

The Ethic, Phenomenology and Diagnostic
of post-war French Psychiatry

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Abstract of Thesis

The thesis seeks to examine the ethical, phenomenological and diagnostic renewal of psychiatry in post-war France. The particular focus of study will be to bring to light (1) the emergence of a psychiatric movement that was to become known as Institutional Psychotherapy in 1952, (2) the inauguration of a particular post-war clinical sentiment of sympathy, (3) and the more specific developments of the psychopathology of schizophrenia undertaken by Dr. François Tosquelles and Dr. Jean Oury. The thesis is composed of three chapters:

The first chapter of the thesis, presents a bi-focal analysis of a philanthropic politic characterising two significant moments of medical reform, where psychiatry finds its Hippocratic and Apostolic definition as a vocation addressing the imperial need of man. The first moment, is that of Philippe Pinel in a Post-Revolutionary France, who urged for more specialised spaces employing the non-violent treatment of the insane. The second, is the German Occupation of France, where the psychiatrist's personage in the questionably 'free' Vichy South is one that is dramatic and resistant. This historical study is conducted in order to bring to light the methodological shift within the history of European psychiatry: what was the *art of medicine and alienation* for Pinel of the Paris Pitié Salpêtrière, is extended and redefined as the *art of sympathy and dis-alienation* for those of the clinical fraternity of Saint-Alban.

The second chapter, observes the 1948 doctoral thesis of Dr. François Tosquelles and the conditions of its emergence. Addressed is the "polydimensional" approach of Institutional Psychotherapy in its marrying the psychoanalytical, the biological, the theological, the neurological and the phenomenological, and as to how such an approach reasons the negation of madness to be said of a positive, constructive, aesthetic and industrial paradigm

The third chapter seeks to demonstrate the empirico-phenomenological attitude of Institutional Psychotherapy by observing the works of Dr. Jean Oury, Jacques Schotte, Viktor von Weizsäcker and Henri Maldiney, and as to how they pertain to a "pathic" diagnostic of schizophrenia, a diagnostic of the felt rather than the thought, where the psychiatric symptom is at once empirical and transcendental.

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– *Om Mani Padme Hum.*

The Diagnostic is not etiquette, it is an ethical undertaking... To perform a diagnostic is of the phenomenological

— Dr. Jean Oury, La Borde Clinic, 11th September 2004.

Introduction: Institutional Psychotherapy

We don't set out to establish a true catalogue of technical attitudes. We merely want to indicate several possible directions that have proven successful.

– François Tosquelles, *Education et Psychothérapie Institutionnelle*¹

1: Research and methodology

This present study will define the historical and conceptual grounds upon which the psychiatric movement known as Institutional Psychotherapy stood, and still stands, as a significant therapeutic enterprise. 'Institutional Psychotherapy' is a psychiatric and anthropological project, one that is synonymous with four names: François Tosquelles (1912-1994); La Borde Clinic (1951-), its founder and director Dr. Jean Oury (1924-), and his protégé, the philosopher Félix Guattari (1930-1992). The term Institutional Psychotherapy was proposed in 1952 by the psychiatrist Georges Daumézon (1912-1979) in an essay entitled *La psychothérapie institutionnelle française*, and it appeared in the Portuguese Journal, *Anais Portugueses de Psiquiatria*². This naming came one year before Dr. Oury established the clinic of La Borde within an old, noble, chateau in the picturesque region of Cour-Cheverny – the very year a young Guattari of sixteen years found himself at the clinic under Oury's guidance and philosophical orientation.

A great age of renovation followed the end of the Second World War and the Liberation within which philosophical and clinical questions were re-assessed in the light of lived historical experience. Much of the theoretical activity that hallmarked La Borde clinic was in fact developed at the wartime of Saint-Alban: Institutional Psychotherapy was not only born from an age of socio-cultural renewal in the wake of Occupation, but from a great philanthropic and scientific effort during the Occupation. Both these stages mark a "psychiatric revolution" and the base to Institutional Psychotherapy.

A chronological history of Institutional Psychotherapy is yet to be written. In French historiography, this history exists through the wealth of intermittent writings not only by the founders of the movement, notably, Tosquelles and Jean Oury, but also by the present day clinicians, patients, and researchers associated with La Borde clinic. Notably, the foremost narrative of Institutional Psychotherapy

is penned by Dr. Oury's long-term cohort Dr. Jean Ayme (1924-) entitled *Essai sur l'histoire de la psychothérapie institutionnelle*³. Such texts have been widely published and disseminated, and particularly during the 1980's and 1990's Jean Oury's publications attracted a global allure. Oury's acclaimed *Création et Schizophrénie* of 1989 and *L'Aliénation* of 1992, remain the most widely circulated collection of published seminars⁴. Other texts and correspondences by Oury, Tosquelles, Guattari and Jacques Lacan remain unpublished and the very great number of essays, interventions and jointly held seminars are archived in the library of La Borde. Our study, in turn, will draw upon a selection of published and unpublished generational material that is pertinent to seizing the fundamental aspects to Oury's and Tosquelles' Thought, and concomitantly, to understanding the sense, intention and value of Institutional Psychotherapy, its wartime seeding at the clinic of Saint-Alban, its post-war formation in the wake of Occupation, and the philosophical and psycho-pathological questions working the machinery of Institutional Psychotherapy. Yet it is important to remember, that a concise history of Institutional Psychotherapy is impossible, simply because it is always being redefined, with each and every clinician-patient encounter – with each and every concrete metapsychological encounter. Institutional Psychotherapy, as with psychiatry and psychoanalysis (the difference of which merely exists within the mind's of the practitioner), is always in the making, is never concluded and never firmly delimited. Like the phenomenon of humankind itself, it is far from being a conclusive monograph, but merely attempts to turn within a *good direction*.

The thesis will explore the Thought of Oury and Tosquelles by also drawing upon the writing of Lucien Boannfé (1912-2003), Jacques Schotte (1928-), Henri Maldiney (1917-) and Horace Torrubia (1917-1999). Rather than providing a chronological exegesis of these writings, we seek to harness their phenomenological and anthropological essence with the minimum of intellectualisation. These authors each equally necessitate a historico-conceptual examination beyond the limits and demands of our present study, and the thesis does not provide a hermeneutic reading of their work. Rather, we aim to show the fraternal sentiment for a medical philanthropy and anthropological medicine shared by a post-war group of clinicians, and thereby seek to understand how this informs the enterprise of Institutional Psychotherapy. To further support the guiding idea of a medical philanthropy to the post-war ethic, phenomenology and diagnostic of French psychiatry (Institutional Psychotherapy), we will also draw upon the phenomenological philosophy of Kimura Bin (1931-), Eugène Minkowski (1885-1972), Erwin Straus (1891-1975), Hubertus Tellenbach (1914-1994), and Viktor Von Weizsäcker (1886-1957). In doing so, we provide an unwritten history, or even a secret history, of phenomenology and psychiatry on the Continent

and move towards a deeper understanding of the psycho-pathology of schizophrenia and the historical conditions and philosophical questions pertinent to its advance.

In English medical historiography and practice, there is yet to be an attempt to engage with the question of Institutional Psychotherapy and to pen this unwritten history. Indeed, we are without an introduction to this rich landscape of historical, psychiatric and philosophical enquiry. It is the objective of the thesis, therefore, that our study, although neither a comprehensive chronology of the personages and developments of Institutional Psychotherapy, nor a direct exposition and documentation of its clinical practices, nor a hermeneutic undertaking into the texts and doctoral theses furnished by such a psychiatric and historical movement, will nevertheless provide an accurate account of the historical urgencies and philosophical questions unique to what we can call a post-war French psychiatry. Moreover, the thesis will work towards understanding post-war French psychiatry as a phenomenological enquiry, an anthropological medicine, or more commonly, an Institutional Psychotherapy that moves beyond the anthropological confines of natural history and the nosological confines of *natural scientific medicine*.

The thesis is also fuelled by a contemporary urgency. Namely, that in an age where research on Gilles Deleuze and Félix Guattari proliferates, or where a ‘DeleuzoGuattarianism’ or a ‘Deleuzianism’ seemingly solicit the common currency of our contemporary research economy⁵, a historical and philosophical consciousness of the post-war sentiment from which such epistemologies emerged remains a hitherto unwritten history⁶. Indeed, today, the name Gilles Deleuze (1925-1995) has come to distinguish the direction of contemporary research. In much the same way as we saw the Freud-ian, the Lacan-ian and the Foucauld-ian (to name but a few) assert a programmatic identity in their time, the ‘Deleuz-ian’ and the ‘Deleuzian-ism’ from which it derives, seemingly assert the condition and direction of research in our own time. As Dr. Jean Oury, noted in 2003: “we know well that the Marxists were not Marx, the Freud-ians not Freud and the Lacan-ians not Lacan.” The same could possibly be said for the Deleuzian, and Oury’s position, borne from his experience of the War, and his lifelong friendship with Lacan and Tosuqelles, provides an interesting counter to Foucault’s widely-cited assertion, that the twentieth century (for better or worse) would, ‘one day become known as Deleuzian’. Indeed, the history of psychiatry is other than that which is commonly perceived through Michel Foucault and the social historian of medicine, for either often fails to take into account the important role played by *Experience* within the epistemology of medical knowledge, as a counterpart to *Observation*.

This said, the intention of our research is not to mimic the intellectual salutation to the legacy of Deleuze and his generation, nor to follow the readings of social historians, nor to adhere to the current paradigm of Deleuzo-Guattarian “geophilosophy⁷” and its descriptive (and in fact prescriptive) language, but rather to engage with the specific formation of therapeutic and philosophical questions communicating the zeitgeist of post-war France, which in turn orientate the direction of Institutional Psychotherapy, and the general philosophy of psychiatry and medicine itself, that is, of a psychiatry and medicine that is not independent of the subject it seeks to assist.

Yet more specifically, it is the foremost intention of our study to introduce and engage with the psychiatric and phenomenological Thought of Dr. Jean Oury himself through which we can situate the conceptual framing of Institutional Psychotherapy, both in terms of its history and its contemporary employment. It is further hoped, that a greater knowledge of the foremost architect of post-war therapeutic and – to an extent – philosophical reform, will provide a new direction through which we may better navigate the waters of continental post-war philosophy and psychiatry, and better test and explore their depth.

I came to the almost limitless field of Institutional Psychotherapy through the study of contemporary continental philosophy, psychoanalysis and metapsychology – the latter itself remains a scandalously underdeveloped territory upon our shores. It is at times both an impressionable and disturbing fact as to how much has been overlooked, and one has to at times wonder as to how modern scholarship accords itself an almost indisputable confidence in the world concept to which it collectively and progressively appeals. More specifically, it was the work of Félix Guattari and as to how it attempted to conceptually advance these contexts that invited a deeper research beyond the limits of contemporary Deleuze/Guattari studies through which the modern scholarly identity in the humanities defines itself. Guattari’s work is known to us, the English speaking audience, primarily through his co-authored publications with Gilles Deleuze: *Anti-Oedipus* of 1972 and *A Thousand Plateaus* of 1985⁸. Both these works, as well as those of Michel Foucault (1926-1984), notably *Maladie Mentale et Psychologie*⁹ and *The Birth of the Clinic*¹⁰, have steadily steered and arguably overshadowed, the direction of research in contemporary continental philosophy, the History of Ideas and to an extent, the history and practice of psychoanalysis itself.

It was not until reading an essay by Félix Guattari entitled, *Existential Affect*, that a far deeper clinical and phenomenological scholarship was found to be at work within his writing¹¹. The essay

appeared in his seldom mentioned, and little understood, *Cartographies Schizoanalytiques* of 1989, which can be considered to be an assiduous homage to his mentors, Oury and Tosquelles. To understand the conceptual machinery of Guattari's magnum opus of 1989, it is in fact necessary to have a familiarity with the philosophical and ethical landscape of Institutional Psychotherapy, and of Jean Oury himself. Arguably, this is why *Cartographies Schizoanalytiques* remains a puzzle for the modern scholar, one that can only be solved by first engaging with the work and Thought of Oury and Tosquelles, and understanding how certain technical concepts have a phenomenological and ethical base.

After carefully studying Guattari's footnotes and tracing his life efforts as a post-war Sartrean youth, I came to the conclusion – and starting point – that it is impossible if we attempt to situate the debate of schizophrenia, and even Deleuze and Guattari, or even continental philosophy itself, without properly assessing the work of Dr. Jean Oury, and the post-war psychiatric and philosophical reform of which he is the last living exponent. If Institutional Psychotherapy is not introduced to English research, then we will be progressively faced with a philosophy and psychiatry lacking in humanitarian impulse, where the notion of the Other will remain an intellectual one, and where the role of 'experience' will not be accorded the attention it deserves within philosophy and psychiatry as a whole. We are now within an age where the moral has once again eclipsed the ethical, and where research has rapidly distanced itself from metaphysical and transcendental concerns. As Kostas Axelos poignantly writes: "we are within an age which seeks to surpass humanism and the human. But a question nevertheless remains: what is to become of the human^{12?}"

Our study will show that schizophrenia for the French became something far more than a category of mental illness, it became a model, a field of possibilities, a vast field of enquiry within which the institution, the ethic and the diagnostic could be developed, whilst always keeping the role of human dignity and transcendence firmly within the sights of medical enquiry. In short, the question of phenomenology and psychiatry initiated and inaugurated during the ambivalent – lest catastrophic – years of post-war France, is a world that is *yet* to be explored, and more precisely, a world, an unwritten history that *needs* to be explored and documented in order to enrich our consciousness of French Thought and its enterprise.

There was however a missing foundation to the scholarly undertakings of the modern continental Thinker, and they could not merely be treated as doctrines and social commentaries in-themselves. Our contemporary knowledge of Pinel for example, comes to us through the work of Foucault, and more

specifically through his critiques of Pinel's "moral therapy". The genius of Foucault's scholarship cannot be denied, yet, arguably, in examining the "rational space of disease" and the science of "nosographic classifications"¹³ he overlooked the notions of "dignity" and "nobility" which predominantly occupied the Thought, writing and philanthropy of Pinel. Indeed, through such an enquiry Foucault situated Pinel as representing an humanism and a positivistic trend of science, and as, "not having undone the preceding forms of treatment and housing."¹⁴ Our thesis is not a counter to Foucault's visionary exposition, but rather an untold story, one paralleling it. We would firstly do well to remember, for example, that the positivist direction of science, and more precisely psychiatry, need to be distinguished and understood both in terms of Pinel's work, and with the proceeding anatomico-pathologies of the 19th century which sought to surpass Pinel's semiology of the human passions. Secondly, that the punishing isolation of the mentally ill continued despite Pinel's reformist efforts, was not owing to the fallibility of his moral therapy, but the moral order of the newfound French Republic. He was, after all, within an age straddling the rule of monarchy and the Republican state. For Pinel, the French republic was borne through the guillotine – its proper symbol. The Republican stood upon a ground inaugurated by the ritualistic execution of Louis Capet, an event Pinel would never forget, an event fuelling his efforts to rebuild human dignity not merely within the mentally ill, but within man himself. That is why in an age of supposed illuminism and light, Pinel urges us that, "something better has to be done!" As we will see, for things to turn in a better direction, Pinel encourages us to retake the metaphysical ground of medicine, and address the ethical at the same time as the physiological.

Somewhat prophetically, it was upon seeing the bloodlust of the crowds witnessing the execution of the King that Pinel warned of the dangers to human dignity to come: the Republic was not the emancipation it was conceived to be, and the Rights of Man upon which the Paris Commune were built, were but a discourse of power. With the dethronement of monarchy, human dignity had lost its principality within man. As we have it from Paul Bru in his *Histoire de Bicêtre*:

By the end of 1792...Pinel had already, on numerous occasions, sought the authorisation to prohibit the use of irons in the treatment of the insane (*les furieux*). These attempts were unsuccessful, and he took his case to the Paris Commune. It was here – with even more fervency and passion than before – that he repeated his call for such monstrous methods of treatment to be reformed. "Citizen!" said one member of the Commune, "Tomorrow I will travel to Bicêtre, but be it to your detriment if you fool us with your claims, and if you are

in fact seeking to increase the enemy of the people with your insane.”... The citizen [Pinel] replied, “I am of the conviction that the alienated are not untreatable. We deprive them of air and liberty, and I will make it my work to introduce wholly different methods of treatment.” “So be it – have them all!” Came the reply, “But I fear that you will be the victim of your own presumption!”¹⁵

Indeed, in a post-Revolutionary France, Bru further tells us that “death” was “the only logic that reigns at this moment,” that is, the logic of the Guillotine. Pinel, however, is the representative of an almost silent metaphysical equilibrium within this age. It was not merely a clinical vision that he developed, but a clinical enterprise keeping the role of human dignity within all human concerns, that is, maintaining the right of humanity and its inherent nobleness, one that was spitefully misconceived by the Paris Commune. Interestingly enough, to speak of the nobleness of enquiry (as did Nietzsche himself urge for a noble philosophy) and the perseverance of human dignity, necessitates a medical ethic that accords itself to the notion of dignity – and this, in fact, is the essence of Dr. Oury’s work and a necessary aspect to keep in mind when reading through the historical and phenomenological analyses of our study.

From the vantage point of Institutional Psychotherapy, and one that I have debated with Dr. Oury many times, is that what Foucault perceived as Pinel’s Moral Therapy, was in fact, an Ethical Therapy, and that when we speak of the ethic, we imply the notion of transcendence. This is something that our study addresses, the role of transcendence and of what Oury calls a *non-thematisable faith*. In truth, we intend to demonstrate that the ethic, the phenomenology and diagnostic of post-war French psychiatry, are said in a singular and same (philanthropic) sense. We maintain, therefore, that psychiatry is a philanthropic enterprise within which phenomenology finds its proper ethical articulation, firstly borne through the reformist efforts of Pinel and Tuke, and secondly advanced by the reformist efforts of those who would inaugurate an institutional psychotherapy, on grounds of their experiences of assisting war-weakened man.

It is also worth remembering that Oury is startlingly close to the sentiments of Pinel who was urged by charitable call to free the insane from the 18th century enchainment. As Oury has stated himself, when asked as to the history of Institutional Psychotherapy:

First of all it concerns a long process of theorisation, which still continues today, of a psychiatric practice that goes back to the Second World War. It is not strictly possible to allot an origin to Institutional Psychotherapy, because it has gradually had different articulations over the years...we could even go back to Philippe Pinel¹⁶.

There is a certain nobility at work in Oury's Thought, his references and his clinic, and we can go as far as to say that, even if the man himself rarely smiles at such suggestions, he is more of a noble thinker than a thinker of the Republic, he is closer to Pinel, to the ethic and the question of transcendence, than to contemporary lines of Foucault, transgression and cognitive neuroscience. This requires much development and it invites further studies, but it is nevertheless a useful thought to keep in mind when composing the picture of Oury, the man. To say that Oury is close to Pinel, is to say that the dignity of the patient is at the forefront of medical enquiry, where the task is not only reconstructing the *personality* but of rebuilding the dignity of the *patient*, of reaffirming the *person*. This is the veritable hallmark to the Hippocratic vision, yet it is one that has surpassed historical conditions of Hippocrates himself, one that has deepened with the bloody benchmarks of history, and one that has become ever more necessary with the increase of bureaucratic protocols edifying our age of technocratic alienation.

It is not easy to approach the work of Dr. Jean Oury and the conceptual apparatus of Institutional Psychotherapy. Firstly, we need to be aware of the historical sentiment informing the project. Secondly, we need to carefully observe the role of phenomenology within Institutional Psychotherapy so as to properly understand the therapeutic mindset and anthropological vision informing its centrality within the history of psychiatry, and philosophy. The research task was great, immense even, for only by exploring these two questions, without succumbing to the apparent comfort of the contemporary "DeleuzoGuattarian" paradigm and its descriptive *style*, could future avenues be opened up and further, more detailed and specific studies invited beyond the remit and conceptual boundaries of our present study.

I had spent nine months researching at La Borde clinic where I had the possibility of coming closer to the words and Thought of Dr. Jean Oury – all of which cannot possibly be faithfully articulated within the space of our introductory study. With Oury's work, phenomenology has no dealings with the ivory towers of intellectualism because phenomenology is of and by humanity, it is anthropological, it has its dealings with *anthropos*: "we work not for status, but for Others" he has often said, "it is the absolute minimum we can possibly do". I was a newcomer to the clinic and I did not know, save for Oury, who were patients, who were trainees and who were clinicians: everybody ate together, everybody took part in the various clubs and events. This is the unique signature of La Borde, the notion not merely of integration, but of what Oury often calls a "shared co-efficiency."

In many conversations, one of which was recorded for publication and appears as the appendix to our study, Oury constantly stressed the role of human dignity, the responsibility of the analyst, the subtle and complex science of transference, the economy of desire and gesture, and the role of atmosphere to the therapeutic project. “We heal through a science of feeling and words, we lift walls with words” he expressed on one occasion, “look at how Lacan situates the word...it’s a science of man with which we deal...yet how can we understand this science without developing not only an understanding, but a science of transcendence...this is phenomenology...of and for beings...it is concrete” at another time, with the charitable warmth for which he has become known. I often spoke to Oury walking through the grounds of the clinic, and more often than not Oury would pause and remind me of the importance of atmosphere: “you see this, the subtle breeze which passes across the grass and through the trees, in Japan they call this ‘Ki’, atmosphere, it is poetic, it is so very subtle, the breeze gracefully dancing across the grass and through the trees...without it we are distanced from ourselves...and we cannot count this within a standard temporal logic because it is not a thermodynamic energy.” I had returned from a period of research in Seoul, South Korea, Oury had returned from a series of guest lectures in Tokyo and Okinawa, and on this day of our meetings, East-Asian philosophy had much been on our minds. Yet it was not surprising to hear Oury speak of the Japanese notions of atmosphere, and they had not been precipitated by his recent invitation to the Far East, nor by his long-standing friendship with the foremost Japanese philosopher Bin Kimura. Having worked through Oury’s seminar notes on Lacan earlier that year, twelve volumes in all, hinagata symbols appeared carefully penned on several occasions throughout the years, and seemingly, Lacan had often alluded to the Japanese culture and its philosophy – despite the fact that such references are hard to find in the published and translated literature of Lacan. Indeed, in terms of phenomenological philosophy, the orient and the occident have a long-standing sympathetic and paralleled development.

Our study, therefore, is not only an introduction to Institutional Psychotherapy, its historical emergence, its ethic and its phenomenology, but it is also an invitation for others to go further with questions of schizophrenia, to venture deeper as a philosopher, a psychiatrist, or a historian, to delve further into this vast unwritten history, to hermeneutically study the texts documenting the growth of Institutional Psychotherapy, and to encourage a contemporary research identity into psychiatry and medicine without forgoing the question of humanity, dignity, transcendence and ethics. We can all but only attempt to pen an introduction to the living exponent of this psychiatric and philosophical movement – Dr. Jean Oury – and encourage a research enterprise into Institutional Psychotherapy.

The central aim of our study is to address the historical and phenomenological factors underpinning Institutional Psychotherapy's development and to understand its ethic. We hope to communicate the importance of Institutional Psychotherapy as a defining chapter within the history of psychiatry, only second to that of Philippe Pinel's (1745-1826) and Daniel Hack Tuke's (1827-1895) reformist efforts of the nineteenth century. In doing so, we seek to provide the possibility for further clinical and philosophical enquiries into Institutional Psychotherapy, and into the work of Jean Oury most notably.

The methodology of our study is not a hermeneutic one. Rather, we seek to introduce the reader to a phenomenological enquiry spanning the work of Tosquelles, Oury and the phenomenologist Henri Maldiney. Of our day, our knowledge of Foucault is at its most prolific, yet our knowledge of Oury remains in its nascent, fledgling state. We seek not to approach the question of mental illness and its history through the eyes of Michel Foucault therefore, but through the work of Oury that we have deemed 'the ethic, phenomenology and diagnostic of post-war French psychiatry'.

2: Psychiatric Questions of the time

The eminent Twentieth Century neurologist and clinical director of the Sâlpêtrière, Professor J. Lhermitte, would for Dr. Henri Ey necessitate reverent accord in bringing the notions of "aphasia," "hallucinations and troubles of the corporeal schema," "pain and hypochondria" to the forefront of neurological and psychiatric debate of schizophrenia in France.¹⁷ For Lhermitte, schizophrenia – or *dementia praecox* as it was commonly termed in the wake of Eugen Bleuler's (1847-1940) *Dementia Praecox Oder Gruppe der Schizophrenen* of 1911¹⁸ – was an enigmatic mode of existence demonstrating a "negation of the world and body, of life and death" where "such a lesion strikes the acoustico-kinesthetic mechanisms and perturbs the instinctual modes of the personality."¹⁹ With these perturbations and the upset of the instinctual mode, delirium was understood as a disintegration of neurological function. For Ey, delirium and the order of functional disintegration to which it belonged, specified neurology and psychiatry as nothing other than "two species of the same genre". With both neurology and psychiatry addressing the negation and reintegration of function in the wake of disintegration, a compensatory logic became demonstrable neurologically (in terms of nervous system function) and psychiatrically (in terms of the personality).

In the words of Eugen Bleuler, this compensatory movement of lapse and restitution was where the person of schizophrenia became “totally Other,²⁰” where he would leave one established world-logic, and enter a new world: The Self became an Other. In this new world, language and the body undergo a metamorphosis and a profound change, where delirium compensates factual evidence and logic (*Weltlogik*) with the phantasm of the *totally other*. The facticity of the world is replaced by a new referential system, one, throughout the history of twentieth century psychiatry, seen as either disintegration or renewal. As Oury once said in observing a schizophrenic reading the Bible, “he sat there, opened the Bible, and stared at one word for a great length of time, everyday, he would sit in the same seat, and stare at this word...this was part of his world...one word was good for the laws of this world and his finger was always pressed on the word...we have to take care when we enter into this landscape because it is extremely complex and precarious...we do not want to upset the security of this world and body.” This transposition of worlds, the metamorphosis of the body and language, is a psychopathological fact. The spatio-temporal laws of schizophrenia are different to that of the habitually perceived factual world to which we accord a common reality.

Psychopathological enquiry, is at once philanthropic and scientific, of addressing, in the words of Ey, “a *human* person, his being-in-the-world²¹” at the same time as addressing the “architectonic of the nervous system.²²” This is one example of cerebral pathology and psychology marrying under the philanthropic auspices of medical assistance. As Oury constantly reminds us, “it is a person we are concerned with and for whom we are responsible.” Seemingly, the question of the architectonic of the personality is not to be divorced from the architectonic of the nervous system, man’s existential life not divorced from organismic life. Indeed, the question of nervous pathology and its deficit is not raised independently of the lawful connection between Self and World (*being-in-the-world*). Phenomenological enquiry thus becomes a consequence of clinical enquiry, indistinguishable even, for it is not enough to understand schizophrenia in terms of “functional disintegration” alone, but also in terms of a reconstruction and creative work. Where Pinel had seen metaphysics as a “natural auxiliary” to the science of mental alienation, so too is phenomenology for twentieth century psychiatry a natural support: the question of madness is not raised without the question of man himself, that is, without the question of the ethic.

Ey’s assertions hallmark a particular attitude because he did not seek to reduce man to the mere anatomo-pathological aggregate of our day, nor was he content with isolating mental illness to discussions of cerebral lesions. Rather, he demonstrated that clinical enquiry could be of the corporeal, biological,

pathological and psychical. Later, doctors Jean Claude Polack and Paul Sivadon urged clinical enquiry to address an “intimate utopia,²³” that ever so secret world of the schizophrenic world, a rare place into which the select few are initiated because “the schizophrenic knows full well who cares.” The phenomena of delirious episodes thus provide the clinician with a path into this “intimate utopia”, one that can so easily be missed and overlooked were it not for a phenomenological sentiment, or in Oury’s words, “a phenomenological sincerity” maintained by the clinician.

The enigma of schizophrenia and its very peculiar narrative of language, the body, the personality and the world, its aphasias and morphologies of language, found, for the Catalan militant psychiatrist Francois Tosquelles, an ultimate declaration through the *phantasm of the end of the world experience* – the *Erlibnis of the end of the world* – a mock-biblical delirium of catastrophe and revelation. In his 1948 doctoral thesis, *Le Vécu de la fin du Monde dans la Folie*, written within a France previously ravaged by Occupation and deeply torn by the thorny ironies of the ‘free’ Vichy South, the *end-of-the-world-complex* announces the creative, industrial and revelatory capacities of schizophrenia – the capacity of man-in-the-world’s restitution. What the end-of-the-world phantasm declared, was a new world, a new logic, of man having become totally Other (Bleuler). With its upset of the corporeal schema within the architectonic of the nervous system (Lhermitte), its perturbation of instrumental functions and the logic of the world, its negation of life and death (Ey), the delirious function of schizophrenia demonstrated the active and affirmative principle to madness, namely the otology of birth and rebirth, of resurrection and reconstruction²⁴. Delirium was an affirmation of life affirming the industrial capacities of man, and in the words of Rumke penned in 1950, “schizophrenia is not necessarily permanent destruction” because there are episodes of reconstruction: *the apocalyptic visions of St. John announced a passing of the earth of the coming of the new world, catastrophe announced a possibility of rebirth and renewal*.

Tosquelles – a resistant fighter against Franco, who had escaped from the Setfonds detention camp in an Occupied France of 1940– stood for a “new orientation” of psychiatric enquiry, of a “new renaissance age” of clinico-philosophical enquiry. He brought the reconstructive, affirmative and revelatory auspices of psychosis to the forefront of clinical enquiry. This particular reorientation of psychiatry would remain faithful to the erudition of neurology and biology, but expand them through its embrace with the “phenomenological attitude” and its questions of transcendence, essence and primordial reality. Such an attitude was presented by the works of Eugene Minkowski most notably, and Ludwig Binswanger also, yet one equally mirrored within the psychopathology of Monakow and Mourgue²⁵, the gestalt neurology of

Viktor von Weizsäcker²⁶ and Kurt Goldstein²⁷, paralleled by the philosophy of the Gestapo-hunted disciple of Max Scheler, Paul Louis Landsberg²⁸.

This optic of the neurological and the phenomenological, was formed in a France imbued with an apocalyptic lived thematic of Occupation, a generation of an uprooted nation, a people who had experienced a *disintegration* and *reintegration* of their world, a post-war people resurrected from an existential catastrophe as something Other to what it had been, “the space of metamorphosis...the aesthetic work...the oeuvre that manifests through the melting away of the world.²⁹” Against this backdrop, schizophrenia would find its affirmative and active footing within clinical enquiry, necessitated by the historical events of Occupation (*death*) and Liberation (*rebirth*), lived by a populous, declared by the phantasm.

The fledgling writings of a young Gilles Deleuze underlined this generational appeal to the psychopathological law of disintegration and reintegration, death and rebirth, destruction and reconstruction. In doing so, he heralded a post-apocalyptic mock-biblical age of Nietzschean Man recreating a world through a double movement of birth and rebirth³⁰. Themes of divergence, detraction, impermanence and evanescence became the key concepts in the ordaining of a brave new social reality of post-war Contemporary Thought. The Hegelian study of Jean Hyppolite, for example, explored the relation between the constitution of consciousness³¹ and history. In doing so, he prepared a Heideggerian groundwork (in the wake of his reintroduction of 1946 by Jean Beaufret)³² for a speculative ontology of difference. This was not only further extended by the scholarship of Marcel Dechoux on Leon Brunschvicq expounding a post-Kantian irrational system³³, but also by the Neo-Catholic posthumous writings of Simone Weil finding receptive base in their displaying an apocalyptic vision and a coming of a New Earth³⁴. Henri Ey would pen the preface to Michel Foucault’s translation of Viktor von Weizsäcker’s *Le Cycle de la structure (der Gestaltkreis)*, a work examining the transcendental crises necessitating the renewal of the human organism³⁵ where the precariousness of man’s existence was said of a transcendental maintenance of form. A more established Gilles Deleuze as a Lyonnais under the glare of an ever-permeating Nietzschean reasoning, would later assert that “all this clearly supposes that the formation of the world is of two times, two levels, birth and rebirth, where the second is just as necessary and essential as the first, and where the first is necessarily compromised, born for a reprise and already reborn within a catastrophe. There is not a second birth because there is catastrophe, but the inverse, there is catastrophe

after the origin because there needs to be a second birth.³⁶” Such appeals invoked Nietzsche’s revelatory *Übermensch*³⁷ as mock-biblical social, psycho-pathological divinity and creator of new values.

Prior to these philosophical announcements of a mock-Biblical Genesis of Man’s new dawn in the wake of Liberation, the 1948 doctoral thesis of Tosquelles asserted that schizophrenic experience itself was essentially catastrophic, industrial and reconstructive in its movements: “The crucial phenomenon explodes to give birth to a new beginning.³⁸” Karl Jaspers in his *General Psychopathology* of 1913 highlighted “rupture”, break and “seizure” within schizophrenic process³⁹; Monakow and Morgue worked with the Stoic notion of *syneidesis* (originally developed within Pauline and patristic Thought) as an automatic compensatory mode of reconstruction and integration for a workable level of biological functioning; Eugen Bleuler identified the *dementia praecox* (schizophrenia) to give birth to a “new personality” as something “totally Other.⁴⁰” Sigmund Freud had highlighted the post-traumatic return to equilibrium in the wake of torment – a reestablishment under delirium, a paranoiac reconstruction of the personality⁴¹; Jacques Lacan in his doctoral thesis of 1932 presented us with the “fecund moment⁴²” of psychosis; Kurt Goldstein wrote of the “catastrophic reaction” necessitating the continual maintenance of the organism⁴³, von Weizsäcker asserted the “crisis” necessitating a new centre of gravity within the organism⁴⁴, and Henri Ey, in following the British neurologist Hughlings Jackson, spoke of the evolution and dissolution within the hierarchy of the nervous system⁴⁵. The address was an architectonic one, of the functional disintegration and reintegration of man, his body and his world, of the life of man-in-the-world and the “bio-psycho-socio gestalt.⁴⁶”

François Tosquelles, writing in the shadow of Kurt Goldstein’s organismic biology and neurological scholarship⁴⁷ remained true to the neuro-physiological dialectic of integration and disintegration as mutually reconstructive movements within the punctuated schizophrenic processes of death and re-birth⁴⁸. The double movement of integration and disintegration grounded enquiry into schizophrenic phenomena with the industrial birth of the new personality in the wake of torment, as he was to write in 1948, “a new existence will be reconstructed.⁴⁹” Similarly, the doctoral thesis of a Dr. Jean Oury of 1950 further underscored an apocalyptic dimension to a double movement of creative furtherance and renewal in writing of the, “destruction of the Self containing a salutation, a reconstruction, and – as exemplified by Saint-John – the death of death and the coming of a new world.⁵⁰” Apocalypse and revelation, catastrophe and rebirth, thus mark the particular sentiment of a particular time, one within the writings of the philosopher, the neurologist and the psychiatrist.

This mock-Biblical tale – the architectonic of birth and rebirth, catastrophe and revelation, crisis and renewal, disintegration and reintegration – pertained to a particular lived experience of the world, an existential experience that proved the industrious motor of both philosophical and the institutional practice of psychiatry, an age that called for a profundity of diagnosis faithful to man’s phenomenological existence, and a resistance to unfavorable segregating clinical prejudgments seeking to thwart such philanthropic and philosophical attempts. Indeed, it was a time anticipating the coming of Nietzsche’s Greatest Health, “...we premature births of an as yet unproven future...we have now confronted an as yet undiscovered country whose boundaries nobody has surveyed yet, something beyond all the lands and nooks of the ideal so far...with such a burning hunger in our conscience and science.”⁵¹ For psychiatry, the potential for Man’s re-alignment under a pluralist auspice of new values was said of the multihued and catastrophic seizures within schizophrenic processes, “fecund moments” that could bring into play a more dynamic geography of psychoses and its diagnostic. As Oury would further have it: “there are potentialities that would have remained hitherto unexploited if it were not for schizophrenic catastrophe,”⁵² permitting the continual reanimation and development of the psyche said of integrated and interrelated schema marking a quintessence of man and nature, man, body and world.

3: The post-war age

The post-war age in the wake of Liberation was an age concerned with form (*gestalt*). More precisely, it was defined by a generational concern with the emergence of new form (*Gestalt-ung*) and the ontology of disintegration and re-integration, an ontology applicable to man’s psychical, biological, spiritual and worldly life. The adage supporting the enquiries of the time, was one developed by the neurological scholarship of Henri Ey, namely that, “integration is being,⁵³” the being of – in Nietzsche’s words – “an as yet unproven future,” the being of rebirth. This proved the rudimentary idiom for philosopher and clinician equally, bypassing dualisms and monisms through the questions of hierarchies of functions and processes of emergence (*Gestaltung*)⁵⁴, of corporeal and incorporeal schemas, of the metaphysical within the material and cerebral⁵⁵. This age of generational attempt fraternised within philosophy and psychiatry, was one of the architectonic question, of structures and processes of construction and reconstruction, of the *art of systems* (architectonic).

A post-war psychiatry was of a *new rationality*. Dr. Sven Follin’s *Rationalisme Moderne et Psychiatrie*, appeared alongside the landmark essay by a young Dr. Lucien Bonnafé, *Le Personnage du*

Psychiatre, both appearing in the 1948 edition of *L'évolution Psychiatrique*¹ under the editorship of the medical erudite Henri Ey. In the wake of Liberation, a Marxist humanist spirit positioned the methodological question of psychiatry and its object by way of a strategy of desegregation and “disalienation.” It was in opening the question of Madness to historical lived experience that psychiatry was defined by its philanthropic role of assistance. Bonnafé’s realigning of the psychiatrist and his object, Follin’s punctuation of a post-war historically materialist venture marking a new rationality, provide the very epochal background against which Henri Ey ventured to harmonise neurology and psychiatry. Ey’s collaborative gesture of 1947 with neuropsychiatrist Julien de Ajuriaguerra and neurologist Henri Hécaen appeared under the title *Neurologie et Psychiatrie*⁵⁶. Deployed upon a terrain attempting to rearticulate the architectonic concerns of Man, Ey, a metaphysically sympathetic psychiatrist, sought to unify a precise cartography of cerebral geography with the essence of Man and the equilibrium of his forces. It was Man, for Ey, who stood as the principle of integration. The organic (neurological) and dynamic (psychiatric) epistemology of this industrial and creative ontology of integration would punctuate, “the dialectical movement through which the liberty of man and his organisation open onto the infinite,⁵⁷” and in doing so support the generational Nietzschean calls for the *as yet unproven future*, for a reformation of the medico-philosophical milieu appealing to a majestic synthesis of contemporary Man in the wake of post-war Liberation.

Such a majestic appeal to analogical and dialectical reasoning, was displayed by a young Gilles Deleuze of twenty-one years, who in 1946 prefaced Jean Malfatti de Montereaggio’s hermetic 19th C. work of romantic medicine, *La Mathèse ou anarchie et hiérarchie de la science*⁵⁸. Produced under a 19th Century Neo-Platonic sky, upon a ground laid by the likes of an Agrippa, a Jacob Bohme, and a Francis Bacon, Malfatti presented the supreme architectonic of Man said of cosmological, geographic, pathological and mathematical processes. For Malfatti, the study of the “architectonic of architectonics,⁵⁹” of the living unity of philosophy and science within man, punctuated the universal necessity of process of form (*gestaltung*) rather than form (*gestalt*) – of *process rather than product*.

Between Follin, Bonnafé, Ey and Deleuze we observe the nuanced threads stitching together a seemingly Nietzschean project heralding the *Übermensch* of new values, where for the psychiatrist madness becomes a Nietzschean world of strange new things and unannounced possibilities⁶⁰. As Deleuze would write in his introduction to Malfatti, the epoch of this revelatory and post-catastrophic sentiment was one of a *mathesis*, of, “incessantly establishing a system of increasingly intimate correspondences, where

closely knit individual realities are to be found.⁶¹” Such an age bears the markings of Zarathustra’s *Incipit Tragoedea*⁶², of death and rebirth, of a mock-biblical genesis marking a ravaged nation rebuilding, who, like the schizophrenic emerges to a new, previously unforeseen scheme of the world, as “totally Other” (Blueler).

It was the Catalan resistant psychiatrist François Tosquelles, who asserted the post-war psychosocial analogy between man and society through the phenomenological notion of *Erlebnis*, the lived encounter, the moment of historical signature mirrored within the psychical and biological, set against a post-war world of revelatory renewal. The 1948 doctoral thesis of Tosquelles appearing under the title *La Vécu de la fin du monde dans la Folie*⁶³ was eventually published in 1984, only to be deleted several years later. The study, imbued with a post-war *geist* of a particular historical materialism championing the *Vécu* (the lived), assessed the concrete dimensions of man’s most intimate (schizophrenic) yet very shared (historical) drama through a clinically meditative embrace of phenomenology. This identified the *end of the world experience* unique and privileged to a 1947 nation ravaged by the bitter upheavals and violent uprooting of war. Of particular importance to the study of Tosquelles, was the very phenomenological description of delirious states in line with the demands of a new post-war world.

The dialectic of construction and reconstruction, of integration and reintegration drawn upon by Tosquelles from the neurological studies of Monakow and Morgue⁶⁴, highlighted the possibilities for inaugurating a phenomenology within the rubric of the question of psychotic process and subjectivity. The catastrophic reaction to the world as entertained by the clinical cases drawn upon by Tosquelles demonstrated a faithfulness to the Freudian thesis of a post-catastrophic reconstruction of morbid construction in the wake of torment⁶⁵. This in turn paved the way for the industrious Heideggerian notion of building tied to a post-war mediation upon the reconstructive, creative potential of schizophrenia⁶⁶. The positioning of schizophrenia as a creative, industrious resource becomes the central thematic steering the development of an Institutional Psychotherapy (Psychothérapie Institutionnelle) and the Bonnafé-Tosquelles-Oury fraternity fuelling the fires of post-war clinical revision.

Tosquelles, Bonnafé, Oury and Follin had, as foremost representatives of the rural clinic of Saint-Albain, already jointly published alongside Dr. Pierre Fouquet in the *Annales Médico-Psychologiques* of December 1944. *Note sur la solidarité des problèmes doctrinaux et des problèmes d’assistance en psychiatrie* and *La direction médicale, condition essentielle de l’assistance psychiatrique* was followed in 1945 by *Note sur l’originalité du pathologique, L’inconscient et les instincts dans une structure de*

l'événement psycho-pathologique in 1946. These, in turn would be mirrored by the essays by Bonnafé, Follin and Tosquelles in *Evolution Psychiatrique*⁶⁷ of 1947 pertaining to a “diagnostic of sympathy” as the psychiatric approach proportional to the lived capacities of the mentally ill and post-war man. Here, the study of the catastrophic complex by Tosquelles addressed an architectonic concern for creative renewal, one necessitated through the clinical milieu of an Occupied France having witnessed the systematic starvation of 40,000 mentally ill under the then Vichy-appointed Minister of Health Alexis Carrel.

4: What is post-war French psychiatry?

To speak of post-war French psychiatry, is to speak of an Institutional Psychotherapy, the name of which was proposed by Dr. Georges Daumézon in 1952, himself an exponent of what had previously been deemed by Dr. Lucien Bonnafé as a, “sector psychiatry” and an “art of sympathy.”⁶⁸

During the French Occupation, the psychiatric hospitals of the allegedly ‘free South’ had undergone a systematic starvation at the hands of the Vichy Minister of Health Alexis Carrel, himself impassioned by what was held to be the prophetic direction of Eugenics. This Eugenic grip within which the psychiatric milieu suffocated, did however prove the necessary condition for rearticulating the apostolic vocation of medicine, of resisting the homogenising logic of concentration camps, of attending to the ill individually, respecting each and every person in his singularity and struggle, and of addressing the imperial need of man by addressing the subjective suffering of the individual. Psychiatry, would be, under conditions of Occupation, a psychiatry of “extension” where the role of the psychiatrist was to be found within a resistance to Eugenic ideals and an assistance to the diminished brothers, sisters and children of humanity.

Institutional Psychotherapy, thus finds its footing upon a ground laid by lived historical experience and the horrors of occupation, a psychiatric movement inaugurated in 1942 by a Dr. Paul Balvet, who, at a “congress of French neurologists and psychiatrists” in Montpellier, publicly denounced the lived genocide experienced by the medical milieu under Carrel, the suffering of the mentally ill and handicapped, and the urgent need for a new “humane” psychiatry⁶⁹ and a new psychiatric personage, one attending to the imperial need of weakened man.

Indeed, if there is to exist a term within the lexicon of psychiatry, designating the marriage of philanthropy and medical enquiry as well as accentuating the apostolic ground of medical enquiry, it would

firstly find its most fitting articulation with Philippe Pinel's "moral therapy" of the 18th Century, and secondly it would find its extension, and subsequent reversal, in the 20th Century with Institutional Therapy. For the former, the names Etienne Esquirol, William Tuke and Jean-Pierre Farlet mark the foremost personages of a medical fraternity spanning the 18th and 19th Century. For the latter, the names Julien De Ajuriaguerra, Paul Bernard, Lucien Bonnafé, Georges Daumézou, Henri Duchene, Henri Ey, Pierre Fouquet, Sven Follin, Jacques Lacan, Louis le Guillant, Paul Sivadon, François Tosquelles, Jean Oury, Félix Guattari, Franz Fanon, Robert Millon, Fernand Oury, mark the foremost of a movement spanning nigh on sixty years, from the call of Balvet in 1942 to the present day activities of Jean Oury at the clinic of La Borde.

This movement to which Drs. Jean Oury, Lucien Bonnafé, and François Tosquelles will prove the primary focus of our study, is a page within the history of medicine and philosophy that is yet to be introduced, and yet to be written. On British shores, the term "institutional psychotherapy" was communicated through the works of Félix Guattari⁷⁰, most notably *Psychanalyse et Transversalité* of 1974⁷¹, *La Révolution Moléculaire* of 1980⁷², and *Cartographies Schizoanalytiques* of 1984⁷³. As with Michel Foucault and Gilles Deleuze, the conditions nurturing Guattari's thought were not merely said of 1968 where philosophy was all but too easily seen to depart from a new post-revolutionary dawn, a dawn whose rays were captured by widely-thumbed publications such as *Difference and Repetition*⁷⁴, *Anti-Oedipus*⁷⁵ and Jean-François Lyotard's *Discours, Figure*⁷⁶. Rather, it was a post-war France where the lived experience (*Erlibnis*) of social rebuilding in the wake of Liberation and psychiatric and philosophical renaissance, as well as the reconstruction of human dignity, displayed a particular new way of thinking man and his world, and of articulating this thinking by way of psychiatric practice within the institution.

5: Overview of chapters

Institutional Psychotherapy is a project of the ethical, the phenomenological and the diagnostic. It raises the question of the neurological and the psychiatric at the same time as the existential. We begin the study of these three pillars of post-war psychiatric enquiry – the ethic, the phenomenological and the diagnostic – with our first chapter, *Soft Extermination Hard Times* where we seek to highlight the historical repetition of ethical renewal marked by the marriage between philanthropy and science. This bi-focal methodology

firstly observes the project of Philippe Pinel in a post-Revolutionary France, a project seeking to resensibilise the man of mental illness through a softer, more humane therapy, a therapy of “words”. This will act as a comparative narrative to the emergence of a sentiment of sympathy within the psychiatric milieu of an occupied France and the inauguration of a post-war medical sectorisation similar to the Hippocratic and Apostolic philanthropic intentions of Pinel and Tuke, yet different in its appeals to a strategy of “disalienation.” For Lucien Bonnafé, in following the assertions of Jacques Lacan, madness was a drama within which both the clinician and patient were included. The personage of the psychiatrist was to be found within “a shared dialogue” and the post-war development of psychiatry – or more precisely of an Institutional Psychotherapy – would be in the direction of a “strategy of disalienation” and an “art of sympathy,” where clinician and patient would walk the “paths of sympathy.” In this chapter, we will establish as to what exactly the ethic is, we will observe the announcement of a more charitable direction to psychiatric enquiry, called forth by historical trauma.

Our second chapter, *The Psychiatric Vision of Tosquelles and Oury*, seeks to extend the study of the ethic by selectively exploring how the doctoral thesis of François Tosquelles marked a definitive attempt to develop an analogical way of thinking the psychopathological announcements of schizophrenia through phenomenological notions of renewal and revelation that were unique to the neurology of Kurt Goldstein, Viktor Von Weizsäcker and the psychopathology of von Monakow and Mourgue. What Tosquelles underlined in his thesis of 1948, was the “polydimensional” approach of Institutional Psychotherapy, where a clinico-philosophical paradigm of the psychoanalytical, the biological, the theological, the neurological and the phenomenological, did not seek to reinforce the classical nosographies of mental illness, but rather appeal to the positive, constructive, aesthetic and industrial announcements of psychosis.

The ethical and phenomenological study of the preceding chapters will lead us to the topic of the diagnostic, and will see how the ethical and phenomenological hallmark a clinical approach unique to Institutional Psychotherapy – the *praecox gefuhl*. Here, in our third chapter entitled, *Psychiatry and Phenomenology: an introduction to the empirico-phenomenological attitude*, we will explore the specific phenomenological and ethical landscape within which the diagnostic is deployed by observing the works of Dr. Jean Oury, Jacques Schotte, Viktor von Weizsäcker and Henri Maldiney. We will demonstrate how the empirico-phenomenological attitude of Institutional Psychotherapy pertains to a “pathic” diagnostic of

schizophrenia, and see how it is a diagnostic working through the felt rather than the thought, a diagnostic that is at once ethical and phenomenological, empirical and transcendental, clinical and phenomenological. Through studying the three topics of the ethic, the phenomenology and the diagnostic of Institutional Psychotherapy, we will follow the lead of Lucien Bonnafé for an understanding of a post-war ethical renewal, Tosquelles for the phenomenological expansion of the ethic, and Oury for a diagnostic that works transcendently. In following Bonnafé, Tosquelles and Oury through a post-war world of renewal and restitution, we are witness to the philanthropic, philosophical and scientific sentiment infusing the project of a post-war generation where “there is not a pre-existing *fragment* of the world, but its emergence,⁷⁷” where, “the simplest of experiences evaluate the global role of the situation,⁷⁸” where mentally ill man and nursing man are themselves founded and forged within the psychiatric situation, within the ethical, phenomenological and diagnostic “drama” of a “verbal psychiatry of action.”⁷⁹

The thesis, in acting as a humble introduction to an unwritten history will contribute to existing studies on the history of phenomenological psychiatry, namely, Arthur Tatossian’s *La Phénoménologie des Psychoses* (1979), H. Spicgelberg’s *Phenomenology in Psychology and Psychiatry* (1972) and Georges Lanteri-Laura’s *La Psychiatrie Phénoménologique* (1957). The thesis further aims to contribute to the history of philosophy, the history of Ideas and the psychoanalytic and psychotherapeutic disciplines as a whole, as well as encouraging future research within these respective domains to confidently work in the direction of a “good intention.”

Endnotes

¹ François Tosquelles, *Education et Psychothérapie Institutionnelle*, p. 167, Hiatus, Mantes-la-ville 1984

² Georges Daumézon, *La psychothérapie institutionnelle française*, in, *Anais Portugueses de Psiquiatria*, Hospital Julio de Matos, Lisbon 1952

³ In, *Actualité de la Psychothérapie Institutionnelle*, pp.32-69, Éditions Matrice, Vigneux 1994

⁴ Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989, and, *L’Aliénation*, Éditions Galilée, Paris 1992

⁵ See for example: Todd May, *Gilles Deleuze: an introduction* Cambridge University Press, Cambridge 2005; Mark Bonta and John Protevi, *Deleuze and Geophilosophy A Guide and Glossary*, Edinburgh University Press, Edinburgh 2005; Adrian Parr (ed.), *The Deleuze Dictionary*, Edinburgh University Press, Edinburgh 2005.

⁶ See, David Reggio, *The legacy of Deleuze and the limits of Deleuzianism*, forthcoming in, *History of the Human Sciences*, Vol. 20, September 2006, Sage Publications.

- ⁷ Mark Bonta and John Protevi, op., cit
- ⁸ Gilles Deleuze & Félix Guattari, *Anti-Oedipus : capitalism and schizophrenia*, Continuum Books, London 2004; Gilles Deleuze & Félix Guattari, *A Thousand Plateaus*, Continuum Books, London 2004
- ⁹ Michel Foucault, *Maladie Mentale et Psychologie*, PUF, Paris 1954
- ¹⁰ Michel Foucault, *The Birth of the Clinic*, Routledge, London 1989
- ¹¹ Félix Guattari, *Ritournelles et Affects Existentiels*, in, *Cartographies Schizoanalytiques*, pp.251-267, Éditions Galilée, Paris 1989
- ¹² Kostas Axlos, *Le Jeu Du Monde*, p.322, Editions du Minuit, Paris 1969
- ¹³ Michel Foucault, *The Birth of the Clinic*, p.9, Routledge, London 1989
- ¹⁴ Ibid, p.84
- ¹⁵ Paul Bru, *Histoire de Bicêtre*, p.545
- ¹⁶ Jean Oury, *Psychiatrie et psychothérapie institutionnelles*, in, *L'Apport freudien : éléments pour une encyclopédie de la psychanalyse*, Bordas, Paris 1993
- ¹⁷ Henri Ey, *Neurologie et Psychiatrie*, p.9, Hermann, Paris 1998
- ¹⁸ Eugen Bleuler, *Dementia Praecox Oder Gruppe der Schizophrenen*, Deuticke, Leipzig 1911
- ¹⁹ Henri Ey, *Neurologie et Psychiatrie*, p.9, Hermann, Paris 1998
- ²⁰ Eugene Blueler, *Schizophrenic Disorders*, Yale University Press, 1979.
- ²¹ Henri Ey, *Études Psychiatriques: Historique, Méthodologie, Psychopathologie Générale*, p. 16, Desclée de Brouwer, Paris 1948
- ²² Henri Ey, *Des Idées de Jackson a un Modèle Organo-Dynamique en Psychiatrie*, L'Harmattan, Paris 1997
- ²³ Jean-Claude Polack and Danielle Sivadon, *L'Intime Utopie: Travail Analytique et Processus Psychotiques*, P.U.F, Paris 1991
- ²⁴ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 85, Éditions de l'Arefppi, Nantes 1986
- ²⁵ Monakow and Mourgue, *Introduction Biologique a L'étude de la Neurologie et de la Psychopathologie*, Alcan, Paris 1928
- ²⁶ Viktor Von Weizsäcker, *Le Cycle de la Structure*, Desclée de Brouwer, Paris 1958. Prefaced by Michel Foucault and translated by Henri Ey
- ²⁷ Kurt Goldstein, *The Organism: A Holistic Approach to Biology*, Zone Books, New York 1995
- ²⁸ Paul Louis Landsberg, *Essai Sur L'Expérience de la Mort*, Editions du Seuil, Paris 1997
- ²⁹ Jean Oury, *Création et Schizophrénie*, p.28. Éditions Galilée, 1989. "The space of metamorphosis ...of the aesthetic work...this work oeuvre manifested by the collapse of the world..."
- ³⁰ See, Gilles Deleuze, *L'île déserte et autres textes*, Causes et raison des îles desertes, pp.11-17. Les Editions de Minuit, Paris 2002. This essay was published circa 1950 and can be seen as the blueprint of Deleuze's later project *Difference and Repetition*.
- ³¹ See, Jean Hyppolite, *Genèse et structure de la "Phénoménologie de l'esprit" de Hegel*, Aubier, Editions. Montaigne, Paris 1946.
- ³² Heidegger met Beaufret in 1946 and became a faithful reader of Beaufret's existential humanist writings. Beaufret was the first within the French philosophical community to address the profundity of Heideggerian Thought and its liberatory potential. See, Jean Beaufret, (Tomes I, II, III) *Dialogue avec Heidegger*, Editions de Minuit, Paris 1973
- ³³ See, Marcel Deschoux, *La philosophie de Léon Brunschvicg*, Presses Universitaires de France, 1949.
- ³⁴ See, Simone Weil, *Écrits Historiques et Politiques: vers la guerre(1937-1940)*, Gallimard 1989.
- ³⁵ Viktor von Weizsäcker, *Le Cycle de la Structure*, Desclée de Brouwer, Paris 1958
- ³⁶ Gilles Deleuze, *L'Île Déserte et Autres Textes 1953-1974* Les Éditions de Minuit, Paris 2002
- ³⁷ Nietzsche's Übermensch, translated as the Overman, stands for the enhancement of humanity, as going beyond oneself and form, as a revelatory Being/Spirit creating new values as opposed to Nietzsche's "last man" whose sole desire is his own comfort, ignorant in his being incapable of creating anything beyond himself in any form. The Overman thus stands as a reconstructive entity of death and rebirth reentering the world through other people's minds and affecting their thoughts and values through a law of morbid, variegated repetition of a cyclical irreversible time. See, Friedrich Nietzsche, *Thus Spak Zarathustra*, Prometheus Books, New York 1993 and, Joan Stambaugh, *Nietzsche's Thought of Eternal Return*, Johns Hopkins University Press, Baltimore 1972. See, also the interesting exposition by Eugene Fink, *De la filosofia de Nietzsche*, Chapters 5-6. Andrés Sánchez Pascual, en Alianza Universidad. Madrid 1976. With Nietzsche's charge against the categories of Thought, Fink, positions him as extra-metaphysical. Fink, expounds an interesting interpretation of Nietzsche's use of the greek *arrheton* expressing an unamable presence within transcendence. Further, he expresses the power of a differential value in the wake of the death of God, but of a differential value as the negation of values. Here, Fink alludes to a formative groundwork for the transfiguration of the everyday through the transmutation of spirit
- ³⁸ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, Éditions de l'Arefppi, p.48, Nantes 1986
- ³⁹ Karl Jaspers *General Psychopathology* The Johns Hopkins University Press, 1998.
- ⁴⁰ Eugene Blueler, *Schizophrenic Disorders*, Yale University Press, 1979.
- ⁴¹ Sigmund Freud, *Psychopathology of Everyday Life*, Penguin Books, 2002.
- ⁴² Jacques Lacan, "La psychose paranoïaque dans ses rapports avec la personnalité." Published as, *Le Cas Aimée*. See, Marie-Andrée Charbonneau, *Science et métaphore : enquête philosophique sur la pensée du premier Lacan (1926-1953)*. Presses de L'université Laval, Quebec, Canada 1997.
- ⁴³ Kurt Goldstein, *The Organism: A Holistic Approach to Biology*, Zone Books, New York 1995

⁴⁴ Viktor Von Weizsäcker, *Le Cycle de la Structure*, Desclée de Brouwer, Paris 1958. Prefaced by Michel Foucault and translated by Henri Ey

⁴⁵ Henri Ey, *Des Idées de Jackson à un Modèle Organo-Dynamique en Psychiatrie*, L'Harmattan, Paris 1997

⁴⁶ Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.581, Éditions Edouard Privat, Toulouse 1948

⁴⁷ Kurt Goldstein (as well as Alex Luria and Lev Vygotsky) followed Freud's lead of neurology and dissections so as to discover the human behavioural outcomes of neurological integration or disintegration. Goldstein became known for his organismic holistic approach to neurology. See, Kurt Goldstein, *The organism; a holistic approach to biology derived from pathological data in man*, American Book Company, New York 1939, and, *Human Nature in the light of Psychopathology*, Schocken Books, New York 1979.

⁴⁸ Tosquelles following the neurological scholarship of Kurt Goldstein asserted, "On s'aperceva que la réaction catastrophique n'est qu'un cas particulier du couple intégration/désintégration, qui ne sont phénomènes antithétiques que dans la logique formelle, mais non dans la dialectique des faits. Il n'y a pas de désintégration sans intégration, ni d'intégration sans désintégration." "François Tosquelles, *Le Vécu à la fin du monde*, quoted in Jean Oury, *Création et Schizophrénie*, p.52, Éditions Galilée, 1989

⁴⁹ Jean Oury, *Création et Schizophrénie*, p.60, Éditions Galilée, 1989

⁵⁰ Jean Oury, *Création et Schizophrénie*, p.28, Éditions Galilée, 1989

⁵¹ Friedrich Nietzsche, *The Greatest Health*, pp.346-347, in, *The Gay Science*. Vintage Books Edition, New York 1974.

⁵² Jean Oury, *Création et Schizophrénie*, p.62. Éditions Galilée, 1989, "there are potentialities that would never have been exploited, that would never have manifested, if there hadn't been schizophrenic catastrophe."

⁵³ The establishment psychiatrist and editor of the journal *Évolution Psychiatrique*, Henri Ey, often borrowed this phrase from Kurt Goldstein's holistic neurological studies of the human organism. See, Henri Ey, *Des Idées de Jackson à un Modèle Organo-Dynamique en Psychiatrie*. L'Harmattan. Paris 1975, and, *Neurologie et Psychiatrie*. Hermann. Paris 1947.

⁵⁴ See Hans Prinzhorn's psychopathological study of 1922, *Bildneri der Geisteskranken*, which delivered us to the notion of the process of form (*Gestaltung*) and not just form itself (*Gestalt*)⁵⁴, Hans Prinzhorn, *Bildneri der Geisteskranken. Ein Beitrag zur Psychologie und Psychopathologie der Gestaltung*. J. Springer. Berlin 1922. The term *Gestaltung* would feature heavily within Oury's psychopathology of schizophrenia. See, Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989

⁵⁵ Henri Ey, *Neurologie et Psychiatrie*, Hermann, Paris 1998

⁵⁶ *Neurologie et Psychiatrie*. Hermann. Paris 1947

⁵⁷ "the dialectical movement through which he conserves the liberty of man in his organisation opening to the infinite" *Neurologie et Psychiatrie*. P. 8. Hermann. Paris. 1947

⁵⁸ *La Mathèse ou anarchie et hiérarchie de la science*, Éditions Du Griffon D'Or, Paris 1946

⁵⁹ *Ibid*, p.15

⁶⁰ Friedrich Nietzsche, *The Greatest Health*, pp.346-347, in, *The Gay Science*. Vintage Books Edition, New York 1974.

⁶¹ Jean Malfatti de Montereggi, *La Mathèse ou anarchie et hiérarchie de la science*, Editions Du Griffon D'Or, Paris 1946. A translation of Deleuze's introduction can be found at http://www.goldsmiths.ac.uk/departments/history/news-events/malfatti_translation.php

⁶² Recall Nietzsche, "Behold this cup wants to become empty again and Zarathustra wants to become man again." Friedrich Nietzsche, *The Gay Science*, p.275. Vintage Books. New York 1974

⁶³ François Tosquelles, *Le Vécu de la fin du monde dans la Folie*. Éditions de l'Arefppi. Nantes 1984

⁶⁴ C.V Monakow and R. Mourgue, *Introduction Biologique à L'étude de la Neurologie et de la Psychopathologie Intégration et désintégration de la fonction*. Félix Alcan, Paris 1928

⁶⁵ Sigmund Freud, *Five lectures on Psychoanalysis*, p.316. Hogarth Press, London 1957

⁶⁶ Martin Heidegger, *Building, Dwelling, Thinking*, in, Martin Heidegger, *Basic Writings*, Routledge, London 1993

⁶⁷ In 1925 the journal *Evolution Psychiatrique* of which Henri Ey was the editor—the Catalan born father figure of French psychiatry, and continental authority on the British neurologist Hughlings Jackson. The periodical, which had proved podium for rich elaborations of the clinical, the psychopathology, and the epistemological had ceased publication with the German Occupation of France in 1940, and it would not reappear in a spring of 1946, resurrected from a burning world Lucien Bonnafé and his war-marked fraternal call for a new direction of psychiatry.

⁶⁸ Lucien Bonnafé, Seminar of 27th November 1944 to the Société Medico-Psychologique, in, *Annals Medico-Psychologique*, January 1946, p.556

⁶⁹ *Ibid*, p. 42

⁷⁰ The defining moment of Félix Guattari's life was his 1953 encounter with the psychiatric reformist and post-war pioneer of Institutional Psychotherapy, Jean Oury. The youth had been sent to Oury for "reorientation." His medicine would be regular readings of the great phenomenological works, his experience, one of diverse institutional groups and roles fervently inaugurated at Oury's self-financed clinic of La Borde. This was to prove all valuable ground upon which a later Guattari would establish his revision of social and artistic practices of what he called a "post-media era"⁷⁰. Guattari addresses this striving for a new era of non-oppressive mediation in all his works, however it is in *Cartographies Schizoanalytiques* where he outlines the psycho-social mechanics for such an age, "The nagging question which is here, is to know as to why the immense processual potentialities carried by all the information, telematic, robotic, bureaucratic, biotechnological revolutions still, up until now, only lead to a reinforcement of anterior systems of alienation, to an oppressive mass-mediation, to infantile consensual politics. What will permit them [these

revolutions] to open onto a post-media era, to let flow segregative capitalistic values and to give their full development to the actual beginnings of the revolution of intelligence, of sensibility and of creation?" In, Félix Guattari, *Cartographies Schizoanalytiques*, p.22. Éditions Galilée, 1989. Despite this formative nurture of Guattari by a post-war clinical-philosophical fraternity, there still exists little, if not any, understanding of the founders, to whom not only a Félix Guattari, but also a Franz Fanon, Julia Kristeva, Michel Foucault and Gilles Deleuze would equally find both a veritable training and inspiration.

⁷¹ Félix Guattari, *Psychanalyse et Transversalité*, Maspéro, Paris 1974

⁷² Félix Guattari, *Psychanalyse et Transversalité*, Union Générale Editions, Paris 1980

⁷³ Félix Guattari, *Cartographies Schizoanalytiques*, Editions Galilée, Paris 1989

⁷⁴ Gilles Deleuze, *Difference and Repetition*, The Athlone Press, London 1992

⁷⁵ Gilles Deleuze and Félix Guattari, *L'Anti Oedipe*, Editions de Minuit, Paris 1973

⁷⁶ Jean-François Lyotard, *Discours, Figure*, Klincksieck, Paris 1971

⁷⁷ Michele Gennart, *La Disposition Affective chez Heidegger*, in, *Le Contact*, p.75

⁷⁸ Lucien Bonnafé, *Le Personage du Psychiatre*, republished in, Lucien Bonnafé, *Desaliener*, p.53, Presses Universitaires Du Mirail, Toulouse 1991

⁷⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 60, Éditions de l'Arefppi, Nantes 1986

Chapter 1: Soft Extermination, Hard times

Something better has to be done in this era of Light!

– Philippe Pinel¹

To speak of psychiatry, is to speak of liberty

– Lucien Bonnafé²

Introduction: Post-revolutionary France and Post-war France

In this chapter we will address the philanthropic imperative defining two historical episodes of reformist psychiatric enquiry. We will demonstrate how the lived historical conditions of post-revolutionary 18th and 19th century France, and Post-War 20th century France, urged a charitable reform and a redefinition of the medic's personage. To understand as to what exactly a psychiatric philanthropy is, we will first look at the work of Philippe Pinel (1745-1826), and assess its significance in light of the Hippocratic and metaphysical ground of medicine to which it directly appealed. This will enable us to better understand what Pinel deemed a "moral therapy", its rooting in the medical vision of high-antiquity, and to also see its pertinence as an "ethical therapy". To further support the idea of a medical philanthropy underpinning the notion of the ethic, we will draw upon William Hack Tuke's (1827-1895) pioneering reform of the English asylum system of the 18th century. In doing so, we will identify the charitable sentiment urging such men of medicine to singularly affect a profound, creative change in the rationality of medical treatment, contrary to the common popular reason of their day.

By analysing the historical and theoretical significance of Pinel and Tuke, we will be able to approach the psychiatric reform of war-time and post-war France, for it is only by understanding the charitable significance of the 18th century reformist, that we can properly begin to understand the humanitarian impulse underpinning the 20th century post-war French psychiatric reform spearheaded by Jean Oury, François Tosquelles, Lucien Bonnafé and Paul Balvet.

We will use a comparative and bi-focal methodology in order to ascertain: (1) how a philanthropic imperative is shared by the reformers of the 19th and 20th century establishment; (2) how an ethical renewal of psychiatry is necessitated by historical lived experience, and (3) as to how these reformers differed in their architectural visions of the therapeutic institution. It is important to keep in mind that we do not seek to provide hermeneutic readings of the chosen historical material, but rather to demonstrate a particular ethical sensibility pertinent to psychiatric enquiry and, in fact, to medical enquiry as a whole. Returning a dignity to mentally ill man is the hallmark of two great therapeutic projects, however, where the charitable psychiatric mind of the 18th and 19th century proposed alienation and isolation as the worthy measures of a “moral therapy”, the post-war pioneers of the rural French clinic, on grounds of their wartime experiences, proposed a “disalienation” (*désalienation*) to be the proper ethical and apostolic address of psychiatry³. For the former, psychiatry was a specialised science of *mental alienation*, and it was to be considered the art of arts. For the latter, psychiatry was a vocation definable as an *art of sympathy* – the *art of man*.

In approaching a post-revolutionary “moral therapy” from the vantage point of a post-war “art of sympathy”, we will be able to demonstrate the ethicality inherent within psychiatry. This will enable us to eventually deem Institutional Psychotherapy an ethical undertaking. We will also see how this ethical project was inaugurated in the late 18th and early 19th century by Pinel at Bicêtre, how it was mirrored by Tuke at his York Retreat, and how it was deep within the thoughts of (and historically urged by) Dr. Paul Balvet, Jean Oury and François Tosquelles in the 20th century with the wartime clinic of Saint-Alban, and later, La Borde. In beginning with, and analysing, the resistance of Pinel and Tuke to the psychological archaism of their day, we will better learn that the 20th century incarnation of the philanthropic effort was in the form of Balvet, Tosquelles, Oury and Bonnafé. This will further support a distinction between the moral and the ethical, and demonstrate that the moral therapy of Pinel and the historical urgencies underpinning its application defined psychiatry as an ethical undertaking.

The very humanitarian imperative urging Pinel and Tuke to institutional reform will similarly be seen to urge the psychiatrist of wartime France working under the threat of Eugenic science. This will be demonstrated by drawing upon the assertions of a hitherto unmentioned 20th century personage within British medical historiography, the eminent neuropsychiatrist, Henri Baruk (1897-1999) and the Talmudic reading of charitability and justice to which his medical vision adhered. We aim to show that it is indeed by approaching the Eugenic question of the 20th century and investigating the wartime and post-war psychiatric resistance to its ideals, that we can better understand the ethic of psychiatry and its philanthropy, and better comprehend the notion of human dignity communicated to us by Pinel, and the necessary principality it occupies.

1: Pinel and the noble art

There are two defining instances, two architectural phases, significant to the history of psychiatry, simultaneously shaping and transforming the role of the psychiatrist, the ethic of his science and the object of his specialisation. The first is a fêted moment to the narrative of European psychiatry occurring within a 19th Century France. It is within this time of a newfound French Republican order – where a nation is seen to celebrate a life free of monarchy – that the development of the medical idea adopts a double character, where it is at once philanthropic and scientific, where scientific enquiry is advanced at the same time as attending to the imperial need of suffering man, and where the psychiatrist is at once man of science and man of altruistic principle.

This altruistic drive, was incarnated deep within the efforts and sympathies of the ecclesiastically rooted Philippe Pinel – chief medic for the division of the alienated at Bicêtre hospital in the picturesque French department of La Seine. Pinel was unequalled in his medical sympathies pushing him to pioneer a reform of the housing and treatment of the mentally ill. Similar analogous, ruthless developments occurred *in transitu* throughout a Europe imbued with the Sensualist philosophies of Locke

and Condillac that were typified by the efforts of Chiarugi in Italy, Langerman, Reil and Hayner, in Germany, and most notably William Hack Tuke in England⁴. Yet it was Pinel who would remain of pre-eminence for the history of psychiatry, unparalleled in his marrying the metaphysical and anatomical pathology, unequalled in his call for a legislated psychiatric reform within an 18th and 19th Europe – a Europe that had remained steadfastly true to a medieval belief, one seeing the mad as humanity’s object of repulsion to be enchained.

For Pinel, the asylum clinician had to be true to the Hippocratic principle of medicine, its origin and the metaphysical imperatives of the apostolic Greek medic. Accordingly, Pinel wrote of the clinician to be someone who was a “rare” and “gifted individual,” not just a man of “human spirit” possessing “the talent of observation,” but an architect of the new, “bringing novel systems and the fruit of brilliant qualities” to the forefront of scientific enquiry⁵. The medic was a creative personage, with a responsibility to advance enquiry in accordance with the Hippocratic doctrine.

The faithfulness to high-antiquity was sober and Metaphysics was not to be freely mixed with the “ideology of the science of facts,⁶” but rather considered an “accessory” science from which the least contested ideas could be, in Pinel’s words, “soberly borrowed.⁷” Furthermore, the medic specialising in the field of mental illness, was a man of “mental alienation” emulating the prognostic talent of Hippocrates and Galen, yet urged to creative advance through the historical conditions and urgencies of his day. In discovering the pathological symptomatology of mental alienation, the clinician, gifted in observation, would also qualify the sensualist philosophy of the passions to be ever more important to medical enquiry, and indeed, to man himself⁸.

Important for this “sober” system, a factually balanced metaphysical enquiry, was the external signs of the malady and the physical variations corresponding to the intellectual and affective lesions of mental illness. Pinel sought to equate the science of passions with the science of anatomical pathology, metaphysics with physical facts, and the metaphysical with the material. He, with this sober methodology, in turn sought to develop a semiology of facial traits, gestures, movements and rhythm, as well as the

affective expression of the patient's physiognomy. As Pinel wrote in his landmark *Traité* of 1801, this semiology of mental illness marrying the passions with physiognomy, became the very "object of his particular research."⁹ More specifically, the task Pinel allotted himself as an eminent pathologist, was to identify the external sign of a malady as an isolatable symptom (within a pathological causal chain) and to consequently recognise it as belonging to an affective and intellectual disorder. With this, the question of *physis* was raised at the same time as the question of *psyche* – the *physical* disturbance at the same time as the *intellectual* disturbance, the physiological at the same time as the psychological.

In Pinel's century, one spanning the latter 18th to the mid 19th, works on mental illness were a highly valued intellectual currency, and most notably from English and German shores. The former saw the publication of William Battie's (1703-1776) *Treatise on Madness* of 1758¹⁰, Andrew Harper's *A Treatise on the Real Cause of Insanity* of 1789¹¹, and Sir Alexander Crichton's (1763-1856) *Inquiry into the Nature and Origin of Mental Derangement* of 1798¹². All three publications received an equal measure of eminence and controversy because they equated the varieties of madness with the history of the passions and their effects to which general methods of caustics and rough cathartics were but useless treatments. In Germany, Johann Ernst Greding (1718-1775) published *Medical Aphorisms on Melancholy* as an appendix to the second volume of Crichton's *Inquiry*¹³ and Johann Georg von Zimmermann (1728-1795) penned *An Examination of the Advantages of Solitude and of its Operations on the Heart and Mind* in 1806¹⁴. Such publications stood strong alongside one another, and by similar appeal they underlined the necessity to employ rational scientific advancement. Pinel saw these works as the pillars of Scholastically-led modern medical scholarship on mental pathology and the passions, and he went as far as to accord Crichton's work a, "certain brilliancy" with its "profundity...and display of new observations."¹⁵ These studies were envisaged to both establish the intention, sense and value of the "art" of mental alienation, and at the same time provide a modern anatomical pathological rubric for the brain sciences pioneered by the likes of Franz Joseph Gall (1758-1828) and Johann Gaspar Spurzheim (1776-1832) in 1812¹⁶. Philanthropy and science, could indeed be one and the same state of affairs.

The need to understand the development and influence of the passions within the “animal economy” as the most ordinary of causes disturbing “the moral faculty¹⁷” in turn became the Idea directing clinical enquiry, and, in fact, it became the *sensus communis* of the medical discipline. The passions were considered as the most primordial and simple of phenomena within the animal economy and were fundamental to the maintenance to the species as a whole. As Pinel wrote, such was an enquiry into the “simple relations” weaving together the “constitutive principles of being,¹⁸” without which the “perpetuity of the species¹⁹” would come to an end. The passions were not static, but mobile, fluid and always in movement, working and circulating within the complex design and hierarchy of the animal economy. Threefold in their significance, they were thought responsible for the conservation of man’s existence, the reproduction of the species, and the protection of the race “in a tender...[post-revolutionary]...age.²⁰” The passions thus became the historical theology of the physiologist.

As an example in his, *Traité Medico-Philosophique sur l’Aliénation Mentale ou la Manie*, Pinel argued for this dynamic system of primary phenomena by drawing upon his semiology. He tells us that we can observe the passions at work with the “more or less energetic anxiety” following a fault in the renewal of air within the respiratory action; the intensity of heat or cold necessitating salubrious dwellings or clothes; the inconvenient sensation leading to the experience of retention and rejection of specific matter; the sentiment of fatigue leading one to seeking rest; the state of suffering produced by an internal or external malady. We therefore see Pinel reason on grounds of careful observation, that the passions are a primary mechanism ensuring the ontic-ontological development of the species, urging man to shelter, to eat, to reproduce, and to adapt to his lived conditions. Indeed, the passions were both an empirical proof and a fact of nature making the “conservation of our existence²¹” possible. The natural history of man was founded upon these simple impulsions and driving necessities of nature within the human organism and its milieu (*Umwelt*). Were the passions were of a force that could urge man to perseverance, the passions were likewise of a power that could motivate the alienation of the human mind with a parallel set of physiological significations. The symptomatology of what Pinel deemed “profound grief” for example,

carried the physiology of “languidness,” a loss of appetite, a “tightening of the skin,” the “paleness of the face,” and on a more pathological level, “extreme chills,” the subtle and gradual diminishing of “vital force,” ensuing “anxieties,” and “laboured respiration,” all resulting in a “comatic state” or a catalepsy of the patient²². At the lesser advanced stages of grief, which Pinel described as a “form of ennui,” the patient was seen to greatly distance himself from any form of physical activity, there is intense gastric discomfort, a weakened circulation within the capillaries of the liver and the stomach, whilst the patient’s general worldview is one of “a savage misanthropy,” “a confusion of ideas,” and even “stupor.”²³ Patients experiencing extreme fear and terror in turn demonstrated what Pinel observed to be “contractions of the heart,” blood accumulating within the larger capillaries; fevers and cold chills alternating; “an excessive leaking of urine”; diarrheo; spasmodic contraction of the arteries and a paleness of the surface of the body. In more severe cases, we are told of “violent spasms,” convulsions and epileptic seizures, mania and even death²⁴.

Pinel was above all a physiologist. The study of physiological phenomena led him to defining a physiology of the mental faculties and their upsets. He was, therefore, an alienist who specialised in the science of mental alienation, but more precisely a clinician weaving together an observational discipline of the anatomico-pathological at the same time as the passions, a system assessing subtle primordial causes and their gross anatomical signification. This was to ally the principles of modern physiology with the effect affections and passions had upon the organism, of understanding the affective and dynamic at the same time as the organic. If the study of the passions was to have a medical semiology, it was the physiological phenomena to which they gave rise that would provide the empirical base for their categorisation. Pinel in turn called this, in appealing to those clinicians and philosophers overseas penning the most influential works on mental alienation – and indeed to the ideals of high antiquity – a, “rational symptomatology.” We also learn, that this semiology was to be true to the ancient scholastic order of *causes*, the *diagnostic*, and the *prognostic*²⁵ – notions that had been wrongly employed by the “sterile language” of the schools set up by Sennart, Riviere, and Plater, notions perturbed by those who had

sought to “profit from their professorial status...seeking admiration from their disciples,”²⁶ of those who had abandoned the tenets of the Hippocratic clinician. We have it from Pinel that despite the increasingly championed works of Sennart and Riviere, and notwithstanding their contemporary “celebrity” among students of medicine, the “alienated continued to be confined...and isolated.”²⁷ Pinel indeed harboured a fear for the future of the noble art of medicine and the ethic of its research, for the dignity of man had suffered, and would no doubt continue to do so in an age where the metaphysical equation of medicine and its ethical demand was increasingly becoming overshadowed by the contemporary fervency for cerebral pathology and autopsy. Indeed, to draw upon an adage of Pinel, within an *era of light something better had to be done!* That is, that a more creative and philanthropic direction of medical assistance had to be found.

Pinel’s illumined effort, therefore, in addressing the economy of the passions at the same time as the economy of human anatomico-pathology, was to ensure that the phenomena of the body would not be divorced from the phenomena of psychology, and man not divorced from the apostolic *mission* of medicine. This mission was borne from the unequalled hand of Hippocrates for whom medicine was an *art of man* addressing the troubles of the understanding, affective disposition and organic disfunction (psycho-pathology proper). In Pinel’s words this *art* was, “an art of counterbalancing the human passions,²⁸” an art “re-establishing reason within the human subject,²⁹” an *art of medicine*, which, in the words of Hippocrates, was “the most noble.”³⁰

There were certain demands qualifying this *art*. With mental alienation (what we commonly call today mental illness) there existed “diverse circumstances,” “varied forms” and “varied phenomena” requiring careful observation and an observational strategy of the clinician-patient relation. The clinician had to act in accordance to the variation that he observed, and he had to experience the world of the patient, “To live within their presence” as Pinel wrote in his *Traité*, to “study their diverse characters,” to note the objects of “their desire and their abhorrence,” to “observe them over days, nights, and the diverse seasons of the year,” and to only “subjugate in the softest possible way.” This characterised the ethical

responsibility of the alienist who worked with the, “continual spectacle of all the phenomena of mental alienation.³¹” This noble *art* of surveillance and observation was therefore only to be taught to those of a “particular zeal,” to those who possessed an experienced and “detailed view of what was lacking within medicine” and to those who had a sincere willingness beyond personal and social gain to undertake a lifetime’s work within a world less habitual and far more precarious, that is, within the *spectacle of all the phenomena*. True to the vision of Hippocrates, Pinel further tells us that sound judgement is to equally reign within medicine, physics, chemistry and botany, as is a “natural sagacity and an inventive mind.³²” Consequently, Pinel underlined that clinical practice seeks is not defined by the “dogmatic tones of the doctor” but rather through a patient-clinician relation, that is, through frequent contact with the alienated. This was an appeal to an inter-subjective paradigm of the clinician-patient dynamic, and for Pinel, it was to be developed and deepened even with the “most violent of maniacs” because a “varied questioning of the same object³³” was always to be indefatigably maintained. We see that this *noble art of observation* is the most complex and demanding of arts, requiring, above all, the “patience” and tolerance of observation, and a precise documenting of the intellectual and anatomico-pathological affections occurring with each variation of a given malady.

2 : Pinel’s semiology vis-à-vis psychology

Pinel regarded mental illness to be the result of excessive exposure to social and psychological stresses, and in some measure, of heredity and physiological damage³⁴. For his illustrious student, Jean Pierre Falret (1794-1870), the importance of Pinel and his disciple-come-cohort Etienne Esquirol (1772-1840) would lie in their faithfulness to the medical tradition inaugurated by the Greeks – Hippocrates (c. 460 B.C), Galen (129-200 A.D), Caelius Aurelianus (c. 3rd or 4th century A.D). The scientific divisions, descriptions and classifications of Pinel took, as we have indicated, high antiquity as a founding gesture for the methodology of medical classification³⁵. Through the system of “rational pathology”, the insane

were no longer to be considered as the possessed and damned, but as the affected and curable, as those, to draw upon Griesinger's (1817-1868) *Pathologie und Therapie der psychischen Krankheiten*, demonstrating a "perturbed moral sensibility," where the trouble of the faculties of intelligence are a causal principle for the "varying" forms of madness³⁶. A tendency reigned however, and the medical student of the 19th Century increasingly favoured the raw pathology of mental illness over the sensualist and metaphysically sympathetic enquiries of Pinel. As Falret remembered, "attention was given to the discovery of lesions through autopsies performed on the alienated, of lesions found on the brain and the membranes."³⁷ This purely anatomical direction of scientific enquiry was conceptually far from Pinel's "moral therapy" and the "rational pathology" inspired by the sensualist philosophies of John Locke (1632-1704) and Étienne Bonnot de Condillac (1715-1780).

Pinel's physiology was a metaphysically oriented one complimenting addressing the anatomical economy of the human organism and the animal economy of the species. But autopsy was becoming the new currency of medical exchange, and the more surgically hands-on approach to the pathology of mental illness, as Falret further recounts, "proved the veritable base of medicine."³⁸ Suicide, hypochondria and non-delirious mania were subjects of medical fascination, yet pathological anatomy was believed to demonstrate the "primary reason" for the phenomena of "mental alienation." The common popular reason of medicine, therefore, was fast becoming one of identifying causes within an isolatable organ, rather than the categories of stoic psychology and the holism to which the passions appealed. The locating of a primary cause within an isolated organ defined a medical materialism with its logic in autopsy and not necessarily a "rational pathology" with its logic in sensualism. According to Falret, the former proved the "dominant idea"³⁹ of the time and the opening up of the body of the alienated was enough to qualify the diagnostic, prognostic and treatment of an affective disorder for the younger generation of doctors.

Yet the speed of this rapid currency was not without an serious scholarship, one debatably introduced by Gall who had undertaken a lengthy and committed study of cerebral physiology in 1819

entitled *The Anatomy and Physiognomy of the Nervous System in General and of the Brain in Particular*⁴⁰.

He proposed that all the forms and variations of madness were seated in the brain and the nervous system with parallel phenomena occurring in the psychological faculty. The brain, therefore, was an organ to be considered as functioning independently of all other organs. Similar arguments were propounded by the likes of Louis Calmeil (1798-1895), Antoine Bayle (1799-1858) and Falret's dear colleague, Félix Voisin (1794-1872), yet it was Gall who remained of greatest historical importance, and he later proved a decisive presence within the Thought of the 19th century British neurologist, John Hughlings Jackson (1835-1911) who similarly appealed to a psycho-physico parallelism. Indeed, for Falret, the increasingly material epoch, was one of the "anatomical and the cerebral"⁴¹ and the firm belief without exception, was that an alienationary cause could be located within the brain, that it could be encountered in the membranes, and that the intellectual and affective troubles of madness, were identifiable in their entirety by the localised cerebral lesion which was becoming the pathological sign of malady par excellence.

Yet as Falret asserted, the many years of enquiry and investigation that ensued under the pathological and surgically demonstrative auspices of the time (in attempting to ground mental pathology within the isolated organ of the brain) furnished but a further necessity for the enquiries of psychology:

These lesions are not enough to scientifically explain the great diversity and delicate nuances of the psychical phenomena displayed by the alienated. We thus begin to seek within psychology the means of supplanting the insufficiencies of pathological anatomy.⁴²

This was by no means to downplay the role of the brain for all moral and intellectual phenomena supposed the cooperation of the brain as an indispensable fact to nature – man was to feel and to think. As Falret was to write, "to exert an action upon this organ is at once to exert action upon ideas and sentiments"⁴³: the exertion of ideas and sentiments, of feeling and thinking, are immediately reciprocated within the brain, and within the nervous system as a whole – the change in psychological and physiological state are reciprocated within the brain. Further, the "cerebral function" had as its particular

“essential character” the ability to observe its own exercise and it possessed, across diverse temporalities and actions, a “control of direction.” The brain was of importance in as much to the discourse of the passions as it was to the discourse of cerebral pathology. And Pinel had never discredited the role of cerebral pathology just as long as it would remain true to the rationalist discourse of the passions and the metaphysical fundament of the Greek medic. Yet it was the alienation of the brain itself, of isolating it as the supreme organ that for Falret would not yield sufficient advancement and specialisation of the science of mental alienation, that is, of psychiatry.

Psychology was considered a possible value to the investigation of mental pathology for it could extend and clarify knowledge of the psychical lesion within the diverse forms of mental illness, from hallucination to suicide. The goal was to arrive at a rational theory of madness and to, in Falret’s words, “scientifically systematise the diverse areas of mental medicine.⁴⁴” The alienated were a veritable scientific pursuit, and in terms of mental pathology, the smallest of lesions were sought for memory, for the association of ideas, for judgment and even for abstraction: “all the faculties of the normal state recognised by the psychologists, and to find the isolated or complex lesions at the state of malady.⁴⁵” The logic governing was a seemingly analogous one: if physiology was to clarify medicine in terms of normal pathology, then normal psychology would clarify mental medicine (*médecine mentale*). Through studying the complex manifestations of intelligence and sentiment and in drawing upon the divisions and subdivisions of faculties, a rational symptomatology of mental illness could be achieved, one of the metaphysical and the pathological, one unachievable by mere isolation of the brain. As Pinel sought to ask in the introduction to his *Traité*, the task became one of wanting to “trace and describe the phenomena of mental alienation, that is to say, of a lesion within the intellectual and affective faculties.⁴⁶” For Falret, however, the role of psychology to this encyclopaedic undertaking had its shortcoming. Localising a lesion of the faculty proved, an “all too artificial⁴⁷” pursuit of scientific enquiry. Such phrasing was true to the sentiments of his mentor, Pinel, who himself saw psychology as, “only leading to confusion and disorder.⁴⁸” Psychology, in wanting to parallel the altered lesional state with the normal

state furnished nothing but “thunderous instances” for the development of a rational pathology grounded in the passions.

It is with these indications by Pinel and Falret that we can propose medicine to enter a “clinical phase” of its history for the first time qualifying a “specialist⁴⁹” of mental alienation. The clinical and direct study of the alienated was where the clinician would find the foundations of his “special science,” and indeed, of mental pathology itself⁵⁰. Normal pathological anatomy and psychology would be of importance within the consideration of mental alienation, but only as an “auxiliary to the speciality.⁵¹” It was clinical observation alone, of monitoring the physiognomic expressions of the passions and the physiological signatures of a malady that would “advance the exact knowledge of affections” and furnish the “necessary documents” of description, classification, prognosis and treatment true to the Scholastic imperative⁵². To observe and to penetrate the innermost workings of the alienated was the task and the surgical intervention was different to that of the anatomists. Rather than cutting through the membrane and penetrating the material workings of the patient’s brain, the alienist was, in Falret’s words, to “penetrate the secret of their thoughts by the diverse questions of their being.⁵³” This is where we can begin to consider the rational pathology of Pinel to indicate a phenomenological enquiry of the organism..

Penetrating the secret of the patient’s Thought was a therapeutic precursor to the rudimentary practice of Freudian psychoanalysis, and transference most notably. Pinel’s noble art was a spoken art and an observational art. The patient was an enigma to be respected, a limitless field of psychological and physiological nuances, of momentary and “unnoticed change.” As Pinel reflected there were subtle “variations of atmosphere,” the alienist was initiated into a world different to that of common popular reason, different to that of the cerebral pathologists and the slicing of the membranes, a world where subtle (psychological) and coarse (physiological) phenomena abounded, phenomena even “confusing the eyes of the most clairvoyant.⁵⁴” Indeed, Pinel would later recall that the alienist – the “specialist” – gifted in observation was to note these subtle “variations” of body, speech and mind, and in turn speak. If he were not versed in the ethical demands of his practice then he could speak with a melancholic at great

length and gravely fail to notice the smallest of lesions within the understanding of the patient and the pathological signs of his malady⁵⁵. It appears then, that the rationality and its methodology to which Pinel appealed, was of a different temporal logic to that of the cerebro pathologists (cerebro-materialists). Pinel insisted upon the temporal parameters of patience and tolerance to a treatment engaging with the diverse questions of being in order to grasp the emergence and genesis of psychopathological phenomena.

