WOMAN CENTRE -MENTAL HEALTH
GENDER MATTERS

Surgeons must be very careful
When they take the knife!
Underneath their fine incisions
Stirs the Culprit - Life!
Emily Dickinson

How else view the experience in Trieste except as the effort to make "beginning to be again" the primary aim for everyone.

In the asylum, nothing and no one "is". Each object, place and person only possesses the face/image of negation. Even intention and thought cannot exist because in the place of non-reason everything disappears and loses meaning.

The destruction of the asylum and the anti-institutional struggle should thus be seen as the re-acquisition of meaning, the re-appropriation of being and as an effort aimed at once again placing at centre-stage everything which existed and took place within the asylum.

If one reinterprets things in this perspective, it becomes immediately clear how the process of reconstruction and active redefinition involved everything and everyone. There was no element (and it could not be otherwise) which either wanted or was able to avoid this process. Even the physical locations, the area that the Asylum occupied, has reacquired its own "being". It is no longer a place to forget and pass through, but has become a meeting-place, a public area with streets to cross and structures for meeting the needs of the neighbourhood. In short, it has become a "part of the city"(and one of the few with so much greenery) to use and reflect upon.

Indeed, today San Giovanni Park (the ex-psychiatric hospital of Trieste) contains realities which are diverse and diversified, places which are lived in and used and rich with historical memory and which, instead of representing stigma and shame, are an admonition to all to never "go back to the way things were".

Here personal stories and itineraries intersect with building projects, residences, services, workshops for production and research and meeting-places in a continuous re-shuffling of material and human needs, desires, joys and suffering; all of which demonstrates how a "culture of co-existence" based on reciprocal recognition and respect, and not on an acritical and affected tolerance, is possible.

San Giovanni, once an asylum, a place of negation, has become an area for the continuous re/production of life and social relations for everyone.

Thus the discrete fascination of a history which has left its mark on walls and objects, of an itinerary which has wound its way among these walls and structures and involved them in a project which, though in some ways utopian, still indicates today in its real, concrete tangibility, that by starting from the lowest and the least it is possible to find the key which permits finding a solution that sustains everyone.

The opening of the gates, the removal of mesh and screens in the wards and the eruption of the banality of daily life made "beginning to be again" possible for all. And given that the reality in question was a total one, everything either had to begin to move together or nothing could move at all .

Of course, there were many different ways to achieve this. Each person, both as an individual and as the member of an institution, acted/experienced differently and along diverse itineraries their progress towards the goal of "being". This was also due to the fact that the starting points, the possibilities for action and the very awareness of "not being" were also different for all concerned.

For the doctors, "beginning to be again" meant creating a "presence" in the asylum which was real and tangible. It meant assuming fully the therapeutic responsibility as a response to the patients' needs for health and well-being.

For the nurses, it meant transforming themselves from being custodians of the institutional order into becoming guarantors for the care and support of the patients. The end result was that the patients became persons, no longer undifferentiated and anonymous objects for custody/treatment, but individuals with rights, needs and desires, who were unique and diversified as persons.

Thus, the redefinition of one's identity, both institutional and social, was the common thread which united all of the efforts that led to the current organisation of the Mental Health Services (MHS) in Trieste.

From the very beginning, in 1972, the main issue was restoring dignity and meaning to personal histories, to the most varied presences, and to roles which were both marginalised and marginalising. At issue was reconstructing a world in which it was possible for each individual to express him/herself and to matter, a world based on the premise that the "right to exist" cannot be bartered with anything else, nor can it be given as some sort of reward or prize.

There was a slogan which was emblematic of the early years of our activity: "freedom is therapeutic". Freedom understood as a complex of rights/duties which concerns us all, both as individuals and as members of society

Freedom which is not abandonment but the guarantee of a set of natural rights: the right to protection, work, social relations, feelings, privacy, care and money, all of which are excluded from the asylum.

A guarantee of rights which becomes an empty and abstract affirmation if it is not transformed into a complex and articulated practice which makes those rights accessible and practicable for all, and in particular for those who, due to their own history, experience and problems, are weaker and therefore not able to obtain those rights on their own.

The experience of destroying the asylum in Trieste was the material effort to restore, reconstruct and, at times, build ex novo the full right to citizenship.

