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Restauro:
temi contemporanei
per un confronto
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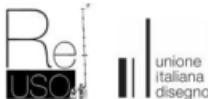


a cura di
Giovanni Minutoli



UNIVERSITÀ
DEGLI STUDI
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DIPARTIMENTO DI
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simposio internazionale **REUSO 2020**

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La diffusione di queste conoscenze e del dibattito relativo a livello internazionale costituisce inoltre lo scopo fondante dell'associazione: questo è dimostrato dall'ampio spettro dei contributi presentati nelle varie edizioni dei nostri convegni, provenienti in sostanza da numerosi paesi europei ed extraeuropei, dove è sentita o inizia a sentirsi la problematica della conservazione del patrimonio come elemento fondante della cultura e della società.

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Between abandonments and reuses. Recovery strategies of disused architectural heritage: from the analysis to the re- functionalization project of the former Santa Maria Asylum of Collemaggio

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Abstract

The asylum of Santa Maria di Collemaggio rises in a park of 19 hectares, consisting of 9 independent pavilions, built between 1903 and 1915 according to the project of the engineer Guido Rimini. The complex is part of over 70 mental institutions, built in Italy at the turn of the nineteenth and twentieth centuries, which still represent a unique and significant historical, social and architectural heritage. The old mental hospitals were conceived as small utopian 'citadels', microcosms in which the patient felt neither oppressed nor segregated, but rather had the impression of being part of a fragment of a real city.

With the enactment of the Basaglia Law, in 1978 the slow process of closing and abandoning these structures began, except for a few cases of reconversion, in which, however, attempts at re-functionalization were not always very sensitive with respect to the social value that always marks these places of pain and segregation. Aware that the preservation of architectural artefacts cannot be separated from its correct re-functionalization, the contribution, starting from the analysis of existing buildings and their state of preservation, proposes some strategies of reuse of spaces, linked to the educational and socio-sanitary value, that the structure has always embodied, since its foundation.

Keywords

Reuse, preservation, architectural heritage, former Santa Maria Asylum of Collemaggio, L'Aquila

Introduction

At the term 'asylum', from the Greek *mani'a* madness and *komion* hospital, i.e. *ospedale de' matti*, scholars have always associated the term 'peripherality', alluding to the distance of such complexes respect to the 'heart of the city', almost as if the location at due distance or on boundary of the village was in itself a distinguishing character of this type of architecture. Segregation, on the other hand, means keeping away from others, from all those who in nineteenth-century society were not recognized as 'poor minded' nor derelict, inclined to give public scandal and to disturb public quiet. This renunciation of social contact had a major impact on the spatial conception of these structures; it was in fact precisely the isolation of the madman that dictat-

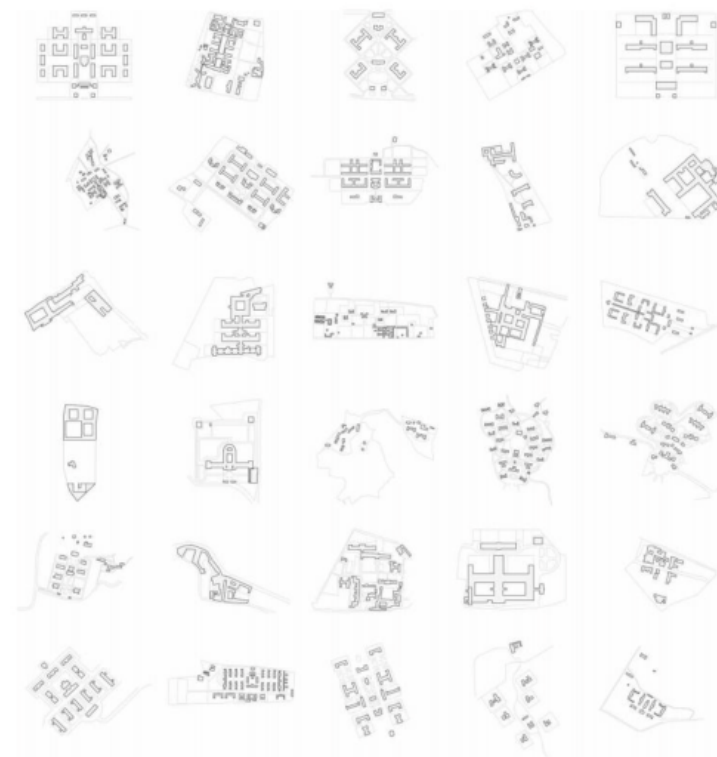


Fig. 1
Floor plans of mental
hospitals built in Italy
between the 19th and the
20th century (drawing M.
Nardis, 2019).

