
This is a rough translation of the presentation given by Olivier Apprill at the event 'Sur Analysis: Institutional Psychotherapy and Analysis', held at Central Saint Martins on 6th April 2017. This translation is intended for personal reference only and should not be distributed without prior consent.

Institutional psychotherapy does not exist!

Olivier Apprill

In France today, certain words are thrown into the dustbins of history, such as those of "class struggle" and "alienation", in the Marxist sense, or as those of "unconscious" and "Psychoanalysis," in the Freudian sense. In psychiatry, the term Psychosis "is no longer part of the official nosography (DSM - Diagnostic and Statistical Manual of Mental Disorders), while the "spectrum of schizophrenia and other psychotic disorders" formula is experiencing galloping inflation. This is not simply due to the fact that language elements used at a certain time become obsolete or even incomprehensible at a later period, or that imprecise scientific notions are replaced by more adequate formulas, but rather, in the cases mentioned Here, that certain semantic fields are politically impeded.

This is the case with the term "institutional psychotherapy": not only does the French health authorities condemn the word and the practices that go along with it, but even some of its supporters refrain from pronouncing it for fear of being caught in professional misconduct or to be accused of "fetishism" (this word, on the other hand, does not lack of use to discredit anything that would come to oppose the ambient scientism!).

If we are not here to retrace the history of all these notions (there is a history of the concept of schizophrenia¹ as there is a history of Madness, just as there is a history of the concept of alienation), I will nevertheless talk to you about some of these things that we should no longer talk about, some of these things always present and relevant under words Condemned; I am going to tell you about a period in the history of psychiatry which saw the movement of institutional psychotherapy in the mid-20th century, for which the thoughts of Marx and Freud were two inescapable references. Its name suggests, places the question of institution (and institutionalization, as we shall see) at the heart of psychiatric praxis.

The term "institution" should be clarified. In French, it can cover many meanings. It is a disparate, polysemic term used to talk about public institutions (parliament, ministries, army, school, museums, TV, hospitals ...), social services, industrial enterprises, philanthropic foundations, Or money, family, and so on.

¹ cf. Jean Oury, Primary Symptoms of Schizophrenia, 2016

This terminological imprecision has made it possible to count several dozens of definitions ...

For the young Deleuze of the 1950s, the institution essentially referred to a "satisfaction process" made possible by a set of established rules²: for example, it refers to the institution of the marriage in which sexuality can be satisfied ... For François Tosquelles, who privileged their functional meaning "in relation to the exchanges they are meant to promote"³, The language and the bistro were also institutions! Thus, even for one of the pioneers of the institutional psychotherapy movement, you see that the term had no definite definition. Because "what promotes exchanges" ... is still a bit vague.

So, rather than starting with an umpteenth definition of the institution, I would like more to allow you, during my presentation, to grasp the original contribution of the movement of institutional psychotherapy (PI) as to the use of this term: and you will see that a certain clearer idea will emerge logically at the end.

To give you an overview of the IP movement, I would first like to quote an excerpt from an article by a historian, Laure Murat, who is a professor in the department of French and University of California Los Angeles (UCLA).

In a recent article⁴, Laure Murat develops a very interesting thesis - quite original and heterodox in relation to current anathemas thrown on IP - as to the history of psychiatry Western; it distinguishes 3 major steps in this story. It relies in particular on the concept of "symbolic revolution" elaborated by the sociologist Pierre Bourdieu from the example of the painter Manet.

To quote Laure Murat:

A successful symbolic revolution," says Bourdieu in substance, "is a revolution that has become invisible because it has changed our categories of perception. The disturbance created by Manet, the hatred he generated, the rupture he creates with academicism: everything will eventually dissolve into the new vision of the world that he engenders and imposes, so that we do not know More like "before".

And she continues:

"In relation to the history of psychiatry, the notion of symbolic revolution could be applied effortlessly to three decisive moments: the invention of psychiatry, the birth of psychoanalysis and the advent of institutional psychotherapy. Three stages, some names, in the course of a necessarily subjective and lapidary history: Pinel, Freud [and] Tosquelles / Oury. "

² cf. Gilles Deleuze, *Instincts et institutions*, 1955

³ cf. Ginette Michaud, *La Borde, a necessary bet*, 1977

⁴ cf. Chimères "With Jean Oury", 2015

According to her, there are three steps:

1. The first step with Pinel's "moment" and the invention of psychiatry at the end of (The recognition of a subject even in the "insane", and the taking into account of his suffering, with the famous scene of the fools freed from their chains at the hospital of the Salpetriere in Paris in 1795)
2. The second stage with the "moment" Freud and the invention of psychoanalysis at the beginning of the twentieth century (the epistemological revolution brought about by the concept of the unconscious, I recall that Freud's work princeps, *Dream*, date of 1900),
3. Finally, a third stage, with the "moment" Oury and Tosquelles and the invention of IP in the second half of the twentieth century (that is to say, as we shall see, the question of psychoanalytical treatment envisaged In the psychosis clinic).

