



Norcia and the central italian earthquake: Challenges and lessons learned from the italian psychiatric reform movement

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Abstract

Salvatore and colleagues wrote a brilliant *Target Article* (2022) in this journal on the state of Italian psychology and recommendations for change. In this contribution, we look at the failure of Italian psychology to address the suffering of the affected population of the central italian earthquake in Norcia in 2016. The Italian National Trauma Center centered in Orvieto, Umbria has been on the ground assisting local health care practitioners in caring for the mental health impact of the earthquake and the COVID pandemic lockdown. Absent Italian psychologists walk hand in hand with a political system that has had limited response to the mental health needs of earthquake survivors. Lessons learned from the historic revolution in Italian Psychiatry led by Professor Franco Basaglia are presented to help understand the current reality in Norcia. Many of the barriers to mental health reform

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that existed for Basaglia and his colleagues still exist today. This contribution strongly supports Salvatore and colleagues' recommendations for the transformation of Italian psychology.

Keywords: Italian psychology, Norcia, earthquake, italian psychiatric reform.

The brilliant commentary by Sergio Salvatore and colleagues (2022) offers many possible explanations why modern Italian psychology (and psychiatry as well) failed to adequately respond to the suffering of the Italian community after a severe earthquake in Norcia, Italy in 2016, followed by the COVID-19 pandemic lockdown. The Italian National Trauma Center (INTC) and its American partner, the Harvard Program in Refugee Trauma (HPRT), have been on location in Norcia and in the field attempting to modestly fill this gap in mental health care in Norcia, Cascia, and surrounding villages and towns. The Commentary by Salvatore *et al.* is a “look behind the curtain” that can possibly explain the almost total lack of Italian psychologists and psychiatrists serving the central Italian earthquake zone. While the suffering of the affected population is great, the lack of professional mental health involvement is an enigma. The compartmentalization of modern Italian psychology, termed *siloining* in America, could represent a major causal factor.

The siloining of modern Italian psychology into professional models and practices can generate a fragmented reality incapable of elucidating and responding to the mental health needs of a community following a disaster. As Salvatore *et al.* state, this compartmentalization or siloining has led to an inability of psychology as a profession and psychologists as practitioners to readily apply their highly specific approaches to earthquake survivors. This advanced specialization weakens psychology's social image as well as its impact on Italian society. The absent psychologist walks hand in hand with the Italian political system that chooses to ignore human suffering in an entire region and its population. As Salvatore *et al.* acknowledge, modern Italian psychologists are unable to reach out from their professional niches to solve the great challenges facing the world today, such as war in Ukraine, mass migration, climate change, ecocide, pandemics, and natural disasters.

The philosophical solutions offered by Salvatore and colleagues will not be addressed in this reflection. Instead, this commentary will bring forward the brilliant insights of the late Professor Franco Basaglia and the Italian revolution in psychiatry from decades ago. The first author (RFM) had the privilege of meeting Dr. Basaglia in the 1980s at La Sapienza, Rome. Because of his follow up to Hollingshead and Redlich's *Social Class and Mental Illness* (1958) as a young psychiatrist, Dr. Mollica was invited by Dr. Raffaello Misiti, Director of CNR, Rome, to help evaluate the impact of the Italian psychiatric reform and the law passed to close all Italian mental hospitals, Public Law 180. This evaluation was published in a collection of essays by Basaglia, his acolytes, and critics in the *International Journal of Mental Health* in 1985, entitled "The Unfinished Revolution in Italian Psychiatry: An International Perspective" (Mollica, 1985a).

The social, political, and cultural insights of the psychiatric reform movement, *Psichiatria Democratica*, spawned in Gorizia in the 1960s and formalized by Public Law 180, aimed to bring about psychiatric reform at all levels of society, from the governmental to the interpersonal. The Basaglia revolution resulted in the closing of the mental hospitals and implemented a new approach to the psychiatric care of the seriously mentally ill. This reform was a major human rights movement that was endorsed by psychiatric professionals, students, politicians, and the general public. Salvatore and colleagues may not be advocating a revolution as dramatic as the Italian psychiatric reform, but the latter can provide a roadmap for breaking down the silos and bringing psychologists and a newly derived theory of human suffering and professional practice into Italian communities such as Norcia.