ed both the choice of the site and to dictate the distance between the asylum and city: the more isolated the place was, the more effective the moral treatment of the alienist on the alienated. Even in the case of urban asylums, a secluded position, facing the countryside, was preferred on the edge of the city. In addition, the extension of the surface was one of the prime conditions in the choice of the site; a large area to be covered by dividing patients according to the type and extent of the dis-ease and preparing special spaces for walking and recreation. Other features that were required of a site to be appropriate were the possibility of exposing all the main fronts of the hospital pads to the south, long treelined walks and vast gardens, and of course the possibility of spaced out sufficiently the buildings to facilitate the renewal of the air and provide the sick with a greater amount of light; all that a city of ancient foundation and plant could certainly not offer.

Manicomial types in Italy between the 19th and 20th centuries

The typology model of reference for the design of asylum structures, built in Italy between the end of the 19th century and the first decades of the 20th century, was not that of a civilian hospital, but that of prison facilities; the prevailing type was that of

independent pavilions, or connected to each other with covered paths, defined as 'a village', characterized by a fence never too closed and high, by a clear separation between the two sexes and between curable and non-curable sick people, by a structuring in isolated buildings, one for each sex and degree or type of madness, connected or not with each other and with administrative buildings, and the presence of large green spaces and for agricultural crops aimed at agrotherapy (fig. 1). These 'citadels' were structured according to a rigid symmetrical logic, due to the presence of a central distribution axis, occupied and emphasized by the buildings of the administration and management. Even the complexes originally designed as a closed system or as a 'corridor', were later rethought in pavilions. For their proper location there was a need for an isolated and large area, also in anticipation of future expansions. In fact, according to the theories of the most important alienists of the time, proponents together with engineers and architects of the projects of such structures, the external and internal environment of psychiatric hospitals played a particularly important role for the proper therapeutic treatment of patients. Completely absent was the debate on the figurative aspect of such buildings, which presented themselves as simple, cheap constructions, without any kind of decoration, which was considered, definitely, a secondary issue. Very often, these structures were adapted into pre-existing convent structures or in highly articulated and stratified urban building aggregates. A predominant building feature of the complexes of southern Italy, including the Aquilano nosocomio (fig. 2), was the willingness of the public administrations (and the need of post-unitary Italy) to produce not only homogeneous construction characters, but also a modern plant, adopting a strict symmetrical approach and favoring the formal value. In fact, there are few margins of typological experimentation, in the face of overcrowding and consequent blockade of admissions to the Real House of the Mad people of Aversa, the most famous and crowded nosocomio of the South. The village system is also the design of the Aquilan Institute, where the regular and symmetrical arrangement shows that the principle of physical order, as a means of restoring the mental one of the alienated, is deeply rooted. The history of the southern asylum often results in that of continuous construction sites, with a succession of changes mainly dictated by the exponential growth of the sick, sometimes with the expansion of the complexes, some-times intensifying the building fabric of the original manicomial citadels (Ajroldi, Doti, Lanza, 2008).

L'Aquila asylum

On a small hill overlooking the castle and the walls of L'Aquila stands, in a park of 19 hectares, the former neuropsychiatric Hospital of Santa Maria di Collemaggio. To the basilica of the same name, a symbol of romanesque architecture in Abruzzo, and to its convent the nosocomio is deeply linked, both for its history and for its close proximity: on the vast square where Viale Collemaggio ends, prospect, promiscuously, both the Church with its imposing facade and the entrance of the asylum. At the end of 1861, the municipality of L'Aquila decided to dedicate to the Provincial Hospice of Mendicity the convent of the minors of Collemaggio, which is considered particularly suitable for the purpose both for geographical location and for the size of the premises (Clementi, 1998). At the beginning of 1867, the hospice was opened, and shortly thereafter a first pavilion was built for the shelter of the "Chronic Quiet Demented". In 1873 a project was presented for the expansion of the Hospice of Mendicity to make it



