Institutional psychotherapy is perhaps best defined as the attempt to fight, every day, against that which can turn the collective whole towards a concentrationist or segregationist structure.

Jean Oury (1970)1

Psychic and Political Occupations

From 1940 to 1945, during the German Occupation of France, 40,000 patients died in French psychiatric hospitals. As in much of the French territory during these years, hospitals suffered from food shortage, rationing, and harsh living conditions. However, as historians in recent years have suggested, these deaths were not only due to hunger and cold, as it was previously believed, but also to a specific policy of extermination geared towards the mentally ill that the Nazi State promoted and the Vichy Regime silently endorsed.2 In Saint-Alban, a small and remote town in central France, one psychiatric hospital attempted to resist this form of physical and political occupation. The staff, the nuns, and the doctors who worked at Saint-Alban sought to subsist and feed their patients by hoarding extra food with the help of the local population. Alongside these efforts to secure nourishment, various doctors at Saint-Alban began to question and rethink the practical and theoretical bases of psychiatric care. As the war and fascism had made particularly evident, occupation was not just a physical condition: it was also a state of mind. Psychiatry needed to think about this connection between the social and the psychic if it wanted to truly “disoccupy” the minds of patients. The movement that began in Saint-Alban and that influenced many clinics in France and abroad during the second half of the twentieth century came to be known as institutional psychotherapy.

This article focuses on the figure of François Tosquelles, one of the most important theorizers and practitioners of institutional psychotherapy, who worked at Saint-Alban from 1940 until his death in 1994. Tosquelles had a decisive impact on many doctors, intellectuals, and artists who transited through Saint-Alban during the war. These included Frantz Fanon (who relied on many of the principles of institutional psychotherapy for his psychiatric work in Algeria), Jean Oury (who founded the clinic of La Borde in which Félix Guattari was extremely active and which in many ways, inspired Guattari’s 1972 Anti-Oedipus co-written with Gilles Deleuze), Georges Canguilhem (the historian of science whose notions of normal and pathological derived from psychiatry), and several Surrealist artists who were fleeing fascism, including Paul Éluard and Tristan Tzara.3 For these various figures, the experience of living under occupation (whether it be fascist, colonial, or capitalist) was essential to their critiques of how madness was diagnosed, explained, and treated — not only within the asylum but within society at large. In their eyes, Saint-Alban offered the possibility of reconciling Marx and Freud, of radically overcoming psychic and political “concentrationism” at once.

My argument in this piece is twofold. First, I want to suggest that Tosquelles played a key role in the dialogue between psychoanalysis and psychiatry in twentieth-century France. Tosquelles brought many of the insights of Freud and especially of Lacan to the domain of psychiatry, both in his theoretical writings and in his medical practice. Tosquelles’ reliance on psychoanalysis revealed the limits of the more biological or neurological approaches to psychiatry. It also exposed the theoretical limits of Freud’s own understanding of psychoanalysis as a departure from psychiatry and as a treatment aimed primarily towards neurotics, as opposed to psychotics, for whom repression, symptoms, language — and hence transference — operated very differently.4 The second argument that I wish to develop here is that Tosquelles’ psychiatric work was fundamentally shaped by his activism in radical politics in Catalonia and by his experience during the Spanish Civil War, first as a doctor for the Republican army in the front and later as a refugee in a French concentration camp. For Tosquelles, psychiatry and politics shared a similar goal: the possibility of bringing about a form of true freedom through the “disoccupation” of the mind. Marx and Freud were thus complementary figures, the two sides of one same struggle towards what he called a “politics of madness” (une politique de la folie). Whereas Marx was necessary to grasp social alienation, Freud was essential for diagnosing psychic disaffection.5

This article is part of a larger project that traces the history of institutional psychotherapy, from its inception in Saint-Alban to its various incarnations in the postwar years. More broadly, my aim is to use Saint-Alban as a microcosm to think through three sets of methodological questions: the articulation of the political and the psychic in relation to social change; the relationship
between psychiatry and psychoanalysis — or we could say, the interactions of social, psychic, and biological factors in the construction of the self; and the possibility of writing a more global intellectual history that would think through the parallels between Catalonia, fascist Spain, occupied France, and colonial Algeria without nonetheless conflating these various contexts; a history attentive to the structures of political and psychic enclosure that mark the experience of segregation in camps, colonies, settlements, prisons, and hospitals.

To be sure, institutional psychotherapy was not the first movement in the history of medicine to try to bring together politics and psychic processes. Historians of psychiatry have emphasized the foundational role that the French Revolution played in the birth of the discipline and the development of the asylum in the late eighteenth and early nineteenth centuries. Furthermore, since the 1960s, the writings of Michel Foucault and Robert Castel, as well as the rise of antipsychiatry and therapeutic communities in the UK, Italy, and the USA, have fundamentally challenged the idea of a neutral, objective, and merely scientific psychiatric practice. In different ways, these texts and practices have shown that psychiatry has historically functioned as a vector of power and thus, that an awareness of the social and the political should be a key component in the treatment of mental health.