3: Philanthropic reform

Pinel was an individual of sensitive enquiry well disposed to the apostolic sentiment of the Greek medic. He articulated a medical humanitarian project in a Republic birthed by the execution of monarchy, within a Republican Order inaugurated by the guillotine. The change of power from monarch to republican was as swift as the action of the guillotine itself. Execution by guillotine was a public measure that would ever remain a deep-rooted motive for Pinel's reformist vision of the asylum, and one that characterises him as a noble rather than a Republican. Formally required to attend the execution of King Louis Capet on 21st January 1793, Pinel would recount in a letter to a close friend, as to how the execution of the King was met with a widespread and celebratory *aura popularis*. For the young clinician of a growing reputation, this crowd intoxication was not how a France free of monarchy would nurture a dignified Republic. Most of all, what was executed with monarchy, was man's dignity itself:

I doubt not that the King's death will be described in different ways, as the partisan spirit dictates, and that garbled versions of this great event will appear in newspapers and be noised abroad in such a manner as to distort the truth...I greatly regret that I was obliged to attend the execution bearing arms with the citizens...I write to you now my heart filled with grief and my whole being stunned...Louis who fortified the principles of religion, seemed completely resigned to meet death.⁵⁶

This, a sentiment equally shared by a Dr. Paul Bru describing such a time as being one of, "massacre" of,

“carnage” and of “fictions.”⁵⁷ Marked by the death of a Catholic King, Pinel’s altruistic sympathies would eventually be realised within a medical practice rehabilitating those condemned on grounds of insanity. Pinel, as a man of medicine specialising in the treatment of the insane (the *insensés* as they were called), was to personally rescue the enchained from their historical punishment in favour of a therapy of observation and a shared, close contact between the clinician and patient. In the introduction to his *Traité* he wrote of, “the at times savage misanthropy of the alienated,” of the aggressive and disrhythmic gestures of the body, all of which required a clinical approach of “an extreme simplicity and affectionate manner,”⁵⁸ sometimes requiring “intimidation” but only with the “softness of speech and tone.”⁵⁹ Driving Pinel, was an anthropological politic of extreme simplicity, a noble politic, a metaphysical politic associated with nobility, a hope of returning human dignity, of returning a certain “nobleness” to its necessary principality within the life of man, ill or fit, sane or insane, a nobleness that had violently died with Louis Capet and violently suffered within the prisons and sectors for the insane. For Pinel, the approach was to be one, “assuring the greatest of exactitude of facts gathered over many years of research and practice.”⁶⁰

Pinel introduced, midway through his *Traité*, the *Maxims of Care and Philanthropy to be Adopted in Hospices*⁶¹ as his seldom-studied direct appeal against what he called the reigning “oppressive systems of servitude.” Silently, this was a charge against the Republican State and a concerted hope for the metaphysical recuperation of a noble philosophical view of man. Intimidation was at times necessary on the alienist’s part to counterbalance the violent fury of a delirious maniac, but this was without “recourse to violence” and relied on “the art of language,” of counterbalancing with “the softest forms of repression” conforming to the character of the patient, a proportionate force, to the “degree of the resistance,” one without hostility and sadistic impulse but rather with a “sincere impulse of restoring amiability.”⁶² Such a maxim, however, was not employed within the general treatment of those suffering with mental alienation, it was however to “reign” and “preside over” the alienated of Bicêtre where “not one violent hand” was “to be raised” but rather “soft voices” and a “stratagem” of sympathy employed⁶³. Pinel had observed, that the alienated transferred to the hospice were extremely dangerous

owing to the physical punishment and “bad treatment” they had undergone⁶⁴. The violent treatment of the alienated, was something at once “completely opposed” to medicine and nature, and would only guarantee the propagation of man’s “destructive instinct,⁶⁵” an instinct epitomised by the execution of the King. There were nurses, Pinel recounts, who exerted a “brutal force” upon the “calmest” of patients, who would in turn, “lapse into states of fury” and the entirety of their convalescence undone⁶⁶. In contrast to such methods, “an art consoling the alienated” was needed, an art of addressing the ill with “benevolence and kindness,” at times speaking with them in an “evasive fashion” so as to avoid “their agitation.” Even in cases of what Pinel characterised as “inflexible obstinacy,” therapeutic “triumph” was without “violent act.⁶⁷” For Pinel, without the philanthropic pretext informing such therapeutic strategies, without the “continual application of the purest philanthropy,⁶⁸” the creative nature of medicine as a science of man would fail to be realised and the ethic of medical practice divorced from its Hippocratic origin⁶⁹.

Prior to the efforts of Pinel, which began at Bicêtre in 1792 and more confidently realised in 1797 (but four years after the King’s execution), no legislative protection existed for the alienated who had been sentenced to a tortuous, fated existence since the Europe of the Middle Ages, itself a ceremonial and astrological era of the “curious compound of pharmacy, superstition and castigation,⁷⁰” an era to which Pinel would accord a “barbaric ignorance.” As a Dr. Léon Dayras tells us in a short yet informed work of 1838:

The Middle Ages considered the mad to be possessed by demons. Exorcism was to prove the only remedy available, and religious prejudgment brought cruel consequences upon them. Pinel, in his medico-philosophical treaty of mental alienation, draws upon some famous examples of exorcism from Besancon, to Castel-Sarrazin. For Pinel, however, they all belong to the barbaric ignorance of the epoch.⁷¹

Yet this ignorance did not disappear with the passing of the superstitions of the Middle Ages. Similarly to Dayras, in 1856 on British shores, a Dr. John Conolly (1794-1866), the consulting physician at Middlesex Lunatic Asylum and Fellow of the Royal College of Physicians, published a courageous attack against the

corrective measures forced upon the insane entitled, *The Treatment of the Insane without Mechanical Restraints*. It was within the preliminary pages of this masterfully bold, eloquent and lengthy work, that Conolly introduced an ethical need in bringing the 18th and 19th century scenes of this “barbaric ignorance” to a medical and learned readership, scenes not merely reserved for the heretic notions of the Middle Ages, but actively played out within the 18th Century medical establishment itself:

Harmless maniacs, or those supposed to be so, were allowed to wander over the country, beggars and vagabonds affording sport and mockery. If they became troublesome, they were imprisoned in dungeons; whipped, as the phrase was, out of their madness – at all events subdued; and then secluded in darkness, in the heat of summer, and in the cold and dampness of winter; and forgotten, always half famished, often starved to death.⁷²

According to Conolly’s study, despite the energies of the medical few the coming of the 19th century, of which Pinel was the most prominent and pronounced, a medical archaism was still widespread where the starvation and suffering seclusion continued silently within the reasoning of State legislation, and notably within the French Republic. Conolly recounts a number of the French establishments for the insane, writing of them as, “massive and gloomy mansions,” or as, “prisons of the worst description,” where unglazed walls were guarded with iron bars. These ominous “houses” for the insane had narrow corridors, dark cells and desolate courts devoid of vegetation. The attendants, of whom numerous, were armed with whips and clubs, and in France these weapon-bearing guards were accompanied by dogs bred for the very purpose of attack – scenes of mauled and beaten men and women were thus not unusual for these places of internment. The attendants with or without barking dogs, were the only point of human contact for the insane, free to impose chains and manacles at their own, in Conolly’s words, “brutal will.” This was not all, however, for Conolly further describes in detail that the, “uncleanliness, semi-starvation, the garrotte and unpunished murders” were the characteristics of such establishments throughout Europe at the turn of the 19th Century⁷³. Visitors to these grim houses of sufferance were of a rare small number and were either the occasional official or those with the boldness of charity and the mission of religious solace. The latter,

as if a Pinel leaving the public execution, would return to their clergy, monastery or convent with memories and impressions never to be effaced. Conolly cites a poem written by a cleric shortly after his visit to one of the hospitals:

Fast they found, fast shut,
The dismal gates, and barricaded strong;
But, long ere their approaching, heard within
Noise, other than the sound of dance or song;
Torment and loud lament, and furious rage.⁷⁴

The poem delivers us to a world sooner created by the pen of Poe, of a descriptive capacity even delivering us to the hopeless lost souls of Dante's *Inferno* to which Rodin would depict the cries and eternally tortured bodies upon his celebrated 'Gate' of 1880. Yet it was not the theological expression of art to which Conolly appealed in his vivid depictions, but the very real and lived problem of human misery within the governmental establishment. These houses for the insane were spaces of condemnation and abuse, and despite the overbearing gloom of their physical gates and the desolate barren grounds upon which no vegetation was to grow, they however boast a national and clerical architecture, patterned by the symbolic finesse of classical motifs. By day, Conolly tells us, people gazed in "awe" at the aesthetic crafting of these great establishments of lament, punitive measure and "brutal free will," but by night the 19th Century aesthete "would walk far round to avoid hearing the cries and yells which made night hideous."⁷⁵

With similar sentiment to Conolly, in their co-authored work of 1889 entitled *A Manual of Psychological Medicine*, Doctors John Bucknill and Daniel Tuke, would add to the catalogued accounts of the gross impiety by citing the graphic sketches of a Dr. W.A.F. Browne:

The building was gloomy, placed in some low confined situation; without windows to the front, every chink barred and grated – a perfect gaol. As you enter, a creak of bolts and the crank of chains are scarcely distinguishable amid the wild chorus of shrieks and sobs that issue from every department. The passages, narrow, dark, damp, exhale a noxious effluvia...your conductor carries a whip and a bunch of

keys, and speaks in harsh monosyllables...ten females, with no other covering than a rug round the waist, are chained to the wall...In shame or sorrow one of them perhaps mutters a cry; a blow, which brings blood from the temple, the tear from the eye, an additional chain, a gag, and indecent, contemptuous expression, produces silence⁷⁶.

This was the condition of treatment at St. Luke's hospital in an England of 1792, an establishment even without the decorative, imperial façade of the French "asylum" across the water that captured Conolly's attention in the run-up to his 1856 publication. For the insane of 1792, Europe was nothing but a hopeless, infernal landscape. The Quaker William Hack Tuke, English reformist of the asylum system who died in 1822, would however propose in the spring season of 1792, the Retreat of York. This was a visionary appeal not for an "asylum" but a "hospice," an "institution" without human suffering. More than a proposition, this was a Tuke's call for the humanisation of the medical treatment of the insane, one foretelling Pinel's concerted actions within a Bicêtre of 1797 where he would unchain the insane.

Like a Conolly writing in 1856, Tuke of 18th Century England had been urged by his experiences to assert a more humane treatment of the mentally ill in suggesting a place of patient-oriented therapy, one which would depend as much on the spaces of the institution as well as the approach of the clinician. For Tuke, what was needed in the treatment of the insane was "an airy institution" with "acres of land." Indeed, it was a visit to St. Luke's hospital neighbouring London that would particularly move him to such a project. As Bucknill and Tuke later recounted:

He saw the patients miserably coerced – not entirely from intentional cruelty, but from the conviction of the superiority of such a course of treatment over any other. Among them, was a woman whose condition especially arrested his attention and excited his compassion. She was without clothing, and lay in some loose, dirty straw, chained to the wall. The form of this unhappy patient haunted him afterwards, and redoubled his assertions until his plans were carried into practical effect.⁷⁷

As we learn from Daniel Tuke, William Tuke's great grandson, in his work of 1892 entitled, *Reform in the Treatment of the Insane*, previous "honourable endeavours" and good intentions had in fact existed. Doctors Mason and Burgh of Old York Asylum were two prominent clinicians who had attempted reform,

yet their efforts had been constantly blocked and “thwarted⁷⁸” not only by Officials of the health ministry but also by the Governors of asylums. One notable example is given: in 1789, at Old York Hospital prior to William Tuke’s call of 1792 for therapeutic reform, doctors Mason and Burgh established a Lupton Fund for impoverished patients and their families. The charitable fund, set up to aid treatment costs, was however not only “corrupted” by the “unworthy motives” of opposing asylum physicians, but also by the Governors of Old York who saw fit to unanimously pass a resolution in 1791 that prohibited contributions to the fund by concerned wealthy parties. If anyone were to contribute to the fund, any possibility of joining the Governing body of the establishment would be immediately nullified⁷⁹. We also learn that later in 1813, Mr. Rose, an outspoken Member of Parliament belonging to a London Constituency, sympathetic to the altruistic energies and urgencies of Tuke, proposed a “Bill for the Better Regulation of Madhouses.” The Bill was confronted by an unwavering authoritative opposition and subsequently withdrawn. Mr. Rose, whom we are told by Daniel Tuke was a man of great determination, was not to be deterred by those belonging to the upper echelons of parliamentary life, and again proposed the Bill on 28th April 1815 where before a parliamentary assembly he recounted how, “a young woman who, although requiring some restraint, was perfectly harmless. She was found chained to the ground by both legs and arms, a degree of cruelty which in no respect was justified.⁸⁰” Rose, an outspoken public figure admired for his “spirited questioning” swayed the second vote, and a committee of the House of Commons for the purpose of Inquiry was appointed. Such change was not easy, for as Tuke tells us “the victory of the reformers was not obtained without strong opposition⁸¹” and the struggle for reform often entailed much personal sacrifice and hardship. This, a situation as attributable to England as to France, for we have it from Dr. Paul Bru in his authoritative History of Bicêtre, that Pinel, in the final months of 1792, following the execution of the King, had repeatedly sought and failed to obtain the authorisation for the alienated of Bicêtre to be unchained from their shackles with the aim of “reforming a monstrous treatment⁸²” and its sites of “misery.⁸³” Pinel however undeterred by such refusals.

Daniel Tuke accorded his great-grandfather the same salutary prominence as the eminent

French clinician Jean Pierre Flaret later allotted to his mentor Pinel. We are told that William Tuke, was a “philanthropic citizen of York,” of great “enthusiasm without fanaticism” of immeasurable “sympathy without intrusiveness.”⁸⁴ Indeed, these were the qualities behind call for reform of 1792: Tuke’s reformist proposition was put forward at the close to a conference organised by the Society of Friends held at York. Somewhat unusually, no official record of the meeting was made⁸⁵. Daniel Tuke recounts as to how the proposition of his great-grandfather was “one of wisdom” but that, “a wet blanket was thrown on the scheme” by those in attendance. Tuke was no doubt perturbed by the air of staunch doubt surrounding his attempt, so much so that in the summer of 1795 he would write in a memoir: “all men seem to desert me on matters essential⁸⁶” – this, the anxiety which must have filled the breast of its projector as to whether his scheme for a therapeutic institution would be crushed or accepted⁸⁷. Yet the philanthropic mission aiding the diminished brothers and sisters of humanity did not desert Tuke, and so resolute was his vision of human charity and the vocational call of medicine, that he even saw fit to do away with the word “asylum,” and instead have “retreat” as the name for the proposed establishment of York. William Tuke’s descendent, faithful to the philanthropic principles bonding the charitable ideology of this Quaker family of York, retells the very moment of the establishment’s naming:

“What name shall we adopt for the new establishment?” The daughter-in-law, Mary Maria Tuke, quickly responded, “the Retreat,” – a name, be it remembered, which at that time had never been applied to an asylum for the insane; in fact, in a vulgar tongue, the name asylum was, as I have said, a madhouse – this and nothing more.⁸⁸

“Retreat” was by no means an opportune term for the Tuke family, but the most fitting illustration of a philanthropic motive. Tuke’s great-grandson later recounted that, “the word humanity was uppermost in the minds of the friends of the movement – their leading idea,” and that, “the charity and love of friends executed this work in the cause of humanity.⁸⁹” So zealously did William Tuke steadfastly adhere to the charitable Quaker principle of the human cause that he hand planted every tree within the grounds of the Retreat itsekf, as if a prophetically symbolic act foretelling the growth of the philanthropic ground of

medicine. Indeed, it was Tuke's iron observance to the task of directing medical treatment in the direction of a good intention that saw his retreat have the desired humanitarian effect. As a Sydney Smith, journalist to the *Edinburgh Review* of 1817 would relate:

The new establishment began the great revolution...Which we trust the provisions of parliament will complete. In the course of a few years the Institution had done so much by gentle methods...achieving what all the talents and public spirit of Mason and his friends had failed to accomplish...The success of the Retreat demonstrated, by experiment, that all the apparatus of gloom and confinement was injurious, and the necessity for improvement became daily more apparent.⁹⁰

This, charity raised to the edifice in the demonstration of humanity, a demonstration of equal weight and measure given by a Pinel of Bicêtre.

In 1790, two years prior to Tuke's proposal, an imperfect legislation had been passed across the water in France on 16th and 24th March to enforce the seclusion and imprisonment of the "deranged" and "dangerous." Legislation, not just in France but also throughout Europe, saw the alienated to be nothing but a peril to society, a human number deemed dangerous all but to be thrown into cramped cells deprived of standing room, air, food and light, and subjected to regular abuse and humiliation⁹¹. Medical philanthropy was thus a project with much opposition. For Pinel, as for Tuke, the humanitarian call was clear: a therapeutic space for the rehabilitation of the alienated was urgently required, an organisation of therapeutic space difficult to find elsewhere, a specialised space, where isolation and housing would prove the sovereign remedy to the State-shackled men and women of madness. For Pinel, such a philanthropic motive would even lay the ground for what he deemed in a moment of impassioned ecclesiastical appeal, a therapeutic "miracle work,"⁹² a moral undertaking other to the sentiments of exorcism and religious prejudgment carried over to an 18th and 19th Century Europe from the shaded credulous reasoning of the Middle Ages.

Pinel, concerted by humanitarian sentiment, pressed for the urgent address of the neglected and suffering body of the insane within the State establishment on a national and governmental level. Jean

Pierre Falret, the once-student of a later aged Pinel and who himself would become Pinel's successor as the prominent and valued chief clinician of the Paris Pitié Salpêtrière hospital in 1841, remembered Pinel to be a man of true human exercise, "wholly absorbed by the philanthropic side to his mission...of a generous heart."⁹³ Indeed, Pinel's mission was *deliciae humani generis*, and similar to the Tuke family the "human cause" was foremost in his Thought. His scientific and philanthropic labour, in heeding the ignored plight of an excluded and condemned human number, was to free the insane and lunatic from the confining, thorny stereotype of "an object of repulsion" rejected from society⁹⁴. As Falret was to write with similar observant and adjectival pen to Conolly, Bucknill and Tuke:

The alienated...placed within the most detestable conditions, relegated to the most unmaintained areas of the hospital...imprisoned within cramped and humid cells, deprived of air and light, old straw to sleep on, naked regardless of gender...living in the most complete abandonment...not only in France, but throughout Europe.⁹⁵

With Conolly, we have similar specifics. He tells us that the cells at the hospital of Bicêtre:

Were only six feet square, air and light were admitted by the door alone. Food was introduced through a sort of wicket. The only furniture consisted of a few narrow planks fastened into the moist walls, and covered with straw.⁹⁶

Whilst at the Paris Salpêtrière, we are told that the cells were:

Below the surface, at the level with the drains. Large rats found their way into them, often attacking and severely wounding the unhappy lunatics, and sometimes occasioning their death.⁹⁷

Such accounts by those of respectable clinical authority sensitive to injustice were to be numerous. As one Dr. Desportes had it in a presentation to the Council of Hospitals in 1822, the alienated were not only starved but enchained, shackled and muzzled alongside the indignant and criminal. Murders in the caged,

dampened dwellings were frequent and hushed, assault endless and regular. The attendants themselves were themselves handpicked from the prisons, violent and aggressive. Added to this, were the incessant cries and yells of the condemned resounding day and night⁹⁸.

In England, the barbarism was present as late as 1815, continuing through to 1827. The patients were without means of warmth, medical treatment for injuries and infections was not resorted to, and the rooms were cramped and unventilated. Conolly once again proves his historical worth with his observations:

Feeble patients were left without drink or attendance, a few potatoes being given to them now and then in a wooden bowl. In a large private asylum near London, pauper women were chained to their bedsteads, naked...and this, in the month of December. From Saturday night till Monday morning, patients were chained to their cribs...in these cribs they laid naked upon straw...there were no baths, but some patients were occasionally mopped with ice-cold water in the severest of weather.⁹⁹

In reading the accounts of Falret, Conolly, Bucknill and Tuke, “starved” and “naked” are the most frequented adjectives within their descriptions of a veritable tormented existence where malnutrition, humiliation and torture proved the primary means of legislated social measure throughout Europe. Thus Pinel, in his *Traité medico-philosophique sur l'aliénation mentale ou la manie* of 1801¹⁰⁰, a work enshrouded by the sympathetic spirit of its authour, not merely delivered us to accounts of scenes of decay, fated consequence and human debasement, but sooner set forth to carefully turn a castigatory medical gaze away from the punitive treatment of the insane towards the idea of re-sensibilising the mentally ill through therapeutic and institutional measure. It was Pinel, who, for the first time in the history of European Medicine, walked from the upper floors of Bicêtre to the unlit, rat-infested quarters of the wicket-fed naked and enchained, bringing light to the unlit, sullied and moistened corridors with the “luminary...scope of his heart.”¹⁰¹ Yet Pinel was not merely led by personal sentiment of charitability and servitude, but also by the spirit of post-Revolutionary social reform in a bid to re-establish the rights of man, rights that had been hitherto grossly misunderstood and misinterpreted, rights incorrectly

symbolised by the execution of the King:

Human dignity had been so violently realised by the French Revolution. It had been trampled on at all levels of society. It was however, to be rebuilt by Pinel within alienated man.¹⁰²

Falret's pen faithfully identified Pinel's reconstructive and reformist project of a therapeutic institution to rebuild the human dignity of the alienated, to restore a "nobleness." More importantly, what Falret indicates is the change in the role of mentally ill man and the spaces of his treatment pioneered by Pinel. What Pinel did, was to move the madman from the role of a lunatic predestined for a "humid cell," to the possibility of being a re-socialisable individual treated within an establishment working towards the therapeutic purpose of recovery and rehabilitation.

The era of Pinel was not to deem the mentally ill the "possessed" as was the case with the Middle Ages, but rather the "insane," the "lunatic" and the "idiot" – the "insensés" as they were called. But the sentiment of the Middle Ages, what Pinel deemed an epoch of "barbaric ignorance" was also present, as we have seen, through the descriptions of Falret, Conolly, Bucknill and Tuke within 18th and 19th century France and England. In short, both professional and lay opinion saw madness to be a threat and a bane to society, an "object of repulsion" proper whose condemnation would be legislated, and whose cries would fall on the strategically deafened ears of Asylum Governors. Yet for Pinel, the mentally ill of society *could* be returned to a sensible capacity by what he envisaged to be a "moral treatment."¹⁰³

The institution for this moral treatment was to be of a "specialised" functioning, working to a principle of isolation, refuge and housing. The name for this specialised institution of re-sensibilisation and rehabilitation derived from the Greek word for refuge (*Asylon*) – 'Asylum.' What the "naked" and "starving" sufferers of late 18th century and early 19th century France above all needed, was refuge and housing, a place of safety and retreat, a sanctuary of treatment, and before all else a place to be fed and bathed. Unlike William Tuke, Pinel sought not to banish the word 'Asylum' from clinical vocabulary, but rather return it to the very signification of its original meaning. What Tuke would characterise as the

“Retreat” would indeed be the very description, synonym even, for Pinel’s wording of ‘Asylum.’ As William Tuke reflected:

It was intended to convey by this designation, their idea of what such an establishment should be, namely, a place in which the unhappy might obtain a refuge: a quiet haven in which the shattered bark might find a means of reparation or safety.¹⁰⁴

This politic of sanctuary and refuge, in turn carried the practical truth of identifying mental illness to be a curable disease, as a malady of the passions: the insane suffered from a treatable malady requiring a period of treatment and therapy within the asylum. Internment would thus become synonymous with treatment, and philanthropy synonymous with science.

Against the backdrop of a post-Revolutionary France, Pinel – who bore witness to the execution of Louis XVI – would personally, in 1792, with a nursing hand at once bold and confident, unchain the insane crouched within the darkened alcoves and squalid recesses. Latter commentators documented:

1792, the celebrated year in which the celebrated Pinel commenced the amelioration of the treatment of the insane in France, by the truly courageous act of unchaining fifty supposed incurable and dangerous lunatics at the Bicêtre.¹⁰⁵

It was with the turning of the key, with the unlocking of the physical shackles of social damnation, that Pinel simultaneously put the wheels in motion for a system of therapeutic rehabilitation through the methodological organisation of institutional space. The asylum was to be a micro-political organisation on the fringes of society, where the insane would be distanced, treated and protected. For Pinel, internment and protection would marry under the philanthropic auspice of the institution, and therapy be said of the isolated space of rehabilitation.

This humanitarian-cemented medical auspice, found an unwavering support and extension with Pinel's student, Jean-Etienne Esquirol. Together they would mentor a young Falret who later bestowed the most salutary of vocabulary to his teachers and deem them "luminaries" possessing "the finesse of observation¹⁰⁶" – for the gift of observation figured chiefly in the diagnostic and prognostic of a "rational pathology." To enable Esquirol to take up the intensive study of insanity in an appropriate setting, Pinel reportedly provided funds for a house and garden on rue de Buffon where Esquirol established a maison de santé (a private asylum) in 1801. Esquirol's maison was met with success, being ranked, in 1810, as one of the three best such institutions in Paris. As we have it from a Paris newspaper in 1827:

Who has not heard about the excellent treatment that the doctor gives to lunatics, the care and attention of which they are the object? But who does not also know that it is impossible to be admitted [to Esquirol's maison] on the rue de Buffon for less than 10 or 15 francs a day? ... To see madhouses risen to such extraordinary prices, one would be tempted to believe that insanity is a privilege and that, without being a bureaucrat or a capitalist, it is inadvisable to rave. However, the janitor, the bricklayer, and the errand-boy are allowed to go crazy just like the others for, if equality is anywhere, it is assuredly in human misery. Ah well, what I should now wish for is a low-cost asylum and an inexpensive Esquirol.¹⁰⁷

In 1805, the inexpensive Esquirol published his thesis entitled *Des Passions considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale* (*The passions considered as causes, symptoms and means of cure in cases of insanity*).¹⁰⁸ As with Pinel, he believed that the origin of mental illness lay in the passions of the soul and was convinced that madness did not fully and irremediably affect a patient's reason. *Des Passions*, sought to provide a speculative hypothesis on the nature of psychiatric disorders, and in 1819, Esquirol proposed that the term 'asylum' be acknowledged as part of the general medical lexicon so that the "hospital of the alienated" could be widely recognised as an "instrument of healing."¹⁰⁹ Like his mentor, Esquirol remained faithful to the notion of a charitable function informing the physical geography of the institution, as belonging to an expressive condition of treatment. What urged Esquirol to push for the recognition of this "humanising function," was the social condition within which the insane existed. As he was to observe, with similar descriptive strength to a Falret and a Conolly:

I have seen them naked, clad in rags, having but straw to shield them from the cold humidity of the pavement where they lie. I have seen them coarsely fed, lacking air to breathe, water to quench their thirst, wanting the basic necessities of life. I have seen them at the mercy of veritable jailers, victims of their brutal supervision. I have seen them in narrow dirty, infested dungeons without air or light, chained in caverns where one would fear to lock up the wild beasts that luxury-loving governments keep at great expense in their capitals.¹¹⁰

The rhetoric of this description suggested that someone was needed to rescue the mentally ill, and Esquirol like Pinel, soon stepped forward to do just that. In 1822 he was appointed inspector general of medical faculties, and in 1825 director of Charenton Hospice.

It was in the year of 1832 that Esquirol called for a law to be introduced legislating the dependency between the alienated and the municipal state to be acknowledged, and departmental asylums for all needy French mental patients to be established with the “specialisation of function.” Pinel, together with Esquirol, under the tutelage of a moral service and duty to the socially excluded and misjudged, proposed a strategy of isolation not merely medicalising but also institutionalising mental illness, calling for roles of assistance and treatment to become recognised functions of the State Medical System. Through their efforts, the law of 1838 was introduced, drafted by Pinel and Esquirol not on grounds of punitive or coercive measures, but on grounds of therapeutic measure with the “progress” of rehabilitation as its impetus¹¹¹ where the alienated, after a duration of treatment could re-enter society as a re-sensibilised individual, “within a perspective borne directly from Condillac which consisted of placing the alienated in a perfectly reasonable world.¹¹²” This paradigm of isolation, rehabilitation and reinsertion into a *reasonable world* proved ground for a new clinical cognition of mentally ill man and his lived conditions. With Pinel and Esquirol, the perception of madness had gone from the daemon of state to be enchained to a resocialisable sufferer of a curable malady, the housing of the insane had gone from the darkened alcove and squalid quarter to the institution of alienation and therapeutic isolation. This, the first dramatic stage in the history of psychiatric treatment and the first stone laid in the history of the therapeutic measure

where a “good intention” informed the activities and pursuit of the alienist¹¹³.

The objectivity of the institution housing the insane found its guarantee in human motivation with an aim to re-socialise. Until Pinel’s undertaking, the insane had existed as the suffered exiles of State, relegated to a life of neglect and abuse. With Pinel’s asylum, this place of refuge and moral treatment, insane man would be able to regain sensible social faculty through the creation of institutional functions, ateliers and refectories, where even the convalesced would assist in the nursing of the ill, so as to, “accelerate the progress of convalescence itself.¹¹⁴” With this spirit of humanisation informing the conceptual and practical architecture of institutional roles, the long-popular equation of mental illness as the symptom of demoniacal possession was to find its dismissal.

4: Psychiatry and the Imperial need of man

The second architectural moment to psychiatric reform characterised by a philanthropy occurs in June of 1940, some one hundred years after the law of 1838 was decreed, with Henri-Philippe Pétain, the then vice premier of France, signing the Armistice with Germany. It is with this signing that Pétain is appointed chief of the Vichy State, and at the same time, the Rockefeller nurtured Frenchman Dr. Alexis Carrel is appointed its Minister of Health. It is here that a morbid tale of the mentally ill as “object of repulsion” re-emerges by with the science of Eugenics.

Through the eugenic ideal of the “well-born” – the very definition of its term – the mentally ill of Vichy France would be systematically starved, and the French post-revolutionary philanthropic triad of *Liberté, Egalité, Fraternité*, a paradigm epitomised by the efforts of Pinel, Esquirol and Tuke in England, would be inverted to its fatal antithesis, to resound in many minds as *Determinism, Inequality* and *Selection*. This was a fatal inversion undoing the achievements of the 19th Century philanthropists yet one equally calling for the apostolic mission of medicine to reaffirm itself within 20th century psychiatry

through the post-war efforts of François Tosquelles, Lucien Bonnafé and Jean Oury.

The direction of Eugenic Science was given on May 16th 1904, when Sir Francis Galton, the Victorian polymath and eminent cousin of Charles Darwin, delivered a lecture to the Sociological Society at the London School of Economics¹¹⁵. The title of the keynote presentation to an assembly of distinguished persons was, *Eugenics: its definition, scope and aims*. For Galton, eugenics was a scientific tool for the improvement, engineering and crafting of the race, the “multiplication of the best variable” as he had it, as something to be, in his words, “introduced into the national conscience, like a new religion.” Indeed, eugenics was to be the new scientific orthodoxy, an unparalleled “tenet of the future” carried by the very heart of a nation. Galton’s presentation both bewildered and enchanted those in attendance with its majestic, lest we say, aristocratic vision of the future, and as G. Bernard Shaw voiced in reply, “I agree with the paper, and go so far as to say that there is now no reasonable excuse for refusing to face the fact that nothing but a eugenic religion can save our civilization from the fate that has overtaken all previous civilizations.” This eugenic religion, as if a prophetic science engineering the successes of civilization and saving it from its previous historical impasses, was for Galton the very guarantee not merely of man’s biological and cultural optimisation, but also of his optimism: “EUGENICS is the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.”¹¹⁶

Galton’s learned and admired command of the English language enabled him to navigate the eugenic question with both boldness and balletic grace. The three pillars of Galton’s eugenic vision – “the multiplication of the best variable,” the “tenet of the future” and the development of the “utmost advantage” – stood upon a landscape where eugenics would co-operate with the workings of nature, where “the fittest races” could be the most fitting representation of the species. Eugenic religion would not take the divine as the blueprint for man’s image, but rather the eugenicist would be the engineer to what Bernard Shaw deemed, under the sway of Galton’s millennial scholarship, *a future free of fate*. But Galton went one step further in proposing this engineering of the future, by virtue of the measures and

techniques of science, to in fact rise above nature itself: “What nature does blindly, slowly, and ruthlessly, man may do providently, quickly, and kindly. As it lies within his power, so it becomes his duty to work in that direction.¹¹⁷” The ruthlessness and blindness of nature would be surpassed by the man of the eugenic religion with his providence and speed. The crudeness of nature would be corrected by scientific craftsmanship. Yet beyond the adjectival prowess of Galton’s presentation, and his grammatical fortuity urging G. Bernard Shaw to a vision of a strong unburdened future free of ills, a deeper if not somewhat more sinister politic was to be found in Galton’s memoirs where the end defined the means. As he was to write:

This is precisely the aim of Eugenics. Its first object is to check the birth-rate of the Unfit, instead of allowing them to come into being, though doomed in large numbers to perish prematurely. The second object is the improvement of the race by furthering the productivity of the Fit by early marriages and healthful rearing of their children. Natural Selection rests upon excessive production and wholesale destruction; Eugenics on bringing no more individuals into the world than can be properly cared for, and those only of the best stock.¹¹⁸

This is of a language somewhat hardened to that of his lecture at the London School of Economics, yet it is his most personal, autobiographical reflection, written upon a confessional page within the solace of the memoir. This eugenic religion, one of “bringing no more individuals into the world,” is where production and multiplication of the “best variable” became synonymous with the culling and subtraction of the “unfit.” The politic of the proliferation and decline of human number is declared with Galton’s somewhat brute analogy: “Natural Selection rests upon excessive production and wholesale destruction” this, the apparent natural justification to eugenics as being a science of the future “bringing no more individuals into the world,” a science with the subtraction and multiplication of the race as its ideal.

The Eugenics Society was founded by Galton in 1908 and it was located in Grosvenor Gardens, London S.W.1. Galton held presidency of the society until Major Leonard Darwin, the fourth son of Charles Darwin, took seat in 1913. We are told by the French Historian, Marie-Thérèse Nisot, in her

historically invaluable publication of 1927 entitled, *La Question Eugénique dans les Divers Pays*, that the goals of the society were: (1) to educate the population to eugenics and to the responsibility of paternity and maternity; (2) to work towards eliminating the elements stopping those of a superior type from reproducing and those of an inferior type from multiplying; (3) to insist upon the necessity of stopping the necessity and degenerate from multiplying; (4) to examine eugenic legislation and research within other countries¹¹⁹. These were in fact the liturgical tenets to be practiced within Galton's "new religion," and they found their way into a wealth of works published by the Society. Five such works were: *Eugenics and Patriotism*, by Professor John Edgar, *Heredity of Feeble-mindedness* by H. Goddard, *The Habitual Criminal*, by Major Leonard Darwin, and *The Eugenic Principle in Social Reconstruction* by Mrs. Gotto, O.B.E, and, *The Elimination of Mental Defect*, by R. A. Fisher.¹²⁰ Later, in 1926, and with the growing confidence of an expanding and distinguished member body and congregation of this "new religion", the Society saw fit to lay down a "eugenic program" with the "multiplication of superior stock" and the "reduction of inferior stock" as guiding reformist legislature¹²¹.

A decade after Galton's presentation of 1904 to the Sociological Society of London, and one year after Major Leonard Darwin's appointment as president of the Eugenics Society of London, a less eminent and somewhat more provincial Dr. Harry Laughlin published his *Model Eugenic Sterilisation Law* of 1914. It is here that the politic of "multiplication" and "subtraction" of the human number grows to the very national level that Galton had hoped for, namely, to be at "the heart of the nation." It is indeed with Laughlin that we can see eugenics as a religion paving the way for a future free of fate envisaged by Shaw to be nothing other than an ill-fated present for those deemed "unfit" for the purposes of the species. Laughlin, no doubt with the anticipations of the Society of London across the Atlantic, proposed the widespread and legal employment of sterilisation methods. The wording of Laughlin's Law was clear, explicit, and did not resort to the decorative, foliated language of Galton's learned, polyglot hand. For Laughlin, a sterilisation program was a preventative measure, one, "to prevent the procreation of persons socially inadequate from defective inheritance."¹²² This very phrasing, at root crude and violent, was

nothing less than a trans-Atlantic parallel to Galton's assertion of eugenics as the science of, "bringing no more individuals into the world than can be properly cared for, and those only of the best stock." Laughlin's Model Law was the legal, legislated condemnation of all those supposed to hinder the optimisation of the species. According to the pen of Laughlin (one which appears at time irritated), those who were "feeble-minded," the "insane, the criminalistic, epileptic, inebriate, diseased, blind, deaf, deformed, and dependent," as well as, "orphans, ne'er-do-wells, tramps, the homeless and paupers" were all to fall within the homogenised category of the "unfit," and nothing other than a burden to a civilization anticipating an earth, in Shaw's words, "free of fate."

Twelve states adopted Laughlin's Model Law, and by 1924, nigh on three thousand people had been sterilised in America against their will, the vast majority of 2,500 residing in California alone. That very year Virginia passed a Eugenic Sterilisation Act based on Laughlin's Law, which was adopted as part of a cost-saving strategy to relieve the tax burden in a state where public facilities for the "insane" and "feeble-minded" had experienced rapid growth. The law was also written to protect physicians who performed sterilising operations from malpractice lawsuits. Virginia's law asserted that, "heredity plays an important part in the transmission of insanity, idiocy, imbecility, epilepsy and crime..." It focused on "defective persons" whose reproduction represented "a menace to society." Laughlin, whose terminology was often far from the scholarly and diplomatic footing of Galton's public language, deemed the solution to the problem of inadequacy, "Eugenic Sterilisation" and as Section 'J' to his Law read:

Eugenic Sterilisation is a surgical operation upon or the medical treatment of the reproductive organs of the human male or female, in consequence of which the power to procreate offspring is surely and permanently nullified; provided, that as used in this Act the term eugenic sterilization shall imply skillful, safe and humane medical and surgical treatment of the least radical nature necessary to achieve permanent sexual sterility and the highest possible therapeutic benefits depending upon the exigencies of each particular case.¹²³

A fact to be highlighted is that Laughlin himself was a candidate for his own legally mandated sterilisation program. He had been a long-term sufferer of epilepsy, a disorder that in fact fell into Section

B of his law entitled, "The Socially Inadequate Classes." Despite the apparent hypocrisy of Laughlin escaping his own sterilisation program, he sat on the executive committee of the Eugenics Research Association, which was founded in 1915. The Association, as Marie-Thérèse Nisot invaluablely tells us, was nothing but a, "vulgar center" that was primarily concerned with gathering all those who were interested in eugenics, of "doctors and lawyers," who, "by virtue of their professions could provide the Society with useful and prudent advice."¹²⁴ Eugenics was a religion, attracting the most formidable of professionals to its trans-Atlantic congregation.

No more than sixteen years after the legislated sterilisation project of California, the eminent American eugenicist Lothrop Stoddard, upon returning to the United States from a visit to Nazi Germany in 1940 asserted with fervent tone that:

Without attempting to appraise the highly controversial racial doctrine, it is fair to say that Nazi Germany's eugenic program is the most ambitious and far-reaching experiment in eugenics ever attempted by any nation.¹²⁵

Just five years earlier, in a letter dated January 12, 1935, C. M Goethe, founder of the Eugenic Society of Northern California and a corporate presence to the Human Betterment Foundation, wrote:

However much one abhors dictatorship, one is also impressed that Germany, by sterilisation, and by stimulating birth-rates among the eugenically high-powered, is gaining an advantage over us as to future leadership¹²⁶.

Similarly, Stoddard's mentor, the eminent American lawyer and eugenicist, Madison Grant (who was also a member of the Eugenic Association's executive panel alongside Laughlin), had previously penned an extensively ideological work on racial hygiene in 1916 entitled, *The Passing of the Great Race*. Grant would later sit on the advisory board of the American Eugenics Society that was established in 1922 under the name of The Eugenics Committee of the United States of America, of which The Race Betterment Foundation and the Galton Society of the United States were active centres of research. And as we are again told by Marie-Thérèse Nisot, the great number of physically and mentally retarded in the

U.S.A and Britain, “constituted the most important motif for determining eugenics¹²⁷”, and indeed, its research hallmark.

In his work of 1916, one that would win the praise of Adolph Hitler and subsequently find republication and wide dissemination within a Nazi Germany, Madison Grant’s vision would be true to the liturgical tenets of the eugenic religion of which Galton had been the London-based high-priest, and in extending the sentiments of a Galton and a Laughlin, the politic of human addition and subtraction was clear. In Grant’s eyes what was needed was:

A rigid system of selection through the elimination of those who are weak or unfit -- in other words social failures -- would solve the whole question in one hundred years, as well as enable us to get rid of the undesirables who crowd our jails, hospitals, and insane asylums. The individual himself can be nourished, educated and protected by the community during his lifetime, but the state through sterilization must see to it that his line stops with him, or else future generations will be cursed with an ever increasing load of misguided sentimentalism. This is a practical, merciful, and inevitable solution of the whole problem, and can be applied to an ever widening circle of social discards, beginning always with the criminal, the diseased, and the insane, and extending gradually to types which may be called weaklings rather than defectives, and perhaps ultimately to worthless race types.¹²⁸

For Hitler, the strongest were given to fulfill the mission of eugenics, and in his work of 1925, *Mein Kampf*, he penned a passage appealing to an evolutionary “higher stage of being,” mirroring the eugenic sentiments of Grant and the Eugenic trans-Atlantic concern as a whole:

History furnishes us with innumerable instances that prove this law. It shows, with a startling clarity, that whenever Aryans have mingled their blood with that of an inferior race the result has been the downfall of the people who were the standard-bearers of a higher culture. In North America, where the population is prevalently Teutonic, and where those elements intermingled with the inferior race only to a very small degree, we have a quality of mankind and a civilization which are different from those of Central and South America. In these latter countries the immigrants - who mainly belonged to the Latin races - mated with the aborigines, sometimes to a very large extent indeed. In this case we have a clear and decisive example of the effect produced by the mixture of races. But in North America the Teutonic element, which has kept its racial stock pure and did not mix it with any other racial stock, has come to dominate the American Continent and will remain master of it as long as that element does not fall a victim to the habit

of adulterating its blood.¹²⁹

Where Galton declared the “multiplication of the best variable” to be the central tenet of the eugenic religion, Grant declared a “rigid selection” and Hitler a, “corrective measure in favour of the better quality” to “intervene.¹³⁰” Such tenets composed the apocalyptic hymn of the new religion, one that had been sung in Britain, the United States, Germany and France by a distinguished congregation of corporate and academic personages.

5: Mental illness and Eugenics

Eugenics had long been a primary scientific concern for Britain, the U.S and Germany – a concern that was bolstered by corporate philanthropies and bold financial backing. One such instance of binding corporate philanthropy occurred in 1928 with the Rockefeller Foundation of New York donating 325,000 dollars for a new building in Munich linked to the Kaiser Wilhelm Institute in Berlin¹³¹. It is not surprising therefore, that as one leading historian of the field tells us, the foremost representatives of American eugenics socialised with the foremost representatives of the Nazi agenda:

Even after the beginning of World War II, American eugenicists continued to visit Germany...Ellinger visited Germany apparently undeterred by recent displays of Nazi aggression. He met with Hans Nachtsheim, a geneticist at the Kaiser Wilhelm Institute for Anthropology, Human Hereditary and Genetics...Ellinger was also introduced to Wolfgang Abel who wore the black uniform of the S.S.¹³²

Stoddard, the once-Harvard graduate of History and the eventual founding director of the American Birth Control League, had always been well received within a National Socialist Germany. Along with the prominent geneticist Ellinger, on grounds of his far-reaching reputation, Stoddard was a hail fellow well met with the most chilling of the Nazi hierarchy: S.S Gestapo chief Heinrich Himmler, racial hygienists

Fritz Lenz and Eugen Fischer, and most importantly, Hitler himself – all of whom marked a new, decisive stage of the eugenic religion.

Stoddard was often referenced within the propaganda-weighted pages of German school textbooks for his publications, championing a bi-racial politics, were a sympathetic gesture to Nazi ideology and carried the ideals of the Eugenic Association and its international fraternity. His acceptance by the Nazi regime was confirmation of the international strength of the eugenic ‘religion’. In 1920, Stoddard published, *The Rising Tide of Colour Against White Supremacy*¹³³, four years later saw the publication of *Racial Realities into Europe*¹³⁴. In 1940, after all but a brief meditative silence of publications, Stoddard added to the unsettling eugenic cadenza of his previous texts with *Into the Darkness: Nazi Germany Today*¹³⁵. This latter publication found strategic cushioning with Ellinger’s essay of 1942 appearing in *The Journal of Hereditary* entitled, *On the Breeding of Aryans and Other Genetic Problems of Wartime Germany*¹³⁶. Not too ironically, in the same *Journal of Hereditary* some twenty years earlier in 1924, Fritz Lenz, who held the chair of eugenics at the University of Munich since 1921, went one step further than sterilisation and proposed euthanasia to be the soundest method of the racial hygiene plan of the Nazis. Three years earlier in 1921, Lenz, with Erwin Baur and Eugen Fischer co-authored a textbook on human heredity bearing the title, *Grundriss der menschlichen Erblchkeitslehre und Rassenhygiene*¹³⁷ (*Outline of Human Genetics and Racial Hygiene*). It was in this widely circulated publication that Lenz, like Laughlin, architect of the Eugenic Sterilisation Law of 1914, would propose the “sterilisation of all the unfit and inferior.”¹³⁸ For Lenz, true to the multiplication and subtraction politics of eugenics presented by Galton, those of unsound hereditary traits were to have no right to reproduce. To recall the words of Galton, this eugenic politics of flourishing and culling, was to bring “no more individuals into the world than can be properly cared for, and those only of the best stock.”¹³⁹ How tragic the realisation of this ideal would be with Hitler’s personal “escort physician” Karl Brandt, who masterminded the eugenic master plan of the Nazis, AKTION T-4, named after the address of Brandt’s office – Tiergartenstrasse 4, Berlin. AKTION T-4, with the superiority of the Aryan race as its governing

principle (echoing the Eugenic research of Britain and the United States) brought mentally ill and physically handicapped children and adults, those of the “defective” category, to a brutal end. This in turn led to 93,000 “free” beds at the close of 1941, a eugenic statistic.

The Reich committee directed the operation of gassing in accordance to the necessity and measures of the Nazi State. Adults and children alike were reduced to the brutalized human category reminiscent of the 18th century asylum. As one source recounts:

They visited the child there on his fourth birthday...he was malnourished and covered in bruises. The doctor forbade them [the parents] to remove the boy...they were told to return in a month...After two weeks the father wrote to the asylum. The answer was that their ‘little son Friedrich was already dead’...The director, Schmidt, replied on the 29th of that month claiming that ‘idiotic little children’ frequently die of measles, and that the mother ‘had behaved uncontrollably’ when she had visited the asylum to take her boy home with her. In many instances we are dealing with small children who could not talk...Anna Maria R. was born on 30th January 1935 in Cassel. She died of bronchial asthma and heart failure, a case of idiocy.¹⁴⁰

As is the macabre habit of such historical episodes, it is childhood that suffers the most, tearing young and innocent life from the world in the name of governance and a future “free of fate”. We also have it from Dr. François Bayle in his monumental work of 1951, *Croix Gammée contre Caducée*, that between 1940 and 1941, those of non-German and Jewish origin were taken in their masses to euthanasia camps. He writes:

Children with disabilities also qualified for extermination. This aspect to the euthanasia programme was overseen by The Committee for Hereditary and Constitutional Illnesses, and specifically, by Dr. Linden. Questionnaires were put together by different departments within the Health Ministry: directors of children’s hospitals, doctors...¹⁴¹

G. Bernard Shaw upon hearing Galton’s words championed a “future free of fate.” Not so for the child deemed “idiotic” in a war against the weak.

Yet the Eugenic project of the Nazis and the foreign sympathies of Stoddard, were also intellectually and geographically extended with a sophisticated body of study belonging to that of a prestigious Frenchman, Dr. Alexis Carrel. More than a Stoddard finding his way into the textbooks of the young, and with greater voluntary destructive ignorance, it was Carrel who would begin to turn the wheels of the killing machine for the mentally and physically handicapped of France, a machine whose engineering grew from the ideological blueprint of Galton and Laughlin. Yet as with the racial hygienists of Nazi Germany, things went one chilling step further than the sterilisation of Laughlin. In proposing eugenics as the scientific tool crafting a future of a, “hereditary aristocratic biology,¹⁴²” Carrel set the French pretext for the envisaged inception of euthanasia and the anticipated pan-European growth of Brandt’s brainchild, T4.

Dr. Alexis Carrel had won the Nobel Prize in 1912 for the first successful radial-popliteal transfusion. Maréchal Phillipe Pétain, the figurehead of the Vichy State, had appointed him to oversee the Vichy Ministry of Health. Carrel’s appointment was not an unusual move for the Nazi gripped ‘free’ Vichy state, for his eugenic vision of the future fitted the pan-Germanic ideals of the Occupation most notably. Carrel envisioned, much like Shaw indicated some years earlier in London, a world “free of fate”, governed by an intellectual elite, a world transformed by a “scientific enlightenment.” Carrel believed, that the age of this Enlightenment had not finished because it was yet to even begin. Carrel saw himself, as the architect to this Age of knowledge, and eugenics was the inaugurating science, the founding path leading to a new horizon of the species. True to the eugenic mindset, civilisation could be free of disease and the criminal, by propagating the best elements of the species, and culling the worst.

Carrel was reputed as a scientific genius. His early publication of 1936, *L’Homme cet Inconnu*¹⁴³, was where he expressed his hopes for a scientific future with euthanasia as the just tool to building the new enlightened world of man. Carrel would even venture to borrow the phrasing of Sir Francis Bacon, the enigmatic Elizabethan scholar, philosopher, scientist and unparalleled courtly authority, namely that, “knowledge is power.” Yet he was also known for a fervent interest in Christian prayer and

spiritual miracles. Carrel's later publications, notably *La Prière* and *Le Voyages De Lourdes/Fragments De Journal/Méditations*, showed a man who was seemingly touched by prayer – profoundly so even – a man of Christian meditation, fascinated by the mystical experiences by the many visitors to Lourdes¹⁴⁴, and the ancient foundations to religion itself. As he recounted in *L'Homme cet Inconnu* of 1936, “I live at once in the New World and the Ancient.” For this man of science and prayer, a champion of eugenics on the one hand and the miracles of divine revelation on the other, a man who had made his mark on the scientific world in 1912, eugenics was to prove the most powerful form of knowledge available to the species, empowering it beyond the fateful limits history had dealt it. As he wrote, almost in the guise of a Galton speaking of the “multiplication of the best element”: “Eugenics...is indispensable for the perpetuation of the strong ...A great race must propagate its best elements.¹⁴⁵” What for G. Bernard Shaw was a prophetic engineering for a civilisation “free of fate”, for Carrel, was the means for spiritual and intellectual advancement carrying man to his eventual enlightenment – and many to their deaths.

Previously, the summer of 1938 had marked a deepening of discussions between Carrel and the pioneering American aviator Charles Lindbergh, who himself had accepted the German medal of honour from the hands Hermann Göring, the mastermind of the Gestapo (*Geheime Staatspolizei*). What Carrel and Lindbergh both shared was a mutual concern for the betterment of the white race:

We must not forget that the most highly civilised races – the Scandinavians for example – are white, and have lived for many generations in a country where the atmospheric luminosity is weak during a great part of the year. In France, the population of the North is far superior to those of the Mediterranean shores.¹⁴⁶

This bi-racial politic strongly leaning towards the Nordic Theory put forward by Madison Grant in his work of 1916, proved the ideological cement bonding the walls of the Foundation for the Study of Human Problems (*La Fondation pour l'étude des Problemes Humains*) which was established in 1941, with Carrel as its director. The chief purpose of the Foundation was the study of scientific nutrition and public hygiene– research fields which Carrel saw to be, “indispensable to the life of an elite,” and

correspondingly necessary for a scientific enlightenment that would raise the intellectual activity of the race beyond its accustomed “industrialised” stagnancy¹⁴⁷. The Foundation’s research activity was thus conducive to the demands of an imminent enlightenment and the eugenic politic paving its way. As is well documented by the *Cahiers* of the French Foundation, Carrel openly spoke out against the immigrant population of France:

As we know, many immigrants have been admitted into France. Some are desirable others are not. From the biological vantage point, the presence of an undesirable foreign group is a danger for the French population. The Foundation proposes to specify the modalities of assimilating immigrants so as to enable the possibility of placing them in conditions appropriate to their ethnic spirit. The Foundation is currently undertaking a consensus and localisation of categories shared by the immigrants, above all, the North Africans, Armenians and the Polish. In Particular, the Foundation is studying the Armenian population of Issy-le-Moulineaux.¹⁴⁸

Immigration had indeed been a reigning theme to the discourses of international eugenicists. An example of this is given by observing a hand written resolution drafted by the American Breeders Association at their 8th convention. It reads:

Resolved: That the Eugenics section organise a permanent committee on immigration, with authority to cooperate with similar committees of other organisations in securing laws which will be more effective in securing emigrants which bring good health and only normal and superior hereditary to this country.

Resolved: That the Eugenics section request the Association to appoint a committee to report on the possibilities of securing data and useful eugenics legislation through the United States Census Bureau, the Bureau of Health and other Societies and Institutions.¹⁴⁹

Seemingly, Carrel’s hopes for the psycho-social advancement, was one not only closely allied to the ideologies of the Nazi State, but to the scientific eugenic tradition established by Britain and the

United States. The latter, for Carrel, was a country whose science Carrel openly declared to be the blueprint for a greater future: “It is certain, that most countries follow the direction of North America... its psychological and spiritual processes.¹⁵⁰” And we again recall Galton’s legacy: namely that, Eugenic institutions and elite congregations of this “new religion” were first established in London with eminent members of the Darwin family at its helm.

Carrel had always found sponsorship by the immensely powerful. Under the patronage and inspiration of Vichy, he would be inaugurated as the Minister of Health in 1941. Under the patronage and inspiration of the New York-based Rockefeller Institute for Medical Research, he had penned his most compelling and chilling thoughts on the new scientific age of man marrying the spiritual and the eugenic¹⁵¹. Indeed, Carrel, like Lothrop Stoddard and other members of the international eugenic fraternity (if we may call it such on historical grounds) was well known and well connected. He walked with those of the everyday – laymen; traders; those within the upper echelons of the American Catholic community, and those who walked the corridors of power. As he tells us, in the third person:

He has frequented farmers, proletarians, employees, workmen, jewellers, politicians, soldiers, professors, school masters, priests, the bourgeoisie... sometimes geniuses, heroes, saints. At the same time, he has seen the secret mechanisms that are the substratum of all organic and mental phenomena - at the base of tissues and in the dizzy immensity of the brain.¹⁵²

It is this 1936 work that Carrel dedicates to his friends – “mes amies” as he wrote. These friends were in fact Frederic Coudert, delegate to the Republican National Convention, the Catholic scholar Cornelius Clifford¹⁵³ and the eminent Russian engineer and scientist turned Republican, Boris Bakhmeteff – three friends who reflected the professional network and financial environs within which Carrel moved.

Carrel’s philosophical take on the world was one that, for him, was religiously rooted. The mystical union of man presided over the moral in the name of scientific advancement (eugenics): “the mystical sense is exceptional, far more exceptional than that of the moral.¹⁵⁴” It was this mystical dimension to Carrel’s Thought that brought him to think of Man schematically, as being constructed by

the techniques of the human sciences. This was a schema shared by the likes of Galton, Lenz and Carrel, and the concern of the eugenic fraternity with a more romantic and philosophical prose was communicated by Carrel's pen. Through eugenics and the study of human nutrition, man would find his most fitting representation of a supreme "architectonic"¹⁵⁵ much like, we recall, Galton had asserted that Man would find his most fitting representation of the species. What Eugenics could guarantee was the longevity and increased superiority of this representation, without organic decline, without the "loss" of "moral and intellectual treasure" through the degeneration of senility.

The task Carrel set himself was to grasp the "innermost secrets" of the "physiological and mental conditions" necessary for determining the "superiority of organic and mental forms."¹⁵⁶ To this, he draw upon a simple analogy – *transform man as the bee transforms larvae*. This was an analogy not too distanced from Galton's of 1908, "Natural Selection rests upon excessive production and wholesale destruction; Eugenics on bringing no more individuals into the world than can be properly cared for, and those only of the best stock."¹⁵⁷

Carrel's hopes for discovering these innermost secrets and the theoretically excellent conditions of an ideal human union of the scientific and spiritual were to be allied with the want to position the influence of dominant physiological and mental factors, freeing man from his veritable vegetation within the offices and factories of an industrial world:

One day, a scholar may discover the means to producing great men with the help of ordinary children, as the bees transform a common larvae into a queen through the nutrition they prepare for her.¹⁵⁸

The prosperity of civilisation and its eugenic enlightenment, would be within a mental atmosphere untouched and unobstructed by mental illness, deviancy and physical disability. Once these were cleared from the fabric of civilisation then a "considerable deepening of our knowledge of the body and soul"¹⁵⁹ could follow, furnishing the necessary conditions for a future of psycho-biological excellence, free from

hereditary problems.

In *L'Homme cet Inconnu*, a text written amidst a frenetic developing New York of the 1930's, Carrel appealed to a greater age of man yet to be lived, a union yet to be experienced, where man would find his enlightenment beyond the crude mental currency of the Industrial State, where he would be fully realised in all his perfection: the, "reversal of industrial civilisation and the advent of another conception of human progress."¹⁶⁰ This reconstitution of man, freeing him from the confines of the office and factory was all but a seemingly Marxist gesture, freeing him from the staunch time constraints and mechanical routines of the factory floor. However, the attempt to usher in this world free of fate was at the price of the young, old and newly born who were deemed "unfit." Beneath the mystically hypnotic prose positioning Modern Man deep, "within the storm of an obscure night" where he, "begins to enter into illuminative existence,"¹⁶¹ lurked a frustrated stigmatic categorisation of the mentally ill. What Carrel wanted, was the programmatic management of social man through the advancements and discoveries of science. This in turn provided justification for a eugenic future of racial control appealing to a scheme of civilisation freed from the psycho-socio-biological plagues not just of disability and deviancy, but most of all of madness. Indeed, for Carrel, there was no greater crime than mental illness. Mentally ill man was the most major threat to man's future of spiritual and scientific union. As Carrel further expressed in *L'Homme cet Inconnu*:

Too Many inferior individuals have been kept alive by virtue of the efforts of hygiene and medicine...yet no criminal has caused greater sadness than the introduction of madness within a race...their multiplication is a very negation of the race.¹⁶²

The fate had thus been sealed for the mentally ill in 1936 with Carrel's Rockefeller-backed publication – five years prior to his appointment as the Vichy Minister of Health. His appeals to the ancient and mystical auspices of psychological and mental attainment reintroduced the daemon of madness that had been exorcised by Pinel, and the madman was once again to be found locked within the chains which had

been removed by Pinel. Mental illness was to regain its status as a public and social threat:

The illnesses of the mind are a menace. They are a greater danger than tuberculosis, cancer, than disorders of the heart and kidney, and even typhus, the plague and cholera. The danger is not only that illnesses of the mind augment the number of criminal cases, but above all because these illnesses increasingly deteriorate the white race. There is no greater evil of mind among the criminals in the rest of the nation than the mad. It is true that we see a great number of abnormal cases in prisons, but as we have already mentioned, it is only a weak proportion of criminals that are imprisoned. Those who allow themselves to be caught by the police and condemned by the tribunals are stupid. The frequency of mental illnesses indicates a grave flaw of modern civilisation, and it is not to be doubted that our way of life encourages such disorders of the mind.¹⁶³

Madness was more than an evolutionary accident for Carrel. It was an irritating blemish to modern civilisation thwarting man's enlightenment, a blemish to be removed within a baleful scheme of medico-socio sanitisation. An interesting yet bitter historical irony, is that while Carrel formulated the eugenic future of man within the pages of *L'Homme cet Inconnu*, a work patterned with salutary gestures to the furtherance of Rockefeller research into, "the enormous constitution of molecules of proteinic substance...of prestigious means...from physiology to metaphysics," across the Atlantic, no more than three years later in 1939, under the command of the Reich Commission for the Scientific Study of Hereditary Affections and Grave Constitution, children would be "killed by euthanasia in centres established by the Reich Commission."¹⁶⁴ Three years prior to the extermination of children by euthanasia, Carrel had spoken of a new direction for man, of, "a new way to which we must all advance."¹⁶⁵ Yet this new way, one freeing man from his industrial stupor at the same time as guaranteeing his majestic transformation (as if a larvae into a Queen bee) was nothing other than, in Carrel's words, providing, "the establishment of euthanasia and appropriate gases."¹⁶⁶

This new way, which had been built up on the research energies of Britain and the United States, was to lead to the "supreme goal" of civilisation¹⁶⁷, one set upon the horizon of the medical milieu of an Occupied France. Carrel's inauguration as Minister of Health in 1941 saw him put into motion the,

“hereditary aristocratic biology¹⁶⁸” the eugenicists had longed for and at once mirror the systematic cultural cleansing of Nazism.

6: The occupation of France and the plight of psychiatry

The German occupying forces marched into Paris on June 14th 1940. On the eve of the fall of Europe’s artistic capital, Sophie Morgenstern, one of the first child analysts of France, herself of Polish Jewish origin, took her life as if ritualistically marking the immanent oppressive mobilisation of the psychoanalytic community. In May 1940, under pressures of impending invasion, the Institute of Psychoanalysis was forced to close its doors. The psychoanalytic community, much like the common populous of the Vichy South, became homeless, orphaned, and suspended from the arena of human and cultural affairs. The widely disseminated pre-war journals, *Evolution Psychiatrique* and the *Revue Francaise de Psychanalyse* consequently ceased publication. Professor Laingnel-Lavastine attempted a compensatory move by allocating Dr. Georges Parcheminey the task of restructuring the Parisian psychoanalytic community of Hôpital Saint-Anne in the wake of its deluge. The attempt proved futile. Holding the weakened psychoanalytic body aloft within the shadow of occupying forces, as if in reluctant sacrificial poise, Parchimény’s opening lecture at Saint-Anne was weighed by the presence of German officers. Pressured by the watchful glare of those in attendance and fearful for his future, Parchimény spoke of his master, Sigmund Freud and the longevity of biological psychiatry. The armorial, indomitable spirit nurtured through France’s victory of 1918, seemed extinguished along with the culturally rooted speculative enquiry of psychoanalysis. The medical community was crippled beneath the ideology of Occupation.

In his later published memoirs, the eminent French Jewish neuro-psychiatrist, Dr. Henri Baruk, described the situation well in deeming it “a violent blow to the profound attachments to ways of life.¹⁶⁹”

Nowhere more so would the medical community from the Occupied North to the 'free' Vichy South be shaken by this forceful rupture of a nation's homely attachment to the land, and nowhere more so would the fabric of mental illness mirror the damnation of the embroidered Yellow Star worn by Jewish men, women and children, from the newly born to the elderly and frail.

The Armistice of June 1940 – almost one year after the German-Soviet agreement of August 1939 – and the inauguration of the Vichy State by the Assemblée Nationale in July of that year, saw Marshal Henri-Philippe Pétain enter the role of father figure for a French populous orphaned from its "ways of life". With Pétain's appointment came the thorny, insoluble problems of what was believed to be a 'free' zone. In the North, the situation was one of being, in Baruk's words, "crushed."¹⁷⁰ Indeed, for the French, the war was a "strange war" with a "strange peace," and (if we may permit ourselves to create an idiom) a "strange freedom." Added to this admixture of national ambivalence, was also "noise and social upheaval."¹⁷¹ These were the common adages of the time on the lips of a populous both physically and psychologically separated from its homeland. The Northern territories of France witnessed the explicit force of Occupation while the Southern territories witnessed an implicitly constrained autonomy under the Vichy State. France was a country split between the "occupied" and the "free", yet as Jean Lacroix recounted in his preface to the Gestapo hunted philosopher Paul Louis Landsberg, the free territory was known nothing other than, "questionably free"¹⁷².

The occupied areas had witnessed the mordacious and crippling declaration of 'The Status of Jews' on 27th September 1940, a status that had been previously announced to be "only attributable to the occupied zone." In the wake of Pétain's signature of June 1940 accepting Hitler's proposals for a Southern 'autonomy', the 'free' South itself bore witness to an announcement on 30th October decreeing the 'Status of Jews' to be a reality within the 'unoccupied' zone itself. Occupation was, therefore, an active and supple presence throughout France. The declaration segregating the Jewish people of the Occupied North, found its vociferous echo merely one month later in the Vichy republic. Lists of Jewish clinicians were published in the French popular press denouncing their medical legitimacy¹⁷³. The Jewish

doctor of both occupied and Vichy zones became a victim of restricting clauses brought into effect in August 1940 by the Council of the Order of Medics. As a Pétainist newspaper entitled *Au Pilon* had it, “the hunt” for the Jewish doctors was “underway.¹⁷⁴” This was a nationally ‘Status,’ and like a penetrative mercurial liquid it seeped its way deep into the clinical milieu. Jewish clinicians were in turn segregated from their French colleagues under the watchful eye of the Council of the Order of Medics – an order with which all doctors in France today have to be registered in order to work.

Dr. Baruk was one such Jewish doctor washed within the angry waters of this National Status. He would later note in his memoirs that, “Owing to” his “military service of 1914-1918” he “had the right to maintain my medical function on the condition that” he “displayed the yellow star.” But he “laboured under no delusion, there was a mortal danger circling above our heads.¹⁷⁵” The situation, as worded by Baruk, beneath this circling mortal danger liable to swoop and rob him of his life at any time, was one of “surviving and working” within a vice of seclusion in a bitter struggle for survival. Despite these dangers, Baruk remained in Paris to attend to those in need. Contrary to the advice of his friends and medical fellows, he remained to “visit patients...and walk the parks of Paris...carrying the yellow star,” for the benefit of others in need. The apostolic ground of medicine was once again affirmed. “Surviving and working” was the common adage for the Jewish doctors of France. Baruk later reflected that the “hunt” for the Jews rendered him on constant alert, intensified by an internal voice – “it’s my turn” – or by the displaying of public signs “prohibiting dogs and Jews from entering.¹⁷⁶”

Yet it was not only the Jewish medic who worked beneath the ominous shadow of imminent dangers rooted in the *new eugenic religion*, but also the ill and the handicapped, and more particularly, the mentally ill, both young and old. Eugenics indeed took no prisoners as prisoners are a living number, rather this religion culled life from the living flower of humanity in order to multiply the “best variable” (Galton). Mental illness, just as the embroidered yellow star of the Jews, homosexuals, gypsies and immigrants, was a target for a baleful eugenic scheme, an obstacle to quickly surpassed. The Jewish medic and his patient thus became victim to a punishing alienation with progressive elimination of the

inferior and multiplication of the best variable, as the end defining the means.

It is here however, under the conditions of occupation and swooping ‘mortal dangers,’ that a particular resistance emerges within the rural psychiatric milieu, one that is characterised by those medics experiencing what one resistant psychiatrist of the time deemed the, “lived horror of slaughter.¹⁷⁷” More significantly, a call to humane and sympathetic measures emulative of the efforts of the 18th century philanthropist occurs as a counterbalance to the “new religion,” its high priests and their “barbaric will” (Pinel). The counterforce to a medical milieu pervaded by Carrel’s ideals was to be found within the wartime fraternity of rural, militant French psychiatry, where both the psychiatrist and the mentally ill were included within a bitter struggle for life – a tense narrative where an altruistic spirit returns to attend to the imperial need of condemned men and women deemed worthless by a will not of the attendants, asylum governors and legislators as was the case in the 18th century, but a will epitomised by the ideals of 20th century eugenics.

The psychiatrist, under the shadow of the German occupation, would work within a therapeutic space of treatment reduced to the victual conditions of the 18th century, where starvation was to permeate the establishment, where the mentally ill would be weakened and put to death by the chains and shackles of Nazi ideology. Under the Occupation and its hypocrisy of freedom, the psychiatrist’s role is once again put into question as one of science and philanthropy because he is forced to not only attend to madness, the object of his vocation proper, but also to the pervading symptoms and consequences of mass, systematic starvation within a milieu brought under the control of Carrel by Vichy. It is here that the resistant psychiatrist combats the vast uncontrollable wave of feverish pleurisy, hypothermia, and pulmonary oedema – a wave within which the mentally ill of Vichy France drowned in numbers exceeding 40,000.

This particular epoch of “lived horror” is where a resistance to the inhumanity subsequently experienced in the wake of the Armistice emerges, and more specifically, a psychiatry that would challenge, “the menace of exclusion.¹⁷⁸”. Indeed, for the second time within the history of the medicine,

the scientific and philanthropic marry under the auspice of lived historical necessity, realigning the role of the psychiatrist and the ethic of his science. Such conditions of necessity, would urge Jacques Lacan to later retrospectively assert, in a 1946 that, “madness changes its nature with the knowledge of psychiatry.”¹⁷⁹ Indeed, it is within a wartime France that we see historical conditions manifest a clinical and philosophical reform that defined a new psychiatry that was later to become known as ‘Institutional Psychotherapy’¹⁸⁰, established by those sympathetic to the needs of those targeted by the ideals of the eugenicist. As with an Esquirol and Tuke of the 19th Century, the rural French psychiatrist found the definition of his role within a socio-historical condition, where he was to both reflect and act upon the conditions into which mentally ill man was thrown, where he was to further define the direction, intention and value of the specialisation of his science and the conditions of housing. Yet where for Pinel and Tuke, exclusion and isolation had proven the therapeutic means of sheltering the insane from the dampened prisons and cramped cell, for those of the Occupation alienation and isolation had become a harsh measure of social cleansing lived out within the castigating homogenisation and concentration of groups within detention centres and camps throughout Europe. Post-war Institutional psychotherapy would not propose exclusion and isolation to be the crowning principle for the re-sensibilisation of the mentally ill, because exclusion, for those experiencing the lived horror under Carrel, had been all but a “menace” to existence. Rather, the walls of the asylum were a false dialectic of the “inside” and “outside”, an “illusory barrier” that had to be lifted.¹⁸¹

The psychiatrist and his patient found themselves awash within a hungry wave carrying – as we have seen – the plan for what was believed by not only the Nazi State but also by the trans-Atlantic and Pan European Eugenic movement, to be man’s grand restoration of physiological and mental attainment. Under Carrel, the struggle of the psychiatrist and his patient was both national and clandestine, shut away within the decaying, moisture-laden walls of the rural psychiatric hospital in the silent clamour of the Gualist-fuelled provinces. Yet in facing the uncontrollable malnutrition of the mentally ill, the psychiatrist would be taken to a new plane of rationality and methodology where he reasserted and reformed his

vocation. Thrown into a mission, heeding a call for salvation and rescue, the psychiatrist was, “accompanied by atrocious physical suffering and repeated inhuman fears.¹⁸²” It was Henri Baruk, working “within this atmosphere of occupation,” within a Paris, “seemingly crushed by the Occupation,¹⁸³” who found deep within the pages of the Talmud, a notion uniting charity and justice within the Law of Moses – *Tsedek*, the intimate marriage of aid and righteousness, epitomising the vocation of psychiatry.

True to Jacques Lacan’s wording of 1932, madness was a, “drama of man,¹⁸⁴” but the lived, historical drama was arguably more fully realised than what Lacan had had alluded to from within the doctrine of psychoanalysis. The rural psychiatric hospital of the Vichy South became a synonymous extension to the Gaulist Resistance. Where Charles de Gaul, on June 14th 1940 announced from the head office of the BBC that “the flame of resistance must not die and will not die,” a young psychiatrist and member of the communist resistance, Lucien Bonnafé, wrote of, “a resistance to all that tended to separate human subjects.¹⁸⁵” Baruk voiced similar resistance, a fraternal one at that, in writing of the “inextinguishable” flame of Mount Sinai kept alight by the Jewish Fraternity who gathered in secret, under cover of darkness, in the Rue Amelot in Paris, to arrange aid, shelter and counsel for Jewish families.¹⁸⁶ Further echo to de Gaul’s resistant plea to his orphaned nation, was heard in 1942, the very year the eugenicist Ellinger published *On the Breeding of Aryans and Other Genetic Problems of Wartime Germany* in the journal of hereditary. Dr. Paul Balvet, at a congress for French neurologists and psychiatrists held at Montpellier, proposed that a “new psychiatry,” a “humane psychiatry,” was needed, one necessitated by the humanitarian urgencies of the time,¹⁸⁷ where madness was “above all else said of human presence and expression. It is true that madness *announces* a malady, but *madness also expresses a man and a fact*¹⁸⁸” – this, one hundred and forty years after William Tuke’s resilient call for a humane reform of the treatment of the mentally ill.

Psychiatry, under its philanthropic war-time auspice, was, for Lucien Bonnafé, to become the living “art of sympathy,¹⁸⁹” a science of “disalienation” not an “intellectual” science, but rather what

Lacan deemed – in echoing the Hippocratic sentiments of Pinel – a psychiatry, “finding its true position as a human art,” a psychiatry, as Bonnafé asserted, “accompanying the victim.¹⁹⁰” With similar gesture to Bonnafé, emulating the likes of Tuke and Pinel, Henri Baruk drawn by the Talmudic notion of *Tsedek*, saw the psychiatrist’s role defined by moving the alienated from their culpable role (once again positioned by the Vichy State as the “object of repulsion” so characteristic of the 18th Century and the Medieval Ages) to being “an object of the manifestation of sympathy.¹⁹¹” This, an *art of sympathy* or better, an *art of accompaniment* taking Baruk’s *Tsedek* as its noticeable bolster, an art first indicated by the likes of Pinel and Tuke, where roles were to be assimilated, where the psychiatrist and the patient inhabited a historical landscape, a landscape within which both the medic and the patient were to accompany one another, a compassionate landscape within which the psychodrama of man was to be enacted and deployed.

This art, sensitive in its attentiveness and description, sympathetic in its function, would take, in Bonnafé’s words, “the drama which we live¹⁹²” as its palette, where the psychiatrist as the “man of science” would not only “survive and work” under the circling and swooping dangers of occupation, but also attend to a humanitarian “need” marking the ethical imperative of his vocation. The rudiment to this second great instance of psychiatric and institutional reform, is one that is not of a great difference to the first historical defining moment. Inter-war conditions of the medical milieu give rise to a new rationality and personage to psychiatric practice, where philanthropy and science marry in attendance to the needs of diminished man. The “drama of man,” is a bitter privilege, punctuating the altruistic disposition of the psychiatric vocation and the conscious assertion of roles and functions. As with a late 18th Century France and England, we are presented with a therapeutic vocation where a humanitarian impetus informs its methodology: to think man as much as psychiatry, and psychiatry as much as man in a resistant struggle against a tide of legislated condemnation.

7: Psychiatric Resistance

Dr. Paul Balvet, director of the psychiatric clinic of Saint-Alban, had once been an early supporter of Henri Phillipe Pétain. Yet upon the Vichy South decreeing the “Status of Jews” in 1940 and in giving Carrel a free hand with the medical community, he promptly thought otherwise about the once-honoured veteran of 1918. What Balvet began to bear witness to, was what he called a “hypocritical genocide.¹⁹³” The *hypocrisy*: the centre for Human Problems established under Vichy, a centre concerning itself with nutritional research, a centre of which Carrel was the director. The *Genocide*: the systematic starvation of the mentally ill and the proliferation of tuberculosis and pleurisy throughout the psychiatric hospitals. Indeed, it was in 1942, that a colleague of Balvet and chief psychiatrist at Vinatier psychiatric hospital neighbouring Lyon, Dr. André Requet, alerted an assembly of medics and psychiatrists to the conditions of this genocide:

Death is being caused by malnutrition...in winter, the phenomena of malnutrition rapidly become irreversible and at a certain stage of degradation there is no hope of saving the patient, not even by warming him, he is just too far gone.¹⁹⁴

To which we can parallel with an Etienne Esquirol recalling the sight of the enchained mentally ill of France over one hundred years earlier:

I saw them covered with blisters...greatly malnourished...cold....robbed of the most necessary things for human life...enchained in alcoves and cages where we wouldn't even dare to put ferocious animals. This is what I have seen everywhere in France.¹⁹⁵

The observation of Dr. Requet bears a disturbing similarity to that of Esquirol. The words of Esquirol, in fact, are very much fitting to what befell the psychiatric community under Vichy (for whom mental illness was the gravest of crimes against civilisation, the greatest of evils). For Bonnafé, the situation was

nothing short of a living hell in writing of a, “historical abomination...all we have to do is think of the traditional images of Hell, of demons and a damned population together, in a torturous relation of culpability, death and madness.¹⁹⁶” How well such a situation equates with Article VXII of the Armistice signed on June of 1940:

The French Government obliges itself to prevent the transfer of economic valuables and provisions from the territory to be occupied by the German troops into unoccupied territory or abroad. These valuables and provisions in occupied territory are to be disposed of only in agreement with the German Government. In that connection, the German Government will consider the *necessities of life* of the population in *unoccupied territory*.

The chief overseer for these *necessities of life* in unoccupied territory was the Minister of Health, Alexis Carrel. In the psychiatric hospitals of the Vichy South, malnutrition became a harsh and unliveable reality where those of the psychiatric hospitals faced with a wave of pulmonary tuberculosis encouraged by starvation. As Dr. Escoffier-Lambiotte working within the many hospitals of the provinces remembered:

The patients had nothing to eat! The patients ate their fingers, the bark of trees, their faeces and they even drank their urine. They lived as animals, sleeping on old damp straw instead of linen.¹⁹⁷

To which we parallel another psychiatrist recounting the harsh reality at a hospital in Ville-Evrard:

It is at Ville-Evrard that a pathology presented itself...like that of the survivors of the Nazi concentration camps...the immense loss of weight, with or without the onset of latent tuberculosis...or of contamination setting off violent processes of galloping consumption...enormous oedemas, where we saw skeletal bodies fill themselves with water and empty themselves by impossible diarrhoeas...on the morning rounds, the corridors would smell of cadavers...¹⁹⁸

Owing to these degrading conditions of the human number deemed, by the Science of Eugenics “unfit” and a “menace,” that numerous seminars began to be given by the S.M.P (*la Société Médico Psychologique*) in an attempt to tackle with the syndromes of starvation and the Nazi-weighted ideology of the Vichy-Carrel medical milieu. Notable sessions were held on 27th October 1941 where Dr. Lucien Bonnafé presented, “asylum research into the conditions of the appearance of oedema in a period of restricted provisions;” on 24th November 1941, “a contribution to the study of the hypothermia-oedema-diarrhoea syndrome caused by restricted provisions” was presented by doctors Bessière, Brisson and Talairach; to the medical society of Lyon, doctors Vié, Bourgeois, Dessin and Armand presented, “acute pulmonary tuberculosis in the psychiatric hospitals during a period of restricted provisions;” doctors Lepage, Caron, Daumezon and Léculier presented, “actual aspects of the tuberculosis of psychiatric patients;” and on 2nd November 1944 Dr. Charpentier presented, “death by the restriction of provisions in psychiatric hospitals.” These seminars documented the weakened situation of the psychiatric community within the Vichy-Carrel medical milieu, where the psychiatrist by historical necessity extended his role and reasserted his humanitarian function.

With the S.M.P (*la Société Médico Psychologique*) faced with financial and victual destitution under a Vichy regime seemingly propagating a systematic starvation of the mentally ill by the minimising of rations, the psychiatrist had to tackle the veritable “torturous relation of culpability, death and madness.¹⁹⁹” Not only was he to be concerned with mental illness but also to the pathological signs of starvation, the emerging phenomena of gastro-intestinal infections with their feverish diarrhoea, gastric dilations with the modification of the abdomen and the digestive tract, syndromes of malnutrition with the inception of oedema, primary signs of intestinal haemorrhaging, phases of muscular and nervous stupors, failing respiration, ensuing pulmonary tuberculosis and the “death-like appearance of the patient.” As Bonnafé would recount: “the 28th December 1941 – we begin to note the symptoms of malnutrition of a concentrationist pathology.²⁰⁰” This violent wave of malnutrition and tuberculosis sweeping across the

psychiatric community was carried by a tide of destructive indifference, for as Dr Requet would later recall, “Nothing was being done! There was always an indifference. The view of the mentally ill was not a favourable one, people didn’t care.”²⁰¹ Thus we hear Jean Lacroix once more, in his deeming the Vichy South “questionably free.”

8: Generational Call for Reform

It was on 10th June 1987, that *Le Monde Science et Medecine* published the first ever essay on these victims of malnutrition. The report carried the title, “Forty Thousand Victims in the Psychiatric Hospitals during the Occupation,” and it asserted that:

In Germany, where eugenics was at the core of Nazi ideology, extermination was systematic. In France, those of “social non-value” were left to perish. There was a quasi-general indifference of a medical community that only saw the magnificent subject of scientific study.²⁰²

The number of deaths stands at 40,000, and it goes by the name of a *soft extermination – L’extermination douce*. The absolute minimum daily ration required by a grown working man to survive was set at 3000 calories, for the ill, inactive and bed-ridden, it was 2,500 calories. The mentally ill however, were to receive a ration of 1,400 calories²⁰³, almost half of the recommended daily ration. To draw upon Dr. Requet once more in writing of the conditions at the psychiatric hospital of Vinatier:

Here, the patients ate all the grass, they ate the weeds, hay, anything they could salvage from between the stones and paths...arguments would flare up over egg shells and nut shells...patients would attack one another savagely over a meagre meal of 1,400 calories.²⁰⁴

We also have it from the doctors Vié, Bourgeois, Armand and Messin, that nearly half of the cases of acute tuberculosis were also sufferers of dementia praecox (schizophrenia):

We were not surprised to see that among twenty-five of the cases of acute tuberculosis, twelve were dementia praecox patients...the sufferers of dementia praecox were defavoured in the struggle for life...their circulation began to slow down and the insufficiency of pulmonary ventilation accentuated the gravity of illness...²⁰⁵

Dr. Jean Oury further added that:

During the French Occupation, psychiatric hospitals experienced a grave misery where 40% of the ill died of starvation. This created a terrain upon which not only the individual but the collective could assert a necessity to change something.²⁰⁶

This, emulating the concerted assertions of Pinel in his *Traité* in his writing against the castigation of the alienated, namely that, “Something better” had “to be done” in an “era of Light²⁰⁷.”

The existential and scientific inter-war experience of the psychiatrist had a decisive influence upon the post-war psychiatry. What occupation presented at the same time as unparalleled suffering within a “historical abomination” of “tortuous relations,²⁰⁸” was a “phenomenon overturning all existing prejudgements within medicine and psychiatry,²⁰⁹” a phenomenon giving rise to a medico-philosophical collectiv. As was later be expressed in 1947, psychiatry would be defined through the clinician’s, “participation and solidarity with the alienated,²¹⁰” and as Lucien Bonnafé presented to the *Société Medico Psychologique* in 1944, what had urged this new reform, was the “maximum deepening within a situation” where the psychiatrist was “thrown into a new situation,²¹¹” into an *art of sympathy*. The humanitarian and charitable questioning of the medic, was as with the Biblical Leviticus asking: “what would I do if I were in the situation of the Other?²¹²” Indeed, on grounds of sympathy, of accompaniment, of being-with-the-other, the observer and the observed are included within the same narrative by virtue of the historical event. The alienist and the alienated both live the “drama of man”. Confronted with the suffering of the mentally ill, the vocational experiences of the Saint, personifying agent of religion, are seemingly synonymous with the practical experiences of the war-time psychiatrist, personifying agent of science: both intervene and act as therapeutic agency to the suffering; both reunite charity and justice

(*Tsedek*) paying heed to the plight of man, “of deepening the contact with his exiled brother, the patient, and of deepening his sympathy for him²¹³” – both are engaged within a *sympathetic art*. This is where the experience of lived horror and historical trauma, urge a generation to recognise a philanthropic defence of man as the authentic definition of psychiatry in its concern for survival, rightfulness and charitable servitude in an epoch of destructive indifference, systematic starvation and “brutal free will.” To a Lucien Bonnafé writing of a “deepened contact with his exiled brother” we can add the Law of Moses which underpinned the psychiatric vocation for the condemned Jewish clinician Henri Baruk: “you must treat the immigrant with equity and perform loving acts towards your neighbour and the stranger, both of whom are like you.²¹⁴” Both the psychiatrist and Saint, have, behind their enterprise of fraternal consolation an inexorable drive towards the restoration of human dignity and protection. As Bonnafé would assert much like Pinel, Conolly and Tuke, psychiatry was “an affection for the mentally ill who had been maltreated, enchained, brutalised and who complained in pathetic weakened tones.²¹⁵” Psychiatry, was not to alienate, but to liberate.

For Bonnafé, psychiatry was a “strategy of disalienation” and the psychiatrist was not an alienist in the traditional sense, but a disalienist marked by the change in attitude toward the mentally ill through the considerable extension his role had undergone during Occupation²¹⁶. As we see Bonnafé write in 1944: “Isolation is the fundamental characteristic of alienation. The essential task of psychiatry is to contradict the isolation of the patient, to disalienate the patient. ²¹⁷”

9: The Group of Saint-Alban

1940 can be defined as the fated inauguration of Carrel as Vichy Minister of Health. 1942 can be defined as the year of Dr. Paul Balvet’s generational call for humanisation, a year when a weakened psychiatric voice within an indifferent medical community increases its tone at a Congress of Psychiatrists and Neurologists in Montpellier. The call was for a more humane psychiatry where both clinician and patient were to be implicated within a drama. In Balvet’s words, what was needed was a

psychiatry that would “enter into contact with the specifically human aspects of the alienated.”²¹⁸ One year after voicing the urgent need for psychiatry to extend its role, Paul Balvet encountered a psychiatrist of Lyon, a young clinician hunted by the Vichy State Police for his dealings with the Gaulist Resistance. For Balvet, the encounter with Dr. Lucien Bonnafé, this young militant, was a, “confrontation with a world of thought and action very different that previously known.”²¹⁹ and the beginning of a psychiatry that would, immediately in the wake of the French Liberation of 1945, accord Bonnafé’s “disalienation” as its vocational noun and philanthropic politic.

Balvet and Bonnafé would meet one another at the clinic of Saint-Alban within the tree-patterned landscape of the Lozère region, a clinic of a collegial reality, and nothing short of a concrete synonym for the very principles of the French Resistance. It is at this very clinic, that the post-war reformists of French psychiatry and its institutions, Lucien Bonnafé, Jean Oury and François Tosquelles, would gather, work, create, and form an “active” collective. Paul Balvet was a progressive Christian, and had become director of Saint-Alban in 1936, establishing a cinema club and a vast library for the patients in 1939. In 1941 a young militant Catalan psychiatrist of Catholic leaning, would arrive having escaped from the Setfonds detention camp in the French department of Tarn-et-Garonne. He would be of communist tendency and steeped in the scholarship of German psychiatry and phenomenological philosophy, his name was François Tosquelles, a name that would hallmark post-war French psychiatry. Dr. Jean Oury, the youngest of the three reformists, joined Saint-Alban as a trainee psychiatrist in 1947, whereupon he began his life-long work and friendship with Tosquelles, Bonnafé and Lacan, shaping the psychiatric institution, redefining practice, realigning its ethic. As Oury later recalled, Saint-Alban was:

...A matrix...there was certainly a conjuncture: the war, isolation, the fact of being cut off from the state...We should not forget that at Saint-Alban we didn’t really suffer as much as other hospitals did. It was a crucible, a melting pot, because the fact was that we had to survive: the patients, the nurses, the fight against starvation. It was necessary to go out from the hospital, to go to the farmers and get some butter...and to hide the Resistance. Such a training is extremely didactic. It is an ultra-privileged history within which there was a mixture of communists, surrealists, progressive Christians, and Tosquelles, who

was a refugee...He joined this group of Saint-Alban, and rethought all the concepts of psychiatry.²²⁰

Lucien Bonnafé would recount with similar sentiment to Oury:

There was a collective at Saint-Alban...It is important to situate all this within the course of history, it is absolutely capital, this profound insertion within the movement of history...Saint-Alban could only be its utmost function of Resistance.²²¹

Saint-Alban was the clandestine shelter for the Resistance, the refugee, the mentally ill, artists and communists. And in being so it became nothing short of a school for the psychiatrist. A wealth of names were to pattern the not just the physical register of the clinic, but also its conceptual register: the poet, Communist and surrealist Paul Éluard would arrive at Saint-Alban in 1942 accompanied by his wife, followed by fellow Surrealist Tristan Tzara. The father of pre-war French psychiatry, Henri Ey, known for his scholarship on the British neurologist Hughlings Jackson and his “organo-dynamic” theory of psychiatry, would begin to frequent the grounds of the clinic, as would a Jacques Lacan, the eminent philosopher Georges Canguilhem, and Julien de Ajuriaguerra, the latter, a distinguished Spanish neurologist who would pioneer work on the phantom limb and the cerebral cortex with fellow Saint-Albanian, Dr. Henri Hécaen. It is with this broad yet affiliated church of medical, philosophical and artistic specialisation, that a renewal of psychiatry begins and indeed reasserts itself as a vocation, where “psychiatry was to be said of man.”²²²

Lucien Bonnafé decided to name the group of Saint-Alban the Society of Gévaudan, and it would engage with a wide range of concerned scholarship by virtue of its members: phenomenology, neurology, biology, theology, gestalt, psychoanalysis. As Oury remembered:

At Saint-Alban we worked, we discussed endlessly, with Éluard, Tristan Tzara, the philosopher Georges Canguilhem also, and of course, the master of the field, Francois Tosquelles, the refugee psychiatrist...²²³

Yet the clinic was not only a safe house for the condemned patient and hunted intellectual, but also a wire

and refuge for the Resistance. As Tosquelles later recalled:

At Saint-Alban, the meetings of doctors and others, was almost a permanent occurrence. One had to attend regularly because, for example, we had to keep informed about the parachuting of arms for the resistance, or a clandestine visitor, so we did in fact speak about psychiatry.²²⁴

Saint-Alban, as with the Resistance, was of a national exercise and importance. The resistance fighter Henri Cordesse, who later oversaw the Liberation of the French department of Lozère and remain its prefect until 1947, later recounted the important role the clinic played. As he had it in an interview of 1999:

We [the Resistance] knew of Bonnafé and Tosquelles...The Resistance of Lozère, as with Bonnafé, did not want the hospital to enter into the structures of local Resistance....Bonnafé and his colleagues were upon a national terrain concerning the problem of the reorientation of psychiatry...they condemned the natural selection that was killing the mentally ill and it was a professional soldier who carried out their work...if the Vichy regime would have known that the clinic was a key Resistance locale, it would have compromised both the men and the establishment...The hospital was officially part of the Resistance, but very few people knew...the clan destiny and discretion of the establishment was a guarantee for hunted refugees, as was the case with Paul Éluard...The doctors of Saint-Alban were united in their defending the Rights of the mentally ill and therefore the Rights of Man...This was a system unique to France...It had taken over forty years for people to find out that the hospital was a key Resistance location...²²⁵

For these psychiatrists, this multihued clinic was the most privileged of training grounds. Saint Alban was nothing short of a school, or better, a conceptual brewing pot, *creating* and *resisting*. Tosquelles, who had already completed his psychiatric studies at the Institute Para Mata in Reus, arrived at the clinic with two works, one by Hermann Simon, the other by Jacques Lacan. From Simon, Tosquelles would borrow the notion of nursing the institution at the same time as nursing man. From Lacan, he would borrow an understanding of the world of psychosis that was without its definitive conclusion, one that would declare an ever present profundity to the phantasms of psychosis. Psychiatry, the institution and the patient, were to be said in a singular, creative sense of constructive “renewal.” These works were relatively unknown

and inconspicuous within pre-war France, Lacan was all but overshadowed by the monumental figuration of Henri Ey's organo-dynamic psychiatry, and Herman Simon was a name seldom mentioned within the ambit of clinical debate. These two works, however, were to be published in the form of clandestine edition through the Society of Gévaudan and form two parts of a psychiatric manifesto paying heed to the plight of man and to the plight of psychiatry itself. It is with this collective of Gévaudan, that a redefinition of the role of the psychiatrist would hallmark what Lucien Bonnafé deemed, "a strategy of dis-alienation" carrying a resistance to the eugenic imperative of the time, that is, against the psychological archaism of Carrel.