suitable to accommodate more people. In 1884, the province of L'Aquila was forced to transfer a group of alienated from the psychiatric hospital of Aversa, the largest asylum in southern Italy, which is in extreme conditions of overcrowding, to the nosocomio Sant'Abate of Teramo. In 1896 the provincial administration opposed Aversa's proposal to create a consortium for the expansion of its complex (so as to solve the problem of overcrowding and also be able to accommodate the sick from L'Aquila) and arranges the hospitalization of a first group of 26 alienated from Teramo to L'Aquila at a section of the Hospice of Mendicity, within which, however, the conditions are critical, especially due to the lack of suitable spaces. As a result, in 1897 it was given the task of drafting a project for an ad hoc structure to the engineer Domenico Ginocchietti, who, as an expert of the provincial office of the city of Perugia, had already in 1866 designed the adaptation to the asylum of the former convent of Santa Maria della Pace. On a large area to the north adjacent to Collemaggio, about 30 hectares, the designer plans to set up a complex for 300 sick people, with the system defined as 'village' (fig. 3). In fact, by hybridizing multiple schemes, the technician resorts to a pavilion joint with covered links, set on two orthogonal axes between them: the major oriented in an east-west direction, the minor south-north. Ginocchietti has along the main conductor the pavilions for quiet, lurid, semi-agitated and agitated, up to the contagious, isolated and distant from the other buildings, and places on the minor axis the building of the direction, the kitchen and the necroscopic section. The symmetry marks the separation between the sexes, here conducted to such an extent that a double chapel and a double hydrotherapeutic room for the male and female sections are provided, thus creating an unusual cross-section of the services (Ginocchietti, 1899). The project, although approved, remains unsolved due to the high cost of construction, the size too large, but above all the uncertainty about the area in which to build the structure, so that in 1902, the provincial council establishes a scaled-down program for a modern asylum to be built in the adjacent area of the Hospice of Mendicity south of the basilica, appointing the chief engineer of the technical office, Guido Rimini. Like other designers, the technician credits his proposals on the basis of the visit of the most important Italian congener plants, and taking into account the suggestions of the director of the asylum Gaetano Bellisari. The solution, which involves a symmetrical installation in isolated pavilions with no connecting tunnels, for the settlement of 420 alienated, it is approved in March 1903, but still blocked by the controversy over the

Fig. 2
L'Aquila, Abruzzo. Panoramic view of the complex of the former neuropsychiatric hospital of Collemaggio.

Fig. 3
State Archive of L'Aquila, Ginocchietti's master plan, 1900 (section of the provincial administration, envelope 2508).

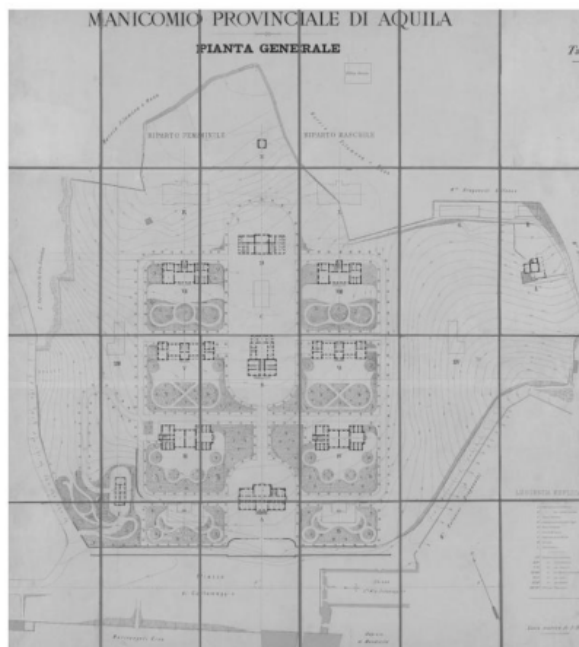


Fig. 4
State Archive of L'Aquila,
Rimini's master plan, 1903
(section of the provincial
administration, envelope
2508).

location of the asylum, an impasse overcome only thanks to the opinion of the psychiatrist Clodomiro Bonfigli who identifies, as the most suitable, the area north of the basilica of Collemaggio, as flat, susceptible to any expansions and isolated both from the square and the hospice. Rimini is therefore forced to adapt the project to the new site by overturning, compared to the Ginocchetti project, the orientation along the south-north direction (fig. 4). In order to facilitate the construction, the technician foresees the 'gradual' construction of the plant, which is likely to extend to accommodate 600 patients; the pavilions are arranged symmetrically with respect to a central longitudinal axis, constituting the main artery, from which to access to the direction, kitchen, bathrooms and disinfection. The entrance takes place from the forecourt of Collemaggio through two ramps and all the buildings, for hygienic reasons, are exposed with the main front around noon; the pavilions, divided into male and female departments, are provided equal and symmetrical, two or three floors above ground and without decoration, unlike the building of the management that from the project presents a smooth rusticated in the basal area and in the cantons, frame pad and arched windows with a clear reference to the neo-Renaissance language (Rimini, 1903). In both Ginocchetti's and Rimini's projects, there is a sense of the desire to reproduce the effects of a village system; moreover, the construction of isolated pavilions arranged in a large green space well cared for responded to the 'open door' mode, in which to convey to the hospitalized the feeling of not being prisoners, but citizens of a fragment of the city. In both projects there is also an area for the agricultural colony.