Similarly, psychoanalysts have wrestled with the problem of politics since the very emergence of their discipline. As Freud himself made clear, to take the unconscious seriously meant to radically question the idea of a willing subject who could act coherently according to external guidelines. But if the Freudian psychoanalytic framework resisted politics in many important ways, Marxism after Marx has also struggled to formulate a theory of subjectivity, and more specifically, a theory of alienation. By the mid-twentieth century, many intellectuals on the left had come to terms with the idea that ideology was neither exclusive to a ruling class seeking to oppress another nor that it was likely to disappear, even when the proletariat managed to acquire the means of production, as the Soviet example confirmed. In this sense, several thinkers associated with the Frankfurt School (especially Marcuse and Fromm), with Marxist existentialism (Sartre, for example), or with “May ’68 thought” (Althusser, Foucault, Deleuze, and Guattari, for instance) turned to psychoanalysis in an attempt to make classical music more accessible to the working class. In 1935, activists from the Izquierda Comunista de España and the Bloque Obrero y Campesino, under the leadership of Andreu Nin and Joaquín Maurín, founded the Partido Obrero de Unificación Marxista (POUM).

Inspired by the long tradition of Catalan anarchism that had called for a society of federated communes and by the idea of permanent revolution, the POUM was adamant about its opposition to Stalinism and to the centralized, anti-democratic, and bureaucratic turn that the Soviet Union had taken. As its leaders stated in a 1936 manifesto “Who Is the POUM and What Does It Want?” the POUM fought for a revolution committed to democratic-socialist ideals, workers’ alliances, the recognition of regional nationalisms and the creation of an Iberian Union of Socialist Republics that would replace the centralized nation, and the right to criticize the policies of the leaders of

Institutional psychotherapy was in dialogue with many of these texts and many of these currents. But as Patrick Faugeras has suggested, whereas antipsychiatry tended to confuse politics and the political (la politique and le politique), the main concern for institutional psychotherapy was to grasp “the political,” understood here as “the essence of all community, that which founds the being-together or the being-with [l’être-ensemble ou l’être-avec], how it is constituted and how we can think it.”

For institutional psychotherapy to consider the hospital in its social and political dimensions was a way to rethink the community at large. It meant the systematic destabilization of any structure that had the potential to become reified, stagnant, and sedimented. In this attempt to turn psychiatry into a form of systematic critique, into a form of permanent revolution, François Tosquelles played a fundamental role.

### Between Marx and Freud

Marx and Freud were indeed the two most important references for Tosquelles before he left Spain and sought refuge in France in 1939. Born in 1912 in Reus, a city south of Barcelona, Tosquelles was deeply marked by the Catalan political and cultural effervescence of the turn of the century. With the electoral victory of the Esquerra Republicana de Catalunya, which advocated socialism and Catalan independence, Catalonia became the first region of Spain to proclaim itself a republic in 1931. These were vibrant years for the workers’ movement, comprising socialists, syndicalists, and anarchists, in one of the most industrialized regions in Spain. Socialist ideas also drew many artists and intellectuals, such as the composer Pau Casals, who organized worker concerts in an attempt to make classical music more accessible to the working class. In 1935, activists from the Izquierda Comunista de España and the Bloque Obrero y Campesino, under the leadership of Andreu Nin and Joaquín Maurín, founded the Partido Obrero de Unificación Marxista (POUM).

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The POUM’s advocacy of federalism, nationalism, and critique clashed with the Comintern’s directives for socialist movements throughout Europe and with Stalin’s foreign policy, which had become increasingly obsessed with the notion of sabotage and treachery after its defeats in Germany, Estonia, Bulgaria, and China throughout the 1920s. As the POUM’s leaders reiterated, Stalin’s Comintern was a perfect example of ideological colonialism, a “grotesque attempt to impose the map of Russia over that of Spain.”

Although Stalin immediately denounced the POUM as a “Trotskyite organization” full of “fascist spies,” the POUM remained equally critical of Trotsky who, in their eyes, also sought to superimpose a Russian model onto Spain. The POUM thus refused to adhere to Trotsky’s Fourth International, preferring to remain politically independent. This commitment to independence also pushed the POUM to denounce the Moscow trials, and in particular the execution of Lev Kamenev and Grigory Zinoviev in 1936.

