



# Stories from Italian Forensic Psychiatric Hospitals

Glimpsing the Invisible

**Jacopo Santambrogio**

*Translated by* Frances Anderson

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# Foreword

Psychiatry. There is not just one psychiatry, but two. There is the psychiatry that considers psychopathological experiences as being the consequence of neurobiological deficits, ignoring the patients' interpersonal and social problems. Then there is the psychiatry that considers these experiences as being caused by a combination of factors, biological, psychological, and social. These two approaches have eventuated in two radically different methods of engaging with those suffering from a mental illness: the first considers patients with scientific detachment, as if analysing and describing a diseased body or, to be more precise, a diseased brain, without attributing any importance at all to their interiority, to their emotional relations; the second probes the innermost recesses of these patients' minds, their expectations and their anguish, their sadness, their relationships, in order to acquire knowledge of their ways of being, and of their disorders, in the context of a relationship based on trust. Only by laying aside all prejudice is it possible to achieve this type of intimacy with the psychically ill; they must be treated with respect, accepted as they are, in all their alterity, their "otherness", their ardent humanity, their suffering. In spite of their problems, they have the same expectations and hopes as we more fortunate beings. This is the psychiatry that Jacopo Santambrogio has applied in his reflections on the transformation of the Forensic Psychiatric Hospitals into Residences for the Execution of Protective Measures (known as REMS).

In Italian mental hospitals, the first type of psychiatry predominated; the living conditions were terrible and the treatments worse, even twenty-five years after the discovery of anti-psychotics (the first, Largactil, came onto the market in 1952), and would have remained so if Franco Basaglia,<sup>1</sup> working first in Gorizia and later in Trieste, had not brought about an incredible revolution in the comprehension of the social roots of madness, demonstrating that treatment of psychotic disorders could not be reconciled with life in mental hospitals where the patient was devastated by indifference and lack of humanity. The reform of 1978 introduced the closure of these institutions (and consequently of the Forensic Psychiatric Hospitals where perpetrators of crimes, affected by mental illnesses, were confined) and laid the foundations for a new form of psychiatry which began to play a role in general hospitals and the local healthcare services.

This book throws light on the intolerable violence of the Italian Forensic Psychiatric Hospitals, where the living conditions were even worse, more terrifying, and inhuman than those of the civil institutions. He has described the indescribable in his accounts of the conditions in which the inmates of Barcellona Pozzo di Gotto, Montelupo Fiorentino, and Reggio Emilia lived or, to be more precise, struggled to survive. Reading these pages, it is difficult to imagine how it was possible to eliminate this violence and render the new structures operative. The book provides a preliminary overview of the essential aspects of these structures and their importance from the psychopathological and human standpoints.

What makes this book so interesting, even more than the technical accounts, are the descriptions of the atrocious suffering of the inmates confined to these Forensic Psychiatric Hospitals and the discovery of their unexpected and surprising capacity for self-expression and creativity. These stories, elicited with rare sensibility and care, make disturbing reading and are very hard to forget.

The question that arises from the book, and it is a distressing question, is this: how did doctors and nurses, health service directors, and

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<sup>1</sup> Franco Basaglia (1924–1980) spearheaded the reform of legislation on mental health in Italy, contributing significantly to the closure of the mental hospitals. He is considered to be one of the most influential Italian psychiatrists of the twentieth century.

politicians manage to stand by and allow such inhuman conditions to exist without rebelling, accepting responsibility? How could they have been so indifferent to human suffering, so inert?

Building on a painstaking labour of interpreting and deciphering the innermost depths of these lives, particularly the emotions lacerated by immense suffering, and exploring the extreme confines of anguish and desperation, including the death wish, this book reveals the complexity and depths of madness that does not differentiate between the innocent and those who have committed crimes.

Jacopo Santambrogio, writing in a limpid style that highlights his passion for the subject, probes the hidden and sometimes unfathomable aspects of madness while respecting the patients' dignity and liberty of expression and accepting that anti-psychotics and social therapy are co-adjuvants and can only function if there is dialogue with a person who listens, empathizes, and participates emotionally. These were the methods promoted by Franco Basaglia, who pioneered a new approach to mental health and brought about the revolution that led to the closure of the mental hospitals and so indirectly of the Forensic Psychiatric Hospitals. These methods made it possible, then as now, to familiarize with the knowledge and therapies of the psychiatry based on anthropological and interpretative foundations that emerge so clearly from these pages. The book, with its detailed descriptions of the interiority and sensibility of patients who spent their days buried alive in the Forensic Psychiatric Hospitals and who now mostly reside in the REMS that are radically different from a relational and therapeutic standpoint, provides the reader with a fresh understanding of the psychopathological and clinical, phenomenological and psychodynamical aspects of madness.

This book provides evidence of just how much humanity survives even in the psychically ill who have committed crimes, humanity that psychiatric naturalism has never succeeded in acknowledging in all its dilemmatic suffering. Taking the masterfully reconstructed life stories of several of the inmates of the Forensic Psychiatric Hospitals as a starting point, the book discusses the major themes of a humane and interpretative psychiatry that significantly expands its semantic boundaries.

