The hospital is ill

The name of Jean Oury is synonymous with La Borde Clinic, which he founded in 1953 when he was twenty-nine, in an old chateau in the picturesque region of Cour-Cheverny, as a home for 'institutional psychotherapy'. In the English-speaking world, La Borde and the practice of institutional psychotherapy are most likely to be encountered in association with the work of Félix Guattari, collaborator of Gilles Deleuze. Its history and significance – institutional, intellectual and political – and the vast developmental landscape of medico-philosophical enquiry out of which it emerged remain largely unknown. The term 'institutional psychotherapy' was introduced in 1952, by the psychiatrist Georges Daumézon (1912–1979),[1] but the practice to which it refers dates back a decade earlier, to the wartime clinic of Saint-Alban.[2] For the movement of institutional psychotherapy was to a large extent the outcome of a particular experience of war.

At the psychiatric hospital of Saint-Alban, faced with the eugenic ideology of the then Vichy minister of health, Alexis Carrel,[3] a group formed around the figures of Lucien Bonnafé (1912–2003) and François Tosquelles (1912–1994), comprising patients, neurologists, phenomenologists, surrealists, resistance fighters, refugee psychiatrists and scientists. Bonnafé baptised the group the 'Société du Gévaudan'. Its aim was to 'resist and create': to resist the policy of natural selection that was killing the mentally ill, to resist the Vichy regime that was propagating it, and to resist the broader tendencies of homogenization and segregation that characterize the treatment of the mentally ill; to create a therapeutic conviviality in the face of segregation, and with it, to create a new direction in psychiatry – a psychiatry that would be a living 'art of sympathy', not an alienation but an 'accompaniment' of the victim.[4]

Tosquelles arrived at Saint-Alban in 1941, from the Setfonds detention camp for Spanish refugees in the French department of Tarn-et-Garonne, north of Toulouse. Under his arm he carried Hermann Simon's *La Psychothérapie à l'asile* (1933) and Lacan's doctoral thesis, *De la Psychose: Paranoïaque dans ses rapports avec la personnalité* (1932). The former he translated at the clinic and disseminated in pamphlet form; the latter marked the focus and orientation of the meetings, through which, in Oury's words, Tosquelles 'rethought all the concepts of psychiatry'. An intimate relation developed between the humanitarian urgencies of history and the development and techniques of psychiatric assistance. At Saint-Alban,

1. Georges Daumézon, 'La Psychothérapie Institutionnelle Française', in *Anais Portugueses de Psiquiatria*, Hospital Julio de Matos, Lisbon, 1952.
2. It was initially referred to as 'sector psychiatry' and in 1944 as 'psychiatry of extension'. Other terms used have included 'anthropo-psychiatry' and 'psychoanalytic psychiatry'.
3. Dr Alexis Carrel was awarded the Nobel Prize in 1912 for the first successful radial-popliteal transfusion. Maréchal Phillipe Pétain, the figurehead of the Vichy State, appointed him to oversee the Vichy Ministry of Health. Carrel was a reputed scientific genius enraptured by the world of Christian prayer and religious mysticism. His 1936 publication *L'Homme cet inconnu* expressed his hopes for a scientific future of 'aristocratic biology' with euthanasia as the just tool for building the new enlightened world of man.
4. Lucien Bonnafé, 'Le Personnage du Psychiatre', republished in Lucien Bonnafé, *Désaliéner*, Presses Universitaires du Mirail, Toulouse, 1991, p. 69.

> [There was] a matrix … a conjuncture: the war, isolation, the fact of being cut off from the state.… It was a crucible, a melting pot, because the fact was that we had to survive – the patients, the nurses, in the fight against starvation – meant it was necessary to go out from the hospital, to go to the farmers … and to hide the Resistance. Such training is extremely didactic. It was an ultra-privileged history.[5]