In line with this theme concerning the place of psychoanalysis in the history of psychiatry and which will be central in my remarks on "the institution", I would like to quote another article, this time from the child psychiatrist Pierre Delion, who claims to be the heir of Jean Oury and François Tosquelles, precisely. In this article, Delion repeats and clarifies in his own way the issues raised by Laure Murat

I quote it at some length because it is very explicit:

After Pinel and Pussin [his collaborator], who in France undertook a theoretical and concrete liberation of the fools following the movement of philosophical and political disalienation initiated by the Encyclopedists [cf The movement of the Enlightenment and the French Revolution], and marking in a way the beginnings of an institutional psychotherapeutic approach, the difficulties encountered (...)

Than to highlight the absence of conceptual tools capable of taking into account transference and countertransference elements. And for good reason, since it was not until the invention of psychoanalysis by Freud and especially its conceptualization of transfer during his epic discussions with Breuer on the subject of hysteria. It was therefore possible to believe that the impasse in asylum phenomena was to be solved by the new possibility of understanding brought about by the Freudian theory applied to psychotic pathologies. But this was not the case, apart from the fact that the Freudian revolution was worthwhile in a certain clinical setting, and especially when the indicated pathologies remained in the general orb of the "middleweight Western neurosis". If Freud himself had a reluctance to engage in the psychoanalysis of psychotic persons, a considerable number of his pupils were not reluctant to do so. (...) And if some had not had the idea to rethink the device as a whole by adding the concept of institution, the history of the links between psychoanalysis and psychotic people would have stopped there. But

Tosquelles, analyzed by [a] student of Ferenczi, a Hungarian émigré in Barcelona (...), quickly realized that the extension of the standard treatment to psychotic patients hospitalized did not suit their psychopathological specificities and their being- in the world. He developed the concept of "multireferential transfer" which enabled him to observe by his fine observations that the transfer of these patients to their environment was fragmented, replaying in the secondary transference investment the primitive mode according to which these subjects had constructed their psychotic existence . Tosquelles deduced the necessity of human institutions surrounding these patients to contain them rather quickly, particularly through his experience of the Spanish war, and tried to make with them and for them a kind of collective anti-excitation of the nature of the To protect the effects of these multi-cleavages.⁵

With this long quotation, we understand that for Delion, in the clinic of psychoses, there is a before and a after the "moment" of theorization of the transference which, as long as it remained unformulated, did not allow one to understand grand- What was happening in the therapeutic relationship. But he rightly insists that the advance due to the Freudian discovery was not enough to put in place a "psychiatry with a human face", as he writes, and that it was necessary to wait for the reformulations Proposed by the IP theorists in the field of psychoses (including the concept of "multireferential transfer" at Tosquelles, with that of "dissociated transfer" in Oury, from which will in part derive that of "Transversality" at Félix Guattari).

I quote another short passage from Delion:

"Institutional psychotherapy is the result of this extraordinary pioneering work of using Freudian conceptualizations by rethinking them in the light of psychosis, that is, by reconstructing a metapsychology capable of illuminating its mechanisms and specificities But at the same time to broaden the scope of the necessary revolutions by including the political dimension, the only one capable of thinking about social alienation and its effects on patients. "

It seems to me that this extract situates the practical field of IP, the articulation of **clinical and political** dimensions, which are inextricably linked, even if they are not to be confused.

Holding these two dimensions together has been - and still is - the bet of the PI movement, which is based on the crucial concept of "**double alienation**" (mental and social) in the treatment of psychoses. Historically, you may know that this has resulted in Metaphor of the "two legs", one Freudian (or analytic), the other Marxist (or dialectical materialist): "When we advance with one leg, the other must follow," said Tosquelles, A psychoanalytic approach and a sociological approach.

⁵ Chimères, *ibid.*

In passing, I would like to point out that it is among other things on this concept (that of "double alienation") that Deleuze and Guattari will deviate, in their future works and their common works, *Of the PI movement*: by refusing to accept this distinction of "2 legs" in their own conceptualization of a "machine unconscious", they will assert, on the contrary, that political economy and the libidinal economy are only one⁶ and the work of Jean-Claude Polack) ... A theory much more radical than all the declensions of Freudo-Marxism in the twentieth century .

If IP is thus "the introduction of psychoanalysis to the psychiatric hospital"⁷ as an indispensable theoretical corpus complementary to biochemical approaches to dealing with psychopathological alienation (or alienation in language) , It is also the introduction of the analysis of social alienation, since it will be a matter of "caring for the hospital by alienating social relations"⁸.