The author addresses these themes with passion and dedication, a rare propensity for listening and dialogue, and an extraordinarily profound

capacity for interpretation and originality of thought, guiding the reader to an understanding of the roots of clinical psychiatry and of the psychiatry that is applied in the REMS, partly reducing the distance—which obviously cannot be eliminated—between the two forms. This is a book that sheds fresh light on the topic of knowledge and therapy in psychiatry, bearing constantly in mind its ethical foundations that are so essential to its being, formal and thematic declinations apart. As a book based on a vast knowledge of psychiatric theories and practices, and a rare background of clinical and psychotherapeutic experience, it is also of great interest from the didactical point of view. It is a book which provides information on a subject that has vastly overlapping cultural themes for readers interested in psychiatry and in the forensic and social sciences, a book that enriches the reader in the quest for the comprehension and acceptance of madness.

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# Foreword

## THE TRANSITION FROM THE FORENSIC PSYCHIATRIC HOSPITALS TO THE RESIDENCES FOR THE EXECUTION OF SECURITY MEASURES

*Opportunities for a change in the strategy for mental health treatment  
for persons who have committed crimes*

Over the last few years, the subject of patients with mental disorders who have committed a crime has not only stimulated a significant degree of clinical and scientific interest among mental health professionals but has also caused increasing concern regarding the repercussions on the psychiatric services; both interest and concern are shared by magistrates, prison administrators, social service operators, and also by the public. What is the explanation for this reaction, which is spreading like wildfire and is involving such diverse groups of people?

Probably the explanation lies in the progressive acceleration of correlated phenomena that on the one hand have seen the development of new needs and, on the other, of critical issues that have caused—and are still causing—professionals and non-professionals to raise questions to which there are no easy answers: e.g., how should the perpetrator of a crime who is suffering from psychopathological disorders be considered? When does antisocial behaviour become an illness? what constitutes

being a *danger to society*? What courses of treatment/rehabilitation does the Health Service offer under these conditions? Assuming such courses are available and are followed to the letter, what are the possibilities of being cured? What is the toll of the requests for social control that are unloaded on psychiatry and the judiciary at the present?

These questions are being considered outside the sphere of mental health more frequently than before, and they throw light not only on the organizational scenarios of the Health Services, but also on social concerns. Increasingly often, also, there are consequences from the *media circus*, where the line between scientific information and press manipulation to whip up public opinion becomes very thin indeed.

The phenomena to which I am referring are diachronically connected to a number of factors: firstly, to the strong ideological pressure surrounding the closure of the Forensic Psychiatric Hospitals (FPHs) and the preparation of the relevant actuation norms; secondly and subsequently, to the debate among operators—in which public opinion played a part—regarding the implementation of the new structures, the Residences for the Execution of Security Measures (known as REMS), designated to substitute the FPHs and which were completely new in every aspect (as no experimentation had been done with these structures there was no evidence as to their feasibility or efficacy); and lastly, to the hands-on stage and the heterogeneous interpretation that psychiatrists, judiciary, and public opinion would make of it.

These rather uninformed controversies between mental health operators and other professionals or between the former and the judiciary were kept alive for a long period of time by this sequence of events that were often tinged with the anxiety typical of revolutionary innovations and the uncertainty of an empirical approach which, it must be said, was hardly influenced at all by scientific evidence from the rest of the world. Indeed, they reinforced the various non-specific requests for social controls that are difficult to satisfy at the best of times in the absence of concrete data, and often are only sparked off by emotive reactions.

At national and regional levels, the legislation regarding persons committing crimes while affected by mental disorders has resulted in stimulating debates between scientific and professional communities, as well as the constitution of work groups, all of which continue to offer food for

thought both from a clinical and an organizational point of view. One example of this is the sharing of documentation between the Department of Mental Health and the Judiciary of the Lombardy region in Italy, which lays the basis for an area of cooperation essential for monitoring the placement of these persons, not only in the REMS but also in traditional prisons which were immediately affected by the difficulties deriving from the new norms.

In recent years, within the Department of Mental Health (and indeed the Department of Mental Health and Addiction as is the case in many Italian regions), the planning of processes for the development—and the gradual activation—of experimental projects to replace the FPHs, and aiming at reinforcing the clinical area dedicated to dealing with the psychically ill who have committed a crime, tends to respond to two specific categories of patients in particular:

1. Patients with time still to serve of their custodial sentences, on probation or under house arrest, etc.;
2. FPH patients who have already served their sentences and are undergoing rehabilitation and reintegration into the community.

Regarding the first case, the law that has provided for the realization of the REMS to replace the FPHs appears adequate, at least superficially, to respond to the organizational aspects for the containment of the more complex psychopathological cases and those at risk of relapse; the main problem, however, lies in the number of available structures and the diversity of the requirements, in terms of therapy and rehabilitation, of the prospective inmates who have committed a crime. The issue therefore is to match the characteristics of the inmates, i.e., the type of crime they have committed and the mental disorders afflicting them, with the structures and corresponding therapeutic and rehabilitative facilities.