Jean Oury, the junior of Bonnafé and Tosquelles by twelve years, arrived at Saint-Alban in September 1947. Then in his fourth year of medicine, he discovered it to be a place of 'effervescent' research. In 1948 and 1949, Oury and Tosquelles went 'into the mountains' in search of 'complicated' cases. This was a time of financial destitution: they sold lead, sinks and beds on what became a psychiatric black market. For Oury, these experiences constituted a sectoral politics, a 'psychiatry of the sector' – one day selling things, other days being stuck in the snow, 'finding food for the hungry at mid-night in the forest', 'being confronted with a man enclosed within a house with a gun, tormented, where you had to speak to lift the walls.'[6]

The year 1948 was also when Tosquelles wrote his doctoral thesis for the University of Paris, 'Essai sur le sens du vécu en psychopathologie' (The Psychopathology of Lived Experience).[7] The work declared the 'intra-disciplinary' paradigm of what would become known as Institutional Psychotherapy. Part gestalt psychology, part phenomenology, part neurobiology, part psychoanalysis, it revived the Hippocratic notion of the medic–philosopher – *iatros philosophos*. Oury completed his doctoral thesis, 'Essai sur la conation esthétique', in December of 1950. Early in 1951, the fifteen-year-old Guattari arrived for 'psychotherapy and re-orientation'. It was now, for Oury, that 'things began to really move'[8] at Saint-Alban – in much the same way they had done with the arrival of Tosquelles a decade earlier. Together they read a 'quantity of books' and talked 'into the early hours of the morning'. These psychiatric and political discussions soon grew with others participating. It was out of these activities that Oury and Guattari coined the phrase 'prolegomena for a non-deductive ontology' – the signet of La Borde. As Oury later confirmed, 'What we do at La Borde is a non-deductive ontology … to create a space of syntax.'[9] It was in these spaces of syntax, or 'spaces of the saying', that an entire postwar generation of French youth would find inspiration. And the paradigm of this enterprise? Guattari, faithful to his mentors, put it succinctly: 'ethico-aesthetic'.

An introduction to Jean Oury is an introduction to a legacy and a tradition that 'resists and creates'. Oury stands alongside Jacques Schotte (1928–) and Henri Maldiney (1917–) as one of the last living figures of what the phenomenologist J.H. Van den Berg called 'a new orientation of psychiatry'.[10] His main works, *L'Aliénation* (Galilée, Paris, 1982) and *Création et schizophrénie* (Galilée, Paris, 1989) have been translated into numerous languages – other than English. The interview that follows is the first to be published in English.

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5. Max Lafont, *L'Extermination douce: la cause des fous sous Vichy*, La Borde de l'Eau, Bordeaux, 2000, p. 70.
6. Jean Oury, *Il Donc*, Éditions Matrice, Vigneux, 1998, pp. 36, 42.
7. This was later published under the title of *La Vécu de la fin du monde dans la folie*, Éditions de l'Arefppi, Nantes, 1986.
8. Oury, *Il Donc*, p. 47.
9. Ibid., p. 49.
10. J.H. Van Den Berg, 'Phénoménologie en Psychiatrie', in *Évolution psychiatrique*, Éditions Edouard Privat, Toulouse, 1947.

DR **Binswanger asserted that man was in the situation of psychiatry if psychiatry was within the situation of man. But it seems that this equation has become corrupted. In its current form, psychiatry has become a very complex and deterministic pursuit. At the same time, a moralism has proliferated that has eclipsed its ethic.**

JO It is often said that psychiatry, like psychoanalysis, is unfinished. Lacan had this image, that such research took place within a vast developmental landscape where there was only a small conditioned surface to decipher. Lacan even said that here we would find the softened watches of Dalí. So, yes, psychiatry and psychoanalysis are indeed an unfinished project, because it is always in construction, a vast field. Yet we cannot exactly say that psychiatry is always to be invented: those who say this tend to say anything they like. It is often a form of what I call 'technocratic simplism' – that culture of bureaucratic requirements and administrative measures developed under the mask of pseudo-scientific progress. I have constantly struggled against technocratic simplism, which, paradoxically, is often presented in very complicated formulae. Think, for instance, of recent neuroscientific research on schizophrenia. It is enormously complicated; nevertheless, it is still simplism.