The analysis of social alienation, or the analysis of the social and inter-relational relations at work in a psychiatric establishment, will be called "institutional analysis": " Analysis of social alienation is the very basis of all 'institutional analysis', "Oury will repeat in a long time and in all tones⁹. But what is this "alienation"? It is not the place here to retrace all the debates that have taken place around this term, which is also marked by an overload of meaning. For the pioneers of the PI movement, we must point to a Marxist tradition (that of the "young" Marx of the Manuscripts of 1844), based on a consideration of **the human being as a social being**, considered in its relation of production and in its relations of labour.

If Marx later abandoned the term "alienation," he insists in these writings on the expropriation of the workers of their means of production, on the relations of exploitation and domination which are at the mercy of the "Capitalist economy: man being alienated to himself when he is dispossessed by others of a part of his work and when it becomes abstract to him, with a consequence a sort of loss of Being (we find again this motive of possession-dispossession in a neighbouring sense, in psychiatry, with the "mental alienation" as conceived by a Pinel, for example). But the PI movement will not be content with this aspect of the issue. When Jean Oury said that institutional analysis is the analysis of social alienation, Tosquelles often replied: "Yeah, yeah, yeah ...". It was a sign that it was not a true yes. And he was right, it's much more complicated than that. Institutional Analysis is not only the sociological care of the hospital (as a closed system); it is broader than that. For what is it then of the transfer, the desire, the anguish, the fantasies, the unconscious relationships? Let us not forget that the two legs, Marxist and Freudian, must walk together ...

As Pierre-Johan Laffitte explains, if "in a Marxian vein, 'praxis' refers to a situation where practitioners become master subjects of the means of

⁶ See Gilles Deleuze and Félix Guattari, *L'Anti-Oedipe*, 1972, *Mille Plateaux*, 1980

⁷ cf. Delion

⁸ cf. Tosquelles

⁹ cf. Jean Oury, *L'alienation*, 1992

production and the value produced (...), IP makes the concept more complex By putting into the notion of work the whole dimension of fantasy and desire."¹⁰ The analysis of power relations, class positions and prejudices will therefore have to cross the one of the unconscious at work and in work. For we must not forget that the aim of the clinicians of the PI movement, by wanting to reshape the organization of work and the social hierarchies, is above all to try to create the best conditions of possibility to cure the psychotic persons staying in their Establishments.

So starting from the observation that a hospital is a pathogenic environment if one does not analyse social relations, if one does not decrypt the relations of production, if one does not understand what happens between people (whether paid as "caregivers" or as "patients", or treated as part of the subjective "constellations" of each one), clinicians in the PI movement will continue to develop practical and conceptual tools to make this pathogenic "hospital facility" An instrument of care, that is to say, a nursing institution. This time you see the essential distinction that the IP movement makes between the terms "institution" and "institution": whether in the case of a public hospital, a private clinic, a day hospital, Etc., the establishment itself will be defined first and foremost as the juridical-administrative entity in relation to the State, or as real property.

I shall just briefly emphasize this basic distinction between institutions and institutions, pointing out that, in the movement of IP in France, the establishment was less regarded as the seat of the application of the Labour Code or of social protection, For example, that a paragon of social alienation, such as an industrial enterprise or a state body, remains a prisoner of statutory hierarchies, management imperatives, models of work organization, Security, power stakes, etc. (In Spinozist terms, or might consider the establishment as a haunt of "sad passions"!)

To the point that a psychiatrist of the PI movement did not hesitate to write: "It is not a question of the psychiatrist conquering the establishment but of contributing to its decline¹¹. And to recall that from its beginnings, the movement of PI had already denounced "the bureaucratization of the hospital apparatus which sought more to mask the suffering than to treat the wounds individually and socially".

For the movement of PI, therefore, it is not the institution that can care for, nor even the institution defined as a simple place of exchange; But it is an institution envisaged in its articulation with the institution, an institution conceived this time as the place of institutional analysis, or place of a "permanent institutionalization" (Hélène Chaigneau). IP members will even go so far as to say even more radically that "it is not the institution that heals but the institutionalization" (Ayme, Rappard, Torrubia)

¹⁰ Pierre-Johan Laffitte, Seminar at the International College of Philosophy, 2014