For those patients belonging to the second group, i.e., the FPH inmates who have completed their custodial sentence, none of the highly integrated solutions described at length in the law regarding the closure of the FPHs, or discussed from an operational point of view by the Departments of Mental Health, seem to be available at the time of writing; a further complication lies in the fact that both the law and its

actuation decrees are frequently referred to in regional norms and operational documents such as guidelines and the Diagnostic and Therapeutic Care Pathways.

Moreover, again at the time of writing, the Departments of Mental Health appear to function on the basis of a substantially administrative mandate, and this, taken together with the current organizational structure, does not seem to provide them with access to adequate instruments and clinical support to deal with patients at risk of suffering relapses as well as the presence of cases of social dangerousness that have not been completely restored to health in spite of the treatment and rehabilitation courses.

The current approach is based on institutional frameworks which continue to be bound to general and sporadic measures or guided prevalently by the need to safeguard the local public: this is done by creating circuits—mainly non-specific and indistinct—that more than anything else underline the ever-growing need and criticality for beds and the quest for procedures usually of a restraining nature, forcibly solicited by the pressure for social control from the locality.

This approach tends to recreate a type of *dedicated psychiatric community* for people affected by this type of pathology (frequently significantly psychopathologically comorbid and not infrequently accompanied by a prevalence of mixed aspects characteristic of antisocial personality disorders with drug abuse and previous premature vulnerability) in a single therapeutic rehabilitation environment. Instead of adopting proven clinical rules and procedures, these *communities* tend to be simply containment centres with little diversification. As a result, the solution offered by the prison structure, focused as it is on social control and by definition non-specific, is seen as approaching the clinical solutions to social control that are currently being experimented by the Social Health Departments; this facilitates the possibility of prisons being used as transition hubs or as permanent solutions for those patients for whom it has not been possible to find a bed in the REMS, or who are too antisocial for the treatment available in the REMS to guarantee protection against their social dangerousness.

Therefore, over the last two years the context has generated, in some cases inappropriately, reformatory guidelines with proposals to modify

national legislation or has given rise to experiments at the regional level outside the institutions that do not conform to the national law and pay scarce attention to the procedures that should reallocate the available residential resources and specific treatment and/or rehabilitation courses. Notwithstanding these trends, however, it must be said that while the construction of new, specialized structures to house and care for patients who have committed crimes is unlikely to be completed in the short term, the role assumed by the prison circuit is revealing similarly worrisome scenarios as to sustainability both by the Prison Administration and by the Mental Health Department.

Another issue is the lack of concrete data regarding those patients who, once discharged, have suffered a relapse and of information regarding the qualitative-quantitative efficacy of the alternative measures. It is extremely difficult to make concrete proposals for new solutions in the absence of assessment studies regarding the patients or detailed studies of the various courses of therapy and rehabilitation designed for the different sub-populations with the objective of better identifying the costs/benefits of the programmes and define valid indicators for a more accurate selection of patients based on their psychopathological characteristics and penal profiles.

Aside from these problems, and on a more general note, it must be said that in the experience of the Departments of Mental Health, the onerous issue of territorial responsibility for those patients who have committed a crime is still a sort of niche for a chosen few. It is too far removed from the daily clinical reality and is perceived by the operators as a clinical area to be managed, mostly or even exclusively, by the *medicine/prison psychiatry* circuits or by an institution resembling a reformed version of the FPH but continues to be without strong and stable links to the territorial activities of the local Department of Mental Health.

The transformation that Italian healthcare is currently undergoing can cultivate and induce important changes in the current scenario as, starting with the allocation of the healthcare for these patients to the Regional Healthcare Services, it must provide for the gradual absorption of penitentiary and forensic medicine/psychiatry into the sphere of the basic activities of the Department of Mental Health. Take for example the mental health services provided in prison, above all prevention of

self-harming, as well as the acknowledgement of the prisoners' right to treatment and the central role of the public psychiatrist as a forensic expert.

The Department of Mental Health must therefore assume responsibility for the activities that previously were allocated to the penitentiary healthcare system, and this cannot be limited to psychiatric support in prison but must include direct management of alternative security measures (house arrest, probation at home or in psychiatric institutions, release on experimental licence, etc.) and the creation of a model of forensic psychiatry updated for healthcare services instead of the external expert/consultant chosen by the magistrate.

To conclude, the norms dictating the closure of the FPHs have led not only to the creation of alternative residential structures (the REMS), but also to the (somewhat arduous) development of a support network extended to include antisociality and, most importantly, to the pathologies that presently contribute to it, such as personality disorders and the so-called *double diagnosis* for mental disorders and drug abuse. Although there is still plenty of room for doubt in terms of activation of specific *treatment courses at territorial level* and at least potentially, from a practical standpoint more attention to this constantly increasing phenomenon can at least partially restructure the operational psychiatric model created in Italy in the 1980s.

It is to be hoped that significant investments will be allocated to providing training for Department of Mental Health operators in the change in orientation of the new clinical practices and, at the same time, guarantee not only the acquisition of new specialistic competences but also a necessary boost to the level of motivation so that their approach to this complex patient typology will be realistic and as complete as possible.