I have always said that we should concern ourselves with 'the simple' as opposed to 'simplism'. I often ask: what is more simple than standing up? Than walking? This is very simple, but if we study it neurophysiologically then such a study is unfinished. Standing, walking, has an extraordinary complexity, it's almost a permanent miracle. To reach the 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 a path leading to homogenization and ultimately dictatorship.

What I call the architectonic – the totality of relations, roles, functions and people that defines the site where *something happens* – is based upon heterogeneity rather than homogeneity! This is the fundamental word, 'heterogeneity'. It is a fundamental word for many, but especially for François Tosquelles.[11] He often said that the milieu needed to be heterogeneous, even the educational milieu of children. He made clear that in order for things to be alive, for there to be exchanges, groups, inter-groups, initiatives, chance and encounters, there must be heterogeneity. Ferdinand Deligny also always spoke of heterogeneity.[12] When Deligny left Armentières, for example, after his experience with dissident minorities and marginalized communities (*les marginaux*), he highlighted that in order to harness an approach enabling these people to remain even slightly interested in something, it was necessary to constitute an unexpected heterogeneous environment, for objects as much as spaces and different people. This was one of the essential conditions that guaranteed the effectiveness of the milieu.

In the 1960s I even ventured to say that if a milieu is to be even slightly alive, then we have to have what I called 'a tablature of distinctiveness'. This is based upon a certain

11. François Tosquelles (1912–1994), the 'refugee psychiatrist', was recognized for his 'rigid antifascist Catalan vigour'. Hunted by the Stalinists and Franco's army, he fled to France. He brought with him his training in phenomenology and psychiatry from the Institute Pere Mata in Barcelona – where many of the German gestalt psychologists, such as Werner Wolff, had found themselves during the 1930s. Tosquelles arrived at the clinic at Saint-Alban in 1941 after a spell at the Setfonds detention centre in Tarn-et-Garonne. It was at Saint-Alban that Tosquelles encountered Georges Canguilhem, Jacques Lacan, Paul Balvet, Lucien Bonnafé and later, in 1946, Jean Oury at the Rue d'Ulm. Henry Ey deemed Tosquelles the 'catalyst' of the Saint-Alban group, the fire of the 'generation of gestation'. Tosquelles' doctoral thesis, published in 1948, redefined psychiatric assistance, drawing upon theology, neurology, biology and phenomenology. Tosquelles was a key presence in the life of Frantz Fanon, and with Henry Ey he oversaw Michel Foucault's training in psychotherapy. Like Oury and Schotte, Tosquelles was also an important figure in the life of Félix Guattari. It was Tosquelles who disseminated Lacan's 1932 thesis through the wartime clinics, in small pamphlet publications. The group of Saint-Alban comprised resistant fighters, philosophers, scientists, gestaltists and neuro-phenomenologists. This was the milieu of the young Guattari.

12. Ferdinand Deligny (1913–1996) was an educationalist who fought for the rights of children and against the marginality of immigrants. Deligny addressed the necessity of maintaining a heterogeneous milieu in his *Les Vagabonds Efficaces* and *Graines de Crapule* – which are poems in their own right. His other important work is *Les Enfants et le silence* (1980), which critically reassesses infantile autism.

linguistic meditation. To have a functional language, for us almost to understand one another, even if there is a deformity and play of words, it is necessary to have a logical table of differences – a system of 'distinctive oppositions'. At the start of the 1960s with the GTPsy (which lasted from 1960 to 1966), I photocopied for the participants a remarkable extract on the definition of the phoneme from Trubetzkoy's *Principles of Phonology*.[13] Phonemes do not exist as such, positively, because there is a question of difference, of 'distinctive phonological oppositions'. I saw this as a sophisticated and refined methodology for approaching what was in question in our work. My 'tablature of distinctiveness' is logically analogous to 'the table of phonological oppositions'. The sin in logic is to treat phonemes as 'phonematic realizations', and if a milieu or a group (*collectivité*) is without a tablature of distinctiveness, then there is not much of anything – there is only the homogenous. We can even say that this 'tablature' provides the logical support for a heterogeneity that is not merely at the level of differences between people, but also at the level of spaces (*lieux*).

