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Original
Beyond the asylum. Looking back to move forward: The case of the metropolitan area of Turin, Italy / Mossa, A.. - In: AREA. - ISSN 1475-4762. - 56(2023), pp. 1-10. [10.1111/area.12912]

Availability:
This version is available at: 11583/2984976 since: 2024-01-11T17:58:39Z

Publisher:
Wiley

Published
DOI:10.1111/area.12912

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(Article begins on next page)

14 October 2026

Check for updates

Received: 19 May 2023 | Revised: 12 October 2023 | Accepted: 1 November 2023

DOI: 10.1111/area.12912

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ARTICLE

Beyond the asylum

Looking back to move forward: The case of the metropolitan area of Turin, Italy

Alessandra Mossa

Urban and Regional Development, Inter-University Department of Regional & Urban Studies and Planning (DIST), Politecnico di Torino and Università di Torino, Turin, Italy

Correspondence
Alessandra Mossa, Urban and Regional Development, Inter-university Department of Regional & Urban Studies and Planning (DIST), Politecnico di Torino and Università di Torino, Turin, Italy.
Email: alessandra.mossa@polito.it

Abstract

My research is situated within the literature looking at the processes of deinstitutionalisation of the mental health system through the lived geographies placed in between the walls of the asylum. It addresses mental health geographers' call for a situated knowledge about mental health and, by using the Italian psychiatric experience of the 1960s and 1970s as an example, stresses the importance of looking at care in both spatial and relational terms. Through a geographical understanding of the Italian psychiatric reform, that goes from Franco Basaglia's renowned work to the underrepresented experience of Turin, in northwest Italy, I will examine how space is intertwined with processes of mental health care. Additionally, I assess the role played by the interaction between spatial and relational elements in potentially enabling patients' self-determination, empowerment and inclusion. The case of Turin—the story of which will be told through the analysis of archival material from a grassroots association called Associazione per la Lotta contro le Malattie Mentali—will serve to expand the common narrative around the Italian lesson and to give resonance to the instrumental role played at the time by both patients and civil society. By looking at the key events that led to the gradual dismantlement of the traditional psychiatric institutions in the metropolitan area of Turin, this paper contributes to the spatial turn in mental health studies, calling upon researchers to look at past achievements as something we still need to learn from and safeguard.

KEYWORDS

archival research, Basaglia, deinstitutionalisation, geography of mental health, Italy, Turin

1 | INTRODUCTION

Over the past two decades, geographical disciplines have shown a major interest in the role different spatial arrangements play in the everyday lives of people with mental disabilities and have adopted a rich variety of approaches (Philo, 1997). From 'spatial and locational analysis', informed by quantitative methodologies, to ethnographic studies of individuals' everyday life, the subdiscipline of mental health geography has decisively created the ground for exploring mental health

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in its multidimensional and multi-scalar nature (Crooks et al., 2018; Curtis, 2010). The nexus between place and health, and its potentially detrimental or beneficial role, may seem straightforward; however, despite the so-called 'spatial turn' advocated by many disciplines and the rich contributions made by scholars such as Philo and Parr, mental health geography still seems to constitute an academic niche, with little implications for practice and policy making. The main contribution appears to be limited to spatial modelling and quantitative research at the macro scale, through which lived experiences and the local tend to be neglected, or at least flattened (Crooks et al., 2018; Philo, 1997). Through a human-centred geographical perspective, place-related implications of mental illness can be investigated in their full complexity, encompassing scales and contexts. These contexts should not be considered as the mere container of the experiences that take place within them, but rather as spatial and relational products, the fruits of a co-constructed process of making and remaking where experiences are always spatialised and the spatialisation of experience becomes an object of inquiry. Via a culturally sensitive approach grounded in a context valued as such, we will be able to explore the micro-scale, the everyday, and ultimately, the human (Lefebvre, 1991; Massey, 2005; Thrift, 2006; McGeachan & Philo, 2017; Jones, 2000, 2001).