This book offers the reader a historical reconstruction of the events leading up to the closure of the FPHs and a detailed examination of clinical cases that were characteristic of these institutions. It is an attempt to contribute to a reordering of the considerations discussed here and opens the way to a gradual discovery of how the situation evolved. These stories provide an insight into how the inmates lived; they themselves may change but the gravity of the problems remains the same, and the present debate must be based on a reconstruction of the experiences gained in the

past. If we are to understand future events, close attention must be paid to the very often distressing experiences of those who spent years of their lives in these psychiatric institutions.

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Massimo Clerici

## Preface to the English Edition

On May 13, 1978, the Basaglia Law, or Law 180/1978 as it is formally known, laid the basis for the closure of the Italian mental hospitals; Laws 9/2012 and 81/2014 formalized the closure of the Forensic Psychiatric Hospitals, institutions that had been operational since 1975.

In 2013 I was fortunate enough to obtain permission to visit the Forensic Psychiatric Hospitals before their closure with the photojournalist, Caterina Clerici. My objective was to document the state of the art of the facilities, the organizational aspects, and the care provided. I had the unique opportunity to talk with the inmates and to “see” the institutions through their voices. The picture I pieced together from their stories reflects the reality of these hospitals from 1975 to 2015, and I decided to compile a book with the material collected, to document this reality.

Why did I decide to have the book translated into English?

Firstly, I felt that an international audience of mental health professionals and people interested in psychiatry could be curious about the history of forensic psychiatric institutions in Italy; secondly I felt that an update about our forensic mental health system that has transited from Forensic Psychiatric Hospitals to a new system of Residencies for the Execution of Security Measures (known as REMS) could be of interest. This new model is specifically designed for forensic patients and is based on the community mental health system. In Italy, persons who suffer from psychic illness and have committed crimes now have new treatment



pathways, focused on rehabilitation and recovery rather than institutionalization.

The English version also includes follow-up interviews with two of the original protagonists, “Fausto” and “Davide”, both of whom now live in community settings oriented to rehabilitation where they experience more freedom and hope for the future.

I am an Italian psychiatrist, trained in phenomenology, psychiatry, and psychoanalysis, I have worked for 7 years in the field of rehabilitation for persons with severe mental illnesses and legal issues (Adele Bonolis AS.FRA. Foundation) and in Intellectual Disability and Autism residential facilities (Presidio G. Corberi and RSD Beato Papa Giovanni XXIII) that is now my my main job. Since my residency in psychiatry, I have developed a specific interest in forensic psychiatry and the history both of mental hospitals and of Forensic Psychiatric Hospitals.

This is a book of clinical psychiatry, based on interviews with mentally disturbed offenders and the mental health professionals who had them in care; the intention is to give an unbiased view of the Italian Forensic Psychiatric Hospitals, as opposed to that predominantly offered by journalistic and sociological literature. It gives voice to the people who lived in the institutions, rather than focusing on the institutions themselves and their organization as is often the case in scientific literature—a voice that, as psychiatrists, we must listen to with care.

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Jacopo Santambrogio

# Acknowledgments

Adele Bonolis AS.FRA. Foundation, founded by the Venerable Servant of God Adele Bonolis (1909–1980), is an Italian rehabilitation residential facility dedicated to severe mental health patients. The Foundation is accredited with the Lombardy Regional Health System and under contract with ATS Monza Brianza. It includes four communities of 20 patients each, some of them with legal issues and on probation. After Law 81/2014 AS.FRA. could be considered for some mentally ill offenders an alternative rehabilitative treatment compared to the custodial pathways in jails or in the Residencies for the Execution of Security Measure (REMS).

A special word of thanks is due to Adele Bonolis AS.FRA. Foundation and its president, dott. Alessandro Pirola, who supported the project and the cultural aims of this book.

Frances Anderson



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# 1

## Introduction

Trieste, January 2012. My journey of discovery into the world of Italy's Forensic Psychiatric Hospitals, the faces and stories of the inmates, started from the city where one of the country's most influential psychiatrists, Franco Basaglia, worked and studied. I was still a student with a few months to spare before starting a course of specialization in psychiatry at the University of Milano-Bicocca in Monza under the direction of Prof. Massimo Clerici, and I decided to pass the time following Basaglia's footsteps, visiting the places that have left an indelible mark on the history of Italian psychiatry. From the ex-psychiatric hospital of San Giovanni and the social co-operative Sartoria Sociale Lister, I was catapulted into the home of Dr. Giuseppe Dell'Acqua, who had studied under Franco Basaglia. Together with Dr. Franco Rotelli and a group of friends and colleagues, Dr. Dell'Acqua was writing a paper with the title, "Regarding the closure of Forensic Psychiatric Hospitals: the good intentions of a risky law" (*A proposito della chiusura dell'Ospedale Psichiatrico Giudiziario: le buone intenzioni di una legge pericolosa*).<sup>1</sup> The group was worried about

