off the stage carrying your backpack because you’ve played your part, or to drop everything because your time has come and death awaits, or to walk through and meddle in every scene, like a libero in football, or to start up a chat with the person, who should remain hidden, giving you your lines, or to turn into a frog. To grunt or croak. Or, like the nomads in Kafka’s “The Great Wall of China,” to speak like magpies. Or to say nothing more than Ueinzz ... The singer who does not sing, almost like Josephine, the dancer who does not dance, the actor who does not represent, the hero who faints, the emperor who does not rule, the mayor who does not govern — the community of those who have none.

I cannot help thinking that the life up on the stage, “life by a hair,” is what makes so many spectators cry amidst their roaring laughter: the certainty that it is they how are living-dead, that real life is there, on the side of the stage. In a context marked by the control of life (bio-power), the modalities of vital resistance proliferate in the most unexpected ways. One of them consists in putting life itself on stage. Not raw and naked life, reduced by power to the condition of mere survival, as Agamben has it. But life in its state of variations, in the “minor” ways of life that inhabit our “major” ways and that, on stage, receive scenic visibility, aesthetic legitimacy, and existential consistency.

In the rather limited field I discussed here, I suggest that the theatre can be one among other dispositifs capable
of reversing the power over life into the potential of life. After all, in schizoscenia,⁴ madness is bio-political capital. The implications of such an affirmation reach beyond madness and the theatre, and allows us to think the function of a variety of multifaceted dispositifs — at once political, aesthetic, clinical — in the reinvention of the coordinates for the enunciation of life. Given subjective and affective conditions of our present, with all the new forms of “connecting” and “disconnecting” that characterize the multitudes in this day and age and which can be read in the “community of those who have none,” a “minor” dispositif such as the one presented here reverberates with the major urgencies of the times.

The Cia Teatral Ueinzz is composed of patients and users of mental health services, of therapists, professional actors, theatre or performance art, composers, philosophers, renowned theatre directors, and people whose life hang by a thread. It was founded in 1996 in the Hospital-Dia “A Casa,” in São Paulo and, in 2002, it became completely independent of the clinical context. It is directed by Cassio Santiago since a few years. It might be the only company of its kind in Brazil, perhaps in the world.

⁴. The term was coined by director Sérgio Penna to pinpoint the interface, theatre/madness.
An obsessional man in an obsessive age, Jack Smith divided his dazzling, hallucinatory mind between Maria Montez, Landlordism/Lobsterism, and teeth. Needless to say, the three subjects were inextricably linked, and could be equated to the trio of sexuality/social engagement/institutional criticism. Any contemporary artist would agree with this trinity of subjects; it’s what occupies all our time. But why are we talking about Jack? What is really interesting about Jack Smith is that, contrary to some, he seemed to have an innate inability to conform, the inability to accept acceptance—even from his own apostles. This refusal is nothing but “a certain superior idea of human honor” (as the toothless Antonin Artaud said: “...un homme qui a préféré devenir fou, dans le sens où socialement on l’entend, que de forfaire à une certaine idée superieure de l’honneur humain” (Van Gogh: Le Suicide de la Société). Let me translate: a man who prefers to go mad [...] rather than renounce a certain superior idea of human honor).

A certain superior idea of human honor. It is always gratifying to note how much quixotism there is in the notion of an anti-hero.

Maria Montez. Maria Montez was Jack Smith’s personal Dulcinea. Jack Smith titled his notorious essay and manifesto published in Film Culture in 1962 “The Perfect Film Appositeness of Maria Montez”—apposite: a cult term for relevant. “The Perfect Film Relevance of Maria Montez, Queen of Technicolor”. Who could
read this without smiling? Maria Montez was sometimes referred to as “a poor man’s Dorothy Lamour.” Jack would have probably rebuffed such an offensive epithet.

Montez completely pervaded Jack’s fantasy world, his creative topos, Montezland, and became the solution to every problem troubling Jack. He seemed to be forever lost in a constant reverie centered on her, the composed, nasal tone of his voice clearly a childish impersonation of the dancer Sheherazade. He built an altar for her and prayed to “the Holy One”, “the Miraculous One”. He granted her attributes like the ones assigned to furious ancestral deities: “The Miraculous One was raging and flaming. Those are the standards for art.” In this strange syncretism of Hollywood kitsch, colonialism and Santeria, Maria Montez took on all the attributes of Yemayá, lulled by the Exotica and Afro-desia of Martin Denny. Moreover, she became the final solution for a troubled (rented, in Jack’s jargon) world: “O Maria Montez, give socialist answers to a rented world!”