In this paper, I will briefly examine the literature that looks at how space is intertwined with processes of mental care (Butler & Parr, 1999; Conradson, 2003; Crooks et al., 2018; Parr, 1998; Philo, 2005) and, by focusing on the Italian psychiatric reform of the 1970s, I will assess the role played by the interaction between spatial and relational elements in denying or, on the other hand, enabling, self-determination, empowerment and inclusion. In the following paragraphs, I will explore the wider cultural environment that shaped the mental health reform law of 1978 (Law 180, known as Basaglia Law), a law that initiated a process of deinstitutionalisation whose countrywide effects included the gradual closure of the asylum, the release of patients into the community and the contextual dismantlement of the institutional nature of psychiatric care into a network of community-based services. I will then focus the analysis on the key events that occurred in the metropolitan area of Turin before the reform came into force.

The case of Turin, the story of which will be told through the analysis of archival material of a grassroots association still active in the city, Associazione per la Lotta contro le Malattie Mentali (ALMM),[1] will serve to expand the narrative of the Italian experience which is mainly built around the figure of its leader, the psychiatrist Franco Basaglia. As we will see below, Italian processes of deinstitutionalisation did not always follow a unidirectional path and, however fascinating and simplifying it may be, these cannot be reduced to the direct or exclusive influence of Basaglia and his team. Basaglia himself did not want to offer a universally applicable model, but rather a range of values that asked society to take responsibility over the mentally ill and accept madness as a way of living (Colucci & Di Vittorio, 2020). In telling the little explored story of Turin, I will give resonance to the role played there by patients themselves and civil society, represented by family members, voluntary associations, students, and labour unions. I concomitantly stress the need, still pressing, of opening spaces of encounter, dialogue and co-presence between the two (Figure 1).

Methodologically, the paper is part of a wider PhD research project carried out via participant observation and life-history interviews organised into a series of post-asylum geographies of mental health care operating in Turin. The research includes the intimate and everyday responses of individuals, with the aim of building up a micro-geography that, by putting the human and its everyday life at the centre of its inquiry, makes individuals' 'embodied and contested subjectivities … emerge more clearly' (Parr, 2000, p. 226). Through a life-history approach enriched by an auto-ethnographic

FIGURE 1 Demonstration in front of the asylum in Via Giulio, Turin. Poster made by ALMM: 'Madhouse = lager; It can happen to you too'.
Source: ALMM Archive.

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account drawn from my personal experience as a service user, I have been able to map and move through a constellation of lived geographies of care and mad identity production. This research attempts to find where and how mad subjectivities are produced, potentially contested and, in the best scenario, positively embraced (Beresford & Russo, 2021; Butler & Parr, 1999; Fixsen, 2021; LeFrançois et al., 2013).

As a preliminary part of this study, the archival research described above allowed me to look at the processes of deinstitutionalisation from an unusual angle; the analysis of the material kept at ALMM, including patients' letters, memoirs and testimonies, allowed me to narrate the end of the asylum era through the voices and actions of both patients and ordinary citizens rather than, as it is often the case, through the work and words of psychiatrists and medical staff. In this paper I advocate for a return to the Italian experience that, through the lens of Basaglia's radical ideas, could explore the micro-geography of deinstitutionalisation from the perspective of the mad and community members. Stories of grassroots mobilisations, like that of Turin, constitute a learning opportunity and an inspiration for the much alive debate on mental health geography that, in the attempt to rethink post-asylum healthcare, aims to adopt a human and patient-centred approach (McGeachan & Philo, 2023).

2 | SPATIALISING MADNESS

Since the 1960s, in many Western countries, psychiatric total institutions have undergone closure, causing a plethora of alternative practices to emerge, each one characterised by a different set of discursive, embodied and affective dimensions (Parr, 1998; Parr & Philo, 2003). According to many, all this complex range of services constitute an archipelago of dispersed micro-institutional geographies, the walls of which operate through a complex skein of bureaucratic management, family ties, volunteering, philanthropy and exclusive private treatments (Lancione, 2013; Milligan, 2003). Contextually, under the radar of public attention, practices of constraint and custody pre-empt and prevail over care in many of the institutions with which we have been left (Dear & Wolch, 1987; Wolch & Philo, 2000). In Italy, where the asylum has now formally disappeared, the street is often the only option for the poor, and the prison, the territorialisation of a historical and generalised association of madness with dangerousness, often represents a substitute for the asylum (Ben-Moshe et al., 2014; Scull, 2015). A growing body of literature has been questioning to what extent post-asylum geographies of mental health care contribute to a transition from a vertical and hierarchical form of control to a model that, despite being perceived as more capillary and horizontal, may act at the individual and collective level as an internalised and embodied panopticon, de facto scattering the 'total' trait of the institution into the community and making the mad become invisible again (Adlam et al., 2013). Seeing the end of the 'great confinement' of the 'insane' as resolutive risks then dismissing more subtle and hidden forms of control and marginalisation that still take place in what some scholars refers to as 'the asylum without walls' (Dear, 1977; Philo, 2005; Wolpert & Wolpert, 1974).