Tosquelles was among the founding members of the POUM that, by 1936, had grown larger than the official Communist Party of Spain (the PCE). Fiercely loyal to Stalin and the Comintern, the PCE quickly began calling for the extermination of the POUM. Although the POUM was critical of strategy of “popular fronts” advocated by Stalin, it chose to participate in the Spanish Popular Front of Manuel Azaña which gathered republicans, communists, and socialists, and which eventually won the elections of February 1936, five months before Franco’s coup-d’état in July 1936, and the beginning of the Spanish Civil War. As Tosquelles recalled in an interview, it was his activism in the POUM that taught him to refuse the “all-power” (le tout-pouvoir). As he put it:

Stalin wanted the POUM to join Madrid and to spread Spanish propaganda — with the monarchy, the military in power — and say “all-power-to-the Soviets.” No republicans, no anarchists, no socialists, nothing.

To accept centralization was to accept speaking castellano “when the Castilians are our oppressors.”

It was also, however, through his activism in the POUM and through his exposure to Catalan anarchism, that Tosquelles became especially interested in promoting decentralization, self-management, and solidarity within the confines of the psychiatric hospital, as mechanisms to prevent authoritarianism and reification.

Parallel to his political activism, Tosquelles began medical school in 1927 and chose to specialize in psychiatry, a booming field in the Catalonia of the early twentieth century. As the historian of psychiatry Josep Comelles has suggested, psychiatric reform was central to the Catalanist political project during this years, especially once the nationalists were able to gain control of the four provincial governments of Catalonia between 1914 and 1925. Catalan “psychiatric nationalism,” to use Comelles’s expression, was premised on the idea that the individual and the social were analogous, and thus, that psychiatric care needed to be adapted to the Catalan regional specificity. Between 1911 and 1925, one of the government’s main structural initiatives was to decentralize psychiatric care through the implementation of district divisions known as comarcas. The idea behind these comarcas was to allow patients who did not require hospitalization to continue living with their families, in their natural surroundings.

As Felix Martí Ibáñez, an anarchist psychiatrist who became director of the health and social services of Catalonia after the 1936 Revolution, put it:

In view of the special structure of Catalonia, we chose the comarca, which in this region possesses well-defined geographic and economic characteristics and, because it represents an unheard-of abundance of creative energy and new vitality, it could renew so much of the archaic health care system. We were persuaded that the form of the future revolutionary social organization would be the comarca. In the new Catalan anatomy, it will enjoy a new flowering of life, it will be a pulsating organ in the regional whole, and its warmth will expand the great comarcal capitals which will become the cultural and economic mirrors of the comarca reflected in them; instead of the way things were in the past, when these cities were socioeconomic deserts of little vitality in which, from time to time, an oasis bloomed with false splendor.

In many ways, the comarca system laid the foundations for what would later be called in France, psychiatrie de secteur, a movement that Tosquelles and his associates first developed at Saint-Alban and that was eventually inscribed into law by the French Ministry of Health on March 15, 1960.

Among the most important actors in this Catalan psychiatric reform movement of the early twentieth century was Tosquelles’s teacher, Emili Mira y López, who worked at the Institut Pere Mata in Reus where Tosquelles eventually practiced and who held the first chair of psychiatry at the University of Barcelona, was also one of the most main popularizers of Freud in Catalonia. An avid reader of phenomenology, surrealism, and psychoanalysis, Mira incorporated many of Freud’s insights into his medical practice. As Tosquelles recalls, it was Mira who taught him, during their clinical briefings at the Pere Mata, to question the vision of the detached and objective psychiatrist that had remained an ideal throughout the nineteenth century.
century, and to consider instead the doctor’s own transference with the patients and with the hospital. To deepen his understanding of psychoanalysis, Tosquelles began in 1933 an analysis with Sandor Eiminder, an Austrian-Jewish doctor who had belonged to the Aichhorn group in Vienna and was one of the many Eastern European exiles who had landed in Barcelona — often described a “small Vienna” throughout the early thirties. For Mira as for Tosquelles, psychiatry and psychoanalysis were complementary disciplines in the cure of mental illness and in the broader understanding of subjectivity.

Theoretical Bases: Simon and Lacan

Aside from Freud, Tosquelles was particularly indebted to two books that, as he recalled in various interviews, he brought with him into France, across the Pyrenees, in 1939 when he escaped the fascist regime: Jacques Lacan’s 1932 thesis on paranoia and Hermann Simon’s 1929 account of his psychiatric work at the Güttersloh asylum in Germany. These texts, which Tosquelles translated, photocopied, and distributed at Saint-Alban before they were readily available to the French public, were foundational for the development of the theory and practice underlying institutional psychotherapy. Simon was well-known in the psychiatric milieu of the early twentieth century for introducing the notion of a more active therapy in the hospital. After noticing that patients became “calm and lucid when they could undertake a small task, no matter how small,” Simon began to set up various activities for all his patients so that by 1919, ninety percent of the residents were working. As he explained, the three main ills undermining psychiatric work were the “patient’s inactivity, an unfavorable environment in the asylum, and a fundamental belief in the unaccountability [iresponsabilité] of the mentally ill.” To address these ills, Simon advocated building libraries, setting up workshops, and promoting a system of “open doors.” Similarly, he advised nurses to avoid using a “harsh and imperative military tone.” The goal of his more active therapy was leading the patient to freedom, a true freedom that was not equivalent to laissez-faire but rather, one that would allow patients to lead a life as independent as possible, “free of doctors and immediate assistance.”