Norcia: The central italian earthquake zone

The seismic events in Central Italy of 2016 and 2017, defined by the Italian National Institute of Geophysics and Volcanology (INGV) as the Amatrice-Norcia-Visso seismic sequence, began in August 2016 with epicenters located between the upper Tronto Valley, the Monti Sibillini, Monti of the Laga and Monti of the Alto Aterno. On October 30, 2016, the strongest quake was recorded, with a magnitude

of 7.6 and epicenter between Norcia and Preci (PG). On January 18, 2017, a new sequence of four strong tremors of magnitude greater than 5 took place, with the epicenters located between L'Aquila and Montereale, Capitignano, and Cagnano Amiterno. This combination of events resulted in approximately 41,000 displaced persons, 388 injured, and 303 dead. Most of the population were displaced from their homes, workplaces, places of worship and community meeting sites.

As expected, the impact on the health of the population was very significant; experiences of discouragement and lack of hope were very common. The consequences for mental health of mass traumatic and catastrophic events (particularly in areas with high exposure) are well known and documented internationally. The scientific literature reports that in the months following this type of disaster, 25% of adults and 30% of children have mild to moderate mental health problems and 5% of adults and 10% of children have severe mental health problems. Scientific data reveal the possibility that such difficulties become chronic and characterized by high prevalence if not treated. The most vulnerable groups are children, the elderly, and individuals with previous pathologies. Anxiety, depression, and post-traumatic stress disorder (PTSD) are common (Schoenbaum *et al.*, 2009).

The COVID-19 health emergency, which hit Italy and the world in 2020, inevitably represented an additional risk factor, further compounding the sense of insecurity in the population already traumatized by the earthquakes. There is a risk of an increase in the suicide rate due to trauma with subsequent economic complications and unemployment. Risk is greater in the most disadvantaged classes where the ability to meet basic needs is hindered due to loss of work. Recently the alarm was raised by Italian psychiatrists at the International Conference on issues related to suicide, organized by Sapienza University of Rome on the World Day for the Prevention of Suicide in September 2020. The data showed that in Italy, from March to September 2020, there were 71 cases of suicide compared to 44 in the same period in 2019, an increase of over 60%. Particular attention should also be paid to the elderly who, as is well known, can die in the absence of specific medical reasons in relation to the sense of despair and impotence (“giving in-giving up syndrome”).

The Italian National Trauma Center (INTC) and the Harvard Program in Refugee Trauma (HPRT) mental health assistance

The INTC-Harvard Team, composed of Italian and American psychiatrists, psychologists, and general medical doctors, is deeply committed to assisting the communities affected by the earthquakes in central Italy. Following an invitation to provide assistance for the consequences associated with earthquakes, HPRT and its partner organization INTC, which is supported by the National Italian American Foundation (NIAF), have developed several projects aimed at protecting physical and mental health.

The projects focused on the diagnosis and treatment of mental health problems as a consequence of the traumatic experience. Collaboration with local general practitioners in the affected areas was initiated to better understand the emotional and psychosocial needs of the impacted population, including the consequences related to loss of loved ones, displacement of the population, and loss of jobs and homes. Training events and supervision activities were organized in partnership with local medical and educational leaders to insure local cultural and language issues were understood by the HPRT and INTC teams. Specific scientific assessment tools were provided and culturally adapted to the local population. HPRT and INTC made an historic contribution to Norcia by building a school wing for students and auditorium for the community. All activities were planned considering the cultural norms and specific needs of the population. This culturally adapted approach was utilized in all planned assistance projects.

Psychiatric consequences of disasters in Italy: Need for a mental health action plan

Chierzi and colleagues (2014) have provided an early review of the psychiatric consequences of national disasters in Italy. They conclude their research findings by stating:

Based on the results of our review and on previous international experiences of the Harvard Program in Refugee Trauma (HPRT) in managing

mental health care in complex emergencies, we believe that a cross-cultural valid action plan may be useful to manage the post-disaster mental health consequences in Italy (2014, p. 101).