Given the above, geographical disciplines appear to be well suited for assessing the complex and ever-changing relationship between mental health and place, as well as the implications at the level of the individual (Curtis, 2010). The attempt at identifying the intertwined relationship between place and mental health has however often led to the adoption of a deterministic lens and a spatial fix that, in their reductionism, flatten the singularity of places and individual experiences. Nevertheless, within the field of mental health geography, rich contributions made by scholars such as Philo, Parr, Söderström and Duff challenge this narrative and, by adopting a qualitative approach, stress the heterogenous, relational, embodied and rarely predictable response of people (Curtis, 2010). This increased interest in individuals' lived experiences, combined with a socio-material and relational understanding of place, has pushed geographical research towards a situated knowledge production centred on embodied and affective dimensions (Brenman, 2021; Crooks et al., 2018; Parr, 2000; Parr & Philo, 2003). Here the urgent need of putting the patient at the centre of the geographical debate emerges by way of questioning whether issues of suffering should be seen as a product of cultural violence and discrimination that leads to a dehumanisation of the mentally ill and their everyday struggles. As McGeachan and Philo (2023) claim, mental health geography should then aim to rehumanise and repeople its inquiries through site-specific and ethnographic accounts that consider everyday experiences of madness as sites of place-based processes of discrimination and exclusion, or on the other hand, as sites of potential resistance.

A study on mental health care and its spatialisation cannot omit a recollection of the Italian case; the radical movement led by the psychiatrist Basaglia in Italy was one of the first to initiate a systematic critique of mental health institutions worldwide and still represents an essential and inescapable reference for the history of contemporary psychiatry and critical mental studies, both in practical and theoretical terms (Cohen, 2018; Foot, 2015; Scull, 2015). The Italian experience of the 1970s is still considered the first and most radical community mental health care reform adopted

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worldwide; however, that experience has often been reduced to the work of Basaglia in Gorizia and Trieste and to its most obvious, but not unique, achievement: the closure of the asylum (Basaglia et al., 1987). This account risks making several not particularly useful assumptions, such as the idea that Basaglia operated in a vacuum, that the reform could be reduced to the mere contestation of the institution understood as a building, that its implementation could be achieved with the simple closure of that piece of architecture and, finally, that all of Italy has been following the same path. Despite the achievements and the international influence of the Italian psychiatric reform (Burns & Foot, 2020), to date, in Italy there is little research that looks critically at its place-specific implementation considering the role of space in both its material and relational traits, in spite of the stress put by psychiatric reformers on the indissoluble relationship between the two. As Julia Jones (1996, 2000) highlights, even though there is growing interest in mental health geography, few studies question the multifaceted role played by the specificity of a context. The implementation of the reform 'did not occur in a social vacuum' (Jones, 2000, p. 173); its effectiveness was influenced by several attributes that are place and time specific as well as fruits of political, economic, social and cultural differences. That being said, the story of the Italian reform has been narrated extensively, and the anniversary of Law 180 in 2018 offered the opportunity to expand this literature further by putting on the map a rather rich and diversified set of cases all across Italy (see Collana 180, by Edizioni Alpha & Beta). The limit of this scholarship seems to lie though in the scarce relevance and sensitivity given to the socio-spatial specificity of each context (Jones, 1996, 2000) and in the marginal role assigned to patients' experiences. In the next sections, through a geographical understanding of the processes of deinstitutionalisation that occurred in Turin, I will fill in these gaps while going beyond the traditional narrative of the Italian psychiatric reform.