Take the notion of the *Stimmung*, in the broad sense of the term – where in Spanish we say *olor*, atmosphere. When we pass from one space (*lieu*) to the next, from the kitchen to the library, to the pharmacy, the *Stimmung* is not the same. However, what we find with hospitals and educational establishments is that when we pass from one space to the next the *Stimmung* is always the same: the same atmosphere, the same conditions and the same status. This constitutes the homogenous and the 'ineffective'. If we are to have effectiveness, then there needs to be difference. If we were all cloned, then only two clones would be enough to know the others – it wouldn't even be worth leaving the house! Something of the order of surprise, the unexpected, of astonishment, is indispensable. We also find the term 'heterogeneity' in Hesiod, who said that if there is no heterogeneity there is discord, war.[14] And what do we have today?! So the question is: how can we maintain heterogeneity?

Institutional Psychotherapy – the term dates back to 1952 – understands all this. Atmosphere, ambience, is important in opposition to the grave ideologies of the pseudo neurosciences, which deny it. To classify someone by 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. In one of the medical journals recently, there was a small article saying that in Alzheimer's and its evolution of dementias, atmosphere counts. I hadn't seen such a thing said for many years! But atmosphere does count, because it can even delay the evolution of dementia.

MN Might it also be seen to bring a new destiny to dementia?

JO Yes, even to dementia itself, even to the organic, because neurologically atmosphere counts. A long while ago when we were still performing insulin cures – the Sakel cure – atmosphere was crucial. I have 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, and yes, it degenerated with the hospitals, it became a horror. Without the correct atmosphere, insulin therapy wouldn't work – it was not a cure in itself, as it was later considered! The dosage of insulin needed to provoke hypoglycaemic coma is 150 units. Yet if there was an atmosphere, if we spoke to the patients, had music playing in the background, if 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 ones: there are physiological parameters at the same time as cerebral glucose. All this matters greatly.

13. Nikolai Trubetzkoy (1890–1938) advanced the work of de Courteny and de Saussure. The Polish linguist de Courteny introduced the technical terms 'phonological' (physiophonetic) and 'morphophonological' (psychophonetic). De Saussure followed with 'material sound' and 'incorporeal language'. In the same way, Trubetzkoy proposed the 'atomistic' and 'universal'. The phonetic, language proper, is of the atomistic level and the phonological belongs to the universal – as that which we imagine to pronounce. The phonological belongs to the realm of sense, to the 'incorporeal' dimension of language in Saussure's use of the term.

14. Hesiod (*c.* 700 BC), *Works and Days*.

Take Crisis Centres, for example, these places of short stay that carry the hypocritical spirit of simplism. Many things are destroyed at these centres: the history of the individual, for example, because we cannot know another person within a period of critical short stay. In fact, with short stays, medium stays and long stays, we no longer have the medical, because everything becomes a question of the medico-social. Actually, it is not even a question of the social, for these are under-medicalized systems, these places of specialized treatment. So what happens to the individual in these places? What happens to the biography of the patient? And what of the patho-graphy (a term introduced by Viktor von Weizsäcker)?[15]

Here, at La Borde, our daily costs are very low compared to those places, but we have patients that are much more difficult than the ones you find in the hospitals. The inspectors sent by Social Security noted that we have a majority of serious schizophrenic cases exceeding that of the hospitals, and this was interesting for the inspectors because it is much less expensive! To fight against under-medicalization we need a collective effort on both national and international levels, resistance with resolve.

What I want to say is that we need to treat the hospital in order 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 1940s at the clinic of Saint-Alban was to challenge all areas of suppression. It is not simply a question of suppressing this or that, but of slowly infiltrating suppressive models, of softly subverting. There needs to be a collective structure in order to treat the hospital and the collective. It is not a closed structure. Félix Guattari was very active with the collective.