Is this a psychotic condition, the deification of Montez? Perhaps, psychotic like all visions of a better world. If this were psychosis, would I want it cured? No! There is something terribly beautiful about Jack’s adoration for Montez that, well, touches me.

You see, there is nothing strange in a young gay man’s fascination with the Diva, even if Montez was, agreed, a very peculiar choice, the “normal” ones being Bette Davis or Marlene Dietrich.

The choice of Montez had much more to do, in my view, with her capacity to incarnate failure, trash, and despair. Failure, despair, qualities all highly appreciated by the anti-hero, the marginal artist Jack had no choice but to become. He was that, standing fully behind the Ridiculous Diva, the pathetic 24-hour-a-day star (Ms. Montez was famous for her spectacular entrances at nightclubs and social functions; once, when her arrival at the Universal Studios failed to attract attention, she turned on her heels and left the room, returning moments later with a huge entourage and accompanying din.)

Sublime ridicule, the faux desert, the powdery lace, the draped bikini tops, the sheikh, the pharaoh: “THIS IS A SCIMITAR. A rare blade... The scimitar is curved and uh... covered in uh... very expensive, rare and precious jewels, How do I look?” he’d say. (Blonde Cobra, Ken Jacobs, 1963.)

Failure, trash, despair, destitution, quixotism and the antihero. The portrait of the artist as a suffering Christ, or, again, the artist refusing and being unable to accommodate bourgeois morality – but paradoxically, with a LOT to say about it – the MORALIST. “I don’t want any break in the world, I want justice!” said Lenny Bruce to the paternalistic judge who was ready to let him go... this one time.

More than that: not only does the moralist artist set himself (or herself) apart from petty norms, he considers the “general public” (read: politically correct leftists and compassionate right-wingers) to be unworthy of his art. “I don’t want the scum of Baghdad. I want only uh... the best.” said Jack Smith when everybody had left, tired of waiting hours for his performance to start. Why that cruelty, Jack, why let them wait for hours? “Something had to be done... uh... in order to keep them from becoming sofa-roosting cabbages.”
“Vous êtes fou, Mr. Artaud! Vous êtes fou à lier!” (You are mad, Mr. Artaud! Raving mad!) says toothless Artaud to Artaud in *Pour en finir avec le jugement de Dieu* (To Have Done with the Judgement of God). Self-deprecation is vital for the Artist—Without-Teeth. Jack Smith used to accompany his cult-status performances with constant signs of embarrassment, boredom, and despair. “What a horrible story!” he would exclaim during his own performances, and then refuse to go any further with it (until his powdered and wigged out friends begged and insisted). Jack was always the first to say that he deserved poverty and rejection, that he was a failure in life and in art.

Of course, this exhibitionism as detritus provided him with enormous satisfaction. *The Pursuit of Fecality*: “There where it smells of shit / it smells of being. / Man could just as well not have shat, / not have opened the anal pouch, / but he chose to shit / as he would have chosen to live / instead of consenting to live dead. / Because in order not to make caca, / he would have had to consent / not to be, / but he could not make up his mind to lose / being, / that is, to die alive. / There is in being / something / particularly tempting for man / and this something is none other than / CACA (Roaring here)—toothless Artaud, in *Pour en finir avec le jugement de Dieu*.

CACA, the four-letter word. SNOT, by Lenny Bruce. “I have been often condemned and lynched for saying the four-letter word. But nothing will stop me tonight, ladies and gentlemen, from saying it: SNOT! SNOT! SNOT!”...

The diva (Maria Montez) is a decomposing corpse, detritus, feces, caca, snot, sperm and a kind of sexual limpness that seems the only sexuality capable of adjusting to “a certain superior idea of human honor”. “Ali Baba comes today! Ali Baba comes today!” shouted Jack Smith during the opening sequences of *Flaming Creatures*. Ali Baba? Is Ali Baba an erotic dream (in Jack’s films, the plot seems reduced to posing supra-female figures being waylaid by male predators of all kinds), or the umpteenth incarnation of the Super-Ego? Apparently, Jack used the topos of courtship — innocent female rejecting the voracious advances of a horny male — as the archetypical situation of heterosexuality (“uh... the evil side of homosexuality”), and then, heterosexuality as a symbolical figure for the System. The System, the Lobster, Landlordism, and so we encounter the second element in our trio of Maria Montez, Landlordism/Lobsterism, and teeth.