3 | THE TOPOLOGY OF THE ITALIAN PSYCHIATRIC REFORM

The Italian psychiatric reform of the 1970s and the approach promoted by its charismatic leader, Franco Basaglia, still represents a milestone in the change of societal and institutional responses to madness in Italy and other Western countries, having made dramatic innovations both in terms of space and power dynamics (Burns & Foot, 2020). By questioning the oppressive nature of the psychiatric institution, in both its spatial and relational nature, Basaglia's work was responsible for a substantial change in the institutional topography, with the closure of the asylum and the scattering around of services, as well as in the topology of mental care, putting the stress on a more balanced patient–doctor relationship. In alignment with other social movements that came together in 1968, he looked at the structural bases of mental illness through an anti-capitalistic lens; he conceptualised mental illness as a socio-political phenomenon that the institution contributed to exacerbate and questioned the power relationship at the core of the institution and of psychiatry at large. As a director of the asylums of Gorizia and Trieste in the Northeast of Italy, together with a group of doctors, nurses and social workers, Basaglia started a process of self-reflection that turned psychiatry inside out; it led to the gradual dismantling of the large asylum era and established a different relationship between madness and society, while turning the mad into a political subject. From within their institutions, these mental health workers publicly denounced the brutality and inefficacy of the confinement of the insane; they questioned the rationale behind their own profession and, by challenging the imbalance of power embedded in the relationship with their patients, they aimed to establish a dialectical approach that helped monitor the potentially detrimental impact of their everyday decisions (Basaglia, 1968; Basaglia et al., 1987; Cipriano, 2018; Rovatti, 2013).

The closure of asylums constituted a radical and revolutionary moment in the history of psychiatry, causing the perception of madness and its institutional response to change profoundly. However, in light of the problems encountered in the aftermath of these closures, the assumptions at the core of that decision have been simplistically labelled as idealistic, revealing a lack of memory (or knowledge) of the status quo they challenged. Nowadays there is, on one hand, a tendency to idealise that period, seeing it as resolutive, and on the other, there is an inclination to suggest that if alternatives did not work as expected, then an alternative to confinement is not possible at all (Cipriano, 2018). Both approaches tend to simplify the past, do not give credit to the initial ideals, and appear not to be effective in envisioning future developments (Acharya & Agius, 2017).

In the meantime, in Italy, as in other Western countries, radical psychiatry's assumptions have been partially neglected, misunderstood, or in many cases, openly ignored, while a biomedical and market-driven approach has pushed towards an ambiguous alliance between psychiatry and the pharmaceutical industry (Scull, 2015). In challenging the value of their own work, critical practitioners lost influence and an institutional base—in other words legitimacy—the source and the laboratory of their constant interrogations (Burns & Foot, 2020). Moreover, the processes of deinstitutionalisation have slowly reduced the moral and economic responsibility of the State and triggered the elimination of a safe and stable place where the discipline could be constantly challenged, its results monitored and, more importantly, the mentally ill asked to speak out (Cohen, 2018). Reformers' political and ethical endeavours were placed in the biunivocal

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assessment of the relationship between patients and doctors, seen as engaged encounters. Through patients' narratives, aimed at grasping patterns of meanings embodied in individual experiences of mental illness, they created the terrain for listening to individual and plural stories of madness, told by patients in their own terms. Coupled with the commitment to rethink public services outside the walls of the asylum, this process of listening and disciplinary unlearning must be considered the most important, and to some extent the most neglected, political and clinical contribution of the Italian experience (Basaglia et al., 1987; Foot, 2015).

The specific cases of Trieste and Gorizia where Basaglia operated are emblematic but not comprehensive and, as the case of Turin exemplifies, what was revolutionary in the initial transition from the asylum to the network of community-based services was the space and visibility given to the mad and their first-person experiences. To explore the implementation of Italian psychiatric reform, my analysis will now focus on two major events that drove the process of deinstitutionalisation in Turin between the end of the 1960s and the entry into force of the psychiatric reform (Law 180), with the goal of understanding how these events have played out spatially.

4 | BEING OUT OF PLACE

As mentioned above, the process of deinstitutionalisation in Turin differs from the cases of Trieste and of other cities that pursued the same path, following the Basaglian diaspora. It is also, unexpectedly, a story that is not particularly well known. The absence of a clear leader has probably obscured its relevance and underestimated its reach; this despite the fact that in the 1970s Turin was the site of the biggest mental health apparatus in terms of dimension and number of hospitalised patients (Lasagno, 2012).[2] A description of key events, briefly sketched below, will serve to highlight the specificity and values underlying this experience, the product of a cultural and political, rather than scientific, endeavour.