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<sup>1</sup>Rotelli, F., Gallio, G., Dell'Acqua, P., Del Giudice, G., Carrino, L., Novello, M. et al. (2012). *A proposito della chiusura dell'Ospedale Psichiatrico Giudiziario: le buone intenzioni di una legge pericolosa*. <https://www.lavoroculturale.org/reparto-agitati-3-a-proposito-della-chiusura-dellospedale-psichiatrico-giudiziario/franco-rotelli/2012/>.

how the new, purely medical structures would manage to deal with *mad criminals*. At the time I had no idea of what a Forensic Psychiatric Hospital (FPH) really was, and the concepts of *mad criminals*, security measures, social danger were new to me, but my passion for psychiatry and its history spurred me on to ask questions as if I were a journalist reporting on a medical issue, and so I made my first approach to this area of psychiatry under Dr. Dell'Acqua's aegis. It was a delicate, and above all historical, moment. More than thirty years had passed since the approval of Law 180/833 of May 13, 1978, but finally major changes were afoot; the first, fundamental breakthrough in the closing of mental hospitals was achieved thanks to the experiences here in Trieste and Franco Basaglia's determination and obduracy.<sup>2, 3, 4, 5, 6, 7, 8, 9</sup>

Just three years earlier in 2009, Ignazio Marino, a senator of the Italian Republic who led a Parliamentary Commission of Inquiry into the efficacy and efficiency of the country's National Health Service, visited the Department of Mental Health in Trieste. In the same year, on August 4, a fifty-eight-year-old elementary school teacher, Francesco Mastrogiovanni, died in the hospital of Vallo della Lucania in Campania. He had been forcibly hospitalized by a compulsory mental health order (involuntary psychiatric commitment). His death after ninety-four hours bound to a bed, sedated and dehydrated, shocked the nation.<sup>10</sup> The Commission turned its attention to psychiatry and how it should be

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<sup>2</sup> For a comprehensive introduction to the work and reforms of Franco Basaglia, see Foot, J. (2015). *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*. Verso.

<sup>3</sup> Basaglia, F. (2010). *L'istituzione negata. Rapporto da un Ospedale psichiatrico*. Baldini Castoldi Dalai.

<sup>4</sup> Basaglia, F. (2000). *Conferenze Brasiliane*. Raffaello Cortina Editore.

<sup>5</sup> Basaglia, F. Ongaro Basaglia, F., Pirella, A., Taverna, S. (2008). Raffaello Cortina Editore.

<sup>6</sup> Basaglia, A. (2014). *Le nuvole di Picasso. Una bambina nella storia del Manicomio liberato*. Feltrinelli Editore.

<sup>7</sup> Bucaccio, E., Colja, K., Sermoneta, A., Turco, M. (2011). *C'era una volta la città dei matti*. Alpha Beta Verlag.

<sup>8</sup> Piccione, D. (2013). *Il pensiero lungo. Franco Basaglia e la Costituzione*. Alpha Beta Verlag.

<sup>9</sup> De Girolamo G. (1989). Italian psychiatry and reform law: a review of the international literature. *The International journal of social psychiatry*, 35(1), 21–37. <https://doi.org/10.1177/002076408903500103>.

<sup>10</sup> Cuppini, L. (2009). Il giallo del maestro «anarchico» morto durante il ricovero coatto. *Corriere della Sera, Cronache*. [https://www.corriere.it/cronache/09\\_agosto\\_19/vallo\\_lucania\\_morto\\_trattamento\\_sanitario\\_obbligatorio\\_inchiesta\\_32ee0720-8cd2-11de-90bb-00144f02aabc.shtml](https://www.corriere.it/cronache/09_agosto_19/vallo_lucania_morto_trattamento_sanitario_obbligatorio_inchiesta_32ee0720-8cd2-11de-90bb-00144f02aabc.shtml).

reformed, and Ignazio Marino decided to start from those dark, forgotten places, the Forensic Psychiatric Hospitals.<sup>11</sup>

The inmates were often found in distressing conditions; many of the buildings housing the FPHs were derelict, overrun with rats, rain seeping in through cracks in the ceilings, no heating and lavatories that didn't bear looking at.<sup>12</sup> Overcrowding was rife and equipment for treatment of the disorders practically non-existent. Marino reported his findings to Giorgio Napolitano, then President of the Italian Republic, who went so far as to say that the FPHs would be inconceivable in a barely civilized country ... and were a reality that humiliated Italy before the rest of Europe ... an unspeakable horror.<sup>13</sup> The writing had appeared on the wall for the FPHs. They had been weighed on the scales and found lacking. They were to be closed. While undoubtedly this was a positive development from many points of view, this decision raised many problems, the same that Dr. Dell'Acqua and his colleagues were discussing that day in Trieste, starting from the question of the danger to society of these *mad criminals*, to their capacity to understand the gravity of their acts and whether these acts could be imputed to them.