To be sure, Simon was not the first psychiatrist to recommend physical work for mentally ill patients. As Tosquelles reminds us in his analysis of Simon, already by the end of the nineteenth century, Philippe Pinel insisted on the importance of keeping patients busy to “soften mores.” Similarly, occupational therapy in the UK and the USA sought to reintroduce war veterans into the workplace. According to Tosquelles, however, Simon’s greatest contribution was to change the attitudes of doctors and nurses vis-à-vis the patients. Work was not simply a distraction for the patients and it certainly was not a “moral treatment” in the way that Pinel intended it. Rather, work was a way to hold the patients accountable: “holding the patients accountable for Simon meant trusting them and trusting the existence of a general law of all living beings, a ‘logos’ that regulated and ordered everything.” This general law was not a morality, Tosquelles insisted, but more like an ethics, a way of life. As Tosquelles put it, “the point was not to ‘make patients work’ to alleviate this or that symptom but to make the patients and the staff work to cure the institution.” It is this ethical — and fundamentally social — understanding of psychiatry that Tosquelles brought to Saint-Alban and that was particularly influential for thinkers such as Jean Oury and Félix Guattari.

This idea of a general law anchored in language was also articulated — although differently — in Lacan’s work, especially through his notion of the symbolic. As Lacan suggested throughout his life, madness (or psychosis) was founded and expressed in a form of linguistic alienation — what Lacan later called a foreclosure of the symbolic order. Similarly to that of Simon, Lacan’s work played a foundational role for Tosquelles because of its theoretical weight but also because of its institutional impact within the world of early twentieth-century European psychiatry. Indeed, before he was known as a psychoanalyst, Lacan was a psychiatrist in a time and in a context in which adhering to Freud’s theses was not an obvious or an easy choice. Immerged in philosophy, phenomenology, and surrealism, Lacan was, from his early days as a medical intern at Sainte-Anne eager to distinguish himself from the old organicism of his teacher, Édouard Toulouse, who remained a strong proponent of heredity and of the degeneration thesis.

Lacan’s early theoretical observations were captured in his doctoral thesis titled “On paranoid psychosis and its relations to the personality” and published in 1932. Given the reluctance of the mainstream French medical and psychological profession to accept Freudian psychoanalysis — for complicated reasons that had to do with its chauvinism, anti-Semitism, and Germanophobia — Lacan’s early work appeared quite revolutionary, theoretically and institutionally. As Lacan made clear in his thesis, his goal was twofold: to radically reform psychiatry with the help of psychoanalysis and to rethink psychoanalysis through the lens of paranoia. Through his case study of Aimée, a thirty-eight-year-old railway clerk who had inexplicably tried to kill a famous actress in Paris, Lacan was especially interested in making a methodological point. As he put it, he sought to deepen not only the “description” of Aimée’s illness but its very “conception.”
Was paranoid psychosis, Lacan asked, the result of the development of a personality, and thus did it correspond to a constitutive anomaly or to a reactionary deformation? Or was psychosis an autonomous illness that reshaped the personality by breaking the course of its development?  

Did madness, in other words, originate in the brain as many neuroscientists believed, in the body as an acquired disease, or in the social and familial worlds? Lacan’s answer was clear: “It is absurd to attribute these phenomena to a specifically neurological automatism.” Rather than focusing on a single origin, Lacan argued, psychosis needed to be studied in relation to the formation of a specific “personality.” If psychosis also had a social “origin, exercise, and meaning,” it was important to consider three factors: “the childhood history of the patient, the conceptual structures of his delirium, and the drives and intensions behind his social behavior.”  

Psychiatric clinical work thus needed to remain open to sociological inquiry, medical exams, and, most importantly, psychoanalytic treatment. Indeed, psychoanalysis was, according to Lacan, the only discipline able to provide a coherent theory of subjectivity: a subject that resulted from conscious and unconscious representations constructed in relation to an Other and to others more generally. Psychiatry, Lacan implied, should no longer focus on the brain or on the will (necessary for Pinel’s moral treatment) but rather, on the study of the unconscious.

As Elisabeth Roudinesco suggests, Lacan’s argument was not simply that psychiatry should incorporate psychoanalytic concepts to its practice, but rather that any nosographic elaboration stemming from psychiatry needed to be anchored in a Freudian understanding of the unconscious and of hence, in a Freudian understanding of the subject. Lacan’s thesis was not rejected from the psychiatric community but it was essentially ignored. Its early champions, instead, were the Surrealists, who welcomed Lacan’s innovative approach to madness and discussed him in various of their journals. In this context, it is therefore significant that Tosquelles and his colleagues at Saint-Alban were among the first medical doctors to celebrate Lacan’s structural understanding of the personality, the complex, psychic identification, and subjectivity more generally.