Twelve years later, it is notable that a comprehensive mental health action plan still does not exist in Italy and is absent for the Norcia earthquake community.

The current health/mental health care environment in Norcia

There are currently 8 general practitioners and 17 nurses in Norcia and 24 nurses in Cascia providing health care. One full-time and 2 part-time psychologists and 3 social workers provide mental health care and care management. A psychiatrist enters the community for psychiatric consultation two full days a month in Norcia and Cascia, respectively. The health care staff are untrained in mental health in the context of disaster relief. The publicly funded health care administration has offered no mental health training or additional mental health support. Mental health crises have to be transferred to the general hospital in Spoleto, which is an hour away. The INTC-Harvard team has tried to partially fill this mental health gap by offering trainings and on-site counseling and consultation services.

Resisting reform: Acknowledging the effects of good psychology/bad psychology

In the Sala de Nove of the Palazzo Pubblico in Siena is a marvelous series of frescoes by Ambrogio Lorenzetti entitled *The Effects of Good Government and Bad Government*. These 14th century masterpieces were commissioned by the city Guelf leaders to celebrate its political credo that justice and the subordination of private interests to the common good cause all human social activities to flourish. *Good Government*, painted in the well-lit section of the room, expresses the delights of city and country life when administered by a good government; *Bad Government*, appropriately painted on the dark side of the room, reveals a city of violence and crumbling buildings, and a sinister,

desolate countryside. Lorenzetti's images are a physical portrayal of human social ideals (or lack thereof).

The Italian psychiatric reformers had the horrible images of the American psychiatric asylums of Jerry Cooke in the 1940s and Carla Cerati's photographs of the Italian mental hospitals in the 1960s as a backdrop (Mollica, 1985b, p. 1). The images of devastation caused by the earthquake in Norcia and those of earthquake survivors living in little metal boxes would certainly complement the early asylum photographs. If these images reveal the realities of bad mental health, what would images of good mental health look like? Salvatore and colleagues provide answers to the question of why the great advances in modern psychiatry have not provided "useful" mental health care for the earthquake survivors. What factors have caused Italian psychologists to abandon their interest in serving earthquake-stricken communities? The Italian psychiatric reformers provide some challenging answers to these two questions.

The intellectual contributions of Antonio Gramsci

At this point it may be helpful to consider the brilliant historical and intellectual contributions of Italy's leading political theorist and revolutionary thinker, Antonio Gramsci. While the Italian psychiatric reformers were heavily influenced by Gramsci's writings and ideas (Mollica, 1985c), our current generation of psychiatrists and psychologists rarely reference his work.

Gramsci's concept of cultural hegemony may still be relevant as a theoretical background to the ideas put forth by Salvatore and colleagues on the current state of Italian psychology. Gramsci's concept of hegemony moved away from Marxist economic reductionism because he saw that the latter could not explain why individuals within society often agreed with social values and behaviors and participated in activities not in their own best interests. Gramsci saw, however, that racism and the mental hospital were not linked solely to economic production. Gramsci sought a more inclusive explanation, which he termed hegemony. According to Gramsci,

Hegemony is the “spontaneous” consent given by the great masses of the population to the general direction imposed on social life by the dominant fundamental group. This consent is historically caused by the prestige (and consequent confidence) which the dominant group enjoys because of its position and function in the world of production (Mollica, 1985c, p. 12).

Hegemony is more than a society’s social consensus. In those historically based practices which the French philosopher M. Foucault referred to as “articulations” or “discursive practices,” embedded within language, laws, cultural beliefs and behaviors, the media and all instruments of society reveal the meanings and values society assigns to individuals and institutions (Mollica, 1985d). According to Gramsci, while hegemony is inclined towards the best interests of the general population, it often offers only passive reforms that frequently give way to the corporate demands of the ruling class, without attempting in a radical way to re-structure society and eliminate the root causes of human misery. The Italian psychiatric reformers identified these hegemonic contradictions that maintained the abysmal conditions of the Italian asylum. Perhaps their insight can shed light on the almost total lack of mental health care for the survivors of the central Italy earthquake. The revolutionary insight of the Italian psychiatric reformers may also illuminate the current state of modern psychology addressed by Salvatore and colleagues. The discourse of Franco Basaglia and his followers provide lessons learned on why modern psychology has failed the Italian earthquake community. Those lessons offer insight into the current discursive formation of Italian psychology that has led to its extreme compartmentalization and its current inability as a profession to address the great challenges of the day experienced in real time by Italian society and its local communities.