useful to make the hospital a self-sufficient and even productive citadel, thanks to the sale of its products. Great attention is given to the green: Ginocchietti provided, for the pavilions, rectangular gardens communicating with the largest surrounding park; Rimini, on the other hand, in addition to the gardens for the single buildings, arranges that the whole structure be equipped with a network of paved tree-lined avenues. Even today, the buildings are immersed in a dense lattice of oaks, cedars of Lebanon and the Himalayas, spruces and white trees, lime trees that give hotel to numerous species of birds and forest animals. Although completed in 1915 by successors Giuseppe Tortora and Camillo Tranquilli, the hospital respects, in its architectural configuration, the project of Rimini, which has since become head of the provincial technical office of Perugia. However, a violent earthquake prevented the new premises from taking over, while shortly after the events of the First World War they interrupted the progress of L'Aquila asylum. A turning point was recorded in 1939, with the establishment of the neurological department, wanted by the director Marino Benvenuti, which transforms the asylum into a provincial neuropsychiatric hospital, the second structure in Italy after that of Arezzo, formed in 1926. The positive resonance of this reform puts the L'Aquila institute at the centre of renewed interest from doctors from other facilities. The neurological sections are placed in the premises of the central pavilion, where the radiology cabinet, scientific laboratories and library are also housed. In addition to the new department, a larger kitchen, fertilizer at the agricultural colony and additional workshops are made, evidence of a renewed building fervor that accompanies a positive season in the life of the hospital. On the contrary, the increasing number of hospitalized persons requires, in 1940, the construction of an additional building intended for men and able to accommodate several laboratories (Benvenuti, 1942). The years of the Second World War and the post-war period caused a new interruption in development, with the reduction in the number of sick people and the employment of the premises by the homeless population. From 1950 to 1958, however, there were significant architectural interventions: the support structures – laundry, general kitchens, thermal power plants – were renovated and numerous other departments of diagnostic, therapeutic, welfare, ergotherapeutic and lycotherapeutic type were renovated. With law 180/78, the slow process of de-hospitalization begins and the consequent emptying of the implant, except for one part converted to clinics for the daily psychiatric service. The conditions of abandonment were aggravated by the earthquake of April 6, 2009, which made the complex unusable, bringing its fate together with the nearby basilica, as well as much of the cultural and building heritage of the city.

A complex legacy between memory and oblivion

The experience of the Italian provincial asylums represents an important heritage in the formation of national identity, a unique testimony of the Italian architectural culture between the nineteenth and twentieth centuries, which reflects across the culture and society of the time. The complex question of the protection and preservation of this heritage, however, has so far not been addressed, nor addressed in all its complexity unless sporadic and rare attempts. This is demonstrated by the conditions of abandonment and degradation of the approximately 80 complexes built on the national territory that have been closed for about 40 years (fig. 5-8). The problem exists and must be addressed urgently as there is a risk of losing an important testimony



Fig. 5
L'Aquila, former asylum of
Collemaggio. Main front of
one of the nursing pavilions
at present. (photo: Martina
Nardis, 2018)



Fig. 6
L'Aquila, former asylum of
Collemaggio. Main front of
one of the pavilions for the
quiet sick at present. (photo:
Martina Nardis, 2018)

for the country's urban, architectural, social, economic and medical-scientific history. The situation seems all the more problematic because it is necessary to evaluate facts that are far from metabolized by the society of our time, which is difficult to recognize the complex values that these places testify to in many and different ways. Provincial psychiatric hospitals, in fact, constitute a still living reality that suffers from the twentieth-century debate on psychiatry and cultivates direct and personal relationships with these places. These are collective testimonies of the country's recent history and,



Fig. 7
L'Aquila, former asylum of
Collemaggio. Abandonment
and degradation in one of
the corridors of the pavilion
for the agitated sick. (photo:
Martina Nardis, 2018)