In Turin, the substantial indifference around the conditions of mental patients and their everyday lives within the institution was partially broken by a report published in 1968, where, for the first time, inmates' claims were made public following an assembly between staff and patients held in the asylum of Collegno,[3] the biggest asylum, located on the outskirts of the city. That report offered a worrying picture of the situation in which psychiatric patients found themselves, making it become a matter of public concern. The fact that assemblies took place and their results were made public testified to the presence, within the institution, of some doctors who were already engaged in a process of renewal (Lasagno, 2012). Contextually, ALMM, the role of which was prominent for the reform, started to operate in the town. Through awareness campaigns, petitions, depositions of patients and relatives, ALMM has since managed to exercise continuous political pressure. In coalition with student and labour movements close to Left-wing parties, they have organised exhibitions and assemblies, written articles, reports and books, kept the debate alive and made public what was until then confined to the walls of the institution and the margins of society (ALMM, 1971).

What makes this story exceptional is the combination of two major events that provoked disruptive incursions of outsiders into unconventional spaces: ordinary citizens crossing the boundaries of the asylum, and mental patients accessing one of the most noble of all institutions—the courthouse. Both groups were claiming their right to unwaveringly occupy these places. The result was a set of opposite movements that temporarily inverted the status quo and allowed distant worlds to meet and get to know each other. It all started with a public assembly titled 'Is building a psychiatric hospital a crime?' held at the Department of Architecture in December 1968, that turned into a peaceful occupation of the hospital in Collegno (see poster, Figure 2).

It was the first time ordinary citizens could cross the threshold of an asylum, becoming aware of the material and psychiatric conditions under which mental care was provided. If until then the asylum was an abstract and almost invisible institution for many, since this occupation, the doors of public psychiatric institutions had to be kept open to members of a Committee, created on this occasion (ALMM, 1971). The committee, made up of ordinary citizens, was granted the right to inspect buildings, interview patients and report back, and constituted an instrument of guarantee before and after the closure of the asylum, when the so-called 'host communities' were set up (ALMM, 1971; Lasagno, 2012). Through regular inspections, its members started to gather direct testimonies that were then used for a book—*The factory of madness* (ALMM, 1971)—which constituted the main material for a plea to the court. The testimonies were grouped together with a photographic reportage by Valinotto, a journalist who managed to get into the children's asylum (Villa Azzurra, in Grugliasco) without being noticed, and whose work was published in the magazine *L'Espresso* (Invernizzi, 1970).

As we can read in the reports and testimonies held in the archive, the everyday was made up of dirtiness, overcrowding, squalor, negligence and violence; people tied in bed, patients forced to sit too far from the table while eating, beds 30 cm apart, filthy toilets, the constant smell of urine and peeling and wet walls (see Figure 3).

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FIGURE 2 Poster of a public assembly at the Valentino Castle. The red title on the right reads 'fight to the institutions' while the main body of the text is a letter to the directors of the asylums, accused of being 'cogs of the system'. The title of the event (bottom left corner) was 'Is it a crime to build a psychiatric hospital?'. My translation.
Source: ALMM Archive.

Thanks to all these testimonies, a trial against the conduct of the psychiatrist Giorgio Coda began, leading to a conviction. Regardless of the outcome, the instrumental role played by patients is meaningful and noteworthy; for the first time in history, they could testify in person and their voices were heard and taken into consideration despite their illness identifying them as unreliable and therefore 'unfit to plead' (Papuzzi, 1977). 'Faces, eyes, tears of the patients that crowded close to students and workers in that courtroom of Turin remain unforgettable' (Papuzzi, 1977, p. 4). On that occasion, the mad left the clandestine state and, by simply standing in the witness box, earned back their identity, while gaining the right to speak. With the sentence against Coda, the acts of violence within mental institutions were eventually punished and the outside world stopped being perceived as hostile or indifferent. In that courtroom, patients, thanks to the mere fact of being there, gained solidarity and a feeling of belonging that they were being denied while hospitalised.

