

"the help that those who suffer need is something truly intangible that the healthy, however, are unable to offer them". Thomas Bernhard

"to produce sanity means to work against the destructive power of madness, but also against the impoverishing power of normality and the dullness of common sense". Enrico Pascal

MENTAL ILLNESS AND RESEARCH: What universities don't say. The story of Enrico Pascal.

Enrico Pascal was a dissident psychiatrist and phenomenologist who played a key role in the psychiatric revolution in Piedmont. He pioneered the abolishment of the asylum and the construction of the first Mental Health Centres in the province of Turin between the 1960s and 1990s.

WHY READ PASCAL AGAIN?

Undoubtedly everything he wrote represents some historical material that is essential for understanding the psychiatric revolution in Italy.

But there are also other reasons because, as we said, Pascal was not only a dissenter, but also the founder of a new practice of community care based on phenomenology starting with Husserl, Heidegger, Binswanger, and Minkowski.

And to develop this new practice and the theory behind it he promoted and conducted, in the 1980s, a participatory research in which operators and users were involved, all of them equal 'researchers of experiences, griefs and resources that run through us within the crevasses of madness'.

We believe that all this can be a great contribution to today's psychiatry, which on the one hand sees a prevailing medical-pharmacological reductionism but on the other hand is teeming with research, reflections precisely starting from the relationship with the 'patient', from his participation, from the need for his contribution to better grasp, and above all earlier, the signs of an emerging suffering, as many studies and publications in Italy and Europe demonstrate.

We therefore propose to offer for reading some of his contributions, although dated, but of renewed topicality for all those who wonder about the mystery of madness and the human condition.

FROM THE ASYLUM TO THE TERRITORY

Enrico Pascal's battle began in 1968 in the Collegno asylum: together with a group of enlightened nurses and a social worker he created the first Therapeutic Community.

The asylum 'is still a psychiatric lager', Pascal wrote in 1968 in his report-denunciation on section 12 of which he was in charge, in which he contested the inhuman and degrading conditions of the inmates in the Collegno asylum, where 'the sick man is deprived of all rights and sometimes seems reduced to a beast to whom one is content to provide a little food, medicine and a bed'.

Three years later, in 1971, with the same working group, driven by the conviction that the future of psychiatric assistance lies on the territory and not within an institution, he turned his energies to 'curing

madness where it arises', founding the Mental Health Centre of Settimo Torinese, one of the first in Italy. Following the closure of the asylum, the outpatient clinic was freely available to users, families, and citizens for twelve hours a day, from 8 a.m. to 8 p.m., five days a week:

"The indication that came from the assembly was that the concept of 'golden cage', which was upheld by the therapeutic community itself, had to be superseded. It was therefore necessary to put in place new projects that would allow moving away from the systematic admission to asylums for everyone – even for those who had not yet fallen into the asylum circuit – and introduce a more selective filtering. In the spring of 1971, our group was detached to carry out territorial activity, on the basis of an ambiguous service order, which left us in fact in a situation of extra-legality."

Utopia and method

THE ALTERNATIVE TO HOSPITALISATION AND THE THERAPEUTIC COMMUNITY

The alternative to hospitalisation in the asylum first, and then in the psychiatric service and nursing homes, has been the utopian horizon towards which Dr Pascal's team moves. This entails the activation of all resources, of everything that can be invented, to make it practicable to the point of opening up, where all other interventions fail, a specific 'place', a specific 'where', alternative to the family and radically different from the places of internment of madness of the past.

"The Therapeutic Community in the field is the place where crises of madness can and should be experienced as freely as possible. It is a place where one is not alone or in a hostile environment. There are no 'security measures', no repressive limits or humiliating protections'.

"Here the operators, i.e. us, have no power over the freely hosted people, but they have to bargain the relationship with the patients constantly, and so do all the things they do..."

In 1976, two years ahead of Law N° 180, he opened the first Residential Community for nine women who had left the asylum.