¹¹ cf. Philippe Rappard, La folie et l'Etat , nineteen eighty one

If the institution, understood in this way, can produce only rules, regulations, prescriptions and protocols, an institution would be a clinical place, in the Freudian sense of a psychic topical; It would be the place and the concept of the processes of institutionalization, in other words of permanent institutionalization, and therefore of institutional analysis, and therefore of the analysis of social alienation. The place of the conflictuality of desire and desiring productions (to speak in Deleuzo-Guattarian terms), the place of practice of the Law and symbolization (to speak in Lacanian terms), or the processes of elaboration and by which genuine exchanges are possible and care functions can be deployed ... Making the establishment a tool of care, caring for the hospital for the hospital to care for, that is to say to analyse the environment, this is what the term signifies here Institution ", the place of" praxis institutantes ".¹²

I have presented you with the "institution" and "institutional analysis" as they were historically conceived in the IP movement. You see that from this angle, "Institutional analysis" becomes for psychiatry what, for example, asepsis is to surgery ... What does this mean? This means that without institutional analysis, psychiatry cannot be done without harming psychotic persons (as well as without asepsis, one can not operate without putting the patient's life in danger!). Again, it is clear that there is no institution without permanent institutional analysis, that is, without finding the means to understand what is happening on the ground.

In summary, in the PI movement, you understand that for the hospital to be treated (for psychotherapy), the hospital and the community that lives and works there must be looked after at the same time (That is to say a sociotherapy). This conception has remained a constant, a driving thread of the movement of PI, that is to say, of this psychiatric praxis which makes the "institution", once again, not the establishment, not the enterprise or hospital structure as such, not a well-established organization, a task force, a community, or a model, but a process that is still on-going, but a task of permanent institutionalization - hence the formula of Jean Oury: "IP does not exist! ", Since it is always to reinvent *hic et nunc* (here and now) ... A repetition of what Tosquelles repeated incessantly: "IP does not exist anywhere (...), there is only one movement of PI born and every time it is born again in the classical psychiatric institutions. "¹³ A permanent revolution always checked, never completed, always in motion. (Hence the justification for the somewhat provocative title of my intervention: "Institutional Psychotherapy Does Not Exist", it is because we must rather speak of a *movement of Institutional Psychotherapy*).

With these distinctions and clarifications, I hope that I have enabled you to identify a few thrusts of a therapeutic based on the human relation and taking into account the context in which it takes place. There are lines of force which have made it possible to say that "psychiatry is a medicine of the person"¹⁴,

¹² Pierre Dardot and Christian Laval, *Communs*, 2015

¹³ *Info Psy*. 1969

¹⁴ Ayme

taking into account all human dimensions, and not simply organ medicine ... It is a long way, in passing, A veterinary psychiatry such as that developed by DSM followers, this reductionist psychiatric bible totally dependent on pharmaceutical industries and health managers.

I also hope that I have indicated to you some specific features of the notion of "Institutional Analysis" as developed by the pioneers of the IP movement. This is why I have not spoken at all about the various currents of institutional analysis in France (whether psychosociological, pedagogical or psychiatric) whose purposes, which are sometimes close together, are also often very shifted - between academic interventions and clinical practices, for example¹⁵. I limited myself here to presenting a certain type of Institutional Analysis: that which was invented by François Tosquelles at the beginning of the 1940s Saint-Alban Hospital¹⁶ - even though at the time "institutional analysis" was not yet called that. It is this conception of institutional analysis that will be at the heart of the discussions of the GTPSI (working group of psychotherapy and institutional sociotherapy) in the 1960s¹⁷ and which continues today to irrigate the reflection in this field.

In conclusion, for half a century, PI clinicians have been able to devote all their efforts not only to healing but also to thinking about the institution, institutionalism, institutional analysis, the meanings of which we have just developed. Born in exceptional circumstances (the Spanish War, the Second World War), the PI movement developed during the Thirty Glories with great power of invention and initiative. The administrative pressures were so far away, finally, that spaces of autonomy were conceivable, that clinical places structured on the basis of psychosis could be thought. In fact, now thanks to these generations we have a corpus of concepts and operational experiments.

Now, the situation has completely changed, I am not telling you anything. Pressures and restrictions, controls and surveillance, threats and sanctions, protocols and norms, repressions and regressions have never been so strong in the official field of mental health. So I believe that one of the current tasks, in order to continue to create new conditions for the possibility of working in psychiatry, would be to rethink completely these new and increasingly overwhelming and time-consuming relationships between the institution and the establishment, to develop new tactics of struggle and to forge new social and professional alliances, especially around concrete work.

¹⁵ See Valentin Schaepelinck's thesis, "A Critique of Institutions: Emergences and Residues of Institutional Analysis in the 1960s", 2013

¹⁶ See François Tosquelles, *Trait d'union*, Saint-Alban newspaper, 2015

¹⁷ cf. Olivier Apprill, *A psychiatric forefront, the moment GTPSI -1966*, 2013, GTPSI Acts, 2014, and "Institutional Analysis" 2016