The right to citizenship is a political, civil and social right. It is therefore evident how our work on these three levels of intervention articulated itself, creating a "unified project" which took into account all three aspects without separations and/or hierarchies that would have nullified the entire effort. This effort was also made possible by the active participation of personnel from the various local and public agencies which were involved from time to time. It was necessary to work with the city social services, the I.A.C.P. (Council Housing Institute), the I.N.P.S. (National Social Security Institute) and the public records offices in order to reconstruct lives which had been cancelled in civil terms for many years.

In order to clarify things, it might be useful to provide a list of "rights" and the "tools" which have been adopted in order to guarantee them:

1. Civil rights: Reconstruction of individual biographies, identity cards, the change from compulsory to voluntary hospitalisation, and from voluntary to guest-status.

2. Right to work: 5 integrated Coops with 200 worker-members and 100 persons with job training subsidies.
Job training courses.
3. Right to income: Subsidies, pensions.
4. Right to education: Literacy courses.
150 hours in order to obtain a Junior High School diploma.
Pre-training courses.
5. Right to protection: Apartments for groups of persons under care with the Mental Health Services.
Recognition by the Council Housing Institute (IACP) of points for persons under care with the MHS. Restoration and conversion of former asylum structures (directorís pavilion, etc.) into residences for persons under care with the MHS.

6. Right to art and play: Expressive workshops.
Polytechnic.
Parties-concerts
7. Right to care: Psychiatric Diagnosis and Treatment Unit.
Mental Health Centres.

It might be useful for us to consider briefly the right to care, given that it is perhaps the one "right" which the destruction of the asylum has made re-emerge in a completely new way. Because it has always been concealed by the obligation for custody, from the very outset it became a central issue for the organisation of the Community Services.

In the Psychiatric Hospital, treatment was identified, as top priorities, with the deprivation of freedom and the safeguarding of normality from unreason. The process of deinstitutionalisation, by inverting the relationship between the psychiatrist and his object, obliged the operators to assume responsibility for guaranteeing persons who were suffering, the right to well-being and the right to live their existence (and thus their illness) in a dignified manner and in a way which met their needs.

Needs which, though defined generically as the "request for care", in reality imply and involve the most varied levels and functions from the moment in which care presents itself. Care is therefore developed as an existential experience for both the giver and recipient of care and is contaminated and traversed by the contradictions of normality.

This contamination, which is only possible outside of the medical institution (whether it be the asylum, the hospital ward, the psychiatric out-patient clinic or the psychoanalytical setting) implies and results in the illness being taken fully into account and in a complete respect for the ill person and for their emotional needs, which are greater and different from those of healthy persons. Such consideration and respect also calls for a greater degree of responsibility and commitment by care-givers in their work, and a greater need for new and more advanced forms of professionalism in which many different types of actors can express themselves fully.1

The presence of such non-health professionals offers the possibility for the exchange and identification of real and concrete alternatives. These alternatives permit the construction/ reconstruction of a social identity for the person who suffers which is fundamental to the "therapeutic project". Their objective is not repairing and/or restoring a status quo ante, but the conquest of new spaces for health and well-being where one's difference, which is no longer diversity, can be actively expressed.

At a certain point, the most natural and perhaps most obvious difference among the many which are possible (but precisely for that reason always hidden in places for treatment) asserts itself: the "difference of gender". The issue of "difference" is one which ran all through the first years of the destruction of the asylum in a subterranean fashion, like an underground stream which only

surfaces for brief periods [such as the episode of the prescription of a birth control device for a young woman who was hospitalised (1973), or the "women's health collective" ('76-'78) which arose out of the right for women to end their pregnancy for therapeutic reasons linked to their mental equilibrium, or the active participation in trials for "rape" involving women with mental suffering (1978)].

In that period (during the '70's and '80's), when the work in Trieste was directed at breaking down the asylum and its institutional mechanisms, it is our belief that we did not have the awareness and the culture to describe our efforts as having "feminine qualities". If, on the one hand, we reconstructed personal biographies, forms of attention and places where it was possible to live with dignity, if we stimulated desires and complicity and brought normal emotions into places and situations from which they had always been excluded, on the other hand, many of us were forced to learn to modify our own emotions and to acquire masculine ways of acting and obtaining recognition, or risk being negated or destroyed.