In 1979, he opened the Therapeutic Community and Crisis Centre in Via Virgilio: in addition to a residential nucleus, it 'accommodates even very serious crisis situations' on a daily or even nightly basis

TAKING CHARGE

But long before the Therapeutic Community is established, the 'taking charge' takes place at a territorial level, where the crisis manifests itself: in people's homes, workplaces, the territory (bars, banks...). The pivotal element of 'taking charge' is the active involvement of families, the involvement and sensitisation of networks of social, work (employers, trade unions) and institutional (mayor, social services, police) nature.

THE TEAM AND THE WIDESPREAD THERAPEUTIC COMMUNITY

The team is the main working instrument.

"The team is a caring collective; in subgroups its members relate to each other in the most complex situations..... The main intervention projects are discussed and elaborated in the team. This guarantees a real continuity of the intervention as well as its constant verification.

The working style of the team is that of the "widespread therapeutic community": *"In June '82 the working style of the mental health team was referred to as the "widespread therapeutic community". By this terminology was meant the diffusion and thus the application to all relations between operators and users of the democratic and lawful modality that underlies the conduct of the 'therapeutic community'. It means that professional roles are disregarded in order to allow the resources and therapeutic potential of each person to emerge'.*

THE CRISIS

The crisis, the acuity of psychic suffering, in which there is a rupture of existential continuity of one's own and with the context, in all the various forms in which it may present itself, is the epicentre of work and interest, both practical and theoretical."

Disorders, symptoms, always have a meaning. The task of us practitioners is essentially to decode, to give meaning, or rather to discover the meaning of madness and especially of crisis."

"Today we do not defend the right to illness, but the right to express needs even in a dramatic and absurd way (crisis)"

"In contrast to a part of the anti-psychiatric current, we value 'madness' as a terrible experience, even if it is extremely charged with existential meaning. We fight together with people to come out of it, rich in freedom and meaning. We respect those who have been called the 'strangled poets of our time', we do not strangle them, but we do not love them as such. The meaning of their and our anguish is to acquire power in order to be free of it'.

INTERVENTION METHOD

This is how Pascal summarises it.

"The method of intervention, the method in which we endeavour to read and deal with 'psychic distress' is composite and has three main elements:

1) **Phenomenological approach:**

That is, to put judgments and pre-judgments in brackets in order to grasp the Other, the different, the 'crazy' in its manifestation, in its subjectivity: says Eugenio Borgna *"this book, refrains from formulating diagnoses and from making discourses of nosological foundation... Not because it disregards this reality, but because it intends (phenomenologically) to abstract from these boundaries of knowing in order to immerse itself totally in the psychological human realities of the patients."*

"But what mattered to me, as a doctor on the ground, was how the patient relates to the world, a fundamental principle of phenomenology.... Recognising the diversity of each person's way of relating and the validity of all kinds of human experience, even and especially traditionally psychopathological ones. Husserl valorises 'experiences', understood as experiences of living subjectively and consciously by everyone in and with their own body, overcoming the Cartesian split between mind and body. The synthesis and integration in the interpersonal encounter are linked to an experience of empathy, of emotional resonance that tends towards the acceptance and re-composition of the Other within us.

2) **Pathic attitude**

Not only is the 'patient' finally seen as a person, but also the practitioner: the one suffering, the resonance of suffering between practitioner and patient, acquires value..... and the doors are opened to empathy, acceptance, the relationship of trust and care.

When therapists assume a pathic attitude, they cease to be disinterested spectators, caretakers or technicians; by becoming a participant they become a sufferer (patient), because they are affected in their human sensitivity.

"How to define 'sufferer'? It is essentially that type of suffering that seizes the individual in the presence of the suffering of one of their fellows: it is therefore specifically human. It is the encounter of two living subjective totalities, of two worlds: that of the therapist and that of the patient. The pathetic current seems capable of producing an atmosphere of sympathy, of mutual trust that can rightly be called therapeutic. "

"...Because through the sufferer, one accepts not only to trust but also to rebel, and thus gives oneself to know the other, without mystification or particular defences. It is a rather authentic way of learning, of knowing, fostered by the atmosphere of acceptance and involvement, despite the suffering and anguish."

3) Rejection of exclusion

As a method of analysis and work, Pascal extended the sociological concept of exclusion to its psychological and cognitive implications.