In the paper mentioned earlier, Franco Rotelli expressed the opinion that "In 2012, renewing by law the legitimacy of the concept of social dangerousness linked to infirmity of mind (a concept which at this point in time is considered by legal experts and psychiatrists alike to be without any scientific or empirical grounds) and the notion of legal incompetence, which has also been strongly criticized over the last decades, implies assuming the grave responsibility of opposing the spirit and the terms of Law 180/78 that abolished the link between mental illness and social

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<sup>11</sup>Saccomanno, M. Bosone, D. (2011). Commissione parlamentare di inchiesta sull'efficacia e l'efficienza del servizio sanitario nazionale. Relazione sulle condizioni di vita e di cura all'interno degli ospedali psichiatrici giudiziari. [https://www.senato.it/documenti/repository/commissioni/servizio\\_sanitario16/Relazione\\_OOPPGG\\_doc\\_XXII-bis\\_4.pdf](https://www.senato.it/documenti/repository/commissioni/servizio_sanitario16/Relazione_OOPPGG_doc_XXII-bis_4.pdf).

<sup>12</sup>Saccomanno, M. Bosone, D. (2011). Commissione parlamentare di inchiesta sull'efficacia e l'efficienza del servizio sanitario nazionale. Relazione sulle condizioni di vita e di cura all'interno degli ospedali psichiatrici giudiziari. [https://www.senato.it/documenti/repository/commissioni/servizio\\_sanitario16/Relazione\\_OOPPGG\\_doc\\_XXII-bis\\_4.pdf](https://www.senato.it/documenti/repository/commissioni/servizio_sanitario16/Relazione_OOPPGG_doc_XXII-bis_4.pdf).

<sup>13</sup>Napolitano, G. (2011). [https://archivio.quirinale.it/discorsi-bookreader//discorsi/Viaggio\\_in\\_Italia\\_discorsi\\_interventi\\_Napolitano\\_2011\\_2012.html#page/46/mode/2up](https://archivio.quirinale.it/discorsi-bookreader//discorsi/Viaggio_in_Italia_discorsi_interventi_Napolitano_2011_2012.html#page/46/mode/2up).

dangerousness, strenuously upholding the responsibility and the rights of every member of the community, including the right to be judged and, if guilty of the crime, to be sentenced.”<sup>14</sup>

Franco Corleone, who was nominated by the Cabinet in 2016 as sole Commissioner for the procedures to be enforced regarding the closure of the FPHs and the completion of the REMS in certain Italian regions, commented in a convention in 2008 that he had presented a draft law under the title “Imputability of the mentally infirm person who has committed a crime and how that person is dealt with in the prison environment” in which was stated, “There are two fundamental points: (a) a mental illness shall not be considered sufficient reason to limit personal freedom if the commission of a crime has not yet been ascertained, and (b) the restriction of the liberty of a mentally infirm person having committed a crime cannot be indefinite, nor can it be temporally superior to the maximum penalty established by law for that crime. The right to be judged and the possibility of working through, processing dramatic and even tragic events must not automatically be subject to expiating the sentence in prison, i.e., in a closed institution; when there is incompatibility with detention [in prison] the possibility of serving the sentence in alternative therapeutic institutions must be taken into consideration.”<sup>15</sup>

On my return to university in Monza, I reviewed the topics discussed in Trieste with my professor and from these discussions emerged the idea of undertaking a research project on the FPHs that could develop into a book.

While on vacation in Sicily in December 2012, I decided to visit the FPH in Barcellona Pozzo di Gotto. Dr. Dell’Acqua had provided me with a telephone number for Father Giuseppe Insana (affectionately known as *Padre Pippo*), the chaplain of the hospital and founder of the *Casa di Solidarietà e Accoglienza*, a halfway house for the inmates. I arrived in

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<sup>14</sup> Rotelli, F., Gallio, G., Dell’Acqua, P., Del Giudice, G., Carrino, L., Novello, M. et al. (2012). *A proposito della chiusura dell’Ospedale Psichiatrico Giudiziario: le buone intenzioni di una legge pericolosa*. <https://www.lavoroculturale.org/reparto-agitati-3-a-proposito-della-chiusura-dellospedale-psichiatrico-giudiziario/franco-rotelli/2012/>.

<sup>15</sup> Corleone, F. (2008). *La rimozione dell’Ospedale Psichiatrico*. Speech given at the convention “La Psichiatria a 30 anni dalla Legge 180”, Treviglio. <https://www.fuoriluogo.it/speciali/la-rimozione-dellospedale-psichiatrico-giudiziario/>.

Barcellona Pozzo di Gotto by train on December 4, 2012; while I was waiting for Padre Pippo, I was struck by a headline on the local paper, “23-year-old youth shot dead in a barber’s shop”. It was a brusque introduction to the harsh reality of the town.

Padre Pippo is a man who lives life to the full. He started his *career* as a parish priest for Santa Lucia in Barcellona Pozzo di Gotto and then became involved in Pierre Teilhard de Chardin’s movement, after which he left the parish and chose to become a *worker priest*, laboring as an agricultural worker in the Sicilian countryside. During that time, he had his first encounters with the mentally infirm in the Barcellona Pozzo di Gotto FPH, who then started to spend time with him. He applied for the post of chaplain to the hospital and celebrated his first mass there on Christmas Eve 1984. “I didn’t just say the mass”, he confided, “I took the inmates cigarettes as well.” Immediately after, in 1995, he invited some of the inmates to spend their leave in his house. Prior to that, only inmates who had enough money to pay for hotel accommodation were allowed to leave the FPH on leave.