The Lobster. The Lobster is the predator stalking the innocent flower (opening sequence of *Normal Love*). Landlordism. The landlord is a fearsome presence in the apartment at 36 Greene St. that Jack Smith had transformed into an elaborate stage set for his never-to-be-filmed epic “Sinbad In a Rented World”. How is one to beat the Lobster? Could Jack Smith, mad marginal artist, count on his marginal peers to triumph over the Evil Lobster?

Smith was far too marginal to become a cult figure in the gay subculture. The director of the Homosexual League of New York, in a letter to Jonas Mekas, explained that he found *Flaming Creatures* “long, disturbing, and psychologically unpleasant... Why don’t filmmakers produce an authentic film about a love affair or something between two boys which takes place in a contemporary homosexual setting?”

“Uh... Bull-dyke conspiracy” “Yes, uh... the lesbians are trying to control the world.” One wonders if this was Jack Smith’s way of thanking Susan Sontag for her defense of *Flaming Creatures*.
(Susan Sontag, “Jack Smith’s Flaming Creatures”, Against Interpretation and Other Essays, 1966). Jack Smith’s comment on Sontag’s text was, for many years to come: “Uh... The horror of it!”

Jack Smith believed Susan Sontag had been hypnotized by the vampire Jonas Mekas into writing something like: “Smith’s film is strictly a treat for the senses”, thus depriving his film of any political edge. Smith also charged Mekas with stealing the careers of young filmmakers by imprisoning them in his vaults, only letting them out at night, and then only rarely.

The toothless hero has no friends. And here we find our third element: teeth.

Teeth. Jack Smith talked endlessly about his landlords and renting, bad teeth and failures. “Artists aren’t allowed to have teeth. They simply can’t... uh... AFFORD them.” The truth is, in Jack’s depictions, one of the surreal attributes of the Big Landlord Lobster is that he is full of teeth (just as Maria Montez was often depicted in Jack’s drawings with three breasts, all of them fitting into a special three-cupped bra). When Jack confronted his well-meaning advocates, Jonas Mekas and Susan Sontag, he could very pointedly express his scorn for them by saying: “There they were, both of them with teeth.”

The predatorily toothed lobster is forever flying over our toothless heroes — stalking its prey. Ready to swoop. The liaison between the Lobster and its prey is complex, to say the least. It is a mix of fascination, repulsion, and absolute refusal to let go. The predator refuses to deliver the prey either to freedom or to death; the prey refuses to flee.

Artaud said that his suicidal urge was just the consequence of realizing the impossibility of strangling his therapist (read Lobster where it says therapist). Smith said that the presence of police (read Lobster) was enough to “make everyone look queer”. And Lenny Bruce said the “forces of law and order” (read Lobster) were his most faithful audience.

Remember Fahrenheit 451? Very revealing, the speech that Captain Beatty (yes, read Lobster) makes to Montag:

“Well,” said Beatty, “the crisis is past and all is well, the sheep returns to the fold. We’re all sheep who have strayed at times. Truth is truth, to the end of reckoning, we’ve cried. They are never alone that are accompanied with noble thoughts, we’ve shouted to ourselves. ‘Sweet food of sweetly uttered knowledge,’ Sir Philip Sidney said. But on the other hand: ‘Words are like leaves and where they most abound, Much fruit of sense beneath is rarely found.’ Alexander Pope. What do you think of that?"

“I don’t know.”

“Careful,” whispered Faber, living in another world, far away. “Or this? ‘A little learning is a dangerous thing. Drink deep, or taste not the Pierian spring; There shallow draughts intoxicate the brain, and drinking largely sobers us again.’ Pope. Same Essay. Where does that put you?” Montag bit his lip.

“I’ll tell you,” said Beatty, smiling at his cards. “That made you for a little while a drunkard. Read a few lines and off you go over the cliff. Bang, you’re ready to blow up the
world, chop off heads, knock down women and children, destroy authority. I know, I've been through it all."
"I'm all right," said Montag, nervously.
"Stop blushing. I'm not needling, really I'm not. Do you know, I had a dream an hour ago. I lay down for a cat-nap and in this dream you and I, Montag, got into a furious debate on books. You towered with rage, yelled quotes at me. I calmly parried every thrust. Power, I said, And you, quoting Dr. Johnson, said 'Knowledge is more than equivalent to force!' And I said, 'Well, Dr. Johnson also said, dear boy, that "He is no wise man that will quit a certainty for an uncertainty."' Stick with the fireman, Montag. All else is dreary chaos!"