Perhaps it was impossible to do otherwise. Lacking in those years, and not only in ourselves, was the intuition that the asylum, and psychiatry, were the "legitimate offspring" of an absolutist logic which, then as now, did not allow for diversity and differentiation.

Therefore, while certain women, ourselves among them, sought to follow a logic of equality/standardisation within the institution, others abandoned themselves to forms of analysis which, even though carried out with other women, reproduced the objectification of themselves, minimising their own difference and causing them to enter into the minefield of a psychiatry which had been freed of everything except the fact that it was a male science.

Thus, if the work of women on women with mental suffering succeeded in raising some of the issues regarding being a woman, it still left the asylum, and to an even greater extent the women who continued to be shut up inside of it, unchanged. In effect, it did not succeed in touching the central issue of psychiatry, nor did it succeed in restoring to society, and specifically to that part of society which is the womenís community, the suffering of women.2

However, once the process of deinstitutionalisation was completed and community services had been established which were "strong" because recognised by other agencies in the community as "guardians" of the rights of vulnerable individuals (and also due to the fact that they were able to structure and organise themselves in more than one direction and had a multiplicity of functions for both responding to the complexity and polymorph nature of suffering and following its course), new categories and occasions emerged. These were the result of the interpretation and comprehension of the community which was no longer being defined by the limits of social data but by unmet needs, violated rights, and the desire for individual transformation and recognition.

This desire for transformation and recognition encouraged the women in the services, regardless of their role and/or institutional statute, to question themselves regarding their "difference", a difference which involved all of them and with respect to which the risk of standardisation and "flattening" in order to conform with the models of others was something that was increasingly felt and apparent.

Our group was a composite one, made up of operators, users and women from the community. As our starting-point for creating a work-style we decided to deal with the two aspects most commonly considered as the basic defects of all women: falseness and bias.

"Falseness" because obliged to hide and follow tortuous and deceptive paths in order to affirm themselves; "biased" because required to resort to a transversal form of thinking, as opposed to the objectivity of dominant male thinking. In short, as the legal adage would have it, they were betrayers of that impartial truth which has always excluded them from participation.

Therefore, our first act was to call a meeting of all the women in the services by means of a leaflet which read: "We are false and biased and we want to discuss this together!"

There was a large turnout for the meeting, for obviously a great many women had recognised themselves in the leaflet. It was clear to everyone that it was necessary to speak out

openly as women operators on issues such as madness, health and illness, the services and the institutions.

This was the first of a series of encounters. We asked ourselves what should be done: whether to build a Women's Centre, a community service which would be institutionally delegated to deal with the full range of mental suffering experienced by women (from compulsory treatments to out-patient care), or whether it was best for a women's association to start up general initiatives on themes such as women's distress, thereby omitting the real institutional factor.

Both approaches had their attractions and their risks and thus, as so often occurs with women, we decided to try a mix of the two, in order to test ourselves in the institutional area without renouncing the possibility for the broader kinds of confrontations which an association permits.

And so, in the summer of 1990, we founded the womenís cultural association "Luna e l'altra" and at the same time and within a general reorganisation of the Mental Health Department in Trieste, we formed a team made up exclusively of women psychiatrists and psychologists who were given the responsibility for a district composed of 2 Mental Health Centres which had previously been distinct and separate.

The progressive integration of the two centres (those of S. Giovanni and via Gambini) and the differentiation of functions in places which were physically separate was then begun. The aim was to experiment in daily practice the duality value/non-value which characterises every "difference" which is not taken as an absolute that totalises.

Through a series of phases and interconnecting variations, this effort resulted in the current organisational structure of what is called "Operational Unit 2b". This unit consists of 3 sub-units (a 24hr admissions centre at via Gambini, a 12hr Women's Centre in Androna degli Orti and a psychiatric service located at the Social-health District). These sub-units are very similar in terms of the complementary nature of the therapy and the therapeutic aims, but separate in terms of their actual locations and the specific nature of the interventions.

This specificity does not define itself with respect to nosographic categories, but in relation to the new forms of subjectivity which the work of deinstitutionalisation had revealed as primary and urgent both in terms of needs and rights.

