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Ruins of Memory: a Sustainable Conservation for the Material and Immaterial Values of the Former Psychiatric Hospitals in Italy

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Abstract

In Italy the Provincial Psychiatric Hospitals were closed by the law enforcement n. 180 (1978) promoted by the psychiatrist Franco Basaglia. From 1996 these structures were definitively abandoned. They were built with a strong relationship between the cultural and social idea of the significance of mental illness and a specific architectural form, the ‘small-village’ model, because this was intended to play an important therapeutic role. Now they reveal multiple identities as cities-fragments, architectural models and places of amnesia. Because of this link between material and immaterial memories, sustainable conservation strategies involve a new interpretation of the conservation project as a ‘memoir’.

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1. Introduction

As the ideas of the Enlightenment spread and clinical medicine emerged, the eighteenth century saw the beginning of a debate on the types of architecture suitable for the construction of hospitals, with a layout that should reflect the separation of the patients based on medical categories. At the same time the binomial poverty/disease began to be superseded. Until then, in fact, the poor, orphans, patients, vagrants, pregnant women and women in labour, the incurables, those affected by skin diseases and the mentally ill had been kept in the same institutions and shared the same spaces. [2, 4, 7, 8, 16]

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These premises became the basis for a debate on the design of Asylums for the mentally ill that could satisfy the sanitary requirements of the time, the need for air, light and water, and safeguard the principle of separation of the sexes, as well as accommodate the patients according to the kind of mental illness affecting them. [6, 11, 17]

The fledgling debate over the treatment and care of the mentally ill thus became interwoven with the need for a type of architecture that could meet the demands of new systems of care. [2, 6, 18]

The relationship between mental insanity and architecture was in part the result of the theory of Philippe Pinel, a French psychiatrist, who was the first to explore possible therapies for mental illness and led to the idea that the Asylums should embody a kind of architecture that could master the complexity of a hospital while providing spaces for the newly expanded experiences of the patients. A theory later described in the book by Philippe's son (Scipion Pinel) in 1836, who believed that a place like the countryside could prove to be the right choice as it combined a natural open-air setting with opportunities for the patients to have some role in the society as agricultural workers. [13, 14]

In Italy this condition was felt as urgent after its unification in 1861, when the search for a new model of national architecture was at its start and architecture was becoming an expression of the attempt to build a new country and overcome the Italian longstanding political and cultural fragmentation; in fact in 1865 a national law was enacted according to which the Provincial governments were bound to maintain those who were considered poor mentally insane (City and Province Law no. 2248 dated 20 March 1865). [2]

As a consequence, each Province had its own Asylum, restoring old architecture (like convents, monasteries, old hospitals) or build new ones, with a widespread presence on the national territory. This condition was reinforced by the law n. 36 in 1904 according to which insane people considered dangerous for themselves or for the others must be placed in an Asylum.

Architecture therefore became the instrument for the construction of another kind of space for the city, different from urban community spaces, where mental illness was confined or isolated, providing care for the patients and at the same time a means of exclusion and a protective measure for the society.

Strongly influenced by these theories, in Italy the mental institutions were planned as buildings isolated from the urban context, with a significant contact with the countryside, in the form of small villages. [6, 19]

After World War II, with the fall of the fascism culture and the spread towards the psychotherapy there was a shift in the very notion of mental illness which came to be viewed more as the expression of social imbalance than as an individual condition. [2]

The Asylum as an institution was re-evaluated as a "total institution" by Ervin Goffmann in 1961. His book, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, stimulates the debate on the actual efficacy of Asylums as therapeutic places or rather as isolation/confinement places for mental illnesses from the sane part of society. The book was edited and translated into Italian by Franca Ongaro and Franco Basaglia. [3, 10]

It is to them that Italy owes its reform in psychiatric care and the birth of the democratic psychiatry movement, which led to drafting Law no.180 dated 13 May 1978: "Assessments and voluntary and mandatory medical treatment". The law established public mental health services and the abolition of psychiatric hospitals (Italy is still the only country in Europe where this has happened).

The implementation of the law was delegated to local authorities such as regional councils, thus creating heterogeneous situations on the ground. Consequently Asylums were in fact shut down at different times depending on the territory of competence, but in 1996 regional authorities were required to provide for their final shutting down (paragraph 5 of Article 3 of the Law no. 724 dated 23 December 1994, on "Measures for the rationalisation of public finance").

Hence the conditions created in each area formed a widely diversified situation. [1]

The reforms initiated by Franco Basaglia's Law no. 180 transformed the former Asylums/ Psychiatric Hospitals conceived to become potential places of amnesia of mental illness into architectural fragments participating in an urban space that in fact negates them.

2. Former Psychiatric Hospitals as Urban Fragments

The most frequently-referenced model for the Provincial Psychiatric Hospitals (hereinafter referred to as OPP), the small-village type, was planned with separate pavilions and was built similar to a farmhouse or rural settlement. [1, 6, 17]

The design of the complexes was ideally based on the methods of work-therapy, a structure similar to a farmhouse was included to function as a sort of therapeutic farm: in this condition nature played a fundamental role in the project planning thanks to the presence of green areas for agricultural activities and park-like features. [6, 9]

The OPP were organized with a strict separation of patients (male from female, divided according to their mental conditions) and provided the possibility to walk in an open space reminiscent of a countryside setting that nonetheless had an administrative centre to control and manage the different pavilions. [1, 6]

The point was that a mental institution should not be merely planned as a prison, or as a convent or as a hotel. Rather, it should provide the isolation of a convent and the control of a prison, but nevertheless give the patients the opportunity to undergo treatments by walking and moving in the open air and/or in indoor spaces.