Saint-Alban, was the site where philosophy and psychiatry were to marry on grounds of "sympathy" and "shared drama," to draw upon two terms commonly employed at the time, the former a term employed by Baruk and Bonnafé, the latter a picturesque notion introduced to the psychiatric community by Lacan's thesis of 1932. A particular psychiatry thus presents itself, one that takes "sympathy" as the impetus for a strategy of "dis-alienation," one, that under the pressures of financial destitution and rationing gives rise to a creative, fraternal enterprise. As Lucien Bonnafé wrote in the wake of French Liberation:

I have said, and I will continue to say, that our generation is urged by history, that as a response to the heights of an unliveable horror, the psychiatrist attains new heights, with his reflection upon the anthropological status of madness. I have thus named *disalienation* the mission that we have been accorded²²⁶.

The movement of disalienating the mentally ill was developed by the doctors and nurses of Saint-Alban.

Oury later noted :

During the war, many nurses were prisoners, and several had been in the concentration camps. When they returned to medicine, they had a vision of a very different world: they came with an experience of the concentration camps.²²⁷

The concern of the militant psychiatrist, be it equated with Baruk's Talmudic notion of *Tsedek*, or the

strategy of *disalienation* pertaining to Bonnafé's *art of sympathy*, was called for by the wartime augmentation and intensification of the vocation of psychiatry and its workers in the face of a "soft extermination" of the mentally ill. Yet if 1942 would prove the year of Balvet's generational call to humane psychiatric reform, 1947 would prove the publication of the generation's manifesto itself. Its title, *The personage of the Psychiatrist – la personage du psychiatre*, it's author, a war-marked Lucien Bonnafé, it's politic, a *de--alienation*. As Bonnafé with Dr. Fouquet would voice in 1944 to the Société Medico-Psychologique, "we have lived an era where a great movement of medical reform dawns. In a larger sense, we are experiencing the reform of the country's health system in its entirety."²²⁸ Indeed, against the dramatic backdrop of occupation, the figure of the radical personage emerges.

1947 was an important year for the definition of post-war French psychiatry. Jean Oury would arrive at the clinic of Saint Alban, and Lucien Bonnafé would decree the fraternal concern of psychiatry as being one of man himself. As Oury would later note, it was a year displaying, "the deepest roots of all that had gone on within the occupation."²²⁹ For Bonnafé, a name that had topped the wanted lists of the Vichy State Police for his involvement in the Resistance, the personage of the psychiatrist had undergone radical change, even more so than the methodological psychiatric shift spurned by the likes of Pinel, Esquirol and Tuke. On 25th March 1947, Bonnafé presented a penned meditation to the circle of Evolution Psychiatrique chaired by Henri Ey. The title of his essay was *Le Personnage du Psychiatre*²³⁰ and it would define, if nothing short of craft, the sentiment of a post-war psychiatry founded upon the humanitarian imperative. In attendance to hear the 'red' radical present his thoughts, were the most notable of French psychiatry: Eugene Minkowski, Madame Minkowska, Louis Le Guillant and Jacques Lacan – the latter with whom Bonnafé formed a friendship unparalleled by others.

Speaking in 1946, Bonnafé reasoned the apostolic equation of psychiatry to be a simple and necessary one, punctuated by the events of Occupation and the systematic starvation of the mentally ill: "psychiatry was man"²³¹ and ultimately the interminable analysis of man. Writing one year later in 1947, this was the equation of "solidarity,"²³² borne from the harshest of wartime circumstances, and it was to

furnish an enquiry in as to how the role of the psychiatrist was contingent upon the dramas of lived historical experience, and as to how the psychiatrist's role was destined to be defined as one of a "harmonious point of diverse points of view lived out within an activity"²³³:

The role of the psychiatrist is to be found in that drama within which he is included. When the conditions of the drama change, the personage in turn changes. The historical evolution of the psychiatrist works with the historical evolution of his object.²³⁴

For Bonnafé, psychiatry had hitherto been menaced by an imperfect knowledge of its personage where the fundamental error had been to define it in terms of alienation²³⁵. An ideological monolith existed, one to be pulled down. Since the law of 30th June 1838, despite the efforts of Pinel, mental alienation had become an autonomous pathology and defined symptomatology, patented clauses and codified therapeutic indications seeing madness as a problem of elementary instincts, or as a lesion of psychical functions. The problem that existed was that the psychiatric institution had not maintained the philanthropic and humanitarian character through which it had been created²³⁶. The role of the psychiatrist, having undergone a veritable "extension," and with his science having become a "sympathetic art" marking the quintessence of man and nature, the possibility for reform had presented itself. Bonnafé's study, however, sought to differentiate the war-marked psychiatrist from the Revolutionary-marked alienist – the alienist was to be a man of alienation, the psychiatrist a man of drama, a dramatic personage. As Balvet would later reflect, "until Bonnafé came along we were alienists, Bonnafé, however was a psychiatrist."²³⁷ The personage of the psychiatrist had undergone a radical historical change, and his duty, in heeding the call of suffering man, was to be one of accompanying the victim. The key notion, was, as Bonnafé wrote, "a consideration of the psychiatrist's role within the drama," and that within this drama a therapeutic strategy would be inaugurated on grounds of sympathy and fraternal assimilation (*Tsedek* for Baruk), where, in the words of a Jacques Lacan of 1947, the psychiatrist was "to reflect upon his reactions before a dramatic situation."²³⁸ For the phenomenological psychiatrist J. H. Van den Berg, this marked, "a

new orientation of psychiatry” where the intertwining of analytical technique with lived historical experience defined the ultimate address of man²³⁹. The drama was not merely one of “knowledge” but of “life” itself²⁴⁰.

The prime concern for this new orientation had been seeded by the 1942 humanitarian call of Balvet for a more “humane psychiatry.” This at once carried the possibility for modes and space of therapeutic treatment, yet it also punctuated a spirit for renovation and a taste for adventure, for as Bonnafé penned, “adventure marks the personality of the psychiatrist.²⁴¹” This “adventurous” personage, what for Pinel had been one of “invention,” would still maintain his historical role of ethically rehabilitating the mentally ill, but his science was one of disalienating the mentally ill. Where Pinel and his apprentice Falret had written of the specific science of “mental alienation,” Bonnafé wrote of a specific “vocation” of “la folie,” a science of a “different psychiatry,²⁴²” defining a new era within the history of a specialised psychopathological pursuit. What this “new orientation,” this “new psychiatry” marked, was a “new rationality” of an “open psychiatry,²⁴³” or rather, of an “open work.²⁴⁴” Psychiatry, above all, was to be a science of “creative capacities²⁴⁵” borne from the generational experiences of a previously “uprooted” nation exposed to the ideals of eugenics

Under such auspices the psychiatrist was an “adjectival” personage²⁴⁶ engaging with an “ensemble of methods destined to resist everything of a concentrational logic (logique concentrationnaire).²⁴⁷” Psychiatry was an “act” that was only possible through, “a profound lived participation” with the “drama of madness,²⁴⁸” a “co-efficient lived drama.²⁴⁹” For Bonnafé, the exactitude and specificity of the psychiatric vocation was developed with the psychiatrist being of a less “hermetic,” and “less alienated²⁵⁰” role. As Jean Oury asserted, the psychiatrist would approach madness as, “an intimate event of a person’s life²⁵¹” in the hope of neutralising the pathogenic effects of hierarchy and alienation so starkly witnessed under Carrel. As Lacan himself further highlighted, the psychiatric vocation was defined by an, “adaptive and fecund attitude.²⁵²” Elsewhere, such an attitude would be

characterised as, “a multidimensional perception²⁵³” and the investiture of new clinical approach of an architectural and conceptual armature²⁵⁴. Oury describes such a project well, as being “a form of permanent analysis crossing living systems of organisation, structures and complementary relations...of creating systems of distinctiveness.²⁵⁵” Yet it was with the doctoral thesis of François Tosquelles, that such a project would be brought to the fore and display its very own uniqueness of clinical questioning, where the role of the psychiatrist would become relational and relative in function within a more sympathetic and sensitive art of diagnosis. As Bonnafé, further declared in 1944, psychiatry in being true to the apostolic and Hippocratic imperative, is “obligated to a realist politic, to an incessant examination of concrete, individual cases.²⁵⁶”

The very object of psychiatry, was to be the situation within which the psychiatrist found himself, and by virtue of the contact with the Other, with the patient, he would contradict the his own proper isolation, and that through his actions he would affirm a disalienation and art of sympathy where the problematic was one of a human relation. This marks the shift from the alienist to the psychiatrist. As we have it from Bonnafé:

The word “psychiatry” was attested in France since 1842. The asylums for the alienated eventually became the psychiatric hospitals of the 20th century, and the extremely official “congress for alienists” became the “congress of psychiatrists” in 1958.²⁵⁷

Fuelling this shift of the psychiatric personage, were not only the experiences of suffering under the occupation, but also the air of renewal and revelation marking a post-liberated France. Pinel, had experienced the untimely end of monarchy, and Bonnafé, in his own words, had experienced the “the end of the world.” Bonnafé would even ask a younger generation of medics, “how many have experienced the end of the world?²⁵⁸” Such a question, would prove the veritable study of Tosquelle’s doctoral thesis which carried as its title, *La Vécu de la Fin du Monde dans la Folie, Lived Experience of the End of the World within Madness*²⁵⁹. This was an enquiry that penetrated deep into the question of sympathy, the

ethical stance of the *art of sympathy* proper, an enquiry that engaging with the philosophical, the biological, the psychical and the neurological in the name of historical construction and renewal.

Conclusion: from the noble art to the art of sympathy

In this chapter we explored the ethic by observing the conditions of historical necessity and the redefinition of the medic's role. We specifically selected our historical literature to substantiate our claim that ethical renewal is demanded by lived historical experience and the urgencies of the time. Pinel and Tuke were urged to institutional reform from having witnessed the degrading conditions within which men and women of all ages were enchained on account of their madness. Likewise, Balvet, Baruk and Bonnafé responded to the pressures of Eugenics, and the virulent spread of systematic starvation of the mentally ill throughout the 'free' Vichy south. We have shown these two historical moments to be that of philanthropic reform and a generational call for medical change. With Pinel, we saw that the Hippocratic ground had to be maintained, and that the medic had to be a creative persona gifted in the art of observation. In this way, medicine remained the noblest of arts. With the harsh conditions of occupied France, we saw how this *noble art* was reaffirmed through Baruk drawing upon the Talmudic notion of *Tsedek*. We saw how this notion was reflected in the efforts and observations of the group of Saint-Alban, and how it can be understood as an *art of sympathy*.

Through the two historical moments that have proved the focus of our comparative study, we have witnessed how the ethic finds a generational pronouncement, and more precisely, how historical conditions necessitate its continual address and the redefinition of the role of the psychiatrist. Through such notions of *Tsedek* (Baruk) and *Disalienation* (Bonnafé) the patient is understood as an *object of sympathy*, as being a co-partner of sympathetic exchange, and for Bonnafé, this redefined the personage

of the psychiatrist as being a less alienatory persona and more a fraternal apostolic presence of assistance. Indeed, it was only by closely analysing these two historical moments, their similarities and their differences, that we could properly grasp the true notion of the ethic, and begin to work towards the question as to what a phenomenology and diagnostic of post-war French psychiatry *is*, and more precisely, *how* it is typified by the work of Tosquelles and Oury.

In our following chapter we will situate this phenomenology by drawing upon the insights of Oury and Tosquelles. We will observe how a post-war phenomenology pertains to a particular psychopathology of schizophrenia, one that is historically inaugurated, and one that hallmarks the ethic of Institutional Psychotherapy. We will pay particular attention to the phenomenological assertions of Tosquelles' doctoral thesis, and how it highlighted the analogous law bonding the neurological, biological, sociological and psychiatric in the name of psychiatric assistance. This will enable us to further understand that a phenomenological enquiry cannot be raised independently of the ethical and charitable concern, and in turn, further understand the work of Dr. Oury. We will see how the ethical imperative, is in fact a phenomenological imperative.

Endnotes

¹ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 7, Richard, Caille et Ravier, Paris 1801. cf. Edward Shorter, *A history of Psychiatry : From the era of the Asylum to teh Age of Prozac*, John Wiley & Sons, Canada 1997, and, Thomas Szasz, *The Manufacture of Madness* , Syracuse University Press, Syracuse 1997

² Ibid, p.46

³ The Apostolic sentiment to medicine (the ethic) was notably punctuated by Pope John Paul II on November 12th 2004, the Vatican City: "Medicine always places itself at the service of life. Even when it knows it cannot defeat a serious pathology, it dedicates its own capabilities to alleviating suffering. To work with passion to help the patient in every situation means to be aware of the inalienable dignity..." Transcript available form the Scottish Catholic media Office, Glasgow, Scotland. Excerpts are viewable at: www.scmo.org.uk

⁴ See, Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.8, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

⁵ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 12, Richard, Caille et Ravier, Paris 1801

⁶ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 32, Richard, Caille et Ravier, Paris 1801

⁷ Op., cit

⁸ See, François Leuret, *Anatomie comparée du système nerveux considéré dans ses rapports avec l'intelligence*, pp.403-454, J.-B. Bailliére, Paris 1839

⁹ Ibid, p.33

¹⁰ Republished as, William Battie, *A Treatise on Madness*, Dawson's, London 1962

¹¹ Andrew Harper, *A Treatise on the Real Cause of Insanity*, Stalker, London 1789

¹² Sir Alexander Crichton, *An Inquiry into the Nature and Origin of Mental Derangement*, W. Davies, London 1798

¹³ Johann Ernst Greding, *Medical Aphorisms on Melancholy*, in, Sir Alexander Crichton, *An Inquiry into the Nature*

and *Origin of Mental Derangement*, Append. Vol. 2. W. Davies, London 1798

¹⁴ Johann Georg von. Zaimmermann, *An Examination of the Advantages of Solitude and of its Operations on the Heart and Mind*, (trans), J. Cundee, 1806

¹⁵ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 11, Richard, Caille et Ravier, Paris 1801

¹⁶ Franz Joseph Gall and Johann Gaspar Spurzheim, *Anatomie et Physionomie du Système Nerveux en Général et du Cerveaux en Particulier*, N. Maze, Paris 1819

¹⁷ *Ibid*, p. 25

¹⁸ *Op.*, cit

¹⁹ *Ibid*, p.26

²⁰ *Op.*, cit

²¹ *Ibid*, p.27

²² *Ibid*. p.31

²³ *Ibid*.32

²⁴ *Op.*, cit

²⁵ *Ibid*, p.45

²⁶ *Ibid*, p.15

²⁷ *Ibid*, p.20

²⁸ *Ibid*, p.237

²⁹ *Ibid*, p.35

³⁰ Hippocrates, *The Laws*, Part I, Collier & Son Company, New York 1909

³¹ *Ibid*, p.24

³² *Ibid*, p.50

³³ *Ibid*. p.52

³⁴ See for instance the first volume to Phillipe Pinel, *Nosographie philosophique ou La méthode de l'analyse appliquée à la médecine*, I, J. A. Brosson, Paris 1810

³⁵ *Ibid*, p.10. In addition to Falret, we would also do equally well to consider Pinel's *Nosographie Philosophique* where he gives the details of the treatment of the insane by the priests of Saturn, the god of medicine in Egypt, in special parts of the temples. According to this, those suffering from melancholia were treated by suggestion, by diversion of mind, and recreations of all kinds, by a careful regimen, by hydropathy, by pilgrimages to the holy places. In Greece we know of the existence of insanity from its occurrence in the various myths (Vol. II, p.28, Paris 1798). Ulysses counterfeited insanity in order to escape going on the Trojan expedition, and ploughed up the seashore, sowing salt in the furrows. When Nestor, however, placed his infant son in front of the plough, Ulysses moved the boy aside, and Nestor said there was too much method in his madness. Evidently at this time (1200 B.C.) the Greeks were quite familiar with insanity, since they could even detect malingering. The stories of Ajax killing a flock of sheep which by illusion he thought a crowd of his enemies, of Orestes and the Furies, of the Bacchæ, all show familiarity with insanity. As in Egypt, the insane in Greece were cared for in certain portions of the temple of the god of medicine, Æsculapius. In the famous temple at Epidaurus, part shrine and part hospital, there was a well-known spring, and hydro-pathy was the main portion of the treatment, though every form of favourable suggestion was employed. Interesting diversions were planned for patients, and they had the distinct advantage of the journey necessary to reach Epidaurus. Insanity was looked upon as a disease and treated as such. The delirium of acute disease had not yet been differentiated from mania, and melancholy was considered an exaggeration of the depression so often associated with digestive disturbance.

³⁶ Griesinger, *Pathologie und Therapie der psychischen Krankheiten*, Stuttgart 1845

³⁷ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.5, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

³⁸ *Op.*, cit

³⁹ *Ibid*

⁴⁰ Franz Joseph Gall, *Anatomie et Physionomie du Système Nerveux en Général et du Cerveaux en Particulier*, N. Maze, Paris 1819

⁴¹ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.6, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

⁴² *Ibid*, p.6

⁴³ *Ibid*, p.11

⁴⁴ *Ibid*, p.7

⁴⁵ *Ibid*, p.8

⁴⁶ *Ibid*, p.30

⁴⁷ *Ibid*, p.8

⁴⁸ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 35, Richard, Caille et Ravier, Paris 1801

⁴⁹ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.9, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

⁵⁰ *Op.*, cit

⁵¹ *Op.*, cit

⁵² *Op.*, cit, the nature of affections proper, were seen to give rise to "periodical mania" and its affinity with

melancholy and hypochondria. The precursory sign to mania, was with the epigastric region from where mania was believed to irradiate. See, Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 76, Richard, Caille et Ravier, Paris 1801

⁵³ Op., cit

⁵⁴ Ibid, p.33

⁵⁵ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 135, Richard, Caille et Ravier, Paris 1801

⁵⁶ Letter of 21st January 1873, in, Georges Pernoud and Sabine Flassier, *The French Revolution*, pp.201-203, Capricorn Books, New York 1960

⁵⁷ Paul Bru, *Histoire du Bicêtre*, p.77, Bureaux du Progrès medical, Lecrosnier et Babé, Paris 1890

⁵⁸ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 32, Richard, Caille et Ravier, Paris 1801

⁵⁹ Op., cit. It is also interesting to note, that Michel Foucault had failed to illustrate this aspect to Pinel's practice.

Moreover, Foucault had not seen it necessary to investigate the shift from the noble thinker to the Republican thinker, and to assess the medical materialism of the revolutionary and post-revolutionary epoch.

⁶⁰ Ibid, p.36

⁶¹ Ibid, p.63

⁶² Ibid, p.64

⁶³ Ibid, p.66

⁶⁴ Ibid, p.65

⁶⁵ Ibid, p.68

⁶⁶ Ibid, p.64

⁶⁷ Ibid, p.47

⁶⁸ Ibid, p.62

⁶⁹ Ibid, p.47

⁷⁰ Daniel Tuke, *Chapters in the History of the Insane in the British Isles*, p. 1, Kegan & Trench, London 1882

⁷¹ Léon Dayras, *Réformes à Introduire dans la Loi de 30 Juin 1838*, p.5, Marion, Morel 1838

⁷² John Conolly, *The Treatment of the Insane without Medical Restraints*, p.5, Smith, Elder & Co, London 1856

⁷³ Ibid, p.5

⁷⁴ Ibid, p.6

⁷⁵ Op., cit

⁷⁶ Dr. John Bucknill and Dr. Daniel Tuke, *A Manual of Psychological Medicine*, p.58, Churchill London, 1858

⁷⁷ Ibid, p.59

⁷⁸ Daniel Tuke, *Reform in the Treatment of the Insane*, p.10, Churchill, London, 1892

⁷⁹ Op., cit

⁸⁰ Cited in, Daniel Tuke, *Chapters in the History of the Insane in the British Isles*, p. 150, Kegan & Trench, London 1882.

⁸¹ See, Ibid, pp.150-151

⁸² Paul Bru, *Histoire du Bicêtre*, p.454, Bureaux du Progrès medical, Lecrosnier et Babé, Paris 1890

⁸³ Ibid, p.455

⁸⁴ Daniel Tuke, *Reform in the Treatment of the Insane*, p.12, Churchill, London, 1892

⁸⁵ Op., cit

⁸⁶ Ibid, p.14

⁸⁷ Ibid, p.16

⁸⁸ Ibid, p.20

⁸⁹ Ibid, p.19

⁹⁰ Cited in, Daniel Tuke, *Chapters in the History of the Insane in the British Isles*, p. 148, Kegan & Trench, London 1882

⁹¹ Léon Dayras, *Réformes à Introduire dans la Loi de 30 Juin 1838*, p.5, Marion, Morel 1838

⁹² Ibid, p.12

⁹³ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.6, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

⁹⁴ Ibid, p.7

⁹⁵ Ibid, p.7

⁹⁶ John Conolly, *The Treatment of the Insane without Medical Restraints*, p.9, Smith, Elder & Co, London 1856

⁹⁷ Op., cit

⁹⁸ *Report to the Council of Hospitals* by Desportes, 1822, cited by John Conolly, Op.,cit

⁹⁹ Ibid, pp.21-22

¹⁰⁰ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, Richard, Caille et Ravier, Paris 1801

¹⁰¹ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.7, Bailliére and Sons, Libraires de L'Academie Impériale de Medecine, Paris 1864

¹⁰² Ibid, p.8

¹⁰³ See, Scipion Pinel, *Traité de Pathologie Cérébrale ou des Maladies du Cerveau*, pp.520-590, J. Rouvier, Paris 1844

- ¹⁰⁴ Cited in *Ibid*, p.20
- ¹⁰⁵ Dr. John Bucknill and Dr. Tuke, *A Manual of Psychological Medicine*, p.58, Churchill London, 1858
- ¹⁰⁶ Jean Pierre Falret, *Des Maladies Mentales et Des Asiles d'Aliénés*, p.8, Bailliére and Sons, Libraires de L'Académie Impériale de Médecine, Paris 1864
- ¹⁰⁷ Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*, p.141, Cambridge University Press, Cambridge 1987
- ¹⁰⁸ Jean-Etienne Esquirol, *Des Passions Considérées comme Causes, Symptômes et Moyens Curatifs de l'Aliénation Mentale*, Librairie des Deux-Mondes, Paris 1980
- ¹⁰⁹ Etienne Esquirol, *Des Maladies Mentales Considérées sous les Rapports Médicale, Hygèniqne et Médico-Légale*, p. 480, Bailliére, Paris 1838
- ¹¹⁰ Dora Weiner. *Le geste de Pinel: Psychiatric Myth*, in, Mark S. Micale and Roy Porter [eds.], p.234, *Discovering the History of psychiatry* Oxford University Press, Oxford 1994
- ¹¹¹ There were two functions to the law of 1838. Firstly, there was the voluntary placement of the mentally ill by families or official placement decided by the Prefecture of police. Voluntary placement would require a medical certificate less than fifteen days old bearing the identity of the patient. Official placement would be through medical consultation whereupon findings would be addressed to the medical authority to justify either further isolation or release. The interned patient however, would have no right to appeal before a tribunal based in the area where the establishment was located.
- ¹¹² Georges Lateri-Laura, *Panorama Historique de l'isolement en Psychiatrie*, delivered at the Congress of Therapeutic Isolation in Psychiatry, 8th February 1996. Transcripts are available on demand from the Soin Etude et Recherche en PSYchiatrie (SERPSY), Saint-Maurice, France
- ¹¹³ Michel Foucault had ventured to show in his *Maladie Mentale et Psychologie* of 1954, that the law of 1838, despite its philanthropic energies, did not wholly purport to the individual liberty of the insane, for it was an exclusion based upon a logic of social incapacity. For Foucault, despite the philanthropic weight to the altruistic impulses of Pinel and Esquirol, the limitation to the individual liberty of the insane was the very "moral" nature to the treatment of resensibilisation itself – man was to all but become a reasonable agent of State. The insane would no longer be municipally condemned as disruptive daemons of unruly possessions of the soul, true, but they would however be considered "agents of moral syntheses." (Michel Foucault, *Maladie Mentale et Psychologie*, p.238, Editions de Minuit, Paris 1954) Indeed, the law of 1838 expressed the moral philanthropy of Revolutionary France, tentatively legislated within the administrative and judicial shadow of the Napoleonic Code, as it was written: those who let roam the mad and unstable, be on your guard. As the French historian of medicine Robert Castel has asserted, through such a law designed in the wake of the Penal Code of 1810, a certain medical logic of psychiatric intervention would come to be: "Alienated man is not merely a patient, but someone who must be interned. Inversely, a patient who is not interned, is not properly speaking mentally ill, nor is he the recipient of any psychiatric technique of intervention. To intervene, is to intern. Legislation institutes this law of all or nothing: we are alienated or we are not, we are the recipient of mental treatment or we are not." (Robert Castel, *L'Ordre Psychiatrique*, p.238, Editions de Minuit, Paris 1976) It is, as we have said, where internment became synonymous with treatment, and philanthropy synonymous with science. The law of 1838, thus has a double significance. The first is the shift of the social status of mental illness, the second is the shift in the medical attitude towards the insane. The calls of Pinel and Esquirol prove the first dramatic change, or rather, the inaugurating gesture to medical reform, mirroring history and the lived conditions of man, his culpability and his liberty. It is where, as Foucault notes "Within the new world of the asylum, within this moral world, madness for the first time receives a status, a function and a signification." (Michel Foucault, *Maladie Mentale et Psychologie*, p.86, Editions de Minuit, Paris 1954) Indeed, although the asylum of Pinel and Esquirol appealed to a medicalisation of a socially excluded space within which a moral order of social precaution would inform medical strategy, it nevertheless introduced the question of mental illness and alienation without the impending pressure of punitive measure, and in doing it redefined the ethical acts of medicine, which arguably remains all but ignored within the study of Foucault. What Pinel had spoken of in deeming his approach "a moral therapy" was in fact an "ethical therapy". Our study hopes to communicate the pertinence of the ethical, and to distinguish it with the moral.
- ¹¹⁴ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p.243, Richard, Caille et Ravier, Paris 1801
- ¹¹⁵ The presentation was later to appear in, *The American Journal of Sociology*, Volume X, No.1, July 1904
- ¹¹⁶ Op., cit
- ¹¹⁷ Op., cit
- ¹¹⁸ Sir Francis Galton, *Memories of My Life*, XXI, p. 254, Methuen, London 1908
- ¹¹⁹ Marie-Thérèse Nisot, *La Question Eugénique dans les Divers Pays*, p.31, Van Campenhout, Brussels 1927
- ¹²⁰ *Ibid*, p.33
- ¹²¹ *Ibid*, p.34
- ¹²² From the introduction to Section B of Harry Laughlin's *Model Law*. A copy is available as a downloadable document from Harvard University: <http://www.people.fas.harvard.edu/~wellerst/laughlin/>
- ¹²³ *Ibid*, section 'J' of the law
- ¹²⁴ Marie-Thérèse Nisot, *La Question Eugénique dans les Divers Pays*, p.142, Van Campenhout, Brussels 1927
- ¹²⁵ Cited in Stefan Kuhl, *The Nazi Connection*, p. 53, Oxford University Press, New York 1994
- ¹²⁶ C.M Goethe, letter concerning French and German Eugenic Laws, The Harry H. Laughlin Papers, Truman State University, document, D-2-4.

- ¹²⁷ Marie-Thérèse Nisot, *La Question Eugénique dans les Divers Pays*, p.159, Van Campenhout, Brussels 1927
- ¹²⁸ Madison Grant, *The Passing of the Great Race*, p. 28, Ayer Publishing, New York 1970
- ¹²⁹ Adolph Hitler, *Mein Kampf*, chapter XI, Reynal and Hitchcock, New York 1943
- ¹³⁰ Op., cit
- ¹³¹ See, *ibid*, pp.20-21
- ¹³² *Ibid*, pp.59-60
- ¹³³ Lothrop Stoddard, *The Rising Tide of Colour Against White Supremacy*, Charles Scribner and Sons, New York 1920
- ¹³⁴ Lothrop Stoddard, *Racial Realities in Europe*, Charles Scribner and Sons, New York 1924
- ¹³⁵ Lothrop Stoddard, *Into the Darkness: Nazi Germany Today*, Charles Scribner and Sons, New York 1924
- ¹³⁶ T. Ellinger, *On the Breeding of Aryans and Other Genetic Problems of Wartime Germany*, in, *The Journal of Hereditary*, no.33, pp.141-143, 1942
- ¹³⁷ Fritz Lenz, Eugen Fischer, *Erwin Baur, Grundriss der menschlichen Erblichkeitslehre und Rassenhygiene*, J. F. Lehmanns Verlag, Munich 1921
- ¹³⁸ Op, cit.,
- ¹³⁹ Sir Francis Galton, *Memories of My Life*, XXI, p. 254, Methuen, London 1908
- ¹⁴⁰ Cited in, Michael Burleigh, *Death and Deliverance: Euthanasia in Germany 1900-1945*, p.107, Cambridge University Press, Cambridge 1994. Dr. Max Lafont, a private psychotherapist of Lyon, has also written on this era of damnation and murder of the young. He writes, "under the code of 14F3, Himmler was authorized to use both the facilities and personal of Operation T4 to exterminate those said to be of an "excess number" who were detained at concentration camps, primarily those who were mentally ill and physically handicapped. This was known as special treatment (Sonderbehandlung), a medical metaphor, that prefigured the death camp and would come to designate camp extermination..." In, Max Lafont, Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.101, La Borde De L'Eau, Bordeaux 200.
- ¹⁴¹ François Bayle, *Croix Gammée contre Caducée*, p.108, Mage, Paris 1996
- ¹⁴² *Ibid*, p.366
- ¹⁴³ Alexis Carrel, *L'Homme cet Inconnu*, Librairie Plon, Paris 1936
- ¹⁴⁴ Alexis Carrel, *La Prière*, Librairie Plon, Paris 1944, and, *Le Voyages De Lourdes/Fragments De Journal/Méditations*, Librairie Plon, Paris 1949
- ¹⁴⁵ Alexis Carrel, *L'Homme cet Inconnu*, p.14, Librairie Plon, Paris 1936
- ¹⁴⁶ *Ibid*, p. 17
- ¹⁴⁷ *Ibid*, p.186
- ¹⁴⁸ Alexis Carrel, *Cahiers de la Fondation française pour l'étude des problèmes humains*, 1. *Ce qu'est la Fondation. Ce qu'elle fait*, Presses Universitaires de France, Paris 1943
- ¹⁴⁹ American Breeders Association 8th Annual Meeting resolution to form permanent committee on immigration (1911). Hand written draft, housed at the American Philosophical Society, Dav, B:D27
- ¹⁵⁰ Alexis Carrel, *L'Homme cet Inconnu*, p.vii, Librairie Plon, Paris 1936
- ¹⁵¹ Op., cit
- ¹⁵² *Ibid*, p. 366
- ¹⁵³ See, Cornelius Clifford, *The Burden Of Time: Essays in suggestion based upon certain of the Breviary scriptures of the Liturgical year*, McClure, Phillips & Co, New York 1903
- ¹⁵⁴ Alexis Carrel, *L'Homme cet Inconnu*, p.156, Librairie Plon, Paris 1936
- ¹⁵⁵ *Ibid*, chapter 6
- ¹⁵⁶ *Ibid*, p.371
- ¹⁵⁷ Sir Francis Galton, *Memories of My Life*, XXI, p. 254, Methuen, London 1908
- ¹⁵⁸ Alexis Carrel, *L'Homme cet Inconnu*, p.371, Librairie Plon, Paris 1936
- ¹⁵⁹ *Ibid*, p. 35
- ¹⁶⁰ *Ibid*, p. 7
- ¹⁶¹ *Ibid*, pp.159-160
- ¹⁶² *Ibid*, p.92 and p.359
- ¹⁶³ *Ibid*, p.111
- ¹⁶⁴ Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.95, La Borde De L'Eau, Bordeaux 200
- ¹⁶⁵ Alexis Carrel, *L'Homme cet Inconnu*, p.388, Librairie Plon, Paris 1936
- ¹⁶⁶ *Ibid*, p.388
- ¹⁶⁷ *Ibid*, p.389
- ¹⁶⁸ *Ibid*, p.366
- ¹⁶⁹ Henri Baruk, *Mémoires d'un Neuropsychiatre*, p.172. TEQUI, Paris 1990
- ¹⁷⁰ Op., cit
- ¹⁷¹ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.15, Éditions Matrice, Vigneux 1994
- ¹⁷² Lucien Bonnafé, Seminar of 27th November 1944 to the Société Medico-Psychologique, in, *Annals Medico-Psychologique*, January 1946, p.556
- ¹⁷³ See, Bruno Halioua, *Blouses blanches, étoiles jaunes*. Liana Lévi, Paris 2000
- ¹⁷⁴ Cited in, Max Lafont, *L'Extermination douce*, p.12, éditions le bord de l'eau, Latresne 2000
- ¹⁷⁵ Henri Baruk, *Mémoires d'un Neuropsychiatre*, p.169. TEQUI, Paris 1990

- ¹⁷⁶ Op., cit
- ¹⁷⁷ Lucien Bonnafé, Seminar of 27th November 1944 to the Société Medico-Psychologique, in, *Annals Medico-Psychologique*, January 1946, p.556
- ¹⁷⁸ Lucien Bonnafé, *La Psychoanalyse de la Connaissance*, p.245, Editions Erès, Toulouse 2002
- ¹⁷⁹ Intervention, in, Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, p.73, Presses Universitaires du Mirail, Toulouse 1991
- ¹⁸⁰ Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.170, La Borde De L'Eau, Bordeaux 200
- ¹⁸¹ Horace Torrubia, *La Psychotherapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.15, Éditions Matrice, Vigneux 1994
- ¹⁸² Henri Baruk, *Mémoires d'un Neuropsychiatre*, p.169, Tequi, Paris 1990
- ¹⁸³ Ibid, p.178
- ¹⁸⁴ Jacques Lacan, *La Psychose Paranoïaque dans ces Rapports avec la Personnalité*, published as, *Le Cas Aimée*, in, Marie-Andrée Charbonneau, *Science et Métaphore : enquête philosophique sur la pensée du premier Lacan (1926-1953)*. Presses de l'Université Laval, Quebec 1997
- ¹⁸⁵ Op., cit
- ¹⁸⁶ Henri Baruk, *Mémoires d'un Neuropsychiatre*, p.178, Tequi, Paris 1990
- ¹⁸⁷ Paul Balvet, *Asile et Hôpital Psychiatrique: L'expérience d'un établissement rural*, reprinted in, Max Lafont, *L'Extermination Douce: la cause des fous sous Vichy*, pp.60-63, La Borde de l'Eau, Bordeaux 2000
- ¹⁸⁸ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 55, Éditions de l'Arefppi, Nantes 1986
- ¹⁸⁹ Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, p.69, Presses Universitaires du Mirail, Toulouse 1991
- ¹⁹⁰ Op., cit
- ¹⁹¹ Henri Baruk, *Mémoires d'un Neuropsychiatre*, p.176. TEQUI, Paris 1990
- ¹⁹² Lucien Bonnafé, *Seminar of 27th November 1944 to the Société Medico-Psychologique*, in, *Annals Medico-Psychologique*, January 1946, p.556
- ¹⁹³ Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.150, La Borde De L'Eau, Bordeaux 200
- ¹⁹⁴ Ibid, p.28
- ¹⁹⁵ Etienne Esquirol, *Des Maladies Mentales Considérées sous les Rapports Médicale, Hygiénique et Médico-Legale*, p. 670, Bailliére, Paris 1838
- ¹⁹⁶ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ¹⁹⁷ Cited in, Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.198, La Borde De L'Eau, Bordeaux 200
- ¹⁹⁸ Louis Le Gillant and Lucien Bonnafé, *La Condition du Malade à l'Hôpital Psychiatrique*, in, *Esprit*, 1952, p.849
- ¹⁹⁹ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ²⁰⁰ Lucien Bonnafé, *Dans Cette Nuit Peuplée*, p. 25, Editions Sociales, Paris 1947
- ²⁰¹ Max Lafont. Op., cit
- ²⁰² *Le Monde, Science et Médecine*, 10th June, 1987
- ²⁰³ Cited by Dr. Trémolières in, Bernard Aulas, *La Vie de Lyonnais 39-45*, Hovarth, Roanne 1974
- ²⁰⁴ Interview with Dr. Requet by André Mure, *La Mort du Fou*, Quotidien Rhône-Alpes, 9th April 1979
- ²⁰⁵ Cited in, Max Lafont, *L'Extermination Douce: La Cause des Fous sous Vichy*, p.217, La Borde De L'Eau, Bordeaux 200
- ²⁰⁶ Extracts from a seminar given by Dr. Oury at a conference of Poitiers in May 1990 entitled, *De Saint-Alban a La Borde*
- ²⁰⁷ Philippe Pinel, *Traité medico-philosophique sur l'aliénation mentale ou la manie*, p. 7, Richard, Caille et Rivier, Paris 1801
- ²⁰⁸ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ²⁰⁹ Ibid, p.218
- ²¹⁰ Lucien Bonnafé, *Le Personnage du Psychiatre: étude méthodologique*, in, *Evolution Psychiatrique*, Editions Edouard Privat, Toulouse 1947
- ²¹¹ Lucien Bonnafé, seminar of 27th November 1944 to the Societé Medico-Psychologique, in, *Annals Medico-Psychologique*, January 1946, p.588
- ²¹² Leviticus, vv 33-34
- ²¹³ Lucien Bonnafé, *Le Personnage du Psychiatre: étude méthodologique*, in, *Evolution Psychiatrique*, Editions Edouard Privat, Toulouse 1947
- ²¹⁴ This translation of he Hebraic Law of Moses follows Louis Jacobs, *The Jewish Religion*, p.323, Oxford University Press, Oxford 1995
- ²¹⁵ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ²¹⁶ Lucien Bonnafé, *société medico-psychologique, séance du 27 novembre 1944*, in, *Annals Medico-Psychologiques*, Janvier 1944, p.314
- ²¹⁷ Op., cit
- ²¹⁸ Paul Balvet, *De L'Autonomie de la Profession Psychiatrique*, in, *Documents de L'Information Psychiatrique*, Vol II, XII 1946
- ²¹⁹ Paul Balvet, *L'Ambre Musée*, in, *L'Information Psychiatrique*, Paris 1978
- ²²⁰ Max Lafont, Ibid, p.70
- ²²¹ Op., cit

- ²²² Lucien Bonnafé, *Désaliéner*, p.64, Presses Universitaires du Mirail, Toulouse 1991
- ²²³ Eric Favereau, *Portrait de Jean Oury* in, *Libération*, 27 June 1998
- ²²⁴ François Tosquelles, *Quelques aperçus sur l'histoire de la psychothérapie*, in, *L'information psychiatrique*, June 1964 - N°6 - Colloque des médecins des hôpitaux Psychiatriques du sud-est, Les Baux, 19th October 1963.
- ²²⁵ Interview with Henri Cordesse by Florian Sidbore. Ms Sidbore conducted the interview for her Master's thesis in History for the University of Montpellier III in June 1999. Henri Cordesse was also encouraged by Bonnafé and Tosquelles to pen, *Histoire de la Résistance en Lozère*, les Presses du Languedoc, Montpellier 1999
- ²²⁶ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ²²⁷ Extracts from a seminar given by Dr. Oury at a conference of Poitiers in May 1990 entitled, *De Saint-Alban a La Borde*
- ²²⁸ Lucien Bonnafé, *Seminar of 27th November 1944 to the Société Medico-Psychologique*, in, *Annals Medico-Psychologique*, January 1946, p.556
- ²²⁹ Extracts from a seminar given by Dr. Oury at a conference of Poitiers in May 1990 entitled, *De Saint-Alban a La Borde*
- ²³⁰ Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, pp.47-79, Presses Universitaires du Mirail, Toulouse 1991
- ²³¹ Lucien Bonnafé, *Sur Quelques Experiences Psychiatriques dans la Résistance Française*, Bale, XII, Lyon 1946
- ²³² Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, pp.56, Presses Universitaires du Mirail, Toulouse 1991
- ²³³ *Ibid*, p.57
- ²³⁴ *Ibid*, p.65
- ²³⁵ *Ibid*, p.69
- ²³⁶ Lucien Bonnafé, *Désaliéner*, pp.30, Presses Universitaires du Mirail, Toulouse 1991
- ²³⁷ Dr. Paul Balvet, *Asile et hôpital psychiatrique: L'expérience d'un établissement rural*, reprinted in Max Lafont *L'Extermination Douce : La Cause des Fes Fous sous Vichy*, pp.60-63. Le Borde De L'Eau. Bordeaux, 2000
- ²³⁸ Intervention, in, Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, p.75, Presses Universitaires du Mirail, Toulouse 1991
- ²³⁹ J. H Van Den Berg, *Phénoménologie en Psychiatrie*, in, *Evolution Psychiatrique*, Editions Edouard Privat, Toulouse 1947. The *new orientation* was expressed by the project of post-war psychiatric rehumanisation or rather the establishing of psychiatry as a sympathetic art, of forging a sympathetic psychotherapeutic lieu, by virtue of the Bonnafé-Balvet-Oury-Tosquelles fraternity underpinning a strategy of radical French psychiatric scholarship in not only holistically topologising the psyche and institutional transference in its realigning the psychiatrist's function through a radical overhaul of clinical empiricism.
- ²⁴⁰ Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, pp.65, Presses Universitaires du Mirail, Toulouse 1991
- ²⁴¹ *Ibid*, p. 57
- ²⁴² Lucien Bonnafé, *Psychiatrie Populaire: Par Qui? Pour Quoi?* p.23 Éditions du Scarabée, Paris 1981
- ²⁴³ *Op.*, cit
- ²⁴⁴ J-C Polack and D. Sivadon, *L'Intime Utopie: Travail Analytique et Processus Psychotiques*. P.U.F 1991, p.14
- ²⁴⁵ *Ibid*, p.41
- ²⁴⁶ Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, p.70, Presses Universitaires du Mirail, Toulouse 1991
- ²⁴⁷ Jean Oury, *Op.*, cit
- ²⁴⁸ Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, pp.70, Presses Universitaires du Mirail, Toulouse 1991
- ²⁴⁹ *Op.*, cit
- ²⁵⁰ *Ibid*, p.75
- ²⁵¹ Jean Oury, *Il, Donc*, Éditions Matrice, 1998, p.35
- ²⁵² Intervention, in, Lucien Bonnafé, *Le Personnage du Psychiatre*, republished in, Lucien Bonnafé, *Désaliéner*, p.73, Presses Universitaires du Mirail, Toulouse 1991
- ²⁵³ Jean Oury, *Il, Donc*, Éditions Matrice, 1998, p.116
- ²⁵⁴ Extracts from a seminar given by Dr. Oury at a conference of Poitiers in May 1990 entitled, *De Saint-Alban a La Borde*
- ²⁵⁵ Jean Oury, *Pratique de L'Institutionnelle et Politique*, Matrice, 1985, p.22
- ²⁵⁶ Lucien Bonnafé, société medico-psychologique, séance du 27 novembre 1944. *Annals Medico-Psychologiques*, Janvier 1946, p.560
- ²⁵⁷ Lucien Bonnafé, *Psychiatrie Populaire: Par Qui? Pour Quoi?* p.15. Éditions du Scarabée, Paris 1981
- ²⁵⁸ *Ibid*, p.45
- ²⁵⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p.108, Éditions de l'Arefppi, Nantes 1986

Chapter 2: The end of the world experience

I am eternally made man.

– François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*¹

The clinician who being specialised in “mental illnesses” has the urge to elaborate new therapeutic norms, and is capable of realising that which, from near or far, brings about a structural modification of the bio-psycho-social gestalt.

– Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique*²

Introduction: the ethical and the phenomenological

In our last chapter, we examined the ethical renewal of psychiatry, and we observed as to how two great instances of psychiatric reformation were characterised by the marriage of philanthropy and science – the ethical foundation to the *noble art of medicine* proper. This union was by way of heeding the call of an “imperial need”. The first instance was that of Pinel and Esquirol in a post-revolutionary France, mirrored by the efforts of Tuke in England. The second, that of Bonnafé, Tosquelles and Oury in a post-war France as the figureheads to the effervescent group of Saint-Alban, spurred to therapeutic renewal and advance by the conditions of an occupied France, conditions that were brought to their ruthlessness by the visions of Alexis Carrel, a dream of a new world true to the ideals of Eugenics. Yet we also observed a distinct difference between the therapeutic politic of Pinel and his 20th Century descendents, for where the former took alienation and isolation as the guiding politic for the ethical rehabilitation of the insane, the latter took a disalienation as hallmark to the psychiatric vocation. This historical bi-focal approach saw the psychiatrist as a therapeutic and scientific answer to injustice. For Pinel, the insane were curable because the malady of the mind was a malady of the passions. For Bonnafé, madness, *la folie*, was a drama realigning roles and the methodologies of psychiatry.

In our second chapter, we will approach the 1948 doctoral thesis of Dr. François Tosquelles and seek to highlight its phenomenological significance in terms of the psycho-pathology of schizophrenia it puts forward, whilst keeping with the ethical ground of medicine and the historical necessity urging such doctrinal advance. In doing this, we will identify a particular thematic of creation and recreation which comes to communicate a particular topic of phenomenology and we will see how this topic is not only unique to the reformist demands of a post-war generation, but also to neurobiology. More precisely, we will demonstrate as to how the phenomenological principles of Tosquelles' thesis inform the phenomenological outlook of Dr. Jean Oury and his resistance to the increasing pressures of the modern-day bureaucratic machinery infiltrating the clinic – what he calls a “Simplism”, complex schemes which simplify psycho-pathological phenomena and the therapeutic enterprise of clinical work.

Our reading of Tosquelles' doctoral thesis will therefore not be a hermeneutic one, but one that will highlight specific aspects pertinent to advancing our understanding of the ethic, phenomenology and diagnostic of post-war French psychiatry, at the same time as a psycho-pathology of schizophrenia. Furthermore, we will seek to introduce hitherto un-referenced theorists to British medical historiography and philosophy. Namely, the neurobiology of Erwin Straus (1891-1975), Viktor von Weizsäcker (1886-1957), Constantine von Monakow (1853-1930), Raoul Mourgue (1886-1950), Kurt Goldstein (1878-1965), and the neo-Catholic phenomenology of the Gestapo hunted philosopher, Paul-Louis Landsberg (1901-1944), who took his own life in the concentration camp of Oranienburg. This will enable us to raise the question of phenomenology and psychiatry beyond the remit of Ludwig Binswanger (1881-1966), into a broader institutional pretext.

We will also see that Tosquelles' thesis was a generational document, an enquiry marrying the theological, the phenomenological, the biological and the neurological in the name of psychiatric assistance and medical reform. We will specifically focus our study on the phenomenological topic of catastrophe and revelation, and situate the thesis as ultimately figuring madness to be an industrious condition of possibility and renewal, where delirium declares a world of revelation in the wake of catastrophe, and where the phantasm of schizophrenia declares a revelatory politic to a post-war generation. By doing this we will be able to highlight as to what exactly a “multidimensional perception” and “polydimensionality” constitutes for the therapeutic doctrine of Institutional Psychotherapy, for these two terms are constantly encountered within the vast library of its literature.

This chapter will mark an advance of our understanding of the ethic and show that a phenomenology cannot exist independently of the human cause: the ethic and the phenomenological are said in a singular and same sense.

1: The veiled world into which the psychiatrist is initiated

We have previously witnessed the wartime conditions within which a resistant psychiatry laid the ground for a post-war reassertion of the philanthropic necessity of science – psychiatry as the address of an *imperial need*, psychiatry as *assistance*, psychiatry as an *ethical undertaking*, as an *art of accompaniment*. Through such study, we saw Philippe Pinel deem the science of mental alienation an “art,” an absolute craft, with which only the most experienced, and only those possessing the “finesse of observation” could engage (Falret). Dr. Lucien Bonnafé, would much later, in the wake of World War II and the German Occupation of France, characterise the vocation of psychiatry as an “art of sympathy” historically paralleling Pinel who – in following Hippocrates – deemed the “specialised science of mental alienation,” “the noblest of arts.” The assertions of Pinel and Bonnafé are ethically recuperative. Pinel redefines medical assistance by approaching “mental alienation” through a “moral therapy” of the passions (Pinel). Bonnafé mirrors this by asserting a shift in psychiatric methodology through a “disalienation” (Bonnafé). We understood this art to be the *art of accompaniment*, and the psychiatrist as an apostolic persona heeding the call of war-weakened – and indeed Revolutionary-weakened – man. Medical assistance under the urgencies of history is constantly redefined as a “specialisation” (Pinel) neighbouring the vocation and fraternal servitude of the Saintly persona found in religious texts– this is where philanthropy and science marry under the auspices of historical need. Henri Baruk, in drawing upon the Talmudic notion of *Tsedek*, underlined this apostolic analogy of the persona most authentically – what for Pinel was the *art of mental alienation*, for Bonnafé became the *art of sympathy*, and for Baruk, this dutiful consciousness was exemplified within the Law of Moses, deep within the pages of the Talmud.

In this second chapter, three luminaries highlight this vocation of Institutional Psychotherapy seeded by the wartime sentiments of rural psychiatric practice. Namely, Jean Oury, François Tosquelles and Lucien Bonnafé. Jean Oury in particular, now aged eighty-three, is the last living figure

of what Bonnafé characterised as “a golden age” of psychiatry – an age that was to find its eventual home at La Borde clinic under the direction of Oury and Tosquelles. La Borde, at its outset (September 1953) was became a clinic appealing to the breadth of philosophical youth: Michel Foucault, Franz Fanon, Julia Kristeva, Gilles Deleuze and Félix Guattari most notably. Indeed, deep within the vast, almost limitless landscape of La Loire Valley, La Borde clinic would be nothing short of a new home for Guattari, a young post-war Sartrean of sixteen years, who found in Oury an ultimate influence – paternal even. Both Deleuze and Guattari, continually frequented the presence of Oury, both enraptured by the philanthropic spirit of a post-war clinical fraternity marked by the bloody benchmarks of history.

Oury’s work and reflections presented to us, the public, in the form of published seminars, scattered interviews and a wealth of conferences throughout the world, have constantly been driven by an impassioned stance of developing a permanent analysis of man and his institutions rather than developing clinical tools in the name of traditional psychiatric nosography: “psychiatry is far from being defined and neatly delimited” is a phrase he often repeats to the students and researchers who partly compose the community of .La Borde True, concepts are tools through which to build new therapeutic systems, but they shouldn’t be used to strengthen bureaucratic measures, and should themselves not become so. For Oury, psychiatry finds its very value in always being at its very outset, it is never firmly delimited because its object (*madness / la folie*) is always repositioned, man is an “inconclusive monograph” and therefore requires a “permanent analysis”³.

Yet as Oury constantly acknowledges through his seminars and writings, the main impetus and the complimentary genius to Lacan, the gelling agent of a post-war generation of gestation, was his Catalan colleague François Tosquelles – the *catalyst* and persona of a post-war clinical and philosophical renaissance. Most notably for Oury, the 1948 doctoral thesis of Tosquelles pointed to a “new way” and “method” of thinking. Tosquelles’ thesis was of a “different” technical approach conducive to the needs of war-weakened man, attentive to a philosophical system that married the theological, the clinical, the neurological and the phenomenological.

The *vocation* of what was known as “sector psychiatry” (later termed an “Institutional Psychotherapy” in 1952, and an “Institutional Pedagogy” in the 1960s – yet institutional psychotherapy was the favoured term) was neither to develop “professionals of ideas” nor to establish “ideological constructions.”⁴ It’s premise, was one of lived historical experience: experiential knowledge rather than intellectual knowledge. The project of an Institutional Psychotherapy was first seeded Pinel’s

geopolitical vision of the clinical establishment, but more precisely it gained historical identity with the generational declaration of Paul Balvet in 1942 for a more “humane psychiatry”. In truth, it is Balvet who lays the first stone of a path upon which a new post-war clinical *rationality* could emerge. Bonnafé in 1946 then announces a “disalienation” to define the “personage of the psychiatrist” (he lays the second stone to the path), and it is Tosquelles who rests the third stone with his thesis of 1948 positioning madness as a productive and industrial affirmation and not, in fact, as a negation normality and reality. These are the three decisive moments for Institutional Psychotherapy, with Pinel as its grandfather. As Oury once said, “for an understanding of Institutional Psychotherapy we could even go back to Pinel...”

Tosquelles’ thesis marked psychiatry as an anthropological science of possibility. In being so he simultaneously renewed the concern for the ethic of psychiatry. Psychiatry, for Tosquelles, was a vocation of “renewal,” and it was to be thought of under “creative” and “revelatory” auspices at the same time as the “curative”. Indeed the “curative” and the “creative,” the “aesthetic” and the “ethic” go hand in hand. This is what his thesis demonstrates in its entirety. As Jean Oury later penned in 1979, true to the sentiments of his post-war generation, the concern was not proposing the defining truth of humanity, it was not to define grand intellectual schemes which could be learnt and recited in text books in the universities. Rather, it was to further understand and work with “man-in-the-world” in the wake of his *simple* lived experiences, and as to how psychotherapy and the strategy of institutionalisation could be enriched from engaging with them:

I spend my time seeing people of all categories, at the most simple of levels... That which obliges me to take immediate decisions – not just any decisions – is the attempt to better follow virtual traces. It is a form of “partition” that inclines me to follow these unannounced paths, within the solitude, within the screams and the silence...⁵

This is strikingly emulative, although not intentionally so, of Pinel in writing that the clinician had to “live” within the “presence of the patient.” The personage of the psychiatrist is within these “virtual traces,” within the screams, silences, sighs, upon the unannounced, undetermined paths of existence, within a psycho-pathology cleaving itself away from clinically determined illnesses towards a psycho-pathology of what Lacan deemed, “the Real” (as opposed to reality), a dimension inaccessible to most, ever present yet ever so distanced from man’s habitual psychological gearing towards what Oury describes as “the banality of the everyday.”⁶

The “Real” of Lacan, is the privileged space, impossible even, Oury calls it, “the impossible Real,⁷” rarely touched upon by the schizophrenic, if as Oury asserts, “schizophrenia exists at all.⁸” Do we then position the doctoral thesis of Tosquelles as an enquiry into this impossible Real? As a document of a precarious journey upon the unknown waters of the Unconscious where we encounter divinities and demons of all sorts and of all temperaments? Is it an enquiry into this rarely disclosed dimension? Such indications of this undisclosed dimension were notably given by an early Nietzsche, who in charging against the barriers between man and man erected by, “impudent convention,” similarly sought out a hidden realm beyond the commonalities of experience in writing of the “primal Oneness” of all things. He saw this enigmatic Oneness as a primordial brewing pot of humanity within which a “gospel of world harmony” reigned. This dimension was not for the eyes of habitually perceived reality because it was beyond the “cognitive forms of appearance,” it went deeper, into transcendental life and experiential knowledge, as opposed to the intellectual knowledge bartered and played as a deck of cards within the universities of his time. It is no wonder then that Nietzsche would wander within the altitudes of a mountainous landscape and often return with a new manuscript. Nietzsche further penned that this Oneness was in fact beyond the veil of Māya – a veil of illusion masking primordial truth, a veil covering our consciousness and restricting a more profound perception and sympathy of the world. Occasionally, this veil was torn by a consciousness sharper, clearer and less clouded by the obscurations of our ego-clinging empirical Self. It is Dionysian Greek culture for Nietzsche, however, that lives within the constant glimpse of this primal world harmony through their art and hymnal recitations, and it was Nietzsche who reminded us of its importance for understanding the world which lies behind appearances⁹. Does the psychiatrist, if we take Lacan’s “Real” as Nietzsche’s “primal Oneness” of the Dionysian Greek (and indeed as Freud’s unconscious), then penetrate this veil to which Nietzsche accorded a primordial authority, as something beyond the given empirical world of appearances composing what we habitually call “reality?” Does the psychiatrist, this dramatic personage who accompanies mentally ill man into the innermost sanctities of his psychological and pathological narratives, venture beyond the cognitive forms of appearance and penetrate the most evasive of primordial categories? Is Lacan’s “Real,” one deemed “impossible” by Oury, beyond that veil of Māya, inaccessible to most and rarely accessible even to the man of schizophrenia who, in the words of Professor Lhermitte, not merely negates but affirms “the world and body...life and death?” Does this schizophrenic negation of the world and body in fact affirm another

world, a new life, a new form? Is schizophrenia an unveiling of this rarely accessible, “impossible” dimension? Do these unveiled announcements of the Real surpass the limits of determined illnesses – as phenomena signifying a profound primordial conflict and in fact primordial truth? And in doing so do these psycho-pathological announcements manifesting themselves somewhere between the world, the body, life and death even point to a “cosmic conflict” as the psychiatrist Eugène Minkowski boldly asserted against the certainties of the psychoanalytic currents of his time, in 1934.¹⁰

It is therefore interesting to remember that the protestant mystic Jakob Böhme presented us with the universal “Ungrounding” (the unknowable transcendent)¹¹; the phenomenology of Hegel appealed to the Neo-Platonic “Absolute”¹²; the psychoanalysis of Freud the “Unconscious”; Lacan the “Real”; Nietzsche the “Primal Oneness”; Heidegger the ontic-ontological “Withdrawal”¹³; and Kurt Schneider the “Untergrund”¹⁴. Such appeals, some stronger and more explicit than others, highlighted the ever present yet ever distanced constitutive transcendental frame of reality into which the psychiatrist is initiated – the “Real” and not “reality”. It is where we see François Tosquelles write in elaborating the sentiment of Lacan, Heidegger and Nietzsche before him:

The real is that which is here before us, most of the time, in front of us, and that which remains outside of us. We will never be able to grasp it in its totality. It is placed upon the horizon to which each person walks towards, yet it is a horizon that withdraws, even to the rhythm of each walking man.¹⁵

Several years later, in 1954, Heidegger would write with similar pen:

When man is pointing into what withdraws, he points into what withdraws. As we are drawing that way we are a sign, a pointer. But we are pointing then at something that has not, not yet, been transposed into the language that we speak. It remains un-comprehended. We are an un-interpreted sign.¹⁶

Later still, in 1968, Gilles Deleuze would follow this seemingly phenomenological fascination for the transcendental and primordial dimension in writing of a movement where:

We are party to a universal *ungrounding*. By ‘ungrounding’ we should understand the freedom of the non-mediated ground, the discovery of a ground behind every other ground...A world precipitated into universal ungrounding.¹⁷

Where the philosopher, as Deleuze suggests, engages with the question of the universal ungrounding, the psychiatrist, as Tosquelles indicates, engages with the question of madness. From this, we understand that the ‘un-grounding’ and ‘transcendence’ are one and the same state of affairs shared by both the clinician and philosopher prepared to surpass the epistemological limits, and confines, of their discipline. The psychiatrist seeks to work with this universal *ungrounding* because the object of his vocation – psychosis – is an evasive phenomenon – a *constantly displaced horizon*. Psychosis is likewise a constantly displaced horizon for the phenomenologist Henri Maldiney, who much later than Tosquelles writes that, “psychosis does not give itself over in its entirety¹⁸” because it is “irreducible within man.¹⁹” To say that psychosis is irreducible, suggests that there is something always one step ahead of us, evading us, yet urging us to continue, to live, to think, to act and to feel. To retake Heidegger, it is the un-interperated that leads us to ascertaining a knowledge of the Self, albeit one that is secondary to the source which it references. The Un-grounding, the Un-conscious, the Real, Psychosis, Transcendence (like a divinity at play) are irreducible agencies to which reality can only be secondary or illusory (not beyond the veil but in front of it). All these terms indicate that there is a frame, or rather an activity of things, supporting man, one steering the life of man, yet one that maintains an un-knowableness and anonymity, one that is occasionally disclosed. In terms of the clinic, psychosis is a mode of revealing rather than a clinically determined illness. This points to an understanding of psychiatry that sees it less as a socially measured practice, and more as a therapeutic measure, as a transcendental work. And to arrive at this understanding, we have to understand that phenomenology and psychiatry are in fact inseparable enquiries, grounded in both transcendental and clinical experience, oscillating between the two.

It is the doctoral thesis of Tosquelles that proves important for seeing psychiatry as a phenomenological undertaking. His thesis, not surprisingly dedicated to the Romantic and Revelatory poetry of Gérard de Nerval²⁰, is a record of clinical encounters and phenomenological reflections where the “Real” and the question of this withdrawing Horizon are pronounced through a psychological complex particular to a post-war people. Like *flashes of lightning upon a clouded Mount Sinai* (permitting ourselves to borrow the pen of Lacan), Tosquelles documents a mock-biblical delirium of lived time at the end of the world – a “phantasm” surfacing from an, “unknowable material.” For Freud this unknowable realm was the Unconscious, that “inextricable resource” structuring the lifeworld of man. Later, for Oury, it is from this inextricable resource, from the “Real”, that the “avatars” upon the

“paths” of existence emerge.

This said, Tosquelles’ thesis becomes a unique philosophical account that doesn’t age, a clinical investigation solicited not only by post-war man but also by people of every age. It is to this study that our second chapter turns.

2: The arrival of Tosquelles at Saint-Alban

The doctoral thesis of the Catalan-born psychiatrist François Tosquelles, written for the University of Paris, carried the title *Essai sur le Sens du Vécu en Psychopathologie*²¹ (*The Psychopathology of Lived Experience*) and had been composed under a somewhat individual urgency pertaining to his post-war French naturalisation²². The thesis was written amid a generation echoing Paul Balvet’s 1942 fraternal call for a more “humane psychiatry” whilst mirroring Lucien Bonnafé’s 1946 war-marked appeal which positioned the vocation of psychiatry to be an “art of sympathy” – what we previously deemed an “art of accompaniment.”²³ Such a call echoed within the threaded social fabric of the post-war France of 1947, knitting itself together, rebuilding and searching for new “paths” of thinking Man and his lived condition.

The direction in which the thesis of Tosquelles turned, was one of a “good intention,²⁴” one that did not seek to rest upon the classificatory predestination mental illness was historically allotted. Psychiatry’s object as with its ethic, in mirroring the reconstructive geneses of psychoses, the personality, and the reconstructive ontology of the living human organism²⁵, would be as Lucien Bonnafé noted, “that which it became” and the psychiatrist’s originality would be the “consciousness of his role” within an, “adaptive and fecund attitude²⁶.” This was an attitude built up from lived encounters, a, “psychiatry of the present” as Tosquelles came to write.

It is important to remember that Institutional Psychotherapy, was, and is, an analysis of psycho-pathological and institutional processes, an analysis destined for constant renewal, never finding its end²⁷, but as something always working with, as we have seen Deleuze describe, “the freedom of the unmediated ground.²⁸” Psychiatry, under these auspices becomes an art of discovery, an art of “possibility”, documenting the unveiling of the unmediated ground (Deleuze) which is, to retake the words of Maldiney, “irreducible within man”.

Lacan outlined in 1946, that the *essence* of psychiatry resided within the universal and universalising function of the psychiatrist's engagement with a language of man. This language, it must be noted, was not one of mere speech but of *parole*. As with the Word of Biblical Genesis declared by Jehovah, *parole* for Lacan was a language of constant reconstruction, a language of the irreducible. Indeed, Lacan saw that, "a therapeutic by parole is as ancient as humanity itself."²⁹ The phenomenologist Henri Maldiney went one step further, where in following Freud, he asserted this *language* of psychoanalysis to transcend consciousness itself. Yet for Maldiney, this language was not the property of psychoanalysis, but of man's earthly existence proper throughout the ages.³⁰ He writes that the "*language of transference* is where all moments are articulated within varying planes of signification masking one another, where the task is to uncover and disclose these varying planes of signification as the avatars of existence³¹." Transference for Maldiney, is, as Tosquelles often highlighted, disclosure, a surgical procedure, where the task is to gradually remove the "masks" of varying planes to access the trouble, and even the source of all things human³².

As Lucien Bonnafé observed in the same year Lacan's pointed to an almost Nietzschean primordial ground accessed by *a language as old as humanity itself* – and similar to Maldiney seeing transference to be a transcendental language (a language of the *Real* and not Reality), accessed through the psychiatric encounter "within the endless terrain of the psyche,³³" – such generational pleas were not for "the vain games of mind" but a collective attempt to define the object and method of psychiatry extended through the human cause³⁴. With this, Lacan's assertion of 1947, that, "Madness changes its nature with the knowledge of psychiatry" harmoniously complimented Bonnafé's announcement of the, "modifying value of knowledge upon psychiatry's object."³⁵ It is through such historically urged reflection, that the traditional medical idea undergoes a dramatic change – a change brought about through experiential knowledge.

When Tosquelles had arrived at the war-time clinic of Saint-Alban in 1940, he brought with him an unparalleled energy for change borne through his experience at the Setfonds detention camp in the French department of Tarn-et-Garonne in the north of Toulouse for Spanish refugees. Tosquelles later remarked that he had felt at home within the Lozère region. Here he was both warmly received by his colleagues at the clinic of Saint-Alban and the general population of the Baroque city. Tosquelles' therapeutic vision was not to build what he saw to be "ivory towers" of intellectual achievement, but to expand the horizon of psychiatry in the name of lived experience, the *Vécu*, the *Erlebnis*³⁶. It was

experience that furnished knowledge, and more particularly, medical knowledge. This was the autobiographical signature Tosquelles grafted upon the Lozère clinic. He was, after all, a Catalan antifascist militant who had escaped the imperialist grasp of the Castile region:

...The antifascist fight thus inscribed itself within my gestures....Catalan was often a marginalised country, "our manhandled culture" resisted and survived without enclosing itself within an ivory tower, yet without also wanting it to be an imposing culture...This is what punctuated, from very far off, the fundamentalism I displayed at Saint-Alban. I was a catalyst rather than a man of combat, a carrier of a rigid, personal ideology.³⁷

It is with the resistant Catalan Spirit of Tosquelles, and the vast medical and philosophical scholarship he had undergone at the Institute Para Mata in Barcelona, that Institutional Psychotherapy truly finds its birth, and the call of Balvet matures into a resistant, clinical enterprise.

Tosquelles arrived in a country that was experiencing the rigid, alienating medical structures of Occupation, and his Thesis would seek to resist these structures in the name of man's creative, expressive capacities by developing a paradigm that dovetailed the biological, neurological, anthropological, philosophical, and psychiatric. Madness, was a window onto humanity. This was the "effervescent," palimpsest optic of the bio-psycho-socio gestalt through which the psychiatrist perceived the post-war world. The ethic, phenomenology and diagnostic of post-war French psychiatry begin therefore, with Tosquelles. His rigid personal ideology could not have been more flexible because the antifascist gestures were for the de-segregation of marginalised communities, and they appealed to "open" systems of thinking the social community as a whole.

Upon his arrival to the clinic of Saint-Alban, housed within a once-noble chateau deep within the wooded terrain patterning the landscape of Lozère, Tosquelles had asked Dr. Paul Balvet – the then joint director of Saint-Alban with Lucien Bonnafé – for fifteen days leave to spend in the markets of the enigmatic Rococo town. Tosquelles wanted to be immersed within the 'paysage,' to experience the cultural 'landscape' surrounding the clinic, "to know the people of the area...what they said, what they did and above all how they did it...to breathe its air,³⁸" to smoke and share wine with the locals. These are the simple concrete experiences to which Tosquelles, Oury and Bonnafé would always appeal – simple human experiences within which enormous therapeutic possibilities could be found. This was not a mere ideology, but a clinical model built upon a vast biological and neurological complexity, an "enormous complexity" as Tosquelles often said, for psychiatry is a science of man, and one that

should not be ignorant to the most simple of man's simple experiences of the world. For Oury these were experiences to which the phenomenologist turned, the phenomenologist-in-the-world who "notes his observations down on scraps of paper...all concrete."³⁹ These, the simple experiences so important for the communitarian sympathy of Bonnafé and as we have seen to be so important for Baruk's Talmudic law of *Tsedek* appealing to the apostolic nature of medical assistance. These: "simple experiences" underpinning the philanthropy of psychiatry and its politic of the "common relations"⁴⁰ bonding man and his neighbour, clinician and patient. Thus, as we have noted, psychiatry becomes known, through the efforts of this particular time, as *an art of accompaniment* because *it is the psychiatrist who accompanies the patient through the screams and silences of his intimate utopia.*

Heterogeneity and Institutional Psychotherapy, became the two mirroring terms of what Bonnafé called an, "extended psychiatry"⁴¹ or the more actively 1944-phrased, "psychiatry of extension."⁴² The practice of Institutional Psychotherapy and the notion of Heterogeneity informed the vocational rubric of psychiatry. This marked a collective effort to maintain the diversities of therapeutic experience, structured upon the simple yet diverse, concrete experiences of Man within the world. This would in turn see a generation form the paradigm of what Balvet had previously deemed (in the guise of a Pinel unchaining the demonised madman and in illuminating a medical milieu darkened by the shadow of Alexis Carrel), a "psychiatry of man,"⁴³ a psychiatry Tosquelles and Oury would constantly counterpoint and strive to develop in their years together without succumbing to the pressures of bureaucratic restrictions. Institutional Psychotherapy, was to maintain what is known as "spaces of heterogeneity," to have lived spaces where gestures and encounters can circulate, and to constantly pose the question of the "simple encounter" and its underlining complexity notwithstanding the weight of what Oury later deemed to be, "Technocratic Simplism."⁴⁴

"Technocratic Simplism" for Oury, takes the form of increasing bureaucratic requirements and "administrative measures" which he sees as "the insidious death of spirit upon the path." These are overbearing measures of "heavy consequences" that are carried under – and in fact disguised by – the "mask of progress" or rather, by what he elsewhere describes as "pseudo-scientific progress."⁴⁵ It is thus of no surprise that Oury, in 1994, positioned the contemporary concerns of man, as being "far from the productive disputes of Goethe and Schiller"⁴⁶ and in fact, far from transcendence. With this distance, which others would call a distance from a "creative and vital élan," Oury highlights the very real danger of losing sight of man and humanity amid complex rhetoric: the lessening of heterogeneity

and possibilities for man's creative renewal constantly called for by man's proper existence and its unannounced avatars⁴⁷. Similarly, of the same year, Tosquelles upon the eve of his death wrote of, "the confusion and pessimism engaging the ensembles of men."⁴⁸ To this we recall Kostas Axelos who warns philosophy (and in fact psychiatry and medicine as a whole) of a detrimental shortcoming: "we are within an age which seeks to surpass humanism and the human. But a question nevertheless remains: what is to become of the human⁴⁹?" Tosquelles, aged in years, tired in health, yet ever active in a gestured Catalan anti-fascist vigor, remained faithful to the idea that as long as man was upon the face of the earth, a resurgence of new forms could actualise and reveal themselves within an "art of living." For Tosquelles, this *art of living* required an *art of sympathy*, where philanthropy and science are married, where psychiatry and man are said in a singular and same sense, where, "Institutional Psychotherapy is present wherever man appears."⁵⁰ Likewise, as Oury would comment in September of 2004 – ten years after the death of Tosquelles, one year after the death of Bonnafé – an Institutional Psychiatry, "is and was always a question of maintaining openness, of opening a space for heterogeneity, in the most concrete of senses."⁵¹

This is a resistant line, and at the same time it is a phenomenological one taking its lead from a post-war psychiatric research and the Catalan spirit of Tosquelles. This sentiment was also displayed by Horace Torrúbia, a psychiatrist of Saint-Alban and La Borde Clinic who always fraternally paralleled the fervency of Tosquelles, Bonnafé and Oury for the idea of a permanent analysis of man. In his 1994 publication, to which Jean Oury penned a salutary preface, *La Psychothérapie Institutionnelle par Gros Temps*, Torrúbia charged against (as if a youthful Nietzsche breaking the barriers of "impudent convention") the "logico-positivist," deterministic direction of modern science and its humanitarian shortcomings. This direction of modern science was later described by Oury as a "pseudo-scientific progress"⁵² far from the "good intentions" of philosophical and clinical enquiries that had once existed. Torrúbia writes:

In all cases, the more science develops, the more it colonises, the more its paradigm becomes the colonial, the more the concept of objectivity occupies the most axial of places...within the objectivity of psychiatric "observation"...the question is thus to not let oneself be colonised, nor to colonise.⁵³

For the Saint-Alban psychiatrist Torrúbia, a post-civil war marked Spaniard of the same generational anti-fascist Catalan armour as Tosquelles, when asked as to his "specialisation" he would speak of the

“constant decentering” by the difficulty of context within “undecided limits,” where one had to “open” the doors of the hospital not to the outside but from within⁵⁴. For Torrubia, the psychiatrist was a personage that found his definition within every encounter.

Oury saw Torrubia as an “artisan of the concrete” and a, “builder who listens.” The artisan and the builder compose this adventurous personage of responsibility, working with an “existential complexity” of simple situations beyond any “reassuring” homogeneity⁵⁵. The “builder who listens” and the “artisan of the concrete”, thus find their role within the project of an institutional psychotherapy, within “undecided limits” where psychiatry and its institution take man as their blueprint – undecided, limitless, unbounded, irreducible even – *it works with the impossible*.

There is within the contemporary spirit of Institutional Psychotherapy, an urgency infusing a modern day La Borde with its diversity of interns, from graduate analysts to philosophers, nationalities ranging from the Ivorian to the Japanese. The urgency, is not merely to be translated as a maintenance of a post-war sensibility for heterogeneity as the mosaic law binding the psychical, the somatic and the social in the face of “Technocratic Simplism” (Oury) exceeding the homogenous “reassurances” of a colonising science (Torrubia), or a “bureaucratisation of thought” (Tosquelles), but as a need to continually re-elaborate the creative capacities of mental illness. In its engagement with the “complex” and “heterogeneous” through the “simple” encounters of man, La Borde announces the timeless import of Tosquelles, Lacan and Bonnafé. Institutional Psychotherapy has a *shared coefficient*, which as we saw, was first indicated by Pinel, where the psychiatrist is both *artisan* and *listening builder*, the *dramatis personae* within a landscape of a constantly displaced horizon marking a critical renewal of the epistemological foundations of psychiatry and the institutions of psychiatric assistance. We can thus retake Lacan’s 1947 assertion that, “madness changes its nature with the knowledge of psychiatry,” and invert it to: “psychiatry changes its knowledge with the nature of madness” – it is the horizon that dictates man’s epistemology, and not the reverse. It is, to retake a Nietzschean stance, where the barriers erected between men by *impudent convention* are lowered, be it by a Nietzschean Greek Dionysian consciousness beyond the veil, a Lacanian Real, or just simply, a site within which barriers and limits do not exist, and where gestures and simple phenomena can circulate freely. The architecture of man thus becomes the architecture of the institution, and Tosquelles, in writing of man as “the living art,” was to see the institution as the most artistic, industrious and unrestricting of sites⁵⁶.

These concerns for a shared coefficient, as we have previously noted in our first chapter,

were borne through the vocational exposure to suffering and death under the overbearing weight of occupation. Oury's latter-written words voicing an active concern for the "distance" of contemporary Man from "productive disputes" extend the sentiment of resistance to the dangers of what Tosquelles saw, in 1948, to be a "bureaucratisation."⁵⁷ To maintain the psychotherapeutic address of an "ancient language" (Lacan) and the "concrete" (Oury, Tosquelles) is to maintain the liberty of Thought, of movement, of speech, of gesture. To maintain an "opening" within transference, or rather to "graft an opening"⁵⁸ as Giselda Pankow said, works through what Oury would later call a, "liberty of circulation"⁵⁹ within the community of the institution. Transference, therefore, can be neither timed nor measured within the clinical *séance*, for it continues far beyond the consultation: "one cannot measure transference with our normal notion of time and space".

Oury often draws upon a phrase in Marx's Manuscripts of 1844 to underscore a nature, or a constitutive agency, unable to be capitalised upon by what he calls, in fraternal accordance to Tosquelles, "administrative and bureaucratic formulae."⁶⁰ We thus see a nature, very close to the Real of Lacan, as the ever-present evasive phenomenon of constitution rarely accessed save for those rare moments of psychoses, where such processes are observed upon a descriptive and aesthetic level, as ciphers for possibility and productive, constructive, concrete dialogue within the institution, built by *builders who listen* and *artisans of the concrete*. As Marx himself was to write:

Man is for man the existence of nature, and nature is for man the existence of man.⁶¹

And to this, we parallel Bonnafé's double proclamation:

Mentally ill man is man, man is mentally ill man.⁶²

These double proclamations find a bitter declaration in a provincial wartime France, of having to manage in the most unpremeditated of circumstances, "to manage face to face with that which emerges."⁶³ For Oury, such assertions pertain to a "concrete dialectic" of lived encounters, a dialectic most notably addressed by Tosquelles' thesis of 1948.

How well placed Tosquelles had been to write his thesis under the direction of Balvet, chief inaugurator of the 1942 call to "humane" methods and who had wanted to see substantial changes come into effect for Saint-Alban, and the psychiatric milieu as a whole, in its emergence from what we

previously deemed to be a *questionably free* Vichy France. Yet substantial financial support had failed to be found within a stretched convalescing economy and such changes had proven difficult for the wartime father of rural psychiatry to effectuate concretely.

What Balvet bestowed upon a generation was a resilient 1942 revolutionary call to rehumanise psychiatry. This was a call not to arms, but to a psychiatric counter-evidence of Man positioned against the Vichy-Carrel medical milieu and the censured role of mental illness such a milieu carried towards the Eugenic Ideal. The post-war gelling agent of the concretion of this call, extending the sentiments of the war-time counter-evidence notwithstanding financial restraints, was Tosquelles, the *catalyst*, a psychiatrist, a “thinker,” who Oury later remembered to be, upon first hearing his seminars delivered at Saint-Alban in the late summer of 1947, “of the dialectic...enigmatic...full of gestures...full of energy...of a rare intelligence.⁶⁴” Indeed, Tosquelles as well as Lacan, would for Oury, be nothing short of a genius of a method of thinking, a thinker close to “productive disputes,” close to a Goëthe or a Schiller, an engineer of post-war psychiatry finding its concrete extension through man’s lived historical experience and the technical possibilities for renewal without, to draw upon the word of Nietzsche once more, succumbing to “impudent convention.” Psychiatry, through Tosquelles, was to be an art of “possibilisation.⁶⁵”

3: The end-of-the-world catastrophic complex

1947, was the year of a particular complex. It was the year where within which the pronouncement of Man and Madness would define the uniqueness of a sector psychiatry. In 1948 Tosquelles deemed this complex, *the catastrophic complex of the end of the world experience within madness*. Of course, the catastrophic complex had long existed, within the writings of the Romantics, within the thoughts of Nerval, and as a phenomenon of schizophrenia. But in a post-war France, it would find its social reality.

Jean Oury, then in his fourth year of medicine, had arrived at the Psychiatric Hospital of Saint-Alban in September of 1947, a hospital where both the mentally ill and the Resistance had been housed under the Occupation, a place of post-war psychiatry days and a Lacanian fervency where, “everyone spoke of the thesis of Lacan.⁶⁶” It was here that Oury first met François Tosquelles, within a

clinic that had survived the systematic starvation of the mentally ill by Alexis Carrel and the mercurial flow of Nazi ideology through the 'free' Vichy State. Saint-Alban was where the mentally ill had found refuge alongside the fighters of the Resistance, and had not suffered the untimely fate at the hands of a ravaging Tuberculosis like their hospitalised fellows systematically starved elsewhere in both Occupied and Vichy territory. As Oury later recalled:

Saint-Alban...a collective production...men like Ajuriaguerra, Lacan, Bonnafé, Tosquelles... There were no deaths at Saint-Alban as compared with the rest of France which saw 40,000 mentally ill die of starvation. At Saint-Alban, the patients went into the mountains, there were activities of interesting groups...Saint-Alban was a good preparation for the sector.⁶⁷

For Oury, it was a time, "where rich things had happened."⁶⁸ These fraternal energies spanned the neuropsychiatric concerns of the cerebral cortex (Julien de Ajuriaguerra), concerns of the organic and dynamic within neurology and psychiatry (Henri Ey), a Marxist inspired clinical communitarianism (Bonnafé) and readings of the phenomenology of Martin Heidegger and Paul-Louis Landsberg (Tosquelles, Oury, Lacan). As Oury noted, it was a time of "dignified thinkers," of "those who reflected a little before they died within the minds of others."⁶⁹ Lacan, Bonnafé, the leading neuropsychiatrist of the time Julien de Ajuriaguerra in the depth of his meditation upon the phantom limb syndrome and the cerebral cortex⁷⁰, Tosquelles and his Catalan energy, as well as the psychiatric clubs, patient reunions, seminars by the vigorous trio (Lacan, Bonnafé, Tosquelles) and an emergent recuperation of the writings of Heidegger's poetic phenomenology of Being with the creative and theatrical "Club Paul Balvet," marked a time and an environment within which, "Tosquelles was to write his thesis on the end of the world" – within this "group of theoretical effervescence."⁷¹ Oury later reflected upon his early days with Tosquelles in his preface to the latter-published 1948 thesis of the Catalan militant:

I felt very close to what François Tosquelles was formulating with his extraordinary erudition. Catalan, the group of Saint-Alban, psychoanalysis, sociotherapies, biology, neurology, economics etc...his thesis ...served more as a method of thinking, of observing, of living mutually, it was more than a mere tool⁷²

Such a method of thinking, would again be referenced in 1994 by Oury in his preface to Ugo Amati's *L'Uomo e le Sue Pulsioni*, this time explicitly seeing such a method as freeing Man from his social

latency, or as we are to understand in following Oury and Torrubia, addressing man from an angle other than that of a “technocratic simplism” and “pseudo-scientific progress”:

Under the cover of humanisation...To speak of psychoanalysis, of phenomenology, of biology, of alienation, is not to reinforce the incarcerating universe of “hospitals” and prisons. It is very much the contrary...It is a question of keeping with existence...of different *avatars*.⁷³

1947, was an age where tools were not enough to build a post-war psychiatric machine of “different avatars.” It was concrete experience itself that sanctioned the strength of the conceptual tool. “You need to have your feet on the ground⁷⁴”, *il faut avoir les pieds par terre*, an adage echoing the sentiments of a post-war fraternity over fifty years later, where indeed, for Oury, the project of an Institutional Psychotherapy was “a long path,” a path not “for a grand scheme of the future,” but a path “always walked within the present”, a path “of a good intention,” a path where psychiatry inseparable to a psychoanalysis is “always in the making, always at its outset,⁷⁵” – “*toujours en marche*” as he said in September 2004, fifty-seven years to the very month of his arrival at Saint-Alban and his encounter with Tosquelles.

Having one’s feet on the ground is a simple adage that addresses the communal relations of man, where his simple experiences enrich the development of a “sector” corpus. These experiences are simple, but they are of the order of therapeutic possibilities. By encountering people of “all categories...at the most simple of levels” (Oury) or by familiarising oneself with the markets and customs of a town (Tosquelles), these experiences and encounters turn in the direction of affirming mental illness, not in the name of “intellectualisation” as Tosquelles continually underlined, nor in the direction of “technocratic simplism” (Oury), but in the name of man and the conditions of his existence, *the art of existence* (Tosquelles). This is where Oury would later assert the role of the phenomenologist in the world, who jots his observations down on small bits of paper in the name of a, “concrete phenomenology.⁷⁶” Similarly, it is where Tosquelles writes that:

When one has an intellectual conception of man, one starts to believe that by dissecting the thought of man and his becoming, he thinks only to think, forgetting that one thinks in order to live and because one lives. In existential thought, the true lived experience is situated in the interior of being or becoming mad.⁷⁷

The ethic and the object of psychiatry are within this *becoming, not projecting into the future,*

but always of the present, realigning and repositioning concretely within the present. The role of the psychiatrist, upon this path twisting and stretching into these different avatars of existence is as its very object, to retake the words of a 1947 Lacan, “adaptive and fecund⁷⁸” within a *living art* (Tosquelles).

It was from Saint-Alban, in the years of 1948 and 1949, that Oury together with Tosquelles, went “into the mountains” to search for “complicated” cases⁷⁹. For Oury, this was already a sector politics, a “psychiatry of the sector” characterised by concrete experiences and lived encounters, “of being stuck in the snow”, “of finding food for the hungry at midnight in the forest,” “of being before a man enclosed within a house with a gun, tormented, where you had to speak to lift the walls.⁸⁰” Indeed, the thesis by Tosquelles, is washed within the waters of this “concrete” sentiment, of lived experience (Erlebnis), of encounters at the most simple of levels, of *speaking*, of what Oury described as an, “opening upon the space of conversation,⁸¹” of lifting visible and invisible barriers. To this we can recall Lucien Bonnafé’s words of 1947, namely that the psychiatric personage, “is within the drama, a drama within which we participate...where the simplest of experiences evaluate the global role of the situation.⁸²” Madness, seen by Lacan as a “human drama,⁸³” was thus figured to extend the role of the psychiatrist, “a psychiatry of extension”, punctuated by its humanist function in an address of the simple encounter, of “lifting the walls” with what Lacan deemed to be, as we have noted, “a language as ancient as humanity itself.”

In May 1947, Bonnafé had presented to the circle of Evolution Psychiatrique his essay appealing to the alienation experienced by both the mentally ill and the psychiatrist during occupation. This experience had resulted in him proposing a “disalienation” realigning the role and methodology of post-war psychiatry. For Bonnafé this was an, “adjectival psychiatry,⁸⁴” and for Tosquelles it was a, “verbal psychiatry of action.⁸⁵” Henri Ey, chair of Evolution Psychiatrique, then member of the Commission for Qualifications⁸⁶, respected for his erudite pre-war scholarship on the British neurologist John Hughlings Jackson, (a scholarship both applauded and criticised by neurologists and psychiatrists alike) replied to Bonnafé’s announcement of this “active” psychiatry of shared roles. Ey highlighted that the psychiatric personage is, first and foremost, characterised by the man of medicine attending to the plight of weakened Man:

The psychiatrist is increasingly a medic who comes to the aid of his diminished brothers of humanity, and less a personage to which Society delegates its powers of social defense.⁸⁷

For Ey, this defined the “Actualité Psychiatrique,” the then present state of psychiatry to be one of works, of projects, and most importantly to be of an Oeuvre “requiring particular attention.”⁸⁸ It was in his short, sympathetic essay of 1947 appearing in *Evolution Psychiatrique* entitled *A Propos d’une Réalisation D’Assistance Psychiatrique à Saint-Alban*, that he would see such a clinic – with its effervescence of research fueled by the crisis of war– as a, “marvelous organ of assistance.” This *marvelous organ* would not find its virtues, for Ey, in the intellectual activities of laboratory psychiatry – what Oury would later call “the white overalls of Paris” (*les blouses blanches de Paris*) – but from a vocational effort unique to the bitter privilege of a rural psychiatry:

But scientific activity does not limit itself, in terms of medicine, to works of the laboratory...This is the case with the psychiatric ‘work’ (oeuvre) realised by a group in the shade, silence and isolation, finding themselves at Saint-Alban...Marvelous, from the psychiatric point of view... The clinician who being specialised in “mental illnesses” has the urge to elaborate new therapeutic norms, is capable of realising that which, from near or far, brings about a structural modification of the bio-psycho-social gestalt...⁸⁹

Henri Ey saw Saint-Alban to be the center of “extraordinary activity” to which he accorded Tosquelles the role of an “animator” within a “common oeuvre,” within a “sanctuary of pilgrimage,” or better, a “center of learning.”⁹⁰ Indeed, the clinic of Saint-Alban, this Sanctuary of pilgrimage, this *marvelous organ* of the medical milieu was known as “a place where the human spirit breathes,”⁹¹ where its ventilation and oxygen was to be found within a method of thinking and the elaboration of therapeutic techniques conducive to the needs of war weakened man. Metaphors of air and breathing are common, but with Saint-Alban they carry a particular significance, as vital aspects to the clinic and its practice, for as Tosquelles would later write: “Within all psychotherapeutic processes, one must not forget that life is directly supported by respiration...in the combinatory game of oxygen within the living and sensible mass.”⁹² Indeed, organic life and institutional life require oxygen and a liberty of circulation for the *organ* to remain functional and healthy. If the oxygen cannot freely circulate the organism will degenerate. The capacity of the organ to remain *marvelous* depends upon the organism’s capacities to breath, and most importantly, *the liberty of circulation*. A basic physiological analogy, yet it is of paramount importance to the maintenance of a sector politic of man and madness within a vocation of – to retake Torrubia’s wording – “undecided limits.” To breathe institutionally and to breathe individually, become one and the same state of affairs, for man, as we have previously noted in following Tosquelles, is both the *living art* and the *institutionalising agency*. Man and the institution

are said in a singular and same sense.

