

## POST-ASYLUM GEOGRAPHIES OF MADNESS

This PhD research sits within the literature that looks at the process of deinstitutionalization of the mental health system through the lived geographies placed outside the asylum. It addresses mental health geographers' call for a practiced and situated knowledge about mental health and aims to provide an examination of different geographies of mental care located in the city of Turin. By monitoring a series of mental care practices that go from drop-in centres to supported accommodation, my study intends to assess the current and future implications of these spatial and relational practices in terms of belonging, self-determination and resistance. Through an analysis of benefits and detriments that users recognise in each of these practices I will get a more specific understanding of how different spatial arrangements, and their associated narratives, contribute to dynamics of power and exclusion. This study aims to identify pros and cons that different settings imply for chronically ill patients and will offer a fine-grained analysis of how a variety of spatial arrangements act at the individual and collective level. Through an autoethnographic account and life-history narratives, I intend to understand how space is co-constructed, embodied and narrated from within. This, without neglecting the wider social and economic context within which these arrangements have been produced. The spatialisation of mental health management will be explored in light of the shifting social attitude towards mental health that has occurred since the radical psychiatric movements of the 70s and the consequent closure of the asylum. Being at the intersection between the spatial and economic restructuring of the management of mental health care, the lived experiences of its users and the spatiality of the everyday, I assess the political economy of the contemporary mental health care system and their impact on individuals. A particular focus is placed on how power materialises, and on the coping mechanisms put in place by people on a daily basis.

**KEY WORDS:** geography of mental health, deinstitutionalization, mental health care system, Basaglia, Law 180, life-history narratives, autoethnography