**War Psychiatry**

In 1936, as the civil war broke out, Tosquelles joined the POUM resistance — which, by then, was persecuted by both by the military and by the Communist Party. Thanks to Mira, who served as an advisor to the republican army, Tosquelles, who possessed a thorough knowledge of Catalan health policies, was appointed head of military psychiatric services and sent to the southern front. The Catalan government’s plan to decentralize mental health care through the comarcas was interrupted by the war but Mira believed that it could still be carried out at the front. Thus, in Almodóvar del Campo, Tosquelles set up a true therapeutic community where he tested many of the theories and practices that he would later develop in Saint-Alban, notably the politique de secteur based on the comarcas and the idea that patients should be treated close to their homes and families so as to not uproot them further. As Tosquelles recalled in an interview:

> I avoided having patients sent two hundred kilometers away from the front. I treated them there, where things had started, less than fifteen kilometers away, along a principle that could be compared to that of the politique de secteur. If you send a war neurotic one hundred and fifty kilometers away from the front, you make him a chronic. You have to cure him close to his family where the problems had started.

Mira and Tosquelles also brought to the front some of the discoveries of German psychiatry during World War I, in particular, the treatment of panic reactions, shell-shock, and war neurosis, and they advocated the need to provide psychiatric care for civilians, combatants, and the doctors themselves. This holistic approach to psychiatry remained consistent in all of Tosquelles’s work, especially in relation to the hospital which, he argued, was an institution that also needed to be treated and cured. As Tosquelles recounted his experience during the war:

> I learned from Mira that someone called Bartz had proposed and organized a series of non-hospital-based services that . . . allowed for many different forms of treatment according to a staggered series of interventions. A practice known as geopsychiatry could take place outside the hospital and consisted of breaking bread with the mentally ill in their homes. . . . I brought to Saint Alban this notion of active involvement, this plan for working at the comarcal level . . . by sector. Of course, the war helped it to take root there: working with peasants, the local police . . . not to speak of the schoolteachers, some priests, the notaries. We worked with the local doctors, the movie-houses, with families in their homes . . . Cooperation between social classes . . . why not? . . . an institution is a space of exchange, a place where exchanges are possible. In other words, singularity doesn’t exist outside the context of a group, or an institution.

During the war, Mira and Tosquelles also advised the chiefs of staff on leave rotation, the movement of combat units back and forth between the front line and the
rearguard, psychological support for the troops, and much more. As historians have suggested and as the Septfonds archives confirm, living conditions in the camp were particularly harsh, causing many to die of hunger or disease and driving others to suicide. Furthermore, the guards regularly employed a series of dehumanizing techniques with the prisoners. Many refugee testimonies decry the lack of sanitary facilities and others recall how guards threw them bread like animals.

As the historian Scott Soo has argued, “there was agreement on one basic premise: internment caused psychological harm.” The “war neuroses” of the Spanish camps took several names, including the “barbed-wire disease” and la arentitis or “sanditis” because of the sandy and the windy conditions. As one prisoner put it: “the sand has entered my soul and body. And I feel sandy and the windy conditions. As one prisoner put their clothes were disinfected. To shower stations where they were washed and where others recall how guards threw them bread like animals.

As the historian Scott Soo has argued, “there was agreement on one basic premise: internment caused psychological harm.” The “war neuroses” of the Spanish camps took several names, including the “barbed-wire disease” and la arentitis or “sanditis” because of the sandy and the windy conditions. As one prisoner put it: “the sand has entered my soul and body. And I feel like crying to dry the ink with which I am writing, for my tears have turned to sand.” Similarly, many documents in the Septfonds archives describe in detail the dehumanizing techniques of surveillance and classification of the prisoners who, upon their arrival, were sent to shower stations where they were washed and where their clothes were disinfected. As he recalled in various interviews, Tosquelles was deeply marked by his experience at Septfonds and what he described as its “concentrationist” and “carceral” environment. It was this “concentrationist” environment, however, that also encouraged him to create a psychiatric service within the camp where he implemented many of his theoretical insights. Indeed, Tosquelles recruited various political activists, artists, and musicians who were imprisoned within the camp to help him organize activities — concert, theater production, publications, but also group therapies — that would temper some of the psychological effects of the “camp psychosis.” As he remembered:

There was only one psychiatric nurse; the rest were normal people. I think it is one of the place where I conducted very good psychiatry, in this concentration camp, in the mud.