Erwin Straus was an eminent Louvain-based neuro-phenomenologist reputed for his lengthy critiques of the Cartesian dualist tendencies reigning within psychology. His works were keenly read by Oury and Tosquelles⁹³, and he came to them well. He noted that, “The experience of respiration is as ancient as humanity itself. It is universal and immediate, unique to each and every man, an experience as indisputable as respiration itself.”⁹⁴ Let us also parallel this with our early citation of Lacan outlining a psychotherapy engaging with “a language as ancient as man.” Indeed, for Straus, as for Tosquelles, respiration was an expression of the individual and in being so it was an indispensable aspect to a clinical understanding of man, for the neurologist and psychiatrist as much as for the physiologist. For Straus, the respiratory phenomenon of the “sigh” evaded the optic of the physiologist for it had confounded such luminaries as William Harvey owing to the fact that internal studies of circulation showed it to be exempt from voluntary and anticipatory modulations⁹⁵. Straus asserts, in an appeal to a theory of expression founded upon the “sigh,” that such a respiratory phenomenon exceeds the scope of the physiological observation of respiration itself:

The sigh did not reduce the deficit of oxygen...We were unable to find a single case within which a respiratory irregularity announced the sigh. Invariably, the sigh, a simple respiratory act (a profound inhalation couple with a profound exhalation) interrupting the series of regular inhalation-exhalation, their rhythm as much as their volume...with the sigh there is the absence of a strictly physiological objective...The sigh is not determined physiologically.⁹⁶

The Strausian thesis positions the sigh as a variation of respiration, in that respiration is a physiological experience of the self and world within which the sigh is an expressive modification evading the physiological observation of respiration⁹⁷. The respiratory phenomenon of the sigh, is also important for Tosquelles because it relates to an expressive institutional pathology. The sigh exceeds the scope of physiological observation because it is an expressive modulation of respiration. For Straus it is a signification of “a perturbed equilibrium between self and world,⁹⁸” where respiration becomes less of a mechanical routine, and more of an expressive dimension of contact with the world:

In breathing, we experience our vital existence in its dependence and its unique character, in its endless contact and exchange with the world.⁹⁹

To arrive at this understanding Straus asserted that the approach needs to be one not only of, “a patient

observation of manifesting phenomena,¹⁰⁰” but a mode of analysis “respecting the phenomena in their emergence¹⁰¹” – a phenomenological attitude proper. We can parallel this in retaking Torrubia, who, in complimenting the sentiments of Tosquelles and Oury, urges the psychiatrist, “to be always alert to details, to nothing even, to that which appears as anodyne...to this grain of sand or this drop of oil...within a logic that permits us to leave naïve evidences and preconstituted ideas.¹⁰²” The sigh, is an expressive interruption within the flux of uniform respiration: it is unique, different in duration to regulated breathing, and unlike regulated respiration it is not dependent upon the physiological capacity to maintain air:

Be it the patient who breathes with difficulty and obstruction, or the athlete who breathes to full, unobstructed volume, both cannot offer the luxury of the sigh.¹⁰³

The sigh is thus not a sign of a determined cardiac or pulmonary illness but an asymmetrical “expressive” occurrence within the symmetry of “physiologically” regulated respiration. The sigh is not a symptomatic expression of the utilitarian ends within the pathological functioning of the organism, but an irregular, expressive phenomenon devoid of physiological signification (exchanges of gas, dissolution of CO₂ and O₂ within the blood).

Similarly to Straus, Tosquelles portends to the same scientific thesis of respiration, yet he extends the study of the sigh in terms of the Pathos of the Other. Tosquelles writes, in neighbouring Straus:

Rather than speaking of the vital necessities of the inhalation of air, I would underline the exhalation of air and the importance this has upon the development of the human person. It is not a mere mechanical release...There are, within exhalation, numerous paths upon which it is easy to understand how the concrete manifestation of the human person is constituted. I do not merely speak of the emission of words...but of another phenomenon within exhalation...This access to the formation of the human person...as with the practice of Sufism, the “sigh of compassion” is in the address “of”... The passion of compassion constitutes the indicative of a pathos that we live...¹⁰⁴

We therefore better understand the characterisation of Saint-Alban: as a place where the *human spirit* could *breathe*. This, is now a philanthropic idiom, of “undecided limits” (Torrubia) and *undetermined illnesses* (Tosquelles, Oury): a clinic where the spirit breathes, but most importantly, exhales and sighs

to a compassionate law of pathos finding its root within the writings of the Sufis. How well one could deem the clinic of Saint-Alban *the Sighing Sufi* of Lozère.

If, as Tosquelles indicated, psychopathology had evolved as a symptomatic expression of determined illness, then at Saint-Alban, psychopathology was announced within a sympathetic enterprise of what he called an “unknown pathos¹⁰⁵” fuelling a “creative imagination,¹⁰⁶” where illness was not determined by virtue of a “reassuring homogeneity” but “irresolute” by virtue of an expanding heterogeneity¹⁰⁷. For Tosquelles, as with Straus, to sigh was more than mere mechanical respiration: to sigh was to uncover a world requiring a mode of analysis respecting “phenomena in their emergence” (Straus), a mode of analysis sensitive to the grain of sand even (Torrubia). Again we retake Straus in a wording that mirrors the fraternal sentiments of Saint-Alban and its Institutional project:

In everyday life, experience is considered as an acquired fact, one is never urged to render possible interpersonal relations and communications. Yet experience, not as an abstract entity but as the capacity of man and animal, is estimated as an incomparable endowment... a formidable reality.¹⁰⁸

What else could psychotherapy be under such a rubric other than the concrete engagement and recognition of the *incomparable* endowment of man, an *ancient* endowment (Straus, Lacan) surpassing determinations (Tosquelles) and impudent conventions (Nietzsche)? The *marvelous organ* of a sector psychiatry, the *marvelous organism* of Saint-Alban even, a clinic of expressive sighs and an institutional exhaling of ideas and techniques, found its institutional strategy of softly subverting the marginalising and colonising (Torrubia) “bureaucratic” tendencies of “logico-positivist science” (Torrubia, Oury, Tosquelles). “With the sigh,” as Tosquelles wrote, “exhalation gradually flows towards the exterior.¹⁰⁹” The expressive modality of the sigh therefore becomes a metaphor for institutional strategy, which is in fact a phenomenological strategy. Again we retake our previous assertion, namely that, *Saint-Alban, would not be of an intellectualisation, but a voice for mentally ill man within the institution, a voicing from within, a soft subversion of rigid structures in the name of man’s creative and expressive capacities*. It is on these grounds that the psychotherapeutic of man, is the psychotherapeutic of the institution. As with the sigh, oxygen (used as both metaphor and noun) gradually flows from the inside out in the most undetermined and expressive of means. Saint-Alban *breathed*, but most importantly *exhaled* and *sighed*, man thus sighed, to become, like Nietzsche’s epic persona of Zarathustra, a creator unto himself¹¹⁰: “I am eternally made man¹¹¹” as one patient had it to

Tosquelles in 1947. *Builders who listen, artisans of the concrete* (Oury), *Sufis who sigh* (Tosquelles). Saint-Alban – an institution of the *breathing human spirit, the sigh of human of experience (Erleben)*¹¹².

A clinic that sighs is a clinic of a revealing Pathos. Saint-Alban was this clinic, established within one of the many dilapidated castles patterning a Baroque landscape of Lozère. The region had seen, in the words of Ey, the likes “of clairvoyants and sages,¹¹³” and was considered a landscape as enigmatic as the illimitable “paths” of the unconscious itself (the “unknown material”). It was here that the father of twentieth century French psychiatry, Henry Ey, would visit and always see patients administer their own society, to be their own rooting for a “real” society and not a mere “simulacra.¹¹⁴” Ey saw Saint-Alban to be a “rare” place, where the patients had a quasi-autonomy and a functional role within the “Oeuvre” of Institutional Psychotherapy, where everyone could find their own proper “elaboration”. The patients shared the responsibility of maintaining, elaborating and extending the *marvelous organism* (the institution) within which they would find their valorisation and personalisation. For Ey, Saint-Alban stood for “solidarity,” a place of activity and valorisation, a “catharsis of instances” made possible by a “profound psychotherapy” and not a, “psychotherapeutic simulacra.¹¹⁵” Yet as he noted, the “profound psychotherapy” emerging from the clinic of Saint-Alban would be incomplete without the contribution of the biological therapies, and insulin in particular. It was Insulin therapy that proved the biological therapy through which the *human spirit could breath* and through which psychiatry would mature from philanthropy to anthropology.

4:Insulin Therapy and the sighing sufi of Lozère

Dr. Paul Bernard author of the 1947 clinical manual, *Psychiatrie pratique* and co-author, along with the doctors Henri Ey and Charles Brisset of the widely-published 1960, *Manuel de Psychiatrie*¹¹⁶, would write, in a later publication and somewhat retrospectively, of the therapeutic effects of insulin therapy upon both patients and the hospital, seeing it to, “render medics and nurses more optimistic...even transforming the very life of the establishment.¹¹⁷” Insulin therapy was eventually replaced by neuroleptic medicines in the 1950’s. Until this time it had become progressively utilised as a sister ‘shock’ treatment to electroconvulsive therapy and was one of the most productive treatments of

psychoses, and schizophrenia in particular.

The founder of this specific use of insulin as a psychotic therapy was Dr. Manfred Sakel. In 1927 whilst working as a young doctor in Vienna, he observed that an induced hypoglycemic coma provoked what he called a, “dissolution” of consciousness. This “dissolution of consciousness” was a “psychic dissolution” and in the words of Oury and Tosquelles it was understood as the, “dissolution of the personality.”¹¹⁸ Sakel further documented that there was a “beneficial” phase to the waking state of the coma that was analogous to the parent child bond – a *maternage*. Intervention, observation, relation, dosage, and variability were paramount clinical parameters to the treatment. The success of the therapy rested with these numerous key clinical parameters and most of all with the relational and technical competence of the nursing staff. In addition to this, the therapy required the “comfort” and “attention” of the clinician and the nursing team.

A hypoglycemic coma was induced by injecting (or intravenously) glucose – the nutritional element to neurological brain function. 0.2 grams of glucose per liter of blood was sufficient to put the patient into a deep coma, requiring a close observation of vital functions. The dosage was variable: one could induce “mild shocks” or “heavy shocks”, deep comas or a general sedation of the patient. Tosquelles, and Oury in particular, continually stressed the therapeutic benefits of insulin at Saint-Alban because it had proven an indispensable chemical therapy, a chemical tool, to psychiatric assistance.

Sakel discovered that an insulin coma was successful in the psychosis of schizophrenics and it was the doctoral thesis of Madame Germaine Balvet (the wife of Paul Balvet who delivered the 1942 call of Montpellier) that explored its practical usage for hospitals and asylums. Her 1941 thesis was entitled *De l'Organisation d'un service d'insulinothérapie et de narcothérapie dans un hôpital psychiatrique rural* and with it she insisted upon the necessity of a “specific team” that could work with insulin throughout the day so as not to lead to the abuse of treatment and the corruption of the very important therapeutic parameters it required¹¹⁹.

An officially recognised insulin “collective” working within the hospital was justified for in the most extreme of psychotic cases insulin brought about a therapeutic effect, and even a cure¹²⁰. To obtain the successful therapeutic effect much lengthy preparation and institutional organisation was needed because it was a specialised treatment. For Oury, the Insulin Therapy practiced within the hospitals, in the wake of its 1937 introduction at the Hôpital de Blois, was not merely a therapeutic for

the ill but for the hospital also. Indeed Sakel himself said that insulin treatment was a simultaneous therapy for both patients and the hospital¹²¹. Oury later remembered that he had induced forty to fifty comas a week, all successful – the patients were in a state of “reassurance” and “tranquility.”¹²² Most importantly, the hypoglycemic coma provoked by a variable dose of insulin required an “atmosphere” within which the patient would find this placation and reassurance. Without this atmosphere of “sensible qualities” (the tone of lights, the sounds entering the room etc) the session would fail. To arrive at the hypoglycemic coma, a sensitive preparation was required where lighting, sound and tone within and outside of the designated “insulin room” had to be adjusted to encourage a placated and peaceful state. These sensible factors came to “play an important role,” because they composed the atmospheric fields within which the patient could sleep – factors that would later be discarded by the medical milieu en masse in considering insulin as a cure in-itself and as neither requiring specific institutional preparation nor a specific medical collective.

As Oury remembered, an “atmospheric sensitivity” was required where, as he noted, “if people were shouting the séance, or there was noisy distraction and anxiety, the session would fail.” The insulin team had to monitor and control the sensible factors maintaining the atmosphere. They had to decide the most suitable time to intervene and awaken the patient. As Oury recalls:

One has to note the details of the body, of the reconstruction of consciousness. This is a biological surveillance.¹²³

The hypoglycemic coma lasted up to three hours, and the vital functions (the pulse, arterial tension, temperature) were constantly observed. The coma would bring on a hyper-sudation requiring the patient’s clothing, sheets and towels to be changed when required. As one nurse later remembered: “we were five nurses permanently active within this collective treatment.”¹²⁴ Behind the variable dosage of insulin, which was in fact dependant upon the sensible parameters of a controlled atmosphere, there was a system of precise medical indications. Namely, the team had to undertake a “biological surveillance,” where they had to be alert to “peripheral phenomena.” This suggests insulin therapy to be both medical and biological. Oury once more:

Without negating a certain required specificity, there are peripheral actions at the hepato-intestinal level for example, but above all at the level of the hypothalamus, in the metabolism of the catecholamines.¹²⁵

Insulin was a borderline medication, because there parallel phenomena emerged at the level of the psychical (the personality) and the chemical (the biological). More descriptively, insulin therapy was an “initiation” into what Oury saw to be an altogether, “different dimension.”¹²⁶ This initiation into an altogether different world, another scene, a world of dissolution and reconstruction, was ably termed a “syncretic” domain where we have the union of diversity and a union of heterogeneous elements:

I am persuaded that it is an initiation, that which in practice replaces tradition. This is to say that with the dances of possession or the traditional cures of Algeria, these forms of provoked coma...it is an entrance into another dimension, a syncretic world where we enter into the space of psychoses.¹²⁷

The space of psychoses, *syncretic, undetermined*, is the space of possibilisation. From the sighing Sufi of Tosquelles, we have a primordial, mystical world of the coma within which a maternal dynamic emerges (Sakel) – what Tosquelles would later call *the maternal therapeutic (Le maternage thérapeutique)*¹²⁸. Doses of insulin, atmosphere, access to an altogether different dimension, best displayed by these instances of “clairvoyance” and “dances of possession,” fitted well with the landscape of the Baroque Lozère region within which the old chateau of Saint-Alban is found. Insulin treatment was a method, yet one that for Oury was wrongly condemned by the “ridiculous cries of psychologists who had no understanding of electroshock treatment or insulin.”¹²⁹ Indeed, Oury was the most vigilant and sincere of insulin therapists within a clinic that continually strove to highlight the necessity of atmosphere, compassion, sympathy and observation. This therapeutic treatment demonstrated not only an access, “to the body, delirium, reconstruction, the importance of doses,” but more importantly it required a “vigilance of the reconstruction of the personality.”¹³⁰ For Oury, Saint-Alban and the insulin therapy that was developed, and where treatments of electroshock therapy were also performed, marked an epoch where things developed in the direction of a “good intention”¹³¹:

I was close to thinking that there was almost absolute recovery. The treatment lasted three months, and the patients were cured.¹³²

Saint-Alban, deep within the landscape of Lozère, a landscape within which the Baroque mystics of rural France epitomised the alchemical tradition, would see the first insulin group, a specialized medical collective, composed of people formed in “the most extraordinary of fashions.”¹³³ What more could compliment the Baroque and expressive landscape of Lozère which so captivated Henry Ey’s

salutary and enraptured three-page meditation of 1947? Saint-Alban, a site of “sanctuary,” “resistance,” “learning” and “effervescent” research into the “science of observation” (Pinel).

Insulin was a “real cure” in the sense that it was not automatic, and unlike the neuroleptic medicine that eventually replaced it, insulin therapy required preparation and “initiation,” atmosphere and sensibilisation. Indeed, Sackel’s assertion of 1937 was that, “there is not just insulin, but that which surrounds it.”¹³⁴ Insulin was not a cure in-itself, but a creative and collective undertaking, a true therapeutic treatment.

As Oury recounts, however, insulin was removed from this “creative” and “collective” domain of therapy, removed from sympathetic and compassionate institutional parameters necessary for the cure. In being so, it became conceived as a cure in-itself, and it deteriorated rapidly into a treatment without therapy:

After, as with everywhere, there was a grave deterioration. At Saint-Anne it was considered as something extraordinary...the chief clinician even came out of his office. But after a year or so the treatment started to worsen, it became automatic. They began to think that insulin itself was the cause of the cure, and this form of mechanisation even happened, later, at La Borde.¹³⁵

This decline of treatment was noted by André Roumieux who was a psychiatric nurse working within the psychiatric hospitals during and after the war:

The patients were spasmodic and perspired enormously. The saliva, in the corner of their mouths, became a white mouse, they were forcibly suffering and contorted violently.¹³⁶

Others similarly recounted that:

It was terrible, imagine, the patients thought they were dying, there was a terrible suffering.¹³⁷

This was the what happened with the “mechanization” of insulin therapy, when it began to be used as a cure in-itself, used in the quickest possible way as an instant application with the minimum of preparation, in the minimum of time, removed from the *sympathetic* clinical parameters necessary for therapeutic success. Yet at Saint-Alban – the *oxygenated clinic*, the *sighing sufi*, a clinic resisting external “bureaucratic” pressures – insulin therapy was performed according to the creative, atmospheric necessity its curative effects demanded. The eventual fate of insulin within the institutions

infuriated Oury, “how can one pretend to cure the mind by merely injecting insulin, it’s diabolical!” he would write. Elsewhere, he asserted the shortcomings of neuroleptic medicine without complete denial of their mark of progress, “If there is something other than insulin, even better, and it is certain that the breadth of neuroleptics have succeeded, but not completely: the disadvantage of medicines is that they do not create atmosphere...When neuroleptics didn’t exist, we were obliged to manage. This enters into the institutional project. The troubled were treated long before neuroleptics modified and cured them.¹³⁸”

Insulin had entered into the institutional language of an *art of sympathy*. In 1954-55 Oury and Tosquelles debated, with Bonnafé and fellow Lozèrian Louis Le guillant¹³⁹, the organisation of an insulin service and its administrative architecture. A designated room for collective insulin therapy was needed, as well as several isolated rooms for more particular, acute, specialised cases. This collective insulin therapy proved successful often resulting in, “remarkable conversation from one bed to the other: one replied, the other spoke, as if a construction of the body, a field of the interchanging of words.¹⁴⁰” Communal insulin therapy played a key role at Saint-Alban for it was a communal system of reconstruction where the biological was inseparable to an analysis, where words were inseparable to the body. The cure of insulin required specific institutional parameters, yet more than this, neuroleptic medicine would fall short of inaugurating a curative atmosphere and a communal system of reconstruction. The maternal phase bonding the clinician and patient in the waking state of coma, the syncretic scene hallmarked the therapy of insuline. Indeed, Insulin was administered at Saint-Alban within a time and landscape where “people were not too hurried nor pushed...where things were not yet chronified¹⁴¹”

The patient, taking thirty minutes to awaken from the coma, permitted a progressive reconstruction of consciousness begun by deep nasal exhalation. Again, exhalation extends from the institutional to the pathological: “Within all psychotherapeutic processes, one must not forget that life is directly supported by respiration...in the combinatory game of oxygen within the living and sensible mass.¹⁴²” Recall also that exhalation held a great importance for the development of the human person both for Straus and Tosquelles as a non-mechanical, undetermined, expressive agency of man’s pathology where the sigh was seen as nothing other than access to the formation of the human person.

For Oury, the hypoglycemic coma, and the practice of insulin therapy itself, brought into play a quasi-analytic function for those participating in the séance, of questions of approach, of intervention

with the reconstruction of consciousness, and of how to maintain an analytical relation to the patient's emergence from the coma. Maintaining an analytic relation to the patient of the hypoglycemic coma, was a maintenance of a space of phenomena into which both the clinician and clinic were initiated, a syncretic heterogeneous psychopathology of man and his institution. This the double-treatment of both illness and clinic, initiation into a 'syncretic dimension' of not just the institution, but the biological also:

This apprenticeship into an altogether different dimension...the reaction 'X' of biology...we cannot possibly approach such biological complexities with the Cartesian categories of old, it is not the mind on one side, the body on the other.¹⁴³

As with its Latin form, *syncretismus* (a union of communities), Oury used the term 'syncretic' as a direct appeal to a heterogeneous politic within the union of the séance, a heterogeneous unitary synthesis:

It is striking to see someone awoken from a coma: you talk to them, you go for a walk with them, there is a participation, a form of body to body.¹⁴⁴

This *maternal dialectic* (Tosquelles) is an initiation with others, a maternally shared dimension, *l'avec* as Oury words it (the-being-with-the-other). The benefits of insulin explored at Saint-Alban, are where we see Henry Ey write, "the cure is the alpha and omega of the enterprise," yet the enterprise as we have seen, was one where Ey would write of a, "superior therapeutic result to be obtained at Saint-Alban."¹⁴⁵ More than an experience in the conjectural and tentative sense of the word, Ey described the Saint-Alban experience as one being a "majestic lesson."¹⁴⁶ The authenticity of Saint-Alban, that "effervescent" "sanctuary" of "majestic" lessons and "learning" would for Ey, be displayed by its "true" face, a face not of a delegated "social defense" but of an assistance to the "diminished brothers of humanity" and an assistance attentive to the biological treatments beneficial to the reconstruction of man. Again, we recall our deeming the vocation an "art of accompaniment" this time, extending the coining with the shared parameters of the administering of insulin, to see it is a *syncretic art of maternal accompaniment*, a pathology of *being-with*, an institutionalising pathology even. Tosquelles later underlined the importance of this sentiment in the revised version of his doctoral thesis of 1948:

It is almost classic to say that one should not use electroshock, insulin, or any other form of physical therapeutic mechanically but accompanied by an active psychotherapy. Yet which one? ... It would appear, that without the knowledge of our general schema [the schema of institutional psychotherapy seeing man as the living art and madness as an ethical, aesthetic, constructive paradigm] as corresponding to the dynamism of the end of the world experience, medical psychotherapeutic attitudes can easily go in the wrong direction. This is something particularly important to remember.¹⁴⁷

5: Tosquelles , Oury and Lacan's flight from Egypt

One can effortlessly draw a line from the 1942 call of Balvet to the 1947 assertions by Ey, not as a polarity, but as a developing lineage of generational pronouncement and concerns, a line, not ending in the triangulation of a third paternal figurehead with a Bonnafé of the time, nor a Tosquelles, nor a Lacan even, but of a web of evolving research by a group having lived and living the “drama”, an “effervescent group,” of a clinical research made symmetrical by generational recognition and intent.

Bonnafé strove to underpin the psychiatrist's “solidarity with the alienated¹⁴⁸” in moving away from what he saw to be “asylum psychiatry,¹⁴⁹” an agency of social defense, where the phenomenon of isolation characterised the personage of the psychiatrist within society as hermetic seal to the mad. Rather, as he was to write in 1946, through the dramatic privilege of having experienced anguish, of having lived through anguish, and having treated the victim of mental illness and tuberculosis under the most restricting of Eugenic human conditions, “the psychiatrist could transpose such experiences onto the clinical plane of clinician-patient relations.¹⁵⁰” It is of the same year, that Paul Balvet, inaugurator of the “institutional call” for a psychiatric humanism, announced the dramatically integrated persona of the psychiatrist as one of “solidarity”, as support to the alienated where, “the psychiatrist lives madness... where madness has a direction, an intention, a value.¹⁵¹”

It is within such an environment of generational echoes and calls, of a “harmonious unity of diverse points of view lived by the psychiatrist,¹⁵²” that François Tosquelles, in his thesis, sought to punctuate this humanist, role extending politic of shared drama, of sympathy, of accompaniment, bringing psychiatrist and patient to the existential terrain in drawing upon the role of a “lived experience,” the intimate yet shared narrative of what he termed the *Vécu*. He did this whilst simultaneously asserting the religiously themed, aesthetic, constructive stages to the post-war

reconstructive experience of the world displayed within the 1947 complex of *la fin du monde* and how it pointed to an emerging and advanced psychopathology of schizophrenia.

Tosquelles was to constantly underline, through his many publications finding their ultimate blueprint within his penned observations of 1948, that psychopathology as the elementary and constitutive character of every human being, had evolved as *a symptomatic expression of a determined illness* within professional medicine. The “art of sympathy,” the *art of accompaniment*, as practiced by the “effervescent” fraternity of Saint-Alban, was where a non-determined mental illness informed a psychopathology of man under the tutelage of shared, syncretic, lived experience:

That which awakens our sensibility, our presentiments – that which pushes us to engage, through sympathy, the manifestations within the pathos of the other. Or rather, it is that which pushes us to reject the symptomatic expression of a determined illness.¹⁵³

For Tosquelles, the *end of the world* catastrophic complex was hallmarked by a world beyond that of determined illness, a syncretic world of a “creative imagination,” a world beyond professionally determined illnesses where its phantasm of a mock-Biblical Revelation would be a psychopathological statement of man and his world¹⁵⁴, a new world, one of possibilities and creation.

The *Erlebnis*, was lived as an “existential catastrophe” touching the profound mechanics of man was, and in the eyes of Tosquelles this catastrophic complex proved, “the affirmation of Man’s human condition,¹⁵⁵” a creative affirmation within which the *manifestations of the pathos of the other*, a pathos “not knowable in advance.¹⁵⁶” Bonnafé would extend such sentiments ten years later in 1958, as if precipitating Lacan’s seminars on the ethic of psychoanalysis the following year¹⁵⁷, in writing, “I have always been astounded by the dramatic extension of the lived (*le vécu*)...that vertigo inspiring the alienist...follow me upon such a terrain if you dare!¹⁵⁸” To this we recall Torrubia, who did not write of the inspiring “vertigo” of the vocation, but of a psychotherapy within “undecided limits.” This can be equated with Oury’s assertion of a pathology of *being-with* under the tutelage of a syncretic synthesis within post-comatic recovery, a synthesis equally attributable to psychosis.

In his introduction to the doctoral thesis of Tosquelles, Oury would prefer the geographic metaphor for a height inspiring vocational vertigo. He would call this a landscape of catastrophe, a limitless field, an undecided terrain an, “existential landscape” within which clinical traits and symptomatology would remain in ambiguity and in permanent arrest, where the diagnostic –

inseparable to a psychotherapy – would have its practical rooting within a “concrete” description, “of a deciphering of a clearing within a jungle, a clearing very often victim to the bulldozers of a gross and classifying nosography.¹⁵⁹” Where Oury proclaimed a *descriptive resistance* to nosographic classification by virtue of transposing lived encounters to the clinical plane, Bonnafé proclaimed a realigning of the psychiatric personage and its object. This therapeutic perspective borne from “lived experience” and the “simple,” concrete encounters of men, had previously found voice in a clinical encounter of 1947 where Oury was to meet a man by the name of Jayet. Oury’s reflections were later presented in the form of a brief narrative entitled *L’Aimable Jayet* appearing in 1964 where he would announce a particular way of thinking clinical approach¹⁶⁰.

The encounter with Jayet, one year after Bonnafé’s appeal for a methodological revision structured upon patient-clinician developmental relations (*disalienation*), one year before the seizing of an apocalyptically revealed geist by Tosquelles (*the-end-of-the-world-experience*), Oury tells us of a patient seemingly “within a vast, endless desert within which we can loose ourselves.¹⁶¹” Confronted by this endless desert of Jayet’s mind, that illimitable expanse to which Freud, as if in submitting to the vastness of the enigmatic landscape of the psyche could only ascribe an, “unknown material” upon which the structural function of the Unconscious (*Ucs.*) was deployed¹⁶², Oury proposes a “path” leading to a “landscape” where Jayet is, “seen to reign.¹⁶³” The proposed “path” from the surfaces of consciousness to a depth of “unknowable material,” a “path” we have noted to be – in following Lacan – “adaptive and fecund,” was that of Jayet’s presence, where as Oury was to write, “Jayet is space, and his presence is sensible.¹⁶⁴” It was Ludwig Binswanger who had previously, in the *Case of Susan Urban*, asserted the therapist to be before a primordial being-in-the-world, before the enigmatic categories of presence and not an objectivity where, “presence is itself apprehended as its original world.¹⁶⁵” Indeed, such apprehension is at work in Oury’s observations of Jayet. Jayet’s reigning space is the space of psychoses, the space of possibilisation, and to maintain such a direction, to keep within this “reigning space” upon this “path,” Oury asserts, in a tone at once appealing to a clinically and historically lived disarmament, the need to, “drop the weapons to continue along the path, to abandon nosographic auspices¹⁶⁶”: *the apprehension of presence, is not said of nosographic astuteness.*

The *dropping of weapons*, is what Oury would later describe as a “clearing of the ground” (“de netoier le terrain”), a cleared ground suspending clinical prejudgment to allow phenomena to emerge unobstructed from within the depths of the “jungle”, from within the depths of an “imaginary

consciousness” (Tosquelles). To this we retake the contemporary of Oury and Tosquelles, Torruba in noting:

We are always within the void of a future-present that exerts task to remove programations, a priori’s, prejudgments, readily formed ideas, the already seen, the already known, that are just as much obstacles and blockades as they are a resistance to emergence and singular discourse, flattened by the normative discourse of social codes.¹⁶⁷

A moment of anticipation sees the announcement of a space. This anticipation resonates within the perennial question of clinical enquiry posed by Oury at the outset of his essay: “how am I to approach him?¹⁶⁸” This, for Torruba, pertained to the essential question of a dual relation announcing the progressive transformation of the notion of assistance, “who has healed me, who heals me?” This question, was the unbroken seal of a continual de-centering of the “unconscious subject” (Torruba, Lacan) the institution (Torruba, Bonnafé, Oury, Tosquelles) and the vocational personage and object (Bonnafé) taking the subject of the unconscious to be of greater *endowment* (Straus) than the status of nosography.

To encounter a patient, is not to “program the future” but to “anticipate” a presence and an opening, “to graft an opening.¹⁶⁹” Where Freud posited the “property of being conscious” as the “one beacon-light in the darkness of depth psychology,¹⁷⁰” Oury would posit the property of “presence” as the key property to a war-marked psychiatric terrain:

This anticipatory dimension, is not a pure intentionality. It is that which corresponds, in terms of the grammatical plane, to the future anterior. True presence, is of the future anterior. It is not something encased in the speaking subject of the past or the future, because this, would already be too late. True presence is something that is in relation with that which opens, with the opening¹⁷¹.

And we parallel Torruba:

This plane cannot be perceived by mere geography, it is articulated in other areas, with sometimes invisible fields, in a presence that is not always manifested yet active, as if a trace of history.¹⁷²

For Oury, in his observation of Jayet, upon the “open” terrain of presence, a terrain not of chronological time but of future anterior time)¹⁷³, the psychiatrist approaches “the desert, the jungle,”

the “opening” upon the “path” that the patient – Jayet – himself had lain, “his space”, “his presence” within what Oury deemed, “a mirage of the quotidienne.¹⁷⁴” Opening and presence are favored over the traditional nosographical concept of mental illness. We again draw upon Torrubia:

Clinical nosography has a function of closure given that the observer-clinician is outside of the semiological plain...Yet the function of openness is where the observer is always included in the observation...The classic observer masks visibility.¹⁷⁵

Presence and temporality are as if a mirage, anticipated and revealed. Marking the dissolution of the distanced observer and inaugurating a semiology of clinician-patient relations¹⁷⁶ this is an announcement of Lacan’s Real. To anticipate, is to be before the announcements of the Real, “impossible”, yet pronounced:

In a movement of anticipation carrying rigour...as a precession to itself...a difficult path, full of stones of every nature, towards this impossible Real.¹⁷⁷

Indeed, many years later Oury would see the work of institutionalisation to be a pursuit of these open spaces of future anterior time – presence proper¹⁷⁸. The very presence of the patient is announced and ventilated within a “space” cleared within the vast “jungle” of the psyche, not by “weapons” or “tools” but by the patient’s proper verbal, gestural, enunciative phenomena. The greatest definition of presence was to be found in the wording of Lacan, “the present, is when I Speak.” Oury reasoned the importance of such a statement to be in presence announcing the present, declaring the opening, to be of the instant, the “clearing.” Oury later penned that, “The present, is not encased within a temporality” and in doing he characterised psychiatry as a clinical work of future anterior time, a work of those syncretic spaces, a work of the withdrawing horizon, a work of the Real.¹⁷⁹

The stressing of a future anterior time is for Oury, to announce a spatial politics of the encounter. As with the reconstructive phenomena of the comatosed patient, psychiatry addresses a syncretic, spatial dimension, a “dance of possession” even¹⁸⁰. Tosquelles would later describe such a state of affairs as the pronouncement of a “constellation” of unannounced “relations.” From this, Oury proposed a “psychopathology of presence,” where phenomena of this evasive category “of presence” would carry a diagnostic intention and value. Indeed, what better way than describe a psychotherapy of

“undecided limits” than a clinical pursuit of the “unannounced relations” of man? What better way than suggest a psychopathology of man’s “undetermined” and “undecided” agency? The psychopathological looses its symptomatic expression of determined illness when the normal becomes the undetermined and unannounced, an identity played out, as Tosquelles asserted many years later, “beneath the hidden or occult even.¹⁸¹” The normal indeed changes its nature with the sense of the pathological ordained through the question of Presence. The normal thus becomes the normal of psychotic man. We draw upon an Oury of 1984 to cap this assertion:

Freud said, in somewhat of a banal manner, that it is through the study of pathology that one can begin to understand the normal. This can be scandalous to the traditional mind, and it was for its epoch – to study mental disequilibrium in order to understand equilibrium! The same thing happened with institutional pedagogy.¹⁸²

What such writing underlined, from a therapeutic perspective, in opening clinical epistemology to a rigorous vocabulary of description of psychopathological ontology, a description at once inspiring a “vertigo” (Bonnafé) yet *with its feet firmly on the ground* (Oury), was the ambiguity of role of the nursing and the nursed, the mutuality of clinician-patient relations, and the introduction of less rigid, flexible dimensions to psychiatry through such questions of presence, question not of a temporality *stricto sensu*, but questions of the spaces of psychoses.

For Bonnafé, the assimilation and positive ambiguity of the nursing and nursed was in a direction of “a research of a perpetual end towards the realisation of the convergence of two objectives where interdependence is the first lesson assimilating the clinician.¹⁸³” This convergence was in the address of the “path” of presence, where, as we retake, the tools of nosography “were not enough.”

The perennial question opening Oury’s essay recalling 1947, “How am I to approach him?” neighbours a question by Martin Heidegger raised in an essay of 1955, namely: “What really is happening in our age? And how is it characterised?”¹⁸⁴ Both these questions are “simple”. They are questions of transcendental change and creation, industrial questions. Both questions anticipate the emergence of an unobstructed “path” that is not predestined, a future anterior time that is not immediately traversable – they address a spatiality rather than a temporality. Man and his Age announce themselves through a presence announcing a philanthropic space of psychosis. To draw upon the phenomenological words of Henri Maldiney, “man is situated within psychiatry if psychiatry is situated within man.¹⁸⁵” The psychiatric question thus becomes a question of man and his age and of

the age within man¹⁸⁶.

In his preface to *le Vécu de la Fin du Monde*, Oury appealed to an existential landscape (*paysage existentiel*) of interdependence, a *sympathetic* landscape where the pathos of the other lent itself to the re-elaboration of roles¹⁸⁷. Within this landscape of interdependence and co-implication of roles (Bonnafé), Oury asserted that a “shared sympathy was not enough” to acknowledge “presence.” Rather, Oury envisaged the clinical state of affairs to enter into a resonance, an “existential resonance” with clinical traits where symptomatology would have a “fluidity” as opposed to a “fixity.” As Oury wrote, “symptomatology remains ambiguous...neither schizophrenic, nor manico-depressive, nor schizomanic.¹⁸⁸” In this way, with this fluidity and ambiguity of symptomatology, with this “mirage,” there would be the possibility of approaching what Oury and Tosquelles asserted to be “phantasmic structures” within a “fog of approximations,¹⁸⁹” to which Bonnafé accorded the, “sympathetic mysteries¹⁹⁰” of psychiatric practice.

As we have observed with Ey’s description of 1946, the personage of psychiatry is not one of a delegated social defense but of a duty to his weakened neighbour. Such a direction was outlined well by Bonnafé in his appeal of practical progress founded upon a semiology of interdependent psychiatrist-patient relations borne through a pathos challenging a clinically interrogative stance, or for Ey, challenging that “social defense”:

With this point of view, a semiological exploration would be increasingly closer to the real drama and of a *total* therapeutic compartment necessary for the development of a knowledge and understanding of fields of varying signification surrounding the clinician-patient relations.¹⁹¹

What Bonnafé eventually called a “therapeutic intention¹⁹²” – at once philanthropic and scientific – was identified by Oury in his preface to Tosquelles’ thesis, as a psychiatry alert to presence. This was to place the patient upon a “descriptive level.” Horace Torrubia later described this approach as being a psychiatry, “always alert to detail within a field where a provisional point would not be possible, nor would repeating the same experimental path.¹⁹³” It is where, as we have noted with Tosquelles, Oury and Torrubia, “intellectualisation,” “bureaucratisation” and “simplism” are not for the Institutional Psychotherapist, where it is not the chronic question of mental illness, but the spatial question (a future anterior time) that counts, of, “nuances, of the clear-obscure, of spatial delimitations – dimensions wrongly recognised by traditional clinical practice.¹⁹⁴” Such a vocational sentiment would later find its

articulation not just within the generic term of an Institutional Psychotherapy coined in 1952, but also in Oury continually citing Paul Klee's Bauhaus aesthetic adage "*Werk ist Weg*" (*the work is the path*).

As with Heidegger's path of thinking, the path of psychiatry is said of a permanent construction and creation, a path that is fragile, a path necessitating renewal and constant elaboration. Lacan, in the wake of such phenomenological assertion would himself announce, "creation to be co-substantial to Thought."¹⁹⁵ Projection into the future was not the imperative of this descriptive psychiatry. Rather, the concern was of the present in the name of presence. Oury would later, in his 1989 lecture series on the creative processes of schizophrenia entitled *Création et Schizophrénie*, assert the psychiatric concern to be with "spaces", with constructive "sites" and "zones of emergence...where something happens,"¹⁹⁶ where a "creative imagination" is seen to be at work (Tosquelles).

For Oury, the sentiment displayed by Tosquelles' thesis was one of discovery. Of "uncovering a world"¹⁹⁷, a syncretic world, of these structuralising principles understood as characteristics of the phantasm with its delirious fixations. This zone was of an "imaginary consciousness", and with a wording mirrored in his own doctoral thesis of 1950, Oury drew upon the apocalyptic words of Saint John to declare the delirium, within this "existential landscape" and upon these routes of presence, within these "spaces" and "clearings" accessed *descriptively* by way of a "syntax" of "extraordinary words and monsters of language"¹⁹⁸: "the death of death and the coming of the new world."¹⁹⁹ Indeed, for such a generation the Biblical reference was always within close proximity²⁰⁰.

We are reminded of Lacan, who, in his seminars on the ethic of psychoanalysis (1959-60) was keen to point to the practical import of Biblical material from Judeo-Christian history as a reflective weight to clinical practice, and as to how such material could lend itself to a greater understanding of psychoanalysis, its ethic and its enigmatic object of madness.

In a seminar entitled, *Das Ding*, Lacan understood the Object, the thing, to be a "strange feature" around which, "the whole adaptive development revolves, a development that is so specific to man."²⁰¹ This resounds well with Lacan's previously cited statement of 1946, of a, "language that is as old as humanity itself" announced through the vocation of a sector psychiatry with Balvet's *call* to "weakened man". Yet more than this, the object of psychiatry would be this very strange feature around which the vocation itself revolved, a point precipitated, as we have seen, by Bonnafé's essay twelve years earlier in 1947. This therapeutic language, finds its root, or its condition, within this "strange feature" as "a ruling principle" for its object and for its ethic also. It is where, the ethic and the

object are one and the same thing (Tosquelles, Oury, Lacan, Bonnafé), ungraspable yet constitutive of a state of affairs. Lacan continues, extending the enigmatic salute to the profundity of the Biblical word:

I thus took down the text of the Decalogue that God dictated before Moses on the third day of the third month after my flight from Egypt, in the dark cloud of Mount Sinai, accompanied by flashes of lightning and the command to the people not to come near me.²⁰²

Lacan views the commandments not as speech, as literal verbal commands, but as discourse. No mere anecdote, the passage is of two levels, the literal and the cryptographic, like a Nietzschean rhyme, it is riddled with symbolism, “the imaginary” (Oury), the “phantasmic” (Tosquelles), and considered as a phantasm, it is Lacan’s entrance to a clouded, little understood zone touched upon by the schizophrenic, a zone constituting civilization and Man, the “point of entry into the Real,²⁰³” (Lacan) or the “impossible Real²⁰⁴” (Oury). Lacan’s symbolic pronouncement of an engagement with the Biblical Word, the mystery of Mount Sinai with its flashes of illumination, is his declaration of the ancient foundations of the Object and the ethic. The practice of psychoanalysis, entry into the Real, as with the Biblical Word, engages with “a language as ancient as humanity itself” (Lacan) addressing, “Man’s solidarity with the alienated” (Balvet/Bonnafé), the “vécu” (Tosquelles), the, “drama” (Lacan/Bonnafé/Tosquelles). Lacan upon a clouded mount Sinai, is a Tosquelles before *the end of the world complex*, which becomes the Sinai of the psychiatric vocation.

In the same series of seminars Lacan would continued that, “on the third day of the third month” after his “flight from Egypt.” In speaking of Heidegger, Lacan sought to underline the almost mystical nature to the object, “uniting celestial and terrestrial powers around it in an essential human process.²⁰⁵” Thus we see, that the “ancient language,” the “ruling principle”, is something essential to human process and constitution. Lacan calls it the object of psychiatry, Heidegger, the object of Thought, yet it is one and the same agency of “initiation” and “renewal.” And we therefore find Lacan’s rhetorical question as not pertaining to a moral law, within speech, to the verbal command, but as that pertaining to discourse, to Thought, to the profound mechanics of man *seen* in those Heraclitean instances of the flash of lightning, signature of the Real, to the ethic. Man, for Lacan, is the discourse of an *ancient language*, expression of a *ruling principle*, expression of a divinity even, and it is such a language addressed and engaged by the psychiatric vocation, by the *listening builder* or the *artisan of*

the concrete. As with Heraclitus before the Logos announcing , “listen not to me but the Logos,” the psychiatrist listens to the Real – *builders who listen*. Lacan thus asks, in the true spirit of Saint-Alban’s *artisans of the concrete*:

Couldn’t we try to interpret the Ten Commandments as something very close to that which effectively goes on in repression and the unconscious.²⁰⁶

It is not the Ten Commandments however, that feature with Tosquelles and Oury ten years prior to Lacan’s seminars on the ethic and object of psychoanalysis, seminars drenched in a Heideggerian phenomenology sensitive to man and his objects, a “poetic Thinking.” Rather, it is the words of Saint John, *seer* of the Apocalypse, “the most Greek of writers of Jesus,²⁰⁷” that for Tosquelles find their greatest import for the vocation of psychiatry and a phantasmic pronouncement of *the end of the world complex*. Tosquelles, would later write of Saint John’s logos, with the sentiments of Heraclitus, to be constitutive of life and the manifestations of spirit, and in being so Saint John’s Logos, as with the Delphic Greek Logos, as with Lacan’s Real, was not reducible to “historical dictum” nor to the “discoveries of Reason²⁰⁸”. The gestured Catalan psychiatrist, would position the Logos of Saint John as that which constitutes the subject and his identity, the *subject of enunciation*, and in being so it was of a permanent fabric of “the very presence of he who speaks – whether or not we call this presence God...²⁰⁹” The Logos as presence of a constitutive principle sees the formation of discourse and the creation of new spaces. This, as we have previously highlighted, is Lacan’s Real, namely, the constantly displaced horizon furnishing man and world with its attributes and phenomena. It is here that Tosquelles thus asserts that, “the person produces the voice and speaks, whether far away or hidden, like God himself.²¹⁰”

It is upon this Lacanian-Christian-Delphic ground of the Logos, that a revelatory nature is accorded to mental illness, as principle of an existential catastrophe (*catastrophe existentiel*) where for Tosquelles such a principle was to be understood as the “*Erlebnis* of the end of the world,” appealing to that 1932 Lacanian “*fecund moment*” declaring the “drama of man.” Yet as Tosquelles further asserted, this access, this approach, this method, was “always attentive to concrete reality, permanently realigning the clinical hypothesis necessary for translating that which occurs upon the clinical plane.²¹¹” Here, we now position the insulin sessions of Saint-Alban, disclosing the syncretic and maternal, as events of a revealing. The Apocalyptic vision of Saint John thus finds position within a

concrete realignment of the clinical plane through post-war sector psychiatry.

The clinical plane is exposed by virtue of an initiation into the syncretic, a plane open to what Gisela Pankow, psychiatrist of La Borde clinic in the 1960's, would later deem "structuralising phantasms", phantasms and hallucinatory phenomena that structure the Self. Lacan himself later asserted the important role played by the phantasm in noting that, *there is only entrance to the Real by way of the phantasm*²¹². To such a sentiment is where Oury points in his introduction to Tosquelles. An open clinical systematic by virtue of a privileging of the phenomenon is put forward as hallmark to the politics of sector psychiatry, a psychiatry within the "screams," the "silences," traversing categories *at the most simple and concrete of levels*.

In his introduction to *Le Vécu de la Fin Du Monde* Oury wrote that the "subtle reflections of Tosquelles...would later, for better or worst, define Institutional Psychotherapy.²¹³" Again, we retake that the end of the world complex was the "Sinai of the vocation." In doing so Oury saw Institutional Psychotherapy, branded within the end of the world complex, as being stamped by the term *Erlebnis*. What Tosquelles sought to identify in his thesis were the emerging forms of a "new world" within a "clearing," "a field...a dimension...as an extremely original construction of existence."²¹⁴ This, so close to an Oury of Saint-Alban *accompanying* the patient of the hypoglycaemic coma, entering the syncretic dimension of a reconstructive space, a site of emerging forms, of a syncretic synthesis as the reconstruction of consciousness.

Tosquelles, in his 1948 thesis, asserted the ethical and the aesthetic stages within an "existential landscape" (Oury) of Pathos was in the hope of surpassing a, "psychiatric classification inexorably oriented towards a bureaucratisation of Thought,²¹⁵" or as we have noted with Tosquelles, in *surpassing psychopathology as symptomatic expression of a determined illness*. This simultaneously ethical and aesthetic dimension, finding its resistance to bureaucracy, intellectualisation and with an aesthetically reasoned ethic, was one of a "concrete" psychosis, where the *end of the world experience* termed *Erlebnis* would punctuate, in echoing Bonnafé, both a "change in existence" and the "very delimitation of the psychiatrist's activities."²¹⁶ This was the post-war extension of Balvet's 1942 call for a more "humane psychiatry" and Bonnafé's 1946 assertions of psychiatry as an "art of sympathy," as a vocation of a "poetic research" into the "common experience of men,²¹⁷" a vocation, in the 1948 words of Tosquelles, as an "extension of lived experience," as a terrain of human encounters.

Such a terrain of the *common relations of men* is where the diagnostic is not one of empathy,

but one of sympathetic communication. Oury makes clear, that this diagnostic by sympathy, is not an “etiquette” but a mode of *being-with-the-other* where “something happens.”²¹⁸ This psychotherapeutic terrain of sympathy is a terrain disengaging prejudices, of uncovering, in Oury’s later penned words, “zones masked by prejudgement,”²¹⁹ and it is to such a terrain that Bonnafé invites us:

“Follow me upon such a terrain if you dare!”²²⁰

6: Catastrophe and Revelation: the universal law

The uniqueness to the complex known as the *the end of the world* was the religiosity of revelatory tone it carried. More specifically, the *end of the world* was a phantasmic complex of a psychotic reality analogically addressing a post-war world straddling the torments of occupation, an old torn world, and the landscape of liberation, a new world, to which Oury, in following Tosquelles, accorded Saint John’s prophetic vision of a New Jerusalem borne from the ravages of a tormented earth:

And before me was a new sky and a new earth, where the first sky and the first world had disappeared...and I saw descending from the sky...a New Jerusalem.²²¹

In the same passage where Oury draws upon the Apocalypse of John, there is a mentioning of Nietzsche’s Zarathustra supporting the theological apocalyptic studies of Bartman (also referenced by Tosquelles two years earlier) to underscore what he identifies as a certain projection of the self pertaining to an, “imaginary consciousness.”²²² This, “imaginary consciousness” presented as optic to the ghost-like structuralising phantasms of the psyche revealed within the pronouncements of *folie*, was for Oury, “a projection lived as one’s own alienation.”²²³ The projection of the self is where there is a new structuring of the personality. For Oury, the experience of this projection, was at the root of human civilisation as a “delirious function” – *Wahnsfunktion* – a term he borrowed from the schizophrenic studies of Grühle, and also referenced by Tosquelles in 1948. Similarly, Tosquelles in pointing to a consecutive process of depersonalisation in the wake of *catastrophe* highlighted the “Biblical readings” undertaken by patients as not being foreign to, or “estranged from the delirium.”²²⁴ The delirious function was understood by Oury as, “the path of entry into the imaginary world,” where the Self is

exhibited in its processes of evolution and dissolution. Lacan's path "of entry into the Real" by way of the phantasm, is a path understood by Oury as the patient's presence. As with *L'Aimable Jayet*, it is a path upon which Bonnafé "dares" us to "accompany" him, a path revealed catastrophically, through an apocalyptic dimension, where – analogically to the Biblical New Jerusalem – the destruction of the Self carries a reconstructive principle as divine inevitability within psychopathological ontology.

Apocalypse marks Revelation and the coming of a new world. The psychiatric wording is a phantasmic restructuring of a new personality *disclosed within a shared experience* (much like the atmospheric experience of insulin). A reconstructive ontology found its most punctuated Biblical pronouncement through Saint John and an observation of two patients by Tosquelles in his thesis underpins this relevance of Johanian prophecy:

One of our patients said: "since the end of the world I am eternally made Man. This is why I have become a spiritual person." Another patient defined himself as a disincarnated being, many patients say they are dead, others living as Saints in Paradise. Let us not forget those patients who also exist in purgatory or Hell...it is thus a form of second birth that the patient searches for.²²⁵

Freud himself, in his lectures on psychoanalysis asserted the reconstructive dynamic of delirium – the *Wahnsfunktion* for Gruhle – to be a process of healing, productive and active. For Freud, in the wake of torment, the delirious function represented a tentative return of an existential equilibrium. This was where, as Oury notes, a new existence is announced through a mystical delirium, or an expansive delirium where there is a utilisation of previously unused elements²²⁶. This is a post-catastrophic delirium, an affective, constructive state-of-affairs marking the reconstruction of the personality in the wake of deluge (trauma). We parallel Tosquelles with Freud's assertion in his *Five Lectures of Psychoanalysis* of 1910:

The paranoiac rebuilds the universe...not to the most splendid of truths...but to a new level of life...his delirious effort is a means to rebuilding. We take it for a morbid production, the formation of a delirium, and in reality a means of healing, a reconstruction.²²⁷

It was on such grounds that Tosquelles declared, in a symposium of 1950, delirium to be a normal reaction at work within the biological and psychical existence of man. Oury, in his own doctoral thesis of 1950, would declare this delirious space of construction, a "space of metamorphoses," as being something of the "eye of Shiva" or the "eye of Medusa" announcing an "imaginary consciousness"²²⁸,

lived out biologically and existentially²²⁹.

Saint John, and an almost prophetic dimension to the mock-biblical phantasm, were nothing of the unusual for a psychiatrist whose gestures were tinged with Arabic-hermetic history of Catalan often invoking “the invisible forms of the Universe often the object of diverse theorisations.”²³⁰ Indeed, Tosquelles would eventually come to speak of Catholic medieval neo-platonic angelology and its symbolic cosmology. Tosquelles saw such traditions to carry a prophetic thematic within which a “creative imagination” would construct reality. For Tosquelles, the ancient Prophet was of a new, unannounced world²³¹. Most notably, he had seen such a dynamic within the writings of Ibn Arabi and the cosmology of Averroes. Tosquelles saw this, to be a founding of the concrete reality of man by a “creative imagination,”²³² or rather as we position, the *phantasmic announcement of man’s determined and variable concrete reality* disclosing possibilities for what Tosquelles would later pen to be, “a reelaboration of man and his spaces of existence.”²³³

Oury saw this reelaboration to be founded upon “existential oscillations” punctuating a “delirious function” within which an ontology of catastrophe (trauma) and revelation (post-catastrophic reconstruction) surfaced, thus underlying the importance of Tosquelles in thinking the “*erlebnis* of the end of the world” and in pointing to the diagnostic value of existential notions: “a concrete value directed towards the comprehension of the patient which, in turn, opens up perspectives from the point of view of treatment as well as catharsis.”²³⁴ For Tosquelles, the existential oscillation, this lived, affective surfacing of a post-traumatic, post-catastrophic reconstruction of the personality, the mock-biblical signature to a particular apocalyptic psychological complex emerging in the wake of Liberation was where, “Madness, before all else, is human presence and expression. It is true that madness *announces* the malady, but madness also *expresses and creates a man*”²³⁵. The *end of the world - la fin du monde* – thus communicated an existential change in existence as if the theophanic pronouncement of a “creative imagination” (Tosquelles) or an “imaginary consciousness” (Oury). As one patient declared, in suffering with a terminal cancer, the catastrophic complex was experienced as “another world, not of the world of this earth...another existence...I am soon to die...I am the All-Knowing.” Tosquelles saw this evolution to be marked by a phantasmic announcement traced by the patient herself, Mme Baub, where the phantasm of death and resurrection within spiritual life manifests, where “the Self is created by Thought.”²³⁶ This is a therapeutic taking into account of practical value in the psychiatrists experience of the everyday, “of a fecund relation borne through a

capacity to better understand these resonances...these paths of sympathy...to assimilate the lessons carried by history.²³⁷ For Bonnafé, this was the task of integrating sympathetic (not empathetic) experience within a “permanent” and “relative” psychotherapeutic intention, of weaving “aesthetic curiosity” with the “common relations” of man, of advancing “upon these paths” where the evolution is “not one of the cure, but of the approach.”²³⁸ Again, to recall Oury’s reflection, it was not an age of “mere tools” but of “a method of thinking” and this was mirrored by Bonnafé’s post-war call for a “new research” into “these sympathetic mysteries,²³⁹” mysteries extended and elaborated by Tosquelles’ thesis.

7: Tosquelles and neurobiology

There are three important aspects within the history of neurology to bear in mind in approaching the Johanian appeal by Tosquelles to a new, novel “unitary life” borne from catastrophe. The first, is Kurt Goldstein and his Organismic principle, the second Monakow and Mourgue and their notion of Syneidesis, the third Victor Von Weizsäcker and his notion of the circle of form, the *Gestaltkreiss*:

(1) The ‘catastrophic’ was not the original terminology of Tosquelles. “Catastrophe”, that punctuating pulse to Biblical revelation finding its ultimate philosophical exposition in Nietzsche’s mock-Biblical epic of Zarathustra, would also find place in a constructivist, gestalt paradigm previously outlined in Kurt Goldstein’s 1936 holistic biological study entitled *The Structure of the Organism*²⁴⁰. In his keynote work, Goldstein identified “catastrophic reactions” within the biological workings of the human organism. With Goldstein, the catastrophic is not at the level of the existential as with the schizophrenic experience of the end of the world, but at the level of the organism. It is from Goldstein’s lead that Tosquelles asserts a structural change to the personality through a specific form of lived experience, elevating it to existential status:

The catastrophic reaction, if it appears at the level of the lived with characteristics of sorrow and if it opens concrete man to the possibilities of becoming a person, places itself as a complete “emotion” within the fecund moment of the passage from biological structures to psychological structures. If we want to seize its “essence”, it shouldn’t be isolated beforehand and its characteristics speculated after, but on the contrary, it should be placed within the organism, understood as an ‘All’ to rediscover its

antecedents and developments.²⁴¹

Here, upon the plane of Man's behaviour within society, the catastrophic appears at the level of the personality and of an organism considered as a whole. The catastrophic reaction, finding a post-war psychiatric pronouncement through the manifestation of the mock-biblical phantasm, elsewhere described by Tosquelles as "affective phenomena, affective phantasms not of an intellectual order,"²⁴² was particularly attributable, as a unique mechanism to the evolution of psychoses, to the then widely studied neuro-physiological dialectic of integration-disintegration²⁴³. For Goldstein, the conception of the catastrophic reaction was of a biological level underpinned by this dialectic of *evolution* and *dissolution* (integration-disintegration) within the organism and the personality. So too was it for Tosquelles in his pointing toward a psychopathology of an *end of the world* complex uniquely emerging in a France having experienced occupation and liberation. Yet for Tosquelles, a mere social analogy was not enough, for such a psychopathology was to find its ultimate address in an internal dialectic of the personality oscillating between the biological and the psychical:

Lived experience manifests and expresses a new existence and in this manifestation is the created. The manifestation and creation of the Self is a single act of personality, not as the effect of a magical thought, but of an internal dialectic.²⁴⁴

The internal dialectic to which Tosquelles referred, was the dialectic of the evolution and dissolution within the organism. Here, catastrophe finds its pronouncement in it being inscribed upon the body as well as a traumatic collapse within the psyche. Goldstein, who deemed his approach an "organismic theory"²⁴⁵, positioned the organism as a whole, as a totality where the ontological genesis of dissolution and disintegration upon the biological level was to be in respect to the Wholeness and complete functionality of the organism itself ensuring a unitary synthesis. With this, in the maintenance of a Whole, fragmentation could not be permitted but the constancy of unification ensured. The global comportment of the patient was thus not to be understood by the juxtaposition of isolated signs but through observing phenomena against the unitary assembly of the organism.

In his 1939 study, Goldstein asserted that the processes of the nervous system and psychic phenomena were to be understood in terms of physical laws²⁴⁶. In drawing upon Gestalt Theory he established the identity of structure to the changes effected within material and psychic phenomena and from here he proposed that in all cases of material and psychical modification, there would always

remain a question of the global reaction of the organism, be it in relation with something of the physical or the psychical²⁴⁷. For Goldstein, the local symptom or the isolation of the symptom had a modifying effect upon global processes where the qualitative nuance of a given symptom could carry a local factor. But, the specificity of the symptom depended upon the reaction of the organism in its ensemble, as a whole, in its totality. Of concern to Goldstein, was a psychopathology of the whole and the unification of the ensemble²⁴⁸. In other words, the value of disintegration (and the concordant ontological movement of reintegration) only keeps its value in relation to a whole and contributes to the repositioning of the organism in its totality. Thus the “fecund moment” to which Tosquelles refers, a moment which we have noted to be first worded by Lacan in communicating rupture, is presented as a necessary global moment appearing upon the path from the biological to the psychological. The “catastrophic reaction” brought to the psychiatric plane by Tosquelles, in an analogical stroke, in the address of an “existential catastrophe” deemed the *Erlebnis*, was for Goldstein, some twenty years earlier, a particular case to the integration-disintegration couplet. What was a biological catastrophic reaction for Goldstein, is presented as the existential catastrophe for the schizophrenic by Tosquelles. The integration-disintegration couplet is an interdependent co-evolutive couplet, and it enables Tosquelles to underscore the precariousness of psychic equilibrium yet at the same time its inexhaustible possibilities for the reconstruction of the personality. Thus the double proclamation: “There is no disintegration without integration, nor integration without disintegration,²⁴⁹” holds well for the biologist as much as the psychiatrist.

The key concept at the root of gestalt therapy, as explicitly displayed by Goldstein’s holistic study of the organism, was the notion of the whole, where, as Clarkson, one of the more contemporary exponents of Gestalt Therapy notes, “the whole is always more and different from the sum of its parts.²⁵⁰” The whole is for Goldstein the keystone to the “organismic” approach finding its virtues within a unified field theory, or rather a “unified experience of fields.” Moving in the general direction of “organismic integration” Goldstein saw the person as a totality of function where the aim was to focus the awareness on the various modalities of experience, to address holes in the phenomenological experience of the patient. Further, he conceived the living organism as a multilevel organism, of sets and subsets functioning as a whole, where an organismic self-regulation pertained to a self-realisation as the basic motive of the organism, where the self-realisation of the individual, as if analogous to psychical laws governing the organism, would be the coming to terms with the world, ‘wholly’ and the

experiences of that world integrated into the adaptive ontology of the organism. The unification of the field is where wholeness thus contains the implicate order of the personality corresponding to an “organismic” reasoning of the Self. From this, a pattern of organisation and structural cohesion as the integration of experience into the whole proves the goal of Goldstein’s holistic approach. Recall that for Goldstein, the symptom was the preservation of the organism whereby the patient would enter into a self-realisation of his body, and this, under the ordinal law of “organismic integration”. A figure-ground relation was further proposed, to highlight the gestalt formation in the foreground as a functional integrative measure to the organismic background. With this, the existential problem of continuous change, required a multi-level adaptation of the thinking organism:

For Gestalt therapy, homoeostasis and creativity go hand-in-hand. I need to come to some kind of balance with my environment (homoeostasis), but this cannot be a conservative act of returning to the previous balance, since the field is changing, and what worked before will often not work now. I must then invent new ways of balancing my needs and interests with environmental possibilities (creativity). At the same time, my environment will be responding creatively to my actions, so that homoeostasis, often seen as a conservative force, is actually seen here as the driving force behind creativity, and creativity makes homoeostasis possible in a changing world.²⁵¹

Under this generic imperative of integration to a law of wholeness, figures do not exist in isolation (fragmented), but always stand out against a background of the organism. The succession of figure/ground is continually changing over time and the experience of this change is integrated both upon the biological level and the psychical level. What is now figure becomes ground for the next figure. This, is the relationship between the succession of figures and grounds in the phenomenal field that constituted for Goldstein, “the meaning of the situation” marked by the logic of an organismic unity²⁵². It was upon such a ground, that the catastrophic for Tosquelles, was presented as a rupture, the fecund moment of the figure-ground relation necessitating a function of delirious reconstruction of the personality restoring a tentative existential equilibrium.

For Tosquelles, the integration-disintegration couplet pronounced through the catastrophic complex, a couplet of the biologically and psychically *lived* and elsewhere deemed the “dialectic of events,” was not to be confused with the antithetical phenomena of formal logic. Of importance for Tosquelles, was the ontology of dissolution and the constructive, creative, industrial possibilities this dialectic carried for the personality, where phenomena would give way to a new emergence of a unitary form, “always upon the path” in the wake of deluge. Indeed, with reference to the organism and the

psyche Tosquelles noted that, “the crucial phenomenon explodes to give birth to a new beginning.” The fecund moment thus furnishes the affirmative in its activity of reconstitution. The New Jerusalem of John, phantasm of possibilities and new forms, mock-biblical delirium, thus resonates as an analogical register addressing the level of the body as well as at the level of the psyche, where both constitute the lived experience of the *Erlebnis* and, it is upon such a ground, that Tosquelles announces, the “living reality of psychical life” understood as the *living unity of psychical life*, a reality resonating psychically and biologically in the direction of the integrative capacities of the organism towards a new unity.

(2) This importance accorded to the regenerative experience of the world was not merely an appeal to Goldstein by Tosquelles. Revelation of the biological and the psychical was further underscored in his referencing Von Monakow and Mourgue’s landmark neurological work of 1928, *Introduction Biologique a l’Etude de la Neurologie et de la Psychopathologie: Integration et Desintegration de la Fonction*²⁵³. The dynamic, teleological neurology of Monakow and Mourgue emphasized, as Goldstein would later do in the wake of such study, the holistic, regenerative capacities of the brain and ultimately its innate spiritual impulses for unity and ensembles. This, highlighted, at the level of neurological lesions and hemorrhages, the tendency to construct something. Indeed, such a study precipitated the “organismic” neuropsychiatry of Kurt Goldstein who himself concluded from studies of brain-damaged soldiers that the brain was set up in such a way as to strive always for a holistic “fit” in the world, and in fact suffered a “catastrophic reaction” in its striving for a unitary synthesis if a fit was not automatically achieved²⁵⁴. Thus we see Tosquelles, in his thesis, write of the phantasmic announcement of *the end of the world experience* (the *erlebnis* of the end of the world) to be, in a Goldsteinian sense, a figure momentarily detached from its vital ground, in crisis, necessitating a reaction to maintain wholeness, not to original states but to a form of new-found correspondences: “The lived, as if a figure detached upon the ground of life.”²⁵⁵

For Monakow and Mourgue, the term of importance, pertaining to the integration-disintegration couplet to punctuate a paradigm of cerebral reconstruction and organismic unification, was the Stoic term *syneidesis* (συνείδησις). The term had most notably found full voice within Pauline and Patristic Thought, most notably being employed in Paul’s Letters to the Romans of the New Testament. The significance of Bible declaration informing pathological epistemology becomes increasingly apparent with such a direction of research. The word *syneidesis* finding its root in

the Greek *syneidenai* meaning to bear witness to one's self was otherwise commonly translated as a 'self-consciousness'. Philo of Alexandria, under the influence of the Old Testament, stressed the ethical self-observation in *syneidesis*, this as expressed in Paul's letters, and attributed to it the function of *elenchos*, that is, of accusation and conviction. For Monakow and Mourgue in lifting the term from its religious corpus yet keeping its role of self-observation or self-consciousness, they communicated an instinctual conception of integration and disintegration, of the organism's and more particularly, of the brain's auto-movement, or rather, of the self-consciousness of the organism to regenerate itself as appeal in a maintenance of a unitary synthesis. This was, as Monakow and Mourgue asserted, the "dynamic scheme" addressing a, "kinetic melody:" *Syneidesis*, was an energy of integration re-establishing a sufficient level of organic function, even surpassing the original level²⁵⁶. Julien de Ajuriaguerra and Victor Hécaen, neurologists of Henry Ey's clinic of Saint-Anne and warmed members of the Saint-Alban 1947 "effervescent" group, outlined in 1947, that in the case of Monakow and Mourgue, "we find at the base of all vital activity an active force, the matrix of instincts."²⁵⁷ We parallel this with an assertion by Freud in the most neurological of psychoanalytic texts. He writes:

It seems then, that an instinct is an urge inherent in organic life to restore an earlier state of things that the living entity has been obliged to abandon under the pressure of external disturbing forces; that is, it is a kind of organic elasticity, or to put it another way, the expression of inertia inherent in organic life.²⁵⁸

The conservative law of the living substance for Freud, marking the rudiment of the sexual instinct hypothesis, is understood as a formative instinct restoring earlier states, the, "need to restore an earlier state of things²⁵⁹," as Freud had it. This is a complimentary parallel to the post-traumatic reconstructive delirium, announced by Tosquelles to be the most "normal" of reactions, grounded upon the conservative signature of the organism to maintain the global character of man. The phantasm, thus addresses the imaginary within the conservative and in doing so announces the psychical body and not merely the physical body. The compulsion of the organism to reconstruct itself is a self-consciousness of the organism. Monakow and Mourgue attribute the term *syneidesis* to reconstructive neurobiological phenomena in seeing the organism of *elenchelos*, a scholastically spiritual Pauline organism even. Monakow and Mourgue present a primary formative instinct spiritually termed the Hormé, paralleling the conservation and constructive, industrious recuperation of previous states, placing it under the auspice of creation, where in carrying the role of the "first instinct of all instincts," the Alpha of the

body, such an instinct is to be found at work with the ovum and the embryo. The neurologist Pierre Janet, similarly highlighted the continual instinctual formation of the organism, and in following Monakow and Mourgue, he asserted that, “a primary psychology does not develop after birth as some of the most advanced psychologists would have us believe, but with the fecundity of the embryo...the instinct which creates man, is the formative instinct.²⁶⁰” Janet had seen with this Hormé of Monakow and Mourgue, an argument that could scientifically advance embryonic psychology. In addressing the instinctual, auto-movement of the organism (*syneidesis*), Janet had found it possible to develop a psychology of the personality in the direction of the holistic-‘organismic’ of Goldstein:

The embryo works to distinguish. Skin is created – this is already something – to separate itself from the mother. So well does it manage to separate itself that it develops a cardiac rhythm and an elementary composition that is not the same. Such work, is what we call the work of the personality... The lamp is spatially distinguished upon the table. The embryo is corporeally distinguished from the mother. But is such a point of view considered when we speak of the personality?²⁶¹

We can indeed place Janet alongside Monakow and Mourgue in his search for the key to the structuration of the organ. From his own studies of the brain, the nervous system, its functioning and its upsets, its fecund moments, he himself would conclude that:

The brain does not function like the heart which finds its end in working a previously constructed organ. The brain continually forms itself. Up until the final day of life the brain continues the embryonic evolution and the consciousness manifested from this evolution.²⁶²

This ‘organismic’ direction was set by Monakow and Mourgue, and provided ground for Tosquelles’ psychiatric elaborations. Along with Janet, we can align Henri Ey who, in his organic-dynamic studies of Hughlings Jackson saw neurology and psychiatry under the general rubric of cerebral pathology in presenting them, in 1947 as “two species of the same genre.” These two species for Ey, were united in their research of the architecture/architectonic of the nervous system²⁶³. What concerned Ey was not so much John Hughlings Jackson’s 19th Century expansion of Herbert Spencer’s natural philosophy, but important role played by disintegration within the architectonic of nervous system function. For Jackson, when a superior level of cerebral evolution is disrupted alternative, primitive structures come into play to compensate and function for the damaged superior level. This is the announcement of the

harmonious kinetic typology of the nervous system which Monakow and Mourgue continually addressed with their notion of *Syneidesis*.

Ey would see this dynamic scheme announce the specialisations of neurology and psychiatry: where neurology sought to identify the primary symptom of schizophrenia as the “disorganisation of the function of language”(psychiatry), psychiatry would assert that, “such a lesion has an effect upon the acoustico-kinesthetic perturbing the instinctual modes of the personality.²⁶⁴” It was Henri Ey, in drawing upon the teleologically pathological studies of Hughlings Jackson and Sherrington, that had proposed to Ajuriaguerra and Hécaen (post-war French incarnations of Monakow and Mourgue) that neurology was the science of localisable instrumental disintegrations and that psychiatry was the science of superior, global dissolutions. Ey ventured to outline a non-dualistic organo-dynamic direction for psychiatry: For localisable instrumental disintegrations, the focus of neurology, Ey outlined three characteristics: 1) Of partial disintegration marking a deficit of certain functions in contrast with the *integrity* of other functions, 2) Of basal disintegrations characterised by Ey as “primitive, elementary functions” leaving the global, superior cerebral edifice intact, 3) Of localised functions identified as those having the greatest of value, as those expressing the trouble, the explicit and most significant functional disintegrations. For the psychiatric and its accorded concern of dissolution, benefiting from the focus of neurology, Ey proposed a *pathological plane of energetic functions*, of “global dissolutions” and “energetic functions”. The three principle characteristics to this plane were: 1) Global dissolutions troubling the general behaviour of the subject: delirium, “schizophrenic language” (the disorganisation of language), 2) Dissolutions upsetting the functional architectonic of a subject such as disruption to spatio-temporal syntheses, to a, in Jackson’s words, “composed order” - an upset to the architectonic understood as a disruption within the pathology of psychoses, 3) that such dissolutions could not be localised despite an engendering lesion. This said, Ajuriaguerra and Hécaen would assert neurology to be the study of motor functions in the maintenance of the organism’s essential structures of organisation. Psychiatry, presented as the study of the functions of comprehension of the Self and World. Both, rather than a separation, meet one another upon the grounds of schizophrenia. In the case of the hallucinatory phantasm, or the veritable hallucinatory *Erlebnis* of the ed of the world, a consciousness that is at once enunciative and revelatory, constructive in its delirium, fecund, is announced at the level of the organism, the self and the world. It is Ey’s bio-psycho-social-gestalt paradigm, a status of interest he accords Saint-Alban, as

the crux of his own Neo-Jacksonian organo-dynamic psychiatry under the rubric of the psychic body and its architectonic announcement within the integrative and disintegrative strategies of the nervous system.

This was a resistant gesture by Ey to an oversimplification that would position neurology as a mere study of illnesses of the brain, and psychiatry as the study of *pure* mental illnesses. Furthermore, this oversimplification had previously been levelled at Ey's conception of a neo-Jacksonian organic-dynamic model of psychiatry where he was seen by some to have "neurologised" psychiatry, whilst others had seen him to "psychiatricise" neurology²⁶⁵. For Ey, the chemical and the anatomical were a necessity for psychiatry which, in order to mature into a science of mental illness, needed to incorporate the cerebral and generative processes of psychoses within its developing corpus. His 1947 salute to the effervescent group of Saint-Alban, and to Tosquelles in particular as, "the animator"²⁶⁶ thus carries a recognition of a sentiment close to that of the organo-dynamic, albeit a sentiment announced through a mock-biblical phantasm. Ey's approach was an organo-dynamic one pointing to the concordance between symptoms and functional cerebral lesions *inscribed* within a certain area of the brain, and, the necessary energetic processes *deploying* psychic functions and psychoses which would not necessarily depend upon the cerebral lesion engendering them. With this, we better understand Tosquelles in asserting:

There is thus in each patient, beyond the processes that condition the dissolution of the personality, an effort, as vital need (*lebensnotendigkeit*), an impulsion to arrive at a new form of unitary life. Sometimes, this effort presents itself as automatic, sometimes, as a veritable act of Will or even of faith. At this moment, the influence of the psychotherapist can be decisive for the future of the patient.²⁶⁷

This statement is reflective of the entirety of Tosquelles' thesis which is a veritable palimpsest of Goldstein, Monakow and Mourgue, Janet, and Ey fused through his Catalan gestures inviting an extension of Biblical principles translated through the theoretical speculations of neurology, speculations, which give psychotherapy a concrete sobriety in its "adjectival" approach to mental illness and the "simple" experiences of man/men²⁶⁸. Such a method was in the name of what Tosquelles saw to be, in the wake of his analogical readings of Goldstein and Monakow and Mourgue, a "spontaneous poetic production of men where a poetic reformulation sees the pronouncement of a putting into form."²⁶⁹

Through the palimpsest appeal to unity where the organism stands within a post-war world,

within visible and invisible ontologies of reintegration and regeneration, the thesis of Tosquelles thus stands within the trauma of society, the research of the neurologist, the language of the psychiatrist, where the privilege of the vocation, one historically bittered by war-time events, finds an architectonic announcement²⁷⁰. Thus we recall Ey in his celebratory exposition of Saint-Alban accord the announcement the concern of bio-psycho-social-gestalt. The psychotherapist thus placed at the vital level of the patient, as with an Oury within the insulin séance initiated into the *syncretic space*, positions him near to the frequency of catastrophic reactions and the dramatic character attributed to them both psychically and biologically. Indeed, the biological conception of catastrophic reactions proposed by Goldstein opened a new perspective for Tosquelles, revealing human presence more than ever before within psychiatry in an appeal to madness, *la folie*, as a creation and not, as Tosquelles was to write, a “passivity.”²⁷¹ In considering the organism genetically and in not refusing the increasing momentum of study into neuro-psyche phenomena Tosquelles would be seen to assert that such phenomena themselves would not contain the emotion of “distress” or “anguish” but have a concordant relation to such emotional states where he would assert that, “current observations and clinical reflections show well certain cases where these phenomena seem to support such emotion.”²⁷² Sleep, is one such group of phenomena appealing to a psychopathological reflection upon the integration/disintegration couplet to which Tosquelles turns:

Sleep (in that the dream is tentative of integration, is the mechanism which permits us, in the waking state, to centre our interests upon another state, to go from one series of actions to another, from one point of view to another, from one technical system to another. These two types of phenomena place themselves within the organism at a crossroads between biological structure and psychological structure.²⁷³

(3) Such a crossroads, had been most notably displayed by the neurological study of Viktor Von Weizsäcker, who, in his work entitled *Der GestaltKries* did not draw upon the term ‘catastrophe’ but ‘crisis’ to assert a new birth within the organism, as he had it, “a new center of gravity found within the modified organism.”²⁷⁴ For Weizsäcker, this new center of gravity within the organism was to be understood as a subjectivity, a modal pronouncement of a Vital ground where each modification of the organism was marked by a ‘crisis’. These modifications to the organism understood as ‘crises’ were nothing of the negative, but of the constructive in their marking the “acquisition of a new principle” within the unity and coherence of the organism (*Kohärenz*). Crisis, for Weizsäcker, was to be

understood as a “rupture” of relation nearing the veritable biological disappearance of the subject. Thus we position ‘crisis,’ alongside the, ‘catastrophic’ and the ‘fecund’. Yet from this dissolution, from this rupture of relations, a new relation would instill itself automatically within the organism giving birth to a new subject, and thus prolonging life:

It is when the subject is menaced to disappear in a crisis that we can most notably see his existence. We begin to recognize the existence of certain things when we have lost them...The unity of the subject is coupled with the object...the events of our milieu form a unity by virtue of functional changes...the unity of the subject is only constituted within a incessant restoration in the wake of crises.²⁷⁵

We compare this with Tosquelles, under the rubric of the St. John’s New Jerusalem²⁷⁶, and the Goldtseinian-Monakovian principle of integration and reconstruction (not forgetting the assertions by Janet (the formation of the personality by way of the Monakovian Hormé) and Ey (non-localisable energetic renewal of the non-dualistic organism):

The crucial phenomenon explodes to give birth to a new beginning²⁷⁷

Here, Tosquelles presents to us the rule governing the dynamics of the Biblical, the Neurophysiological and the psychiatric/psychoanalytic – it is a simple, yet weighted, beautiful phrase, one later faithfully paralleled by the pen a young Gilles Deleuze in writing that:

All this clearly supposes that the formation of the world is of two times, two levels, birth and rebirth, where the second is just as necessary and essential as the first, and where the first is necessarily compromised, born for a reprise and already reborn within a catastrophe. There is not a second birth because there is catastrophe, but the inverse, there is catastrophe after the origin because there needs to be a second birth.²⁷⁸

We have here the rule working Genesis and Revelation, the lightening bolt illuminating Lacan upon a “clouded Mount Sinai” on the third day of the third month, the principle of the phantasmic projection of the self as Apocalyptic root to civilisation announced by the *end of the world complex* (Oury). The “fecund moment” (Lacan), the “crisis” (Weizsäcker), the moment of not being able to “fit” necessitating the “catastrophic reaction” of reforming to an “organismic principle” maintaining

wholeness (Goldstein), “syneidesis” that cerebral auto-reconstruction (Monakow and Mourgue), a “vital need” (Tosquelles), Freud’s *instinctual compulsion*, is where the organism thus marks a qualitative modification of the whole necessary to maintain the encounter between the organism and its milieu in the wake of deluge or the very near complete dissolution.

For Goldstein and Weizsäcker, the catastrophe, the crisis, was implicit within the neurophysiological existence of the organism. The “drama of man” at the level of neurophysiology is pronounced at a non-dualistic level of the psyche and the body (Ey’s organo-dynamic principle). With this, we are reminded of Saint John’s apocalyptic vision drawn upon by Oury and Tosquelles for the first time in psychiatric history, a vision now considered as a lived neurophysiological narrative, socially, biologically and psychically (the bio-psycho-socio-gestalt of Ey)²⁷⁹. It is where the psychiatrist finds himself at the crossroads between the psychological and the biological, at the “fecund moment,” and it is here, that the phantasm, as “projection of the self”, is a pronouncement of civilisation (Oury), the psyche, as well as the body, where Lacan’s “drama of man”, as with Saint John’s Vision of the Apocalypse and the New Earth, is a statement addressing the vital level of the species. As Oury would note fifty years later, “it is something at the level of the genes, inscribed, upon the body.”²⁸⁰ Tosquelles positions the *Vécu*, the *Erlebnis* at this very level of the biological, where the subject is within an incessant rebirth with each modification marked by a crisis (Weizsäcker), a catastrophe (Goldstein), a trauma (Freud). A vital level is marked by rebirth and the revelatory possibilities of the organism in the direction of a unified subject (Tosquelles, Goldstein,) announced within a syncretic space (Oury). For Weizsäcker, this unitary synthesis was to be termed the “circle of form”, the *gestaltkreis*. Bin Kimura, the foremost contemporary exponent of Weizsäcker’s philosophy elucidates such a term well:

The continuity of an ensemble is constituted by the organism and the milieu, beyond the provoked ruptures of successive crises. That which guarantees continuity within discontinuity is the interweaving of the organism’s perception and movement. Weizsäcker names this interweaving *Gestaltkreis*. *Gestalt* does not signify the form of an objectified thing, but the principle of that which constitutes the form. The coherence of the organism is maintained by “circular interweaving” of perception and movement, a structure of the ensembles, the “circle of form.”²⁸¹

Tosquelles, and the seminars of Oury in particular, would not directly draw upon the term *Gestaltkreis*, although their references to Weizsäcker would be many, particularly because the befriended

phenomenologist Henri Maldiney would extensively draw upon the Weizsäcker-inspired phenomenological scholarship of Erwin Straus. Rather, Tosquelles and Oury, would opt for a term introduced by the Gestalt study of Hanz Prinzhorn, the *Gestaltung*, to describe the process of a non-objective emergence of form, a process of putting something into form, a principle, very close, almost analogous to Weizsäcker's circle of form. To Kimura's explanation of the *Gestaltkreis* we add Oury's assertion of the *Gestaltung*:

There is a field, a "site" that one can define as a field of emergence of that which manifests. This field is not of the objective. It is a certain field where something "happens."²⁸²

And we parallel with Paul Klee's assertion:

The theory of the *Gestaltung* is of the paths directing form. It is the theory of form...Genesis in as much as the movement of form, constitutes the essentiality of the oeuvre.²⁸³

We now better understand our previous usage of the term *Gestaltung*. Recall our previous assertion: "The catastrophic signature would be the hallmark of a revelatory drive within the enigmatic evolution of psychoses punctuated by phases of reconstruction and emerging forms of a new world (*Gestaltung*)." Now we can understand that it is thus not the emergence of something that can be readily objectified by existing apparatus of scientific or psychiatric observation, but the emergence of a principle of a Genesis. For Weizsäcker, as Kimura shows well in his psychopathological study of schizophrenia, this principle is the "circle of form" as background against which, and beyond which, the occurrence of the provoked ruptures (the crises) within the organism occur. Goldstein's "organismic principle" also, as we have seen, guarantees the coherence of the whole beyond the catastrophic reactions, amplifying Freud's conservative, instinctual organism yet an organism not returning to the previous state of affairs (Weizsäcker). There is a self-conscious duty, a vital necessity, of the organism to maintain wholeness and coherence beyond crises, rupture, catastrophe and with this we are once more before the *syneidesis* of Monakow and Mourgue. Again, we retake Tosquelles, this time advancing the depth of his writing in understanding the scholarship that grounds his assertion:

There is thus in each patient, beyond the processes conditioning the disillusion of the personality, an effort, a "vital need" (*lebensnotendigkeit*), an impulsion to arrive at a new form of unitary life. Sometimes, this effort presents itself as automatic; at other times, it represents a veritable act of Will or

even of faith. At this moment, the influence of the psychotherapist can be decisive for the future of the patient.²⁸⁴

Our earlier assertion of, “the sentiment displayed by Tosquelles would be one of “uncovering a world” of these structuralising phantasms, these happenings within this zone of an “imaginary consciousness”, a space of structuralising phenomena...” is what we can now advance and understand as the “site” of the *Gestaltung*, of the emergence of form to a principle of revelation and renewal marking a vital effort (*lebensnotendigkeit*) to maintain unity (organismic unity). Weizsäcker, as we have seen, describes this movement towards a unitary synthesis as, “a new center of gravity within the organism.”²⁸⁵ With this, the privilege of the psychiatrist is now announced with even greater weight, for the psychiatrist has a key role within the “drama”, a drama not just played out on the socio-historical plane, but upon the plane of the organism and upon the plane of Will and faith. The world of “mystery” into which we saw Bonnafé dare us to follow him, is one where the psychiatrist/psychotherapist has a decisive influence and engagement, for it is a point of contact with Lacan’s discourse, “a language as ancient as man himself”, and such a discourse is of the organismic with its implicit processes and the psychical with its explicit announcements, identification and descriptions – the phantasm. The phantasm, as we have said, thus becomes an organo-dynamic announcement within which it incessantly strives for a unitary synthesis, and it is a striving pronounced at the level of the personality and the organism, both, extending the amplification of a vital need (*lebensnotendigkeit*), yet we also recall that it is in the direction of the syncretic and the heterogeneous. Here, we can understand Tosquelles in writing:

Madness is before all else human presence and expression. It is true that madness *announces* a malady, but *madness also expresses a man and a fact.*²⁸⁶

Indeed, it is the *Erlebnis* of the end of the world that expresses a man and fact: the figure becomes momentarily detached from its ground, the fecund moment. We thus find support with an assertion appearing at a later stage within his thesis:

Upon the clinical plane, it is easy to see how the patient lives the pathological event: existential catastrophe that finds its most fitting expression within the end of the world phantasm.²⁸⁷

This, is the decisive moment, the delirium, the psycho-pathological event of figure-ground detachment.

To this, is coupled the sentiment of a psychopathology loosened from its base of clinically determined illness where we see Tosquelles head an institutional charge against “the biological and social conditions that determine the evolution of what we call the morbid tableau.”²⁸⁸ As with a Bonnafé or a Nietzsche, Tosquelles is out to tear through the matrix of myth. The manifestation of the catastrophic in its phantasmic form is accorded a human value. It pertains to a principle of creation, coherence and maintenance. It is where the body and society facilitate the task of understanding existential change revealed through a “revelatory consciousness”²⁸⁹, where, “the subject lives a situation”²⁹⁰, it is the inauguration of a, “site” a, “clearing” of, “something happening, something emerging”²⁹¹ from the very “simple” encounter.

With Weizsäcker, we see a proposed a principle of perpetual formation beyond crises ensuring a new center of gravity within the organism. The *Gestaltkries* (the principle of form) to which the activity of the *Gestaltung* (the putting into form) is accorded, is where unity is one of a constitutive transformation where, as Weizsäcker writes, “There are laws of form.”²⁹² Henri Maldiney, who would eventually find himself in fraternal amitiés with Tosquelles and Oury at the clinic of La Borde, in following the idea of a new center of gravity within the post-critical organism, reasoned this to be, at once echoing Goldstein, Monakow and Mourgue, and Tosquelles, “the auto-movement of the animal...genetically determined within every here and now, a biologically operative space, where each direction constitutes a line of life.”²⁹³ This, is the *Gestaltung*, what we have seen Oury describe as a “site” of “emergence,” a field, where something of the non-objective emerges, where “something happens.”²⁹⁴ Thus the assertion by Tosquelles in relation to the personality, “there is not integration without disintegration” is as he writes of an “internal dialectic,” one that appeals to this post-critical moment of a new “center of gravity” ensured within the constitutive genesis of the organism and its conservative ontology. We also see Weizsäcker assert before Tosquelles that, “There are laws of formation,” but to this he adds, “yet each form is unique.”²⁹⁵ The instinct conserves (Freud) in that the principle is one of renewal and reconstruction (Monakow and Mourgue, Goldstein, Weizsäcker), yet in its reconstruction the same-state-affairs is no longer of the same, but a new system of references.

8: The Transcendental and the Empirical

Tosquelles saw the *Erlebnis*, lived experience, and more precisely the *Erlebnis* of the end of the world, the *Vécu* of the catastrophe, to be a transcendental experience, yet an experience, “not in the practical sense of the word.”²⁹⁶ For Tosquelles, the *Erlebnis* of the end of the world was a revelatory experience where the personality accorded an “existential efficacy” to experience, pronounced through the mock-biblical phantasm, a phantasm, as we have noted, pertaining to the personality considered “organismically.” This was to position Man in his creative, active, capacities where mental illness would thus lose its *passivity*. The pronouncements of mentally ill man’s *active* process of psychosis as the announcements of Man’s creative capacities are thus joined by the appeal to the what Tosquelles pens to be the *efficiently lived*:

Be it a dream, an imaginative phenomenon...an event of everyday life...Everything can become lived experience and experience of the efficiently lived.

Lived experience, in announcing a new post-catastrophic (Goldstein), post-critical (Weizsäcker), post-Apocalyptic (St. John) existence in the wake of its precursory “existential catastrophe” (Tosquelles), is a creative manifestation of the Self, both *active* and *efficient*. In Tosquelles briefly drawing upon the small Phenomenological study of Paul Louis Landsberg, he ventures to propose not an opposition between two types of the experiential ‘I’, but an existential modality of the ‘I’ itself. Lived experience, a vital, efficient experience, an experience, as we have seen, addressing the principle of things-coming-to-be and the emergence of form, is accorded a transcendental character as an alteration to the mechanical character of the ‘I’ of the empirical event²⁹⁷:

The “I” (“JE”) that we find with lived experience appears always as an “I” (“JE”) different to that which lives the events of everyday life. An event can reveal to us the experience it contains sometimes a long while after its announcement.²⁹⁸

The transcendental ‘I’ is tied to a revelatory function, a “revelatory consciousness,²⁹⁹” it is the revealing agency of phenomena, for lived experience supposes a revelation of the self and world, it is where such disclosure of things-coming-to-be, of emergence, of the rooting of the *gestalt* with its suffixes of *-ung* (Prinzhorn, Oury) and *-kreis* (Weizsäcker), is not formulated, nor premeditated but

anticipated by the clinician. It is the fecund announcement from within the empirical, upon that crossroads between the psychological and the pathological, where a bio-psycho-social announcement is articulated. It is, as we have seen Oury describe it, a “mirage of the everyday,” a dimension blurring categories requiring a particular *approach*, a particular *thinking, sense, intention* and *value* where presence “reigns” breaking with the mechanical nature of events to which Tosquelles accords the role of a, “strict consciousness.”³⁰⁰ We therefore position, with Tosquelles, the *Erlebnis* of the end of the world, with its phantasm of a delirious function, through paths of the Biblical (St. John) and the Neurological (Goldstein, Monakow and Mourgue, Weizsäcker), to be a grand revealing both at the level of the psyche and the body tied to the emergence of form, and to the existential phenomenon of presence (recall Oury’s description of *l’Aimable Jayet*). Thus, where we previously wrote, *1947, was the year of a particular complex, the emergence of the enigmatic pronouncement of Man and Madness*, we can now write, *1947, was the year pronouncing a revelatory consciousness, announcing a lived experience, of the existential phenomenon*. Where we wrote, *accorded to mental illness, was a revelatory nature, as principle of an existential catastrophe (catastrophe existentielle)*, we can now write, *existential catastrophe brings into play a vital need (lebensnotendigkeit), announcing a principle of formation (Gestaltung) and coherence (Gestaltkreis) within a new beginning as hallmark of a revelatory consciousness. The principle of formation and coherence, sees the New Jerusalem descend as a Whole new world in the wake of the passing of the first earth, as with the organism in the wake of crises and the personality in the wake of an existential catastrophe*.

Although Landsberg makes a brief appearance in the 1948 thesis, one limited to a paragraph of citation by Tosquelles outlining the transcendental ‘I’, we would do well to consider Landsberg’s exposition on the Christian experience of death within his one and only complete publication *Essai sur L’expérience de la Mort*. We put Landsberg forward along with the likes of St. John, Goldstein, Weizsäcker and Monakow and Mourgue. Landsberg’s assertions of Christian death can give greater, complimentary weight to the religiosity of Idea supporting the terrain of the end-of-the-world-experience, or more precisely, of the phantasm of the-end-of-the-world, its pronouncement of a principle of things-coming-to-be, and the transcendental experience it brings into play. Indeed, what Tosquelles deems the *Erlebnis of the end-of-the-world* through which the personality is announced *wholly* new through a reconstructive genesis of psychosis, Landsberg calls *the experience of death* against which a unitary synthesis of man and the divine reside. Landsberg saw the ontological fundament of the experience of

death to be a “unifying transformation”³⁰¹ (*transformation unificatrice*) marking the transformative task of man.