Lessons learned from the italian psychiatric reform

Italy’s aborted psychiatric reform

The 1978 reform law prohibited any new admissions to Italian asylums; no new patients were to have contact with their old mental hospital. The current asylum patients were to be discharged to

government-funded rehabilitation centers and halfway houses; psychiatric treatment was to take place in the general hospitals; the problems of mental illness were to be addressed within the community. A new way of thinking, which was a complete change in the discipline of psychiatry, was that medical treatment was only a small part of the care of persons suffering from serious mental illness. The Italian reformers believed that the mentally ill patient had no need of being hospitalized in the asylum where they received the “second wound” of chronification and regression that was worse than the initiating mental health problem. The reformers believed the person suffering from mental illness had no need of a hospital bed, but instead needed a protected place in the community where they could recover by re-establishing their equilibrium with the world, secure from violence, repression, stigma, and marginalization. But as Senator Franca Basaglia (wife of Professor Franco Basaglia) publicly stated:

From the moment the law was passed, the greatest obstacles to its implementation were created by those who should have been applying it: the government, which was in no hurry to provide the suitable tools....the Italian regional administrations, which neglected to establish any guidelines for care in local facilities; local administrators who, whether unable to act or outright unwilling to do so, let time slip by in the expectation or hope of repeal or amendment; and even the caregivers themselves, since to move from a vanguard atmosphere such as that which led to the reform to a generalization of experiences meant having to work with doctors and paramedical personnel who had little incentive to change (Basaglia, 1985, p. 11).

Senator Franca Basaglia’s analysis of the government’s failure can apply today to the enormous bureaucracy that paralyzes all aspects of recovery in the central Italian earthquake zone. The reconstruction of Norcia and the movement of earthquake survivors out of temporary shelters is moving at a snail’s pace. Unfortunately, the tragedy of the COVID-19 pandemic contributed to this problem. In contrast to Senator Basaglia’s comments on doctors resistant to change, the INTC-Harvard team has found extraordinary support for mental health care of local survivors among nurses and doctors remaining in this community. The interest of the local medical community and its leadership in mental health care for earthquake survivors has been overwhelming

and very positive. The local health care providers, with the assistance of INTC-Harvard, are trying to address a huge mental health crisis with the aid of very few Italian psychologists and psychiatrists.

Private practice

The Italian psychiatric reform was responsible for increasing the number of psychiatric professionals (psychiatrists, psychologists, nurses, and social workers) in the public service by over 300% (from 6203 in 1979 to 16,780 in 1980) (Mollica, 1985c). But in spite of this increase in public service, many were shifting to private practice. Lack of government funding and lack of policy initiatives for caring for earthquake/disaster survivors, the difficulties of the clinical cases, and the stress of working in resource-poor environments are most likely drawing psychologists into private practice. No doubt the greater pay, power, and prestige of private practice tempts even the most devoted and idealistic psychologists and psychiatrists to remain comfortably in their compartmentalized silos. The INTC-Harvard team can find few incentives for psychologists to practice in Norcia. Fortunately, the team has found idealistic, socially committed psychologists willing and excited to work with modest pay but with excellent supervision and support. In contrast, in Italian private practice, peer supervision and academic support are often lacking. Yet supervision and academic support are key to integrating psychiatrists and psychologists into challenging professional situations. In Norcia, the prospect of *lavoro di squadra*, teamwork, has attracted mental health professionals to leave their siloed private practice.