The "Woman Centre-Mental Health" was established in this way. It organised itself as a 12hr centre aimed at women with mental suffering and with only women operators. At the same time, thanks to the presence of the association as a second pole of aggregation within the city for the discussion of women's issues, it made dealing with women's distress in terms of gender difference a top priority.

<<To situate oneself in terms of gender and as individuals makes discussion easier, both with the psychiatrist when the intention is to work for women's mental health, as well as with other disciplines such as history, literature and art. These are sufficiently removed from medicine so as not to run the risk of being swallowed up and assimilated as has instead occurred with other forms of womenís knowledge (the use of herbs and flowers and ìsoftî/alternative/complementary medicine). Such practices have now been completely absorbed by the Marketplace and thus standardised and stripped of any potential for true transformation because enclosed in a world where everything is bio-x and therefore completely extrinsic to the issues.

On the contrary, for us the issue of power and women always remains open. We are still not able to render fully explicit the points of intersection and ties which exist between the antagonism towards the institutions which our daily practice produces and the fact that we are, however, institutions of power.

The antimony authoritarian/authoritative must be dissolved and superseded in a way that does not merely confirm the old clichè that when women get power they become like men, if not worse. We knew from the outset that we would have to deal with this problem, ie. the ways of managing an institution:

- which do not reproduce the usual mechanisms of oppression and abuse of the stronger against the weaker
- which do not turn women into users who are all identical to one another, who are desirable, who never express desires except those which are expected by the operators, and who do not criticise or place your role in question
- or, with respect to the operators and the women, how endow mothers, teachers and ministers with value without necessarily killing them, denying them, opposing them, and how confer authority on a collective experience which is present, here and now, instead of always looking for a power which is elsewhere, distant, grandiose, violent, repressive masculine.>>3

Perhaps we have failed to some extent in this challenge, for the question remains open, while in certain phases it seems to have produced negative results. The cause for this is to be found, perhaps, in the structural fragility of the Centre. This is a factor common to all institutions, especially those which seek to be innovative. Such an intention sometimes creates the risk of rigidifying into positions of self defence, thereby betraying the original mandate of service and responsibility.

The other question was, and is, understanding if it is possible to pass through the institution and create responses for "individual" suffering, ie. to differentiate the kinds of suffering with the fundamental point of departure being the irreducibility of any given personal life story.

Given that men and women are different, it is difficult to understand why one must respond in the same way to forms of suffering which also differ, instead of looking for responses that take into account this "diversity" of "duplicity" in women.

If being a women and seeing things from the female point of view means seeing things in a way which is not univocal, but uncertain, ambiguous and much more "false", the distress and suffering of women should also be interpreted in this way, so that being a woman operator means always working with this "double-sidedness". And if what Basaglia called the "double-sidedness" of illness, that is, the ill-being of the person who suffers and the diagnostic objectification of the psychiatric institution, is true, then in women this becomes "four-sidedness".

Also, in recognising oneself as a woman one goes beyond the illness, and thus one builds and comes together not on the basis of the suffering, but on a positive identity. This recognition, which also involves the operators, makes a reciprocal relationship between them and the women who suffer, possible.

It was not easy to create the "Women's Centre" because it was seen as the expression of a limit, an invitation to male psychiatrists to "back off".

The women involved in its founding were very, very decided on this matter. The reason was simple: when the purpose for joining together is the desire to recognise one another, to rebuild oneself, and to better confront and deal with that Other who has always pretended that you speak the same language as he does, then this desire becomes a necessity.

The women who originally did not want to come to the Centre, now ask to stay there. One of these women once told us: "When I'm ill, I don't like to stay at the Woman Centre. But when I'm well I realise that when I'm ill it's better that I stay at the Centre, rather than here".

In effect, the Women's Centre permits a process of awareness that comes from interpreting and understanding one's own suffering. That is, it makes possible the only real process for moving beyond the illness (given that it is meaningless to speak of a "cure").

Thus, the awareness of one's own ill-being and, consequently, the identification of tools which permit one to avoid falling ill: this is the process which many women have undertaken at the Centre. (In 1997, 470 women contacted the service; of these, 333 established a relationship with the Centre, and of these, 130 participated in training, reading and writing courses, and in theatre and craft programmes. 17 women took advantage of a work training subsidy; of these 7 became full-time employees).