9: Tosquelles and neo-Catholic phenomenology

In the preface to Landsberg’s 1946 *Essai sur L’expérience de la Mort*, Jean Lacroix described the short one-hundred page work by the Catholic disciple of Max Scheler, as his, “intellectual and spiritual testament of Paul-Louis Landsberg.”³⁰² This intellectual and spiritual testament was of an engaged philosopher who, in 1937, had been asked by Leon Brunschvicg to teach a course at the Sorbonne on the philosophy of existence and who would eventually be arrested by the Gestapo in a Vichy Lyon in March of 1943. Again, we retake a phrase in deeming the unoccupied zone of France, “the questionably free Vichy State.” Jean Lacroix, in his preface to Landsberg, would call it “a zone *said to be* free.”³⁰³ The philosophical manuscripts of Landsberg, studies spanning the Renaissance and Phenomenological movements have, according to Lacroix, long since disappeared. He writes that Landsberg, “had disseminated three important manuscripts on the conception of man. Up until now, not one has been recovered.”³⁰⁴ The three manuscripts had been sent before Landsberg’s suicide on 2nd April 1944 at the camp of Orienburg near Berlin. His short work, as both an intellectual and spiritual testament, was, for Lacroix, “pages, at once lived and thought,”³⁰⁵ an adage most fitting to the sentiments of the post-war psychiatric corpus, of a psychiatry at once lived and thought, concretely affirmed from the most simple yet dramatic of human experiences, bearing the seal of the *Erlebnis*, and the post-traumatic delirium of the end of the world, the reconstructive announcement and emergence of a new world in the wake of deluge.

What Landsberg deems a, “unifying transformation” is at once both a spiritual and vital process present within the dissolution of the organism, where dissolution necessitates revelation. This was a dynamic of two sides, one of realisation, the other of actualisation, both, pertaining to the personality. He writes:

This organic process [of dissolution] pushes the person to resist with his realisation. On the other

hand, this organic process is opportunity for his actualisation. One could even say, that the givens of psychic existence, are equally transformable by personalisation.³⁰⁶

This, the process of “unifying transformation” is where the organic and the psychic meet under the rubric of personalisation. Yet more than this, the role of personalisation, of the personality-coming-to-be (*Werdesein*) is an organo-dynamic principle of actualisation to which the organic is a relative signification of the personality. Landsberg calls this transformative process the, “spiritual appropriation of death³⁰⁷” which he presents as the transformative task for humanity:

Personal existence is not a fatality. It has for its task the transformation of the fatality of death into liberty.³⁰⁸

For Landsberg, this transformative task is one where Man is to realise and eternalise himself, an impulsion, an “act” at the very, “root of being, a vital need (*lebensnotendigkeit*) to affirm oneself.³⁰⁹” Here we recall a patient of Tosquelles announcing, “I am eternally made man,” at once declaring the capacities of experience (Straus) and a reconstructive psychic act of affirmation (Tosquelles). Death, thus changes its nature from a mere material negation of life to an affirmation and actualisation of the personality through a realisation resonating at the level of the organic, as well as the psychic. The phantasm thus presents itself once more as the imaginary incarnation of this resonance announced through what we saw Oury call these “monsters of language.” How close this is to Oury’s syncretic initiation of insulin. A unifying transformation is pronounced through a realisation said of personalisation in the face of dissolution, be it of the organism or the personality/consciousness (Oury, Landsberg, Tosquelles). Being, is thus not being towards death but being towards a realisation of the eternal, the free, and the possible where death is transformed into an *active* principle of unitary life. Landsberg tells us that death, is surpassed as an “event of the future,” where the affirmation at the “root of being,” the act of realisation, “implies a surpassing of time³¹⁰” itself. It is where for Tosquelles, man becomes his destiny through a “creative imagination”, the phantasmic announcement, “I am eternally made man.”

In following the Pauline and Patristic convictions of the Spanish philosopher Miguel de Unamuno, Landsberg ventures to propose a state of expectation as, “discovering infinitely more than the sentiment of man.³¹¹” Indeed, where Unamuno was to write, “Expectation is thus the noble fruit of our efforts which produces being...and what produces a reality,” Landsberg would pen, “Expectation, constitutes the sense of our life and prolongs the affirmation contained within the intimate structure of

being in general.³¹²” Expectation, is the act of personal existence, it is “the spiritual appropriation” of death, an “incomparably intimate” factor of being towards realization, or as Tosquelles has it, a “revelatory consciousness.³¹³” For Landsberg, expectation (*l’espérance*) is not the same as hope (*l’espoir*). Hope doubts, expectation affirms, but it affirms through a “creative movement of our existence as a whole.³¹⁴” The impulsion at the root of existence, the causative factor to act and actualise at the root of being, is an impulsion towards a “creative” expectation, and with it, comes the new and the possible, life, affirmation, in the spiritual appropriation of death understood as a process of personalisation:

Without the analogous impulsion towards expectation, trees would not produce the new life of their fruit in autumn. We know with Man, in that he is a spiritual person, cannot exist without expectation. This is not a hope for something or another, but creative expectation.³¹⁵

The task of human existence for Landsberg, is therefore, this creative expectation and more specifically, of the actualisation of this expectation through a realisation and revelation. This, had personally resonance for Landsberg, for as he was to tell Lacroix in the summer of 1942, “I have encountered Christ, he has revealed himself unto me.³¹⁶” For Landsberg, it is Man, of the new religion, announced through Christ, who can, “transform and transcend his mortal condition,” that beyond death there exists “Life.³¹⁷” Landsberg draws upon “terrestrial life” to show that it is not to be met with fate, but possibility, creative and transformational possibility. The end, destruction of the self, is not ultimate but precursory to a new birth where dissolution marks a principle of emergence, not of the form itself, but of the coming-to-be, enabling the ‘I’ to, for Landsberg, transcend the “mortal condition.³¹⁸” Perpetual disintegration marks an affirmative principle of possibility, it marks the capacities of reintegration through revelation. More than this, the transcendental experience of the ‘I’ is structured, in terms of Christianity, for Landsberg around the apparition, or more precisely, upon the revelation of Christ. He writes:

The apparition of Christ...marks the real change of the human situation.³¹⁹

With Landsberg’s personal revelation, “I have encountered Christ, he has revealed himself unto me,³²⁰” we see that actualisation is contingent upon a revelatory declaration through which a personality comes to be, yet it is not mere empirical, mechanical experience as Tosquelles is keen to highlight, it is a transcendental experience, and for Landsberg, it is a transcendental experience of death, a transformational experience said of man’s proper personalisation:

At each instance, the world is destroyed. The instant dies in its birth. The past devours the future...The instant, the only dimension and chance of presence, is thus the only chance of possible existence...³²¹

This incessant dissolution marks a concordant integration, he continues:

In truth, if there is a life that is a death, then there is a death that is a life.³²²

And from this double proclamation we retake Tosquelles:

The crucial phenomenon explodes to give birth to a new beginning.³²³

For Landsberg, revelation is the transformation of death and the announcement of human liberty said of a transformative possibility exemplified by the psychophysiognomy of Saints. Similarly, for Tosquelles, a “revelatory consciousness” announced through the end of the world mock-Biblical phantasm is the pronouncement of a new world marking the reconstruction of the personality. Delirium is thus the active principle and revelatory agency. Destruction, the crises, the near complete dissolution of the self (Weizsäcker), does not announce negation, but an eternal, affirmative dialectic of unity, one that celebrates the New Jerusalem (St. John). For Weizsäcker there is always a new center of gravity within the organism in the wake of the near-fate of the subject, and as with the sigh it is not merely limited to pathological reasoning, but experience itself (Straus). As with Landsberg’s Christian dialectic, there is Life/Vie beyond life/vie or rather Life/vie within life/vie. Landsberg continues:

Life in the biological sense of the word, shows, in terminating, that it is the *basis of presence*, an indispensable base for the realisation of human spirit within human being...This is not the necessity of death, but a special way of uncovering the multiple virtual structure of our terrestrial existence.³²⁴

For Landsberg, the philosophical act transforms the sentiment of life and death where man is the result of an internal activity. Likewise for Tosquelles, the psychotherapeutic encounter transforms the sentiment of madness, where man is the result of an internal activity, projected through the phantasm of the end of the world. Where in the first, man participates in the world of ideas, in the second man participates in the world of man. Philosophy and Psychiatry are thus married by the inherent transformation of man borne

through his revelatory capacity, a capacity subject to traumatic extension and delirious pronouncement. Where in the first, the human person close to the divine participates in his proper eternity, in the second, the psychiatrist before the phantasm participates in a drama of undecided limits and possibilities. Both, reach into an area rarely accessible to most, the Real, beyond the veil in the most Nietzschean of senses. The privilege, is one of revelation, concretely affirmed through a dimension of contact. Liberty within death (Landsberg), liberty within madness (Tosquelles) sees an active principle of creative personalisation and revelation, not announcements of a terminus, a limit marked by an eventual and final dissolution, but an affirmation marked by continual transformation and reconstruction, new centers of gravity, unique forms within the organism and within consciousness. Thus we see Tosquelles write as if a palimpsest of Goldstein, Monakow and Mourgue, Weizsäcker and Landsberg:

To say in an all too hasty yet nevertheless true fashion, the life of man – always developing its singularity – is complex and self-managing. Life invents its own forms of existence. It is in this sense that one could consider life as an act of trial and error in its effectuating of new forms of organisation. Man, to become his destiny makes use of his creative imagination...It is the reelaboration of the work in question that determines the concrete and variable life of men in their spaces of existence...that which founds the concrete life of men is unveiled and accentuated by the creative imagination...Life is, and above all remains, the art of living.³²⁵

Where Landsberg speaks of the essential liberation within death Tosquelles speaks of the essential liberation within madness. Where Landsberg announces his revelation of Christ marking the transformative principle of man, a patient announces his eternal creative nature – “I am eternally made man,” marking a revelatory consciousness of madness. Both, as if a phantasmic politic, appeal to an initial transformation with the conversion of the human attitude as its effect. Both appeal to a revelation through a transcendental ‘I’ seeing man not before death or madness, but before the illimitless capacity, *undecided limits*, before an *active* principle at the root of man himself (the *lebensnotendigkeit*). Where Landsberg sees death as an active principle, Tosquelles sees the announcements of the *end of the world* phantasm affirm the active nature of mental illness and not, as we have previously noted, a *passivity* – the subject becomes the object in the wake of crises, catastrophe where a vital need maintains wholeness in the wake of a detached figure from its vital ground (Goldstein, Weizsäcker), the Lacanian fecund moment. This, as we have seen, hallmarks what Bonnafé deemed to be a project of disalienation which finds a particular structure within the avatars of man revealed and disclosed by mental illness. Thus we see Oury write:

That which permits us to decipher the concepts articulating and organizing the elements of everyday existence [l'existence quotidienne]: transference, the unconscious...the fundamental notions of the phantasm, of identification, of interpretation, etc...come from a framework which supports action in the direction of a permanent disalienation...³²⁶

10: Of Men and mock-biblical Nietzschean Divinities

The therapeutic plane is one of human encounters. It is the psychiatrist who extends his scientific corpus by *listening*. Tosquelles writes that it is of “the here and now³²⁷” announcing, “creative possibilities³²⁸” not merely for a sector psychiatry but for the creative, lived capacities of man himself. It is not the product that concerns the psychiatrist, but the process and the coming-to-be of form, the putting-into-form – *gestaltkries, gestaltung*, the principle of aesthetic genesis resonating at the level of the personality and the body (the phantasm) pertaining to the efficient value of lived experience. We retake Tosquelles:

...The spontaneous poetic production of men, or rather, its poetic reformulation, this most pronounced putting into form...³²⁹

Yet again we here another patient under the care of Tosquelles:

I am God, I have always been God...are you God? You do not have creation. That which was created was nothing of you. You did not want that which didn't exist.³³⁰

We have seen how the pathological event lived by the patient saw an existential catastrophe expressed through the phantasm of the end of the world: *psycho-pathology* proper. The unique signature to this is the “creative imagination” (Oury) and the “revelatory consciousness” (Tosquelles) where a presence of something, the emergence of something, is announced, where a path emerges from within the lived intimacies of the phantasm. If in the first instance we observe the sentiments and emergence of the thesis of Tosquelles, in the second instance we observe the phenomenology of emergence and the revelation of phenomena within an all-inclusive, *co-efficient, lived, drama*. The revelation of the Self and world marks the transformative and creative capacity of the Christ (Landsberg) and madness

(Tosquelles). This psychiatric *art of medicine* is the *art of sympathy*, the *art of accompaniment* where man is the *living art*. As with Nietzsche's Zarathustra, the man of madness announces a world of new values, where he is the *agency for institutional and theoretical renewal*. As we have seen with our selections from Tosquelles' thesis, this enables us to move towards understanding schizophrenic catastrophe in terms of a biblically analogical transcendental body.

Conclusion: schizophrenia and the psycho-pathology of death and rebirth

In our second chapter, we have observed how lived historical experience urged a medical embrace of an apocalyptic thematic. We have also observed a particular notion of the world, a phantasmic world, where psychotherapy goes from a mythic reality to an everyday reality, and as to how Tosquelles' thesis appealed to a profound psycho-pathology addressing notions of creation, emergence, possibility, and heterogeneity. It was important for us to see the chemotherapeutic context within which such notions corresponded. Insulin and the clinic of Saint-Alban provided us with such a context through which we were able to study the phenomenological assertions of Oury and Tosquelles, and notably begin to bring hitherto unaddressed notions to the fore such as the "syncretic" post-comatic state and the physiological phenomenology of the sigh (analogously extended to characterising the philanthropic ideal of the clinic). We have seen how this appeals to an ethical consciousness, for the post-comatic state requires a *maternage*, an *accompaniment*, a *co-inclusion* of the patient and clinician, a profound relation. This is where we understand the "art of arts" to be an "art of sympathy." Furthermore, this has enabled us to localise the specific nature phenomenology adopts in terms of psychiatry. We have not only observed how the notions of catastrophe and revelation are unique to Tosquelles' doctoral thesis of 1948, but also how such notions are important for a psychiatric phenomenology valuing experiential knowledge over intellectual knowledge and classical nosography. In terms of this organo-dynamic dialectic, or in Ey's words, in terms of the "bio-psycho-socio-gestalt", we also investigated the notion of the *Gestaltung* and the *Gestaltkreis*. This further enabled us to understand the theme of rebirth and post-catastrophic, post-traumatic processes of reconstruction. We have seen how such notions addresses space and rhythm and how they correspond to a dimension rarely accessed, the site of re-construction, the space of re-articulation and re-building – a privileged, intimate space into which the psychiatrist is initiated.

In our next chapter we will identify a "phenomenological sentiment," how it informs the

diagnostic, and more precisely, how it is understood as an “empirico-phenomenological attitude,” an attitude that addresses the transcendental at the same time as the empirical.

Endnotes

- ¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 85, Éditions de l'Arefppi, Nantes 1986
- ² Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.581, Éditions Edouard Privat, Toulouse 1948
- ³ See Appendix 1
- ⁴ Jean Oury, *Préfaces*, p. 38. Éditions Le Pli, Orléans 2004
- ⁵ Ibid, p.25
- ⁶ Ibid, p.26
- ⁷ Ibid, p.67
- ⁸ See Appendix 1
- ⁹ Friedrich Nietzsche, *The Birth of Tragedy*, pp.14-27. Penguin Books, London 1993
- ¹⁰ Eugène Minkowski, *Constitution et Conflit*, in, *L'Evolution Psychiatrique*, p.30, Cahiers de psychologie clinique et de psychopathologie générale, 1934
- ¹¹ Jakob Böhme, (Samuel Jankelevitch trans.) *Mysterium Magnum*, Bibliothèque Philosophique, Paris 1942
- ¹² G.W.F Hegel, *The Phenomenology of Mind*, Dover Publications, New York 2003
- ¹³ Martin Heidegger, *What Calls For Thinking*, p.382, in, *Basic Writings*, pp.369-391, Routledge, London 1999
- ¹⁴ Kurt Schneider, *Clinical Psychopathology*, Grune and Stratton, New York 1959
- ¹⁵ François Tosquelles, *De la Personne au Groupe*, p.56. Éditions Erès, Ramonvil le Saint-Agne 1995. One could thus posit the real as a dynamic absolute, much like Husserl's displaced horizon of epistemological renewal and Heidegger's ontic-ontological category of *withdrawal*.
- ¹⁶ Heidegger, Op., cit
- ¹⁷ Gilles Deleuze, *Difference and Repetition*, p.67 and p.200, The Athlone Press, London 1992
- ¹⁸ See, Henri Maldiney, *Penser L'homme et la Folie*, p.5, Éditions Jérôme Millon, Paris 1991
- ¹⁹ Op., cit
- ²⁰ The poem that had captivated Tosquelles was Nerval's *Aurélia*. In his introduction to Tosquelles, Oury spoke of the exemplary psychotic experience of Nerval expressed through his “unparalleled” style.
- ²¹ This was later published in 1987 under the title of *La Vécu de la Fin du Monde dans la Folie*, Éditions de l'Arefppi, Nantes 1986
- ²² See, Jean Oury, *Il Donc*, p.64. Éditions Matrice, Vigneux 1998
- ²³ Within which the roles of psychiatrist and patient would be constantly in development, and the classification of madness, the proper object of psychiatry, continually displaced and realigned See, Lucien Bonnafé, *Le Personage du Psychaitre, Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ²⁴ Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.2. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>)
- ²⁵ Recall Freud seeing biology to be, in his most neurological and biological study, “...truly a land of unlimited possibilities.” See, Sigmund Freud, *Beyond the Pleasure Principle*, p.73. Norton, New York 1975
- ²⁶ Jacques Lacan in discussion with Bonnafé, May 1947, republished in, *Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ²⁷ See, Appendix 1
- ²⁸ Gilles Deleuze, *Difference and Repetition*, p.67 and p.200, The Athlone Press, London 1992
- ²⁹ Ibid. Here, we are to understand parole as the property of being constituting a system of mediation structuring inter-subjective or rather, intra-subjective, relations of psychotherapy.
- ³⁰ Friedrich Nietzsche, *The Birth of Tragedy*, pp.14-27. Penguin Books, London 1993
- ³¹ Henri Maldiney, *Regard, Parole, Espace*, p.33, Éditions L'Age D'Homme, Lausanne 1973
- ³² Op., cit
- ³³ Op., cit
- ³⁴ Op., cit
- ³⁵ Lucien Bonnafé, *Le Personage du Psychaitre, Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ³⁶ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.418, Éditions Matrice, Vigneux 1994. The term *Erlebnis*, a term imbuing the scholarship of the likes of Jaspers, Heidegger and Roscharch the last of whom saw it to be of “an internal resonance,” the first, a rupture in the existence of the subject, sees Tosquelles draw upon the Spanish *vivencia* to find the French *vivance* and keep with the term *Vécu*. From here Tosquelles, in his thesis, asserts the Roscharch to be the machine of the *Erlebnis*.
- ³⁷ François Tosquelles, *Tosquelles par lui meme: Interview with J.G. Godin, J.P. Siory, J.D. Maret, J. Miller, J.C. Zudas*. Revue de L'Ane (Revue de l'Association nationale des équipes et centres d'action médico-sociale précoce) Paris, 1984

- ³⁸ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.34, Éditions Matrice, Vigneux 1994
- ³⁹ See appendix
- ⁴⁰ Ibid
- ⁴¹ Lucien Bonnafé, *Le Personage du Psychiatre*, p.81, *Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ⁴² Ibid, p.90
- ⁴³ Paul Balvet, *Au-Delà de l'asile d'aliénés et de l'Hôpital Psychiatrique*, p.46, *Document de L'information Psychiatrique*, Vol II, no.11
- ⁴⁴ See appendix. What Oury has always strived for is the maintaining of a heterogeneous space with a minimum of homogeneity and aggregation. The architectonic for Oury is fundamentally heterogeneous and its ordering is of a "poetic" logic.
- ⁴⁵ see, Jean Oury, *Il Donc*, p.60. Éditions Matrice, Vigneux 1998. The DSM (Diagnostic and Statistical Manual for Mental Disorders) would be such a mark of this progress. A debate of DSM and Institutional Psychotherapy would prove of great import to the history of sector psychiatry, one that necessitates great length of exposition. For the immediate enquiry, we can suffice quote Oury of the 1990's: "if we lose sight of the creation within madness, we allow ourselves to drift towards a DSM", in, *Création et Schizophrénie*, p. 54, Éditions Galilée, Paris 1989
- ⁴⁶ Ugo Amati, *L'Uomo e le Sue Pulsioni. Il Lavoro Creativo Esplorato Alle Sue Radici*, Melusina Editrice, Italy 1994
- ⁴⁷ See appendix
- ⁴⁸ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.425, Éditions Matrice, Vigneux 1994
- ⁴⁹ Kostas Axlos, *Le Jeu Du Monde*, p.322, Editions du Minuit, Paris 1969
- ⁵⁰ Ibid, p.425
- ⁵¹ See appendix
- ⁵² Jean Oury, *Il Donc*, p.60. Éditions Matrice, Vigneux 1998
- ⁵³ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.17, Éditions Matrice, Vigneux 1994
- ⁵⁴ Jean Oury, *Préfaces*, p. 45. Éditions Le Pli, Orléans 2004
- ⁵⁵ Ibid, p.46
- ⁵⁶ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.419, Éditions Matrice, Vigneux 1994
- ⁵⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. xii, Éditions de l'Arefppi, Nantes 1986
- ⁵⁸ Jean Oury, *Création et Schizophrénie*, pp. 89-192, Éditions Galilée, Paris 1989
- ⁵⁹ Jean Oury, *Liberté de Circulation et Espace du Dire*, unpublished intervention by Jean Oury at a seminar in Tours, 1995, archived at La Borde clinic.
- ⁶⁰ Jean Oury, *Préfaces*, p. 82. Éditions Le Pli, Orléans 2004
- ⁶¹ Ugo Amati, *L'Uomo e le Sue Pulsioni. Il Lavoro Creativo Esplorato Alle Sue Radici*, Melusina Editrice, Italy 1994
- ⁶² Lucien Bonnafé, *Histoire d'un Mythe*, in *Evolution Psychiatrique*, , *Evolution Psychiatrique*, XIII, no. 4, Éditions Edouard Privat, Toulouse 1948
- ⁶³ Jean Oury, *Liberté de Circulation et Espace du Dire*, unpublished intervention by Jean Oury at a seminar in Tours, 1995, archived at La Borde clinic.
- ⁶⁴ Jean Oury, *Il Donc*, p.34. Éditions Matrice, Vigneux 1998
- ⁶⁵ Jean Oury, *Métapsychologie et institutionnalisation*, in, *Actualité de la Psychothérapie Institutionnelle*, p.30, Éditions Matrice, Vigneux 1994
- ⁶⁶ Ibid, p.36
- ⁶⁷ Ibid, p.38
- ⁶⁸ Ibid, p.34
- ⁶⁹ Ibid, p.40
- ⁷⁰ Julien de Ajuriaguerra and Hécaen, *Le Cortex Cerebral : étude neuro-psycho-pathologique*. Mason, Paris 1949. And, *Méconnaissances et Hallucinations Corporelles : intégration et désintégration de la somatognosie*. Masson, Paris 1952
- ⁷¹ Jean Oury, *Il Donc*, p.36. Éditions Matrice, Vigneux 1998
- ⁷² Jean Oury, *Préfaces*, p35-36. Éditions Le Pli, Orléans 2004
- ⁷³ Ugo Amati, *L'Uomo e le Sue Pulsioni. Il Lavoro Creativo Esplorato Alle Sue Radici*, p.5. Melusina Editrice, Italy 1994
- ⁷⁴ See Appendix 1
- ⁷⁵ Ibid
- ⁷⁶ Ibid
- ⁷⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 60, Éditions de l'Arefppi, Nantes 1986
- ⁷⁸ Jacques Lacan in discussion with Bonnafé, May 1947, republished in, *Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ⁷⁹ Jean Oury, *Il Donc*, p.36. Éditions Matrice, Vigneux 1998
- ⁸⁰ Ibid, p.36
- ⁸¹ Ugo Amati, *L'Uomo e le Sue Pulsioni. Il Lavoro Creativo Esplorato Alle Sue Radici*, p.11. Melusina Editrice,

Italy 1994

⁸² Lucien Bonnafé, *Le Personage du Psychiatre*, republished in, Lucien Bonnafé, *Desaliener*, p.53, Presses Universitaires Du Mirail, Toulouse 1991

⁸³ Ibid, Discussion, p.72

⁸⁴ Lucien Bonnafé, Société Medico-Psychologique, *Séance du 27 November 1944. Annals Medico-Psychologique*, p.556, January 1946

⁸⁵ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 60, Éditions de l'Arefppi, Nantes 1986

⁸⁶ Henri Baruk was also a member of the commission. Ey and Baruk would award Oury his doctoral early December of 1950.

⁸⁷ Henri Ey's reply in the discussion of, Lucien Bonnafé, *Le Personage du Psychiatre*, republished in, Lucien Bonnafé, *Desaliener*, p.53, Presses Universitaires Du Mirail, Toulouse 1991

⁸⁸ Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.579, Éditions Edouard Privat, Toulouse 1948

⁸⁹ Ibid, p.581

⁹⁰ Ibid, p.580

⁹¹ Ibid, p.580

⁹² François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.418, Éditions Matrice, Vigneux 1994

⁹³ Straus, who draws heavily upon the neurophenomenological scholarship of Victor Von Weiszacker, is himself introduced to the clinical plane by the phenomenological scholarship of Henri Maldiney. Erwin Straus, was most noted for his Pavlovian critique entitled *Du Sens Des Sens*, Éditions Jérôme Millon, Grenoble 2002. See also, Henri Maldiney, *Regard, Parole, Espace*,

⁹⁴ Erwin Straus, *Le Soupir: introduction à une théorie de l'expression*, written in 1951, republished in, *Phénoménologie et Existentialisme en Italie*, Le Cercle Hermeneutique, Paris 2003, Volume 1, p.16

⁹⁵ Walter Pagel, *William Harvey and the Purpose of circulation*, pp-22-37, Isis, Vol. 42, 1951

⁹⁶ Erwin Straus, Op., cit

⁹⁷ Ibid, p.20

⁹⁸ Ibid, p. 18. We see Straus, in adopting a theosophical stance emblematic of the anthroposophy of Rudolph Steiner informing the corpus of Homeopathy. Straus draws upon the Hebraic and Sanskrit in this very extra-clinical expansion of respiratory understanding to convey a notion of respiration in harmony with the anthropology of Biblical Genesis exceeding standard clinical understanding (physiological, biochemical, psychiatric). The Hebraic "Neshimah" (to breath), coupled with "Nasham" (soul) provides the unitary synthesis of "Neshamah". The Sanskrit "Atman" (soul of the cosmos) representing the omnipresent divine Will, designates "atman" as respiration in that "Atman" is the provider of life and equally, the individual soul. The contemporary German Language, as Straus further notes, sees "atmen" as a verb corresponding to respiration. The Latin and Greek prove analogous to the Hebraic and Sanskrit: "spirare" (to breath) and "spiritus" sees the Greek "pneuein" and "pneuma". Sanctus-Spiritus, is the literal translation of the Greek from the New Testament, "Haigion Pnuema". This, is for Straus, respiration as an archetype "under different forms."

⁹⁹ Ibid, p.23

¹⁰⁰ Ibid, p.14

¹⁰¹ Ibid, p.15

¹⁰² Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994

¹⁰³ Erwin Straus, *Le Soupir: introduction à une théorie de l'expression*, written in 1951, republished in, *Phénoménologie et Existentialisme en Italie*, Le Cercle Hermeneutique, Paris 2003, Volume 1, p.18

¹⁰⁴ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.419, Éditions Matrice, Vigneux 1994

¹⁰⁵ Ibid, p.421

¹⁰⁶ Ibid, p.419

¹⁰⁷ Ibid, p.422. The compassionate sigh of the Sufi, which Tosquelles doesn't assert to be in the Koran, is a sigh to an unknown pathos with the Other, an expressive dimension to the dialectic of being-with the other. The sigh opens a heterogeneous, syncretic dimension. It is an expression of existence (Straus) pertaining to presence. To understand the institution pathologically, is to understand man as the institutionalising, heterogeneous, undetermined agency

¹⁰⁸ Erwin Straus, *Le Soupir: introduction à une théorie de l'expression*, written in 1951, republished in, *Phénoménologie et Existentialisme en Italie*, Le Cercle Hermeneutique, Paris 2003, Volume 1, p.25

¹⁰⁹ François Tosquelles, Op., cit

¹¹⁰ Ibid, p.423

¹¹¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 85, Éditions de l'Arefppi, Nantes 1986

¹¹² It is probable that Tosquelles followed the lead of the phenomenologist Erwin Strauss who had written on the human sigh. This will be expounded in Chapter 3 when the phenomenological pronouncements of Tosquelles are studied.

¹¹³ Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.579, Éditions Edouard Privat, Toulouse 1948

¹¹⁴ Ibid, p.581

¹¹⁵ Ibid, p.581

- ¹¹⁶ Paul Bernard, *Psychiatrie pratique: formation, spécialisation et sélection des auxiliaires médico-sociaux du psychiatre*, Desclée de Brouwer, Paris 1947. And, Paul Bernard, Henri Ey, Charles Brisset, *Manuel de Psychiatrie*, Masson et Cie, Paris 1960
- ¹¹⁷ Paul Bernard, *Manuel de l'infirmier en psychiatrie*, Masson, Paris 1977
- ¹¹⁸ Jean Oury, *Il Donc*, p.125. Éditions Matrice, Vigneux 1998
- ¹¹⁹ Germaine Balvet, *De l'Organisation d'un service d'insulinothérapie (par la méthode de Sakel) et de narcothérapie dans un hôpital psychiatrique rural*, Bosc frères, Lyon 1941
- ¹²⁰ Jean Oury, Op., cit
- ¹²¹ Jean Oury, Op., cit
- ¹²² Ibid, p.128
- ¹²³ Ibid, p. 124
- ¹²⁴ André Roumieux, *Je Travaille à l'Asile d'Aliénés*, p. 23, Éditions Champ Libre, Paris 1974
- ¹²⁵ Catecholamine can be one of any of several compounds occurring naturally in the body. (These compounds serve as hormones, or, as neurotransmitters in the sympathetic nervous system. Catecholamines include such compounds as epinephrine, or adrenaline, norepinephrine, and dopamine. Catecholamines resemble one another chemically in that they carry an aromatic portion (catechol) to which an amine is attached, or a nitrogen-containing group. Epinephrine and norepinephrine, which are also hormones, are secreted by what is known as the adrenal medulla, and norepinephrine is also secreted by some nerve fibers. Such substances prepare the body to meet emergencies such as cold, fatigue, and shock, and norepinephrine is for the most part considered a chemical transmitter at nerve synapses. Dopamine is an intermediate in the synthesis of epinephrine; in addition, a deficiency of dopamine in the brain is responsible for the symptoms of Parkinson's disease. Medical administration of the drug L-dopa, which is presumed to be converted to dopamine in the brain, relieves the symptoms. Epinephrine is used medically to stimulate heartbeat and to treat emphysema, bronchitis, and bronchial asthma and other allergic conditions, as well as in the treatment of the eye disease glaucoma.)
- ¹²⁶ Jean Oury, *Il Donc*, p.128, Éditions Matrice, Vigneux 1998
- ¹²⁷ Ibid, p.125
- ¹²⁸ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.422, Éditions Matrice, Vigneux 1994
- ¹²⁹ Jean Oury, *Il Donc*, p.124, Éditions Matrice, Vigneux 1998
- ¹³⁰ Ibid, p. 126
- ¹³¹ Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.2. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>)
- ¹³² Jean Oury, *Il Donc*, p.125, Éditions Matrice, Vigneux 1998
- ¹³³ Ibid, p.125
- ¹³⁴ Manfred Sakel, *Schizophrenia*, Philosophical Library, New York 1996
- ¹³⁵ Jean Oury, *Il Donc*, p.135, Éditions Matrice, Vigneux 1998
- ¹³⁶ André Roumieux, *Je Travaille à l'Asile d'Aliénés*, p. 48, Éditions Champ Libre, Paris 1974
- ¹³⁷ Ibid, p. 32
- ¹³⁸ Jean Oury, *Il Donc*, p.130, Éditions Matrice, Vigneux 1998
- ¹³⁹ Louis Le Guillant, fervent for neuropsychiatry, was a permanently active member of the sector fraternity and would co-author several landmark publications with Bonnafé, Ajuriaguerra and Ey. In 1946, he would found *Sauvegarde*, a review of associations safeguarding children and adolescents. 1947 would see him as chief psychiatrist overseeing the hospitals of La Seine region. In 1948, Le Guillant would become a member of the review committee for the publication *Enfance* founded by H. Wallon where, in 1951 he would co-found the publication *Raison* with Bonnafé Follin, Lafitte and Wallon.
- ¹⁴⁰ Jean Oury, *Il Donc*, p.128, Éditions Matrice, Vigneux 1998
- ¹⁴¹ Ibid, p. 125
- ¹⁴² François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.425, Éditions Matrice, Vigneux 1994
- ¹⁴³ Jean Oury, *Il Donc*, p.127, Éditions Matrice, Vigneux 1998
- ¹⁴⁴ Ibid, p. 128
- ¹⁴⁵ Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.580, Éditions Edouard Privat, Toulouse 1948
- ¹⁴⁶ Ibid, p.581
- ¹⁴⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 81, Éditions de l'Arefppi, Nantes 1986
- ¹⁴⁸ Lucien Bonnafé, *Le Personage du Psychaitre*, republished in, Lucien Bonnafé, *Désaliener*, p.55, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁴⁹ Ibid, p. 49
- ¹⁵⁰ Ibid, p.57
- ¹⁵¹ Paul Balvet, *De L'Autonomie de la Profession Psychiatrique*, in, *Documents de L'Information Psychiatrique*, Vol II, XII, 1946
- ¹⁵² Lucien Bonnafé, *Le Personage du Psychaitre*, republished in, Lucien Bonnafé, *Désaliener*, p.57, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁵³ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie*

- Institutionnelle*, p.419, Éditions Matrice, Vigneux 1994
- ¹⁵⁴ Ibid, p.420
- ¹⁵⁵ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 80, Éditions de l'Arefppi, Nantes 1986
- ¹⁵⁶ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.419, Éditions Matrice, Vigneux 1994
- ¹⁵⁷ Jacques Lacan, *L'Éthique de la Psychanalyse*, Éditions du Seuil, Paris 1986
- ¹⁵⁸ Lucien Bonnafé, *Le Personage du Psychiatre II*, republished in, Lucien Bonnafé, *Desaliener*, p.89, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁵⁹ Jean Oury, *L'Aimable Jayet* (1964), republished in, Jean Oury, *Préfaces*, p. 17. Éditions Le Pli, Orléans 2004. Excerpts also appear in, Jean Oury, *Création et Schizophrénie*, pp.157-158, Éditions Galilée, Paris 1989
- ¹⁶⁰ Jean Oury, Op., cit
- ¹⁶¹ Ibid, p.17
- ¹⁶² See, Sigmund Freud, *The Id and the Ego*, pp. 10-22, Norton Books, London 1960
- ¹⁶³ Jean Oury, *Préfaces*, p. 15. Éditions Le Pli, Orléans 2004.
- ¹⁶⁴ Ibid, p.16
- ¹⁶⁵ See, Ludwig Binswanger, *Le Cas Suzanne Urban: étude sur la schizophrénie*, Monfort, Paris 2002. This is therapeutic apprehension of presence is the "Stimmung", understood as an apprehension by atmosphere. This will be further investigated in the following chapter through the likes of Jacques Schotte, Henri Maldiney and Arthur Tatossian
- ¹⁶⁶ Jean Oury, Op., cit. This abandonment, this bracketing-off of the clinical preconception, this suspending of clinical prejudgment echoed, intentionally or not, the clinically rooted suggestion of Jaspers in his bid to directly access phenomena through a descriptive psychopathology, where any pre-established theoretical knowledge of 'cerebral mythology' or 'philosophical prejudices' would be set aside for the phenomena to come forth into the 'clearing'. With this, Jasper's suggested an "absence of presuppositions", or rather a methodological suspension of prejudices that stand in the way of this "direct access" to phenomena. Similarly appealing to an emergence of possibility peculiar to human experience yet not wanting to restrict himself to the technico-medical stages of the psychiatric encounter patterning the psychological comprehension of the clinic.
- ¹⁶⁷ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.25, Éditions Matrice, Vigneux 1994
- ¹⁶⁸ This would later mature into an axiom for Oury, "what am I doing here?" where a function of immediate decision would come into play, a decision within the instant. The instant, is not to be understood in terms of a temporality, but of an encounter between eternity and temporality itself. Oury follows Kierkegaard in seeing the decisive instant to be one of the parameters to the dialectic. Suspending judgement, pushes one closer to the event, to that which happens. It is the ability of the clinician to suspend judgment and to spontaneously decide within the instant. "Kierkegaard spoke of this dimension to the dialectic... a rupture (coupure), the encounter between eternity and temporality... sometimes a word, a battering eyelid even, can compromise everything... one needs to be in the habit of being-here. But for this, one needs to be at a certain level, that it is done spontaneously." See Jean Oury, *Métapsychologie et institutionnalisation*, in, *Actualité de la Psychothérapie Institutionnelle*, p.17, Éditions Matrice, Vigneux 1994
- ¹⁶⁹ Jean Oury, *Préfaces*, p. 18. Éditions Le Pli, Orléans 2004
- ¹⁷⁰ See, Sigmund Freud, *The Id and the Ego*, pp.10, Norton Books, London 1960
- ¹⁷¹ Jean Oury, *Création et Schizophrénie*, pp. 95, Éditions Galilée, Paris 1989
- ¹⁷² Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.25, Éditions Matrice, Vigneux 1994
- ¹⁷³ See appendix
- ¹⁷⁴ Jean Oury, *Préfaces*, p. 16. Éditions Le Pli, Orléans 2004
- ¹⁷⁵ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994
- ¹⁷⁶ Here we recall that it was Bonnafé who asserted, in 1947, the "deepening of the nature of clinician-patient relations." See, Lucien Bonnafé, *Le Personage du Psychiatre* (1947), republished in, Lucien Bonnafé, *Desaliener*, p.53, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁷⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 1, Éditions de l'Arefppi, Nantes 1986
- ¹⁷⁸ Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989
- ¹⁷⁹ Jean Oury, *L'Aimable Jayet*, republished in, Jean Oury, *Préfaces*, p. 17. Éditions Le Pli, Orléans 2004
- ¹⁸⁰ Jean Oury, *Il Donc*, p.122, Éditions Matrice, Vigneux 1998
- ¹⁸¹ Jean Oury, Felix Guattari. François Tosquelles, *Pratique de L'Institutone et Politique*, p.136. Matrice, Vigneux 1985
- ¹⁸² Jean Oury, Felix Guattari. François Tosquelles, *Pratique de L'Institutone et Politique*, p.17. Matrice, Vigneux 1985
- ¹⁸³ Lucien Bonnafé, *Le Personage du Psychiatre II*, republished in, Lucien Bonnafé, *Desaliener*, p.89, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁸⁴ See, Martin Heidegger, *Discourse on Thinking*, p.91, in, *Philosophical and Political Writings*. Continuum. London 2003
- ¹⁸⁵ Henri Maldiney, *Regard, Parole, Espace*, p.209, Éditions L'Age D'Homme, Lausanne 1973
- ¹⁸⁶ Lucien Bonnafé, *Le Personage du Psychiatre* (1947), republished in, Lucien Bonnafé, *Desaliener*, Presses Universitaires Du Mirail, Toulouse 1991. Such a rubric, for Oury, is most notably deployed in the address of, "a

- zone of emergence, of appearing (erscheinen), where something happens....where something emerges." *Création et Schizophrénie*, Éditions Galilée, Paris 1989
- ¹⁸⁷ Jean Oury, preface, republished in, *Préfaces*, p. 36. Éditions Le Pli, Orléans 2004
- ¹⁸⁸ Ibid, p.37
- ¹⁸⁹ Jean Oury, Op., cit
- ¹⁹⁰ Lucien Bonnafé, *Le Personage du Psychiatre II*, republished in, Lucien Bonnafé, *Desaliener*, p.89, Presses Universitaires Du Mirail, Toulouse 1991
- ¹⁹¹ Ibid, p. 91
- ¹⁹² Ibid p. 92
- ¹⁹³ Horace Torrubia, *La Psychotherapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994
- ¹⁹⁴ Jean Oury, preface, republished in, *Préfaces*, p. 36. Éditions Le Pli, Orléans 2004
- ¹⁹⁵ Jacques Lacan, *Colloque De Bonneval sur la Psychogénese des Névroses et des Psychoses* (Bonnafe, Ey, Follin, Lacan), Desclée de Brouwer, Paris 1950
- ¹⁹⁶ Jean Oury, *Création et Schizophrénie*, pp. 95, Éditions Galilée, Paris 1989
- ¹⁹⁷ Jean Oury, preface, republished in, *Préfaces*, p. 36. Éditions Le Pli, Orléans 2004
- ¹⁹⁸ Jean Oury, *L'Amable Jayet*, republished in, Jean Oury, *Préfaces*, p. 17. Éditions Le Pli, Orléans 2004
- ¹⁹⁹ Unpublished. Excerpt appears in Jean Oury, *Création et Schizophrénie*, p. 28. Éditions Galilée. Paris 1989. The author also consulted the thesis at La Borde clinic
- ²⁰⁰ Explicit reference to the Bible is made as we have seen, by Tosquelles, Oury and Lacan. A brief account of the author's first meeting with Jean Oury: On September 11th 2004, Oury is sat at his desk of La Borde clinic, deep within La Loire Valley, within a dimly lit office walled by wooden shelves of books and essays as if a decorative foliage to a psychiatric career spanning sixty years. Protruding above him, as if a keystone to the arrangement of philosophical and psychiatric works, appearing recently thumbed with a fresh page of notes inserted towards the very end (book of Revelation), crumpled as if inserted by the hand of someone in mid thought, is a wide red-clothed tome nearing six-inches. Upon the aged spine in bold gold letters reads, "Le Bible." This was the author's first meeting with Jean Oury for the purpose of interview. Dr. Mauricio Novello of Hopital Georges Pompidou was also present for the interview and ensuing discussion which lasted the duration of a day, and continued until the following week. The recurring theme of the talk was the openness of psychiatry and its architectonic. If psychiatry, or rather, an institutional psychotherapy, is always at its outset, then genesis and revelation are the ordinal themes.
- ²⁰¹ Jacques Lacan, *Seminar Book VII, The Ethics of Psychoanalysis: 1959-1960*. Norton, New York 1986. The following chapter will observe the notion of *Das Ding* in detail. Our mentioning the seminars here, are for purposes of characterising a particular sentiment and sensitivity. A more suitable translation would be to use "the Ethic" as opposed to "the Ethics." Lacan had given the title a singular "Ethic" and did not speak of "ethics." The ethic has a direct relation to the Real, one announces the other, the object, *Das Ding*, is signature of the real.
- ²⁰² Ibid, p.68
- ²⁰³ Ibid, p. 67 From here we can put forward the connection between Lacan's real and the role of divinity within such a conception. "The Real as Lacan's God : psychosis and the signature of divinity": the author's unpublished presentation to the Research Circle of Hôpital Georges Pompidou, Paris
- ²⁰⁴ Jean Oury, preface, republished in, *Préfaces*, p. 34, Éditions Le Pli, Orléans 2004
- ²⁰⁵ Jacques Lacan, *Seminar Book VII, The Ethics of Psychoanalysis: 1959-1960*, p.120, Norton, New York 1986.
- ²⁰⁶ Ibid, p.173
- ²⁰⁷ François Tosquelles, *Function Poétique et Psychothérapie*, p. 29, Editions Eres, Saint-Agne 2003
- ²⁰⁸ Ibid, p.29
- ²⁰⁹ Ibid, p. 28
- ²¹⁰ Ibid, p.28
- ²¹¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 13, Éditions de l'Arefppi, Nantes 1986
- ²¹² Jacques Lacan, *L'Acte Psychanalytique : notes de cours 1967-1968*, held at the B.N.F, Paris, Tolbiac - Rez-de-jardin - magasin
- ²¹³ Jean Oury, preface, republished in, *Préfaces*, p. 39, Éditions Le Pli, Orléans 2004
- ²¹⁴ Jean Oury, *Il Donc*, p.157, Éditions Matrice, Vigneux 1998
- ²¹⁵ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 76, Éditions de l'Arefppi, Nantes 1986
- ²¹⁶ Ibid, p. 13
- ²¹⁷ Lucien Bonnafé, *Le Personage du Psychiatre II*, republished in, Lucien Bonnafé, *Desaliener*, p.97, Presses Universitaires Du Mirail, Toulouse 1991
- ²¹⁸ Jean Oury, *Création et Schizophrénie*, p. 83, Éditions Galilée, Paris 1989
- ²¹⁹ Jean Oury, *Création et Schizophrénie*, p. 42, Éditions Galilée, Paris 1989
- ²²⁰ Lucien Bonnafé, *Psychiatrie Populaire, Par qui, Pour Qui ?* Éditions du Scarbee, Paris 1981
- ²²¹ Cited in the doctoral thesis of Jean Oury, unpublished, excerpt appears in Jean Oury, *Création et Schizophrénie*, pp.22-29, Éditions Galilée, Paris 1989
- ²²² Ibid, p. 28
- ²²³ Jean Oury, preface, republished in, *Préfaces*, p. 36, Éditions Le Pli, Orléans 2004
- ²²⁴ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 54, Éditions de l'Arefppi, Nantes 1986
- ²²⁵ Ibid, p. 34
- ²²⁶ In, Jean Oury, *Création et Schizophrénie*, pp.60-61, Éditions Galilée, Paris 1989

- ²²⁷ Sigmund Freud, *Five lectures on Psychoanalysis*, in, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, p. 301, Hogarth Press, London 1955
- ²²⁸ Cited in the doctoral thesis of Jean Oury, unpublished, excerpt appears in Jean Oury, *Création et Schizophrénie*, pp.22, Éditions Galilée, Paris 1989
- ²²⁹ Cited in the doctoral thesis of Jean Oury, unpublished, excerpt appears in Jean Oury, *Création et Schizophrénie*, pp.22, Éditions Galilée, Paris 1989
- ²³⁰ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.417, Éditions Matrice, Vigneux 1994
- ²³¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 86, Éditions de l'Arefppi, Nantes 1986
- ²³² François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.425, Éditions Matrice, Vigneux 1994. See also, Henry Courbin, *History of Islamic philosophy*, Keagan Paul, London 1993
- ²³³ *Ibid*, p. 424
- ²³⁴ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 76, Éditions de l'Arefppi, Nantes 1986
- ²³⁵ François Tosquelles, *Op*, cit
- ²³⁶ François Tosquelles, *Op*, cit
- ²³⁷ *Ibid*, p.101
- ²³⁸ See, Lucien Bonnafé, *Le Personage du Psychiatre, Evolution Psychiatrique*, Éditions Edouard Privat, Toulouse 1948
- ²³⁹ Lucien Bonnafé, *Op*, cit
- ²⁴⁰ Kurt Goldstein, *The Organism: A Holistic Approach to Biology*, Zone Books, New York 1995
- ²⁴¹ *Ibid*, p. 220
- ²⁴² François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, Éditions de l'Arefppi, Nantes 1986
- ²⁴³ The thematic couplet had previously been investigated by Monakow and Mourgue in their landmark study. Henry Ey in his neo-Jackson studies also drew upon the thematic. Tosquelles would have no doubt been encouraged by the seminars of Ajuriaguerra and his neurological presence within the Saint-Alban fraternity. As we have noted, Ajuriaguerra penned his studies on the cerebral cortex in 1948.
- ²⁴⁴ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 54, Éditions de l'Arefppi, Nantes 1986
- ²⁴⁵ Kurt Goldstein, *Op*, cit
- ²⁴⁶ Kurt Goldstein, *Op*, cit
- ²⁴⁷ Kurt Goldstein, *Op*, cit
- ²⁴⁸ Kurt Goldstein, *Op*, cit
- ²⁴⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 106, Éditions de l'Arefppi, Nantes 1986
- ²⁵⁰ Petruszka Clarkson, *Gestalt Counseling in Action*, Sage Publications, London 1989
- ²⁵¹ Peter Philippson, 'Why Should't We Interrupt?', in, *Topics in Gestalt Therapy Vol 3 No 2*
- ²⁵² Kurt Goldstein, *The Organism: A Holistic Approach to Biology*, Zone Books, New York 1995
- ²⁵³ Monakow and Mourgue, *Introduction Biologique a L'étude de la Neurologie et de la Psychopathologie*, Alcan, Paris 1928
- ²⁵⁴ Kurt Goldstein, *Op*, cit
- ²⁵⁵ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 56, Éditions de l'Arefppi, Nantes 1986
- ²⁵⁶ Von Monakow and Mourgue, *Introduction Biologique a L'étude de la Neurologie et de la Psychopathologie*, Alcan, Paris 1928
- ²⁵⁷ Henri Ey, *Neurologie et Psychiatrie*, Hermann, Paris 1998
- ²⁵⁸ Sigmund Freud, *Beyond the Pleasure Principle*, p. 43. Norton, New York 1975
- ²⁵⁹ *Ibid*, p.69
- ²⁶⁰ Pierre Janet, *L'Evolution Psychologique de la Personnalité*, p.13, Chahire, Paris 1929
- ²⁶¹ *Ibid*, p. 12
- ²⁶² *Ibid*, p.14
- ²⁶³ See, Henri Ey, *Des Idées de Jackson a un Modèle Organo-Dynamique en Psychiatrie*, Doin et Cie, Paris 1936, and also, Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, republished by Hermann, Paris 1998
- ²⁶⁴ Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, pp.13-14, republished by Hermann, Paris 1998
- ²⁶⁵ Henri Ey, *Des Idées de Jackson a un Modèle Organo-Dynamique en Psychiatrie*, p.9, republished version by L'Harmattan, Paris 1997
- ²⁶⁶ Henri Ey, *A Propos D'Une Réalisation D'Assistance Psychiatrique A Saint-Alban*, in, *Evolution Psychiatrique*, p.578, Éditions Edouard Privat, Toulouse 1948
- ²⁶⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 81, Éditions de l'Arefppi, Nantes 1986
- ²⁶⁸ By a concrete sobriety we understand, "an adjectival psychiatry" a "psychiatry of extension" to be weighted by a scholarship of the cerebral and biological sciences in it pointing towards a "method of thinking" and not "mere tools."
- ²⁶⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 108, Éditions de l'Arefppi, Nantes 1986
- ²⁷⁰ Here, we understand architectonic in the purely Kantian sense, where the architectonic is an "art of systems" under the direction given to science by the Idea. In, *Critique of Pure Reason*. Kant deemed the architectonic the "art of systems," Bonnafé deemed psychiatry an "art of sympathy", a complex art stemming from the most simple

experiences of Man where the architectonic of Man is seen through the optic of psychiatry, an optic shared by the neurological and philosophical scholarship of the time, an optic finding its ultimate focus in the thesis of Tosquelles, whose announcements “for better or worst” defined “institutional psychotherapy.”

²⁷¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p.57, Éditions de l'Arefppi, Nantes 1986

²⁷² Ibid, p. 67

²⁷³ Ibid, p. 106

²⁷⁴ Viktor Von Weizsäcker, *Le Cycle de la Structure*, Desclée de Brouwer, Paris 1958. Prefaced by Michel Foucault and translated by Henri Ey

²⁷⁵ Ibid, p.200

²⁷⁶ On the subject of the New Jerusalem, it would be interesting to compare Swedenborg's exegesis of the subject with his focus upon the Word. The Word in French, is translated as Parole, and given Lacan's extensive use of Parole we would do well to attempt a reasoning of Lacan's address of divinity. It is not of speech as Lacan makes clear but of a language as ancient as Man himself. The author is currently preparing a paper focusing upon Swedenborg's and Lacan's use of the Word/Parole in the hope of clarifying the counterpoint of divinity within Lacan's positioning of the Real, the dimension to which the only the phantasm has access.

²⁷⁷ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p.83, Éditions de l'Arefppi, Nantes 1986

²⁷⁸ Gilles Deleuze, *L'Île Déserte et Autres Textes 1953-1974* Les Éditions de Minuit, Paris 2002. “All this supposes that the formation of the world be of two times, of two levels, birth and rebirth, that the second be just as necessary and essential as the first, thus the first be necessarily compromised, born for a reprise and already reborn within a catastrophe. There is no second birth because there was a catastrophe, but the inverse, there is catastrophe after the origin as there needs to be, from the origin, a second birth.”

²⁷⁹ In September 2004 at La Borde clinic, Oury would underscore such concerns, “...walking is a permanent miracle, standing up, breathing, such simple actions, carry a wealth of complexity...we would do well to remember the neurophysiological ground of psychoanalysis which is, in the end, inseparable from psychiatry. Lacan - who I had known for over fifty years - myself, Tosquelles and others, we never saw a difference between psychoanalysis and psychiatry” See appendix 1

²⁸⁰ Ibid

²⁸¹ Bin Kimura, *L'Entre*, p.32, Éditions Jérôme Millon, Grenoble 2000

²⁸² Jean Oury, *Création et Schizophrénie*, p.80, Éditions Galilée, Paris 1989

²⁸³ Paul Klee, *Das Bildnerische Denken*, p. 17, Bale, 1964

²⁸⁴ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 79, Éditions de l'Arefppi, Nantes 1986

²⁸⁵ Viktor Von Weizsäcker, *Le Cycle de la Structure*, p.25, Desclée de Brouwer, Paris 1958

²⁸⁶ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 55, Éditions de l'Arefppi, Nantes 1986

²⁸⁷ Ibid, p.109

²⁸⁸ Ibid, p. 109

²⁸⁹ François Tosquelles, Op., cit

²⁹⁰ Ibid, p.55

²⁹¹ Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989

²⁹² Viktor Von Weizsäcker, *Le Cycle de la Structure*, p.131, Desclée de Brouwer, Paris 1958

²⁹³ Henri Maldiney, *Penser L'Homme et la Folie*, p.370, Éditions Jérôme Millon, Grenoble 1997

²⁹⁴ Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989

²⁹⁵ Viktor Von Weizsäcker, *Le Cycle de la Structure*, p.131, Desclée de Brouwer, Paris 1958

²⁹⁶ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 57, Éditions de l'Arefppi, Nantes 1986

²⁹⁷ Ibid, p.57

²⁹⁸ Ibid, p.57

²⁹⁹ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.418, Éditions Matrice, Vigneux 1994.

³⁰⁰ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 57, Éditions de l'Arefppi, Nantes 1986

³⁰¹ Paul Louis Landsberg, *Essai Sur L'Expérience de la Mort*, p.45, Editions du Seuil, Paris 1997

³⁰² Ibid, p. 12

³⁰³ Ibid, p.12

³⁰⁴ Ibid, p.12

³⁰⁵ Ibid, p. 11

³⁰⁶ Ibid, p.46

³⁰⁷ Ibid, p. 57

³⁰⁸ Ibid, p.47

³⁰⁹ Ibid, p.48

³¹⁰ Ibid, p.48

³¹¹ Ibid, p.48

³¹² Ibid, p.49

³¹³ A constantly recurring theme both in François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, Éditions de l'Arefppi, Nantes 1986, and, François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, Éditions Matrice, Vigneux 1994. The latter sees revelatory consciousness to be of a creative imagination.

³¹⁴ Paul Louis Landsberg, *Essai Sur L'Expérience de la Mort*, p.50, Editions du Seuil, Paris 1997

³¹⁵ Ibid, p.52

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- ³¹⁶ Ibid, p.11
³¹⁷ Ibid, p.65
³¹⁸ Ibid, p. 32
³¹⁹ Ibid, p. 89
³²⁰ Ibid, p.9
³²¹ Ibid, p.88
³²² Ibid, p.89
³²³ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, Éditions de l'Arefppi, Nantes 1986
³²⁴ Paul Louis Landsberg, *Essai Sur L'Expérience de la Mort*, p.37, Editions du Seuil, Paris 1997
³²⁵ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.425, Éditions Matrice, Vigneux 1994
³²⁶ Jean Oury, *Préfaces*, p. 115. Éditions Le Pli, Orléans 2004
³²⁷ François Tosquelles, *Function Poétique et Psychothérapie*, p. 140, Editions Eres, Saint-Agne 2003
³²⁸ Ibid, p.142
³²⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p.108, Éditions de l'Arefppi, Nantes 1986
³³⁰ Ibid, p. 76

Chapter 3: Psychiatry and Phenomenology: an introduction to the empirico-phenomenological attitude¹

The function of the *Praecox Gefühl*, whether performed by the nurse or the doctor, is the attempt to make the most use of certain moments, of “fecund moments,” which usually pass unnoticed...In everyday life, there are quantities of things that pass unnoticed for people...and sometimes it is a very small detail that can even change the path of existence itself. The therapeutic process addresses a mode of existence, it addresses an instant “opening”, a reflection, an encounter, a true encounter.

– Jean Oury, *Pathique et Fonction d’Accueil*²

Knowing comes through feeling.

– Erwin Straus, *Les sens du sens*³

Introduction: the phenomenological sentiment

We have previously observed two instances of ethical articulation defining the very ethical intention and value of psychiatry, the “good intention” of psychiatry as Oury has it. The first instance of ethical renewal was that of the “art” of mental alienation with Pinel where anatomo-pathology was not divorced from the discourse of the passions, the second that of a “disalienation” and the “art of sympathy.” From the former, alienation would emerge as the non-violent therapeutic measure, from the latter, a politic of desegregation and compassion would define the basis for a post-war Institutional Psychotherapy and the renewal and re-elaboration of the psychiatric personage. From here, in our second chapter, we ventured to analyse the defining phenomenological instances in the doctoral thesis of Tosquelles, the figurehead of the post-war fraternity, the “gelling agent.” His study showed us as to how the biological, the theological and the psychoanalytic dovetailed to form a “polydimensional” paradigm of a post-war clinical perception, one of value to the patient-clinician relation, to the psychopathology of schizophrenia, and to the architectural vision of the Institution.

In this final chapter to the ethic, phenomenology and diagnostic of post-war French psychiatry, we will approach the question of the diagnostic through our understanding of the ethic and phenomenology. We will be selective in our usage of the term phenomenology, and we will principally restrict our investigation to the particularity the phenomenological viewpoint Dr. Oury adopts, one that departs from the notion of the celebrated phenomenological epoché, or rather “bracketing off” of the world, yet one, unlike the strictly phenomenological tradition, which doesn’t overestimate and over-invest in the transcendental Ego. At the same time, we will see how this view is faithful to the phenomenological tradition in addressing the work of von Weizsäcker and Henri Maldiney, and demonstrate how a phenomenological diagnostic accords to a certain ‘primordialism’. This will enable us to see how the schizophrenic symptom is one that is of a transcendental level, and most importantly how an “emprico-phenomenological attitude” relates to this. Most importantly, we will see this “phenomenological attitude” take the notion of human contact and presence as its distinguishing feature.

We will also work towards explaining how the psychiatric diagnostic is at once phenomenological and ethical and more precisely, we will see how the work of Dr. Oury epitomises this “emprico-phenomenological attitude.”⁴ We will also keep to a point of clarification, namely, that psychiatry does not imitate phenomenology, but rather, edifies this phenomenological attitude. We will see the psychiatrist broadening his role and how this phenomenological diagnostic encourages a clinical debate beyond the remit of isolatable clinical symptoms. Key notions of the “pre-semiological,” the “non-linguistic,” the “pre-objective,” the “pre-cognitive”, the “pre-egoic” and the “pathic” will be indeed seen to pattern the vocabulary and concerns of neurologists and psychiatrists alike, and more importantly, how such notions enable Dr. Oury to understand schizophrenia as “a trouble of transcendence” and a “trouble of incarnation.”

Our chapter will remain faithful to what we have called a “phenomenological sentiment” and we will substantiate this by selecting key moments within the work of Eugène Minkowski, Eugen Fink, Jean Oury, Erwin Straus, Henri Maldiney, Arthur Tatossian and Hubertus Tellenbach, figures that remain estranged from the remit of British medical historiography and scandalously under-researched.

1: The phenomenological way of seeing the world

There is a particular sentiment pertinent to our enquiry. What we deem sentiment is an attitude continually present within the clinical considerations of the psychiatrist and the worldly observations of the phenomenologist, considerations and observations that address the most concrete of human levels, from the “most ordinary of experiences⁵” to the “profundity of human existence.⁶” In a true Nietzschean sense, and in fact in appeal to the worldview of Pinel, we could also call this a “noble sentiment.” The sentiment, is a phenomenological one, yet we should note that the term “phenomenology” and its well-worn adjectival form of the “phenomenological,” has itself found lengthy employment. Since the notable and definitive inauguration of the term with Immanuel Kant in his laying the foundation for the sciences of exactitude⁷, phenomenology has indeed become the most recognisably employed term throughout the disciplines. Of the same epoch as Kant, was Friedrich Oetinger, a prominent exponent of the Pietist tradition, and a theologian impassioned by the theosophy of Jakob Böhme, who saw phenomenology as designating the study of the intimate, divine correspondences and interrelations between the visible and invisible world⁸. For the mathematician Johann Heinrich Lambert (with whom Kant corresponded from 1765), “*Phänomenologie*” would mark the title of the fourth section to his *Neues Organon* of 1764. In Lambert’s 18th Century scheme paralleling Newton’s mechanisation of the world picture with such notions as the “world-edifice” and “the system of the world,” phenomenology was considered to be the “doctrine of appearances” because appearances, for this notable physicist of a post-Liebnizian Germany, were the foundation of empirical knowledge itself⁹. The post-Kantian Idealist, Hegel, in an appeal to what he called “Absolute Knowing,” delivered us to the enigmatically yet hastily penned *Phenomenology of Mind*¹⁰ – this was a documentation of the Neo-Platonic, Messmerist and Böhmean currents permeating the minds of the leading thinkers of the day. Phenomenology marked an approach, an initiation even, into

a majestic sensory achievement analogous to the communion with God sought in religion. For Hegel, the once Tübingen student of theology, phenomenology described the accession of consciousness to a mode of self-critical thought beyond all non-questionable mythical “givens.”

Franz Brentano, the Tübingen-trained founder of the school of “the science of mental phenomena,” elsewhere termed “scientific psychology,” was born seven years after Hegel’s death in 1831. In his doctoral dissertation of 1892 entitled *On the Multiple Senses of Being in Aristotle*, Brentano declared his passion for the “multiple modalities” of existence. Phenomenology was not so much a term to be traditionally employed, but an attitude explicitly and faithfully alluded to, one that appealed to a world of process and variation. Brentano sought a method of accessing the true unity of man, where truth rather than exactitude was the founding inspiration. In Brentano’s work, this appeal was by way of the Scholastically-weighted notion of “psychognosy,” which for Brentano, ever the introspective psychologist of the late 19th Century, designated a particular methodology of what he called “descriptive psychology,” a science of the mind bringing to light the elements of human consciousness and the unity of their connection¹¹. Brentano was a formative influence on Edmund Husserl who saw phenomenology to go one step further than the psychognosy of his mentor. With a graceful vocabulary of description, Husserl qualified phenomenology as a, “field of neutral research” proceeding in a purely intuitive fashion, an intuition of essences (*Wesensschau*), an “essential intuition,” “laying bare” the “sources” and unified “generality” of all things, giving them “clearness.” For Husserl, man was within a world of mistaken consciousness, a world obscured by habits and preconceptions, a world whose truth had been masked by the idealised formulations of mathematical physics since Galileo. Man’s world, was one of scientific crisis necessitating phenomenological resolve¹².

The measure of such resolve was for Brentano a “descriptive psychology” addressing the unity of consciousness, and for Husserl it became a “science of maternal origins,¹³” laying bare a path from empirical life to transcendental life and with it, an access to the original and true nature of all things. Yet this science was not only a corrective measure to what Husserl called a “naïve realism” where man

existed independently of the world, but a method declaring the coalescent genesis of world and man, an attitude taking the “intuition” of “essence” as its starting point, a method “bracketing off” the presuppositions maintained by naïve realism and the idealisations of mathematical physics. Truth had to be accessed, and it couldn’t be so through natural history, objective psychology and natural scientific medicine.

This approach to the world was extended by Husserl’s cohort and founder of the Berlin school of experimental psychology, Carl Stumpf, who, true to the lead of Brentano – yet with more of a restrained pen which by no means produced a less impassioned vocabulary – referred to phenomenology as the study of “the ontological relation between sensory contents.¹⁴” Phenomenology was a science disclosing the unity of consciousness within which truth was to be found. This science of disclosure found sympathetic extension through Martin Heidegger, Husserl’s assistant at Freiburg, who did not want to see a phenomenology follow the normal sequences in which experiences habitually run, but rather engage with the question of a transcendental truth, a “problem of the truth-character of being (*veritas transcendentalis*)” as he had it¹⁵. The sympathies and sentiments of phenomenology continued with Heidegger leading an appeal to the *a priori* level of man, where, as he was to write, “The *a priori* character of being and of all the structures of being accordingly calls for a specific kind of approach and way of apprehending being - *a priori cognition*.¹⁶” This *a priori* cognition, that of a pre-conceptual communication with phenomena, one paralleling Husserl’s “pure” intuition of essences and “essential intuition,” was to constitute the very sentiment of a phenomenology declaring the hidden profundity of the life-world, of a particular attitude taking transcendental truth and the *a priori cognition* of being (*Dasein*) as both its theme and founding anthropological gesture, as declaring, for some, “the hidden piety of divine being within.¹⁷” The prioritising of an *a priori cognition* and a *pure intuition of essences*, were for the phenomenologist, veritable archaeological tools for uncovering the truth of mind and world / man and world. This was both Heidegger’s and Husserl’s salutary gesture to Kant’s genius, a genius which delivered us to the faculty of the Imagination working an aesthetic synthesis outside of the object-concept,

a “faculty of *a priori intuitions*” proper, “of a pure intuition,” of “pure representations.”¹⁸ Indeed, if phenomenology had a politic, it was to address the subsistent essence of things, as index to an “objectivation” that did not seek to abolish the communication of and with the world, but further understand its most intimate workings. What this communication was to disclose, was a transcendental truth momentarily stepping out from its obscurity, a truth, as if, to use a word by Heidegger, always “withdrawing” with man’s approach. What the phenomenologist did, in anticipating this announcement of a withdrawing agency of all things, was to keep a respectable distance with the horizon of the world¹⁹, and in doing so maintain the anonymity and inaccessibility of a Judeo-Christian divinity²⁰.

Of worth in highlighting this particular phenomenological sentiment, is to also recall the disciple of Edmund Husserl, Eugen Fink, a phenomenologist who crafted the most alluring of phrases, and who wrote of phenomenology’s task to be, “the bringing to light of the equivocal” (*Entwirung einer Aquivokation*).²¹ The undertaking of the phenomenologist, true to the Husserlian appeal to transcendental truth, and Heidegger’s appeal to transcendental *a priori cognition*, was to “open up a horizon or panorama,²²” and to address a “cosmological horizon.²³” For Fink, phenomenology was an equivocal philosophy, a philosophy that did not unfold in accordance to “pre-determined” objectives – a science that would not be contented in finding its assurance within the empirical fact (the ontic field of phenomena). Rather, phenomenology was founded upon an “uncertainty” of phenomena and that within this “uncertainty” there would be “possibility” of getting closer to the transcendental geneses of the subject and world. Man and the world were thus co-inconclusive aspects of a cosmos, and phenomenology the privileged pursuit of this enigma to which all could turn through their very existence. For Fink, the elucidation (*Aufklärung*) of the equivocal, was a descent into the “authentic problematic,” into an “enigmatic depth²⁴” or rather, a penetration to the very “interior of pre-given everyday man,²⁵” or even as an, “opening between the Earth and Sky.²⁶” This elucidation would in turn bring to light a transcendental truth, namely that man and his cosmos are an “impossible monograph,” immeasurable and without conclusion. For Nietzsche, the impossible monograph was an infinite horizon to which the philosopher

could but be an “Argonaut” of an ideal²⁷:

We argonauts of the ideal, with more daring perhaps than is prudent, and have suffered shipwreck and damage often enough, but are...healthier than one likes to permit us...it will seem to us as if, as a reward, we now confronted an as yet undiscovered country whose boundaries nobody has surveyed yet, something beyond all the lands and nooks of the ideal so far, a world so overrich in what is beautiful, strange, questionable, terrible and divine...²⁸

In neighbouring the sentiments of Nietzsche and his immediate mentor Husserl, Fink accorded Phenomenology the role of a “progressive research” into the “absolute origin” of all things. What he sought was a comprehension of the “anonymous horizon” (Nietzsche’s *infinite horizon*). Man, for Fink, was as an existence – albeit a doubtful one²⁹ – within the constituting “transcendental flux³⁰” of movement and “auto-transformation³¹” of the world. This is indeed a beautiful phrasing, and one that is reminiscent of Nietzsche writing of the primordial “gospel of world harmony.” Such terminology declared an appeal to the “Logos of the world³²” within which the authentic and permanent situation of man resided, a situation of eternal “constitutive production³³” to which phenomenology would prove the most fitting method of enquiry.

Such phenomenological enquiries nurtured the comprehensive anthropology of the Frankfurt School, and most notably the Thought of the neurologist Jürg Zutt who indicated a two-tiered phenomenal reality. Zutt, who received a formative education in theology and phenomenology as well as medicine (theology and medicine throughout the history of psychiatry seemingly go hand in hand), saw the body not as an isolated physiognomy of the world, but as a phenomenon continually integrated and interlaced with its surroundings and its milieu (*Umgang*). More specifically, the body was both of the aesthetic and physiognomic, at once of the transcendental and empirical – ontic-ontological (to use a Heideggerian term). In Zutt’s words, the body was to be conceived as “aesthetico-physiognomic.³⁴” This was a notion providing plausible pretext for introducing the body as being of two, subtle, interlacing coalescent levels. The “supporting-body” (*tragen de leib*) was proposed as that which is lived within sensation, an implicit support, as “the hidden and ever-present frame of reality,³⁵” as *an unnoticed yet constant support to the*

life of man. The “body-as-it-appears-to-be” (*erscheinende Leib*) was proposed as that which is declared within an “atmosphere” of habitualities and in being so it was seen to belong to the physiognomic domain. Both these dimensions compose what we commonly call human being, and more importantly, what we call the body. With these two levels, Zutt saw the body to exist within a reality that was at once affective and physiognomic. Just as the eye is to light, and the ear to noise, the body, for Zutt, is affective and “comes to be not just within perception” but within “sensation and feeling.” True to the sympathies and sensitivities of the phenomenological attitude, the “supporting-body” was not to be said of cultural idealisations and a world of pre-determined objects, but of a “pre-conceptual” communication with the world where, prior to conceptualisation, the body existed as pure sensation. With this, the lawful connection between self and world said of the supporting-body was not of objective perception (*Wahrnehmung*) but of feeling (*Empfinden*). Man was to be inaugurated within the world affectively and “pre-conceptually,” and the body would stand for the “veiling and unveiling its essential nature.”³⁶

Certain historical examples from the discipline of linguistics, to which Dr. Jean Oury has often turned in order to better explain this transcendental domain of constitution, also prove of fundamental worth to understand the specific development of a phenomenological sentiment within psychiatric enquiry³⁷. With general linguistic theory, for example, there is a “given language” which is enunciated and constituted, and “sense” from which language emerges. This is a basic tenet to general linguistics, and it was notably established De. Saussure when he spoke of the “material sound” (the constituted spoken language) and the “incorporeal language” (the ever present frame of constitution from which language emerges)³⁸. Similarly, the Polish linguist De Courtenay, who was a key influence on De. Saussure, delivered us to the idea of the “sounds of language.” He proposed two key technical terms: the “physiophonetic” (phonological) dimension and the dimension of “phonic images” which belonged to the “psychophonetic” (morphophonological)³⁹. These were not separate dimensions but coalescent: sound doesn’t exist without the phonic image. Just as the body for Zutt doesn’t exist without its incorporeal (aesthetic) support, the physiophonetic and the psychophonetic are interlaced realities. The Russian

linguist Nikolai Trubetzkoy, advanced things in the field of phonology by presenting the idea of the “atomistic” and the “universal.” The phonetic, language proper, was of the atomistic order, the phonological as “that which we imagine to pronounce” belonged to the universal, prior to the enunciation⁴⁰. This was very much similar to De Courtenay’s physiophonetic and psychophonetic model. The phonetic for Trubetzkoy, belonged to the atomistic – the level of language; the phonologic – the universal – belonged to the realm of sense (of the “incorporeal” for Saussurian linguistics). The transcendental level of constitution thus exists, for these linguists, as the phonological level furnishing the phonetic – there is a constitutive dimension beneath, or prior to, the phonetic. It is language that comes from sense, the atomistic from the universal, the sound from its image.

Within the history of Quantum Theory, also, a particular sentiment is present. The physicist David Bohm appealed to a coalescent order of things. This was depicted by an intimate narrative of what he called an Explicate Order and an Implicate Order. The given (composed world) is constituted by what Bohm called a “sea” of energy, “understood in terms of a multidimensional implicate order” furnishing the very principle of life⁴¹. There is the “undefinable,” indefinite and immeasurable the apparently definable, definite and measurable. What Bohm appealed to, was the “relevance of new differences” and more importantly, “the perception of new orders, new structures and new measures.”⁴² Much like a Fink declaring the *impossible monograph of man*, Bohm therefore tells us that in giving a “primary significance” to this immeasurable and indefinite dimension, any attempt to establish a permanent, fundamental theory would “have no meaning.” Rather, what each theory does is to abstract and make relevant a certain aspect where, “general modes of description that belong to a given theory serve to *relevate* a certain content.”⁴³ Indeed, whether a linguist, physicist or psychiatrist, phenomenology marks an abstraction of the immeasurable and indefinite into a relevant theorisation, not just of the empirical fact, but of the transcendental reality underpinning everyday life. Therefore it is not surprising to see Bohm, who was a keen reader of both the Aristotelean and Taoist text, revert to the “immeasurable” in much the same way as Oury often reverts to the “impossible.” We also recall Horace Torrubia, the Catalan

psychiatrist, drawing upon the adjective “undecided” in speaking of the limits of man, and the eminent neurologist Erwin Straus write of the “immeasurable endowment” to man himself.

What therefore marks the phenomenological undertaking is a particular attitude expressed by a particular language, one that seeks not to disclose the all-constituting frame of reality, but develop its significance. The History of Ideas is therefore patterned by an array of personages who stand as luminary pillars supporting the very post-Kantian edifice of phenomenology’s scope. Indeed, the word “phenomenology” has a tradition of its own, one that has proven the most weighty task of many a scholar to elucidate, both as a foundation for the sciences, as a necessary “propaedeutic” to the sciences, or even as a theologically grounded rendition of the world picture⁴⁴. Yet for Dr. Jean Oury, a pioneer of post-war French psychiatry and ever the champion for a “concrete phenomenology,⁴⁵” the integrity and candour of the phenomenologist is not to be found with the intellectualisation of human affairs or a “bureaucratisation of Thought,” as Tosquelles had it in 1948⁴⁶. Rather, as Oury put forward in a seminar held at Angers in 2002, the “sincerity” of the phenomenologist, is in him being an *artisan of the concrete*, or a *builder who listens*, in his addressing a reality to which, as Helmut Plessner was to assert with poise, “the empirical sciences of nature are unsuitable.⁴⁷” Oury explains:

Phenomenology is not to be found within weighty tomes – of course we can read them, why not? – But it is present each and every day, within everyday life, when we encounter someone for example. The phenomenologist always has scraps of paper on him upon which he notes down his observations and what he hears. There are some extraordinary phrases that have been said by schizophrenics, and we can say that phenomenologists, when they are honest, pick all this up and do something very effective with it.⁴⁸

For Oury, who himself starts from what he calls “metapsychological hypotheses...from concrete abductive inferences,⁴⁹” these phrases of the schizophrenic are allusions to a greater directive activity of things, they are explicit of a transcendental dimension, indicative of a more profound, “initial” human reality, of another “scene...where something happens.⁵⁰” Addressing the world perceived other than through a “logico-positivist” optic of a traditional, “positivist...scientific” logic therefore becomes the

measure of phenomenological honesty and the sincerity of its method. The observations of the phenomenologist, noted down on scraps of paper, scribbled as if a modest observer to the great events of the day, declare, “the possibility of following a path that is neither classical nor normative...” one that discloses “a domain of the most primordial of environments.⁵¹” The phenomenologist under the “honest” auspice is as a Cézanne who sought to “paint the virginity of the world,⁵²” an unexploited virginity declaring itself to man through sensation. For Cézanne this communication was through the “singular sensation of the blue.⁵³” For Henri Maldiney writing in 1953, it was through this sensation, that reality is not merely said of the “sum of objects that surround us,” but is rather situated, “at a more elemental level...within which a profound communication is rediscovered,⁵⁴” a communication in turn shadowed and masked by “the intellectualisation and mechanisation of modern man and his universe.⁵⁵” Where the phenomenological attitude would urge Husserl to assert the crisis of man and his scientific world to be of a “naïve realism,” and Heidegger would write that man was *still not thinking*⁵⁶, Maldiney asserted that, “that which is most lacking in modern man, is *sensation*.⁵⁷” Before man thinks, he feels, and he senses.

The phenomenologist Paul Louis Landsberg (who is unknown to the English speaking shores), a once student of Max Scheler, was a thinker who proved of decisive import for the 1948 doctoral thesis of François Tosquelles. Through Landsberg, Tosquelles was able to show that phenomenology addressed human experience and existence beyond empirical experience, that it addressed a more profound level of the transcendental ‘I’ and its announcements beyond the given certitudes of an empirical world. This was a post-war phrasing by Tosquelles and an echo of Husserl who appealed for a phenomenological method to begin from a “natural attitude of the human being whose life is involved in the world of things and persons...to the transcendental life of consciousness.⁵⁸” Yet the pen of Tosquelles, rather than being close to a Neo-Kantianism, was closer to the fated Gestapo-hunted Landsberg who, in his appeal to “revelatory life” beyond the limits of “chronological life,” favoured the phenomenology of spiritual life and a Christology over the “rigorousness” of phenomenological psychology and the Husserlian School of phenomenology. Landsberg, did not divorce himself from the very identifiable markings of a

phenomenological attitude through which the rigorous and the spiritual can meet, for he saw philosophical address to be of a more affluent level of life beyond the empirical event, beyond the “given,” of a world intricately knitted by indispensable transcendental relations, a world truer than that which is commonly taken for granted and observed by classical science. As he wrote:

Phenomenology has shown that human experience is richer from the qualitative viewpoint, rather than from the idea borne from classical empirical experience. It has also shown that the contents of experience is never a simple co-existence of isolated givens...but that it contains necessary relations.⁵⁹

Such a world, was disclosed to Landsberg through the Christ, where as with Cézanne’s blue which captivated Maldiney in 1953, revelation comes through sensation, the unmarred “virginity” of the world to which the Husserlian purity of intuition allots the role of “essence,” another “scene” even, within a world of “double aspects” as the psychophysical worldview of Gustav Fechner had it in 1860⁶⁰.

If we observe and spend time with the work of Henri Maldiney, François Tosquelles and Jean Oury, what we cannot fail to notice is that the word “phenomenology” comes to designate an attitude sensitive to processes constituting something of the concrete, an attitude attentive to “the most originary of human situations,⁶¹” another “scene” of life, be it of the fecund moment between the psychological and the biological as Tosquelles’ thesis ventured to underline, or the ontological maintenance of the nervous system, as with the neo-Jacksonism of Henri Ey and the Gestalt neurology of Kurt Goldstein, von Monakow and Mourgue, and Viktor von Weizsäcker. This was the focus of our previous chapter where we saw neurological terms such as the “organismic principle” (Goldstein); “syneidesis;” the “hormé” (Monakow and Mourgue) and the “crises” (Weizsäcker) distinguish a scholarship that highlighted a *vital necessity* of organic reconstruction and dissolution, a background against which the organism evolved. So too was it where we saw notions such as the *Wahnsfunktion* of Gruhle mark a post-traumatic reconstruction of the lawful connection between self and world through delirium in the wake of trauma (Freud) and existential catastrophe (Tosquelles). And we also saw that these studies extended Freud’s inaugural proposition of the organism’s “need to restore an earlier state of things.⁶²”

This maintenance of the empirical subject at the level of the psychical and the biological, invites the question of a saliency beneath the everyday, *taken-for-grantedness* of the self, world and body, of a dimension, to use the designations of twentieth century phenomenologists, *beneath*, or *prior to*, the thinking empirical subject. A clear declaration of this “phenomenological attitude” was given in the 1948 doctoral thesis of Tosquelles we have oft quoted throughout our study:

The “I” (“JE”) that we find with lived experience appears always as an “I” (“JE”) different to that which lives the events of everyday life. An event can reveal to us the experience it contains sometimes a long while after its announcement.⁶³

From this statement, one faithfully taking its lead from Landsberg, man is said of two levels, or rather two I’s: the empirical ‘I’ and the transcendental ‘I’, a life of two aspects (Fletcher), and it is the psychiatrist’s task to engage with such a narrative, elucidate it phenomena and more importantly, decide the point of his intervention⁶⁴. The transcendental for the likes of Tosquelles, Oury and Maldiney, is a word that can appear simultaneously deployed within the phenomenological and the theological. Lacan himself, did not speak of the transcendental body, but opted for the more enigmatic description of an, “incarnated body,” a body that is not merely an “empirical fact,⁶⁵” a mere isolated physiognomy, but transcendently constituted and interlaced with its world, as “the ear to sound and the eye to light.⁶⁶” Maldiney paralleled Lacan by writing of the “transforming and transposing⁶⁷” of the body; the body as a “vivant-vécu” (*living-lived*), a body both empirically and transcendently lived, a body that is “not a closed independent unity⁶⁸” but a phenomenal field where “something else is at play.⁶⁹” Similarly, Gisela Pankow, a disciple of Kretschmer and eventual dear colleague to both Oury and Tosquelles, would display similar theoretical punctuation to Lacan in asserting schizophrenia to be a “trouble of incarnation:” schizophrenia is a “transcendental trouble⁷⁰” where the subject is not properly incarnated within his body. This *trouble of transcendence* or a *trouble of incarnation* presents two theologically-tinged expressions immediately addressing the role of a profound level of reality to which the phenomenologist turns, a “transcendental

world...of sensation⁷¹” for Maldiney, and a world continually punctuated by the studies of Oury and Tosquelles, of concerns for transcendental truth (*veritas transcendentalis*) and its organismic, psychical and spiritual expression. Such was a Tosquelles of 1948, who in drawing attention to the psychopathology of schizophrenia, indicated the profound modification to the transcendental ‘I’ surpassing the “isolatable” empirical fact. He did this in order to bring to light the role of an unnoticed yet constant support to the life of man, the troubles of this support, the changes to this support, and the announcements manifesting at the level of this support. Thus is the position of Maldiney, who informs us not so much to consider the symptom or the tableaux of clinical indices, but rather the “expressions of the psychotic.”⁷² Indeed, Maldiney is of those phenomenologists to whom Oury accords an “honesty,” of those who jot down their observations of statements and gestures declaring a deeper constitutional level to man, observations enabling us to go from the objective to the subjective, from the empirical to the transcendental, from the reality of objects to the reality of sensation and feeling.

The question of this transcendental ‘I’, or transcendental support, can also be posed at the level of the nervous system, the biological and cerebral, as we have previously seen the likes of Monakow and Mourgue, Goldstein, Weizsäcker, Ey, and Janet demonstrate so ably. Furthermore, it can also be suggested at the level of the psychical and spiritual, as Tosquelles and Landsberg have shown. For the latter two, in tandem with the neurology and Gestalt-psychology of the former, the transcendental was as if a vast stage upon which empirical man stood and lived, as if the ground supporting the figure, constituting the life of man by way of an intimate figure-ground relationship. Thus when Tosquelles writes that there is a transcendental ‘I’ and an empirical ‘i’ it is not so much to present an opposition, but rather alert the reader to an intimate activity of the figure-ground relationship, and explicitly hint at the role of the constant support to his psychical and biological life. So too is it for Maldiney, who writes of the body, as being of a two-tiered order, as being of a double aspect, the “vivant-vécu.”

For Tosquelles, in taking his lead from the neurology of Goldstein and Weizsäcker, the figure-ground dialectic is where there is an “organismic principle” at work, ensuring a continual maintenance

and performance – a *vital ontology* of integration and disintegration. With the phenomenology of Landsberg, man could not be without his revelatory and spiritual ground (*being-towards-revelation*), with the neurology of Monakow and Mourgue the organism works through a “Syneidesis,” the auto-reconstructive instinct of the organism, the vital necessity to maintain. Thus we see Tosquelles assert, in extending the figure-ground dialectic of neurology to the psychiatric concerns of the personality, that schizophrenia is where the “curtain falls” upon the stage, where something “collapses” within the concomitancy between the empirical and the transcendental, where the dialectical relation of the figure and its ground is upset. So too for Oury, who in echoing the near-theological sentiment of Lacan and Pankow appealing to the “incarnated” body and the “troubles” of incarnation, would later note that man exists supporting this “curtain,” but when he can no longer support the curtain’s weight it falls, and there is a “collapse of transcendence” itself⁷³, there is a trouble of “incarnation,” a trouble of the transcendental body necessitating an industrious reconstruction. In the event of this trauma, delirium (the *Wahnsfunktion*) marks a return to equilibrium, albeit one that is psychotic and different to before.

We can therefore see the commonality of a particular sentiment and vocabulary shared between the phenomenologist and the clinician. For philosophy spanning its most ancient form to its contemporary rendition, the “immeasurable” and “undecided” was said of the *Logos*, typified by the Heraclitean adage, *listen not to me but the logos*. What Heraclitus in fact invited the man of enquiry to do, was venture beyond the empirical fact. Indeed, much like the Greek medic-philosopher, the psychiatrist, impassioned by the immeasurable constitutive agency of things, abstracts from the transcendental level and works with the question of the *Logos*⁷⁴, for as we see Jean Oury tell us on one occasion:

Last month, I spoke of the Heraclitean *Logos*, and Lacan expounds Heidegger’s “*Logos*.” [...] With schizophrenia the fundamental characteristic is dissociation, the *Spaltung*, where the *Logos* does not function...within dissociation there is the deterioration of the *Logos*.⁷⁵

The “phenomenological attitude” is resolutely adopted within several domains at once. Of course it is

within philosophy, but also within biology, linguistics, physics and psychiatry. And even if particular schools within such histories at times do not even venture to mention the term “phenomenology” itself, the phenomenological “attitude” can nevertheless be strongly present. For Georges Lanteri-Laura, the field of psychiatry was of a particular token gesture in it, “*conserving* the phenomenological attitude,⁷⁶” in it edifying this very attitude, where traditional medical concepts were to be re-elaborated through phenomenological notions of the world. Similarly, earlier in 1949, from within a psychiatric milieu that had experienced the horrors of war, the Eugenic systematic starvation of the mentally ill, the humanitarian call of Balvet, the de-alienist appeals of Bonnafé and the doctoral thesis of Tosquelles, Dr. J.H. Van Den Berg would write of a “new orientation of psychiatry” characterised by a “phenomenological position,” a position that would seek to develop a new conception of clinical and anthropological proportions⁷⁷.

We thus have a plane of mutual concern, an *attitude and vocabulary shared* within numerous fields. Where the physicist Bohm would write, in a tone remarkably similar to Eugen Fink, of a striving for “new theoretical notions of order... without abstract preconceptions of the world⁷⁸” Tosquelles would write of “a re-elaboration of man and his spaces of existence” within a “variable concrete reality.”⁷⁹ For the former true to his mentor Einstein, the abstraction was from a universal “sea” of constitutional energy, for the latter, the abstraction was from what Lacan deemed the *Real* (not Reality) and what phenomenology deemed the *Horizon*. For Lacan, the transcendental level of constitution enrapturing physicist and phenomenologist alike was the *Real*, and the *Real*, as if the divinity of the theologian and the universal force of the physicist was, “that which permits us to exist.”⁸⁰ This constitutive and transcendental dimension to all things, is not be known in its entirety, but abstracted into a relevant pertinence for the psychiatrist; the *Real* can only be put into relief, *relevated* (to retake a wording of Bohm), it is of an “inextricable resource”, and for Lacan it would even find its symbolic pronouncement with the mystery of Mount Sinai and its flashes of illumination⁸¹, for the *Real* appears like a flash of lightening, it leaves its mark, as a lightening burn upon a tree, but its entirety is of an impossibility, as Oury says, it is the “impossible Real”. Ever-present yet beyond a measurable grasp, what Lacan deemed

the *Real* was the constantly displaced *horizon* of the phenomenologist, anonymous in its entirety, relevant in its abstraction. For Fink, this horizon was always to be displaced, the monograph of man was impossible to write, the phenomenologist could only be mesmerised by something so near yet so distanced, the monograph of the *Logos* of the world could but be put into relief and abstracted, yet never concluded, never known in its entirety. As we have previously asserted: “*What the phenomenologist did, in anticipating this announcement of a withdrawing agency of all things, was to keep a respectable distance with the horizon of the world*”⁸², and in doing so maintain the anonymity of a divinity.” This is why Heraclitus urges us to *listen* to the *Logos*, and that the psychiatrist, in the words of Oury, is a *builder who listens*. The *Real* (the constitutive agency of man’s psychical, biological and spiritual life proper) is an “impossible *Real*,” rarely touched and pronounced through the schizophrenic episode⁸³. Schizophrenia is indeed an opening onto this dimension, but it is an anthropological dimension unique to the people of this earth, that is, to all of humanity. We exist, by virtue of the impossible horizon where the barriers of impudent convention are mere illusions of the habitual world, for the have no dealings with the ritual world (*la folie*). To this we recall Tosquelles:

The real is that which is here before us, most of the time, in front of us, and that which remains outside of us. We will never be able to grasp it in its totality. It is placed upon the horizon to which each person walks towards, yet it is a horizon that withdraws, even to the rhythm of each walking man.⁸⁴

Thus we discover a string of synonyms within the history of this *particular attitude*, a *sentiment*, a *vocabulary of a particular thinking*: the *Real* of Lacan, the *Unconscious* of Freud, the *Logos* of Heraclitus, the *Horizon* of the phenomenologist, the *Absolute* of Hegel and the *Universal Energy* of the physicist⁸⁵. This sentiment is *shared* by philosopher, linguist and psychiatrist alike, from which a relevance can be abstracted for the betterment of the epistemological ground of each discipline. What we can see, is a *position* or a *sentiment* favouring a constantly displaced horizon of constitution, where the empirical intimately coalesces with the transcendental, and where the measurable and determined are not without

the question of the immeasurable and undetermined. Thus in the same breath as we speak of the schizophrenic *trouble of incarnation* as being the *trouble of transcendence*, we can speak of the morpho-phonological trouble, the trouble of the supporting-body (the aesthetico-physiognomy of Zutt), the trouble of *Logos*, the “illness of the Logos” as Oury says⁸⁶, the problem of the auto-movement and construction of the body. We can even venture to chose between a pathological logic of the trouble (as did Freud) or a linguistic logic which points to a veritable relation between the body and language, where the trouble of language indicates a morpho-phonological trouble within a zone of incarnation, where there is a trouble at the level of the “vital necessity” – a patholinguistic trouble even.