If from the sociological point of view the emphasis is mainly on the analysis of roles and power dynamics, from the psychological point of view the emphasis is on what social exclusion produces on the individual, and thus on the inevitable experiences of social shame, of self-repression, to the point of contributing to the fragmentation and disintegration of parts of the self.

Finally, it is clear that knowing the 'patient' by excluding their life context radically limits the information about them and their history. *"In this respect, one should not leave out any of the significant people for the subject, from the family unit to the social-work environment, to the social network"*.

"...And it seems that it may be the pathic element that manages to merge or integrate the other two aspects".

THE ENCOUNTER

It is central to therapeutic praxis, the core. Once again we give the floor to Pascal:

"The method outlined above finds practical application in the encounter, which thus becomes an essential element in the various interventions. The way in which the encounter takes place and the patient is welcomed is one of the aspects that most qualifies the operation of a mental health service."

We can define the encounter as a particular type of human experience lived for therapeutic purposes between two or more persons. By therapeutic we mean that it is intended to produce change. As for the term experience, it potentially includes everything that happens in the encounter, not only what is communicated verbally or otherwise expressed, but also what, while remaining hidden (unexpressed or incommunicable), produces its effects in the relationship."

We will try to realise the encounter by considering three main aspects:

- 1) as a struggle*
- 2) as a therapeutic experience*
- 3) as a shared design"*.

The search

This is where the need to reflect and elaborate more deeply, methodically, on everyday's practice arises. It was the beginning of the NEW RESEARCH.

The research examines the experiences of crisis and overcoming the barriers that often divide mental health workers from their patients and is intended to be a test of the quality and effectiveness of the Mental Health Service interventions.

Expert patients are the keystone, they are the true researchers giving voice to their own experience, no longer within the constraints of the dual relationship of trust with the therapist of reference, but in the group, confronting others, their contributions, criticisms, interruptions. Socialised and joint research.

The research group is made up of therapists and patients: it develops through 24 two-hour meetings, entirely video-recorded, in which everyone freely expresses their point of view, as far as they can and as they know. The transcription of those meetings forms the backbone of the book and is the starting point for elaborating possible indicators of quality and effectiveness of Mental Health Service interventions.

The voice of the patients is definitely prevalent. And therein lies the real interest of the book.

Learning from them, live, in an often choral dialogue with several voices, their experience of anguish and madness, of extreme sensitivity, naked or anaesthetised, or besieged by voices, of feeling like Jesus of Nazareth, of having fallen into the crevasse of madness and what it takes to get out, of what it means to meet a motivated, sensitive as well as competent therapist. And what emerges above all is their deep, thick humanity, the richness and multiformity of their feeling, their ability to give us tools to get to the heart of their experiences, to know and empathise with their suffering, no longer totally cryptic and alien. To learn from them what is human and alive behind symptoms and diagnoses.

DOMENICO AND US....

The book ends with Domenico's words: 'when the person is out of his head, he doesn't connect, there is no way to say 'understand this, understand that, I'll treat you by hook or by crook'. He doesn't understand anymore.

It used to be that when you got to that point there, you would take the person and throw them in the asylum and basically give them the number and that was it. Today, it's a good thing we no longer have that old law. The thing that saved us is the new law, because psychiatrists would have continued to do their work as the law said, instead of these new things here. There is this new law that left people free; it was an important thing, given the sacrifices that one encounters in illness, for the suffering that a 'mentally ill person' experiences.

It is a very just law, because you get to the point where you can say 'I am still among the other people', and with the psychiatrist today you can say 'I am a person like you'.

WITH HIS WORDS, DOMENICO CHALLENGES AND QUESTIONS US: THE SEARCH CONTINUES'

"But have we really managed to knock down, us-with-them, them-with-us, the BARRIER that initially separated us, making us managers of normality and unable to understand madness?

Have we truly reshuffled our worlds, ours and theirs, our and their way of life?

Have we made them sufficiently healthy and liberated, and have they sufficiently distressed us, and driven us mad?

Certainly not yet, and never enough."

The quotations are taken from Thesis (Leuven 1981), Mental illness and Research, Margine website