

BOOK REVIEWS, NOTES AND COMMENTS

Edited by

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GUARIRE SI PUÒ
Persone e disturbo mentale
 Izabel Marin, Silva Bon

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[Recovering is possible.
 Persons and mental
 disorders]

*La vita è un brivido che vola via
 è tutt'un equilibrio sopra la follia
 forse la vita non è stata tutta persa
 forse qualcosa s'è salvato!*^(a)

Vasco Rossi, Sally

*Le vent se lève! ... il faut tenter de vivre!
 L'air immense ouvre et referme mon livre*^(b)

Paul Valéry, Le cimetière marin
 (The graveyard by the sea)

Not a long time ago, a terzetto of well-known Italians – the psychiatrist Peppe Dell'Acqua, the journalist and essay writer Nico Petrella, and the philosopher Pier Aldo Rovatti – started an interesting series of monographs entitled “180”; *i.e.*, the number of the 1978 Italian law which prescribed the phasing out of psychiatric hospitals, the creation of small psychiatric units in general hospitals for the short-term care of acute patients, and the development of community Mental Health Services (MHSs). The book in this series reviewed here, by Izabel Marin (a social worker who came from Brazil for a period of training in Trieste's MHS, but ended up taking root in the Julian city) and Silva Bon (a historian with a difficult personal history of mental disorder ending up in recovery), is of considerable interest from both a theoretical and a practical viewpoint. In fact, it provides a thorough analysis of recovery processes in patients with severe mental disorders, who have long been considered as incurable and therefore were often hospitalized for long periods, or even for the rest of their lifetimes.

The first part of the book is devoted to a comparative analysis of community mental health experiences aimed at maximizing the probability of patient recovery, which have been conducted over the past decades in different countries by groups led both by professionals and by non-professionals after their recovery. These pre-

cedents, as well as the authors' direct experience, clearly show the role of a variety of factors in favouring, or viceversa preventing, recovery. These factors interact in specifically different ways in different subjects. For example, the effectiveness of a person-to-person support (from either MHS personnel and/or others) or of a group support varies from subject to subject. This literature also shows the need for expert and cautious help in the attempts to re-establish disrupted family and social relations; to recruit resources which can contribute to the maintenance of pre-existing work activities or to finding alternative ones; to overcome a variety of personal “handicaps”, ranging from phobic-obsessional tendencies to extreme bashfulness, from persecutory fixations to excessive preoccupation to be a nuisance to others etc. The common denominator in this infinite variety of individual needs is the joint effort of patients and MHS staff to re-establish self-confidence, to promote empowerment, and to boost the capability of coping with the up's and the down's of symptom severity. The importance of the role of “conventional” tools like drugs or psychotherapy is far from being discounted in this context; but, the benefits of the use of these tools are maximized if they become part of a covenant between therapists and patients, in which the latter gradually acquire the capability of making for themselves a variety of critical decisions. In a few words, as is emphasized in the excellent Introduction by Roberto Mezzina – one of the leaders of the Trieste MHS staff, specifically involved in the work on recovery processes – “... recovery does not necessarily mean clinical cure, but rather emphasizes the journey made by every one to build a life beyond the disease ...” (p. 13). The variety of processes involved is clearly and fully confirmed in the second (narrative) section of the book, which includes a lucid autobiographical account by the second author and four interviews with subjects who recovered with changing fortunes from severe mental disorder. A summary of these 100 pages is obviously impossible. The reader should be reminded at this point that the Italian vocabulary lacks some words which are essential for important distinctions in the field of health and disease. The best known example is the difference in English between illness (or sickness), the subjective feeling that something is going wrong in the body and/or in the psyche, and disease, the specific pathological condition as defined in medical terms – Italian has only *malattia*, disease. (Incidentally, psychiatric disorders, after centuries of research on various aspects of the problem and incessant fierce conflicts between various “schools”, are still far from fulfilling the nosographic and etiopathogenic criteria required to reach the “status” of medical diseases; therefore, it seems more correct and heuristi-

^a Life is a thrill that flies away, entirely a balance built on top of folly, maybe life wasn't all lost, maybe something has been saved!!

^b The wind is rising! ... We must try to live! The huge air opens and shuts my book.

cally valuable to consider them as illnesses rather than diseases). Medical anthropologists have introduced another term of special significance in the case of mental disorders – predicament – to indicate the type and severity of the difficulties created in the patient's life by one or the other pathological condition. Most of this book is, in fact, about the subjects' predicament and its changes in their journey towards recovery, but the term cannot appear.

An equally important distinction is the one between recovery – again a term without an appropriate Italian equivalent – and cure (healing) – hence the problem with *guarire* in the title, which is not intended to mean healing or curing, but recovering. Recovery is not the same as remission, a term which indicates an improvement, but also implies that the patient is not healed and that one or more relapses have a substantial probability of occurring, often at unpredictable intervals; nor the same as cure, which indicates that a disease has come to an end for good, either as part of its “natural history” or as a result of a specific effective therapy. Such a lack of appropriate terms contributes to the creation of cognitive “black holes” with adverse effects on practice; namely, considering illness and disease as one and the same thing, and ignoring the important fact that recovery can occur short of cure.

The third part of the book is devoted to an accurate critical analysis of the information provided in the previous one by the patients, aimed at refining and integrating the know and the know-how discussed in the first part. The titles of the sections in the chapter “What do the patients with an experience in recovery teach us?” deserve to be mentioned, since they provide a fair indication of the intermediate steps between initial disintegration of the self, viewed as a metaphor of suffering, and the growth of hopes and expectancies of improvement: facing the “wall” which blocks communication with the world; overcoming the fear of being “crazy”; acquiring the will to recover, the feeling of self-control in the face of difficulties; helping to place “small brick over small brick”, reciprocity in giving and receiving support; return to life through work; recovery as a balance “built on top of folly”; and last but not least, acceptance *vis-à-vis* of stigma – *i.e.*, the difficult path from painful and harmful adverse reactions to stigmatization and hostility of others to the development of adequate strategies to cope with such obstacles.

Finally, the chapter “Indications for a MHS oriented towards recovery” is devoted to the role of services in steering the transition from the initial fear and panic reaction of most severely ill patients upon their first contact with a MHS to the gradual re-establishment of a network of social relations, both inside and outside the service, with special attention to the places and the contents of interventions. This work has been going on for a long time in collaboration between the Trieste MHS staff and other teams working in Stockholm (Alain Topor), Oslo (Marit Borg), and New Haven, CT-USA (Larry Davidson); and in addition to several contributions to the national and international literature (*e.g.*, several articles in *American Journal of Psychiatric Rehabilitation*, 2005 and 2006), it has recently produced an important document, present-

ed as work in progress, as a draft open to discussion: “For a Chart of Services Oriented Toward Recovery” (available in Italian: www.news-forumsalutementale.it/public/carta-dei-servizi-2012-web.pdf).

The last few pages are “Instructions for a coming out” by the second author, written “when I found the force and the courage to make my experience public. A real and proper coming out which has obliged me to tear up the veil of my decency”. To conclude, it would be difficult to imagine a more effective description of how personal and social dimensions of mental suffering are inextricably woven together.

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