Julien de Ajuriaguerra and Henri Hécaen, who in following the likes of Henri Head, Delmond and Goldstein, asserted the diverse employment and the alterations of the functions of language (the verbal, the nominal, the syntactic and the semantic) within aphasia and schizophasia. These troubles indicated a “general dissolution” at the structural level of the schizophrenic, that is, where the functional modification of the centres of language is found:

With the patient, we thus see linguistic troubles of varying levels, but that which dominates is a non-linguistic trouble that the linguists and noeticians consider as the fundamental trouble from where the linguistic problem comes⁸⁷.

And to this we hear an Oury of 2004:

In neurological terms – and there is even deviation within neurology – we see that linguistics can be drawn upon to study the troubles of language...some neurologists have called this ‘Aphasiology’ where several levels are distinguished. For instance, language and writing are not the same thing. We find lesions, if not cerebral lesions, within reading that are not the same as within writing...There is the level of glossology where there are troubles of language proper, and we understand that language, is *parole* – at times there are troubles at the level of *parole*. There are those who say that there are not troubles at the level of *parole* but of writing itself. This is not simply *agraphia* in the traditional sense, but *ergologic* where we find a-technical troubles. Troubles of writing for example, are a-technical troubles and clinically, many neurologists have often confused the two⁸⁸.

The a-technical trouble is the trouble of organisation upon a constitutive level (a transcendental level). That which is put into question by psychosis— even upon the plane of general linguistics and analytical logic, at the levels technically referred to as the ergological and glosseological – is of another level, a level that Freud referred to as the ethnological where organisational laws are found, laws of transcendental organisation where, to repeat a fitting adage, “something else is at play.” It is these laws that are troubled within psychosis, for as Oury further notes in a phrasing that expands upon the assertions of Ajuriaguerra and Hécaen some fifty years later, “these ergological laws reassert themselves upon other levels. For example, what we call schizophasic language, which is at times a destruction of language, has nothing to do with aphasia.⁸⁹” The question of the relation between the organic, the psychical and the linguistic does not exist independently, therefore, of the “phenomenological attitude,” rather, it edifies it.

Neuro-biology was no stranger to notions of transcendental constitution or transcendental organization, and the idea of a transcendental activity behind the empirically given reality confirms neurological fundamentals. The integration and disintegration of the organism, for example, is most notably displayed by the figure-ground dialectic of Goldstein and the *syneidesis* of Monakow and Mourgue. These are in fact two picturesque narrations of the organic and the psychical, a narration of the bio-psychological Gestalt where we have the phenomenon of form (*Aufbau*). This also demonstrates the solidarity of psychical and motor troubles and the interlacing of energetic and instrumental systems – what Henri Ey called an “organo-dynamism.”⁹⁰ Here, in the historical sense of the term, if “phenomenology” was to be used within neurology, it used to designate a window onto the creative tendencies of the organism and the vital necessity re-establishing equilibrium. This is in fact a window opening onto the question of transcendental truth. Indeed, this was the general law of the economy and utilisation of nervous energy to which the neurologist focused his attention, a law not merely of the instrumental, but of the energetic, and in the same breath as the neurologist was deemed a neuro-psychiatrist⁹¹ so too was he confidently deemed a “neuro-phenomenologist.”

Whether the philosopher, the neurologist or the psychiatrist vocationally sensitive to such debate of the constitution of the empirical subject and his world, of the varying degrees of language and the body, and who ventures further than the requirements of his trade to equate man's significance in penning such notions as the "Horizon", the "Logos," and the "immeasurable", it is not unusual to also see words such as the "*primitive*" and the "*primordial*" begin to appear within his professional lexicon – terms borrowed from the descriptive library of the phenomenologists *who note down their observations and what they hear on scraps of paper*. It is here that we find grand majestic notions such as the "*Real*" (Lacan) present themselves almost as twentieth century metaphysical synonyms for the constitutional agency of the world to which Heraclitus urged us so much to heed –the *Logos*. And it is also here where we begin to find, upon closer inspection, notions of the "pre-semiological," the "non-linguistic," the "pre-objective," "pre-cognitive", "pre-egoic" and "pathic" pattern the clinical vocabulary of neurologists and psychiatrists in their addressing the problems and troubles of the semiological, the linguistic, the objective, the cognitive, the egoic, and the pathological. There is seemingly always a precursory dimension to that which is given, something prior to the empirical, isolatable symptom.

The theologically schooled Heidelberg psychiatrist, Hubertus Tellenbach, in his widely respected work on the phenomenology of melancholy, indicated a particular attitude necessary for getting closer to this state-of-affairs beyond the "symptom" of pathological processes within the organism. Like Zutt, Tellenbach did not want to consider the body as an *isolated physiognomy of the world* but as an interlacing agency:

This attitude does not allow itself to be guided by the prejudices of a theory (neither that of somatogenesis nor psychogenesis). Consequently, we do not view the endogenous appearances as "symptoms" of hidden somatic or regressive processes, rather we try to grasp that in which the *essence* of these appearances reveals itself; in other words we take the appearances as phenomena.⁹²

What this shows is not so much an alternative direction to psychiatry provided by phenomenology, nor a path leading to what has often been termed "anti-psychiatry" for it is not our concern to equate social

alienation with mental alienation for fear of nullifying phenomenological attitudes which bring us closer to a rich and descriptive psycho-pathology. Rather, what we see demonstrated by Tellenbach is the expansion of the psychiatric corpus itself, one that is deemed phenomenological by virtue of its attempt to engage with transcendental notions of the patient-clinician relation. In the words of Henri Maldiney, writing within the same decade as Tellenbach, it is an attitude that doesn't position the:

Patient as the epithet of the illness [where] it is orientated, even at the level of clinical observation, by the pressure of establishing a diagnostic...of situating the expressions of the patient upon a horizon of possible preconditions and nosological categories.⁹³

We see therefore, that the symptom begins to lose its isolatable character when it is anthropologically situated. With similar appeal, such an attitude has seen Arthur Tatossian underline the alternative roles played by the medical symptom and the psychiatric symptom – and this is of great value for understanding the role of phenomenology within psychiatric enquiry. Tatossian, a youth prodigy of letters and philosophy, was from an immigrant Armenian family. He is the founder of what can only be described as the Marseille School of psychiatry in 1960, and he was considered nothing short of a luminary among his students for penning in 1979 what is thought to be, “a bible faithfully retracing the quasi-totality of works by phenomenological psychiatrists.⁹⁴” For this psychiatrist steeped in the tradition of twentieth century phenomenology, whose conceptual make-up was similar to Zutt and Tellenbach, the medical symptom is “isolatable” within a causal chain because it is a sign of a pathological somatic process. Contrastingly, the psychiatric symptom belongs to a non-localisable order requiring a shift from classical nosography to far richer descriptions addressing another “scene” of phenomena. For Tatossian, the medical somatic symptom is the sign of an illness relayed in a causal pathological chain, and as with Maldiney's words, Tatossian stresses the limit of this by seeing the patient of the somatic symptom as an “epithet of the illness.” What Tatossian and Maldiney mean is that the medical symptom exists through the causal manner by which the illness occurs, and that it is displayed exteriorly without mediation (*anschaulich*).

The psychiatric symptom, comparatively, does not allow itself to leave what Tatossian calls the “descriptive plane” and therefore requires a mediation: the psychiatric symptom requires rigorous description because it exists in what Tellenbach calls a, “rhapsodic arbitrariness,⁹⁵” that is, it exists within *that ever present yet unnoticed frame of reality*, one that is at the forefront of Oury’s thought in writing: “in everyday life, there are quantities of things that pass unnoticed for people...and sometimes it is a very small detail that can even change the path of existence itself.⁹⁶” The psychiatric symptom is therefore reserved somewhat of an enigmatic role, one that is not of the isolatable empirically given, but of the “interlaced”: “we ourselves are symptoms⁹⁷” as Oury declares. Another distinction Tatossian makes is that the isolatable clinical symptom is metonymic in function, and the psychiatric symptom metaphorical function:

This independence [of medical symptoms] is not so with the psychiatric symptom...psychiatric symptoms do not allow themselves to be separated as each and every one attains its proper value in its relation to other presents.⁹⁸

This is precisely because, as Oury indicates, the psychiatric symptom is at the level of the existent. The psychiatric symptom surpasses what appears to be an isolationist limitation of the medical symptom, for psychiatric symptoms are presented as traits of an interconnected global presentation, non-localisable, contingent and dependent phenomena rather than independent and localisable signs of a malady. The psychiatric symptom concerns the person’s way of *being*. Metaphorical description becomes the hallmark of a phenomenological attitude, and more precisely, of an “adjectival psychiatry” (Bonnafé). This phenomenological attitude is not that much distanced from Paul Louis-Landsberg, who we recall wrote of phenomenology as appealing to an experience that is, “...never a simple co-existence of isolated givens,” but containing, “...necessary relations.⁹⁹” To borrow from the thesis of Tosquelles, the psychiatric symptom emerges from a, “constellation of concomitant relations.¹⁰⁰” The medical symptom does not rely on the interaction between the observer and observed whereas the psychiatric symptom is within a “primordial” constellation, a primordial integrated state of affairs. The clinical somatic symptom is

independent as the soma is not alienable and therefore immediately apparent to vision. The contrast between the medical and psychiatric symptom necessitates the contrast between the clinical modifications of the patient's behaviour and the transcendental modifications of structure. This points to an experience that is at once empirical and transcendental, of the *vivant-vécu* (Maldiney). Added to the contrasting functions of isolatable and non-isolatable symptoms, are the independently existing manifestations of material compartment (sensory-motor, verbal, gestural) and the manifestations of the transcendental dimension, of the *Vécu* proper. Psychiatric experience can therefore appear as dual and nuanced, as a double-aspect, as an address of a two-tiered phenomenal reality, as both empirical and *apriori* where transcendental organisation is given to description (metaphor) and not merely to conceptual hypotheses (metonymy). For Tatossian, in a phrasing indirectly emulating the sentiment of Landsberg, it is where:

These modifications of the lived...are not reducible to partial functional problems of psychism...for they are hidden beneath that which immediately shows itself to the psychiatrist¹⁰¹.

And for a Tosquelles of 1948 it was where,

The "I" ("JE") that we find with lived experience appears always as an "I" ("JE") different to that which lives the events of everyday life. An event can reveal to us the experience it contains sometimes a long while after its announcement.¹⁰²

Tatossian, took his immediate lead not only from the phenomenology of Husserl, but more importantly from the psychiatric studies of Johann von Glatzel¹⁰³. With this phenomenological foundation, he sought to underline a fundamental "co-relation" between the empirically constituted and the transcendently constituting. What this means, is that there is a dialectical oscillation between traditional empirical experience and transcendental experience – we are never properly within the empirical, within reality, even if we believe to be so, for there is a vast dimension of constitution beyond the given – *the ever*

present frame of reality (which Lacan deemed the Real). Although it appears that Tatossian advances an apparent duality of the medical and psychiatric symptom, what he does in fact do, in following the likes of Minkowski, Binet and Simon, is to show that the symptom is composed of “essential” and “accessible” characteristics. Mania, for instance, is an excitation that is of an “accessible” order, yet its “essential” character resides with the *being* of the maniac, that is, in the relations between self and world¹⁰⁴. What this points to, is a psychiatric experience being of an “intermediary domain” between the transcendental and the empirical, “between the ontological and the ontic” as Tatossian writes. We thus see him, as an inevitability to his expedient “faithfulness” to phenomenology, quote Heidegger in his “bible” of phenomenological psychiatry, and allot, “an ontic-ontological vision¹⁰⁵” to psychiatric enquiry. Psychiatric experience is therefore a layered and textured experience, and in the words of Landsberg, a “qualitative experience” – a phenomenological experience.

Psychiatry neither wants to be blind to fact nor essence, and it is here that the psychiatrist has the unique privilege of surrendering himself to the patient’s mixed modality of empirical and transcendental experience: the psychiatrist enters onto a terrain, that “other scene” that normally passes unnoticed within man’s habitual empirical experience of the world. It is where, to retake a beautiful wording of a young Nietzsche, *the barriers erected between impudent convention of lowered*. The phenomenological “honesty” to which we have seen Oury refer, is therefore not merely attributable to the phenomenologist, but the psychiatrist also, and in fact, the phenomenologist and the psychiatrist engage in the same pursuit. As a young philosopher once wrote in 1968 under the sway of the very phenomenological attitude and intoxicated by the phenomenologist’s *horizon*, it is where “the ground which is now the surface is called depth.¹⁰⁶” Indeed, it is where the profundity of things begin to surface. The clinical experience, the intermediary experience between the ontic and the ontological, is where the dimension of transcendental organisation renders the empirically given more profound, to endow it with a profound quality, and where the world posses a profundity it previously did not possess – Psychiatry becomes a hermeneutic of *Being*, that is, of the existent:

The acquired experience of the phenomenological psychiatrist carries two necessary levels: to uncover the transcendently eidetic implications (the phenomenon, the essence or the a priori) of empirical compartments (the symptom or rather the brute fact) of the patient and to gel them with empirically givens¹⁰⁷

Beyond the empirically given, beneath the empirical “surfaces” of things, behind the brute facticity of the world and the inherent security of material reality, there are “transformations of the Self,¹⁰⁸” the “essence” of objects (Husserl), the “enigmatic depth” (Fink), one that pertains not to the nosographic category, isolatable symptoms, nor to what Oury has called the “nosographic astuteness” of psychiatry, nor to what Tosquelles speaks of as the ‘I’ of “empirical” “mechanical” experience, but rather to what Ludwig Binswanger highlighted in the case of Suzann Urban, to be of an order, “that can not be directly apprehended¹⁰⁹” – a level prior to the “inscription of perceptive systems,¹¹⁰” an evasive level, difficult to grasp, a level, where as Oury notes, there are “mutations of the state of the soul¹¹¹” and where for Cézanne the virginity of the world resided, undeclared in its entirety, *impossible*. This is to go from a world of habitual objectivity to belief and faith, yet a belief and faith, in Oury’s words, that cannot be thematised¹¹², Fink’s *inconclusive monograph*.

For Oury, the state-of-affairs where “there is something else at play,” is not a theoretical correlate, but something more dialectically decisive, something that is not accessed by a conceptual consciousness, but through a more pre-conceptual disposition. Here, in a realm prior to the conceptualising mind, the question is of the patient’s presence (the veritable preoccupation for Heidegger and Binswanger), which is of the transcendental body proper: “the question of presence...fragile...it is the correlate of a standpoint, not merely theoretical, but dialectical, where an event (*Ereignis*) which has modified existence can manifest itself.¹¹³” Similar sentiment has seen Maldiney assert on grounds of presence and transcendental experience, that a symptom is “the infinity of the multiplicity of its expressions¹¹⁴” – a symptom is the expression of presence. Thus the line of Oury: “we ourselves are symptoms.” Arthur Kronfeld also indicated this phenomenological sentiment to psychiatric symptomatology in noting that, “The dependency of particular psychic changes or particular bodily

changes is indeed determinable, but not intelligible.¹¹⁵” Indeed, in speaking of the psychiatric symptom, or the primary symptom, we not only enter a realm to which Tatossian in the textured miasma of the phenomenological attitude allotted an “enigmatic arbitrariness,” but also where we ascribe, “the specific in the apparently unspecific.¹¹⁶” It is where Maldiney delivers psychosis to the everlasting authority and anonymity of the *Logos* of the world system, namely, where psychosis, as with the horizon of the phenomenologist, “does not allow itself to be seized upon.¹¹⁷” This is a mirroring gesture to Martin Heidegger who pointed to the everlasting mystery of being, namely that *Dasein* is unknowable,¹¹⁸ to which Kurt Schneider would indirectly appeal in writing of a level of “inaccessibility” (*Untergrund*), as something that is determinable in its anonymity, yet impossible quantify in its entirety¹¹⁹. As we can see, phenomenology, or rather the phenomenological attitude, furnishes the psychiatrist with a descriptive vocabulary and an “adventurous” zest for the “profundity” of experience, broadening the scope of the classification of illnesses: *it is not the symptom of a regressive process which concerns the psychiatrist, but the reality of the phenomenon* (Tellenbach), *the declaration of profundity and modification*. Such phrasing can do nothing but deem the very diagnostic undertaking of psychiatry phenomenological, to go from empirical objectivity to a non-thematised belief, to go from “surface” to a “depth” that is at once “enigmatic” (Fink) and arbitrary (Tatossian), “undetermined,” to go from the symptom to the phenomenon, or rather, from a world of appearances to a world of essences (Husserl).

For Wolfgang Blankenburg,¹²⁰ in his study on borderline schizophrenics, phenomenology provided psychiatry with a method of understanding the “deficiency” in common sense. He elsewhere termed this *deficiency* the loss of “natural evidence” or the loss of “natural belief.¹²¹” For others – Oury and Tosquelles in particular – in amalgamating the neurology of Goldstein and Monakow and Mourgue with the assertions of Freud’s “Introductory Lectures”, delirium announces a new formation of the personality, an “emergence” of a “pre-intentional” level, where, in the words of the Swiss psychiatrist Jacob Wyrsch, “schizophrenia is not necessarily said of destruction nor of a permanent deficiency.¹²²” Yet whether we oscillate between the paradigm of a “deficiency” and “loss” of common sense or the deficit of

natural evidence as Blankenburg would have it, or of a “constructive renewal” as the likes of Oury, Wyrsh and Tosquelles promote, the attitude remains one that takes the “primordial” and “primary” into consideration as well as the “empirical” and “constituted,” the transcendental ‘I’ (modifications of structure / structural modification) as well as the empirical ‘I’ (modifications of comportment / behavioural modification)¹²³, the energetic economy of organic integration and the instrumental functions constituting the “morphological organisation of the nervous system” as well as the instrumental sensori-motor functions (Ey, Monakow and Mourgue)¹²⁴: the *vivant* as much as the *vécu* (Maldiney).

When we turn to look at the work of the neurologists, at times called the “gestalt-psychologists” or “neuro-phenomenologists” – of a Wiezsäcker; a Monakow; a Mourgue; a Goldstein; the organo-dynamism of Henri Ey – and place them alongside the phenomenology / Neo-Catholic Christology of Landsberg (which is what Tosquelles does in fact do with his doctoral thesis of 1948), we see that the organic and spiritual question of man’s psychical and biological renewal cannot exist without the transcendental question of his *maintenance* and *revelation*¹²⁵. Pierre Janet, for example, pointed to a “primary psychology” informed by the ontology and “fecundity of the embryo” to which the personality would be an analogous product¹²⁶, and Von Monakow¹²⁷ along with Henri Ey¹²⁸, in mapping the reconstructive genesis of the brain and the architectonic of the nervous system, pointed to what we have previously called, the “continual instinctual formation of the organism.¹²⁹” Such appeals brought to light the ever present maintenance of man and his world, one that could only be paralleled by the analogies of Biblical Genesis – the mock-Biblical phantasm of the *end-of-the-world-experience* to which Tosquelles turned in a post-war age thirsty for renewal. In Tosquelles’ words there is a, “vital need (*lebensnotendigkeit*), an impulsion to arrive at a new form of unitary life.¹³⁰”

To speak of phenomenology within psychiatry and neurology, is to speak of a particular attitude towards this unitary life, one that is both empirical and transcendental, one, in the words of the eminent neurologist Erwin Straus, not solely of, “a patient observation of manifesting phenomena¹³¹” as the pathologist or natural scientist would have it, but of a mode of analysis “respecting phenomena in their

emergence.¹³²” For the Basque psychiatrist Horrace Torrubia, it is upon such grounds that the psychiatrist has, “to be always alert to details, to nothing even, to that which appears as anodyne...to even a grain of sand or a drop of oil...within a logic that permits us to leave naïve evidences and pre-constituted ideas.¹³³” This logic does not seek to relegate but suspend pre-constituted ideas, a “primordial anthropological politic” for von Wiezsäcker, where for Oury, in following the lead of Erwin Straus, the decisive diagnostic moment is said of the *felt* and not the *thought*. The therefore felt becomes the act to which the thought can only appear as secondary – the sensation of Cézanne’s blue calls forth the unmarred “virginity of the world,” the world is disclosed to us through feeling. Initially we feel before we think, we exist atmospherically for it is the heart which responds before the brain. The felt is of a dimension “prior to edification” because it is of the level of the supporting-body (Zutt). This is where there is a *primordial* “scene,” and more accurately in Zutt’s words, “the manifestation of fundamental troubles of psychotic structures.¹³⁴” For the psychiatrist to penetrate the “ambiguity,” where the most characteristic traits of the clinical tableau can manifest, Oury, who himself starts from what he calls “the metapsychological hypotheses, from concrete abductive inferences,¹³⁵” indicates as if in appeal to the *a priori* cognition of Heidegger (an appeal that seems to initially characterise the phenomenological attitude), that we need to leave the terrain of objectivist conceptions of the world in order to have an immediate unreflective experience. He writes:

It must be stressed that if we are to have access to this site, we cannot be within systems of a representative logic, of prejudgments proper. We are all within the habits of thought, of “good sense,” there are barriers and screens which stop us from accessing this domain of emergence¹³⁶.

This sentence, indicates a consciousness prior to conceptualisation, and more precisely for Oury it would qualify, as we have seen, a shift from objectivity to a non-thematised belief. These words were written in 1989, and mirrored a 1947 encounter with a patient named Jayet. With Jayet, Oury wrote of the need to “lower our arms in order to continue upon a path...and to abandon nosographic auspices¹³⁷” and almost

forty years later we see him write of the need to step out of systems of prejudice and the necessity to leave a representative logic behind. As we have described in our previous chapter, this path of which Oury speaks, is a *phenomenological path leading from empirical life to transcendental life and the original nature of things* – Husserl would say it was to penetrate the “essence” of things. Yet more than this, Oury’s descriptive language carries an appeal to the “honesty” of the psychiatrist, the need to suspend judgement, the need to heed the *Logos*, the need to address an existent, a person. It appears then, that this “phenomenological attitude” is where there is the question of the *constituting* and *emerging* demanding both a more extended role of the psychiatrist in his abandoning of the “preconstituted” idea. It is where the psychiatrist enters a zone of absolute indifference, a zone “masked by judgement,¹³⁸” to enter into a *pre-perceptive* zone, between the ontic and the ontological, as if paralleling the “great mystic achievement” of William James¹³⁹, the psychiatrist enters a zone of “absolute passivity within which perceptive systems will be inscribed¹⁴⁰.”

We have established that the psychiatrist is in a constant oscillation between the empirical and transcendental, between the feeling and the thought, between the logos and the objects of the world, between an eternal anticipation and technical preoccupation. For Tosquelles, the psychiatrist was, “in a movement of anticipation carrying rigour...as a precession unto itself...a difficult path, full of stones of every nature, towards this impossible *Real*,¹⁴¹” towards the *constantly displaced horizon*. For Torrubia, the psychiatrist would not be the classic observer of a determined world, but always within an observation contemporaneous to the *Horizon* and the *Logos*, he would be before an opening of the world and man, “Yet the function of this openness is where the observer is always included in the observation...The classic observer masks visibility.¹⁴²” These assertions are all hallmarks to a “phenomenological attitude,” one that is edified by psychiatry, and more precisely, by an Institutional Psychotherapy.

2: The primordialism of Minkowski

A notable yet rarely mentioned example from the history of psychiatry will further elucidate the “phenomenological attitude,” namely, a short essay written by Minkowski in 1934, one which very much carries an honesty. In wanting to see the question of man’s constitution deepen with the lexical sophistication of the phenomenologist’s vocabulary, Eugène Minkowski published this somewhat cryptic essay in *Évolution Psychiatrique* entitled, “*Constitution and Conflict*.”¹⁴³ With this wording, Minkowski was clear with his intention, for what concerned him was the psychiatric address of the transcendental level, that is, the level that Goldstein translated as the “organismic principle”; Oury the *Gestaltung*, Weizsäcker the *Gestaltkreis*, and Tosquelles the transcendental ‘I’ beneath the ‘I’ of the empirically given. For Minkowski, in a gesture emulative of Fink’s impassioned appeal to the “cosmological horizon” of man¹⁴⁴, constitution was a, “cosmic constitution” of “interior life,¹⁴⁵” of a “scene” within which the “primordial phenomenon” emerges. More importantly for Minkowski, it was here, behind the facades of the everyday, that the “absolute sincerity” of the “transcendental Ego¹⁴⁶” exists. In terms of prose, the phenomenological declaration was clear because the “cosmic,” the “primordial,” the “constitutional” and the “sincerity” of the transcendental Ego subsist and maintain the empirical subject. What Minkowski indeed ventures to show, is that “constitution” is something much more than a mere “static” level of psychical genesis, when considered as a phenomenological “contexture” of psychopathological life. As a result, he attributes a “primordial” importance to the clinical symptom and in doing so qualifies the question of *presence*.

Minkowski also showed that this “phenomenological attitude” could be faithfully edified and extended to the concrete human situation through psychiatric experience. What Minkowski further highlighted, was the “vital necessity” and “spiritual necessity” of psychopathological life. This is what Tosquelles would later devote his doctoral thesis to, exemplifying the vital and the spiritual through the *Erlebnis of the end of the world*.

Minkowski's essay shows the extent to which a psychiatrist (or *Alienist* to use the correct historical terminology) can be passionately touched – as Tosquelles would also be some fourteen years later– by the question of man's interior life, just as much as a Bergson or a Merleau-Ponty would be in their quest for a psycho-spiritual rendition of the world picture. Indeed, it is here, almost as a precursor to the 1948 doctoral thesis of Tosquelles, that Minkowski draws upon the word “phenomenology” in wanting to communicate a notion of a life seemingly more “spiritual” and “profound” than “linear” and “chronological,” of a life more “revelatory” (the transcendental I) than “habitual” (empirical I), of a constitution more “active” and “creative” than “static,” of symptoms more “nuanced” than “isolatable,” of a physiognomy more “interlaced” with the world than an “isolated” given – these are in fact, the adjectives he resorts to throughout the essay.

The determining constitutive agency of all things, is what Minkowski called a “*creative élan*” – a life and form-giving force, much like the notion of the *élan vitale* to which Bergson often turned. Yet the *creative élan* pushes us into more enigmatic territory, for it brings into play psychical processes of creation as much as organismic. Indeed, such a notion would see Minkowski's passionate and confident Finkian pen declare that, “The creative élan, emanates from the depth of its sources and in an *elementary* way determines the contexture of life – understood in the phenomenological and not the chronological sense of the word...¹⁴⁷” This creative élan, as with the *horizon* of the phenomenologist – the “cosmological horizon” of Fink for example – the *Real* of Lacan, and the *Logos* of Heraclitus, was for Minkowski to both “preside over our destiny and evade us.”¹⁴⁸ This enigmatic realm of constitution, at once before and after the species, is as if a divinity at play. We once again retake Tosquelles who now we see not only echo Lacan's notion of the *Real* (which is a parallel to the *horizon* of phenomenology), but also Minkowski's notion of the *creative élan*:

The real is that which is here before us, most of the time, in front of us, and that which remains outside of us. We will never be able to grasp it in its totality. It is placed upon the horizon to which each person walks towards, yet it is a horizon that withdraws, even to the rhythm of each walking man.¹⁴⁹

The *Real* and the *élan*, are the constitutive agency, the transcendental agency. Thus where schizophrenia is a trouble of incarnation, and a trouble of transcendence, it can also be understood as a trouble of the creative *élan*. Minkowski, in turn, did not venture to speak of the trouble of incarnation, but rather of “cosmic constitution.” Numerous turns of phrase can indeed mark a mutual concern for this level of constitution, incarnation and revelation, and a veritable list of the synonymous notions of the psychiatric, the neurological and the phenomenological could be drafted to bring to light this attitude and vocabulary appealing to a *non-objective faith* (Oury).

For Minkowski, there existed a “game of relations¹⁵⁰” composing the life of the subject. Within this game the symptom was a signification of a greater phenomenal reality, or to retake Tellenbach’s words, an *essence (phenomenon)* of an appearance (*symptom*). What Minkowski called the “constitutional order,” was the transcendental order, the “cosmic” order within which personal conflicts and traumatic events interact. The constitutional order and the order of events and conflicts were thought to be in constant interaction designing the life history of the subject, conditioning the biographical path of man proper¹⁵¹. There is, therefore, a living narrative between constitution and conflict, and Minkowski’s intention with presenting such a more profound understanding of the transcendental plane underpinning man’s existence, was to evade the “sterile discussions” and “sterile practices” of a “vertical attitude.¹⁵²” This vertical attitude is one that seemingly still reigns today, for we are ourselves within an age where the *generality* of the illness is enough, of merely considering the *symptom* and not the *essence*, that is, of not seeing the double-aspect of the “accessible” and the “essential” (Tatossian). To speak of psychopathology is a pretext for speaking of the more profound modifications underpinning our everyday existence; moment to moment; day to day, year to year. To speak of schizophrenia is a pretext for speaking of a person and a particular “way-of-being,¹⁵³” or rather, in Minkowski’s words, “phenomenological life.” But for this great undertaking, we mustn’t be restricted by the temporality of bureaucratic measures which have no dealings with the interior life of man.

Minkowski's presentation of a two-tiered phenomenal reality (of the constituting and constituted) was not merely to show how psychiatry could be an address of the "cosmic" foundations of man and his psychopathological *phenomena*, but also to show that beyond the symptoms of an illness, psychiatry is an engagement with a "particular way of being"¹⁵⁴ and an "essential" nature (Tatossian) – the *essence* as Husserl had it. As we have seen Oury note, "nosographic astuteness is not enough,¹⁵⁵" to understand the psychopathology of psychoses, for something much more is required of the diagnostic to work on a transcendental level. The consideration of the *vivant* is not enough because there is always the strategically anonymous counterpart of the *vécu*. When we speak of diagnosis, it is a psychiatric diagnosis of the *vivant-vécu*, one that engages with the interior life of the subject as much as exterior life. This line of enquiry is personified by Tosquelles, Oury, Minkowski and Tellenbach, each of whom resonate neatly within the works of Maldiney¹⁵⁶: the symptom is not a mere "isolatable" moment, but an *essence*, a *phenomenon* of a profound level of constitution and conflict, it is an anthropological expression, an *expression of transcendence* and in being so *we ourselves are symptoms*. For Minkowski, in appealing to the *creative élan* with its "cosmic conflict," the psychiatrist would come closer to a "scene" where, "man can assert all his grandeur,¹⁵⁷" where the diagnostic engages with what Wolfgang Blankenburg has deemed the level of "transcendental organisation."¹⁵⁸

Minkowski provides us with a very valuable indication, because he addresses the coalescent narrative between the visible empirical sign (the symptom) and the modification upon the constitutional, transcendental level (the phenomenon). In his own words, it is ascribing a "primordial importance" to the psychopathological event, and most importantly attributing an importance to "the personal nuance" of the particular "state of being" with the person of schizophrenia¹⁵⁹. Thus is Minkowski's intention when distinguishing between the *particularity* of the schizoid and the *generality* of the symptoms of schizophrenia:

The schizoid is not said of "isolated" symptoms which can be seen to compose schizophrenia, but is sooner said of the particular way of being that is characteristic of the schizophrenic personality which

distinguishes an altogether other morbid personality...This way of being which conditions the most factually essential of "being a schizophrenic" is reflected within symptoms...To not want to speak of an obsession or a hallucination in terms of the constitution of the subject is to renounce the particular way in which the human personality carries itself in view of psychopathological phenomena, or better ...it is to attribute a primordial importance to this personal nuance of man.¹⁶⁰

Minkowski doesn't offset the schizoid and the schizophrenic but rather to bring to light, in the words of Hubertus Tellenbach, "the transformation of the unity in the stream of elementary processes."¹⁶¹ Far more than a mere reflective game between the empirical, visible symptom and the transcendental level of "cosmic" "primitive" phenomena, Minkowski argues for an activity and necessity (call it vital or spiritual) from which the symptom emerges for it is the empirical emanation of a constitutional world, "zone" (Oury) or "scene" (Fechner) where, even the "presiding forces" of man's "destiny" are found¹⁶². Such forces, far from remaining hidden, can be brought out within the "concrete" empirical givens of man's reality, thus is the symptom, as a visibly *accessible* "counterpart" to a far deeper constitutional "essential" reality. Here, Minkowski prefigures the direction of Tatossian's appeal to Husserlian method – we retake once more:

The acquired experience of the phenomenological psychiatrist carries two necessary levels: to uncover the transcendently eidetic implications (the phenomenon, the essence or the a priori) of empirical comportments (the symptom or rather the brute fact) of the patient and to get them with empirically givens.¹⁶³

We have, therefore, an image of this two-tiered reality: there is the ever moving transcendental plane of constitution, the "moving ocean" as Minkowski has it¹⁶⁴, within which we have the "primordial" phenomenon, the essence (Husserl), the dimension of the "sincerity" of the transcendental Ego, and the plane of isolatable moments, the empirical edifice, the surface to the depth (Deleuze)¹⁶⁵. Both are in constant oscillation. We once again recall the words of this young prominent philosopher: "the ground which is now the surface is called depth."¹⁶⁶ As we have seen Tellenbach make clear, it is more of a

question of *essence* than the *symptom*, more of the *essential* than the *accessible*. Concordantly for Minkowski, yet nigh on thirty years earlier to Tellenbach, the psychopathological event is a domain of constitution exceeding the categorical requirements of nosology because it anticipates a cosmological state of affairs beyond the limits of strict logico-positivism, where we “put into relief more profound notions¹⁶⁷” of man and the world. Minkowski, therefore, in speaking of the “particularity” of the schizoid, accords the phenomenon a particularity and essential nature within a plane of movement and constitution.

In no way does there exist a categorical difference, for between the phenomenon and the symptom there is the “essential” role of the nuance, that is, the “personal nuance” which, for Minkowski, carries a “primordial importance.¹⁶⁸” Yet if it is not the symptom per se to which Minkowski turns in speaking of the schizoid, then what does he actually speak of? In drawing upon the “particularity” of the schizoid and not the generality of schizophrenia, Minkowski asserts the primordial nuance to be that which, “...penetrates to the depth of man...” that which brings into play a “new thinking” and a “hitherto unannounced instrument of analysis.¹⁶⁹” In doing so he shows that psychiatric symptoms are not mere signs of a malady, but belong to an archaeological enterprise of man. This unannounced *instrument of analysis*, is the diagnostic, and more importantly in the words of Minkowski, it is a “penetrative diagnostic” initiated by a, “vital contact with reality” and an “interior resonance¹⁷⁰.”

3: Oury, Schotte, Weizsäcker and the Pathic

Some fifty years after Minkowski penned a raw yet definitive description of the constitutional level in an appeal to the “phenomenological” notion of non-chronological “internal life” and of a diagnostic working through a “vital contact with reality,” Jean Oury, in September of 1984, was invited by the University of Paris VII to deliver a yearlong series of lectures on the subject of the psychiatric diagnostic and the primary symptoms of schizophrenia. The series was entitled, “*A propos the primary symptoms of*

*schizophrenia*¹⁷¹” and was of the same year as the eminent phenomenologist Jacques Schotte – the leading authority on the neurophenomenological work of Viktor von Weizsäcker – delivered his series of lectures at Louvain University entitled, “*The Oeuvre of Weizsäcker –towards a thinking of the clinic.*”¹⁷² Both series of lectures displayed a striking similarity of sentiment and phenomenological attitude. Where one, through an accumulation of over forty years’ clinical experience, spoke of the necessity to not only position the question of the clinical encounter in relation to the primary symptom, but at the transcendental and constitutional level, the other, a disciple of Ludwig Binswanger and guiding cohort to Lacan, spoke of the necessity to think the clinic in terms of a “primordial anthropology” of shared human experience. Where one, with emulating gesture to Minkowski’s nuanced “penetrative diagnostic,” would speak of the transcendental trouble, of the “encounter as the manifestation of the Other...where a structural difficulty is felt...as if within a dialectic of the near and far,¹⁷³” the other would assert a “therapeutic commerce” on grounds of the patient-clinician relation:

The medical discipline of *Mediziner* (the scientific researcher) must incessantly be placed within the very art of *Arzt* (medical practice). Thinking should circulate between these two fields within a constant reciprocity...that the entirety of medical description must inscribe itself within the patient-clinician relation.¹⁷⁴

Indeed, the key point in following on from Minkowski’s assertions of a “penetrative diagnostic¹⁷⁵” and a “vital contact,” is that the transcendental trouble is felt and not thought, that the trouble is felt as an *essence* (Tellenbach) and not thought as an isolatable symptom. Unlike the empirical symptom, the transcendental trouble is at the most primary of levels, where there is a “vital commerce” between Self and Other, and where a clinical objectivity is said of a “vital reciprocity” bonding the patient-clinician relation – the shared politic Lucien Bonnafé had continually endorsed throughout his years of practice¹⁷⁶.

The simultaneous underlining in Paris and Louvain, was of a logic of the clinical relation different to that of a naturalist objectivity upon which modern medicine is founded. Appealing to this clinical objectivity of the Weizsäcker-coined “therapeutic commerce,” Oury began his lecture series with

the question of the clinical encounter, the dimension of “affective contact” (to borrow a term from Minkowski), and as to what it actually means to encounter the varying expressions of human existence disclosed by the clinical encounter: the hebephrenic, the paranoiac, etc.

Oury would speak of a dimension, a zone, a scene, where, “something happens,” where there is a “putting-into-form,” a level of “emergence¹⁷⁷” upon which the fundament of the problem can be discerned through feeling and through a “vital contact” (Minkowski) with the patient. With the schizophrenic, there is a *trouble of transcendence*, a *collapse* even, where the presence of the patient lacks a substantial anthropological form. With the contact of a schizophrenic something is “lacking,” there is a particularity of form and organisation and constitution of the Other. As Oury would later say, this particular presence to the schizophrenic, “can be felt, it takes many years of practice, but when a schizophrenic walks in his presence is not centered, the points are everywhere...you can feel this upon instantly seeing a schizophrenic.¹⁷⁸” Here, in February of 1985, we see Oury appeal to the clinical dialectic within which the *therapeutic commerce* of Weizsäcker is played out, the dialectic of the encounter and the clinician-patient relation proper. Such appeals, are not for the determinations of modern medicine, but by way of the perennial psychiatric question reiterated by Henri Ey in his preface to the republication of Bleuler’s landmark study on schizophrenia, namely, “what is schizophrenia?¹⁷⁹” Oury, upon similar ground asks:

Maybe the undertaking is to try to define not what we call the fundamental symptoms, but that which is always in question when we encounter a schizophrenic. The procedure would most probably be simple, it would be to ask those of a certain clinical experience the following: “at base, what is it that pushes one to say that a person present before you, a person encountered, is a schizophrenic?¹⁸⁰”

The aim of Oury’s seminars of Paris VII, was not so much to draw a tableaux of the symptomatology following Kraepelin’s *dementia praecox*, Bleuler’s *schizophrenia*, Freud’s hebephrenia and Kurt Schneider’s clinical psychopathology of schizophrenia¹⁸¹. It was not so much to address the fundament of the symptom by virtue of nosography and the classificatory undertaking of Emil Kraepelin, but to see as to

how the question of the primary pathognomic symptom of the scission of the psyche (*Spaltung*) is posed within a logic of *therapeutic commerce*, a logic of the encounter, a logic sooner of a “transcendental structure...of transcendental organisation” (to use the terminology of Blankenburg) rather than an “empirical dimension.¹⁸²”

Oury’s seminars of 1984 were symptomatic of a particular resistant politic to the standardisation of psychiatric discourse, and today the resistance has increased its resilience. Oury delivered his seminars at a time that saw the third installment of the DSM (*Diagnostic and Statistical Manual of Mental Disorders*) that had first been introduced in 1956. For Henri Ey, in his introduction to the republication of Bleuler’s work on schizophrenia¹⁸³, the legacy of DSM represented a decline of nosography, the weakening of the question of schizophrenia and the veritable corruption of the psychiatric ethic. Indeed, for Ey, the undisputed father figure of French psychiatry, DSM was nothing other than, “the reduction of psychoses and neuroses to isolatable troubles and disorders¹⁸⁴.” What better indication of a phenomenological attitude? The use of the DSM diagnostic criterion marked for Ey the risky “dissolution of nosography to the trouble,¹⁸⁵” that is, to the isolatable trouble. Oury also, midway through his first lecture of November 1984, spoke out against the increasing bureaucratisation and reductionism of psychiatry and its “simplism¹⁸⁶”:

For several years...primary symptoms have been presented in the form of a catalogue...a catalogue passes through a machine. Certain Parisian hospitals will soon – and maybe it has already happened – will no longer resort to the artisan practice of the encounter to understand schizophrenia. All that is now required is to complete a questionnaire.¹⁸⁷

This, a resistance that would find its extension two years later with Oury’s seminars on *Creation and Schizophrenia* where (with somewhat more pronounced tone) he would warn that, “if we lose sight of the creation and manifestations within madness, we allow ourselves to drift towards DSM III!¹⁸⁸” For Oury, the greatest danger with the DSM format was the reduction of life (the *vivant-vécu*) to a logic of “chronicity,” a logic of the “regulator” and the “chronometer,¹⁸⁹” a logic reducing the phenomenon of

man to the function. As with a Minkowski of 1934, life is phenomenological and not chronological, life is affective and not functional, it is where the psychiatrist addresses a “particular way of being”, a “person¹⁹⁰” and at best, a *veritas transcendentalis* (indicated by Heidegger’s faithfulness to *a priori* cognition). To this we recall Horace Torrubia’s charge against systems of medical classification:

Clinical nosography has a function of closure given that the observer-clinician is outside of the semiological plain...Yet the function of openness is where the observer is always included in the observation...The classic observer masks visibility.¹⁹¹

Throughout his lecture series, Oury presented the case of a certain contact, “beneath perceptions and gestures, surpassing the strict observation said of the objective.¹⁹²” This communication *beneath* or *prior to* the objective and representational level of things, prior to the objective, perceptive level of a Cartesian subject-object dualism, found its clinical accentuation within the phenomenological studies of the Danish psychiatrist Rümke who had introduced the notion of the *Praecox Gefühl*¹⁹³ – a diagnostic function that in fact prefigures the thoughts of Minkowski writing in 1934.

The *Praecox Gefühl* was the address of a definitive human category, a “vital communication¹⁹⁴” of a “pre-objective level.” It operates within the instant of seeing a patient, within the instant before all theoretical speculation, an instant not given to perception but to sensation, the instant, for example, of Cézanne’s blue. As Oury had it in 1984:

When we are before a schizophrenic, there is the odor of the schizophrenic, not an odor of the nose, but an odor in the sense that there is an unmistakable something that even surpasses intuition itself. We say, “it is a schizophrenic,” and several weeks or months later, after the diagnostic has been undertaken, to somewhat respect the traditional formulas concerning the evolution of the illness dear to Kraepelin, we see that he is a schizophrenic.¹⁹⁵

What this does is show that the level of what Weizsäcker called “pathic existence,” the Pathic self of inter-subjective commerce, is not one opposing the movement of a subject’s motor activity and the passive perception of an object, but rather it brings them together. This is the feeling, or the vital communication that urges Oury to speak of “an unmistakable something” to the schizophrenic, much like the blue of Cézanne disclosed the “virginity of the world.”

As we noted earlier it is where we leave the terrain of objectivist conceptions of the world so that we can have an immediate unreflective experience of the domain of emergence and constitution, where we have seen Oury note that an, “absolute passivity” is required on the part of the psychiatrist. The *Praecox Gefühl* therefore concerns the psychiatrist’s *grasp* of the malady upon a level of a particular corporeal communication, one that is said of the *Vécu*, the body of sensation, where there is, to borrow a word from Oury, a “resonance” with that which is presented, where something is “immediately felt” within the “instant of seeing.”¹⁹⁶ Seeing and feeling are simultaneous to which thinking is secondary. The instant of seeing is not said of perception, for this pathic communication is as we have noted of a “pre-perceptive” level. Just as Minkowski, with his “penetrative diagnostic” noted there to be an “interior resonance,” and Cézanne noted the sensation of the blue disclosing the virginity of the world, the order of the *Praecox Gefühl* is of the felt and not the thought, of an affective contact prior to theoretical speculation itself where there is a tactile state of affairs between the patient and clinician. Thus for Oury, upon this pre-objective level of the encounter, the diagnostic marks the “greatest dignity” towards the Other, or the “absolute minimum of a dignified act towards the Other,” and that within the clinical encounter with the patient, the diagnostic motivation does not so much find its imperative with the catalogued “collection of primary symptoms,” as would be the case with the DSM format, but with “the person¹⁹⁷,” and the modifications of transcendental structure (the transcendental ‘I’) therein.

The question of the primary symptom, is thus one posed in terms of a primary anthropological dimension par excellence (the pathic), where we not only have the question of sensation but of relation also, of the “entre-deux” (*Zwischen*) and the “entre-les-deux¹⁹⁸” (*the between-two* and the *in-between-of-the between-two*), not in terms of a dualistic logic separating clinician and patient, but of an affective

anthropological logic true to the standpoint of Weizsäcker where beings are primordially and atmospherically bonded within a “therapeutic commerce.” Within this commerce, we exist atmospherically, we are beings of feeling and not thinking. The diagnostic said of this pathic communication, deployed within this commerce,¹⁹⁹ is where the primary symptom of schizophrenia becomes one of anthropological significance, one that is of the felt (*empfinden*), one that is *grasped* (Tellenbach) within the encounter and the instant of seeing the patient.

So too is the question of the encounter as the inaugurating dimension to the clinical relation posed at the outset of Jacques Schotte’s lecture series at Louvain of the same year. He begins with the notion of this “commerce,” a word patterning the breadth of Weizsäcker’s scholarship, as the basal situation, as the condition even, as the determining category not just to the clinic, but to the world of man itself. “Commerce,” finding its German equivalent with the word *Umgang*, is drawn upon by Weizsäcker in the most social of connotations and it is understood as an “exchange within a plurality...of a dialectic accentuation, that of exchange within a reciprocity²⁰⁰” at the base of human existence itself. Commerce, is a reciprocity and exchange, a communication said of what Weizsäcker deemed a “pathic” exchange between man, and more importantly, between the clinician and patient²⁰¹. That is why Schotte entitles his series, “*towards a thinking of the clinic*” for the *pathic* is the most primordial of sensations, and it is opposed to the *pathetic*. As Oury would note, “the pathetic is of the representational, the pathic is of the pre-representational.²⁰²” The *Praecox Gefühl* is said of the pathic, of the pre-representational dimension to existence, the dimension of man’s transcendental structure proper, which for Minkowski was the level of “cosmic” constitution furnished by the “creative élan” (was this Minkowski’s divinity?)

The “pathic” appears as an etymological neo-formation by Weizsäcker, one that is presented as a decisive anthropological category proper²⁰³. For Weizsäcker, man is inaugurated at this level of pathic exchange in terms of a decisive reciprocity, where he, “is a being determined by a commerce.²⁰⁴” Commerce, thus understood as a level of constitution, as a “pathic” inauguration of man, is the “basal” not merely of the clinical situation, but of human life itself²⁰⁵, *the unnoticed yet constant support to the*

life of man. What the clinical situation does, is to accentuate that which is at the base of human life, it brings the basal into relief, it brings the *Vécu* to light. The description of medicine for Weizsäcker, therefore finds its *essentiality* within the question of relation and the constancy of this human reciprocity, for as Schotte notes, “Medical description in its entirety, must inscribe itself in the patient clinician relation.²⁰⁶” This inscription is said of an objectivity where for Weizsäcker the world is “ambient,²⁰⁷” and “tonal.” Primarily, we exist atmospherically within a world of sensations, and for Oury, the world is said of “the most primordial sensation of sensations.²⁰⁸” As Weizsäcker was himself to note:

The reality of man is thus seen as a constant explication of the Self with an ambient world (Umwelt), a constantly renewed encounter between the Self and the ambient world, a fluctuating commerce of the Self and the ambient world.²⁰⁹

Commerce is thus presented as a level where there is, to draw from the phenomenological vocabulary of Schotte, the “essence”, the “primordial” and the “essential” constitutive reality of man – a reality of exchange within a “pathic” economy prior to the edification of the empirical psychological subject²¹⁰ : before man exists as a cognising subject, he exists within an ambience, within a pre-perceptive zone. To retake an Oury of Paris VII, it is not of a purely “empirical dimension” but of “transcendental structure,²¹¹” and to retake Tatossian, it is not solely of the “accessible” but also of the “essential.” The empirical and the essential thus come after, or mask, the transcendental and the essential. The *Praecox Gefühl* of Rümke is said of the level of “primordial” exchange, of this fluctuating “ambient” economy of the “entre-deux” and the “entre-les-deux,” it is prior to the edification of a subject-object world. For Oury, it is where, “we need to place ourselves at a certain level to have a certain resonance with that which presents itself,²¹²” at a level that is sooner of the pathic and pre-representational rather than the thematic, representational and pathetic²¹³. Retaking Tatossian’s earlier description of the symptom, we can venture to say that the *accessible* level to the symptom is of the *thematic* and the *pathetic*, and its *essentiality* is of the *pathic* and *pre-thematic*. The task of psychiatry therefore, is to understand and develop a therapy of

beginning from the pre-thematic, a therapy of the non-isolatable symptom, of man himself – *we ourselves are symptoms* (Oury).

The notion of commerce seeing man borne within an “ambient” exchange, delivers us to what Oury has termed the very “essential quality” of the *Praecox Gefühl* where the “entre-deux” and the “entre-les-deux” are not only said of a reciprocity (*Gegenseitigkeit*) but of a solidarity. We retake Schotte in writing:

Commerce, reciprocity and solidarity are the three primordial concepts of that which we can call the anthropology of Weizsäcker.²¹⁴

We can see that the psychiatric diagnostic and the question of the primary symptom of schizophrenia, is deployed within this pathic primordial politic of the pre-representational where for Oury there is even the “root of the creation of Space itself.²¹⁵” And this furnishes us with a better ground upon which to understand Oury’s preliminary method, of his “metapsychological abductive inference.” In grouping together the assertions of Oury, Schotte, Tellenbach and Minkowki we have a very definitive concern for the transcendental level of constitution, its modes and its upsets, a veritable bringing to light of the *primordial* through an attitude and diagnostic deemed phenomenological.

Commerce, with reciprocity and solidarity as signatures to a medical anthropology finding its concrete diagnostic extension with the *Praecox Gefühl*, is the primary, constitutional, transcendental category of the human where there is, to retake the gestalt vocabulary of Oury, “emergence” and a, “putting-into-form.” Thus where Oury writes that a “diagnostic is the minimum of a respectful undertaking towards the Other” it is said on grounds of this affective commerce, reciprocity and solidarity working at the most primary and essential of human levels, a level understood as a pathic category. As Schotte would also assert, reflecting upon Weizsäcker’s *Fundamental Questions of Medical Anthropology* of 1947, “the importance of this category is where man, in that he is of the human, is already defined as a commerce: such is his primordial and essential reality.²¹⁶” Of similar appeal, Oury, on grounds of the

Praecox Gefühl said of this commerce, reciprocity and exchange – the three primordial pillars of Weizsäcker’s medical anthropology – puts forward the idea that therapy does not so much concern the primary symptom that presents itself, but an understanding and undertaking of the person:

To speak of the primary symptoms of schizophrenia is a pretext to rightly speak of that which is in question... a point of view that that is not a list of primary symptoms but rather of a position we have when we are engaged with such work, where there is an encounter with that which we have a tendency to call a schizophrenic.²¹⁷

It is here that the diagnostic is inaugurated not on grounds of explication (*erklärung*), but of sympathetic comprehension (*verstehung*). The former is said of the objective and thematic, the latter is said of the pre-objective, of the pathic and pre-thematic, the primordial world of, in retaking an adjective of Weizsäcker, “ambient” human relations. Thus, we remember a young war-marked Bonnafé of 1946, writing of the vocation of psychiatry as the *art of sympathy* and of the psychiatrist’s solidarity with the alienated, to which we also recall our previous characterisations seeing psychiatry as the *art of accompaniment*, the art of the *bein-with*, of the *miteinandersein* (the being-with-the-other). As Weizsäcker himself outlined, the clinician is not a subject facing the patient considered as an object, the clinician is not within a unilinear (*eingleisig*) “representative thinking” (*das vorstellende Denken*) where a subject is directed towards the object, but rather where both clinician and patient are within a “circular reciprocity,” a circulation and reciprocal ambient circumvolution, where, to cite Schotte, “the living human encircles the ambient world at the same time as the ambient world encircles the living human.”²¹⁸ The *Praecox Gefühl* – which is what Minkowski termed the *diagnostic by penetration* – as working at this level of *sympathy* and *comprehension* (proving a *vital contact with reality* for Minkowski), as working at the level of the pathic (*pre-representational*) prior to the pathetic (*representational*), is a level of description rather than explication, of metaphor rather the metonymy. The primary symptom is that which is immediately felt, it resonates within the atmosphere of *that which presents itself*. This is the vital dialectic of the “entre-deux,” one marking an anthropological relation between the clinician and patient. Oury’s phrase

resounds once again with an increasing weight strengthened by the likes of Minkowski and Weizsäcker, namely that, “we ourselves are symptoms.”²¹⁹

Eugene Bleuler, in the spirit of nosography and with etio-pathogenic pen true to the theoretical stance and nosographic sentiments of Kraepelin, introduced the term “schizophrenia” in 1911. However, Kraepelin’s terminology of *dementia praecox* was used in France at Saint-Anne until just after 1940. The principle primary symptom of Schizophrenia was presented by Bleuler as the “Spaltung,” a primary symptom of dissociation, understood as a, “schisis” or a scission within the homogenous project of the person. We have seen Oury assert the symptom of dissociation to appear at the existential level of the encounter where the Other is as if dispersed, “you can feel it” he writes, this, the felt encounter, the defining “concrete abductive inference” of his metapsychological approach. It is here that the *Praecox Gefühl* serves as indicator, an index even, for apprehending the primary symptom, not objectively inferring it or explicating it, but “intuitively grasping” it within the commerce of the pathic, pre-representational primordial level of constitution, at the most initial of levels of affective exchange where where the *Spaltung* is said of the disharmony of dialectically pathic exchange and reciprocity between the patient and clinician, not only as a *trouble of incarnation*, but also as a trouble of the “entre-deux” and “entre-les-deux,” a trouble of the anthropological category or even as its disproportion, a trouble of transcendence proper. As Oury writes:

There is a dispersion rather than a concentration, there is a no-where, there is the elsewhere, there is a presence that functions incorrectly...It is question of the encounter...something happens within the encounter...it is not a question of a collection of primary symptoms, but as certain have said, of a person.²²⁰

As the Spanish psychiatrist Salomon Resnik outlined in his phenomenologically grounded *Personne et Psychose* of 1973²²¹, there is the “particular presence of the schizophrenic” – what Oury calls the “odor” of the schizophrenic²²². The presence of the schizophrenic marks the *Spaltung*, there is the sense that he is not there, that the patient is absent, that, in the words of Oury, he is, “elsewhere,” his presence is lacking.

Most importantly, this sensing of an anthropological disproportion is primarily felt within the atmospheric commerce between men, the affective interchange proper (*miteinandersein*). The felt disproportion with the person of schizophrenia is nothing other than a fundamental difficulty of being-with-the-other presenting itself as a primary symptom, of dissociation on the primordial level of the pathic – it is, as Oury would assert, a problem of the *mit-*, a problem of the *being-with*²²³. It is where there is a dissonance at the primordial level of the constitution of the subject, a problem at the level of “emergence.” The primary symptom, the *Spaltung*, thus becomes said of a problem of transcendental structure rather than a level of empirical comportment, where the trouble of the “entre-deux” announces a trouble of transcendental structure itself, and where, in the words of Tatossian, “the essentiality is of a tactile order.”²²⁴ The patient is dissociated, there is a scission in his pathic presentation, there is a lack of his presence felt within an ambient commerce, the schizophrenic’s body is in dispersal where as Oury describes, “there is merely a part of a finger that remains...we think we address a person, but we address a hand, a toe or a button.”²²⁵ the idea we need to keep with here, is that the diagnostic works through and objectifies the anthropological bond. The schizophrenic does not merely present an anthropological deficit, but as we saw Minkowski assert, the question is of a particular affective modality. Disproportion is felt as an anthropological modality within Weizsäcker’s affective commerce.

The question of the primary symptom of schizophrenia, as identified by Bleuler, the *Spaltung*, when posed at the level of Weizsäcker’s therapeutic commerce to which Rümke’s *Praecox Gefühl* is the most faithful and “honest” of diagnostics, is said of that which is felt by the analyst and not thought, it is translated by a clinical objectivity in line with an anthropologically decisive level of exchange between clinician and patient, of an “inobjective reality” as Maldiney writes²²⁶. Such questions, or rather such a sentiment or phenomenological attitude, is one that hallmarks the seminars of Schotte and Oury, pointing to this *inobjective reality*, of a clinical objectivity that, in following the lead of Hubertus Tellenbach, *does not seek to isolate the symptom within a pathogenic causal chain, but pose the question of the non-isolatable phenomenon*. In doing so, the symptom is said of man, and again in retaking the adage of Oury:

we ourselves are symptoms. This phenomenological attitude does not pose the question of schizophrenia as a trouble of comportment or cognitive deficit, but rather asserts the respect of the Other with the question of the transcendental modification of structure. This is the address of *sympathy*, *comprehension* and *accompaniment*, the level of commerce and exchange, where the diagnostic is said of the pathic, and psychiatry said of man.

Commerce, which is played out within the dimension of the pathic, is said of the “primary,” “primordial” category of the human, to use two words dear to the vocabulary of phenomenology and recurrent within Schotte’s lecture series. Within this commerce, the relation between observer and observed, between patient and clinician is said of a solidarity and reciprocity (*Gegenseitigkeit*). This was the fundament to Weizsäcker presenting the case not merely of medicine, but of an “anthropological medicine” just as the diagnostic is of an “anthropological diagnostic.” The *Praecox Gefühl*, is nothing short of the most anthropologically faithful diagnostic, one taking “therapeutic commerce” as its functional criteria. Thus, when Oury tells us that, “there is the odor of the schizophrenic,” it is of the known through the felt, a comprehension furnished the pathic diagnostic (*Praecox Gefühl*).

4: The primordial and the pathic: a quest for essence and communion

What we have previously called in our previous chapter, the “art of *accompaniment*” (which paralleled Bonafé’s description psychiatry as the “art of *sympathy*”) now appears not so literal and objective as it originally once did, for such notions are clinically punctuated in the psychiatrist approaching the question of a transcendental plane of constitution furnishing and supporting the empirical, in him entering into the narratives between the transcendental constituting ground and the empirical figure, in him requiring an “absolute passivity” in order to gain access to the pathic zone – the primordial scene proper. More precisely, we now understand this *art*, which we saw Pinel deem the most “noble”, as a phenomenological

art, that is, a human *art*. This is why Tosquelles speaks of the project of psychiatry, or rather and Institutional Psychotherapy, as a *re-elaboration of man and the spaces of his existence*. Psychiatry, therefore, is at once creative, ethical and phenomenological.

The accompaniment and sympathy of which we speak, are not objective condoling acts, but anthropological dispositions, or rather “affective dispositions” which gain a valuable significance within the psychiatric encounter. It is where we have the, “vital” dialectic of the “entre-deux,” and Minkowski’s “vital contact with reality.” Here, we find a neighbouring notion by Tatossian where he speaks of the, “profundity of human existence,²²⁷” which is what we have seen Minkowski further characterize as the “cosmic level” of constitution, which is the level of the *creative élan*. Such was a Tosquelles of 1948, who in approaching the mock-Biblical phantasm of the end-of-the-world experience in terms of the “I” of a transcendental consciousness speaking and announcing a truth beneath the “mechanical” and empirical “I.” Indeed, as we saw in chapter 2, the phantasm is both organismic and psychical within an investigation that took us from the neurology of Goldstein and Weizsäcker, to the phenomenology of Landsberg. The phantasm is a declaration of transcendental reality (Lacan’s *Real*) – unitary life itself²²⁸. Thus when we hear Oury speak, on grounds of the *Praecox Gefühl* and the *pathic*, that with the fundamental symptom of schizophrenia the patient is “elsewhere” and “nowhere,” we can understand this, in terms of Tosquelles’ thesis, to be a question of the lack of unicity and a “collapse” of the transcendental constitution²²⁹ (this in terms of Goldstein’s neurobiology and even Landsberg’s Christology). But as we have seen, this “fecund” event, is not necessarily negative, because the phantasm is a revelatory mechanism, and madness discloses and reveals that from which we are habitually distanced, a “bitter revelation” as Tosquelles often said.

The coalescence of the transcendental and the empirical is, in Tellenbach’s terms, the shift from the *symptom* to the *essence*. This shift in turn points us to an experience disclosing human presence to be, in the words of Ludwig Binswanger, “authentic,²³⁰” which is where Edmund Husserl proposed to “essence²³¹” to be (whether or not Husserl accessed the true, authentic and essential nature of things is

questionable, that is, whether or not he possessed an experiential knowledge of phenomena rather than an intellectual knowledge). Similarly, for Arthur Tatossian, this realm of essences implied a move away from “nosography” because nosological categories are themselves “critically refined” through the disclosure of the “originary foundation” of existence and the *primacy* of experience²³². This *shift from the nosological*, is where the clinical encounter amplifies and discloses a *primordial anthropology*, where it *brings to light* (to use a phrasing of Maldiney), or rather where it puts into *relief* the transcendental variations and modifications between the Self and World, disclosing ever so rarely man’s structural geneses and his “initial formation.” This is why we have the “quality” of the *penetrative diagnostic* (Minkowski) or the *Praecox Gefühl* (Rümke, Oury), because it penetrates what Husserl called the “living present.”²³³ For Tatossian the “profundity of human experience,” this penetration into the immediate and essential nature of all things was of a tactile order *rather than an intellectual order*²³⁴ and it is under this auspice, one of the *sensual and felt* rather than the *intellectual*, that Oury that we see Oury speak of a future-anterior time of the encounter within which the *Praecox Gefühl* of Rümke unfolds, within an anticipatory dimension of feeling and sensing the Other, that zone of “absolute passivity” where our pre-constituted ideas of the world are suspended, an instant, to retake the wording of Heidegger, of *pure a priori* intuition:

This anticipatory dimension, is not a pure intentionality. It is that which corresponds, in terms of the grammatical plane, to the future anterior. True presence, is of the future anterior. It is not something encased in the speaking subject of the past or the future, because this, would already be too late. True presence is something that is in relation with that which opens, with the opening.²³⁵

Tatossian’s enigmatically and phenomenologically penned phrase defining the instant of the patient-clinician relation to be a disclosure of the *profundity to existence*, is where that which is accessible to vision (*anschaulich*), the visible sign proper (the isolatable medical symptom), gives way to the announcements of transcendental life and an “enigmatic depth,²³⁶” to use the descriptive vocabulary of Husserl’s most faithful disciple Eugen Fink. Such descriptions mark a joint concern, for where we have seen Fink and Deleuze write of *depth*, Tellenbach writes of *essences*, Minkowski writes of “cosmic

constitution,” and Oury writes of the “odor of the schizophrenic...surpassing intuition itself.²³⁷” These descriptions lend themselves to elaborating the profundity not merely of human interrelations, but of the patient-clinician interrelation and the ethical enterprise of psychiatry. Psychiatry is phenomenology, phenomenology is psychiatry, yet only as long as the ethical is understood in terms of the human encounter and the necessity to accord human presence the role it demands. When Pinel characterised the enterprise of medical assistance as living “within the presence” of the patient, he weaved together the ethical, the phenomenological and the diagnostic providing a tapestry of human existence, the very principality of medicine, theology and philosophy.

Pathic communication (to use the terminology of Weizsäcker) does not so much create the new and novel but reveal the ever present profundity to our reality. As Tatossian asserts, in an acute wording as if to sum up the appeal of the phenomenological attitude:

Life does not build itself upon our model...it is the human condition that follows the model of the life of the cosmos, within which there is the transpersonal and primitive.²³⁸

This, echoing Ludwig Binswanger’s appeal to the primacy of presence and existence:

Medical psychotherapy, as with somatic medicine, in no way creates new forces. On the contrary, where the latter can merely isolate, concentrate and direct the reigning forces of the organic and inorganic universe or cosmos, the former also merely isolates, concentrates and directs the reigning ‘forces’ of the cosmos of being.²³⁹

What the encounter marks is an instant of Fink’s inconclusive “monograph,” the coming forth of the “virginity of the world” (Cézanne), it is where, in the words of Goethe, “experience is but a part of experience” – the *horizon* or the *Real* (Lacan) cannot be known in its entirety, and, moreover, it is the virginity of the world which resides within us, yet ever so distanced from our habitual consciousness, albeit one, in the eyes of Husserl, which was mistaken. New living forces are not created, but an originary

foundation is disclosed – a proto-model of the world and life.

What we have seen Tatossian call the “primacy of experience” is for Husserlian phenomenology revealing of the *essence*. Thus we see Minkowski write of the, “absolute sincerity of the transcendental Ego,” a sincerity which subsists in the primitive and primordial life world of all things. In the words of Binswanger, we encounter a constitutive agency for it is, “that which makes the given possible, that which transcendently constitutes it²⁴⁰” – Lacan’s *Real* To this primitive, primary domain of transcendental constitution, Husserl attributed “passive processes” that were conceived as, “self-regulating,” “automatic” and unifying processes *prior to the thematised* activities of the speaking and thinking psychological subject²⁴¹. These processes maintain the “unicity” of man organically and psychically²⁴² – “initial” processes (to retake an adjective used by Oury). The experience of this level, in the words of Husserl, is “pure,” free from cultural idealisations and preconstituted ideas, free from habitual obscurations. This is why Oury accords a “future anterior time” to this experience, one that is initiated by an “absolute passivity,” which for Husserl was situated beneath the theoretical and technical preoccupations of the empirical subject²⁴³. Husserl’s “pure” experience of a pre-thematic world where the “originary foundation” is disclosed, can therefore be firmly equated with Oury’s reflection upon the pathic as the most “primordial of sensations,²⁴⁴” as the level of “ambient” commerce and exchange for Weizsäcker, the level upon which the *Praecox Gefühl* comes into play, the “essential” level which Minkowski saw the diagnostic “penetrate.²⁴⁵”

The experience of *Presence, essence* and the *primitive*, is not one *grasped* by an intellectually inferring constituted subject because as Oury reminds us in a brief reflection upon the aesthetico-physiognomy of Jürg Zutt, “it is a pre-intentional level²⁴⁶” which demands a more *naked* subject *prior to* theoretical and technical preoccupation, one of an “absolute passivity.” Indeed, prior to the clinician donning his technical garb he must first be naked, exposed to the primary and primitive, passive to the world, innocent to the declaration. The *Praecox Gefühl* is more of a state of being than a technical operation, for the psychiatrist, rather than being the somatist, who in distinguishing the soma from the

psyche, draws upon the isolatable symptom within a pathological chain to further understand the pathogenesis of an illness, the psychotherapist adopts what Hubertus Tellenbach has described as an “empirico-phenomenological” attitude enabling “an ambient exchange with the patient that is oriented to a vital intuition of his nature.²⁴⁷” And to retake Oury, this is where, “we cannot be within systems of a representative logic, of prejudgments proper” because “we ourselves are symptoms.” This is an attitude that takes “appearances as phenomena,” and one that is, “not guided by the prejudices of a theory.²⁴⁸” What else is the *Praecox Gefühl* other than a vital intuition of the patient’s *essential* nature, one that is unique to human existence? One that is reminiscent of a Platonic appeal to transcendence, urging us to go beyond the outward appearances of things²⁴⁹, to penetrate the veils of the world, to remove the masks behind which the *gospel of world harmony* and the *virginity of the world* exist.

This vital intuition of a non-prejudiced attitude, one requiring a consciousness less crowded by habitual thinking, one that momentarily saw Tosquelles with a modest pen ask, “clairvoyant?²⁵⁰” is of the *pre-thematic* (Husserl) and *pre-representational* (Oury) where there is a *non-objective grasp of Presence* (to borrow two recurrent adjectives from the studies of Binswanger). It is where the psychotherapist must set aside his theoretical preoccupations and surrender himself to what Merleau-Ponty described as a, “primordial faith,²⁵¹” which is, as we have seen, that *non-thematisable* form of belief for Oury. Similarly, yet less enigmatically to Merleau-Ponty’s coining, Oury likens the task of the *Praecox Gefühl* to “clearing the ground” of presuppositions, and to “suspending preconception.” Elsewhere, he likens the diagnostic task to a Kenotic theology in writing that, “the faculty of emptying out” has to be present for us to have access to this domain²⁵². For Tellenbach, this is the “empirico-phenomenological attitude” which takes the *phenomenon*, the *essence* and the *transcendental organisation* of man as the very minimal structure from which we can depart. In his work on melancholy, Tellenbach writes that:

The *phenomenon*...is that which is hidden. With visible *symptoms* we can only speak of experience in that something is visible...It is because the illness is announced through symptoms that are not shown, that diagnostic inferences are called for. For something to *show* itself, there is no need for inference. When a melancholic speaks of a modification of the spatially lived (*vécu spatial*), I can apprehend this as a

symptom...but I can also apprehend it as a phenomenon. In this case it is nothing of the indication of the illness but something where a character of being of melancholic presence manifests.²⁵³

The symptom indicates a phenomenon, and with this empirico-phenomenological approach *surface* does indeed become *depth* (Deleuze), that is, a far deeper reality is pronounced. This depth for Husserl had many a coining: the proto world of life, (*Ur-lebenswelt*) where there are “passive geneses,” the primary reality of “immediate experience,” a “pure universal nature,” the “pre-thought” (*Vor-Denken*), and of what he deemed the “compossible” world of the “pure Ego²⁵⁴” (the realm of the pure transcendental Ego for Minkowski). We can even venture to suggest, along with the psychiatric studies of Halleman and most notably his study on paraphrenia, that this particular dimension to things is “pre-temporal” and “pre-historical” (*vorzeit*)²⁵⁵ which very much ties in with Oury speaking of a “pathic” “proto” site where there is even the constitutive, constructive root of space itself²⁵⁶.

What we have seen Tellenbach call the *vitally intuited*, is where the patient is encountered as a *presence*, what Weizsäcker understands as the dimension of affective commerce where a “pure” objectivity is at play (to borrow an adjective from Husserl). Clinically, this pure objectivity is where the given reality of the symptom houses yet a greater narrative to man’s existence, where as we have seen for Tellenbach, *appearances become essences*, and for Deleuze, *surface becomes depth*. The psychiatrist thus works at the level of the empirical and transcendental, at the level of the visible and the invisible, the ontic-ontological, where he is initiated into working with the figure and the ground through an encounter with the person, of that which for Maldiney, is, “yet to appear upon the surface...where the task of psychiatry is precisely to bring it to light.²⁵⁷” This marks the very task of the empirico-phenomenological attitude for as Tatossian notes it is here that psychiatric practice becomes a question not so much of a psychiatry working at the level of “explication (*erklären*), but clarification (*klären*),²⁵⁸” where we have seen Oury assert a clinical objectivity to be not of explication (*erklärung*), but of *sympathy* and *comprehension* (*verstehung*).

The question of *enigmatic depth* (Fink), of *presence* (Binswanger), of the *profundity of human*

existence (Tatossian), therefore points to the psychiatrist's apprehension of the primary symptom through a diagnostic not working to a classically oriented criteria of isolatable medical symptoms within a pathological causal chain, but working at the level of transcendental experience beneath the empirical semiological symptom. A penetration of a reality that Tatossian has called, "pre-semiological."²⁵⁹ This is precisely what Oury's seminars on the primary symptom of schizophrenia and his salutary gesture to the *Praecox Gefühl* underlined: the importance of the pre-thematic and pre-representational level of constitution which is the most primary and definitive of anthropological categories. And to this we again hear Schotte speak of a medical objectivity defined through a commerce of "essence", of the "primordial" and of the "essential" constitutive reality of man. The psychiatrist is as the monk, yet the divinity to which he turns is commonly called *madness*, the liturgy; *psychosis* and the faith; *phenomenological* – a *non-thematisable* belief (Oury) or a *primordial faith* (Merleau-Ponty).

What was for Tatossian the "pre-semiological," for Oury is the "pre-thematic" and "pre-representational," which for Schotte, is the "essence," the "primary", the "primitive" and the "primordial." Proof again of *a vocabulary and sentiment shared*. Husserl further wrote of this level to be one of a, "primordial bond" (*Ursprung*) which was faithfully complimented by the likes of a Minkowski with notions of, "interhuman contact"²⁶⁰ and "vital contact."²⁶¹ Tatossian also, as if combining the pathic of Weizsäcker and the cosmological sentiments of Minkowski, accords "human life"²⁶² an "anthropo-cosmic" role where the empirical symptom is but a mere isolatable moment within the reigning kingdom of the transcendental activity of all things. There is thus a fluctuating dialogue, what we have previously deemed a *nuanced coalescent narrative*, between the symptom and the phenomenon, between appearance and essence (Tellenbach), between the empirical and the transcendental, between a "constituting" "enigmatic depth"²⁶³ and a "constituted"²⁶⁴ surface of empirical reality, between the "accessible" and the "essential" (the *vivant-vécu* dialectic for Maldiney). As Tatossian outlines:

With neurosis, there is a weakness of the empirical self but a great strength of the transcendental Self...but with delirium where the patient affirms his autonomy and force, there is resistance and struggle, the force

of the empirical Self does not allow the weakening of the transcendental Self.²⁶⁵

Where it is all too easy to favour this proto-level as the *intentional* constituting the *eidōs* (essence) of an intellectual consciousness, the psychiatrist, be him a Binswanger, a Minkowski, a Straus and their extended tradition with the work of Wolfgang Blankenburg²⁶⁶, Tatossian and Tellenbach, would opt for the *pre-intentional* and the *pre-thematic* to be the most faithful address of the *Ur-Lebenswelt* (the proto-world of life) furnishing the epistemological horizon of psychiatry. Here, the *intentional* and the *pre-intentional* by no means invite a duality, or two different consciousnesses, nor a division of the transcendental and empirical ego, but rather, they are to be considered as two moments of the same transcendence, or better, two moments of the same transcendental consciousness – as proof of a will to unity. As Tatossian notes:

Intentionality gives up its place to pre-intentionality...one needs to distinguish the intentionality of intellectual consciousness, wholly reflexive, and the ground of the “operative,” “working” intentionality of “active consciousness” upon which the *lebenswelt* is founded.²⁶⁷

This ground of the “operative” category does not belong to intellectual knowledge because it is a primary mode of apprehension, *intuitive grasping* (Tellenbach), *feeling* (Straus) and *sensation* (Oury). The Husserlian sentiment is clear, for this attitude invites a “bracketing-off²⁶⁸” of empirical givens, cultural idealisations, and a “suspension” of prejudgment²⁶⁹. It is where we saw Oury write that a, “clearing of the ground” and the Kenotic category of “emptying out” is required in order for the patient to be grasped as presence²⁷⁰, in order to have that “pure” experience, that state-of-affairs for Tellenbach where the prejudices of a theory do not hold sway and intellect gives way to experience. As Karl Jaspers, inhaling the Husserlian air of his time, momentarily proposed in his *Psychopathology*, there is a, “setting aside of prejudices²⁷¹” in order to see phenomena in their *emergence*, “directly²⁷²” and “purely.” This is the appeal to a “direct experience,²⁷³” (which the *Praecox Gefühl* in fact is) and it goes in the direction of what some neuroscientists sympathetic to the “purity” of the Husserlian cause have characterised as

“direct perception,²⁷⁴” similar to that of elementary Yogic experiences. Thus Tosquelles once more, “clairvoyant?” and Oury again, “I start from concrete metapsychological hypotheses.” To recall the Catalan militant Horace Torrubia, who was neither explicitly Husserlian nor Heideggerian in his referencing, but a psychiatrist like Tosquelles steeped in the philosophy of the Catalan region and its anti-fascist imperatives, this is an attitude even “sensitive to the grain of sand.²⁷⁵” And to once again recall Erwin Straus, the neurological luminary who became the key figure of the *Gestaltpsychologie* movement, it is an attitude respecting, “phenomena in their emergence²⁷⁶” where man’s “immeasurable endowment” subsists.

For the disciples of Arthur Tatossian²⁷⁷, Jean Naudin and Jean-Michel Azorin, this “direct givenness,” this direct experience, this Husserlian “return to the things themselves,” this “pure” experience and “vital intuitive” grasp of *essence* (Tellenbach) where *phenomena* are in *emergence* (Straus) is possible only through an attitude where “clinical matters of fact can be experienced directly” owing to “the absence of presuppositions and the methodological suspension of prejudices which stand in the way of direct access to phenomena.²⁷⁸” Indeed, as Lanteri-Laura would note, this attitude:

Presupposes a constant oscillation between a purely intuitive practice, engaged in the immediately present experience with a patient, and a theorizing activity that tests present clinical experience against psychopathological concepts inherited from the past.²⁷⁹

Theorisation is thus seemingly secondary to the clinical encounter, to the vital communication between the clinician and patient, subsisting at the structural, emergent level of man, or as Husserl saw it, “the primal source-point, from which springs the *now*, and so on.²⁸⁰” As we saw with a Jean Oury of 1947 before his patient Jayet, “nosographic astuteness is not enough²⁸¹” because here, within this “commerce” (Weizsacker) of “primordial sensation” theoretical activity and theories in circulation are “suspended,²⁸²” and “presence is sensible²⁸³.” It is upon such a ground, in the address of the primordial and transcendental, of the *primal source point* (Husserl), that Wolfgang Blankenburg writes of (as if the crowning gesture to

all phenomenological appeals), “the emergence of a possibility peculiar to human experience.²⁸⁴” This is the address of the primacy of experience between the observer and observed where for Husserl the “thesis of reality” is suspended, “bracketed off.”

Only through this suspension of habitual thought patterns can we have the immediacy of lived experience (*Erlebnis*), the “living present,²⁸⁵” only by *clearing the ground* of our daily clinging to world concepts can we access the *pre-intentional* and *pre-thought* (Husserl), the *pre-semiotic* (Tatossian) and *pre-representational* (Oury). Thus when Oury speak of the Kenotic category of “emptying out” it is so that we can get closer to grasping the emerging subject, an Other, without intellectual and technical preoccupation. The *felt*, an instant of the clairvoyant even (Tosquelles) belong to that “penetration” (Minkowski) and the coming-forth of what Husserl called a “universal nature.²⁸⁶” Thus we again retake Oury of Paris VII in 1985 asking, “that when a person is present before us, who we encounter, what is it exactly that urges us to deem him a schizophrenic?²⁸⁷” The answer is prior to language, within primordial sensation where Cézanne’s virginity of the world implies not merely an experience unique to psychiatry and to art, but to humanity as a whole, which is why, it is the definitive anthropological category, prior to and beyond the barriers of impudent convention and the common popular reason of habitually conceived reality.

5: Schizophrenic Deficit and Schizophrenic Industriousness

In following Immanuel Kant, Wolfgang Blankenburg saw the level of transcendental constitution to be “common sense.²⁸⁸” Husserl worded it as, “universal nature.²⁸⁹” Yet for Blankenburg,, this common sense was also a, “natural evidence.²⁹⁰” The role allotted to this natural evidence was to ensure what Hubertus Tellenbach has deemed a “lawful connection²⁹¹” between Self and World, the implicit yet ever-present frame of “natural experience²⁹²” proper, a ground in Blankenburg’s words:

Permitting tactility, taste, the sentiment of that which is adequate, the knowledge of the Other even before knowing him, the capacity to distinguish that which is pertinent and that which is not...the logic of the world (*weltlogik*), a natural logic.²⁹³

This realm of a “natural logic,” a *Weltlogik* synonymous with Neo-Kantian terms such as “common sense” and “universal nature” (constituting the coherence of the empirical subject within the world), was for Blankenburg a factually determining “transcendental organisation.”²⁹⁴ As he wrote, it is the level of, “the conditions of possibility where the relation between Self and World actually function.”²⁹⁵ For Blankenburg, the borderline schizophrenic demonstrated a “problem” of transcendental organisation and natural logic. Where Binswanger spoke of an *anthropological disproportion*, and Lacan spoke of the *trouble of incarnation*, Blankenburg speaks of the trouble of *transcendental organisation* and Oury speaks of the *trouble of transcendence*. Phenomenology indeed becomes a fraternal enterprise, edified within a psychiatry where the ethic is paramount and where the patient is an existant, reflecting the profundity of our own nature and conflicts we are yet to realize ourselves.

With similar approach, Tatossian (a cohort of Oury, Maldiney, Tellenbach and Blankenburg well) saw the weakening of the transcendental self within neurosis to be the “weakening” and “deficiency” of common sense. The resistant struggle between the empirical and transcendental self within delirium is understood as an upset of the Husserlian “passive” and “active syntheses.”²⁹⁶ Likewise, Oury speaks of the “profound trouble” of schizophrenia, of the “collapse of transcendence” proper, where there is “a profound trouble of incarnation”²⁹⁷ (Lacan), a problem of the “initial” human level prior to the empirically incarnated subject. This level of “transcendental organisation” of which the “profound trouble of schizophrenia” corresponds, is conceived by Tatossian as the pre-thematic level of biographical movement, the *lebensweg*, the *non-objective* auto-movement (*selbstbewegung*) of the Self that the *immediate, pre-semiological* diagnostic apprehends²⁹⁸. This is where we see Oury announce to Paris VII

that the work and concern of the psychiatrist, and more precisely of an Institutional Psychotherapy, is with the question of the person, his movement, his constitution, and the “respectful undertaking” towards the Other²⁹⁹.

The psychiatrist thus works at the intuitive level and the technical level. His method and attitude is “empirico-phenomenological” (Tellenbach), where, to retake Lanteri-Laura, the psychiatrist’s approach is, “a constant oscillation between a purely intuitive practice, engaged in the immediately present experience with a patient, and a theorizing activity which tests present clinical experience against psychopathological concepts inherited from the past.³⁰⁰” Troubles of this level, of the transcendently constitutive dimension, of the *proto-world* disclosed through a diagnostic “sensing the pathic,” have further seen Blankenburg propose schizophrenia to be a “loss of natural evidence,³⁰¹” which is a synonym not for a cognitive *deficit* but rather for a trouble of “common sense,” “natural belief” or “natural logic.” Here the new evidences of delirium replace the lacking natural evidence, furnishing a facticity of non-evidence and a delusional series of references³⁰². This line of enquiry (psychiatric and Neo-Kantian?) can inform what we have previously seen to be the mock-Biblical delirium announcing the *end of the world* phantasm finding a Husserlian reception in, “the real world only existing to the extent that it is constantly taken for granted that experience will continue to unfold in accordance with the same constitutive style.³⁰³” Tatossian, in following Blankenburg, has seen the transcendental substitution of natural evidence with new non-evidence to be the upset of the “pre-historical level” of passive synthesis resulting in the discordance of the empirical subject, where schizophrenia is considered to be an “egological” problem understood as an upset between the transcendental and empirical ego³⁰⁴. As a result, what Tatossian deems the “reassuring legitimacy of common sense³⁰⁵” accompanying actions is lost, that is to say, that the *loss of natural evidence* with schizophrenia is where “necessary objective knowledge” lacks “efficient working,³⁰⁶” and where the world logic is replaced by alternative evidence that is not necessarily of the factual order of “natural logic.” With delusional judgment thus becoming the substituted basis of the evident and factual world, the logic of fact matters little for the schizophrenic. As

Blankenburg writes, “the whole constitutive structure of transcendental subjectivity and objectivity, the natural experience of the world, of reason, of truth and of reality has broken down.³⁰⁷” To this we can recall Oury and Tosquelles who do not speak of a, “schizophrenic deficit” or “breakdown” in common sense, but of a, “collapse of transcendence” and the “profound trouble of incarnation.” Where Blankenburg and Tatossian point to the incapacities of everyday life through a functional deficit of common sense and the substitution of natural logic with a non-natural logic, Oury points to the extension of the capacities of man’s psychical life through the industrious possibilities of delirium (*Wahnsfunktion*)³⁰⁸:

The school inaugurated by Henri Ey appealed to a permanent deficit without considering the reconstruction of something, a reconstruction which sometimes, when the temperament is rich enough, surpasses the aesthetic productions of the normopath. This is not to say that one has to be a schizophrenic to be a genius, but that upon this level, that which is in question within the encounter, is a person...Our work concerns the person...The encounter is that which concerns the existent and the manifestation of what we call, in somewhat of a banal way, the Other.³⁰⁹

Schizophrenia is understood either as a negation of the workable cohesive constitution of common sense and “natural logic,” yet a negation that is creative and revelatory. The phenomenological concern can therefore become seemingly split into two schools. Naudin and Azorin, tutored by Tatossian, who had himself delivered the Husserlian-weighted thought of Blankenburg to the French psychiatric milieu in the 1960’s, are of the school of the “functional deficit” in writing that:

Natural experience achieves an equilibrium between evidence and non-evidence...Moments of doubt lead to a thematisation which replaces non-concordant evidence with a new concordant evidence. Confronted with doubt, schizophrenic experience does not succeed in re-establishing this equilibrium and let’s non-evidence proceed forth without ever overcoming it.³¹⁰

Oury, however, presents a less stringent appeal to the demands of this universally grounding common sense (*sensus communis*) of man and seeks to propose, in following the sentiments of the Heideggerian-

weighted Tellenbach³¹¹, that schizophrenia is not so much a concern of “natural deficit,³¹²” or what Binswanger termed, in appealing to the lack and breakdown of the natural constitutive foundation an, “anthropological disproportion,³¹³” but that:

Among other illnesses, as a trouble of rhythm, is a disrhythm. Our work consists of the attempts to reestablish a certain level of rhythm, and for this, one has approach the site where space and time are themselves secondary. That which is primordial is rhythm. As Hans Von Bulow writes, “In the beginning there was rhythm.” We can also say that rhythm is the “auto-movement of space”... When there is rhythm, there is opening... Rhythm, the putting-into-form, manifests the oeuvre, and that which is put into question within this specific space of creation and emergence of the most profound troubles, is the absence of the objectified oeuvre.³¹⁴

For Naudin and Azorin, in following Blankenburg and Tatossian, schizophrenia is said of the absence of natural evidence (Binswanger’s *anthropologically disproportionate presence*) and without successfully overcoming the *disproportional* equilibrium between the *pre-intentional* and *intentional* levels there is a permanent deficit or destruction. This is Henri Ey’s “permanent deficiency” to which Oury counterbalances with an aesthetic reading of schizophrenia as both industrious and creative illness³¹⁵. Indeed, we recall that for Jakob Wyrsh, in his phenomenological study of the personage of the schizophrenic which Oury has himself often referenced, “schizophrenia is not necessarily said of a permanent destruction.³¹⁶” With the school of Tatossian, we see the proliferation of delirium over the factual, where the common evidence of man is replaced by the references of delirium, and where delusion is said of a deficit, of a substitution with a “false frame of references” denying common sense its grounding of the empirical and the factuality of the life-world. For Oury, schizophrenia is said of the absence of the “objectified oeuvre” where there is a “disrhythm” and an upset to the transcendental incarnating organisation of the subject. Where Tatossian rests upon the Blankenbergian argument of the loss, deficit and lack of common sense and natural belief, Oury takes the reconstructive post-traumatic paradigm of Wyrsh, Grühle (*Whansfunktion*) and Freud as his theoretical signposts. We recall Freud in his introductory lectures:

The paranoiac rebuilds the universe...not to the most splendid of truths...but to a new level of life...his delirious effort is a means to rebuilding. We take it for a morbid production, the formation of a delirium, and in reality a means of healing, a reconstruction.³¹⁷

Where Naudin and Azorin, in following Blankenburg, speak of “evidence,” Oury takes his lead from Freud’s observation of post-traumatic reconstruction and speaks of the “work” (Oeuvre) of schizophrenia. Yet whether the assertion is one the Institutional Psychotherapy of a post-war generation favouring themes of industry and revelation with aesthetically crowned gestaltist appeals to the creative and renewable possibilities within psychoses³¹⁸, of the oeuvre and rhythm, or if it be of the phenomenological psychiatry of Marseille with its anthropological appeals to the universal necessity of common sense³¹⁹, of natural evidence and its functional deficits, the joint appeal of both these phenomenologically-weighted schools of psychiatry, of La Loire and Marseille, is one where the “profundity of human existence³²⁰” is the imperative, and where to speak of isolatable symptoms is not enough to qualify the “art” of psychiatry, and most importantly, the *art of sympathy* or the *art of accompaniment*. Indeed, both schools venture “beyond the distinction of psychosis, psychopathology and normality³²¹” in striving to know and assert upon the ground of human being in general, and the projects of Marseille and La Borde are two species of the same genre. Thus the diagnostic, for both these schools edifying the phenomenological attitude, becomes one of “the primary reality of immediate experience,³²²” where “the world unveils itself,³²³” beyond objective perception (*wahrnehmung*) and into an, “aesthetic domain of apparition unveiling an essential nature (*wessen*),³²⁴” that is, of the “forgotten and ever present frame³²⁵” of reality. Minkowski himself had hallmarked such appeals, in seeing “the rigid symptom” to be replaced “within the flux of the world.³²⁶”

6: The atmospheric landscape

Viktor Von Weizsäcker, like Sigmund Freud, was a contemporary of Martin Heidegger, however, all three failed to meet. They do meet, however, as we have progressively seen, within the project of an Institutional Psychotherapy, and specifically, within the work of Oury and Tosquelles. For Weizsäcker, the pre-thematic dimension of vital communication was, as we have seen, the “pathic.” The pathic is a field within which we exist as primordial sensation, prior to us being the psychological decisive subject to which we commonly accord the empirical ‘I’ of our habitual activities and thought patterns. For Tatossian, the pathic existence of man is not merely one of an existence within sensation³²⁷ because the *communication* between patient and analyst is “vital” and in following Blankenberg’s appeals to the universally constitutive role of common sense (elsewhere termed “natural logic³²⁸”), Tatossian saw pathic communication to be “tactility in the form of an atmosphere³²⁹.” This follows Minkowski for whom atmosphere was a “concrete atmosphere,” one of the *felt*, one of “affective contact.³³⁰” The pathic encounter, is thus conceived by Tatossian to be an “atmospheric” dynamic englobing and encircling the clinical relation. Moreover, for Minkowski, this is an instant of co-presence, belonging to the anthropocosmological domain of human existence, one where “harmonic phenomena” provide the constitutive transcendental underpinnings of man-in-the-world³³¹ by virtue of a “vast arc” (elsewhere deemed the *creative élan*) traversing man and cosmos³³².