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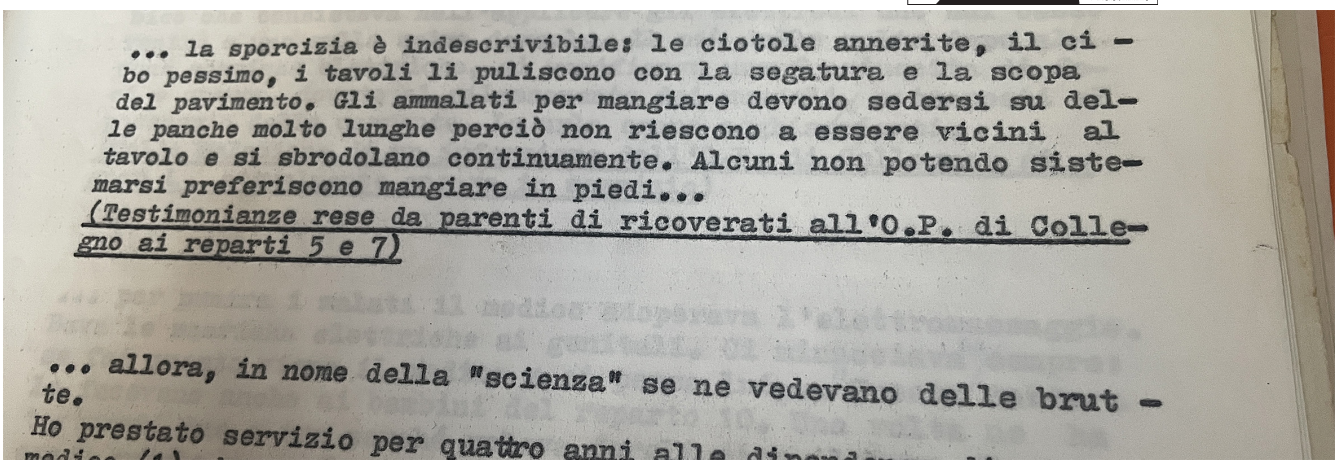
... la sporcizia è indescrivibile: le ciotole annerite, il ci -
bo pessimo, i tavoli li puliscono con la segatura e la scopa
del pavimento. Gli ammalati per mangiare devono sedersi su del-
le panche molto lunghe perciò non riescono a essere vicini al
tavolo e si sbrodolano continuamente. Alcuni non potendo siste-
marsi preferiscono mangiare in piedi...
(Testimonianze rese da parenti di ricoverati all'O.P. di Colle-
gno ai reparti 5 e 7)

... allora, in nome della "scienza" se ne vedevano delle brut -
te.
Ho prestato servizio per quattro anni alle

FIGURE 3 Manuscript of *La Fabbrica della Follia* (*The factory of madness*). Testimony given by patients' relatives admitted to the psychiatric hospital of Collegno: '... The filth is indescribable, the bowls are dirty, the food is awful, they clean the tables by using sawdust and the broom. While eating, patients have to sit on benches far from the table and they constantly spill. Some, unable to settle down, prefer to eat standing up...' My translation.
Source: ALMM Archive.

As Corrado Stajano writes in the preface of Papuzzi's book (1977):

> the sentence of the Judges of Turin does not annul the suffering of many men, but those men, in the court-room of the Palace of Justice, felt and experienced the warmth of solidarity, affection, human attention, hope. A trial, perhaps, served as therapy.

Crossing the walls of the asylum in both directions allowed for an outward projection of the image of the asylum; it initiated the building of a bridge between the inside and the outside and created the opportunity for dialogue. In the meantime, some doctors started to experiment with open-door wards and, slowly, the dismissal of the asylum began, before the introduction of Law 180.

What makes this experience remarkable even now is the instrumental role played by both patients and civil society and how the embodiment of unusual places empowered both. If it is true that without progressive doctors no change would have ever happened, the closure of the asylum in Turin was not directly led by doctors from within the institution, but it was rather initiated from the outside, as a grassroots movement. Nowadays, the community-based system planned by the reform has not found its full application everywhere and the reality of Trieste, often taken as an example and a model, represents an anomaly, hardly replicable. Contextually, neoliberal policies have led to a rationalisation of public expenditure over psychiatric care; this has jeopardised the implementation of the reform and, consequently, the delivery of services, which have defaulted due to a lack of resources in their respective institutions. Moreover, the reorganisation of services has been run by regions and the landscape of care across Italy is anything but homogenous (Jones, 2000). If this dispersal has been achieved at the regional level, it can easily be denied at the local scale, where, as an example, a series of group homes, for convenience, can be grouped together in a secluded location. Mental health care is scattered across different places and takes a variety of forms that embed new relationships and power dynamics, still to be explored, from the macro- to the micro-scale (Scotti, 2009). The process of deinstitutionalisation across Italy appears to be unfinished, but what is highly problematic is the lack of debate around issues related to its spatial and relational nature and, more importantly, a substantial lack of direct representation. Here we can observe the urgent need to look back while questioning what comes next, basing our judgements and propositions on the capacity of moving forwards, in line with the political and critical endeavours of the 1970s.