The Saint-Alban Experiment

News of Tosquelles’ work in the camp and at the front traveled in medical circles and eventually came to the attention of Paul Balvet, who had taken over the administration of the Saint-Alban hospital in 1937. Balvet was concerned with staffing the hospital during the war but also with modernizing its decaying facilities that dated from the nineteenth century. Aside from lacking heat and sanitation, the hospital was unable to get any drugs. According to the testimony of one nurse, Marius Bonnet, prior to the war the patients were “locked up in cells. They slept in hay stacks which also served as their toilet.” Tosquelles appeared in Balvet’s eyes like a perfect candidate to help him renovate the hospital and it is in this context that Tosquelles arrived at Saint-Alban on January 6, 1940.

It was World War II that brought together at Saint-Alban the particular set of individuals who eventually developed institutional psychotherapy: Balvet and Tosquelles, but also Lucien Bonnafé, Georges Canguilhem, Georges Daumézon, Marius Bonnet, Paul Éluard, Jean Oury and Frantz Fanon (who were both interns there), and many others. Saint-Alban during the war thus became a center of psychiatric innovation, intellectual effervescence, and also political resistance against Vichy and fascism — a role that was facilitated, as some have suggested, by Balvet’s pétainiste sympathies that had nonetheless dwindled by the end of the war. As Bonnafé recalled this period:

the occupation played an extremely important role in this initiation of the I towards the Us of the medical team. There was under the occupation an experience of fraternity that was essential . . . at St. Alb.

Resistance, as Bonnafé explained, was always political and psychic at the same time. Politics and psychiatry thus needed to focus on eliminating

everything that tries to subject the subject to a power foreign to himself, to intoxicate him by convincing him that “it’s stronger than him,” to direct his conscience and prevent him from thinking.

In July 1941 Tosquelles, Bonnafé, Balvet, Chaurand, and others decided to systematize this “work of tracking the perversions of totalitarian thought” and to write down some of the practices they had inaugurated within the hospital during the war. This became the first manifesto of the “Société du Gévaudan,” the name they chose for their group, in reference to a mythical dog-wolf monster from the region of Saint-Alban in Lozère. The members of the Société du Gévaudan thus drew upon their experiences as doctors, activists, and resisters, to lay down the principles of what would later be called institutional psychotherapy. In the founding manifesto and during the subsequent meetings of the group, Tosquelles,
Bonnafé, and their colleagues insisted on three points. First, they argued, theory and practice were inexorably linked. As Bonnafé put it, “psychological and psychopathological speculation must have practical truth as their goal.” Or as Tosquelles explained, if doctors “sacrifice the individual because of considerations that are too philosophical,” they will end up with a practice that is useless. However, unless they treat the hospital as an organism that participates in the social aspect of illness, they will never understand the multiple facets of madness. Second — and this was a point that Canguilhem had also emphasized in his early work — all medical diagnoses presupposed a normative ideal of health or morality. Consequently, it was fundamental for psychiatry to take into account the social aspect of illness in its treatments.

Third, and related to this, “madness was never a personal affair.” Psychosis, in other words, was individual and social at the same time. It is in this context that the members of the Société du Gévaudan relied on Lacan’s work to argue against the branch of psychiatry obsessed with locating the sole origin of madness:

We can say that madness does not have a beginning. Despite the importance of studying generative troubles, as Lacan’s thesis suggests, we must consider the phenomenon of madness in its phenomenal totality, already manifested in the personality.

As the doctors of the Société du Gévaudan summarized in the conclusion to their text:

[M]adness never began with a generative trouble; it is a historical and dialectical phenomenon. Genetic investigations of the personality of a patient are unilateral investigations; they cannot comprehend the entire historical fact.

The “disalienation” of the hospital — and of the psychiatric profession — thus required a series of very practical measures as well as a complete theoretical rethinking. It needed to begin at the level of architecture. At Saint-Alban, the first step was to demolish the walls of the asylum and later the walls that separated each cell. As Marius Bonnet recalls:

[O]ne day, we tore down the walls of the compound. There was no longer a border between the hospital and the village of Saint-Alban . . . After the war, the Liberation of the territory was also the liberation of the asylum.

Along similar lines, and again in line with Simon’s teaching, the administration eliminated uniforms and medical blouses so that doctors, nurses, and patients were indistinguishable from one another. The goal was to explode fixed roles, to do away with the “look of an idle casern or concentration camp,” but also to force the medical staff to think through the singularity of the patient’s illness. As Bonnafé put it:

[W]hen you cannot put a patient in a uniform or when you cannot simply lock him up, you are forced to foresee his reactions and thus to penetrate the mechanisms of his illness.

This effort to respect the individuality of each patient was put into effect from the minute he entered the hospital, where he was welcomed by a committee composed of doctors, nurses, and patients that would orient him around the castle and explain the logistics of the treatment and of daily life.