Psychiatry and reality

The Italian psychiatric reformer Luciano Carrino, in his brilliant analysis, offers profound insights into the current Norcia context (Carrino, 1985). As he states, “the fact that some aspects of the patient’s illness improve if an intervention is made in his environment has never led us [the reformers] to adopt a disingenuous and simplistic idea that all illnesses are engendered directly by society.” Carrino goes on to

state the importance of incorporating *reality* into mental health care. The mental health clinician needs to understand the impact of the patient's real life on their suffering and to intervene in changing these conditions for the betterment of the patient. He states that impacting on reality has two basic dimensions: 1) transformation and adaptation of the health establishment to the needs of the patient; 2) entering into the reality of the community by helping it develop its potential to help community members cope with their living problems. Carrino spells out the recipe used by the INTC-Harvard team's successful engagement in the earthquake zone at the very beginning of the crisis, by entering into and adapting to the reality of the earthquake community before and during the COVID-19 pandemic. Carrino and colleagues would be happy with the new emphasis in America on assessing the patient's social determinants of health. The social status of a patient (housing, food, utilities, transportation) has been determined to have an enormous impact on health and mental health, especially during a crisis such as an earthquake or a pandemic.

Carrino also warns us from his experience with reform that private practice and the other aspects of siloing can leave many patients out of the selection process for treatment. The patient's tendencies to isolate and avoid medical assistance contribute to this neglect. As he states,

Who has not observed that often in psychiatry, the more serious the problem, the less likely is treatment to be sought? A great many people who are in quite obvious distress are unable to express (often even to conceptualize) the need for help, or do so in their own way, which then escapes the notice of others. I am referring to the hundreds of the elderly, the children, and other people in asylums, the seriously handicapped, the poor, the immigrant – in sum, the thousands of isolated, excluded, and marginal people who testify, day in and day out, to the success of our model for the development of psychiatric care. These are people whose distress is noticed only when “emergency situations” are created (Carrino, 1985, p. 116).

Carrino provides amazing insights into our INTC-Harvard experience, where there was initially enormous interest in mental health training by the Italian Red Cross, the Protezione Civile, and the responding nongovernment organizations. Interest died off after the

crisis phase. Seven years after the earthquake and the COVID-19 pandemic lockdown, the earthquake survivors themselves, who are in a state of isolation and depression, are unable to express openly their physical and emotional suffering. This suffering manifests itself in their physical complaints brought to the offices of the Norcia general practitioners and nurses.

Psychiatry and psychology also represent a social experience of scientific practice. The INTC-Harvard team has learned the lesson that the team must engage in the social life of the earthquake community. The team must have good relationships with the people of Norcia. Without this engagement, the suffering of the people cannot be heard and given a response. As Salvatore and colleagues state, the psychologists locked within their scientific compartments cannot hear and are not able to listen to the voice of the people who are in the greatest need of their psychological expertise.

Conclusion

The authors of this review have tied their experience in the central Italian earthquake zone of the past seven years to the historic Italian psychiatric reform. This interpretation was attempted as a response to the *Target Article* of Salvatore and colleagues (2022). Their brilliant philosophical analysis of the current crisis in Italian psychology and the lack of progress of psychology has much to admire as a valued perspective. They discuss three metaphysical approaches to the unification of a fractured and compartmentalized field. Our experience in the earthquake zone reveals the impact of this compartmentalization, that is, psychologists (and psychiatrists) are essentially absent from one of the largest geographical communities suffering in Italy today. As the Italian psychiatric reformers stated emphatically, mental health is not just a scientific discipline, it is also a social practice.

Many of the barriers to mental health reform that existed for Basaglia and his colleagues still exist today. Unfortunately, as Salvatore *et al.* note, the compartmentalized psychologist has retreated from overcoming these barriers in order to care for those in society in need of their specialized expertise. It is hoped that Salvatore *et al.*'s approach to unification will bring psychologists out of their silos so that they

can address together the great problems facing our global community, including natural disasters, war, climate change, the refugee and immigration crisis, and ecocide (the destruction of the natural world, including a massive extinction of plants and animals). This may be too much to ask of one mental health profession. Yet the time has come for new inspiration arising from a re-evaluation and deeper appreciation of the historic Italian psychiatric reform.

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