5 | CONCLUSION

In this paper I have traced the developments made by mental health geography within the wider context of the radical movements of the 1960s and 1970s which led to the process of deinstitutionalisation in Italy. I have adopted a geographical

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lens with a particular focus on the under-studied experience of Turin. The focus on Turin has allowed me to access an experience that took place far from the direct influence of Basaglia and his team and, given the lack of research outside Italy, fill a knowledge gap. This gap is further filled by the concern over space, given that geographical studies of mental health are mainly confined to British academia. What the case of Turin tells us is that a proper evaluation of the current landscape of mental care must acknowledge users' experience; the substantial lack of first-person narratives around the provision of mental care leaves us with a limited understanding of the status of services and impedes envisioning their future development, in both relational and spatial terms.

In the wake of Basaglia's approach, this paper concludes with a call for a practiced and situated knowledge about mental health care as it is experienced by patients, in their own words. The case of Turin has shown how users' active role in the anti-institutional movements made them feel part of a collective struggle for social justice, gave them visibility and created a political dimension that needs to be reactivated and adapted to the new circumstances. Since the closure of the asylum, the history of madness and psychiatry has been merely told by psychiatrists, while patients have been silenced again and their current needs, both material and immaterial, spatial and relational, openly ignored due to the assumption that they have been stabilised over time (Cipriano, 2018). People need to be treated somewhere. Therefore, how different typologies of settings impact their daily life must be a matter of continuous discussion. As the Italian case shows, those who need to be consulted are not only doctors, social workers and relatives, but the patients themselves, those for whom others should stop assuming to know what is best. All this considered, this paper must be considered an initial contribution to better understanding how a reversal of perspectives was instrumental for planning different geographies of mental health care in the past. By exploring the largely neglected case of Turin, I have provided a wider picture of the Italian reform, through an experience that, in line with Basaglia's lesson, followed a parallel but distinct course and from which we still have a lot to learn.

ACKNOWLEDGEMENTS

The author wishes to thank Michele Lancione and Saanchi Saxena for their help and support. Thanks also to the editorial board of Area, and to the two anonymous reviewers for the invaluable comments provided.

DATA AVAILABILITY STATEMENT

Data are publicly available at the Almm archive in Turin (https://almm.it/attivita/centro-documentazione-maria-luisa-bedogni-valletti/). Data are also available from the author with the permission of Associazione per la lotta control le malattie mentali.

ORCID

Alessandra Mossa https://orcid.org/0009-0007-2477-929X

ENDNOTES

[1] Association for the fight against mental illnesses. Founded in 1967 by Piera Piatti, psychotherapist, community activist and Basaglia's friend. Since its institution, members of ALMM have advocated for the rights of psychiatric patients and their families, playing a constant role in terms of support and advocacy.

[2] Turin, in Northwest Italy, was the first capital of the country, one of the most important industrial centres and a major destination for migrants from southern Italy. At the end of the 1960s, the Province of Turin listed four asylums, one in the city centre (via Giulio) and three at the western outskirts of the city: Collegno, Grugliasco and Savonera. In 1966 the total number of patients reached 4733 (the figure should be doubled if we consider the private sector).

[3] The asylum of Collegno, with its 20 pavilions, was the biggest psychiatric hospital in Italy. A former charterhouse, it hosted psychiatric patients since 1853; it stopped being a total institution in 1978, with the application of Basaglia's law and the complete conversion of pavilions into 'host communities'. It was definitively closed in 1997.

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How to cite this article: Mossa, A. (2023) Beyond the asylum. *Area*, 00, 1–10. Available from: https://doi.org/10.1111/area.12912

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