One of the pillars of this new practice, which was baptized “institutional psychotherapy” in 1952, was the hospital. As Tosquelles explained, the hospital constituted a field invested with social significance:

for most of our patients, the acts, the deliriums, and the confessions often translate intimate conflicts that are always intra-social, and more specifically familial, conflicts that we can push and that always lead us to typical childhood situations similar to the ones described by psychoanalysts.

In this context

the hospital can play a role analogous to that of the psychoanalyst. It can be the object of successive investments of these conflicts; and the dialectic of the cure can go through this mill [laminoir] of transfers and projections that the structure of the hospital can allow.

The hospital, in other words, could circumvent some of the difficulties that Freud had encountered in his treatment of psychotics by offering a different model of transference. And indeed, as Tosquelles repeated throughout his work, the hospital — its architecture, its activities, its staff — constituted a collectif soignant, a “healing collective”:

It is in these collectives that emerges, within concrete social exchanges, an entire other dynamic of ‘psychic elements’ at play that one must grasp. I am talking about collectives of ‘wholes’ [collectifs des ‘ensembles’] that always function as open systems happening in time and space.

As Tosquelles insisted, the point was not simply to modify the spatial organization or the laws that governed the hospital but rather to consider its psychic potential. The hospital could no longer be treated as a passive instrument or as a stable geographical site. Rather, it was important to grasp “its internal life as the social environment of the cure: the patients, its groups, its relations with the staff, with the administration, and with the doctors too.” If madness was a social problem then
it also required a social solution and the hospital offered a space to think these questions through. 

One of the most important innovations at Saint-Alban designed to enact some of these theoretical considerations was the Club Paul Balvet. Founded in 1947, the Club was a patient-run cooperative structure, a sort of union, in charge of organizing all activities within the hospital. The Club, Tosquelles claimed, was to operate as “the automatic expression of the whole hospital.”  

Elected and composed of various subcommittees, the Club planned meals, theater and music performances, sports, parties, and field trips — social activities deemed integral to the cure. It also ran the library and the different ergotherapy stations and elected the committee that welcomed new patients. As one observer noted, the atmosphere at the Club Paul Balvet resembled a lively café where everyone discussed all the time. The constant discussions and the decentralization were mechanisms to provide a “permanent guarantee against the reappearance of oppressive behaviors.” In many ways, the Club resembled the kinds of political structures that Tosquelles fought for in the context of the POUM during the 1930s in the hope of promoting a self-managed, organic, radically democratic, and anti-authoritarian society. As Marius Bonnet remembered:

When the administration of the club met, it analyzed the various ideas proposed by the committees. And when a patient, without warning, would begin to talk about his problems, the meeting agenda was dropped and everybody listened. Or I can take another case: for example, when one patient declared, concerning the library, ‘we should never have bought this book,’ the doctor would ask him if he had read the book and what passage bothered him. You see, at Saint-Alban, everything was a pretext for dialogue and not only in these meetings. Elsewhere, also, in daily life. The gardener, the cook, the secretary, the nurse, the electrician . . . everyone on the staff intervened in the system of psychotherapy. If a gardener proposed an idea, a patient could answer him that it was bad. When I think back to this period, I often wonder: in Saint-Alban, who cured who?

This collective spirit guided all of the Club’s initiatives, and in particular two of its most important tasks: the publication of a weekly journal called Trait d’Union, and the organization of work stations for the patients. Trait d’Union was a collection of texts (theoretical, literary, and poetic), drawings, recipes, advertisements, and letters that ran from 1950 to 1981. The editorial board was composed of patients who were helped by a few staff members, and the journal was published in the hospital itself by the printing and binding committee. Tosquelles, Bonnafé, and Fanon all contributed several editorials to the early issues of the journal. Once again, Trait d’Union had both a theoretical and a practical mission. The content was informational but also philosophically stimulating but the act of reading was also important. As one editorial stated on July 15, 1950, the journal had

an active therapeutic interest that went beyond its documentary, literary, or informational value. To read a journal is a typically social act. . . . It is to exit oneself to listen to the voice of others and to take an interest in their joys and sorrows.

And, addressing the patients directly:

Many of you have lost the taste, the courage, or the initiative to do so, because of your own fatigue and sorrows, or else you simply no longer like talking to other people. You isolate yourself; you live together but everyone is in their little bubble.

Reading was a way to reach this broader “whole.”

The Club Paul Balvet also coordinated the different work activities for the patients that Tosquelles, following Simon, considered fundamental to the cure. The work was divided in three categories: agricultural (picking fruits, working on the land, overseeing animals in the field), hospital-related (masonry, carpentry, painting, cooking) and ergotherapy stations (pottery, book printing and binding, woodwork). For their manual labor, patients were paid a minimal amount that they could deposit in the hospital bank and eventually use at the café or the bar. As Tosquelles made clear, in ergotherapy:

the object that was fabricated does not have a therapeutic value in itself, but it is invested with affective, economic, and social values that we must help the patient discover. This form of consciousness-raising or of discovery of the other is the goal of ergotherapy.