The clinical encounter is an atmospheric situation. It is *felt* and *tactile*. This state of affairs is not unique to the psychiatric encounter, because it is anthropological and belongs to the human community as a whole, but what the clinical encounter does, is accentuate the atmosphere that constitutes the subject, that is, from which the subject emerges. More recent phenomenologists, Vannotti and Gennart in particular, follow the concerns of Heidegger and his psychiatric transposition through the work of Hubertus Tellenbach, Arthur Tatossian, and Erwin Straus, in order to situate clinical contact as belonging to, “a horizon essentially carrying the form of an *ambient world* - a world which situates us within an environ

of sensible qualities (odours, lights, the tone of the voice), and from this pathic communication we have with the environ, a certain atmosphere or ambience which is deployed around us.³³³” This phrase in fact sheds greater light on the assertions of Tosquelles writing of the Real:

The Real is that which is here before us, most of the time, in front of us, and that which remains outside of us. We will never be able to grasp it in its totality. It is placed upon the horizon to which each person walks towards, yet it is a horizon that withdraws, even to the rhythm of each walking man.³³⁴

In terms of phenomenology, and Heidegger and Maldiney in particular, this environ of the atmospheric encounter pertains to the living subject’s *being-in-the-world*, where the subject is transcendently implicated, thrown into a world of ambient relations³³⁵. It is where Erwin Straus would assert that the subject, “never remains immutable, that in the changes of his accidents there are sensations, perceptions, pure thoughts, volitions.³³⁶” Indeed for Straus, man is sensibly implicated within a developmental, moving landscape, a “pathic landscape” as he called it. True to the empirico-phenomenological attitude favouring the “primordial,” the “essence,” and the “primary,” Straus asserted that this “pathic landscape” is “pre-thematic” and “pre-objective,” that is, prior to the reflexive subject. As he wrote³³⁷:

In the landscape we are encircled by a horizon; the further we go, the horizon always displaces itself with us...In the landscape we never realise that we have left one area to find ourselves within another and that the area within which we find ourselves never embraces the totality.³³⁸

It is this very function of the englobing and encircling horizon, one paralleling Minkowski’s vocabulary of a “vast transcendental arc” englobing human relations, that for Straus marks a decisive shift from nosography to topology. This is demonstrated by the following: there is a fundamental difference between the space of the pathic landscape (of the shifting, transcendental atmospheric horizon), and geographical space, which is fixed, coordinated and delimited. Straus writes that geographical space is systematised

and closed where the position of the spectator is always determined within a systematic context. The space of the pathic landscape, on the other hand, is where the spectator is always positioned at the center of a spatial system englobed by a horizon of atmospheric relations³³⁹. The pathic landscape designates a zone of pre-conceptual and “pre-thematic³⁴⁰” activity within which the subject is uniquely determined (atmospherically determined). Jean Oury outlines the Strausian context well:

The *pathic moment*...this field, this site, is a landscape. Erwin Straus asserts that we ourselves are within a landscape where as soon as we move, the horizon changes in following our position. When we encounter someone, we are within the landscape with that person. It is the quality of this landscape that is a pathic quality, of a certain warmth, a certain lightness, or a certain colour...it's a way of feeling, of sensing the *pathic*...³⁴¹

Oury's *sensing the pathic*, is Tellenbach's *intuitive grasp*, and it can also be considered to be the *a priori cognition* of Heidegger, the “essential intuition” of Husserl, and the *Praecox Gefühl* of Rümke to which Oury remains a faithful exponent.

This pathic moment, for Straus, is conceived as the most “original and *authentic* of situations.³⁴²” For Maldiney, in appeal to Straus and Fink, it is where we have the “self of feeling, as an open and full receptivity,³⁴³” where for Oury with the sentiment of a Minkowski and a Tellenbach in urging psychiatry to go beyond *nosographic astuteness*, “we ourselves are symptoms.³⁴⁴” It is where, in retaking Minkowski, we have the “living flux of reality.³⁴⁵” For Maldiney, this primordial situation is a “being-with-the-world” rather than a “being-in-the-world,³⁴⁶” the most decisive anthropological category of primordial communion, or of the “two within one” as he writes – the ultimate moment of union. Maldiney writing of a *being-with-the-world* is prior to the establishing of a subject-object dualism, it is *pre-thematic*, true to the sentiments of Weizsäcker and Straus, for as we see Straus write:

The act of presence, to sensibly feel...is the living of the *being-with* which is deployed in the direction of the subject-object...if we were to attach such a pathic moment to objects, we would in turn reintroduce it within a conceptual domain, and nosological and pathic distinctions would already find themselves

nullified.³⁴⁷

And to this Maldiney faithfully adds that, “What we call the sensibility to colours, to forms, to sounds, is completely constituted by this pathic moment.³⁴⁸” The *instant of co-presence* is said of intuitive receptivity that precedes thinking itself. We therefore see Oury write, in taking his lead from Straus and Maldiney, that:

One of the most important elements of that which is at the base of human existence, is that of the pathic, the most primordial of sensations. It is not of the pathetic, which is of a representational order, but of the pre-representative...it characterizes the initial manifestations of the human dimension...it is one of the fundamental dimensions of existence.³⁴⁹

And to this we retake Binswanger once more who, in direct appeal to the primordial bond uniting human beings (where the barriers of impudent convention do not hold) writes:

Being-with-the-other and being-for-the-other, in their purely human dimension...are at the base of authentic relations of friendship, of love...³⁵⁰

For Maldiney, within the Strausian landscape, “man is naked within feeling.³⁵¹” True to the phenomenological traditions favouring an anthropological politic of primordial union, the affective landscape of co-presence declares an ever-present, constitutive frame of man and world as the *primitive* and *primordial* foundation unique to humanity itself. For some, this is said of the *Real* (Lacan, Tosquelles), for others, it is said of “common sense” (Kant, Blankenburg, Tatossian), “natural logic” (Blankenburg) or “universal nature” (Husserl), of a world beyond or beneath empirical preoccupations and certainties, of a world beyond the cognitive forms of appearance (Nietzsche, Plato), a world of endowed with a transcendental value.

The subject said of the *pathic*, is *emergent* and like Zutt's aesthetico-physiognomic body, it is neither an isolated nor solitary phenomenon³⁵². The *proto-world* within which this emergent subject dwells, is a pre-perceptive subject coming-to-be within feeling. We recall that in his lecture series of 1984, Oury prioritised the *Praecox Gefühl* over classical nosography, the *felt* over the *thought*, and in doing so he positioned the primary symptom schizophrenia to be one of the primordial atmospheric relation. This is why Oury writes that, "we ourselves are symptoms." To further cite Maldiney:

The subject-object polarity, of a subject objectifying the world who at the same time distinguishes the world-object through the interior redoubling of the consciousness of the self, is not deniable but secondary. And this is only possible because of the most original of situations, that of feeling.³⁵³

Moreover, this pathic apprehension, is not only said of a progression from *feeling* to *knowing*, or rather, where *knowing* is said of *feeling*, but of a direct communication with phenomena:

The pathic precisely belongs to the most original states of the *vécu*...it is the immediate, intuitive-sensible, pre-conceptual, communication of the present that we have with phenomena.³⁵⁴

The pathic landscape is prior to subjective, nosological and pathological distinctions because it is prior to identity and representation itself³⁵⁵, prior to the geographic subject. In the pathic landscape we exist as a presence prior to the subject-object dichotomy, prior to the thematising psychological subject. In the geographic landscape we are fully incarnated and thematised within representational systems (which we in turn need to step out of to enter that Kenotic category). This is another indication on how to understand the distinction between the Real and reality. As Oury often says, "the Real is not reality."

The *pathic* landscape (Straus, Maldiney, Weizsäcker) is *sympathetic* (Bonnafé), and we have previously deemed this *accompaniment*. All three terms appeal to an atmospheric communion, a vital

union. For psychiatry of the empirico-phenomenological attitude, both patient and analyst are implicated within this sympathetic landscape, and arguably, it is a landscape Pinel had indicated when he invited us to “live” within the “patient’s variable modes of existence,” to live “within their presence.” Maldiney similarly asserts, with the sentiments of Fink and Heidegger, that, “the opening of the landscape is never the same, because the near and far are never the same,³⁵⁶” and where Straus writes with the most phenomenological of pens that, “the painting of the landscape does not represent what we see, it makes visible the invisible.³⁵⁷”

What the notion of the landscape communicates to us in the least dictatorial way is that there exists a field of *sympathetic* relations³⁵⁸, or rather *atmospheric* relations, not only bonding the patient-clinician relation, but all bonding beings – a *sympathetic communitarianism* prior to representation itself. As Maldiney adds, “we are within the landscape with that person.” This is why it is the primordial and primitive anthropological category, because it is the primary disposition – *presence*. The patient and the clinician are within an atmospheric communion situating beings³⁵⁹ and the clinical encounter brings into relief this universal “primordial bond” (*Ursprung*), that is, the formative and definitive anthropological category to the human condition, and in being so it is universal.

7: The phenomenological diagnostic

Without introducing the Straussian landscape is it difficult to fully appreciate Maldiney when he writes of an “aesthetic pre-conceptual contact” where the *sympathetic* authenticity of the clinical relation excludes, “at once condoling or projective sympathy and the objective attitude which shelters psychiatry from the human condition.³⁶⁰” In the atmospheric landscape, we neither exist ‘as’ an Ego nor a cognitive subject, because the existent is within an atmospheric flux of feeling (and feeling comes before thinking). Similarly, the phenomenological sentiment of Hubertus Tellenbach highlights a, “vitalism” in writing of, “rhythmic phenomena...toward becoming atmosphere, toward the sphere of wordlessness and the look, of

melting into a 'whole',³⁶¹ and Helmut Plessner in writing of a region other than that of a reality immediately to-hand asserts that, "It is just the modes of *being*, of vitality, which are indifferent to intellectual interpretation...And still they form a phenomenal reality of the most pronounced kind, for whose investigation the empirical sciences of nature are unsuitable."³⁶² These assertions, again lend greater import to understanding as to what exactly Lacan means by the Real and why Oury often says that "the Real is not reality." Oury later extended this phenomenological worldview, on grounds of the *Praecox Gefühl*, in writing that the diagnostic is not one of empathy, but of *sympathy*, of a pathic "pre-intuitive" communication between beings, where, "there is an aesthetic harmony...not an etiquette, but a way of being with the other...It is where something happens...where there is not simply movement but something of a distinctive order."³⁶³ It is what Pinel urged us to do in living within the "presence" of the patient. Going one step further with the freedom of phenomenological vocabulary, the studies of Bin Kimura, have likened this communication, this vital union, to be both "inter-subjective" and "intra-subjective."³⁶⁴ For Oury, in drawing upon the German language, this is the instant of the "mit." As he noted in 2004, "the "mit" is where we cannot have the inter – without the intra – subjective."³⁶⁵ This is precisely what Maldiney means when he speaks of the "two within one," that is, the decisive moment of *non-objective sympathy*. Similarly, Hubertus Tellenbach, in writing of "atmospheric communication," does not draw upon the terminology of the "inter" and "intra-subjective" instant, but rather speaks of "trans-objective" and "trans-subjective" mutual contact³⁶⁶. The inter-subjective and the intra-subjective, as with the trans-objective and the trans-subjective are one and the same primordial and primitive state of affairs which knit the tapestry of man within the "instant of co-presence." Thus Tellenbach writes of a, "co-presence rooted in atmospheric participation."³⁶⁷ The terminology of Kimura and Tellenbach, pattern a phenomenology of interpersonal relations and serve as complimentary parallels to Weizsäcker's notion of "commerce" and the "pathic landscape" of Straus: a phenomenology of pre-perceptive spatiality prior to systems of intentional certainty. As Oury elaborates:

It is necessary to recall these phenomenological terms...where this domain is logically re-representative – it should not be recuperated within a logico-positive system. This domain, is pre-predicative, and above all pre-intentional...³⁶⁸

What we have seen Lacan call the “instant of seeing,” is an instant of “feeling” a Kenotic instant, one of contact, of affective vital commerce within an atmospheric environ, or rather, in the words of Weizsäcker’s immediate influence, Max Scheler, a landscape of “affective contagion.”³⁶⁹ It is here that we see Maldiney, in following Merleau-Ponty, announce that, “we touch and we are touched...where the flesh (*chair*) of the world is revealed to us.”³⁷⁰ We see Straus, therefore, who at the same time in writing that, “feeling is to perception as the cry is to the word,” tells us:

Within feeling, the becoming of the subject and the becoming of the world are deployed at the same time...The present, the now, of feeling is neither of objectivity nor subjectivity because it belongs to both of these together. For living being, the self and world are deployed at the same time as feeling. Within feeling, the being lives self and world, the self *within* the world, and the self *for* the world.³⁷¹

Schotte deemed psychiatry, in following the medical vision of Weizsäcker, to be an “anthropological medicine” and we can understand this in terms of the primitive category of *affective, tonal, pathic, atmospheric* and *sympathetic* life. From here, we can extend Maldiney’s assertion that *psychiatry is within the situation of man if man is within the situation of psychiatry*. We understand this in terms of a pre-objective communication where beings are constituted by the *stimmung* (mood) within the *instant of co-presence* (Maldiney), where “there is not a preexisting *fragment* of the world, but its emergence.”³⁷² The fundament of the clinical situation thus appears to rest with this decisive *atmospheric, tonal, felt* moment and the “intuitive grasp” (Tellenbach) of the *transpersonal* and *primitive* (Tatossian). For Fink, it is where there is an “opening between the earth and sky,” for Husserl, it is the coming forth of the “living present,” for Straus, it is where “knowing is through feeling,”³⁷³ for Oury it is where there is the question of the primary symptom, and for Schotte, it is how an “anthropological medicine” is characterised. The dialogue between the patient and analyst is a pathic one, one that is upon a vital landscape where both

patient and analyst exist as “one” prior to the subject and object duality, prior to the geographic landscape. It is an “atmospheric,” “pre-human” dialogue. It is a dialogue that the Jewish philosopher, Martin Buber, articulated so beautifully in penning:

That which before all else characterises the world, is an encounter between two beings, one that is without its equivalence in nature...All psychological activity is brought into actuality by this event...This plane within which human existence is deployed and that is yet to be conceptually seized is that which I call the *entre-deux* (*Zwischen*). Actualised through infinitely variable degrees, it is the arche-category of human reality.³⁷⁴

To which we can add a Maldiney of 1953:

There is a pre-human world...of pathic moments and sensations....where we rediscover the proof of our co-existence and of our original co-births.³⁷⁵

For Buber, the encounter with God was to mark the eternal Self, for Binswanger, this pathic, vital, transcendental communication was not a phenomenon solely manifested within the clinical encounter because it was at the base of all human encounters, “of friendship...of love.” This is why we have called it a *sympathetic communitarianism*, a contractual activity even, of primordial union bonding humanity passing unnoticed within the habitual consciousness of everyday life of empirical man and his routines. The transcendental dimension prior to the edification of man and his objects, within psychiatry, is the declaration of psychopathological existence itself – where the constituting and ever present frame of reality comes to light in all its *primacy*, albeit it momentarily, *like a flash of lightening upon a clouded Mount Sinai* (Lacan). This pre-objective scenario of *sympathy* and *atmosphere* is where, according to Heidegger’s pen of 1927, there is, “the possibility of discovering innerwordly beings in general, the worldliness of the world³⁷⁶,” precisely because it is an instant of revelation. Thus Maldiney, in aligning himself with what he calls “the school of possibility,” doesn’t seek to write of a *being-in-the-world*, but in

following the lead of Erwin Straus, writes of a *being-with-the-world*³⁷⁷, *within* the world and *of* the world, with man and of man.

Binswanger, in wanting to maintain the patient at the level of what Paul Ricoeur, in following Minkowski, described as a, “vital flux,” envisaged the diagnostic to be a, “diagnostic by sentiment,³⁷⁸” the influential phenomenological scholarship of the Swiss psychiatrist Jakob Wyrsch appealed to, “a diagnostic through intuition.³⁷⁹” Tellenbach has followed by characterising the diagnostic as, “an atmospheric diagnostic³⁸⁰” or one of an “atmospheric sensitivity.” And for Oury, the diagnostic is deployed within a *sympathetic* landscape, for, in retaking Straus, the landscape is one of “pathic moments” and *felt* qualities, decisive anthropological moments:

The *pathic moment*...this field, this site, is a landscape. Erwin Straus asserts that we ourselves are within a landscape where as soon as we move, the horizon changes in following our position. And when we encounter someone, we are within the landscape with that person. It is the quality of this landscape that is a pathic quality, of a certain warmth, a certain lightness, or a certain colour...it’s a way of feeling, of sensing the *pathic*...³⁸¹

This is why the landscape can be ascribed the term of the *mit*, because we have the *co-births and co-existences* of which Maldiney speaks, and even the *innerworldliness* of all things. Here, we conclude with an excerpt from a recent interview with Oury to further understand psychiatry to be an *anthropological medicine*:

D.R.: Somewhat rhetorically we can ask as to what is the phenomenology, ethic and diagnostic of psychiatry or rather an Institutional Psychotherapy? It is not a mere duality but the *mit* that is at work, it is the *l’avec*, not merely a being-with-the-other, but as Binswanger said, it is where man exists as *mit-mensch*, to be encountered, of the other, for the other and with the other. We can say that this is the level prior to the subject and object because man exists *sympathetically*. In following Maldiney, this is not an objective condoling sympathy, but sympathy of a vital communication, of a pathic bond between existing beings, a primordial dialogue, a communion even. Man, before all else, exists sympathetically – we can speak of an atmospheric diagnostic,

a diagnostic through intuition, which is a diagnostic at this sympathetic non-objective level. The body is within a resonance of the atmospheric tonal moment (*stimmung*), an instant of co-presence, but this instant exists prior to the subject-object delimitation. Zutt has called this the domain of the affective body, the supporting body, an aesthetico-physionomic level³⁸². Henri Maldiney has even deemed this primary or primordial level of contact “pre-human,” prior to incarnation. Maldiney has also asserted this level to be where man is at his most naked, where man exists as feeling before he is a thinking, conceptualising, cognising subject as Straus said. We can also use notions of the pre-cognitive, pre-representational, pre-egoic, and pre-objective, to describe a contact prior to all these categorisations. It is a level of feeling (*empfinden*). For the theologically influenced phenomenology of Landsberg, a phenomenologist who is sadly ignored but one who is extremely important, a very profound and sincere thinker who had fled from the Gestapo during the Occupation of France, it is where the personality-comes-to-be (*Werdesein*), the transcendental level of “unifying transformations.” We can see such appeals with the neurology of Monakow and Mourgue and their notion of *Syneidesis* borrowed from Saint-Paul, and Weizsacker’s organismic crises where he writes of the *Gestaltkreis*— a vital necessity. All these very important aspects are married through the work of Tosquelles, Oury and Lacan, and with haste we can say that unifying transformation is at level of the flux of life, of vital sentiments, and of a spiritual effort (*lebensnotendigkeit*) – the will to unity. Helmut Plessner said something very good, namely: that there are modes of existence, modalities of vitality, “which are indifferent to intellectual interpretation...And still they form a phenomenal reality of the most pronounced kind, for whose investigation the empirical sciences of nature are unsuitable.” This asserts the diagnostic of being-with-the-other, of the *mit*, which is upon the level about which we speak, a level which is not of empirical or deterministic science, but of sympathy, where two beings do not exist independently but together in one. Sympathetic existence, to retake Plessner, does not give itself to intellectual interpretation, but is of a most pronounced reality, a transcendental reality, a constituting reality, and this reality. All this pertains to Tosquelle’s appeals of the Transcendental ‘I’ that defined his thesis of 1948. By qualifying this level of things, in terms of psychiatry, it enables us to speak of discordant relations, transcendental modifications of structure and problems of transcendence itself.

J.O: It is precisely this with which we work, a vast field. To be with another, *mit* in the German language. With schizophrenia there is a profound trouble of the being-with-the-other. For many years now I have spoken about the collapse of transcendence and the trouble of incarnation. It is possible to speak of all these things, to expand upon them, and to articulate them distinctly, for we must also keep in mind what I have called “I’avec” – as you suggest it is not the “avec” but “I’avec”, it is more than merely being with a patient, it is a far more profound relation. There was a remarkable Danish phenomenological psychiatrist, Rümke, who presented an extremely clear exposition at the first international congress of psychiatry in Paris in 1950. It was a

revision of all the phenomenologies – an astounding work. Before this, he had written about a notion he called the *Praecox Gefühl*. *Gefühl* appears both within the German and Danish language and it means a direct association, almost affective, almost intuitive. Lacan, in his article on the *three temporalities* spoke of the instant of seeing, the time of the understanding and the moment of conclusion. The *Praecox Gefühl*, is the instant of seeing. Rümke said that upon immediately seeing a patient, who enters, we do a diagnostic. This requires much experience and this diagnostic is the *Praecox Gefühl*. He would later often recount his experiences. One time is where a patient enters and Rümke turns to his students and says, “this man is a schizophrenic”. The students, however, think otherwise: “we have done a multitude of tests, he is not a schizophrenic!” After six months the man returns for a rendezvous...a schizophrenic. A similar thing, the *praecox gefühl*, is found with the extraordinary German psychiatrist Kretschmer. It was Giselda Pankow who had worked with Kretschmer. He used to say to his students that if they were not capable of performing a diagnostic upon the patient entering, from the patient walking from the door to the seat, they were not capable of being psychiatrists! So what is in question here, is not language, nor *parole*, it is of the same logic of language because it is a logic the body. This is why I spoke earlier about writing...I’m thinking of Klages, someone truly impressive who wrote a book on graphology. He speaks of rhythm and cadence. We are at the level of rhythm, and with the schizophrenic there is a profound trouble of rhythm. I often say that the schizophrenic is *disrhythmic*...this is an internal rhythm. We can work with this, and it immediately shows itself within the body, for example, the way we stand. When we observe someone who is not schizophrenic – and we can use this image – he is assembled and gathered to a single point. With the schizophrenic, there are many points, and we can immediately *feel* it. I have a friend whom I have known for many years...He was someone very sensitive to the ways of being – there is a lot of *intuition* within such work. He once spoke of a schizophrenic who he saw at his clinic in England. The patient entered, but it was as if he wasn’t there, he was seemingly elsewhere. He asserted that the patient was still in the park and he said to him, “You’re still in the park no?” This is at the intuitive level, *Praecox Gefühl*. I often say that the act of performing a diagnostic is but an aspect to the respectful undertaking towards the other. Thirty years ago there was a group of the Freudian school. It was fashionable to say, “we want nothing of a diagnostic, we are psychoanalysts!” There was a man who even said, “I saw a patient, and after six months I knew he was mad.” I told him that he was responsible for a homicide by stupidity. The Diagnostic is not an etiquette because it is an ethical undertaking...*To perform a diagnostic is a phenomenological undertaking.*³⁸³

Whether the diagnostic is one of *intuition* (Wyrsh), *atmosphere* (Tellenbach), *sympathy* (Bonnafé) or the *Praecox Gefühl* (Rümke, Oury), all these descriptive notions are one and the same state-of-affairs of the

psychiatric encounter, punctuating a situation of mutuality, the *entre-deux*, the *mit*, man as *mit-mensch* as Binswanger said, man who exists to be encountered (*Dasein ist Mitsein*). This, hallmarks what Maldiney calls the, “psychiatric situation³⁸⁴” where mentally ill man and nursing man are themselves founded and forged within the psychiatric encounter, within that instant of seeing, within the “drama” as Lacan said, by virtue of a non-objective, sympathetic, vital, pathic contact – this, the level of a primordial communion, or a primordial bond (*Ursprung*) even informing the consultation and hospitalisation of the patient³⁸⁵.

A particular case in hand concerns is a publication of 1990 where Jean Oury featured alongside Henri Maldiney and Jacques Schotte. The title of the publication was entitled *Le Contact*, and Oury’s contribution carried the heading, *Pathique et Fonction d’accueil en Psychothérapie Institutionnelle*, the aim of which was to distinguish the “function of consultation” (*fonction d’accueil*) and what has been classically referred to as the function of “admission.” In drawing upon this distinction, Oury underlined the importance of the pathic by bringing to light its intimate relation with the “function of reception” as well as underlining the necessity of undertaking “an immediate diagnostic.” The act of receiving a patient, that is of consultation, and the function of admitting a patient are not the same concern. The function of admission is, as Oury describes, somewhat of a brutal antagonism, which in fact threatens the pathic landscape and a closes down the possibility of undertaking the most anthropologically faithful of diagnostics (*Praecox Gefühl*). He writes: “Admission, is an administrative term, of a naive scientism even...when an urgent case arrives with the police or the orderlies, he is thrown into a room without his clothes. Certain psychiatrists justify their attitude, “we need to see him naked...we must establish a protocol of measures...sometimes patients have been completely stripped...some without their artificial limbs, without their watches, without their dentures... There was a case of a patient in a sector hospital: his artificial limb, his clothes, his dentures, his glasses and his watch were removed. He was in a pure state! And we speak of a respect for the Other!”

In terms of the empirico-phenomenological attitude we have studied, admission becomes a dubious function because it can be considered to limit access to the *pathic landscape*, a bureaucratic function that limits the atmospheric penetration (Minkowski) into the transcendental grounds of “the person.” The function of reception and consultation is however a contrast. Reception, is a “preliminary gesture,” it “allows time,” time to even lightly ameliorate the “actual and future” of the patient because it is not the time of routine consultation or the “chronometer,” but rather the “existential time” of the

existence of the patient. For Oury, this latter function, unlike admission, is not said of a traditional, formal logic because the “apprehension” of the primary symptom, access to the pathic “initial” level of existence, is neither “positivist” nor “scientific,” but of a diagnostic pertaining to a “poetic” and tonal logic (mood and feeling), of a “pre-predicative, pre-representational, pre-intentional site par excellence.” The function of consultation, is where there is access to a scene *where something happens* and the diagnostic, is a diagnostic of the pathic landscape: “a diagnostic that can only be performed if we are within a landscape.” Consultation is thus never of the routine, for “with each consultation there is a new scene!” Indeed, for Oury, the diagnostic is a “rigorous quasi-poetic adventure¹” into what we have seen Eugen Fink deem an “enigmatic depth” or for Tatossian, “the profundity of human existence.” This depth, as Oury affirms, can even be said of the “passive syntheses” of Husserl,” yet it is not to directly adhere to a particular phenomenological school because phenomenology is a description of the levels of existence leading to a more profound picture of the person, one that goes from the surfaces of the world to the depths of a primary anthropology from which the body emerges, where there is even the inscription of destiny and a “propaedeutic” of the science of karma, where certain organisational laws are to be found beyond the classical remits of medicine, philosophy and theology, where there is a pre-spatial dimension directing the emergence of all things, an “impossible” zone revealing itself “like a flash of lightening upon a clouded Mount Sinai.”

Conclusion: phenomenological psychiatry

In this chapter, we have explored a particular sentiment at work within the mind of the philosopher and psychiatrist alike. We deemed this a “phenomenological sentiment.” For Hubertus Tellenbach, the sentiment is concretely and practicably understood as an “empirico-phenomenological attitude” adopted by the psychiatrist. We have seen how this attitude implies a primitive, pre-semiological reality, or rather, a two-tiered phenomenal reality of the empirical and the transcendental. In this way, it is a world-view faithful to the phenomenological tradition, yet not restricted to it. With this world-view, we saw that clinical experience demanded an epistemological framework that not merely addressed the isolatable clinical symptom within a pathological causal chain, but also the psychiatric symptom within an

atmospheric landscape. It is here, that the marriage of phenomenology and psychiatry is embodied by the *psychiatric situation*. Thus we remember Oury, who asserts that “we ourselves are symptoms,” namely, that the diagnostic is within the psychiatric situation and works according to a sympathetic pre-cognitive dimension. This is why we saw Tatossian assert the psychiatric symptom, unlike the isolatable medical symptom, to be “pre-semiological.”

Our chapter also worked towards understanding the role of the pathic for the clinician, and of highlighting shared drama, the shared “co-efficiency” (Oury), by looking at phenomenological notions of the encounter. This enabled us to understand the diagnostic to be qualified through the commonality of experience. In this way we saw the distinctiveness of psychiatric experience and how the psychiatric encounter exemplifies the anthropological foundation of phenomenological enquiry. In doing so, we have emphasised the importance of positioning the diagnostic as an ethical undertaking, namely – the diagnostic of the *praecox gefhul* which epitomizes the ethic, phenomenology and diagnostic of not just any psychiatry, but of the project of Institutional Psychotherapy most notably.

Endnotes

¹ Sections 1-4 of this chapter are a revised and expanded form of a seminar presented to La Borde clinic, 25th May, 2005

² Jean Oury, *Pathique et Fonction d'Accueil*, in, Jacques Schotte (ed) *Le Contact*, p. 117, Éditions Universitaires, Paris 1990

³ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble 2000, cited in, Henri Maldiney, *Regard, Parole, Espace*, p.136. Éditions L'Age D'Homme. Lausanne 1973

⁴ Georges Lanteri-Laura, *La Psychiatrie Phénoménologique*, PUF, Paris 1963

⁵ Henri Maldiney, *Contact, Vie et Existence*, in, Jacques Schotte (ed) *Le Contact*, p. 177, Éditions Universitaires, Paris 1990

⁶ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.38, Le Cercle Herméneutique, Puteaux 2002

⁷ See, Immanuel Kant, *The Metaphysical Foundation of Natural Science*, Cambridge University Press, Cambridge 2004. In terms of his overturning Book III of Newton's *Principia*, see, Michael Freidman, *Kant and the Exact Sciences*, p.142, Harvard University Press, 1998. See also the entry for “phenomenology” in Howard Caygill, *A Kant Dictionary*, Blackwell Publishers, London 1995. What follows, is a truncated history of phenomenology in order to highlight a particular sentiment pertinent to phenomenological enquiry and as to how it correlates to the enquiry of the psychiatrist

⁸ See, Friedrich Oetinger, *Theologia ex idea vitae deducta*, De Gruyter, Berlin 1979, and, Jakob Böhme *Mysterium Magnum*, (trans) Samuel Jankelevitch, Aubier, Paris 1945

⁹ See, (1) Claude Debru, *Analyse et Représentation de la Méthodologie à la Théorie de l'espace : Kant et Lambert*,

- Vrin, Paris 1977, (2) Johann Lambert, *La Phénoménologie comme Doctrine de l'Apparence*, in, *Alter: Revue de Phénoménologie*, no.5, Paris 1997, and, (3) Immanuel Kant, *Correspondence*, pp. 77-84, Cambridge University Press, Cambridge 1999
- ¹⁰ See, G.W.F Hegel, *The Phenomenology of Mind*, Dover Publications, New York 2003, and also, Glenn Alexander Magee, *Hegel and the Hermetic Tradition*, Cornell University Press, 2001
- ¹¹ Franz Brentano, *Descriptive Psychology*, Routledge, London 1995
- ¹² See, Edmund Husserl, *The Crisis of the European Sciences and Transcendental Phenomenology*, Northwestern University Press, Illinois 1970
- ¹³ See, Edmund Husserl, *Logical Investigations*, Humanity books, New York 2000
- ¹⁴ See, Carl Stumpf, *Psychologie und Erkenntnistheorie*, die k. b. Akademie, Munich 1892
- ¹⁵ Martin Heidegger, *The Basic Problems of Phenomenology*, p. 10, Indiana University Press, 1975
- ¹⁶ *Ibid*, p.15
- ¹⁷ Jean Malfatti de Montereaggio, *La Mathèse ou Anarchie et Hiérarchie de la Science*, p.197, Editions du Griffon d'Or, Paris 1946
- ¹⁸ See, Immanuel Kant, *Critique of Pure Reason*, p.65 (and further through to p.91), St. Martin's Press, New York 1965: "That in the appearance which corresponds to sensation I term its matter; but that which so determines the manifold of appearance that it allows of being ordered in certain relations, I term the form of appearance. That in which alone the sensations can be posited and ordered in a certain form, cannot itself be sensation; and therefore, while the matter of all appearance is given to us *a posteriori* only, its form must lie ready for the sensations *a priori* in the mind, and so must allow of being considered apart from all sensation. I term all representations pure (in the transcendental sense) in which there is nothing that belongs to sensation. The pure form of sensible intuitions in general, in which all the manifold of intuition is intuited in certain relations, must be found in the mind *a priori*. This pure form of sensibility may also itself be called pure intuition" (p.65). See also, Henri Maldiney, *Regard, Parole, Espace*, p.135. Éditions L'Age D'Homme. Lausanne 1973
- ¹⁹ Henri Maldiney, *Regard, Parole, Espace*, p.22. Éditions L'Age D'Homme. Lausanne 1973
- ²⁰ See, Martin Heidegger, *What Calls for Thinking*, in, Martin Heidegger, *Basic Writings*, pp.369-391, Routledge, London 1993
- ²¹ Eugen Fink, *De la Phénoménologie*, p.19, Éditions de Minuit, Paris 1974
- ²² *Ibid*, p. 18
- ²³ *Ibid*, p.186
- ²⁴ Eugen Fink, *L'analyse Intentionnelle et le Probleme de la Pensée Spéculative*, in, *Problemes Actuels de la Phénoménologie*, p.70, Desclée de Brouwer, Paris 1952
- ²⁵ Eugen Fink, *De la Phénoménologie*, p.18, Éditions de Minuit, Paris 1974
- ²⁶ Eugen Fink, *L'analyse Intentionnelle et le Probleme de la Pensée Spéculative*, in, *Problemes Actuels de la Phénoménologie*, p.70, Desclée de Brouwer, Paris 1952
- ²⁷ Friedrich Nietzsche, *The Horizon of the Infinite*, in, *The Gay Science*, p.124, Vintage Books, New York 1969: "But hours will come when you realise that it is infinite and that there is nothing more awesome than infinity."
- ²⁸ *Ibid*, p.346
- ²⁹ *Ibid*, p.18
- ³⁰ *Ibid*, p.34
- ³¹ *Ibid*, p.197
- ³² *Ibid*, p.190
- ³³ *Ibid*, p.86
- ³⁴ Jürg Zutt, *Auf dem Weg zu einer anthropologischen Psychiatrie*, p.83, Springer, Berlin 1963
- ³⁵ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ³⁶ Jürg Zutt, *Auf dem Weg zu einer anthropologischen Psychiatrie*, p.90, Springer, Berlin 1963
- ³⁷ In September 2005, Oury presented a seminar dealing with the linguistic theory of Trubetzkoy. In approaching notions of the language of the schizophrenic body, the phonological conceived as the morphophonological – which is in actual fact the level of the Logos – becomes of pivotal importance for Oury. Zutt's aesthetico-physiognomic notion of the body gives greater weight to the question of transcendental constitution and the collapse of transcendence, thus proving of great significance for the post-war Institutional Psychotherapy fraternity of which Oury remains the last living figure.
- ³⁸ Ferdinand de Saussure, *Cours de Linguistique Générale*, Payot, Paris 1993
- ³⁹ Baudouin de Courtenay, *Il Pensiero linguistico di Jan Baudouin de Courtenay : lingua nazionale e individuale, con un'antologia di testi e un saggio inedito*, Marsilio, Padova 1975.
- ⁴⁰ Nikolai Trubetzkoy, *Principes de Phonologie*, Klincksieck, Paris 1976. See also, Jindrich Toman, *The Magic of a Common Language: Jakobson, Mathesius, Trubetzkoy, and the Prague Linguistic Circle*, The MIT Press, 1995
- ⁴¹ David Bohm, *Wholeness and the Implicate Order*, Routledge, London 1980. The author, on several occasions, had spoken to Dr. Oury with regard to the cosmology of David Bohm and his notion of energy, which is closer to the Greek notion of *energeia* than the thermodynamic notion of contemporary science, as to is Freud with his notion of the drive
- ⁴² *Ibid*, p.140
- ⁴³ *Ibid*, p.151
- ⁴⁴ On Heidegger and Divinity, see for example, Laurence Hemming, *Heidegger's Atheism: The Refusal of a Theological Voice*, University of Notre Dame Press, Notre Dame 2002, and also, Richard Kearney, *Heidegger et la*

question de Dieu, Presses du Palais-Royal, Paris 1980

⁴⁵ See Appendix 1

⁴⁶ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 76, Éditions de l'Arefppi, Nantes 1986

⁴⁷ Helmut Plessner, *Die Stufen des Organischen und der Mensch*, p. 18. Gruyter. Berlin 1928.

⁴⁸ Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.3. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>).

⁴⁹ Jean Oury, *Hysterical Psychosis*, p. 3. Translated by David Reggio. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>)

⁵⁰ Jean Oury, *Pathique et Fonction d'accueil en Psychothérapie Institutionnelle*, in Jacques Schotte (ed), *Le Contact*, pp.115, Éditions Universitaires, Paris 1990

⁵¹ See, Jean Oury, *Création et Schizophrénie*, pp.113-116, Éditions Galilée, Paris 1989

⁵² Paul Cézanne cited in Henri Maldiney, *Regard, Parole, Espace*, p.17. Éditions L'Age D'Homme. Lausanne 1973

⁵³ Op., Cit

⁵⁴ Henri Maldiney, *Regard, Parole, Espace*, p.19. Éditions L'Age D'Homme. Lausanne 1973

⁵⁵ Ibid, p.20

⁵⁶ Martin Heidegger, *What Calls for Thinking*, in, Martin Heidegger, *Basic Writings*, pp.370, Routledge, London 1993

⁵⁷ Henri Maldiney, *Regard, Parole, Espace*, p.4. Éditions L'Age D'Homme. Lausanne 1973

⁵⁸ Martin Heidegger, *The Basic Problems of Phenomenology*, p. 15, Indiana University Press, 1975

⁵⁹ Paul Louis Landsberg, *Essai Sure L'Expérience de la Mort*, p. 21, Éditions du Seuil, Paris 1993

⁶⁰ See, Gustav Fechner, *Religion of a Scientist*, Keagan Paul, London 1946, and also, Michael Heidelberger, *Nature from Within: Gustav Theodor Fechner and His Psychophysical Worldview*, University of Pittsburgh Press, Pittsburgh 2004. Jean Oury also briefly draws upon Fechner's psychophysics in, Jean Oury, *Pathique et Fonction d'Accueil*, in, Jacques Schotte (ed) *Le Contact*, p. 115, Éditions Universitaires, Paris 1990

⁶¹ Henri Maldiney, *Contact, Vie et Existence*, in, Jacques Schotte (ed) *Le Contact*, p. 186, Éditions Universitaires, Paris 1990

⁶² Sigmund Freud, *Beyond the Pleasure Principle*, p. 69. Norton, New York 1975. This observation by Freud, was clearly not without it neurological and biological ground, a ground that modern psychoanalysis has all but too hastily divorced itself from.

⁶³ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 57, Éditions de l'Arefppi, Nantes 1986

⁶⁴ For Husserl, this was to go from a clouded consciousness to one that was "pure," were the truth of the world could be revealed, and the empirical appear in a different "clearer" light.

⁶⁵ Henri Maldiney, *Contact, Vie et Existence*, in, Jacques Schotte (ed) *Le Contact*, p. 179, Éditions Universitaires, Paris 1990

⁶⁶ Hubertus Tellenbach, *Melancholy: history of the problem, Endogeneity, Typology, Pathogenesis*, p.43, Duquense University Press, Pittsburgh 1980

⁶⁷ Henri Maldiney, *Regard, Parole, Espace*, p.19. Éditions L'Age D'Homme. Lausanne 1973

⁶⁸ Henri Maldiney, *Penser L'Homme et la Folie*, p.95, Éditions Jérôme Millon, Grenoble 2000

⁶⁹ Op., cit, Here, Maldiney takes his lead from Lekeuche and Mélon's, *Dialectique des Pulsions*, p.91, Cabay, Louvain-la-Neuve 1982

⁷⁰ Cited by Jean Oury in, *Hysterical Psychosis*, p.7. Translated by David Reggio. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>).

⁷¹ Henri Maldiney, *Regard, Parole, Espace*, p.19. Éditions L'Age D'Homme. Lausanne 1973

⁷² Henri Maldiney, *Penser L'Homme et la Folie*, p.7, Éditions Jérôme Millon, Grenoble 2000

⁷³ Jean Oury, *Création et Schizophrénie*, p.32, Éditions Galilée, Paris 1989

⁷⁴ Jean Oury, *Création et Schizophrénie*, p.101, Éditions Galilée, Paris 1989.

⁷⁵ Ibid, p.102: Schizophrenia thus marks a *collapse of transcendence, a trouble of incarnation, and a deterioration of the Logos* (a deficit of the constitutional agency proper). These three notions, are said in a singular and same sense.

⁷⁶ For a summary of the history of Gestalt-Psychology see, Georges Lanteri-Laura, *La Psychiatrie Phénoménologique*, p. 200, PUF, Paris 1963

⁷⁷ J.H. Van Den Berg, *Bref Exposé de la Position Phénoménologique en Psychiatrie*,

⁷⁸ Ibid, p. 143

⁷⁹ Ibid, p. 424

⁸⁰ Ibid, p. 85

⁸¹ Jacques Lacan, *Seminar Book VII, The Ethics of Psychoanalysis: 1959-1960*, p.68, Norton, New York 1986. It would be of interest to note how the flashes of lightening "upon a clouded Mount Sinai" for Lacan (which is the revelatory announcement of the Real) not only parallel the Real with Hegel's "Absolute Knowing" as a revelation beyond obscurity, but more so parallel Plato's appeal to a "Divine Wisdom" as described in the *Timaeus* (§29e-31a). Furthermore, in relation to Lacan's analogy of Mount Sinai, we would do well to consider Plato announcing the revelatory instance as, "...suddenly, like light flashing forth when a fire is kindled, it is born in the soul and straightway nourishes itself." (Plato, Seventh Letter, §341 c), in, *The Seventh Letter (Philosophia antiqua)*, Clarendon Press, London 1928

- ⁸² Henri Maldiney, *Regard, Parole, Espace*, p.22. Éditions L'Age D'Homme. Lausanne 1973
- ⁸³ Jean Oury, preface, republished in, *Préfaces*, p. 34, Éditions Le Pli, Orléans 2004
- ⁸⁴ François Tosquelles, *De la Personne au Groupe*, p.56. Éditions Erès, Ramonvil le Saint-Agne 1995. One could thus posit the real as a dynamic absolute, much like Husserl's displaced horizon of epistemological renewal and Heidegger's ontic-ontological category of the *withdrawal*. See, for example, Martin Heidegger, *What Calls for Thinking*, in, Martin Heidegger, *Basic Writings*, pp.369-391, Routledge, London 1993
- ⁸⁵ This is not the task allotted to our enquiry, for such an exposition would require greater length. This task, awaits to be undertaken, say for example, in not only examining the theological moments of Lacan which stretch to the protestant theosophy of Bohm, but also his readings of Ivanovich Lobachevsky's non-Euclidean geometry and as to how this informed his rendition of the Real alongside the phenomenological renditions of Martin Heidegger, Merleau-Ponty, Jean Oury and Jacques Schotte – the latter three to whom he was a personal close friend. There also exists an unpublished correspondence between Jean Oury and Lacan, as well as Jean Oury's notes of Lacan's seminars (which total over 100 volumes), which addresses these very connections, leanings and sympathies.
- ⁸⁶ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie*," p.48 Unpublished lecture series of 1984-85 delivered as the Université Paris VII, archived at the library of La Borde clinic. A photocopy of the series is owned by the author.
- ⁸⁷ Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, p. 43, republished by Hermann, Paris 1998
- ⁸⁸ See Appendix 1
- ⁸⁹ Op., cit.
- ⁹⁰ For a lucid summary of the history of Gestalt-Psychology see, Georges Lanteri-Laura, *La Psychiatrie Phénoménologique*, pp.157-193, PUF, Paris 1963
- ⁹¹ The reader is referred to the entirety of Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, republished by Hermann, Paris 1998. This is a key work within the history of psychiatry and neurology, one awaiting its translation into the English language.
- ⁹² Hubertus Tellenbach, *Melancholy: history of the problem, Endogeneity, Typology, Pathogenesis*, p.19, Duquense University Press, Pittsburgh 1980
- ⁹³ Henri Maldiney, *Regard, Parole, Espace*, p.209. Éditions L'Age D'Homme. Lausanne 1973
- ⁹⁴ Jean Michel Azorin, Jean Naudin, Dominic Pringuey, in, Arthur Tatossian, *La Phénoménologie des Psychoses*, p.99, Le Cercle Herméneutique, Puteaux 2002
- ⁹⁵ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.30, Le Cercle Herméneutique, Puteaux 2002
- ⁹⁶ Jean Oury, *Pathique et Fonction d'Accueil*, in, Jacques Schotte (ed) *Le Contact*, p. 117, Éditions Universitaires, Paris 1990
- ⁹⁷ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie*." Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.9, November 1984
- ⁹⁸ Ibid, p.28
- ⁹⁹ Paul Louis Landsberg, *Essai Sure L'Expérience de la Mort*, p. 21, Éditions du Seuil, Paris 1993
- ¹⁰⁰ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 91, Éditions de l'Arefppi, Nantes 1986
- ¹⁰¹ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.20, Le Cercle Herméneutique, Puteaux 2002
- ¹⁰² Ibid, p.57
- ¹⁰³ See, Johann von Glatzel, *Zum Begriff des Symptoms in der Psychopathologie*, in, *Nervenarzt*, 43, pp.33-36, Berlin, 1972
- ¹⁰⁴ Arthur Tatossian, Op., cit. p. 26-27
- ¹⁰⁵ Arthur Tatossian, Op., cit. p. 17
- ¹⁰⁶ Gilles Deleuze, *Difference and Repetition*, p.275. The Athlone Press. London 1994.
- ¹⁰⁷ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.39, Le Cercle Herméneutique, Puteaux 2002
- ¹⁰⁸ Ibid, p.45
- ¹⁰⁹ Ludwig Binswanger, *Le Cas Suzanne Urban: etude sur la schizophrénie*, Monfort, Paris 2002
- ¹¹⁰ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie*," p.7. Unpublished lecture series of 1984-85 delivered as the Université Paris VII, archived at the library of La Borde clinic. A photocopy of the series is owned by the author.
- ¹¹¹ Ibid, p.7
- ¹¹² Ibid, p.6
- ¹¹³ Jean Oury, *Création et Schizophrénie*, p. 21, Éditions Galilée, Paris 1989
- ¹¹⁴ Henri Maldiney, *Penser L'Homme et la Folie*, p.5, Éditions Jérôme Millon, Grenoble 2000
- ¹¹⁵ Arthur Kronfeld, cited by Hubertus Tellenbach in, *Melancholy*, p.17. Duquense University Press, Pittsburgh 1980
- ¹¹⁶ Wolfgang Blankenburg, *Der Verlust der natürlichen Selbstverständlichkeit*, p.6, Enke, Stuttgart 1971
- ¹¹⁷ Henri Maldiney, *Penser L'Homme et la Folie*, p.5, Éditions Jérôme Millon, Grenoble 2000
- ¹¹⁸ See, Martin Heidegger, *Being and Time*, Harper and Row Press, New York 1962, and also, Henri Maldiney, See, Kurt Schneider, *Clinical Psychopathology*, Grune and Stratton, New York 1959
- ¹²⁰ An influential psychiatrist who took his lead from the phenomenology of Edmund Husserl
- ¹²¹ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ¹²² Jacob Wyrsch, *La personne du schizophrène*, p. 35, Bibliothèque de psychiatrie, Paris 1956
- ¹²³ See, Arthur Tatossian, *La Phénoménologie des Psychoses*, pp. 17-29, Le Cercle Herméneutique, Puteaux 2002
- ¹²⁴ Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, p.118, republished by Hermann,

Paris 1998.

¹²⁵ Recall the terms studies in our last chapter. Goldstein's *organismic principle*, *Syneidesis* and the *Hormé* of Monakow and Mourgue, the *Gestaltkreis* of Weizsacker, the *Gestaltung* of Jean Oury, all pertaining to a vital necessity of maintaining man's organismic and psychical life, a will to unity.

¹²⁶ Pierre Janet, *L'Évolution Psychologique de la Personnalité*, p.13, Chahire, Paris 1929

¹²⁷ Von Monakow and Mourgue, *Introduction Biologique a L'étude de la Neurologie et de la Psychopathologie*, Alcan, Paris 1928

¹²⁸ See, Henri Ey, *Des Idées de Jackson a un Modèle Organo-Dynamique en Psychiatrie*, Doin et Cie, Paris 1936, and, Henri Ey, Julien de Ajuriaguerra and Henri Hécaen, *Neurologie et Psychiatrie*, republished by Hermann, Paris 1998

¹²⁹ See, Chapter 2, Section 7

¹³⁰ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 81, Éditions de l'Arefppi, Nantes 1986

¹³¹ Erwin Straus, *Le Soupir: introduction à une théorie de l'expression*, written in 1951, republished in, *Phénoménologie et Existentialisme en Italie*, Le Cercle Hermeneutique, Paris 2003, Volume 1, p.14

¹³² Ibid, p.15

¹³³ Horace Torrubia, *La Psychotherapie Institutionelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994

¹³⁴ Jürg Zutt, *Auf dem Weg zu einer anthropologischen Psychiatrie*, Springer, Berlin 1963

¹³⁵ Unpublished seminar by Dr. Jean Oury, *Hysterical Psychosis*, p.7. Translated by David Reggio. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>).

¹³⁶ Jean Oury, *Création et Schizophrénie*, p. 91, Éditions Galilée, Paris 1989

¹³⁷ Jean Oury, *Présence d'Aimable Jayet*, reprinted in, Jean Oury, *Psychiatrie et Psychothérapie Institutionelle*, p.145, Champ Social, Lecques 2001

¹³⁸ Jean Oury, *Création et Schizophrénie*, p. 42, Éditions Galilée, Paris 1989

¹³⁹ We use the term as a purely analogical parallel. For James, religious experience was the "overcoming of barriers" between the individual and the absolute, an experience starting from "ineffability" and culminating in "passivity". See, William James, *The Varieties of Religious Experience*, pp.380-419, Longman, Green and Co, New York 1909. It is also of interest to parallel this work of James with Hegel's *Phenomenology of Mind*.

¹⁴⁰ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie*, p.7. Unpublished lecture series of 1984-85 delivered as the Université Paris VII, archived at the library of La Borde clinic. A photocopy of the series is owned by the authour.

¹⁴¹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p. 1, Éditions de l'Arefppi, Nantes 1986

¹⁴² Horace Torrubia, *La Psychotherapie Institutionelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994

¹⁴³ Eugène Minkowski, *Constitution et Conflit*, in, *L'Évolution Psychiatrique*, pp.25-37, Cahiers de psychologie clinique et de psychopathologie générale, 1934

¹⁴⁴ Eugen Fink, *De la Phénoménologie*, p.186, Éditions de Minuit, Paris 1974

¹⁴⁵ This term can be seen to parallel the phenomenological notion of the "internal horizon" (Fink)

¹⁴⁶ Eugène Minkowski, *Constitution et Conflit*, in, *L'Évolution Psychiatrique*, p.33, Cahiers de psychologie clinique et de psychopathologie générale, 1934

¹⁴⁷ Eugène Minkowski, Op. cit., p.27

¹⁴⁸ Ibid, p.38

¹⁴⁹ François Tosquelles, *De la Personne au Groupe*, p.56. Éditions Erès, Ramonvil le Saint-Agne 1995. One could thus posit the real as a dynamic absolute, much like Husserl's displaced horizon of epistemological renewal and Heidegger's ontic-ontological category of the *withdrawal*.

¹⁵⁰ Eugène Minkowski, Op. cit., p.31

¹⁵¹ Ibid, p.26

¹⁵² Ibid, p.27

¹⁵³ Ibid, p.27

¹⁵⁴ Ibid, p. 30

¹⁵⁵ Jean Oury, *Prefaces*, p.11. Éditions Le Pli. Orleans 2004.

¹⁵⁶ Particularly within the entirety of Henri Maldiney, *Regard, Parole, Espace*, Éditions L'Age D'Homme. Lausanne 1973

¹⁵⁷ Eugène Minkowski, Op. cit., p.30

¹⁵⁸ See chapters 1-3 in, Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991

¹⁵⁹ Eugène Minkowski, Op. cit., p.27

¹⁶⁰ Ibid, p.27

¹⁶¹ Hubertus Tellenbach, *Melancholy*, p.27, Duquense University Press, Pittsburgh 1980

¹⁶² Eugène Minkowski, Op. cit., p.30

¹⁶³ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.39, Le Cercle Herméneutique, Puteaux 2002

¹⁶⁴ Ibid, p.29

¹⁶⁵ Ibid, p.33

¹⁶⁶ Gilles Deleuze, *Difference and Repetition*, p.275. The Athlone Press. London 1994.

¹⁶⁷ Ibid, p.28

- ¹⁶⁸ Ibid, p.28
- ¹⁶⁹ Ibid, p.28
- ¹⁷⁰ Ibid, p.30
- ¹⁷¹ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, archived at the library of La Borde clinic. A photocopy of the series is owned by the author.
- ¹⁷² Jacques Schotte, *Une Pensée du Clinique – L’Oeuvre de Viktor Von Weizsäcker.* Unpublished lecture series of 1984-85 delivered at the Université Catholique de Louvain, Faculté de Psychologie et des Sciences de l’Education, Centre de Psychologie Clinique. Archived at the library of La Borde clinic. A photocopy of the series is owned by the author.
- ¹⁷³ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.21, December 1984
- ¹⁷⁴ Jacques Schotte, *Une Pensée du Clinique – L’Oeuvre de Viktor Von Weizsäcker.* Unpublished lecture series of 1984-85 delivered at the Université Catholique de Louvain, Faculté de Psychologie et des Sciences de l’Education, Centre de Psychologie Clinique, III, p.5, 2nd October 1984
- ¹⁷⁵ Ibid, p. 30
- ¹⁷⁶ The psychiatrist’s solidarity with the alienated was the vital politic of Lucien Bonnafé’s work, see for example the collection of essays in Lucien Bonnafé, *Désaliéner*, Presses Universitaires Du Mirail, Toulouse 1991, and also, *Psychiatrie Populaire: Par qui? Pour Quoi?*, Scarabée, Paris 1981
- ¹⁷⁷ Jean Oury, *Création et Schizophrénie*, Éditions Galilée, Paris 1989
- ¹⁷⁸ See Appendix 1
- ¹⁷⁹ Eugene Bleuler, *Dementia Praecox ou Groupes des Schizophrénies*, p.35, E.P.E.L, Paris 1993
- ¹⁸⁰ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.18, February 1985
- ¹⁸¹ Kurt Schneider proposed primary (first-rank) and secondary symptoms for schizophrenia: The primary symptoms were said of: (1) Experiences influencing corporality (2) Outside intervention phenomena, (3) Echoing thought, (4) Audible thought, (5) Thought propagation, (6) The withdrawal and, or, recession of Thought, (7) Delusional perceptions (8)Dialoguing voices. The secondary symptoms were said of: (1) Delusional inspiration, (2) Delusional events lived as facticity, (3)Other pseudo-perceptions, (4) Perplexity and, or, Strangeness, (4) Depressive and Euphoric Dysthymia, (5) the weakening of Affective life. See, Kurt Schneider, *Clinical Psychopathology*, Grune and Stratton, New York 1959
- ¹⁸² Ibid, p.20
- ¹⁸³ Eugene Bleuler, *Dementia Praecox ou Groupes des Schizophrénies*, E.P.E.L, Paris 1993
- ¹⁸⁴ Ibid, p.35
- ¹⁸⁵ Ibid, p.35
- ¹⁸⁶ The notion of “Simplism” was addressed in the previous chapter. See also, Jean Oury, *Il Donc*, p.60. Éditions Matrice, Vigneux 1998
- ¹⁸⁷ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.4, November 1984
- ¹⁸⁸ Jean Oury, *Création et Schizophrénie*, p. 54, Éditions Galilée, Paris 1989
- ¹⁸⁹ Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.3. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>)
- ¹⁹⁰ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.4, November 1984. See also, Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.3. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>)
- ¹⁹¹ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994
- ¹⁹² Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.9, November 1984
- ¹⁹³ Henricus Rümke, *Phaenomenologische en Klinischpsychiatrische studie*, Leiden 1923
- ¹⁹⁴ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.75, Le Cercle Herméneutique, Puteaux 2002
- ¹⁹⁵ Jean Oury, *Op*, cit., p. 2
- ¹⁹⁶ Ibid, p.3
- ¹⁹⁷ Ibid, p.3
- ¹⁹⁸ Bin Kimura, *L’Entre*, chapters I and II, Éditions Jérôme Millon, Grenoble 2000
- ¹⁹⁹ Ibid, *Op.*, cit, p.4
- ²⁰⁰ Jacques Schotte, *Une Pensée du Clinique – L’Oeuvre de Viktor Von Weizsäcker.* Unpublished lecture series of 1984-85 delivered at the Université Catholique de Louvain, Faculté de Psychologie et des Sciences de l’Education, Centre de Psychologie Clinique, III, p.2, 2nd October 1984
- ²⁰¹ Ibid, p.2
- ²⁰² Jean Oury, *Création et Schizophrénie*, p. 169, Éditions Galilée, Paris 1989
- ²⁰³ The root “path-” finds its nurture through a variety of contexts. As Schotte was to explain, “path-” expresses a

sufferance as with “Leid” in the German language, and it is a found in vocabulary such a “*pathogenesis*” “*sympathy*” and “*pathology*.” Moreover, there are three words from the Greek language, “*pathos*”, “*pasquô*” and “*pathô*” that participate as the root of the “*pathic*” from which we find “*Pasquein*” signifying “*endurance*”, a verb opposed to “*poiein*” meaning to “*represent*”, “*present*”, and “*produce*.” The Greek substantive “*pathema*” designates a “*passion*” but also a “*comportment*,” and “*Pathetikon*” is an adjective signifying the “*passive*” and “*patient*”. In Latin also, the verb “*pati*” signifies “*suffering*” and is derived from the substantive “*passio*” and “*patiens*”. “*Leid*” in the German, expressing “*sufferance*” sees the substantive “*Leidenschaft*” and finds its French translation as “*passion*”. In the Greek language, “*Pathos*” is derived from “*Pasquein*” and expresses “*passion*,” “*modification*,” “*quality*” and “*relation*,” a context where the qualities and properties of things are said of their modifiability. The Greek language also sees “*O pasquôn*”, the man of sentiment in contrast to “*o mê pasquôn*” as the man of the impassable, man always equal to himself. Within Aristotle’s metaphysics, one can see an evocative employment of “*pathos*” where “*pathos legetai*” is said of the “*subsisting*” and “*enduring*,” and as Schotte rightly notes it is where, “*the quality of things subsist a modification, the change of black into white, heavy to light and even the “sane” to the “ill.”*” Moreover, Aristotle’s “*catharsis*,” the purification of the passions, is where, in his words, “*pathos designates the event where someone or something passes from one state to another.*”

²⁰⁴ Ibid, III, p.8

²⁰⁵ Ibid, p.5

²⁰⁶ Ibid, p.6

²⁰⁷ Ibid, p.6

²⁰⁸ Jean Oury, *Création et Schizophrénie*, p. 169, Éditions Galilée, Paris 1989

²⁰⁹ Ibid, p.5

²¹⁰ Ibid, p.7

²¹¹ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.20, February 1985

²¹² Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.4, November 1984

²¹³ Ibid, p.6

²¹⁴ Jacques Schotte, *Une Pensée du Clinique – L’Oeuvre de Viktor Von Weizsäcker.* Unpublished lecture series of 1984-85 delivered at the Université Catholique de Louvain, Faculté de Psychologie et des Sciences de l’Education, Centre de Psychologie Clinique, III, p.7, 2nd October 1984

²¹⁵ Jean Oury, *Création et Schizophrénie*, p. 178, Éditions Galilée, Paris 1989

²¹⁶ Jacques Schotte, Op, cit., p.4

²¹⁷ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.10, November 1984

²¹⁸ Jacques Schotte, *Une Pensée du Clinique – L’Oeuvre de Viktor Von Weizsäcker.* Unpublished lecture series of 1984-85 delivered at the Université Catholique de Louvain, Faculté de Psychologie et des Sciences de l’Education, Centre de Psychologie Clinique, IV, p.4, 2nd October 1984

²¹⁹ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.9, November 1984

²²⁰ Ibid, p.3

²²¹ Salomon Resnik, *Personne et Psychose: études sur le langage du corps*, Payot, Paris 1973

²²² Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.10, November 1984

²²³ See Appendix 1

²²⁴ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.17, Le Cercle Herméneutique, Puteaux 2002

²²⁵ Ibid, p.3

²²⁶ Henri Maldiney, *Regard Parole Espace*, p.134, Éditions l’Age d’Homme, Lausanne 1973

²²⁷ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.38, Le Cercle Herméneutique, Puteaux 2002

²²⁸ François Tosquelles, *La Vécu de la fin du Monde dans la Folie*, p. 57, Éditions de l’Arefppi, Nantes 1986

²²⁹ Prior to Tosquelles’ sentiments of transcendental revelation announced through the mock-Biblical phantasm, Ludwig Binswanger, who, in following Martin Heidegger’s phenomenology of *Dasein*, proposed the patient to be a human presence. The patient was at once empirical, in terms of a symptom accessible to vision (*anschaulich*), in terms of “*accessibility*” (Tatossian), and *a priori*, in terms of the phenomenon, of an “*essential*” nature, the *essence* (Tellenbach) upon a landscape of an ever-present implicit frame of reality. Behind the empirical display of the visible accessible symptom existed a properly furnishing transcendental frame of phenomenal experience (*erfahrung*), considered as the most primary layer of human potentiality. For Binswanger, the *Presence* of the patient was the announcement of the transcendently constitutive dimension *prior to*, *behind*, or *beneath* the empirical Ego of normal life – the transcendental ‘I’ beneath the mechanical empirical ‘I’ for Tosquelles. Thus, we again see Oury of Paris VII speak of the “*rupture of habit*” and a malformation within the “*fabric*” of the subject which is in fact no different to Binswanger writing of the “*anthropological disproportion*” to *Presence*, or a “*lacking*” *Presence*. This, is not to invite a duality between the transcendental and the empirical, but a nuanced narrative between a pre-psychological, pre-representational realm of *emergence*, a realm prior to a subjective consciousness, and its post-emergent constituted psychological surface as empirical edifice. The trouble of this realm belongs to the order of the felt, and not the thought, of the pre-cognitive and not the cognitive. The “*anthropological disproportion*” of the presence of the schizophrenic for Binswanger, is what Oury understand as the “*trouble of transcendence*”. This, is a

primary symptom communicated through the sensation of the encounter where above all disproportion is felt and not thought supporting the 1948 Gestalt assertions of Tosquelles where the empirical and the transcendental exist in a figure-ground relationship of dynamic exchange: The psychotherapist begins not upon the surface of empirical symptoms but within the depth of sensation, of what Eugen Fink had deemed an, “enigmatic depth,” a level, where, as Oury continually notes, “something happens,” and it is this level, the pathic pre-thematic level, that for Oury, “characterises the initial formations of the human dimension.” Thus once again, where Binswanger asserts a “disproportion” or a “lack” of presence, Oury asserts a “trouble of incarnation” or a “collapse of transcendence”: in speaking of the trouble of transcendence (Oury), the trouble of incarnation (Pankow, Lacan) we can also bring into play the trouble of the “initial formation,” a “disproportionate” anthropological formation of the Self to which Binswanger appeals. The primary symptom of schizophrenia thus exists upon a level that can not be intellectually inferred, but felt within sensation, such is the function of Rümke’s *Praecox Gefühl* to which Oury has constantly highlighted throughout his forty years of clinical practice.

²³⁰ A term often used by Binswanger, but see as to its use within, Ludwig Binswanger, *Le Cas Suzanne Urban: etude sur la schizophrénie*, p. 135, Desclée de Brouwer, Saint-Augustine 1957

²³¹ A term often used by Husserl, see as to its employment in, Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: Third Book: Phenomenology and the Foundation of the Sciences*, Springer, 2001. And also, *Aktive Synthesen: Aus der Vorlesung 'Transzendente Logik' 1920/21 : Ergänzungsband zu 'Analysen zur passiven Synthesis*, Springer, 1999

²³² Arthur Tatossian, *La Phénoménologie des Psychoses*, p.25, Le Cercle Herméneutique, Puteaux 2002

²³³ What Husserl deemed the “living present” (*Lebendige Gegenwart*), the “here and now”, is not of the “here”, or as Oury elaborates in following Heidegger, it is of the “là” and not the “ici.” This *living present*, the *now*, is the *instant* of the *Praecox Gefühl*, and it is where we have previously seen Oury write that *presence announces a present*. For Tatossian, this is where the psychiatric encounter penetrates the “profundity of human existence.” See Jean Oury, *Création et Schizophrénie*, p.112, Éditions Galilée, Paris 1989: «let us refer to Heidegger’s *Dasein*. It is often translated as « being-here ». Heidegger complained much about how it was translated, so much so, that in his final seminars he was doing in the South of France he said that if he would have known the confusion such a term was to cause he would never have employed it. The best translation is « being-the-here » (*être-le-là*). The here and now « là » is opposed to the here « ici ». If I am here « ici » I am not here and now « là » ...The here « ici » is the closed and the here and now « là » is the opening. »

²³⁴ Arthur Tatossian, in, *La Phénoménologie des Psychoses*, p.24, Le Cercle Herméneutique, Puteaux 2002

²³⁵ Jean Oury, *Création et Schizophrénie*, pp. 95, Éditions Galilée, Paris 1989

²³⁶ Eugen Fink, *L'analyse Intentionnelle et le Probleme de la Pensée Spéculative*, in, *Problemes Actuels de la Phénoménologie*, p.70, Desclée de Brouwer, Paris 1952

²³⁷ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie.*” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.19, November 1984

²³⁸ Arthur Tatossian, in, *La Phénoménologie des Psychoses*, p.51, Le Cercle Herméneutique, Puteaux 2002

²³⁹ Ludwig Binswanger, *De la Psychothérapie*, p.121, Éditions de Minuit, Paris 1996

²⁴⁰ *Ibid*, p.22

²⁴¹ See, the exposition of transcendental active syntheses throughout, Edmund Husserl, *Aktive Synthesen: Aus der Vorlesung 'Transzendente Logik' 1920/2 : Ergänzungsband zu 'Analysen zur passiven Synthesis*, Springer, 1999

²⁴² To this recall self-regulating mechanisms such as the “organismic principle” of Goldstein, the *Syneidesis* of Monakow and Mourgue, the *Wahnsfunktion* of Gröhle (reconstruction and equilibrium through delirium), and the will to organic unity of Freud. These concerns are elaborated throughout chapter 2

²⁴³ Jean Naudin and Jean-Michel Azorin, *Husserlian Reduction as a Method in Psychiatry*, p.156, in, *Journal of Consciousness Studies*, 6, no 2-3, 1999

²⁴⁴ Jean Oury, *Création et Schizophrénie*, p.168, Éditions Galilée, Paris 1989

²⁴⁵ Eugène Minkowski, *Constitution et Conflit*, in, *L'Evolution Psychiatrique*, p.30, Cahiers de psychologie clinique et de psychopathologie générale, 1934

²⁴⁶ Jean Oury, *Création et Schizophrénie*, p. 178, Éditions Galilée, Paris 1989

²⁴⁷ Hubertus Tellenbach, *Melancholy*, p.20, Duquense University Press, Pittsburgh 1980

²⁴⁸ *Ibid*, p.58

²⁴⁹ See, for example, the Seventh Letter, §341 c of Plato, in, *The Seventh Letter (Philosophia antiqua)*, Clarendon Press, London 1928

²⁵⁰ François Tosquelles, *Education et Psychothérapie Institutionnelle*, p.69, Hiatus, Mantes-la-Ville 1984

²⁵¹ Maurice Merleau-Ponty, *Le visible et l'invisible, suivi des notes de travail*, pp 1-20, Gallimard, Paris 1979

²⁵² Unpublished seminar by Dr. Jean Oury, *Hysterical Psychosis*, p.7. Translated by David Reggio. The full text is published online through the Working Papers Series edited by Professor Howard Caygill.

(<http://www.goldsmiths.ac.uk/departments/history/news-events>). The word “Kenotic,” is from Kenotic Theology and is derived from the Greek “Kenos,” meaning “to empty” or rather, “to empty out”. The founding premise of the Kenotic school was that Christ emptied had himself of divine property before his earthly incarnation, prior to which and after which, he was God.

²⁵³ Cited in, Arthur Tatossian, *La Phénoménologie des Psychoses*, p.27, Le Cercle Herméneutique, Puteaux 2002

²⁵⁴ See, Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: Third Book: Phenomenology and the Foundation of the Sciences*, chapter 1, Springer, 2001. The “Pure Ego” for Husserl, is the “absolute sincerity of the Ego” for Minkowski.

- ²⁵⁵ Referenced in, Arthur Tatossian, *La Phénoménologie des Psychoses*, p.62, Le Cercle Herméneutique, Puteaux 2002
- ²⁵⁶ Jean Oury, *Création et Schizophrénie*, pp.167-208, Éditions Galilée, Paris 1989
- ²⁵⁷ Henri Maldiney, *Regard Parole Espace*, p.91, Éditions l'Age d'Homme, Lausanne 1973
- ²⁵⁸ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.23, Le Cercle Herméneutique, Puteaux 2002
- ²⁵⁹ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.40, Le Cercle Herméneutique, Puteaux 2002
- ²⁶⁰ Eugène Minkowski, *Traité de Psychopathologie*, p.664, Institut Synthalébo, 1999
- ²⁶¹ Eugène Minkowski, *Constitution et Conflit*, in, *L'Evolution Psychiatrique*, p.30, Cahiers de psychologie clinique et de psychopathologie générale, 1934
- ²⁶² Arthur Tatossian, *La Phénoménologie des Psychoses*, p.30, Le Cercle Herméneutique, Puteaux 2002
- ²⁶³ Eugen Fink, *L'analyse Intentionnelle et le Probleme de la Pensée Spéculative*, in, *Problemes Actuels de la Phénoménologie*, p.70, Desclée de Brouwer, Paris 1952
- ²⁶⁴ See, *Aktive Synthesen: Aus der Vorlesung 'Transzendente Logik' 1920/21 : Ergänzungsband zu 'Analysen zur passiven Synthesis*, Springer-Verlag, Berlin 1999
- ²⁶⁵ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.65, Le Cercle Herméneutique, Puteaux 2002
- ²⁶⁶ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ²⁶⁷ Arthur Tatossian, Op., cit. p. 60
- ²⁶⁸ See, Edmund Husserl, *Logical Investigations*, Humanity books, New York 2000
- ²⁶⁹ Edmund Husserl proposed this to be of the *epoché*. The *epoché* was proposed in both his early writings (*Logical Investigations*) and latter writings (*Idea Pertaining to a Pure Phenomenology*). In the first work, Husserl proposes a setting aside of preconceptions in order to “return to the things themselves.” This is where Jaspers takes his lead in highlighting the need to set aside all prejudices so as to have a less clouded perception of phenomena. In the latter work, the *epoché*, or rather, the *phenomenological reduction*, is undertaken so as to thwart the “natural attitude” which assumes that we and world are real. The *epoché* favours what Husserl deems a, “transcendental consciousness” or, “transcendental subjectivity” that is at work behind the given of the empirical subject. The “transcendental epoché” suspends the “natural attitude” and unveils a working reality behind a pre-given reality. For psychiatry, the “transcendental epoché” is a conceptual tool and enables what Tellenbach deems the “intuitive grasp” of phenomena surpassing the “isolated” symptom. Psychiatry’s role of the suspension of pre-judgment and the “bracketing off” of the “natural attitude” is as a “solipsistic variant” (Azorin, 1999) to Husserl’s philosophy.
- ²⁷⁰ See Appendix 1
- ²⁷¹ Karl Jaspers, *General Psychopathology*, The John Hopkins University Press, 1997
- ²⁷² Jean Naudin and Michel Azorin, *Husserlian Reduction as a Method in Psychiatry*, p.158, in, *Journal of Consciousness Studies*, 6, no 2-3, 1999.
- ²⁷³ Ibid, p. 160
- ²⁷⁴ See, Francisco J. Varela, *The Embodied Mind*, pp.15-33, MIT Press, London 1991
- ²⁷⁵ Horace Torrubia, *La Psychotherapie Institutionelle Par Gros Temps*, in, *Actualité de la Psychotherapie Institutionelle*, p.25, Éditions Matrice, Vigneux 1994
- ²⁷⁶ Erwin Straus, *Le Soupir: introduction à une théorie de l'expression*, written in 1951, republished in, *Phénoménologie et Existentialisme en Italie*, Le Cercle Herméneutique, Paris 2003, Volume 1, p.16
- ²⁷⁷ Tatossian was greatly influenced by Blankenburg’s Husserlian psychiatry. See, Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ²⁷⁸ Jean Naudin, *Husserlian Reduction as a Method in Psychiatry*, p.158, in, *Journal of Consciousness Studies*, 6, no 2-3, 1999.
- ²⁷⁹ Georges Lanteri-Laura, *Psychiatrie et Connaissance: essai sur les fondements de la pathologie mentale*, Sciences en Situation, Paris 1991
- ²⁸⁰ Edmund Husserl, *The Phenomenology of Internal Time Consciousness*, Indiana University Press, Bloomington, 1964
- ²⁸¹ This is from the 1964 essay by Jean Oury reflecting upon a clinical encounter of 1947, *L’Aimable Jayet* republished in, Jean Oury, *Préfaces*, p. 17, Éditions Le Pli, Orléans 2004
- ²⁸² See, Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: Third Book: Phenomenology and the Foundation of the Sciences*, Springer, 2001.
- ²⁸³ Ibid, p.17
- ²⁸⁴ Cited in, Jean Naudin, *Husserlian Reduction as a Method in Psychiatry*, p.159, in, *Journal of Consciousness Studies*, 6, no 2-3, 1999.
- ²⁸⁵ Husserl, Op., cit
- ²⁸⁶ Husserl, Op., cit
- ²⁸⁷ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie.* Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.18, February 1985
- ²⁸⁸ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ²⁸⁹ Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy: Third Book: Phenomenology and the Foundation of the Sciences*, Springer, 2001.
- ²⁹⁰ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ²⁹¹ Hubertus Tellenbach, *Melancholy*, p.27, Duquense University Press, Pittsburgh 1980
- ²⁹² Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ²⁹³ Ibid, p.55. This realm of natural logic, a transcendental level that is *intuited* and not *thought*, is what Husserl

referred to as a *pre-thematic* realm of passive self-regulating processes, ‘automatic’ process of formation and constitution, a level prior to the *thematization* of objects.

²⁹⁴ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991

²⁹⁵ Blankenburg, Op., cit. p.124

²⁹⁶ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.38, Le Cercle Herméneutique, Puteaux 2002

²⁹⁷ Jean Oury, *Hysterical Psychosis*, p.7. Translated by David Reggio. The full text is published online through the Working Papers Series edited by Professor Howard Caygill. (<http://www.goldsmiths.ac.uk/departments/history/news-events>).

²⁹⁸ Arthur Tatossian, Op., cit.

²⁹⁹ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie*.” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.18, February 1985

³⁰⁰ Georges Lanteri-Laura, *Psychiatrie et Connaissance: essai sur les fondements de la pathologie mentale*, Sciences en Situation, Paris 1991

³⁰¹ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991

³⁰² Op., cit

³⁰³ Edmund Husserl, *Formal and Transcendental Logic*, Springer, London 1977

³⁰⁴ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.25, Le Cercle Herméneutique, Puteaux 2002

³⁰⁵ Ibid, p. 78

³⁰⁶ Ibid, p. 56. For Tosquelles, as we have seen in the last chapter, the announcements of schizophrenia declares an *efficiency, intention* and *value* of its own. It is where delirium can itself be seen, and such is the consideration of Tosquelles, to announce a new constructive genesis replacing the “common sensical” ties of Man and World, just as the post-traumatic reconstruction for Freud announced a new personality, *not to the most splendid of truths*, but to a working principle. Where a strictly Husserlian sentiment pushes us to assert, along with its prime psychiatric exponent Arthur Tatossian, that disclosure can be nothing of the new, the compensatory mechanism of delirium announces just that. The “natural evidence” operating in dialectical operation to the ‘I’ or the stance of the Self (*Selbststand*) is replaced by alternative, phantasmic, industrious evidence of man and the world, or rather, of man’s *essential* or *authentic* (Binswanger) relation. The “loss of natural evidence”, the “delirium” or the “collapse of transcendence” is where Tosquelles does not see an immediate deviation from the pre-predicative genesis of man as something of an “anthropological disproportion” as would Binswanger, but rather as a something proportional to itself.

³⁰⁷ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991

³⁰⁸ It is interesting to note that throughout Oury’s work the term ‘deficit’ has never been used.

³⁰⁹ Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie*.” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.4, November 1994

³¹⁰ Jean Naudin and Jean-Michel Azorin, *Husserlian Reduction as a Method in Psychiatry*, in, *Journal of Consciousness Studies*, p.165, 6, no 2-3, 1999

³¹¹ Hubertus Tellenbach, *Melancholy*, p.58, Duquense University Press, Pittsburgh 1980

³¹² Jean Naudin and Jean-Michel Azorin, Op., cit.

³¹³ The term disproportion is somewhat of an inadequate translation of “verstiegen,” an inadequacy acknowledge by Needleman, the translator of Binswanger in 1963. See, Ludwig Binswanger, L., J. Needleman (Trans.), *Being-in the-World: Selected papers of Ludwig Binswanger*. Basic Books, New York 1963. On the theme of anthropological proportionality, see the adept study of Wolfgang Blankenburg: *A Dialectical Conception of Anthropological Proportions*. In A. J. J. de Koning and F. A. Jenner (Eds.), *Phenomenology and Psychiatry*. Academic Press, London 1982

³¹⁴ Jean Oury, *Création et Schizophrénie*, p.178, Éditions Galilée, Paris 1989

³¹⁵ Ibid.

³¹⁶ Jakob Wyrsh, *Über die Intuition bei der Erkennung des Schizophrenen*, p.35 Med. Wochenschrift. Schweiz 1946

³¹⁷ Sigmund Freud, *Five lectures on Psychoanalysis*, in, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, p. 301, Hogarth Press, London 1955

³¹⁸ The 1948 thesis of Tosquelles, is as we have previously seen, a testimony to the modifying actions of revelation upon the Self, and its underlining possibilities for the reelaboration of man, it does not see a schizophrenic deficit of the primary level and possibility said of the cohesive primary and secondary syntheses constituting the empirical subject of common sense in the Husserlian tradition, but an active, affirmative reconstruction in the name of delirium itself (*Wahnsfunktion*). Similarly and not too divergently from the post-war generation of La Loire, Arthur Tatossian, in also drawing upon the cosmological proposition of Minkowski to further pronounce event of an existential encounter, underlines that the dimension of phenomenal encounter, or contact, is to be thought of as one of *affective-contact* (*contact-affectivité*), where, “proper to the sphere of human relations and the encounter with its phenomena of co-vibration and echo, there are manifestations of a vital communication of aural phenomena of attachment and human contact of a tactile order.” This dimension of contact, is an affective disposition, where presence is concretely announced through a vital communication within a *pre-thematic, sympathetic* dimension – pathically, to use a term weighing the sentiment of Weizsäcker, Oury and Schotte.

³¹⁹ The Marseille school of phenomenological psychiatry, taking its lead from Blankenburg was inaugurated by Arthur Tatossian, and is now maintained by Jean Naudin and Jean-Michel Azorin

³²⁰ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.18, Le Cercle Herméneutique, Puteaux 2002

³²¹ Ibid, p.46

- ³²² Jakob. Wyrsch, *Über die Intuition bei der Erkennung des Schizophrenen*. Med. Wochenschrift. Schweiz 1946
- ³²³ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.20, Le Cercle Herméneutique, Puteaux 2002
- ³²⁴ Ibid, p. 67
- ³²⁵ Ibid, p. 34
- ³²⁶ Eugène Minkowski, *l'Affectivité*, in, *Sud Médical et Chirurgical*, 1955, vol. 88, no. 2398, pp.4025-4034
- ³²⁷ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.41, Le Cercle Herméneutique, Puteaux 2002
- ³²⁸ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991
- ³²⁹ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.40, Le Cercle Herméneutique, Puteaux 2002
- ³³⁰ Eugène Minkowski, *Les Voies d'Accès au Conscient*, in, *Evolution Psychiatrique*, 1949, 14, pp.383-405
- ³³¹ Eugène Minkowski, *Vers une Cosmologie Fragments Philosophiques*. Aubier. Paris 1936, cited in, Arthur Tatossian, Op., cit.
- ³³² Ibid
- ³³³ Michèle Celis-Gennart & Marco Vannotti, *L'expérience intersubjective de la maladie chronique. Ces maladies qui tiennent une famille en haleine*. Institut universitaire de médecine sociale et préventive Raisons de santé, 52, Lausanne 2000.
- ³³⁴ François Tosquelles, *De la Personne au Groupe*, p.56. Éditions Erès, Ramonvil le Saint-Agne 1995. One could thus posit the real as a dynamic absolute, much like Husserl's displaced horizon of epistemological renewal and Heidegger's ontic-ontological category of the *withdrawal*. See, for example, Martin Heidegger, *What Calls for Thinking*, in, Martin Heidegger, *Basic Writings*, pp.369-391, Routledge, London 1993
- ³³⁵ Arthur Tatossian, *La Phénoménologie des Psychoses*, p.38, Le Cercle Herméneutique, Puteaux 2002
- ³³⁶ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble 2000
- ³³⁷ Lucien Bonnafé indicated such a direction in 1945 in asserting that the object of psychiatry, in it being of Man and Madness, is continually displaced where roles are not merely realigned, but psychiatric epistemology and its methodological questions likewise by virtue of transformative patient-clinician relations.
- ³³⁸ Op cit., Straus, positions the pathic prior to, and in the direction of, the subject-object relation. In doing so the pathic is of a pre-thematic, pre-representational, pre-personal, primordial dimension enabling, for Maldiney, an existential relation with the world (*being-with-the-world*) appealing to what Oury characterises as a, "pathology of being-with-others." This pathology, is initiated upon the most primitive, pre-human, levels.
- ³³⁹ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble 2000
- ³⁴⁰ Op cit.,
- ³⁴¹ Jean Oury, *Préfaces*, p.11. Éditions Le Pli. Orleans 2004.
- ³⁴² Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble 2000
- ³⁴³ Henri Maldiney, *Regard, Parole, Espace*, p.145. Éditions L'Age D'Homme. Lausanne 1973.
- ³⁴⁴ Jean Oury, Jean Oury, *A Propos des Symptômes Primaires de la Schizophrénie*." Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.9, November 1984
- ³⁴⁵ This notion is discussed throughout, Eugène Minkowski, *Le Temps Vécu*, P.U.F, Paris 1995
- ³⁴⁶ Henri Maldiney, *Regard, Parole, Espace*, p.136. Éditions L'Age D'Homme. Lausanne 1973.
- ³⁴⁷ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble 2000
- ³⁴⁸ Henri Maldiney, *Regard, Parole, Espace*, p.137. Éditions L'Age D'Homme. Lausanne 1973.
- ³⁴⁹ Jean Oury, *Création et Schizophrénie*, p.169. Éditions Galilée, Paris 1989.
- ³⁵⁰ Ludwig Binswanger, *De la Psychothérapie*, p.125, Éditions de Minuit, Paris 1996
- ³⁵¹ Henri Maldiney, *Regard, Parole, Espace*, p.136. Éditions L'Age D'Homme. Lausanne 1973.
- ³⁵² Op., cit.
- ³⁵³ Henri Maldiney, *Regard, Parole, Espace*, p.136. Éditions L'Age D'Homme. Lausanne 1973.
- ³⁵⁴ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, p. 375, Editions Jérôme Millon, Grenoble 2000
- ³⁵⁵ Jean Oury, *Création et Schizophrénie*, p. 67. Éditions Galilée, Paris 1989
- ³⁵⁶ Henri Maldiney, *Regard, Parole, Espace*, p. 144, Éditions L'Age D'Homme. Lausanne 1973
- ³⁵⁷ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, p. 405, Editions Jérôme Millon, Grenoble 2000
- ³⁵⁸ Jean Oury, *Prefaces*, p.11. Éditions Le Pli. Orleans 2004.
- ³⁵⁹ Op. Cit., for Oury the pathic surpasses the nosological for it is through the pathic that we can have access to sense. This is a lead taken from Erwin Straus.
- ³⁶⁰ Henri Maldiney, *Regard, Parole, Espace*, p. 209, Éditions L'Age D'Homme. Lausanne 1973
- ³⁶¹ Hubertus Tellenbach, *Melancholy*, p. 54. Duquense University Press. Pittsburgh 1980
- ³⁶² Helmut Plessner, *Die Stufen des Organischen und der Mensch*, p. 18. Gruyter. Berlin 1928
- ³⁶³ Jean Oury, *Création et Schizophrénie*, p. 83. Éditions Galilée, Paris 1989. Although a study of Oury and Binswanger is yet to be undertaken, there is conceivably a worthy point of mutuality within their work. For Binswanger, *thinking man* was to *think presence* at the same time as to *think psychiatry*, yet this *thinking of man* was said of a level of the encounter prior to thought itself, the level we have seen to be, in Oury's terms with his reflection of *Aimable Jayet*, where *presence itself reigns* (Oury). This politic, is one that finds its strength in the argumentation

of a transcendental field of mutual relations, where the bonding of the “natural relation” (Blankenburg) proves a decisive anthropological moment, not of the *new* but of *affirming* what Binswanger termed the “authentic” and what Husserl termed the “essence.”³⁶³ It is a politic, as Maldiney shows, of the “instant” within which beings are married by virtue of a particular *pre-thematic, non-objective, primary* communication. Maldiney, asserts that with Binswanger synonymously equating psychiatry and man under the marrying transcendental arch of co-presence and mutuality – of *sympathy* proper – he had “enrolled himself into the school of possibility.” Binswanger further underscore the role of an existential communication in writing: “being-with-the-other and being-for-the-other, in their purely human dimension...are at the base of authentic relations of friendship, of love...” What this also showed was the similarity he shared with the phenomenology of Heidegger. This existential primitive communication, in terms of Heideggerian phenomenology, was said of the *Befinden*, the situatedness, or rather, as to how being is to be situated within the world. In the German language “sich befinden” is to find oneself in a situation, of feeling and being situated. It is where we see the everyday question of the German language, “Wie befinden Sie sich?” ask, “where do you find yourself?” The *Befindlichkeit*, is a term introduced by Heidegger and one that finds ample ground within the clinical reflections of Binswanger. In following the French translators of Heidegger’s *Being and Time*, Boehm and De Waele, the *Befindlichkeit* is translated as the “sentiment of the situation,” how the subject finds himself, in the French, “comment il se-trouve.” The psychiatric frame is thus said of a transcendental ego beneath its empirical edifices where the subject is to find himself within a situation of “vital communication,” where the *Befindlichkeit* is addressed through what Heidegger calls the “mood.” Heidegger had previously termed the shared situation *mit-sein*, the *being-with*, and Binswanger had asserted that the *coming-to-be* of man’s presence within the encounter was termed *Daseingang* (the course of presence). It was the “course of presence” that Binswanger envisioned to surpass the habit of usual, classically grounded, clinical experience and its diagnostic reduction of mental phenomena to the isolated medical symptom: presence was said of the global presentation of phenomena grasped within a clinical landscape that was not said of classical objectivity. Rather a “clinical objectivity” was to be said of a “therapeutic commerce” where the observer and observed are co-implicated. For Binswanger, the cherished child of the *Daseinanalytic* – the analysis of the course of presence / *Daseingang* – was not the *astuteness of nosography*, but the metaphor, and the greatest danger with the habitual clinical reduction of phenomena to the medical symptom at once independent and isolatable, was of the patient leaving the descriptive terrain of metaphor and of ceasing to be a partner with the analyst, that is, of psychiatry losing sight of Binswanger’s ordinal imperative, of, “man within psychiatry.”

³⁶⁴ Bin Kimura, *L'Entre*, Éditions Jérôme Millon, Grenoble 2000

³⁶⁵ See Appendix 1

³⁶⁶ Hubertus Tellenbach, *Melancholy*, pp.19-44, Duquense University Press, Pittsburgh 1980

³⁶⁷ *Ibid*, p.29

³⁶⁸ See, Jean Oury, *Création et Schizophrénie*, p.178, Éditions Galilée, Paris 1989

³⁶⁹ See, Max Scheler, *On feeling, knowing, and valuing: selected writings*, University of Chicago Press, Chicago 1992. Scheler – the philosopher of empathy – is emblematic of a 19th Century philosophical concern for the *Einfühlung*, a term used by Herder in the 18th Century and also employed by the aesthete Robert Vischer in 1873. *Einfühlung* is a derivative of the verb ‘sich einfühlen’ and connotes the sympathetic process where there is a ‘feeling oneself into’ a person or an object. This was as important to hermeneutics as it was to anthropology, to the understanding of foreign texts and cultures as it was to the understanding of fellow man. Herder, for instance, employed ‘sich einfühlen’ to refer to a process essential to the interpretation of texts and cultures. Arguably, this was later paralleled by the phenomenologies of *Intuition* of which Gaston Bachelard was the foremost scientific commentator. Most notably however, the phenomenologist Edith Stein, in her 1917 work entitled *Zum Problem der Einfühlung*, undertook a study of the historical development of the *Einfühlung* and in distinguishing between its wide epochal uses, centered on the problem of describing as to how others are given over to us as experiencing subjects. As she was to write, the basic problem of the *Einfühlung* was the “question of empathy as the perceiving of foreign subjects and their experience.” This however, pointed to a more theologically inclined thematic, for the *Einfühlung* was the veritable vehicle uniting the earthly religious man with the mentation of God. See, Edith Stein, *On The Problem of Empathy*, pp.1-9, ICS Publications, New York 1989. Scheler, in his 1913 work entitled, *Zur Phänomenologie und Theorie der Sympathiegefühl und von Liebe und Hass* (later published as *Wesen und Formen der Sympathie*) ventured to distinguish between four affective states: (1) *Mitgefühl* (as fellow-feeling about something); (2) *Miteinanderfühlen* (as communitarian feeling); (3) *Gefühlstansteckung* (affective contagion); (4) *Einfühlung* (emotional identification). These are not to be considered existing independently of one another, but as dovetailing agencies constituting empathetic experience of varying profundity, from the habitual to the religious. See also, Max Scheler, *Nature and Form of Sympathy*, Shoe String Press, United States, 1973

³⁷⁰ Henri Maldiney, *Contact, Vie et Existence*, in, Jacques Schotte (ed) *Le Contact*, p. 178, Éditions Universitaires, Paris 1990

³⁷¹ Erwin Straus, *Du Sens Des Sens: contribution à l'étude des fondements de la psychologie*, p. 346, Editions Jérôme Millon, Grenoble 2000: This *pathic communication* of a *non-condoling sympathy* (a sympathy said of an atmospheric, pathic *being-with-the-other*), a “vital” communication of a *primary level* prior to the subject-object delimitation, finds similar address through the Heideggerian notion of the *Befindlichkeit*, or rather the *mitbefindlichkeit*. This, was understood by Heidegger as an originary moment of “being-here” ontologically expressing the determined and essential state of presence, of “being-in-the-world” – “in-der-Welt-sein.” This essential state of *being-here*, is one that is disclosed *sympathetically* and *atmospherically*. As Straus makes clear, such an essential state is not reducible to the symmetrical representation of objects – a symmetry Maldiney terms a “supra-

sensible hypothesis” addressed in a before and after-world. Rather, in its “trans-objective”, “trans-subjective” (Tellenbach) and “pre-objective” (Straus): it points to an asymmetrical synthesis of “vital mutuality,” where *the becoming of the world and subject is said of the becoming of feeling*. As Heidegger asserted, it is a situation, or rather a state-of-affairs working “according to a certain affective tonality (*stimmung*).”