Fig. 8
L'Aquila, former asylum of
Collemaggio. Abandonment
and degradation in one of the
hospital room in the nursing
pavilion. (photo: Martina
Nardis, 2018)

at the same time, the personal memory of many individuals and, as such, concern the most intimate sphere, stimulated by affective and personal values, elusive by definition and prone to forget, or to remember, on an irrational basis. This involves weighing the values that these places have represented, and represent today, by initiating a historical-critical process on scientific and methodological foundations. The mistake to avoid, however, lies in considering the usefulness of these spaces before grasping their meaning through critical-cognitive processing. Studies carried out in recent decades yield significant data on how asylums were closed and how they were carried out. Although protected under the Code of Cultural Heritage and Landscape, many complex asylums have been the subject of vulgar renovations and many are still in a state of abandonment, suspended in the state in which they were at the time of disposal, architecture reduced to the state of ruins that, lost the original form and function, over time have regained a new aesthetic structure even by virtue of a formidable union with the vegetation. Anticipatively absorbed by cities in the wake of urban growth in the 1970s, some asylums that had lost their isolated location were destined for other uses, often for higher education. Implicit in decommissioning, the transfer of ownership from the provinces to the ASL allows the establishment of newly established psychiatric services in the former asylums, so that the medical-psychiatric function continued to connote the identity of many places. In rare cases the property has been sold, while more often, while remaining public, it has been granted in use to other institutions, in many university cases that are well suited to the vast spaces available. In many cases, however, there are serious conditions of total or partial abandonment, and it is not uncommon for cases where demolitions have taken place. In no case has there been an integral preservation that captures the meaning that the asylums represent, complex organisms, composed of immovable but also mobile testimonies, archival testimonies and artistic objects, such as the works of art and literature many times produced within them by the alienated themselves. The theme is therefore internal to the restoration; responding to the higher imperative of conservation and transmission, action should then be taken on a case-by-case basis. It is considered that any intervention is lawful and is admitted if based on scientific knowledge of the artifact and on critical considerations, from the inclusion of new use destinations to the maintenance of the hospital, from the elimination of additions to possible expansions, from philological reconstruction to conservation to ruins. The question of the inclusion of a new use destination is certainly the thorniest, because it conflicts two essential instances: on the one hand continuity of use guarantees maintenance and preservation to historical architecture, on the other the respect of the places that were the scene of a dramatic human experience.

A re-functionalization hypothesis for Collemaggio

Starting from the analysis of existing buildings and their state of preservation, a specific strategy of reuse of spaces, both architectural and open, strongly linked to the educational and socio-health value that the structure has always embodied, since its establishment, taking into account the fact that the preservation of architectural artifacts can't be separated from its correct re-functionalization. It is believed that, in the specific case of the former Aquilano nosocomio, any use destination that differs from the original one, that is, the socio-health, also provided by the municipal urban plans, would not only lead to a departure from the original project, according to which the complex had to be a small but autonomous community, but above all it would not annie all the values, from the social and naturalistic one, to the historical and architectural one. The hypothesis of re-functionalization is, therefore, to give new life to that same community, profoundly different from the original one, bringing new moral and cultural values, adying the old inpatient pavilions, built between 1903 and 1915 according to the Rimini project, to a residential therapeutic community for minors suffering from psychiatric conditions. These facilities, intermediate between hospitalization and outpatient treatment, welcome children and adolescents suffering from psychiatric conditions in cases of family contexts and 'unfavorable' environments. Unlike clinics or health care providers, and in analogy with the old psychiatric hospitals, they are conceived as a 'frame', a protected space more disciplined and less chaotic than the family one, where operators (doctors, psychologists, nurses and educators) undertake to help children to re-establish contact with reality, performing a function of liaison and mediation with the outside world; Moreover, the whole environment refers to a familiar dimension. Some environments will be dedicated to research activities and specialist training in child neuropsychiatry. At the same time, a decisive reorganization of the entire park, the green areas to be allocated in part to open-air recreational and therapeutic activities, and the main and secondary routes is necessary. The interventions on building artefacts in particular will concern their safety, given the conditions of degradation and abandonment ten years, after static consolidation, the refurbishment of all external perspectives and the reorganization of the layout in the interior for the placement of the new functions.

Conclusion

These architectures raise the question of what is necessary to preserve, in order to pass on a memory considered mostly intangible, which seems to transcend mere architectural testimony. Then, for the transmission of historical memory, we should reaffirm the unique and irreplaceable value of material testimony as an authentic and incontrovertible fact, which allows procedures in a concise way to interpret the meaning and, as such, to be preserved. Architecture is the place where historical, artistic, social, technical-scientific and much more materializes. The asylum is then welcomed as a complex and integrated system, at various scales and in various forms, which includes the urban and environmental heritage, the architectural, the artistic, the archival, and the human form.

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