It was a way, as Tosquelles explained in his discussion of Simon, of introducing patients to this general law, to the symbolic world.

The Club, the journal, and the activities at Saint-Alban were all designed to facilitate the emergence of this horizontal “collectivity”: a new space of transference — a “transferential constellation” — and a different treatment for the psychotic patient. Although the patients received one-on-one psychoanalytic sessions with the doctors, they were also invited to participate in the general meetings, which had an explicit therapeutic goal. Inspired by the psychodramas of Jacob Moreno, these meetings allowed patients to role-play and explore particular fantasies and behaviors in a clinical setting. The meetings, which were attended by doctors, nurses, staff, and patients, were strictly anti-authoritarian and everyone was invited to speak on any philosophical or personal topic. As one observer recounted, within the space of one month, one hundred and seventy seven of these medical meeting were held at Saint-Alban.
As Tosquelles explained, holding regular meetings was crucial to

fight against power, hierarchies, habits, local feudalisms, corporatism. Nothing should ever obvious, everything is subject to discussion. Everybody must be consulted, everybody can decide. Not simply because of a concern for democracy, but in order to facilitate the progressive conquest of speech, the learning of mutual respect. The patients must be able to have a say on the conditions of their stay and their care, their rights of exchanges, expression, and circulation.75

The Club and the meetings were thus two very practical mechanisms designed to fight against stagnation and to promote a horizontal (as opposed to a vertical) vision of society. Once again, Tosquelles’ medical reflections resonated with his political engagements prior to the war. Institutional psychotherapy was also a form of permanent critique or what he called a “permanent revolution”:

the work that transforms an establishment of care into an institution, a healing team into a collective, is never finished. It requires the elaboration of material and social means, the conscious and unconscious conditions of psychotherapy.

And this, Tosquelles continued, was not simply in the hands of doctors and specialists. Rather, “it was the result of a complex arrangement in which the patients themselves play a primordial role.”76

Conclusion

As Tosquelles made clear in his written work, but also in his psychiatric practice, the social question was also fundamentally a psychic question. Unlike British or Italian antipsychiatry, which maintained that madness was a pure social construction, institutional psychotherapy never denied the reality of mental illness even as it insisted on the social element in the emergence and in the treatment of psychosis. As I have suggested here, Tosquelles’s experience of occupation, in Catalonia, within the POUM, in the concentration camp, and during World War II shaped his work in fundamental ways. As he laid down the foundations for institutional psychotherapy, he insisted on the importance of performing a systematic disoccupation of the medical staff, the hospital, the patients, the theories. As Tosquelles saw it, institutional psychotherapy was not a rigid and all-encompassing model but rather, an ethics, a way of thinking and living. Constantly evolving, adapting, and always revisable, institutional psychotherapy was a form of permanent revolution of politics, society, and psychic life, all at once.

NOTES


14. Ibid., 57.


18. Ibid., 412.


23. Pain et al., *Francès Tosquelles: Une politique de la folie.*


26. Ibid., 51.

27. Ibid., 149.

28. Ibid., 16.

29. Ibid., 160.


31. Ibid., 31.

32. Ibid., 36.

33. Ibid., 37.

34. Ibid., 41.

35. It is in this sense that Michel Foucault referred to Anti-Oedipus as “a book of ethics, the first book of ethics to be written in France in quite a long time.” (Gilles Deleuze and Félix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia* (Minneapolis: University of Minnesota Press, 1983), xiii.)


39. Ibid.

40. Ibid., 346.

41. Ibid., 311.

42. Ibid., 323.


45. See for example Oury et al., *Pratique de l’institutionnel et politique,* 146.


48. Ibid., 417.


50. Soo, *The Routes to Exile,* 63.

51. Ibid., 62–4.

52. “État sanitaire des réfugiés espagnols (Sanitary state of Spanish refugees.)” Archives Départementales du Tarn-et-Garonne, 4M vrac4.

53. Pain et al., *Francès Tosquelles: Une politique de la folie.*

54. “Histoire de Saint-Alban.” Archives Lucien Bonnafé, IMEC, LBF 70 St Aban 95.


57. Lucien Bonnafé, handwritten notes. Archives Lucien Bonnafé, IMEC, LBF 70 St Aban 95.


59. Ibid., 214.

60. Ibid., 216.

61. Coince, “Malades, médecins, infirmiers.”

63. Cited in ibid., 35.
64. François Tosquelles, “La société vécue par les malades psychiques,” Esprit 197, December (1952), 901.

67. Ibid., 542.
69. Coince, “Malades, médecins, infirmiers.”
75. Pain et al., Francesc Tosquelles: Une politique de la folie.
76. Ibid.

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