We do not intend this as an absolute, but it is our belief that it is ethically correct and proper for the institution to offer women a separate place to go when they are ill.

This does not signify the subtraction of someone or something, but an effort at enrichment. Perhaps it has not produced miracles, but it has provided the possibility for different interpretations and has sanctioned the fact that thinking in terms of difference is fundamental in psychiatry as well.

It has freed us from an ideology which presumes to totalise the "reading" of the Other's history by reducing it through a succession of abstractions to general categories based on regulations and statistical averages.

It has given us the richness to be able deal with many different things at once: a training course here, a newspaper interview there, a woman in crisis who has taken drugs so that we react as one would do at home, making her drink bitter coffee to make her vomit and thereby preventing hospitalisation and the violence of a gastric lavage.

The therapeutic moment arises from the encounter with differences. Such moments greatly enrich the practice of the operator, placing her in question and in difficulty as someone in a role of power. The more one succeeds in not remaining within psychiatry and posing conditions of normality, the better it is for the user. The more a place exists specifically for therapy, the less therapeutic it is.

If the question is posed in terms of a strong difference, a difference which has been negated, and not in terms of a calamity or misfortune, or of mere abstract "suffering", there is a much greater possibility for creating processes for health.

The idea that there exists "solidarity" around negative identities is a myth. If the encounter occurs there and only there, this can only result in a negative situation for all concerned. This is the closed situation of psychiatry, not a place for the production of health, a place which is open, but a place which is protected, closed and designated for suffering.

The practice of the Woman Centre demonstrates that we cannot have certainties, but that we must constantly verify what we do. We must also be able to deal with mistakes. This is something that, historically speaking, pertains to women, given that they have always had to mediate between conflicting needs.

Conflicts of this kind should not be exasperated but should be kept constantly in mind. It is necessary to always put the two poles of the question together.

The places for contact and admission cannot become locations for misery and desperation. The community can be brought into the institution. It is possible to create places which are useful for someone who has been denied everything and which, at the same time, put this person who has been denied everything in touch with the world.

The Centre is not a specific institution. It has a great deal of flexibility for access and use. Many benefits can be drawn from it and, as should be the case with all institutions, it has a low threshold.

A "low threshold", or a service's degree of accessibility and its real usefulness for the general public, is not due to the fact that the operator speaks with the user ten minutes after they arrive.

"Low threshold" means the ability to enter a location and recognise oneself in it, whether one speaks with the doctor or not. It means a place where one can express one's problems and begin to think about creating responses to them.

The Women's Centre is not a model but a possibility for relating with anyone whomsoever, while respecting individual differences.

It is the perhaps utopian attempt to break down all categories, to "play out" individual biographies whose value and meaning are in their uniqueness. It is not, as proposed by the various "psy-" disciplines, an abstract repetition of dynamics and interpretative models. This is what the Woman Centre's difference and value consists in.

And thus, the possibility of differentiating oneself, of being unique, without this leading to either being assimilated or expelled. However, something is certainly asked for in exchange. One must relate, and certain institutional rules must be accepted because that is part of the game. But these rules are not given a priori. They are like furniture which can be arranged depending on how one wishes to use a room, and not rigid and predetermined models. The use of drugs is also a cause for discussion. They signal a limit, negotiation, and in this process of negotiation accepting contamination by even the most banal elements, the basic ìstuffî of daily life.

A public service which is separate but accessible and usable and where there is a debate in progress on the need to propose, in a decisive manner, the issue of "Separate services" for women. This is especially necessary in psychiatry, where "mixing" has only produced the obliteration and obscuring of the body and its physicality.

Services which are separate or, perhaps better, "sexualised", where there is the possibility of experimenting itineraries and practices which can produce physical and cultural well-being through an interweaving of knowledge and practices proposed by women from different sectors.

An interweaving and relationships which, in these years, has built and utilised "Luna e l'altra", the association which from the outset has worked alongside the Centre as the possible allusion to a continuity without breaks and a reciprocity among women with the most varied biographies and itineraries, but all willing to "come to terms with the fear of silence and madness".4

During this time, "Luna e l'altra" has become involved in many different areas: from pacifism to labour issues, from training to the theme of sexuality, from the theoretical aspects of suffering to the culture of pleasure. Each time it has produced theoretical/practical moments of encounter/confrontation which has made it a point of reference for many women involved in the creation of a "gender culture" that is able to deal with the complexity of reality without forcing one to renounce their unique characteristics.