³⁷² Michele Gennart, *La Disposition Affective chez Heidegger*, in *Le Contact*, p.75

³⁷³ Cited in, Henri Maldiney, *Regard, Parole, Espace*, p.49. Éditions L’Age D’Homme. Lausanne 1973.

³⁷⁴ Martin Buber, *Das Dialogische prinzip I*, Schneider, Heildelberg 1973

³⁷⁵ Henri Maldiney, *Regard, Parole, Espace*, p. 19, Éditions L’Age D’Homme. Lausanne 1973

³⁷⁶ Martin Heidegger, *The Message*, in Martin Heidegger, *Philosophical and Political Writings*, p.118. The German Library, Continuum, New York 1993

³⁷⁷ Henri Maldiney, *Regard, Parole, Espace*, p. 136, Éditions L’Age D’Homme. Lausanne 1973

³⁷⁸ Eugène Minkowski, *Traité de Psychopathology*, pp.20-36, P.U.F, Paris 1966

³⁷⁹ Jakob. Wyrsh, *Über die Intuition bei der Erkennung des Schizophrenen*, p. 76. Med. Wochenschrift. Schweiz 1946

³⁸⁰ See, Hubertus Tellenbach, *Melancholy*. Duquense University Press. Pittsburgh 1980. The atmospheric diagnostic appeals to not so much an inter-subjective situating of patient and psychiatrist, but to what Kimura has deemed an ‘in-betweenness’ (L’entre) as both intra-subjective and inter-subjective as vital dimension of global contact appealing to a climatic conception or rather, a cosmo-physiological instituting of presence very close to the Logos of Heidegger. See, Bin Kimura, *L’Entre*, Editions Jerome Millon. Grenoble 2000.

³⁸¹ Jean Oury, *Préfaces*, p.11. Éditions Le Pli. Orleans 2004.

³⁸² For Zutt, a phenomenological psychiatrist drawn upon by both Tatossian and Oury, this domain of affective and sympathetic affairs, pointed to a phenomenological politic seeing the body as both aesthetic and physiognomic – “aesthetico-physiognomic.” Zutt introduced the body of being of two, subtle, interlacing coalescent levels, a sentiment bearing a striking similarity to the *Ich-Spaltung* of Husserl, and the ontico-ontological movement of Heidegger, of the constituting and the constituted, of the transcendental and the empirical, of surface and depth, yet, it is more refined. For Zutt, the “supporting-body” (*tragen de leib*) is that which is silent, hidden, and lived within sensation. It occupies is the *vécu* of the affective domain and what Blankenberg’s appeals to the founding gestures of “common sense” or “natural evidence” would see as “the hidden and ever-present frame of reality,³⁸²” gestures extended by Tellenbach in describing the “supporting-body” (*corps-porteur*) as, “an unnoticed yet constant support to the life of men.” See Arthur Tatossian, *La Phénoménologie des Psychoses*, chapter 2, Le Cercle Herméneutique, Puteaux 2002

³⁸³ See Appendix 1

³⁸⁴ Henri Maldiney, *Regard, Parole, Espace*, p. 209, Éditions L’Age D’Homme. Lausanne 1973

³⁸⁵ See, Jean Oury, *Pathique et Fonction d’accueil en Psychothérapie Institutionnelle*, in Jacques Schotte (ed), *Le Contact*, pp.111-125, Éditions Universitaires, Paris 1990

Postscript: Towards the Ethic of Psychiatry

We need to situate that which a “poetic logic” puts into question.

– Jean Oury, *Pathique et Fonction d’Accueil*¹

Our thesis serves as an introduction to a *mathesis*, as a path into a vast landscape of clinical and philosophical activity. The work of Jean Oury and the post-war historical sentiment nurturing his Thought have hitherto remained un-addressed on English speaking shores, notwithstanding its international allure. We have sought to introduce the central tenets of Dr. Oury’s work and the enterprise of Institutional Psychotherapy, by assessing the ethic, phenomenology and diagnostic of post-war French psychiatry. In doing so, we have been introduced to a specific world-concept, one that remains faithful to the historical and conceptual apparatus behind the therapeutic enterprise of Institutional Psychotherapy, one that even goes back to Pinel.

In studying the ethic, phenomenology and diagnostic of post-war French psychiatry we were able to provide a historical and conceptual account of the factors behind the sense, intention and value of Institutional Psychotherapy. We have dealt with a *particular rationality*, and without exploring this psychiatric rationality, first demonstrated by Pinel, and mirrored by a war-marked French generation and phenomenology itself, then approaching the question of as to what exactly an Institutional Psychotherapy is, would be difficult.

As a direct result of our bi-focal methodology (that is, the equivocation of the ethic, phenomenology and diagnostic), the question of an anthropological medicine has both proven a necessary development of our thesis – requiring further, more detailed attention. There are also other areas that require greater analysis, areas that are equally as pertinent and important for the English speaking audience and medical historiography as a whole. For example, an investigation into the questions and

therapeutic practices of Group psychotherapy, as well as the clinical techniques and methodologies developed at La Borde over the years, and as to how they have been refined and extended, was not provided. Likewise, we did not provide hermeneutic readings of the chosen material because the methodology was selective and it drew upon instances within clinical and phenomenological works that were important for communicating the clinico-philosophical rationality of Institutional Psychotherapy, and more particularly, of its founder and director, Dr. Jean Oury. Indeed, that which our thesis encouraged, yet was unable to comprehensively address, was that greater hermeneutic work remains to be undertaken, not merely on the studies of Dr. Tosquelles and Dr. Oury but on those providing the medical and philosophical support for expanding psychiatric and phenomenological doctrine. The key works that remain to be addressed are a necessary consequence of the thesis in guiding future post-doctoral enquiry and research. These are: *Vom Sinn der Sinne, ein Beitrag zur Grundlegung der Psychologie* by Erwin Straus (1939); Von Weizsäcker's, *Der Gestaltkreis: Theorie der Einheit von Wahrnehmen und Bewegen* (1950) and *Grundfragen medizinischer Anthropologie* (1948); Henri Maldiney's *Penser l'homme et la folie : à la lumière de l'analyse existentielle et de l'analyse du destin* (1991) and *Regard, parole, espace* (1974); Tellenbach's *Geschmack und Atmosphäre : Medien menschlichen Elementarkontaktes* (1968) and *Melancholie* (1961), and Bin Kimura's, *Der Sinn der schizophrenen Symptome* (1965) and *Psychopathologie de la Schizophrenie* (1979). Studying these works would have provided us with a stronger theoretical and critical register through which to (1) narrate the advancement of phenomenological psychiatry on the continent (2) greater understand the transformation of traditional medical concepts, and (3) distinguish between the undertakings of psychiatry, psychoanalysis and psychotherapy. In this way we could have situated the work of Michel Foucault, the work of Guattari, and the key role Dr. Oury played in the development of Lacanian analysis.

We could have also have plotted the historical narrative of the psychopathology of schizophrenia and demonstrated how key phenomenological notions such as the "Gestaltkreis", the

“Pathic”, the “Umgang” and “Sympathy” informed a workable clinical model attentive to the anthropological question of phenomenology without forgoing the importance of clinical nosography. This has not only been exemplified – in particular – by the biological studies of von Weizsäcker (1922; 1934; 1942; 1950; 1957), the neurological studies of Erwin Straus (1919; 1935), the psychopathological investigations of Kimura (1965; 1967; 1971; 1975) and Tellenbach’s studies of endogenous psychoses (1956;1957;1967;1975) , but by the psychotherapeutic project of Dr. Jean Oury and Jacques Schotte also – a project to which Jacques Lacan himself was theoretically and fraternally indebted. For us to do this, we would have needed to explore the evolution of the concept of schizophrenia and the historical development of diagnostic systems. This is work that remains to be undertaken.

Our study has nevertheless established a ground upon which to undertake future research into areas that have been indicated but not fully developed within the present research. We have a greater understanding as to what exactly is the role of psychiatry, the ethic, and the phenomenological. Moreover, we have arrived at an understanding of the personage of the psychiatrist and we have moved towards understanding an interpretive framework where the theological, phenomenological and the neurobiological dovetail one another, a framework called forth by historical necessity – a necessity that very much exists within our age and its crises.

The role of psychiatry

Psychiatry is at once scientific and philanthropic, at once a vocation and a specialisation, at once ethical, and phenomenological in its diagnostic undertaking. What the work of Dr. Oury and an Institutional Psychotherapy appeal to, is that psychiatry is, in the paternally faithful words of Félix Guattari, an “ethico-aesthetic paradigm.”² In moving through the ethical, phenomenological and diagnostic, we have seen how the concern of institutional psychotherapy, one that is exemplified by Oury’s Thought, is not medicine as social measure, but medicine as therapeutic measure, and in being so we deem it a

transcendental therapy. We recall Henri Ey:

The psychiatrist is increasingly a medic who comes to the aid of his diminished brothers of humanity, and less a personage to which Society delegates its powers of social defense.³

For Pinel, anatomico-pathological enquiry into mental alienation was not to be divorced from the discourse of the passions, and in being so medicine would not be divorced from anthropology. Indeed, throughout our study, we have explored the ethic, phenomenology and diagnostic of post-war psychiatry towards developing a consciousness of Institutional Psychotherapy and the philosophical and clinical issues by which it is underpinned. What we have progressively observed throughout our three chapters, is that the roles of the ethic, phenomenology and diagnostic peculiar to an Institutional Psychotherapy of post-war France, are inseparable, one from the other because they are said in a singular and same sense. What Philippe Pinel deemed the *art of mental alienation*, was reconceived by Lucien Bonnafé as an *art of sympathy*. Horace Torrubia expressed that the logic of this art was to be one *permitting us to leave naïve evidences and preconstituted ideas behind*⁴. For François Tosquelles, this logic was a *poetic logic*, a *compassionate art of “creative imagination,”*⁵ one demonstrated within the writings of the mystic Ibn Arabi and the cosmology of Averroes, one that works towards making, “a re-elaboration of man and his spaces of existence⁶” possible. Indeed, psychiatry, the *art of sympathy*, the *art of arts* (Pinel), is, to retake a term we have oft used by Oury, *an art of “possibilisation.”*

Psychiatry addresses a *person*, not merely a life, but an *existence*, a *presence* in as much as it addresses the organic and the dynamic, the ontology of nervous function and the ontology of the personality. To speak of the primary symptom of schizophrenia is a pretext for speaking of the *person* – the *art of sympathy* is an *art of human relations*, *an art of the entre-deux*. We draw upon Buber once more:

That which before all else characterises the world, is an encounter between two beings, one that is without its equivalence in nature...All psychical activity is brought into actuality by this event...This plane within which human existence is deployed and that is yet to be conceptually seized is that which I call the *entre-deux* (*Zwischen*). Actualised through infinitely variable degrees, it is the arche-category of human reality.⁷

As we have seen Minkowski write, it is *phenomenological existence* that crowns the concern of psychiatry, and not *chronological life*. The *pathic* (Weizsacker); the *landscape* (Straus) is where there is not merely *man-in-the-world* but rather *man-with-the-world* (Maldiney) – *the felt, the tonal and the ambient* prior to the known. This marks what Lacan, in reply to a Bonnafé of 1946, deemed the *drama of man* because *the art of sympathy, is a dramatic art* where the psychiatrist is a *dramatic personage*.

The *pathic* (Weizsacker), the *landscape* (Straus), *atmosphere* (Tellenbach, Minkowski), the *entre-deux* (Buber) *l'avec: being-with* (Oury), *l'entre: the in-between two* (Kimura), pertain to the ethic, the phenomenological and the diagnostic. The crowning representative of these three dovetailing agencies of practice is the *Praecox Gefühl*. The *Praecox Gefühl* is an *ethical undertaking, a phenomenological undertaking*, it marks a dialogue (Buber) at the most *primordial and primitive* (Schotte, Tatossian) of human dimensions, a dimension that we saw Weizsäcker deem the “pathic.” It is where we have seen an Oury of 1984 announce that, “we ourselves are symptoms.”⁸

As Oury later reflected in a seminar of 19th June 1991: “...the effervescence of the “pathic”... the most primordial of levels where “tone” and “atmosphere” manifest...This is what I concern myself with, where at the level of an underlying reality, where factors, parameters and tonality – which contribute to atmosphere – are put into question.”⁹ Our study has demonstrated that this underlying reality – the transcendental – is as much a concern as the empirical, the pre-cognitive and pre-thought as much as the cognitive and thought. In following, Wolfgang Blankenburg, we have seen this to be the address of the

implicit yet ever-present frame of “natural experience.¹⁰” For Oury it is where there is, “the *mit*...the zone of abduction...the place of echo,¹¹” a zone of “concrete abductive hypotheses.¹²”

Delirium, analogy and the body

Delirium marks the industrial paradigm of madness. It is productive, revelatory and affirmative. Most notably, we saw it to be, in following Tosquelles, an announcement of analogical life, at once at the level of the biological / organismic and the psychical (*psycho-pathology*). This marked, in following the phenomenological sentiment of Landberg, “the Transformation of fatality into liberty,¹³” a key phrase prefiguring that of Bonnafé in writing, “to speak of psychiatry, is to speak of liberty.¹⁴” This liberty, begins with Pinel and Tuke, it is reasserted by Bonnafé and Tosquelles, and it finds its anatomo-pathological expansion within the work of Freud (*post-traumatic reconstruction*), Gruhle (*Wahnsfunktion*), Goldstein (*catastrophe*), Monakow and Mourgue (*Syneidesis*), Henry Ey (*evolution and dissolution*), and Weizsäcker (*crisis*) with their underlining a genesis not just at the level of the organism, but at the level of the personality itself.

For Landsberg, from the viewpoint of Catholic Christology, to whom Tosquelles turns in his thesis of 1948, personal life and biological life mark the permanent and progressive actualisation of the human person¹⁵ to which only a phenomenology can deliver the most sincere of insights and scholarship. He writes: “phenomenology has shown that human experience is richer from the qualitative viewpoint.¹⁶” Phenomenology thus furnishes psychiatry with a particular viewpoint, lived out within the diagnostic, edified by the ethic – the empirico-phenomenological attitude proper. As Oury asserts in a July of 2003, “all this constitutes the very fabric with which we work,¹⁷” a permanent, creative and unfinished project, an inconclusive monograph (Fink), and why, “we say that psychiatry and psychoanalysis is an unfinished project, always in construction...always at its outset.¹⁸”

We have seen how a dialectic of catastrophe and revelation operates at the level of the biological, the existential and the historical. In the Ancient Greek language, “Apocalypse” (αποκάλυψη) is the word for “Revelation” (αποκάλυσις) and “Revelation” is concomitantly pronounced “apokalyyis.” *Apokalyyis* is an act of revealing, a making-known, an act of disclosure that finds its ushering within a cataclysmic, catastrophic event. We recall that the New Jerusalem is revealed to Saint John in the wake of the cataclysmic passing of the First Earth. This passing of the First Earth is where the new personality is announced through the mock-Biblical delirium in the wake of, “existential catastrophe”, a decisive event of schizophrenia, a decisive revealing. *Psychosis is a revealing*, and on these grounds we are able to identify the central strands to Tosquelles’ doctoral thesis of 1948 and indeed, to Institutional Psychotherapy itself:

(1) The catastrophic complex is a mode of revealing: In his thesis of 1950, Oury spoke of the “eye of Shiva,” Shiva – the Indian God of catastrophe and revelation, the “space of metamorphosis” and the “mutation of the personality.” Tosquelles, in 1948, did not write of Shiva, the third God of if the Indian *Trimurti*, to announce the *fecund moment* of catastrophe, but of a “permanent reconstruction” within a psychotic existence lived as either an, “immanent danger” or a, “prophecy.”¹⁹ For Saint John, The New Jerusalem announced a new equilibrium of the earth to a divine principle, just as the paranoiac personality for Freud announced an existential equilibrium through the reconstructive, industrious workings of delirium.

(2) Delirium is a revelation: We saw Gruhle deem this the “delirious function” – the *Wahnsfunktion*. In following both Freud and Rumke, Oury, speaks of the “psychotic equilibrium,” a new equilibrium in the wake of the opening of Shiva’s eye. In the wake of catastrophe and trauma there is rebirth, metamorphosis. Reconstruction is thus not without catastrophe, *the phenomenon explodes to mark a new beginning*. The existential catastrophe experienced by the schizophrenic, is as with Saint John’s New Jerusalem of the New Testament and the post-war people of France, an announcement of a new world, a declaration of possibility, industry and creation. This is where the question of the ethic intertwines with the question of psychological, biological and socio-cultural industry. At the same time, this marks the ethico-aesthetic paradigm of

psychiatric concern. Prophet of madness, prophet of the New Testament, Prophet of the New Jerusalem: a new logic of the world (*Weltlogik*) is announced through a phantasmic vision straddling deluge and revelation. We saw the mock-biblical phantasm resonate not just at the level of psychical life and of the personality, but of the organism also, for as we have seen it is where Viktor Von Weizsacker's post-critical organismic reprise comes into play, as does Goldstein's catastrophic reaction.

(3) The phantasm is of the biological and the psychical: This proved, for Tosquelles, as we have previously noted, "the affirmation of Man's human condition."²⁰ This affirmation is a double proclamation where *affirmation is to catastrophe as Revelation is to Apocalypse*, a proclamation with the *Erlebnis* of the end of the world as its vehicle addressing the organic and the psychic. This proclamation can be paralleled by yet another double proclamation we saw announced through the phenomenological sentiments of Henri Maldiney, that is, that *man – nursing man and mentally ill man – is situated within the psychiatric situation if the psychiatric situation is situated within man*. The catastrophic and revelatory thus mark the psychiatric ethic.

(4) The ethic is founded within the conjoined announcements of the biological and the psychical: It is where the Biblical and the Clinical meet through a psychiatric rendition of lived analogical narratives, staged upon the existential landscape where the clinical scene is played out. Where we saw Saint John announce the Apocalypse, is where Tosquelles sees the schizophrenic, through the phantasm of the end of the world complex, announce the world of an "existential catastrophe" within Lacan's "drama of man." The organism, is, as we have suggested, a Pauline organism, a Biblically symbolic ontological material, that of *Syneidesis*, one of a self-conscious dutifulness unto itself, to renew and maintain its global character, an organism staging an auto-construction. The "drama of man" is thus staged at the most elementary of psychical and biological levels. At the limit, we could infer the organism, in terms of this lived analogy, to be Johanian, a Revelatory organism. Goldstein, Monakow and Mourgue, and Weizsäcker appeal, as does Freud with his assertions of the paranoid delirium, to this revelatory function of the maintenance of psychological and biological life.

(5) Man's existence is biologically and psychically dramatic (psycho-pathology): Indeed this striving, this effort understood by some – Monakow and Mourgue, Tosquelles, Landsberg – to be a spiritual effort (*lebensnotendigkeit / syneidesis*), in remembering the neurologically weighted words of Freud, was not “the most splendid of truths,” but a functional attainment to, “a new level of life.” It is where, as we have seen, man builds his very universe of existential reference, where the notions of building and industry find a simultaneous register upon the level of the organismic (Goldstein). Where for Goldstein the catastrophic reaction comes into play at the level of the organismic within the silent yet clamouring, decisive and elementary intimacies of the biological, for the psychiatrist, in taking his lead from Freud's observations of post-traumatic reconstruction of the personality through delirium, the industrious function of re-formation and re-announcement of the personality is transposed to the level of the existential, to man's “global character within society.” Man is thus presented anew, but ever the global phenomenon.

(6) Man is a transcendental agency: Such a sentiment thus sees the biological, the psychological and the Biblical raised to synonymous levels in an appeal to what we have seen termed, “unitary life.” Likewise, with Tosquelles, the Stoic term adopted by the neurologists Monakow and Mourgue, *Syneidesis*, undergoes similar analogical transposition to the level of the existentially lived: the auto-construction of the functional hierarchy of the nervous system, signature of a spiritual maintenance within the organism, all be it one overwhelmingly Bergsonian in the eyes of Oury, becomes the unitary principle underpinning the organo-dynamic ontology of integration and disintegration. This is what we saw to also prove the crux of Henri-Ey's neo-Jacksonian organo-dynamic psychiatry against the backdrop of a cerebral pathology, and where we saw Pierre Janet announce a primary psychology with the formative instinct of Man– the organism's and the personality's continual embryonic evolution – in the name of Monakow and Mourgue's *Hormé*, the first instincts of all instincts.

The *Erlebnis* of the end of the world as announcing a *fecund moment* between the biological and the psychological, an opening, a tear, a fissure in the tapestry of man and his world within which the

psychiatrist enters, the point of the psychiatrist's intervention proper. This is where we have seen the phantasm to announce man's psychic body, the organo-dynamic body (Ey) – where the biological and the psychological announce a striving towards, "unitary life." This, delivers us to a ground composed of the Biblical, the neurological, the psychiatric and the phenomenological. Or, rather than a ground, it becomes the functional working paradigm. Upon such a ground, Saint John's prophetic vision becomes a Biblical cipher to the phantasm of the schizophrenic. The phantasm is as if a Greek Mercury, or a Roman Hermes, winged messenger to an argonaut, or to a Perseus before a Medusa, or a psychiatrist before the *fecund moment*, announcing the narratives of psychopathological life, delivering a message spoken in a language of psychical life inscribed within the body, a language, in retaking Lacan's words of 1947 to Lucien Bonnafé, "as ancient as humanity itself."

Where for St. John, the principle of construction was to be found within the Word of the Divine, "in the beginning was the Word, and the Word was God," for the neurology of Weizsäcker it is to be found within the *Gestaltkreis*, the circle of form.

(7) Phantasm and Revelation: Man emerging from the fecund moment at the crossroads between the biological and the psychical, that fissure, that tear within historical and psychological tapestry (bio-psycho-socio-gestalt), is where *Syneidesis* (St. Paul, Monakow and Mourgue), the post-critical new center of gravity within the organism ensured by the *Gestaltkreis* (Weizsäcker) and the catastrophic reaction (Goldstein) are, for Tosquelles, announced as the *Vécu*. We thus exist not as being-towards-death, but being-towards-revelation, where consciousness (Landsberg, Tosquelles) as with the organism (Monakow and Mourgue) is revelatory. The *Erlebnis of the end of the world* is thus hallmark to the "catastrophic complex," and the catastrophic complex is not only a declaration of unannounced possibilities and creation but an introduction to the psycho-biological narratives of unitary life. In the wake of catastrophe, we rebuild anew.

Dissolution, upon such terrain is an affirmative notion. It is part of that internal dialectic to which

Tosquelles appealed: at once biological, psychical and historical, a concordant renewal and spiritual maintenance (*lebensnotendigkeit*) of man's personality and historicity. Thus we remember Landsberg, who in writing against the terminal dissolution of the body, positioned being – through the sentiment of Catholic Christology – as not being towards death, but being towards revelation and renewal through the very presence of the Christ within man, through Christ revealed to man: “I have encountered Christ, he has revealed himself unto me.”

(8) The apparition of the Christ, announces the body as transcendental (Landsberg): Revelation and Renewal, themselves the ordinal themes informing the 1948 thesis of Tosquelles and the latter seminal exposition of art and schizophrenia by Oury, provide the founding upon which Tosquelles deploys the *Vécu*, said of the mock-Biblical delirium grounded upon, and finding its extension and elaboration through, St. John's Vision, Goldstein, Weizsäcker, Manakow and Mourgue and Landsberg, where catastrophe and revelation marry in a bid to unitary life and its creative maintenance. To recall one of the patients of Tosquelles as if speaking as a Zarathustra, it is where, “I am eternally made man,” where a spiritual industry is at the level of the organismic and the psychical, and the existential finds its analogical declaration. It is under these industrious and revelatory auspices, founded upon the scholarship of neurology, phenomenology and psychiatry, urged by historical necessity, conjoined under the announcements of the phantasm and its resonance at the level of the biological and the psychical (organodynamic), reverberating within the Biblical, that Tosquelles speaks of psychiatry addressing the, “living art.”

(9) A transcendental therapy must address a transcendental principle: To speak of the schizophrenic episode in terms of an *active principle* is to address the living, industrious milieu of the organism and its world. This is where Maldiney thus asserts that, “there is only psychoses within the existent.” Psychosis and man thus become the mutual register. We retake the double proclamation of Maldiney: *Man - mentally ill man and nursing man - are only within the psychiatric situation if*

psychiatry is within the situation of man. Thus the psychiatric art, is, as we have previously noted, one of possibilities in the name, not of the determination of man's creative capacities, but of their extension in the name of revelation and where the revelatory principle is said of the re-elaboration of man himself. Here, we find ourselves at the institutional question and the vocational adjective of Horace Torruba, where man and the institution are of "undecided" limits, where the institution finds an undetermined limit to its organization, or where organization is accorded that Nietzschean sentiment of an, "undiscovered country, yet to be surveyed." This, a bio-psycho-socio gestalt (Ey) of undecided limits (Torruba) and undiscovered lands (Nietzsche), this "vertigo" inspiring the psychiatrist (Bonnafé), is where man is figured as the institutionalising agency, himself blueprint for the architecture of what we saw Oury call, "possibilisation" where the institution becomes a site of emerging, unannounced new forms said of the *Gestaltung* with the circle of form, the *Gestaltkreis* as constitutive principle and "genesis as its compartment", a site of emergence (*erscheinen*), within which, for Landsberg, the personality-comes-to-be (*Werdesein*). Indeed, where for Landsberg the *Werdesein* was said of a "unifying transformation," for Tosquelles we saw this to be an appeal to "unification" and "unitary life" – where the neurological and biological undergo an analogical transposition to the existential and to "man's global character within society." Psychiatry's art therefore finds its palette with these analogical transpositions. Here, we retake our previous assertion, that, "This, the process of "unifying transformation" (Landsberg) is where the organic and the psychic meet under the rubric of personalisation. Yet more than this, the role of personalisation, of the personality-coming-to-be (*Werdesein*) is an organo-dynamic principle of actualisation to which the organic is a relative signification of the personality," and we now parallel it with Oury writing on the *Gestaltkreis*, "I'll retake an elaboration by Weizsäcker...The crisis, is the moment of possibility, if there wasn't crisis, there wouldn't be anything at all. At the extreme, everything would be of an unbearable monotony, a necropole.²¹" And to this we can add yet another assertion previously written and in doing so further highlight the sentiment of life's necessary catastrophe: "The

“fecund moment” (Lacan); the “crisis” (Weizsäcker), the moment of not being able to “fit” necessitating the “catastrophic reaction” of reforming to an “organismic principle” maintaining wholeness (Goldstein); “syneidesis” that cerebral auto-reconstruction (Monakow and Mourgue); a “vital need” (Tosquelles); Freud’s instinctual compulsion; is where the organism thus marks a qualitative modification of the whole necessary to maintain the encounter between the organism and its milieu in the wake of deluge, trauma, or very near complete dissolution.”

(10) Psychiatry, as indicated⁹ by Dr. Oury, is a transcendental art of the biological and the psychical, of the corporeal and the incorporeal – it addresses the psycho-biological architectonic. Catastrophe thus becomes the necessary condition for revelation and creativity at the organo-dynamic level, maintenance requires the crisis, the trauma, the catastrophic reaction. The *Gestaltung* and *Gestaltkries* mark dissolution and catastrophe just as, in retaking the ancient Greek language, “Apocalypse” (αποκάλυψη) marks “Revelation” (αποκάλυσις) and “Revelation” marks “apokalyis.”²² The psychiatrist occupies a privileged role within the “drama of man,” for he is before the disclosure of these revelatory (Landsberg, Tosquelles), ancient (Lacan) narratives of the biological and the psychical, announced upon the existential terrain, a terrain of contact and a shared, inclusive situation, a terrain seeing *man as the living art* (Tosquelles) and psychiatry as *the art of accompaniment*, or, *the art of sympathy* (Bonmafé).

4: The orientation of future research

We had stated at the outset, that our study was fuelled by a contemporary urgency. Our thesis has worked towards demonstrating that an Institutional Psychotherapy, or rather, psychiatry proper, is to be technically installed in a system of historically conditioned inter-human relations. The *psychiatric encounter* is a *human encounter*, the *psychiatric situation* is a *human situation*, where there are two poles

of security and liberty. As Tosquelles noted, “the permanence of the encounter is indispensable and it is the presence of medicine that supports it.”²³ Similarly, on the grounds of our thesis, we can assert that the presence of the patient supports the art of medicine, *anthropologically, pathically, phenomenologically*. This is why we saw Tosquelles deem man the “living art”, because it supports the *art of arts* (Pinel), the *art of sympathy* (Bonnafé / Baruk). The reigning question, one which provides the basis for future research into Institutional Psychotherapy and indeed psychiatry, is as to how the psychotherapeutic encounter can be made possible independently of La Borde clinic, in other clinics, in an age of technocratic Simplism and bureaucratic measures. As Tosquelles further elaborated, “we need to learn from the patient how to decrypt the general sense of the hospital.”²⁴ This leads us to the necessity of a continual research, not merely into the historical factors at work behind an ethical consciousness and reformed medical concepts, but into notions of work – ergotherapy and sociotherapy proper – and as to how it is possible for these technical areas to constitute the organism of the institution, in an age of Simplism.

Endnotes

¹ Jean Oury, *Pathique et Fonction d'accueil en Psychothérapie Institutionnelle*, in Jacques Schotte (ed), *Le Contact*, pp.116, Éditions Universitaires, Paris 1990

² Félix Guattari, *Chaosmosis: an ethico-aesthetic paradigm*

³ Henri Ey's reply in the discussion of, Lucien Bonnafé, *Le Personage du Psychiatre*, republished in, Lucien Bonnafé, *Desaliener*, p.53, Presses Universitaires Du Mirail, Toulouse 1991

⁴ Horace Torrubia, *La Psychothérapie Institutionnelle Par Gros Temps*, in, *Actualité de la Psychothérapie Institutionnelle*, p.21, Éditions Matrice, Vigneux 1994

⁵ François Tosquelles, *Actualité de la Psychothérapie Institutionnelle*, in, *Actualité de la Psychothérapie Institutionnelle*, p.425, Éditions Matrice, Vigneux 1994. See also, Henry Courbin, *History of Islamic philosophy*, Keagan Paul, London 1993

⁶ *Ibid*, p. 424

⁷ Martin Buber, *Das Dialogische prinzip 1*, Schneider, Heildelberg 1973

⁸ Jean Oury, *A Propos des Symptomes Primaires de la Schizophrénie*.” Unpublished lecture series of 1984-85 delivered as the Université Paris VII, p.9, November 1984

⁹ Jean Oury, *L'Aliénation*, p. 235, Éditions Galilée, Paris 1992

¹⁰ Wolfgang Blankenburg, *La Perte de l'Evidence Naturelle*, P.U.F, Paris 1991

¹¹ Jean Oury, *L'Aliénation*, p. 95, Éditions Galilée, Paris 1992

¹² *Op.*, cit

¹³ Paul Louis Landsberg, *Essai Sur L'Expérience de la Mort*, p.47, Editions du Seuil, Paris 1997

¹⁴ Ibid, p.46

¹⁵ Ibid, p.52

¹⁶ Ibid, p.21

¹⁷ Jean Oury, *Chronicity in Psychiatry Today: Historicity and Institution*, p.3. Translation by David Reggio of a seminar given at Angers, 4th day, 2002. The full text is published online through the Working Papers Series edited by Professor Howard Caygill (<http://www.goldsmiths.ac.uk/departments/history/news-events>)

¹⁸ See Appendix 1

¹⁹ François Tosquelles, *La Vécu de la Fin du Monde dans la Folie*, p.101, Éditions de l'Arefppi, Nantes 1986

²⁰ Ibid, p.80

²¹ Jean Oury, *Pathique et Fonction d'Accueil en Psychothérapie Institutionnelle*, in, Jacques Schotte (ed.) *Le Contact*, p.124, Éditions Universitaires, Paris 1990

²²We retake our analogous scheme from our second chapter: There is biological catastrophe (Goldstein), neurological catastrophe (Monakow and Mourgue), neurophysiological dissolution (Weizsäcker), existential catastrophe (Tosquelles), trauma (Freud). These necessitate organismic reintegration (Goldstein), the self-conscious, almost spiritual reconstruction of the nervous system (Monakow and Mourgue), new centers of gravity (Weizsäcker) and a new equilibrium (Tosquelles) through delirium (Freud). Also Saint John's New Jerusalem is announced through the cataclysm of the first earth, revelation in the wake of deluge. Likewise, the ontology of Thought for Heidegger, constantly endangers thinking itself, Thought withdraws from man himself marking a state of crisis necessitating rearticulation, as does the Real of Lacan.

²³ François Tosquelles, *Education et Psychothérapie Institutionnelle*, p.86, Hiatus, Mantes-le-Ville 1984

²⁴ Ibid, p.87

Appendix 1: An Interview with Dr. Jean Oury

David Reggio (Goldsmiths college, university of London) and Mauricio Novello (Hopital Bicêtre, Paris) in conversation with Jean Oury, La Borde clinic, September 11th, 2004 (unrevised)

1: The architectonic concern

J.O: Voluntary ignorance...it's what I call "technocratic simplism"

D.R: Yes, both terms highlight the very real danger of gross indifference, it existed under Carrel, and it exists today. The conditions of what you have previously called a "Simplism," is possibly even inscribed within the pathology of what Wyrsh in 1956 at the second International Congress of Psychiatry called "normoses", that is, *normopathy*. In terms of the practice of psychiatry, it is necessary to recall Binswanger who asserted that man was in the situation of psychiatry if psychiatry was within the situation of man. In terms of phenomenology, Henri Maldiney addresses this concern very well, and upon the clinical and institutional plane yourself, Tosquelles and Bonnafé also. Indeed, we mustn't lose sight of man himself, of existence – it's what Tosquelles reminded us, namely that institutional psychotherapy is present where man is. We can say that psychiatry is a vocation that is defined through its engagement with existence, with the "avatars" of existence as you have often said. This is important, because there is a danger that with a certain blindness of research and practice, or a stubborn indifference, or a voluntary ignorance, or a simplism permeating clinical enquiry, to put it simply, existence is lost, and therapeutic possibilities are limited and even nullified. Of course Treatment exists today but it is not necessarily therapeutic! Here we can retake all the critiques of logico-positivism, from Weizsacker, to Straus, to Horace Torrubia, Oury and Tosquelles. The hallmark of medical anthropology was that it defined itself against what Weizsacker called "natural scientific medicine", and similarly, phenomenological anthropology defined itself against the anthropology of natural history. These are very important markers, points of distinction, for the direction of Institutional Psychotherapy.

J.O: Yes, the voluntary ignorance of which you speak, and its direction, is extremely dangerous

D.R: We can also say that the body for the logico-positivist, is not the body of medical anthropology, phenomenology and psychoanalysis. I have always been struck by your elaborations of the body. As Zutt wrote, the body is not an isolated physiognomy, it is aesthetico-physiognomic. From here, I think it is important to be concerned with the architectonic and its announcements, both its latent, evident and analogical announcements, from the simplest, most concrete of levels. With all this, an Institutional Psychotherapy has stayed faithful to a poetic constitution of man: it is important to underline the nuance and the architectonic, a poetic logic of constitution. Such sentiments have been displayed in terms of psychiatry by yourself and others for over forty years. As I'm speaking I also remembering Tosquelles constantly situating the question of method by way of a cosmogony of groups, of constellation, of a polydimensional diagnostic, a difficult and necessary task, of working with heterogeneity concretely, a concrete phenomenology beyond necessary

measures and determined capacities. The question of the architectonic, the “art of systems” for Kant, is fundamental for the question of Institutional Psychotherapy...Maybe these are the themes we could cover today...

J.O: Let's begin with a very important clarification, which you have suggested. It is often said that psychiatry, as with psychoanalysis, is still unfinished. It is still a vast field. Lacan had this image, that such research, psychoanalysis, Freud, Lacan and the like, was exactly within a vast developmental landscape where there would be a small conditioned surface to decipher. Lacan even said that here we would find the softened watches of Dali. So one has the impression that the technocrats don't exactly say that psychoanalysis was a finished project, but that it is 'said and done', firmly delimited, neat and tidy, that we can describe things with relatively simple notions. So, this is why we say that psychiatry and psychoanalysis is an unfinished project, always in construction, a field. It is absurd when people carry definitive judgments....what you call voluntary ignorance, which is a very fitting term, is precisely this.

D.R: Psychoanalysis is far from Freud. I would say that it was envisioned as an encyclopedic enterprise, and it is not by chance that Weizsacker saw the psychoanalyst to belong to the school of medical anthropology! Weizsacker published a very interesting article in the 1920's for the International Journal of Psychoanalysis of which Freud was the editor. His theme was “a case of organic neurosis”. From 1919 onwards Weizsacker was working around the term 'psychosomatic' – an almost invaluable concept which was later bastardized. It's interesting to note, that for Weizsacker, neurosis was not inscribed within a temporality (zeitlos) unlike sclerosis.

M.N: Exactly, and here we can also say that people seem to forget that Charcot was upon Freud's shelf, and Freud, Shelling and Heidegger upon Weizsacker's shelf! What's more is that psychiatry and psychoanalysis have become a very temporal science...and increasingly moral

J.O: Yes, this is a bit more complicated – we would have to do a critique of history. The logic of history is said of the present, it is not a vision of the past, the past does not really exist. If we were not here to decipher the past it would not exist because we ourselves are within a process as its very logic. We can't exactly say that psychiatry is always to be invented, those who say this tend to say anything they like. We had constantly struggled against this sort of angle, this slipping towards what I call 'Simplism'. And paradoxically, this simplism is often presented in complex form, with very complicated formulae. Nevertheless, it is still simplism. What I want to say, and what I have said since the very beginning, is that we should concern ourselves with the 'simple' as opposed to 'simplism'. I often ask as to what is more simple than standing up? Than walking? This is very simple, but if we study this neurophysiologically such a study is unfinished, it is of an extraordinary complexity, almost a permanent miracle. To have that which is simple, the fact of being-here, the fact of saying hello, of performing a very simple diagnostic, we need to traverse an enormous complexity, if not, we find ourselves within simplism, and simplism, is an open path to dictatorship.

M.N: And today it is a scientific simplism, therefore it is extremely dictatorial...

J.O: The concentration camps of Auschwitz had the scheme of adequate/inadequate, and such a simple language is employed today. Adequate/inadequate, it's the language of Social Security and the Health Organisation. There are people who are adequate for a certain area...it's of the homogenous...they are homogenised with such an ideology. This is to say that the schizophrenics - if they exist - are put together, the alcoholics - together, those suffering with Alzheimer's - together. You are not allowed to mix them.

D.R: We spoke of this the other day, of the tendencies to aggregate and homogenise... this is where there is the importance of concretely situating the question of the architectonic and heterogeneity...these are not just concepts to titillate the intellect but realities.

J.O: It is precisely this. The architectonic is based upon heterogeneity and not homogeneity. That's the fundamental word, "heterogeneity". It is a fundamental word for many, but especially for Tosquelles. He often said that the milieu needed to be heterogeneous, even within the educational milieu, of the educators themselves. Ferdinand Deligney always spoke of heterogeneity and it is far from being a traditional term. We find the term with Hezoid who said that if there is no heterogeneity there is discord, war. So the question is as to how we maintain heterogeneity? – It is completely opposed to a simplifying logic of allocation.

M.N: How can it be that the government are in deficit by absolutely billions of Euros? It is unbelievable that the Social Security is in deficit by 13 billion Euros...maybe it's a lie or something else. It is indeed difficult to reach a reasonable conclusion about such inefficacy, if such deficit were by way of a good cause it would be worthwhile, but what is the cause? They would have been better off spending all this money in Africa.

J.O: It's an enormous sum, when we see the day patients in the hospitals, the numbers are five to six times more than here – ten times even. It seems to me that there is absolutely no organisation of daily life, the ill are left unattended to, sometimes they are left wandering about in pajamas, sometimes they are confined to padded cells, and this costs six times more than here.

D.R: Maybe we can even say that there is a geometricisation of man, the rule of homogenisation proper and its historical tendency. This requires much elaboration but it is interesting to observe Plato's Timaeus and his Republic together, the geometry of the body and the state, of the soul and the Republic – and then we have all the analogical laws revived by the French 19th century medic-theosophist, the fascination of embryology and the construction of state, physiological architecture and state architecture. Malfatti de Montereaggio turned his Thoughts to such things around 1850, and it's not surprising that Deleuze took him up in 1946! But this is the work of the historian of Ideas...For today, in terms of psychiatry, I would say that we have the question of systems of alienation...

M.N: This is extremely important, invaluable and very complicated– it's a group research this: Plato, geometry, Soul, State and the Body – because such an argument highlights tendencies that are very much

against vitalism. There are systems of alienation that gnaw away at what we call the *élan vitale*. We see the homogenous groupings of cells and units, paranoiacs here, obsessives there, autistics here...In fact, there is no life for these people...they are far from the *élan*.

D.R: To borrow a term from Minkowski, they are far from the *creative élan* – it's increasingly difficult to keep with the *élan* and the transcendental. We can even say there is a grave distancing, that there is a distancing from a vital ground. I think this underlies the importance of – among others – Victor Von Weizsäcker who spoke of pathic moments, of a vital communication, an atmosphere. We can see this pathic, or even pre-pathic, communication with Heidegger, Binswanger, Minkowski and Tellenbach among others...and let's not forget that transgression was somewhat favoured over transcendence, maybe Foucault should have been more attentive to these things.

J.O: This condition of which we speak, is nothing new. I have always cited Spitz on this. Before the war of 1940, all the work that Spitz did in the United States was on hospitalisation, and it was later taken up by Merleau-Ponty in 1947 at the College de France for his course on the 'structure of behavior', something very important and worthwhile. In following Spitz, Merleau-Ponty speaks of hospitalisation, and Spitz, did well to show that in the first months of life we are aseptic in the Pasteurian sense of the word - Pasteur was someone very good. This is to say that there is a cerebral atrophy with the child who wears a mask, who does not talk, the child of several months who does not speak. So, from birth there needs to be an atmosphere, an ambience, of smells, sights, gestures, voices - that which is important for the construction of the individual, a subject. If not, if we don't have this ambience, this atmosphere...well...we see that a lot of children are marked for life, profound troubles of schizophrenia...it stems from very far back you know.

M.N: We can say that this is the trouble of verbs.

D.R: It is Weizsacker, the pathic pentagram composed of Konnen, Durfen,

J.O: Precisely, it is the trouble of verbs. In the United States there was a German refugee, near Chestnut Lodge in Washington. His name was Reitzman, and he spoke a great deal about these profound troubles, even seeing them as being the base of psychoses, troubles which in German we call *mutternischgeit*, that is to say, of the maternal, maternitude. We can see such grave troubles with drug addiction, troubles which stem from very far back in an individual's life. There is an entire study to be done on this, beginning with the work of Jacques Schotte of Louvain, of Szondi, of Lacan even. (phone rings)...

D.R: And this puts chronicity into question...this temporality had nothing to do with *chronos*, let's say it is a mechanical intervention that has certain effects upon the temporal structures of man's pathology.

M.N: Exactly. What you say is very interesting because you highlight an inscription at the genetic level even –

retaking your idea of the pathology of the normoses that Wyrsh spoke about. All this is a vast and important work that needs to be done! More broadly we can also say that today with this scientific simplism there is such a quick form of consultation to avoid hospitalisation, but it's completely false, another form of hospitalisation is created which produces a veritable chronicity, they haven't even the time to undertake a somation.

J.O: The architectonic understands all this, all that is being put into question here, of the chronic, of atmosphere. All in all, the undertaking is simple, it is not complex, the undertaking of that which we call Institutional Psychotherapy. I've always said and will continue to say in drawing upon Tosquelles and others, that atmosphere, ambience, is important because today there are grave ideologies of the pseudo neurosciences which say that atmosphere is not important. Ambience, therefore, carries a significance, because to put someone in a cell group carries no liberty, it furnishes nothing because it is inscribed in the genes, in the body, a psychopath wherever we put him will always be a psychopath, it is very banal to say this. In one of the medical journals we regularly receive, there was a small article saying that within Alzheimer's and its evolution of dementias, atmosphere counts, that it is important. I hadn't seen this said for many years! Atmosphere does count, it is important, because it can even delay the evolution of dementia.

M.N: And it can also be seen to bring a new destiny to dementia

J.O: Yes, correct, even to dementia itself, and even to the organic – neurologically, atmosphere counts, to say this is very simple

M.N: What we see today is that we have gone from anthropomorphism to laboratoromorphism, because today, men are treated like rats. This signals a suffering within laboratories, and laboratories want to maintain, each and every time, an increased invariability. For instance, I observe within a psychiatric hospital on the outskirts of Paris that they use a wealth of medicines within isolation rooms, and each time the action is more severe than the last. Patients' arms are braced, things like this. I also work, as part of my research, in the emergency department, and the other day I received a Tunisian man. He was in a psychotic crisis. He was the victim of a certain religious therapy, because today when we speak about Arabs etc. it is a moral treatment, one that is terrible. He had been in France for two days, he was without papers, and already had a wound on his face. I saw him and he was in a bad way. He was shouting a lot, "you Frenchman" etc. And I said to him, "You're mistaken, I'm not French, you can hear my accent, I don't speak like a Frenchman." People had hit him previously, a moral treatment, to get rid of him. Anyway, I decided to take something to help him sleep, which he accepted. Sleep is an important treatment because there is the question of cycles, of glucose, of energy, all very important dimensions. I spoke to a nurse who somewhat respects such efforts – and such nurses are not frequent! I told her that I wanted him to be hospitalised because there was a day doctor who could speak Arabic and that this communication could furnish something positive for the patient. Because I had given him something to help him sleep, we had provided him with extra padding so that he wouldn't fall out of the bed and hurt himself, and he felt a certain degree of comfort. Later, in the morning a group of nurses, whom I can only describe as being extremely perverse, removed the padding and cushions, and he began to start shouting

again, “you whores”, “you sluts”. The nurses were female. The patient was once again in a mess so I was called to return and I saw that he was restrained, braced. I was asked if I wanted to give him more medication but I refused because I wanted the day doctor to speak with him in Arabic. The doctor arrived (I had notified him the day before that he may be needed) and he started to talk with the patient in Arabic. The patient immediately became calm and asked if he could please be removed from his restraints. He was denied this, and he became aggressive once again. They are in the process of messing everything up, for they could at least have done a gesture, detached the right arm for instance, but they didn’t! This costs 800 Euros per day. It is unbelievable.

J.O: In this way the Social Security can easily be in deficit

M.N: And this patient, he is conceivably a suicide bomber, clearly he was already ill in his own country, he arrived in France with dreams, somewhat ministerial dreams, but it is nevertheless a good dream to want establish ourselves in a new country. Unfortunately he found himself within a very difficult situation that he could not comprehend, this is the responsibility of Social Security. But as you say, there is homogenisation and discourses that are of a simplism. And with this, there is not the time for somation nor atmosphere, if there is an atmosphere, it is a bad one. If I was not already this far into medicine, I would be tempted to stop, because the atmosphere is bad.

J.O: Let’s take crisis centers for example, that is to say places of short-stay that carry this hypocritical spirit. Here, many things are destroyed, the history of the individual for example, because we cannot know another person within a critical short stay period. With short stays, medium stays and long stays, it is no longer of the medical, it becomes a question of the medico-social, yet it is not even of the social, for these are under-medicalised systems, like what we call I.M.A.S, these places of specialised treatment.

M.N: And the proliferation of I.M.A.S on the planet will see catastrophic results.

J.O: Here, at La Borde, our daily costs are very low, inferior when compared to the daily costs of the I.M.A.S. So the state would be wise not to trouble us too much, because here, not only are the costs low, but we have patients that are much more difficult than the ones you find in the hospitals, you have seen this for yourselves. The Social Security inspectors who visited even noted that we have a majority of serious schizophrenic cases exceeding that of the hospitals, and this is interesting for the inspectors because it is much less expensive. To fight against under-medicalisation we need assertions on both national and international levels, a form of resolving resistance. It’s what we see everyday, not just within the clinic and the hospitals, but within the I.M.P (Medical. Pedagogical. Institute.), we see management and administrators who are not doctors, it is atrocious where decisions are made without considering the educators. I am thinking about a place in the South of France where there are educators with an enormous experience, psychologists working with difficult, psychotic children, educators who have been working for over thirty years. A director arrives, and begins to make decisions without asking these people and he upsets everything. For instance, to have a meeting once a week about the time you have spent on something is a horror. But this is everywhere. Therefore, I have

always said that it is necessary to have Associations, a Cultural Association for example, to try and put Associations into place as best as we can, so that we are not devoured, because many psychiatrists are nothing but accomplices.

M.N: Yes, many psychiatrists have developed a general psychiatry, a psychiatry developed by generalist doctors...

D.R: It perpetuates a destructive indifference...at all levels, it's everywhere – the family, the small business, the school, and it's directly related to the temporality of chronicity – we can ask as to what the pathological effects of this are...we also see at the same time the serious problems of communications within these social units...

J.O: This is exactly the case. Twenty years ago I said to myself that there was about ninety to ninety-five percent who are accomplices. Tosquelles said to me that I had exaggerated slightly and told me that there was eighty percent. But there are many, yet at the same time they are not all bad. We see for example within the meetings of the *Annales Medico Psychologique*, which is more or less traditional, a profound theoretical conceptual approach...(tape stops)

D.R: In your work, Dr Oury, the role of Constellation has played a key role in maintaining the profound conceptual approach...

J.O: Yes, correct, if it were not for constellation, all this work of Institutional Analysis, or Institutional Psychotherapy as it was often called, a continual analysis and resistance to massive social alienation and its hierarchy would not be realised

D.R: Because with constellation we have the liberty of circulation, one cannot work without the other. Things need to circulate and form a constellation, if they are blocked we have an oppression not just of a social level, but of a psychopathological level....

J.O: Precisely, the liberty of *parole*...the moment of constellation comes into effect, let's say, over one or two hours, we speak of the history of the patient, but we speak about other things, of affective relations, hatred, sympathy etc. And the following day, or several days later, there is a change within the person. This patient who was agitated and furious before now sits before me changed. It is by no means of the magical. With this we can see that we touched upon a more or less conscious fashion, upon the encounter, we can say that we have touched upon the analysis of counter-transference even, and why not, of course there is this! For instance when we ask a nurse, "would you like to go on holiday with this man" an influence will unconsciously appear the following day, when the nurse walks past this man, the look will not be the same, the look will become a gesture. This is what matters and this is what we can work with. What does this mean? It means that with people concerned in such matters, there is something of themselves that they do not know, which is put into question. We can say that it is at the level of their unconscious desire, in the Freudian or Lacanian sense of the

term. It is this inaccessible unconscious desire that places them 'here', in a certain way. If they are 'here', it proves that they are not elsewhere. The idea of the constellation was used by Tosquelles, but notably by the long-dead psychiatrist Elkheim, who knew perfectly of the developments of psychiatry in the United States. He had prepared something for the 1956 2nd International Congress of Psychiatry in Zurich on schizophrenia. He brought with him the experience of a famous clinic near Washington, at Chestnut Lodge where he had worked. At this time, there were two psycho-sociologists who wanted to explore the clinic, Stenton and Schwartz, who had noted an extremely complicated patient enclosed within the institute. Two psychoanalysts saw this patient separately, individually, and they never met. Stenton and Schwartz observed how things went, they approached the psychoanalysts suggesting that what they were doing was not working and that maybe it would be best if the psychoanalysts were to meet one another, to speak of the patient as well as other things. Within several hours of the psychoanalysts meeting, the clinical taboo was altogether different. And the patient, he was no longer enclosed. As we say, something happened that exerted an influence. We can generalise the formula of Stenton and Schwartz to have the constellations as I have described. That is to say, to modify something of people who are interested instead of being dispersed, that when they are put together, there is something that is much more integrated, even within the very existence of the patient in question. This can work very well at times.

M.N: It is interesting because Freud had read Goethe, in addition to the likes of Charcot and Weizsacker as David has often said, and Goethe had been extremely influenced by this notion of constellation, because there was this question of atmosphere. We also have the question of psychosis, and a corporeal complexity because there is the individual body that passes into a difficulty of individuation. Here, we find this social aspect where, evidently, there is the question of the unconscious, it is a logic of relations. We also need to be wary of what I call positivist neuroscientists who principally exert an action upon the family. They lobby the family in fact. For example we can observe the organizations for autism – this is a very serious concern...

J.O: It is the problem in France. Families are grouped within the U.N.A.F.A.M. (Union Nationale des Amis et Familles des Malades Psychiques)...It has much power...We can say that it profits from the destruction and deficiency of psychiatric structures to say that, "he is well", and we can see that psychiatrists are not capable of healing our children. There is an infiltration everywhere, in the ministry as much as in the medico-social associations...

M.N: This is lead by what I call positivistic neuroscientists, who are somewhat irresponsible. I saw for example a researcher here, in France, who said that the therapeutic result of her research was a woman being able to enter a lift. I said that it was irresponsible because, in truth, we don't need medicine to enter a lift, we wear a protective vest and we enter the lift, it is less expensive! There exists a positive reinforcement with medicines in terms of behavior. Moreover, there is this perversion of families, because there is not access to this unconscious desire enabling the possibilities of communication. When I see autistic children for example, I get them to exercise, I get them to move, and in this way we arrive at, as you say, a communication.

J.O: We need to be careful with the narrative of families, those who are the most active are those who have a

paranoiac tendency, they have power and they are favoured by the present-day structures. In returning to a neurological context – and there is even great deviation within neurology – we see that linguistics can be drawn upon to study the troubles of language – even though Freud had put into question the logic of mental illness in terms of pathology. Some neurologists have called this Aphasiology where several levels are distinguished. For instance, language and writing are not the same thing. We find lesions, if not cerebral lesions, within reading that are not the same as within writing – I’m saying this rather quickly because it requires much time and elaboration. There is the level of glossology where there are troubles of language proper, and we understand that language, is *parole* – at times there are troubles at the level of *parole*. There are those who say that there are not troubles at the level of *parole* but of writing itself. This is not simply of agraphia in the traditional sense, but of an ergologic level where we find a-technical troubles. Troubles of writing for example are a-technical troubles and, clinically, many neurologists have often confused the two. In the late 1940’s Tosquelles and Lacan introduced me to Juan de Ajuriaguerra who was an exceptional neurologist – he in fact reformulated all of neurology. He was a refugee from the Basque country who worked at Saint Anne and who had written a marvelous work on the cerebral cortex with Hécœen. This was an extraordinary study. Neuroscience is nothing of this, and psychoanalysts would do well to remember such studies.

D.R: It’s important you mention Ajuriaguerra because he stands alongside Monakow and Mourgue, Goldstein, Weizsäcker, and phenomenology itself. These figures, save for Goldstein, remain unknown to the United Kingdom, even Goldstein is scandalously under-researched. I gave a seminar in London on Monakow and Mourgue. After, we began to speak about the notion I introduced of Syneidesis. With this, I did a quick conceptual history of things and it enabled me to introduce Tosquelles’ thesis in a more faithful manner, I began to speak of genesis, reconstruction, delirium, and how Tosquelles analogically weaved these things together. Interestingly enough, the students of phenomenological philosophy responded better than the students of psychiatry! What I wanted to say is that if these very important areas are ejected from psychoanalysis, psychiatry and neuroscience – which they have been – then we are left with the disparaging antithesis of the human concern – which is presently the crisis of medical assistance where misdiagnosis is commonplace. What is the difference between the problems of objective psychology and the problems of neuroscience? Erwin Straus, in 1935, did a very important critique of objective psychology, he asserted that the reduction of the subject to a mere organism of Stimulus Response reduced possibility. That’s why he tended to speak of a “psychology of possibility” in terms of a subject who is a biography of experiences – he is very close to Weizsäcker, and therefore to phenomenological anthropology. It seems that today, we are quick to reduce the person to a function – man is no longer an agency, but a function...Straus was somewhat prophetic is what he said...how can the drama of madness for example (and it wasn’t just lacan who spoke of drama but Weizsäcker also for whom the illness was a drama of three acts), be depicted upon the screen and through the instruments of neuro-imaging? And what I say is not to condemn psycho-pharmacology, of course not...

J.O: Precisely. These neurologists of whom you mention also knew their phenomenology and phenomenology is not a fantasy, it is concrete, in terms of the world, of people, of the clinic. I always underline the importance

of a critique of phenomenology through Husserl. In a seminar at Saint-Anne several months back I had decided to read a magnificent article by Eugene Fink, who was Husserl's assistant, a remarkable work, very concrete. It appeared in 1933, so it is nothing new yet it is ignored, when you mention phenomenology they ask "why?" This is why I say that psychoanalysts are ignorant of physiology, medicine, phenomenology. As you suggested earlier, Freud did not hope for this – on the contrary! What we have now is the direction of ego-psychology. Freud was betrayed by the Freudians and Lacan had attempted to reestablish something with the mirror stage but it didn't matter because the Lacanians ended up removing the entire base of Lacan! People speak of the Freudian cause, but there is not merely this to Freud! It is annoying, because if we ignore the very important fields not just to Freud but to others, then we are accomplices to segregation.

In 1967 in Paris, there was a reunion with Maud Mannoni, Lacan, Tosquelles which later appeared under the published title of *L'enfance Aliené*. At the end of the reunion, Mannoni turned to me and said that we were heading towards a hyper-segregation. And this was said in 1967! Therefore, a psychoanalyst who ignores phenomenology is terrible. However, there is the school of Louvain, Jacques Schotte, Szondi, for instance, that has developed work of astounding insight, beginning with the successors of Binswanger in Switzerland... The phenomenology of depression is nothing to do with the phenomenology of melancholy, and yet we see articles written by psychoanalysts who speak of neurotic depression – which in truth means nothing – and who are against psychopharmacology which they ignore completely. To ignore all these things, is to be an accomplice, and to be an accomplice is terrible, an accomplice of segregation... A long while ago when we were still performing insulin cures, the Sakel cure, atmosphere was important, I had patients who told me that their best memory was having the Sakel cure. It was performed on the condition that it was done carefully and vigilantly, yes, it degenerated with the hospitals, it became a horror.

D.R: The atmosphere is a creative dimension where we have the question of parameters... we see this with insulin therapy which requires particular conditions to work properly... but insulin requires time, time for a specialized team, time for the coma, time for the surveillance, time for the patient to sweat and be changed, time for the patient to emerge from the coma... numerous temporalities in fact...

J.O: Correct. In the 1960's I was in discussion with an eminent, inimitable researcher. We spoke of the dosage of insulin and the provoked hypoglycemic coma. It took 150 units of insulin to provoke a coma. Yet, if there was an atmosphere, where we spoke to the patients, had some music playing in the background, where there were correspondences, we could reduce the dosage of insulin by half and it would be as effective as 150 units. This proves that there are parameters, and not merely chemical parameters, there are physiological parameters at the same time as cerebral glucose. All this matters greatly. Similarly, when we speak of insulin, we can speak of parole, of a reunion. We need to treat the hospital to treat the patients. The hospital is ill. There is an accumulation of regulation that needs to be treated – the hospital requires treatment in order to treat. It is a double movement. The entire project set forth by Tosquelles in the 1940's in France at the clinic of Saint-Alban was to challenge the suppression of units, contentions, of closed agitated areas... It is not simply a question of suppressing this or that, but of slowly infiltrating. There needs to be a collective structure in order to treat the hospital. The collective, is not a closed structure. Deleuze in his study of Foucault spoke about form and force. Form is the function of hierarchy and everyday life is organised around a diagrammaticisation

of forces. In actual fact, there is not an organised putting into form of things, it is multifocal. There are times when I myself do not know what is happening, and for the better! For something to hold, a point is necessary, a neutral point. With Deleuze's reflections on Foucault, whom I myself am not too keen on, he draws upon someone I like a lot – where the neutral point is found – Maurice Blanchot. In a similar vein to Heraclitus he spoke about the passion of the impossible, corresponding to an absolute zero. For things to hold, if we even consider a mathematical formula for instance, there needs to be an absolute zero, there needs to be an exteriority to thwart this false antinomy of interior/exterior exterior/interior. With the short-stays in these crisis centers there is no diagrammatisation of force, they want to recentralise everything within the form.

M.N: And they saturate the form...

J.O: A remarkable juridical psychoanalyst, Pierre Legendre, said that we can even construct a triangle of the Organisation, a triangulation of power, *parole* and death. And what is there at the center? Well, it is the juridical, which regulates. Here, we can also refer to Giorgio Agamben, who is fashionable at the moment. In his study entitled, *L'Etat D'Exception* he shows that we are increasingly within a reality of exception that is defined as a coalescence between the legislative and the juridical. There is always a good reason to undertake such a study. For instance, I was told at an I.M.P yesterday in the South of France, that two cleaning ladies rested near a window to smoke a cigarette. The secretary saw them and told them that smoking was not permitted. The following day they received a letter on behalf of the managerial director telling them to be careful and that if it happened again...well you know the rest...This is the juridical, the state of exception, of the legislative, the executive, and at the same time it is a denouncement, where we see a denouncement appear in the same way as it did within the concentration camps – I'm thinking of the *tappots*. The *tappot*, was a prisoner of the camp seduced by the S.S, an idealator, who would inform of those who should be persecuted or not. Yet such a structure is increasingly apparent everywhere today. In the factories I see the same thing, since the thirty-five hour rule they have reduced the possibility of speaking, and there is an idealator present. This is increasing, and most clearly within psychiatry. It is interesting to review this problem. Agamben, for example, draws upon the Roman word 'justitium'. Justitium is where there is a degeneration between *auctoritas* and authority. Authority is not force, it's the Symbolic. Authority is of *potestas*, of Will, of potentiality, of capacity, and this is what is always menaced within structures...

2: Incarnation

D.R: As a productive consequence to what we have been discussing today, and remembering our conversation of last week, maybe we can turn our attention to the body and the debate of narcissism. For example, there is the question of the level of narcissism and incarnation, and its pronouncement through, let's say, the schizophrenia. I would say this is important because here we also have the question of energy, but not in the thermodynamic sense of the term...but in the Greek sense of *energeia*...

J.O: Yes, this is extremely important, we must speak of this. In *Création et Schizophrénie* I spoke about the

distinction between primary and secondary narcissism – I had conversed with Jacques Schotte about this many years ago. We need to distinguish between primary narcissism, which we can call *originary* narcissism, and *specular* narcissism. *Specular* narcissism, is at the level of the Self (moi) – we can retake all of Lacan here. *Originary* narcissism, is the very base of the personality. For example, when Lacan says, “search not for the Other elsewhere but within the body,” I believe it to be at this level of *originary* narcissism. In the German language when we speak of the body, the *Korper*, it is of being in general, and more or less of the *specular*. By contrast, the word ‘Leib’ is more of the body, but a body in terms of what Merleau-Ponty calls the flesh (*chair*), the incarnation. We find this with Pankow, who shows well that schizophrenia is a profound trouble of incarnation in the theological sense of the word. At times, it is trouble at the level of primitive identification. This is at the level of *originary* narcissism. In my opinion, with schizophrenia, when we talk of disassociation – the *spaltung* – it is at the level of *originary* narcissism. When we say, “it is badly delimited, that there is no limit” I often say that it is because there is paradoxically no opening. We can say that catatonics are closed and this is why there is no limit. For there to be a limit, there needs to be an opening.

D.R: In the case of schizophrenia where there is no unity of the Self, where we speak of the Spaltung and the Sperrung also, this opening would inevitably be developed gradually over time. It is a very delicate pursuit, a surgical task of transference even, a surgical project as Dr. Novello often suggests.

J.O: Yes, it is precisely this, “to graft an opening,” as we say, the graft of transference, which is at the level of *originary* narcissism. We can very well see that when we work something at this level we keep in mind that *originary* narcissism is a basal energy so to speak. I like to replace the word ‘energy’ which seems to me to be, as you suggested, overtly thermodynamic and mechanistic. I prefer to draw upon the Greek word, which you rightly mentioned, *energeia*. The Latins translated this word not as *energy* but as *actus*, and *energeia* is close to *poeisis*. It seems to me that *originary* narcissism is a condensed form of *energeia*. Freud, in following the quality and intensity of *energeia*, asserted the Ego Ideal. Already in 1914 he distinguished between the Ego Ideal and the Ideal Ego. The Ideal Ego is on the side of speculative, the Imaginary, almost embodied yet imaginarily so. The Ego Ideal, is a point of clairvoyance, a vaporous point within the Symbolic where it is in direct communication with *originary* narcissism. With Lacan asserting, “search not for the Other elsewhere but within the body,” we see it to be of an inscription upon the level of *originary* narcissism – you alluded to inscription earlier. I have said in the past, that pathological foreclosure is a defect of a fundamental function, what I call the *foreclosive*. The *foreclosive*, is that which permits the surroundings to distinguish themselves. But we can’t reify all these things, it’s very dangerous to say, “Here is primary narcissism...here is primary repression”. Psychosis is a defect of primary narcissism. Many years ago a schizophrenic said to me that what was happening was a flight of the void. This seemed remarkable to me in the sense that primary repression could be an enclosure of the void. We can also say that for there to be a remembering, memory of course needs to function, but above all there must not be a flight of memory, and more than this, of a memory which we do not know. When I said that psychoses was of a defect within primary repression, this defect was announced by a forgetting of forgetting...

D.R: Blanchot tended to work with this idea of *anamnesia*, the forgetting of forgetting and its role you position at the level of originary narcissism.

J.O: Yes, it's extremely important this. Through Blanchot, I place the forgetting of primary repression to be latent within originary narcissism. Blanchot's book, *L'Attent L'Oubli* can help us to ask as to what form of waiting there is within primary narcissism. It is an absolute waiting, a waiting for nothing. In German it's the word *erwarten*, an indefinite waiting. We can distinguish between *erwarten* and a 'waiting-for-something'. The area that specifies primary narcissism itself, the material so to speak, is of the outside-of-waiting, where there is nothing. I had spoken for many years at Saint-Anne about primary narcissism and I said that this outside-of-waiting corresponded to a veritable turnaround within the thinking of Freud, who justifiably had broken from his group in 1920. After this we have *Beyond the Pleasure Principle* where he speaks of the death drive. He also later speaks of the death drive in *The Economic problem of Masochism* of 1925. Freud explains it very well although all too hastily. He allows himself to be duped because he confounds the death drive with the destructive drive. We can say that the destructive drive is a form of amalgam between Eros and Thanatos resulting in destruction. The death drive, is the drive par excellence, one of total silence yet of the greatest concentrated energy. It is this that furnishes *energeia* through the drive, the force, of primary narcissism.

M.N: There is a refusal of the body in this instant...

J.O: Yes. That which is in question by psychosis— even upon the plane of general linguistics and logic, as we said this morning, at the level of ergology, of glosseology – is of another level that Freud calls the ethnological level. Everything we have spoken about today points to this. Upon this ethnological level there are laws, and it is these laws that are troubled within psychosis. These laws, however, reassert themselves upon other levels. For example, what we call schizophrenic language, at times a destruction of language, has nothing to do with aphasia. And at the same time there is the question of the relationship with the law, the relationship with the Other, to be-with-the-other...

D.R: On that point I would say that today, we have defined the phenomenology, ethic and diagnostic of psychiatry or rather Institutional Psychotherapy. To be with the other, it is not a mere duality but the *mit* that is at work, it is the *l'avec* as you have often said, not merely a being-with-the-other, but as Binswanger said, it is where man exists as *mit-mensch*, to be encountered, of the other, for the other and with the other. We can say that this is the level prior to the subject and object because man exists *sympathetically*. In following Maldiney, this is not an objective condoling sympathy, but sympathy of a vital communication, of a pathic bond between existing beings, a primordial dialogue, a communion even. Man, before all else, exists sympathetically – we can speak of an atmospheric diagnostic, a diagnostic through intuition, to retake the Swiss lineage. The body is within a resonance of the atmospheric tonal moment (*stimmung*), an instant of co-presence, but this instant exists prior to the subject-object delimitation. Zutt has called this the domain of the affective body, the supporting body, an aesthetico-physionomic level. Henri Maldiney has even deemed this primary or primordial level of contact "pre-human," prior to incarnation itself. Maldiney has also asserted this level to be where man is

at his most naked, where man exists as feeling before he is a thinking, conceptualising, cognising subject as Straus said. And this Dr, is what is striking when you say that “we ourselves are symptoms” because it is based in all these notions of the pre-cognitive, pre-representational, pre-egoic, and pre-objective, to describe a contact prior to all these categorisations. It is a level of feeling (*empfinden*). For the theologically influenced phenomenology of Landsberg, a phenomenologist who is sadly ignored but one who is extremely important, a very profound and sincere thinker who had fled from the Gestapo during the Occupation of France, it is where the personality-comes-to-be (*Werdesein*), the transcendental level of “unifying transformations.” We can see such appeals with the neurology of Monakow and Mourgue and their notion of *Syneidesis* borrowed from Saint-Paul, and Weizsacker’s organismic crises where he writes of the *Gestaltkreis* – a vital necessity. All these very important aspects are married through the work of Tosquelles, Oury and Lacan, and with haste we can say that unifying transformation is at level of the flux of life, of vital sentiments, and of a spiritual effort (*lebensnotendigkeit*) – the will to unity. Helmut Plessner said something very good, namely: that there are modes of existence, modalities of vitality, “which are indifferent to intellectual interpretation...And still they form a phenomenal reality of the most pronounced kind, for whose investigation the empirical sciences of nature are unsuitable.” This asserts the diagnostic of being-with-the-other, of the *mit*, which is upon the level about which we speak, a level which is not of empirical or deterministic science, but of sympathy, where two beings do not exist independently but together in one. Sympathetic existence, to retake Plessner, does not give itself to intellectual interpretation, but is of a most pronounced reality, a transcendental reality, a constituting reality, and this reality. All this pertains to Tosquelle’s appeals of the Transcendental ‘I’ that defined his thesis of 1948. By qualifying this level of things, in terms of psychiatry, it enables us to speak of discordant relations, transcendental modifications of structure and problems of transcendence itself.

J.O: It is precisely this with which we work, a vast field. To be with another, *mit* in the German language. With schizophrenia there is a profound trouble of the being-with-the-other. For many years now I have spoken about the collapse of transcendence and the trouble of incarnation. It is possible to speak of all these things, to expand upon them, and to articulate them distinctly, for we must also keep in mind what I have called “I’avec” – as you suggest it is not the “avec” but “I’avec”, it is more than merely being with a patient, it is a far more profound relation. There was a remarkable Danish phenomenological psychiatrist, Rümke, who presented an extremely clear exposition at the first international congress of psychiatry in Paris in 1950. It was a revision of all the phenomenologies – an astounding work. Before this, he had written about a notion he called the *Praecox Gefühl*. *Gefühl* appears both within the German and Danish language and it means a direct association, almost affective, almost intuitive. Lacan, in his article on the *three temporalities* spoke of the instant of seeing, the time of the understanding and the moment of conclusion. The *Praecox Gefühl*, is the instant of seeing. Rümke said that upon immediately seeing a patient, who enters, we do a diagnostic. This requires much experience and this diagnostic is the *Praecox Gefühl*. He would later often recount his experiences. One time is where a patient enters and Rumke turns to his students and says, “this man is a schizophrenic”. The students, however, think otherwise: “we have done a multitude of tests, he is not a schizophrenic!” After six months the man returns for a rendezvous...a schizophrenic. A similar thing, the *praecox gefühl*, is found with the extraordinary German psychiatrist Kretschmer. It was Giselda Pankow who had worked with Kretschmer. He used to say to his students that if they were not capable of performing a diagnostic upon the patient entering, from the patient

walking from the door to the seat, they were not capable of being psychiatrists! So what is in question here, is not language, nor *parole*, it is of the same logic of language because it is a logic the body. This is why I spoke earlier about writing...I'm thinking of Klages, someone truly impressive who wrote a book on graphology. He speaks of rhythm and cadence. We are at the level of rhythm, and with the schizophrenic there is a profound trouble of rhythm. I often say that the schizophrenic is *disrhythmic*...this is an internal rhythm. We can work with this, and it immediately shows itself within the body, for example, the way we stand. When we observe someone who is not schizophrenic – and we can use this image – he is assembled and gathered to a single point. With the schizophrenic, there are many points, and we can immediately *feel* it. I have a friend whom I have known for many years...He was someone very sensitive to the ways of being – there is a lot of *intuition* within such work. He once spoke of a schizophrenic who he saw at his clinic in England. The patient entered, but it was as if he wasn't there, he was seemingly elsewhere. He asserted that the patient was still in the park and he said to him, "You're still in the park no?" This is at the intuitive level, *Praecox Gefühl*. I often say that the act of performing a diagnostic is but an aspect to the respectful undertaking towards the other. Thirty years ago there was a group of the Freudian school. It was fashionable to say, "we want nothing of a diagnostic, we are psychoanalysts!" There was a man who even said, "I saw a patient, and after six months I knew he was mad." I told him that he was responsible for a homicide by stupidity. The Diagnostic is not an etiquette because it is an ethical undertaking...*To perform a diagnostic is a phenomenological undertaking*. We do not speak to a small child of three years old in the same way as we speak to a grandmother. This is to say that a schizophrenic, a maniac and a confused man are all very different. This is what is most misunderstood! To perform a diagnostic is of the phenomenological and all these things of which we have spoken, to consider the life of others, the constellation etc. relate to the diagnostic. At times, we learn a lot! It is the patient who tells me such things, it is not me who comes up with them! We know well that the phenomenologists did not find their ideas within their head! They had little pieces of paper upon which they noted down the things they heard. There is a remarkable book on schizophrenia that appeared in 1949 by a Swiss psychiatrist, Wyrsh. It is called, *the person of schizophrenia* – a magnificent work, an extremely modest work. We need to be modest. Modesty plays an important role. We mustn't be the cunning one.

M.N: I think, in returning to the institutional question of others, today there exists more of a danger with the Imaginary, the illusory, rather than delirium itself. We begin to ask the question as to whether we are capable of entering such structures, such series. Within this relation to the other, a relation that is not a mere duality as we said, there is the question of benefiting from the undertaking of such a diagnostic yet not profiting as to the possible directions it could provide us with. Today, in general, contrary to the Greeks, the diagnostic is associated with a prognostic because there is a determinism of things, and it furnishes nothing. Another issue equally as important is that the majority of psychoanalysts utilise the transference with a lack of ethic towards the other because it is the psychoanalysts who transfer everything! It can be the most ridiculous of situations. For example, a person who does not have any children of their own, works with children to replace the lack of her own children, they become her children. This is absurd, yet common. Today we are absent, mirrors are used to hide us. It is a game of mirrors. People enter into this game of mirrors where they are no longer able to find themselves. This morning you more or less said that we are somewhat isolated owing to circumstances, there is the question of the difficulty of transcription, of the refusal of the body, of this refusal of life even.

When we speak of the schizophrenic we allude to a person who is divided, but more than this the schizophrenic inhabits another world, a separate world, 'his' world.

D.R: We are close to the Imaginary and the Symbolic here...

J.O: What we can also say is that the Imaginary is not the imagination. There is a contamination by an ideology that infiltrates the Imaginary. Lacan tells us that the Imaginary is "consistency". The Symbolic, however, is not clever, it is a point, a marker. In a schematic fashion it is possible to have an overtly hierarchical system where we develop a paranoia. In schematising these things, we almost render the Symbolic the Imaginary. However, the undertaking of which we speak – remembering our conversations last week – approaches phenomenology concretely. When we see a patient, the ethic, the respect, is not to embarrass him, but to respect the other who is there with his personal problem. This needs a permanent form of phenomenological reduction, a 'bracketing off' of things, a putting things into parenthesis. What I have been saying for over fifty years is that to arrive at this base formula, which is a phenomenological formula, the question we ask is, "what am I doing here?" "What are you doing here?" It works, because at this very moment we are – as Maldiney says – within the same landscape of the patient. We are not on one side with the patient on the other side. For possibility to exist, we need to be in the same landscape. It is this notion of the landscape in relation to the undertaking of putting things into parenthesis, the bracketing off, that corresponds to a phrase of Tosquelles: *In medicine and surgery, if there hadn't been the 19th C. discovery of asepsis there wouldn't have existed the possibility of surgery or medicine.* Even in psychiatry, it is this in question, there needs to be asepsis. Unfortunately, it seems to me that people do not know where they find themselves, yet they want to apply intricate techniques like psychoanalysis without clearing the ground. To clear the ground is to permanently ask, "What am I doing here?" If not, then we create a supplementary pathology, what I call patho-plasty.

D.R: We can see this bracketing-off with the phenomenological reduction of Husserl, we see it with Jaspers – who still privileged the normal – Binswanger, and later with Tatossian and his circle, although it is not strictly Husserlian per se because we can see this approach through many schools of philosophy throughout the ages. It is to suspend prejudgment, what Husserl calls the transcendental epoché. From here we can say that there is also the question of, "How am I to approach him?" a question of suspension, which is synonymous with, "what am I doing here?" We're a little theologically pre-empted when we say this...

M.N: And this patho-plasty is greatly evident within plastic surgery, it's incredible, the surgeons perform terrible surgery because they do not clear the ground, they do not put things into parenthesis.

J.O: Yes, exactly, to clear the psychological ground, the existential ground. This is why we shouldn't try to be cunning. This is not to say that we are friends with the patient, this too is extremely complicated. This is why I find Lacan's phrase of great value, the first phrase of his seminars on anguish, where he says, "transference is a subjective disparity", it is not a reciprocity. We can attribute this phrase to the collective, a disparity....

M.N: Yes, we enter into the question of heterogeneity...

D.R: Precisely, of the architectonic...

J.O: And if we say this, the technocrats interpret it as justifying a visible distinction, with all these measures of accreditation and valuation for example... In the psychiatric hospitals they stress that nurses should wear overalls, even with a badge. They say that this is done so as not to disorientate the patient. The first undertaking we did here, was to dress the patients in their own clothes because there would be the possibility of relationships at the same time as personalising themselves.

M.N: Today they strip the person of his belongings, they de-personalise him...you mustn't be heterogeneous...

J.O: It is indeed terrible. With the uniform, or the pajamas they provide, you cannot be heterogeneous. And what with the nurses wearing overalls, we find ourselves one-hundred years behind. This is a very serious problem because if we do not do something about this, all the discourses we undertake will be in vain, they will be useless. For example, when there are conflicts within the establishment it's just as well there are conflicts – an establishment without conflicts is a cemetery! It proves that there is life. But there are Conflicts and conflicts. Sometimes I have assisted in the needs of other establishments. They have told me that they have this conflict, that conflict, and that they have called upon an external psychanalyst to intervene....

M.N: Yes, they frequently do this now, they even invite external groups to intervene, it is terrible, worst than the inquisition!

J.O: So, the visiting psychoanalyst, who knows absolutely nothing about the going's on within the establishment, what I call the Absolute of an absurd neutrality, a pure neutrality, will prove useless. There are a lot of unemployed psychologists and psychoanalysts, and it is in their interest because the establishment pays them and they can at least survive. But for the establishment it will prove useless. Unfortunately this was even the position of Dolto because she visited many establishments as an external. There is a veritable confusion of the Symbolic, the Imaginary and the Real. These above all must not be confused. We must surely find the means through which people can express themselves, it is what we call, here at La Borde, a "liberty of circulation." The liberty of circulation necessitates the possibility of the encounter, of real encounters. The encounter is not foreseen. If it is, it is not an encounter! A real encounter touches the Real, not the Symbolic or the Imaginary...it marks, where things are no longer the same as before. The liberty of circulation is where there can be possibility, or as Maldiney says, "possibilisation", the "possibilisation" of the encounter. Thirty years ago, a dreadful, reactionary periodical by the name of *Minute* presented an article declaring "Oury and Gintis to organise encounters"...(all laugh)...it's a mess to say this! So I said, "yes, it's true, of course we organise encounters, we program chance!" – it was ridiculous. It is not enough to treat and nurse a schizophrenic, this is not enough, this is merely asepsis, the necessary condition...

D.R: You said this as early as 1947 in your text on *L'Aimable Jayet*, a patient of Saint-Alban – there is a point in the essay where you assert that to approach Jayet, “nosographic astuteness is not enough.” It is a remarkable and important text...Indeed, to approach a patient requires more than what is necessary...It is where there is the question, “How am I to approach him?” The question of *possibilisation* where “nosographic astuteness is not enough”...

J.O: Voila! I was already saying this in 1947!

M.N: This question of circulation is important because it has a relation not merely to the *dire* but desire also. At times you need to give voice to the person so that he can nourish himself and progress, this is even where the stratification of the body is not ready because, as you are saying, we are at another level. You are correct about what you say about the Symbolic because the symbolic is a fixed point, an indicator, and the Self is an apparatus of marking and indicating. The moment it stops indicating it is completely lost. So what I am saying is that the normopathy is worst than mental illness...

J.O: It is the worst, normopathy is an incurable disease... We can distinguish between the *dire* and the *dit*. This is discerned by Lacan, but most notably by Emmanuel Levinas who distinguishes it well – even though he didn't appear to understand anything about the unconscious. The *dire* is close to what we call language (*la langage*), but not a spoken tongue (*la langue*) because language is the structure of the unconscious. When Lacan said that, “the unconscious is structured like a language” he did not mean it to be of a spoken tongue (*la langue*), yet he does not draw upon the distinction enough. There is a gulf between language (*la langage*) and the spoken tongue (*la langue*). Poetic language, carries more information than scientific language. There are tones, the voice, what we call “demarcations”, there is an entire science of this. On the side of language (*langage*) I put the *dire*, and on the side of the spoken tongue (*la langue*) I put the *dit*. The *dire* permits there to be the *dit*. With schizophrenia there is a de-structuring of what I call the “fabric of the *dire*”. When primary repression does not function properly, repression itself does not function. Similarly, when there is de-structuring at the level of the *dire*, it would seem that there is no task at the level of the *dit*. Our work is not to give lessons in speech production, but to work with encounters, chance, transference, desire, at the level of the *dire*. And Levinas showed that unconscious desire was on the side of the *dire*. In following this, and at the same time, keeping in mind Pankow who spoke of the “graft of transference”, I say that we do “grafts of space”, work with the space of the *dire*, because we know well that the fundamental trouble of schizophrenia is the trouble of space. The “space of the *dire*” is where there is possibility for schizophrenics who are incapacitated, who are nowhere...they are somewhere and this somewhere is the space of the *dire*, where there is desire. (Oury presents a photo). During the war, this man had been an engineer working with solar energy, a very intelligent man, completely mad. He couldn't be anywhere, not in his bedroom, not at the table, not in his bed. He had found himself an old bicycle and he had also found an old typewriter that he would often use. But to see him in my office was not possible, so much so, that I had to write to him asking him if we could meet under a tree. So he arrived and we both keep a distance, if I was to approach him too closely he would walk away, we had to maintain a distance with him. This man traveled a great deal by bike, he couldn't be anywhere. He couldn't enter the chateau of the clinic. We had worked with him for one year, there

was an entire team working with him – teams functioned better then than today because today things are a little deserted. Anyway, one night, after a year of working with him, I was told that he had arrived at the chateau, that he had sat down in a chair, and that he had opened a newspaper to read. The same night, another patient – who was not schizophrenic but slightly melancholic – told me that she had sat down in her usual chair and began to knit when she saw a man she had never seen before sitting beside her who looked extremely comfortable within the chair, contented, reading the paper. This is the space of the *dire*, he sat in the chair, he unfolded the paper, there was a desire here, but it didn't last. To work one year to see five minutes like this is worth every effort. Similarly, I had spoken to a child psychiatrist a long time ago, who had been working with a girl who was almost post-acephalic, psychotic. After fifteen years, and gigantic efforts by the psychiatrist, she smiled. Fifteen years of effort, for a smile. This is what counts. But the Social Security ignores this, it doesn't care.

M.N: It counts, it is humanity

J.O: A smile is spontaneous. We can ask the question, “how much does a smile cost?” There are no smiles in the hotel d'acueille!

D.R: This, for me, in approaching by way of historical accounts, is the signature of the vocation and I think that Bonnafe and Baruk were correct in seeing psychiatry as a vocation. Baruk often spoke about the notion of *Tsedek*, a Talmudic term, uniting charitability and justice – he introduced the term in the 1940's and it needs to be studied once more...But as we are saying, the smile after fifteen years of effort, is the signature of the vocation...the smile has its own logic, poetic...it cannot be measured by routine logic, it is an instant, an opening, it is of the pathic...and of course, we do not wake up in the morning and say to ourselves, “I must smile at him or her today...today I will be in the pathic..”

J.O: Henri Baruk...very interesting...Yes, the smile is not of pure linguistics, it is much more, at the level of ergology, of the body, of a very complex logic. The smile is not a laugh, the laugh is more or less aggressive. We can save time with a smile, but that doesn't mean you have to smile on purpose. If we walk pass someone a little paranoid and we don't smile, we will be working with them for weeks. But if we smile, in a second, we have something, a reaction, and we save time...

D.R: We can even say that with a poetic logic we travel from the most simple of things to the complex....

J.O: Exactly, we work at the level of the poetic, a level infinitely more complex than the logic of computers...

D.R: The smile is an opening, a spatial announcement...such gestures are not of a logic, as that which informs DSM-IV for example...it has a particular logic of assessment...But the spatial announcement is not foreseeable – as you say, it is not about programming chance...

M.N: Exactly, because logico-positivism is extremely linear and simple...

J.O: Precisely, we work at the level of gestures here at La Borde. This is within the domain of what is called the “deictic”. Here, when people know each other they don’t speak to one another much, but they gesticulate, there are gestures. It is of the deictic. I have often said that there is an articulation between the anaphoric and the deictic. The anaphoric, is, for example, where I have met Mr. X, let’s say, eight days ago, and today someone tells me that they have seen Mr. X. I hear this, and it means something to me because there is already an anaphorical construction, a carrier of construction so to speak. For people to know one another here at Le Borde, they need to be here for a while, to spend some time here for there to be the anaphoric. It is the anaphoric that permits. This counts enormously, and it is the fabric of *parole*, of the *dire*.

M.N: It is the notion of constellation...

J.O: Yes. What’s more is that I had read an essay in 1967 which said that the quantity of information communicated through a poetic language is infinitely larger than the quantity communicated by way of a scientific language. It showed that 65 percent of information is communicated through a scientific language, a scientific message, thus there is a redundancy in this communication. With poetic language, however, it was 95 percent... You need to have complexity to have the simple....

M.N: Also, we can say that neurons function in a modulating manner, it is not merely 0-1 because between the 0 and the 1 there is a discharge, a complexity and an incredible infinity...

D.R: yes, there is the nuance, poesis between the 0 and the 1, the passage from 0 to 1 is infinite even ...

M.N: exactly, the nuance, the modulation...psychiatric drugs are modulating, they perform a plastic surgery of the person, a plasmation even, a somation. The extra-pyramidal effects that were once thought to serve as positive effects are now completely ejected from debate. I think this is absurd, because we lose the dimension of things like the Symbolic. What we have now is a unidimensionality in thinking that other systems will function as a cure, but in reality it is not a cure because what people tend to forget is that there is the production of a person, that the person is modulated. From the moment there was a surgical logic borrowing structures from the body, in performing a selection as if an electric grid of yes/no, yes/no, they could transform the person how they wanted to...

J.O: At the same time in following pathology and in terms of immuno defense, there are enormous variations...When I was at Saint-Alban with Tosquelles there was a researcher who was of Jewish-Ukrainian origin and who had sought refuge at the clinic, Michel Bardach. At the Pasteur Institute he had undertaken a study of immunological defenses in terms of pathology, of mania, schizophrenia, catatonia etc. At the time there was a cancerolitic test, that is to say, it tested the immunological defenses against cancer. The cancerolitic test, that is, the test to show defenses against cancer, showed that within the family of cancers, the resistance of the normal stood at 100, but with the majority of catatonics, it was lowered to 10. With the maniacs however, the approximated resistance rose to 300 – remarkable, they could have even gone naked into the

snow naked if they wanted to! Yet this is variable. In the wake of a terrible emotion, after a horrific deception, a depression related to an event occurs or a even a cancer of the blood can occur merely one month later. For example, there was a widow whose husband had died accidentally and she had developed a cancer of the blood one month after the event. And there are other cases like this. The body is not a thing, it is within the Symbolic, within language (*langage*), within these areas, and it is in our interests to work and develop this.

M.N: Also, the schizophrenics are very well adapted at a certain point within their universe. At times, when I see autistic children, I can say that there is a variation where some things are activated and others are not etc. Certainly, there are areas for certain functions where like Columbian children we enter caverns to collect precious stones – caverns that adults themselves are fearful of entering. The situation is somewhat like this, there are hopes. That is to say that the moment we affirm ourselves – with humility - to be doctors there is a variation at the level of an interrelation enabling us to understand and exist within the situation within which we find ourselves.

D.R: And here we have the co-implication of intersubjectivity and intrasubjectivity which is the fundament of the *miteinandersein*

J.O: Yes, we can say that there is only intersubjectivity if there is intrasubjectivity. There was a time when I had wanted to do a topic of the being-with-the-other (*l'avec*). We need to be careful with such a notion because it is not enough to say that 'I am with others'. Intersubjectivity, is fundamentally intrasubjectivity.

M.N: This is very important even when we speak of the relation of one unconscious with another. Yet, as we are saying, Lacan was too quick at times. People actually think that the unconscious is a language (a spoken tongue)!

J.O: Yes, we can see that people have even searched for words in the unconscious. They concluded that they were unable to find any. Of course! Because language isn't there! It is for this reason, when people were saying this, that Lacan introduced the term 'Lalangue' ...Freud and maternal language. This is to say, of that which is not attainable but here. It is not a spoken tongue. It is a maternal language...

D.R: It is a constitutive dimension. Lacan didn't use the word dimension here, but '*Dis-mention*'...its rarely discussed this term and I can't remember it ever being mentioned on British shores, but then again, Lacan in London, it is not so evident...but as you said...Lacanian-ism

J.O: Yes, the *dis-mention*, the *mention* of the *dis*. It's an interesting term, and it was a somewhat precious term for Lacan. He tended to be like this. Nevertheless, it's an attractive term...we can develop a study of all these terms, it needs to be done, and it's a vast undertaking....An unfinished project.

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