With a group of friends from Barcellona he founded an association, the *Casa di Solidarietà e Accoglienza Associazione*, which offers the inmates hospitality and helps them to find work. The Association collaborates with the Mental Health Centers. In 2000 a protocol was signed with the Department of Mental Health of Messina, the Management of the FPH and the External Relations Office of the Penitentiary with the objective of developing innovative services outside the prison walls for the FPH inmates. It was both revolutionary and successful; some of the inmates saw their security measures transformed into probation, preceding by several years the decisions of the Italian Constitutional Court<sup>16</sup> that definitively confirmed the possibility of assigning the mentally infirm who had committed a crime to structures other than the FPHs for treatment and reduction of their social dangerousness.

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<sup>16</sup>Decisions 253/2003 and 367/2004. <https://giurcost.org/decisioni/2003/0253s-03.html>.

[https://www.cortecostituzionale.it/actionSchedaPronuncia.do?param\\_ecli=ECLI:IT:COST:2004:367#:.-:text=253%20del%202003%20della%20Corte%20costituzionale%20ha%20dichiarato%20illegittimo%20, misura%20di%20sicurezza%20non%20detentiva](https://www.cortecostituzionale.it/actionSchedaPronuncia.do?param_ecli=ECLI:IT:COST:2004:367#:.-:text=253%20del%202003%20della%20Corte%20costituzionale%20ha%20dichiarato%20illegittimo%20, misura%20di%20sicurezza%20non%20detentiva).



When we arrived at the *Casa*, there was a welcome committee formed by a group of inmates waiting at the door. I was accosted by a large man with a black goatee and another with a form of paresis who wanted to know when I would be coming back as they had many things they wanted to tell me. Lunch was taken at a long refectory table, the food—all local produce—was blessed. Some of the guests talked and discussed vivaciously, others were absorbed in their own thoughts. The *Casa* has a list of rules to be observed: drug addicts and alcoholics are not admitted; everyone manages their own finances; medicines are placed on the table; there are no waiters, everyone does their part. Padre Pippo explained that the spirit of the *Casa* is that the Association collaborates with the inmates, helping them to help themselves. “There is a father here too”, he said, “we keep in touch with the families, the inmates have the possibility of going home and of calling home. Inside the FPH there are no rules, here we have small rules for cohabitation: everyone is treated as a person. And the bread and cakes come from the best bakery in Barcellona!”.

In the afternoon Padre Pippo accompanied me to the FPH and introduced me to the Director, Dr. Nunzianta Rosania, a medical doctor and criminologist, who was well disposed to answering my questions regarding the FPH and the investigation launched by the Commission headed by Senator Marino. He had been responsible for the FPH since 1997 and was particularly proud of the fact that in his first ten years the use of anti-psychotic drugs had been considerably reduced, so improving the inmates’ quality of life.

“There is no reason that these individuals should not live outside the prison. In my view, they are people who are distressed. The walls, the restrictions, come later. The question, where should we put them? That comes later. Mental illness is a classification. On this point, I do not agree with the idea that mental illness is simply a product of society. Mental illness requires a psychiatric clinic, awareness and scientific rigor. My view of mental illness is that it has a genetic origin that interpenetrates with the environmental component, which is much more important. The FPH is an institution that doesn’t take the individual into consideration.” Having said this, he stared me in the eye and said, “Well, what kind of psychiatrist do you want to be? One who works with the patients, or one who sits behind a desk?”.

Ignazio Marino visited Barcellona Pozzo di Gotto for the first time in June 2010 (the Director was not present that day) and returned in December, after visiting the other five FPHs. According to Dr. Rosania, “They filmed the worst situations, the ones that were guaranteed to scandalize. They even filmed that famous iron bed, the one with the hole. We have always used a restraint bed in the isolation cell for pantoclastic crises. For each case, we write up a number of reports. One for the agent, one for the ward doctor, one for the highest-ranking prison officer, one for the psychiatrist who ordered the restraint to control the crisis (three hours maximum), the ward commander, the director who authorizes the restraint. There are two reports, one medical and one psychiatric. When I arrived in 1997 there were 27 restraint beds, now there is only one. The person they filmed tied to the bed was Mr. C, nicknamed the Cardinal because he had a mole shaped like cardinal’s hat, like Gorbachev. In the report they said the mole was a bruise caused by the restraint. In May 2012 we had a visit from the European Committee for the Prevention of Torture comprised of eight experts: psychiatrists, prison directors, with French/Italian interpreters. They arrived at 8 am on May 15 and left at 8 pm on May 16. They visited everything. At the end of their visit, we had a debriefing session and this is what they said, ‘We can’t understand why Marino reached the conclusions he did. You are doing very high standard work with the human and professional resources that are available to you. Our congratulations to you, but not to the Italian State that leaves you to work in these very difficult conditions.’ Twenty days later I got a letter of praise from the Minister of Justice. It makes you wonder.”