Training courses were organised in this way on the quality of the Services, on the practices of body and natural therapies, and relationships were established and exchanges carried out with the women of neighbouring countries devastated by war. There were also reading, writing and theatre courses, and events and parties, with a constant interweaving of knowledge and competencies that, in the specific area of gender, recognised the common ground from which to begin without invoking discriminations of any kind. Such discriminations are, in any case, alien to anyone who has either always wanted or felt obliged to take into account whatever or whomever was different from themselves.

An interweaving of knowledge and competencies which has resulted in the Women's Health Project (WHP), which proposes operating in terms both of the cultural and organisational aspects of the Health Services (community and hospital-based). Here it aims at introducing the central and no longer avoidable issue of the "body" and its uniqueness, which can no longer be decomposed into a summary list of functions and/or needs.

The WHP is one of the two interlocking segments of the mother/child project/goal provided for by the National Health Plan. It is based on the premise that considering the dual term mother/child as a single entity is not only conceptually incorrect, but sometimes even risky in terms of method, because it does not permit recognising needs, requirements and rights which do not always coincide, but at times are in conflict with one another. These conflicts can only be mediated when both mother and child are recognised as separate individuals, such that different responses can be organised for each.

It is precisely the question of maternity, seen both as the possibility/ability to perform an educational function as well as the act of "bringing into the world", which today presents itself as a decisive area for those health operators who feel committed to opposing processes and mechanisms which devalue and negate ìgenderî.

The violence, both physical and psychological which the institutions in general, and health and justice institutions in particular, currently inflict upon "gender" in the name of an abstract ethic

is beginning to assume a truly paradoxical nature. The ease with which itineraries are created that nullify or negate the single woman calls for an attention and a reflection which is "secular" and not ideological, and which still has difficulty in manifesting itself.

We, as operators of the Woman Centre, receive signals daily which are very worrying in this sense, and especially worrying because, in a sterile and apparently neutral manner, they provide "objective" scientific justifications for a normalisation of the body which deprives the woman of any rights over it.

Rights such as the right to the psycho-physical integrity of one's body, and therefore the right to live one's sexuality in an autonomous and aware manner. This is a natural, political and social right, the denial of which provides the cultural underpinnings and substrata for every from of violence on women's bodies, and foremost among them, sexual violence.

Here, the issue of "citizenship" presents itself anew as a category to continually redefine and redesign in such a way that it can include the multiple individual realities which exist within the city. But this is a bit of history which still has to be made in order for us to be able to recount it in the future.

For what has been described thus far is the history of a process of transformation of a total institution, within which the stories of many, many women, both as individuals and as part of a collective, intertwined and blended: women who were there for only a moment and others who, for years, committed untold hours of their own time in order to provide care, work, to amuse, learn and teach themselves in a give and take which knows no end.

Single, subjective stories, which during this itinerary were recomposed, each in accord with their abilities, precisely through the participation in a common effort, rediscovering parts of themselves, conquering new parts, presenting themselves once again in life but no longer as passive, predestined objects but as active subjects in an existence which is, perhaps, complicated but worthy of being lived.

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1. Franco Rotelli in the article "For unbinding science", which appeared in "L'Unità" on September 2, 1990 and which presented in clear terms the issue of the need for detaching psychiatric practice from rigid schemes in order to place it on the terrain of relationships and exchanges.
2. The last 4 paragraphs are taken from the article "The women of deinstitutionalisation" by Giovanna del Giudice and Assunta Signorelli, published in "The Asylum: The Final Act", Pistoia Centre for Documentation, 1997
3. From "Rights for the body, resources for rights" by Assunta Signorelli-Paola Zanus, presentation at the "1st International Congress for Mental Health", Trieste, 20-24 October, 1998
4. From the article by Giovanna del Giudice and Assunta Signorelli for the presentation of the Association "A Workshop against women's pain" which appeared in "L'Unità" of December 14, 1990