The actor who played Captain Beatty in François Truffaut's Fahrenheit 451 was Cyril Cusack; the same actor also played the remarkable character of Charrington in 1984 (Michael Radford, 1984), the shopkeeper who lets the room to lovers Julia and Winston, and who reveals himself to be an officer of the Thought Police. Charrington and O'Brien, in 1984, seem to be a two-headed Captain Beatty, hinting, in a more explicit manner than Beatty did, that it is actually in the interest of the repressive system that dissent exists, and therefore they are willing and happy to support it (something that echoes certain accounts of Cold-War Eastern Europe).

The Beatty-Charrington-O'Brien Lobster understands the toothless artist (Montag, Winston) like a father understands a child (all psychoses originating in the family)... because the Lobster-daddy has been through all of it before, and the crustacean father knows the rebellious son can go nowhere. The repression of the rebellious son has nothing to do with ideology, ethics or morals, it just has to do with power; in fact, the Lobster finds the ideology of the toothless artist quite amusing and entertaining to watch.

Eight years after Lenny Bruce's death, his inexorable prosecutor, his unrelenting bulldog, the man who drove him to death according to many, his Lobster, judge Richard H. Kuh, was appointed district attorney of Manhattan. Kuh had a reporter over for dinner for yet another profile of the man-of-the-moment. To break the ice, the judge casually asked the reporter: "Would you like to see my collection of Lenny Bruce records?"

As for the prey, our cockroachified, toothless son, Gregor Samsa, sees in the Lobster, the Insect and the Bug a father figure for whom he cannot help but feel a certain affection: "His apartment was a dark maze of clutter, trash and objects piled to the ceiling. There was little room to move. (...) Cockroaches appeared everywhere — and Jack would go looking for a club or can of poison aerosol... "O what if GOD is a cockroach?" he chanted as he bashed away at the scattered bugs. He always seemed to miss. "O GOD, O GOD, WHAT AM I DOING? IF I KILL GOD, I'M GOING TO BURN IN HELL! THIS COCKROACH OVER HERE, THIS COULD BE GOD! YOU COULD BE GOD!" He'd be screaming at the cockroach, spraying and clubbing everywhere—"

Because, laugh if you like, what has been called microbes is god,
and do you know what the Americans and the Russians use to make their atoms? They make them with the microbes of god.

- You are raving, Mr. Artaud. You are mad.

– I am not raving. I am not mad. I tell you that they have reinvented microbes in order to impose a new idea of god.³

Yes, a certain affection for the Bug. The toothless artist never loses hope of a final happy reunion: “But here’s how it ends. One day I’m going to get an order to appear in court: ‘Oh, shit, what is it this time?’ But when I get there the courtroom will be all decorated, dig, with balloons and streamers and confetti, and when I walk in they’ll all jump up and yell ‘Surprise!’ And there’ll be all the cops that busted me, and the judges and DA’s who tried me, and they’ll say, ‘Lenny, this is a surprise party for you. We’re giving you a party because even after everything that happened you never lost respect for the law.” (John Cohen, The Essential Lenny Bruce)

To conclude this digression on the lives and deeds of a few outcasts, I have to say, there is nothing to worry about. They die young nevertheless, and their work only interests a few oddballs.

So, real artists don’t have teeth, and therefore cannot bite. Or, as it was beautifully put by the Spanish censor of the Spanish edition of Ulysses in 1962:

With truly incomprehensible fragments, James Joyce’s Ulysses has pages regarded as already classic by literary critics, within the new lines of expression characteristic of our century. It is true that in some passages, as in Mrs. Bloom’s final monologue, there are very crude descriptions; but they are not written out of any pornographic urge, and neither are the irreverent religious comments of some characters proselytizing in tone. All things considered, we have here a work published nearly half a century ago, which, if in its time it was shocking, now is considered a literary curiosity rather than a source of scandal, of interest only to a minority because it is difficult to read. Therefore I consider that IT MAY BE PUBLISHED.⁴

Thanks.


³. Antonin Artaud, Pour en finir avec le jugement de Dieu. Written as a radio play and recorded in 1947, only broadcasted thirty years later.

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