On my return, I contacted Caterina Clerici, a journalist-photographer,<sup>17</sup> as I hoped to add some visual documentation along the lines of the book by Valeria P. Babini, *Liberi tutti. Manicomi e psichiatri in Italia*.<sup>18</sup> I had

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<sup>17</sup>Caterina Clerici is an Italian freelance journalist, currently based in New York. She focuses on international development and human rights, as well as migration and integration issues. Her work has appeared on The Guardian, Al Jazeera English, La Stampa, Repubblica, Libération, The Independent, Slate and TIME, where she also works as a photo editor. Caterina holds a bachelor’s degree in Politics and Development Studies from the School of Oriental and African Studies in London, and a master’s degree from Columbia University’s Graduate Journalism School.

<sup>18</sup>Babini, V.P. (2009). *Liberi tutti. Manicomi e psichiatri in Italia*. Il Mulino.

seen an exhibition of Caterina's work and had been very impressed by her photographs of Liberian men, women and children and how she had caught the intensity of their expressions; I could imagine how she would capture the inmates of the FPHs on film. In the months after my return I had also submitted the project for approval to the University of Milano-Bicocca and to the Penitentiary Administration Department in Rome. The project was approved and I was granted access to all six FPHs.

I went back to Barcellona Pozzo di Gotto in February 2013 to see how I could develop the project. I stayed in the *Casa* and discussed the best way to proceed with Padre Pippo and his guests. The idea was to interview the inmates to listen to their life stories, understand their language, their imagery, their experiences before and after acquittal and how they spend their days in the FPH. While I was there, one of the FPH wards was being closed; Padre Pippo provided me with the press reports and the laws and sentences regarding this historical happening. The structure had been seized by order of Senator Marino on December 19, 2012; the inmates were to have been transferred within thirty days, subsequently extended to February 12 and then to March 31, 2013. The order was never executed.

In September 2013, I left for Barcellona Pozzo di Gotto with Caterina. We visited Reggio Emilia in February 2014, followed by Castiglione delle Stiviere, Aversa, Naples and in the September of that year, Montelupo Fiorentino, the last visit. 2014 was a year of intense debate on the FPHs and the decision to postpone the date of the closures to March 31, 2015. It was the second extension.

I was extremely fortunate to have witnessed the end of this institution from the inside, to have been able to experience at first hand the dynamics and organization of a controversial reality often under attack from various quarters, to collect impressions from the inmates before their transfer to the Residences for the Execution of Security Measures (the REMS); it was an unforgettable experience from both the human and the professional standpoints.

I had conversations with many of the inmates; some were brief, not even thirty minutes in length, while others extended for over an hour, but all were intense, revealing complex and transversal cross-sections of society. I used a list of standard questions, touching on the following themes:

the type of crime and consequent sentence; a description of their experiences in prison and FPH; the origin and their awareness of their mental illness; what, in their view, is a mental illness; what, in their view, is social dangerousness; what therapy are they taking; their typical day in the FPH; their expectations and prospects for the future. All the inmates gave their written consent to the interviews and their subsequent publication. The Directors of Reggio Emilia, Barcellona Pozzo di Gotto and Montelupo Fiorentino, respectively Drs. Paolo Madonna, Nunziante Rosania and Antonella Tuoni, consented to the interviews and the photographic reportage as agreed with Dr. Calogero R. Piscitello, General Director of the Penitentiary Administration Department.

When I started work on this project in 2013, there was a great deal of feeling and discussion about the FPHs following the revelations of the Parliamentary Commission of Inquiry. It was important to document this last act of a long era of Italian psychiatry, Caterina with her camera and me with the documentation gathered from the inmates and the staff. The media was very active and was exerting pressure on the political decisions that were delaying the closure of the FPHs. Caterina made her own contribution to clarifying the situation, writing articles and providing photographic documentation for the Italian daily *La Stampa*.<sup>19, 20</sup>

The interviews with the inmates revealed a perspective of the FPH that was far more informative than the reports on the press. Their accounts did not contain any talk of scandalous happenings, they were stories of personal drama, episodes of violence and murder that had altered social equilibrium. Illness combined with disorders that had never been treated, with degradation of the environment, drug abuse and alcoholism. There were stories of odysseys from one prison to another, from a hospital to a rehab community, finishing up in an FPH. I had a wealth of material, the question was, what to do with it? I toyed with the idea of a collection of

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<sup>19</sup> Clerici, C. (2014). Tra crimine e follia. <https://www.lastampa.it/torino/2014/06/03/news/tra-crimine-e-follia-1.35740122/>; Clerici, C. (2015). Viaggio negli Ospedali Psichiatrici Giudiziari. <https://www.lastampa.it/cronaca/2015/03/29/fotogalleria/viaggio-negli-ospedali-psichiatrici-giudiziari-1.35289117>.

<sup>20</sup> Russo, P., Clerici, C. (photographs). (2015). La chiusura degli OPG spaventa medici e pm: "Rischi per la sicurezza". <https://www.lastampa.it/cronaca/2015/03/29/news/la-chiusura-degli-opg-spaventa-medici-e-pm-rischi-per-la-sicurezza-1.35288865>.