Important examples and architectural models were the Santa Maria della Pietà Provincial Psychiatric Hospital in Rome (1908-1918), the San Lazzaro Asylum in Reggio Emilia (1820, 1920), the Provincial Psychiatric Hospital in Padua (1907), the Provincial Psychiatric Hospital Mombello in Milan (1865, 1878, 1898, 1912), the Provincial Psychiatric in Cogoleto (Genoa) (1908-1911), the Provincial Psychiatric in Naples (1909). [1, 6]

The feeling of simulated freedom was provided by long promenades under the shade of high trees, large gardens, a rich and diverse nature, areas that were wide enough to keep a distance between the pavilions ensuring light, air and privacy. [9]

An extremely rare condition in urban spaces.

This longed-for rustic aesthetics was perfectly combined with the medical staff's need to live close to the cities. For this reason, the OPP were built near the cities and the major transport routes, such as train stations, while maintaining the necessary distance to ensure proper isolation from the urban context. In a sense they were part of the urban context as *small independent cities*, totally self-sufficient as they had their own food and energy provisions, and laundry, farming, carpentry, tailoring, and metalwork activities were carried out (there was even a system of gas pipelines inside). [5, 6] Nonetheless, there was no relationship with the society and the external world and culture.

Since 1996, time has been suspended. The small-villages are *others* cities of memory, urban fragments, where nature and architecture are strictly connected: a kind of *sublime urban ruins*.

3. Material/Immaterial. Experiencing oblivion between voluntary and involuntary amnesia

The proximity of the OPP to the urban centres meant that it was not possible to completely forget them. This condition triggered a sort of social and cultural process of psychological repression that could be better explained as an experience of collective amnesia, both in the case of individuals and of the social issue of mental illness in general. It was an architectural agenda of isolation, urban places confining mental illness to then forget it: natural-born generators of places of amnesia.

The architectural matter, the material heritage of the OPP translates this form of oblivion into different shapes and scales until it transcends matter and becomes the pure and immaterial meaning of the experience. It is in the absence and oblivion of a humanity that lived here, in small fragments of scattered matter such as clinical examinations, X-rays, the names of patients, traces of stories that progressively dematerialize and become the whole of the invisible and immaterial experience behind the walls, the unspeakable of human experience.

The experience of oblivion, which is renewed in the encounter of each of these scattered fragments, is the intangible value of this place. Its memory resides in the vacuum it evokes, and its torn, marked and shattered matter is the only guide to this experience.

Thus seeing the OPP means finding in their abandonment the mark of the evolution of civil society, and witnessing or rather experiencing their abolishment.

This condition opens a fracture in the relationship between memory and oblivion, as the very oblivion generates the memory of the social event. Recomposing the space of such oblivion means filling the void of absence, or rather,

filling the space of waiting. The single subject that discovers the OPP finds in it the social condition of the history of mental illness in Italy. The abandoned objects – shoes, clothes, signs, medical records – trigger the necessary epiphany that allows us to come into contact with the past of mental illness as a collective cultural issue and find the differences with the present condition, between the simulated small country town and the new urban fragment. [16]

The OPP became a Proustian recall of a story and the objects are the *petites madeleines*. [15] (fig. 1)

A voluntary memory of things and an involuntary memory of the collective event and experience that they evoke. [12] Such differences encourage an investigation of the meaning of the relationship between voluntary and involuntary amnesia for a sustainable conservation of the spirit/identity of the OPP.



Fig. 1. Former Psychiatric Hospital in Rovigo. Interior. Photo by Luca Luiu.

4. The project as a Memorial

How can the memory of the absence of the OPP be transmitted together with their status as urban fragments? To what extent can a balance be struck in the relationship between the tangible and the intangible?

Such relationship creates a kind of stratified memory: it is the physical and mental place of the fragment/urban lacuna, of the typological model, of the place of experiences. This same condition is the immaterial value that opens up the possibility of witnessing this process, transcending the notion of monument to enter the realm of storytelling, of the memoir.

For places like the OPP, in which the symbols and paradigms of a culture with respect to the role of society are embodied in shattered matter (the broken chairs, the peeling walls, the X-ray sheets on the floor, the light filtering from the broken window panes ...) this value is not expressible or decipherable, yet it is the 'value' of a specific 'identity' of the place. Its presence is only possible as the narrative recounting of an experience and not as the experience itself. In this switching of roles, where matter tells a story and memory is embodied, the possibility of a form of testimony (of leaving memories) might metaphorically assume the role of a *memoir*. A *memoir* where the historical fact, the bare matter, is transcended into the creative force of a narrative value. Thus the story becomes the operational guide of the identity of a place. Its 'memory' is in the operation of uncovering its 'amnesia', in which tangible and intangible traces are the process of recognition of the place. The process of acknowledgment of its absence.

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