In his study of Foucault, Deleuze spoke about form and force. Form is the function of hierarchy, and everyday life is organized around a diagrammaticization of forces. But in actual fact, there is not an organized putting into form of things because 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. In 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, Blanchot spoke about the passion of the impossible, corresponding to an absolute zero. For things to hold, if we consider a mathematical formula for instance, there needs to be an absolute zero; there needs to be an exteriority to thwart the false antinomy of interior/exterior exterior/interior. With the short stays in these Crisis Centers there is no diagrammatization of force, they want to recentralize everything within the form.

A remarkable juridical psychoanalyst, Pierre Legendre, argued that we can construct a triangle of the organization, a triangulation of power, speech and death. And what is at the centre of this triangle? It is the juridical, which regulates. Here, we might also refer to Giorgio Agamben, who is fashionable at the moment. In *State of 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. Such a structure is increasingly apparent everywhere today. In the factories, since the 35-hour rule, they have reduced the possibility of speaking, the possibility of establishing correspondences with your colleagues; if you do, you're spotted and you face the consequences. This is increasing, and most clearly within psychiatry.

DR The notion of constellation has played a central role in maintaining a conceptual approach in your work. With constellation we have what you have called the 'liberty of circulation' and this brings into question relations with others.

15. Viktor von Weizsäcker (1886–1957), neurologist, gestaltist, psychologist, physiologist, was of the same generation as Freud and Heidegger, although they never met. His work amalgamates phenomenology and medicine. Weizsäcker established the school of Medical Anthropology and coined the term 'psychosomatic', which he later dropped in favour of 'patho-graphy'.

JO Yes, if it were not for constellation, none of the work of Institutional Analysis or Institutional Psychotherapy – a continual analysis of and resistance to massive social alienation and its hierarchy – would be realized. With the liberty of speech, the moment of constellation comes into effect. Over one or two hours, let us say, we speak about the history of the patient, but we speak about other things as well, of affective relations, hatred, sympathy, and so on. And the following day, or several days later, there is a change. This patient who was agitated and furious now sits before me changed. With this we see that we have touched 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 patient?', 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. But what does it mean? It means that for the people concerned, there is something of themselves that they do not know, which is put into question. 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, and if they are 'here' it proves that they are not elsewhere.

The idea of the constellation was used by Tosquelles, but most notably by the psychiatrist Elkheim, who knew the development of psychiatry in the United States very well. He prepared something for the 2nd International Congress of Psychiatry in Zurich in 1956, on schizophrenia. He brought with him the experience of a famous clinic near Washington, at Chestnut Lodge where he had worked. At this time, Stenton and Schwartz – two psycho-sociologists – wanted to explore the clinic. They had noted an extremely complicated patient confined to the clinic. Two psychoanalysts saw this patient separately, but they never met one another. Stenton and Schwartz observed how things went and they approached the psychoanalysts suggesting that what they were doing wasn't working and that maybe it would be best if they met, to speak about the patient as well as other things. Within several hours of the psychoanalysts meeting, the clinical taboo was altogether different. And the patient, well, he was no longer enclosed. So, as we often say, something happened that exerted an influence. We can generalize the formula of Stenton and Schwartz into the constellations I have described, to modify something of people who are interested, instead of being dispersed, so 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.

MN **It is interesting because Freud had read Goethe, who was extremely influenced by this notion of constellation, and the question of atmosphere too. We also have the question of psychosis and corporeal complexity because it is the individual body that has difficulties of individuation. Here, we find the social aspect where, evidently, there is the question of the unconscious and a logic of relations.**

JO In a neurological context – and there is deviation within neurology – we see that linguistics can be drawn upon to study the troubles of language, even though Freud framed 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 problems with language proper, and we understand that language is speech (*parole*) – at times there are troubles at the level of speech. 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 an ergologic level where we find atechnical troubles. Troubles of writing are atechnical troubles, and, clinically, many neurologists have often confused the two. In the late 1940s Tosquelles and Lacan introduced me to Juan de Ajuriaguerra, who reformulated all of neurology. He was a

refugee from the Basque country who worked at Saint-Anne and had written on the cerebral cortex with Hécaen. This was an extraordinary study. Neuroscience knows nothing of this. Pure psychoanalysts need to remember such work.

DR **There is a blind spot, a hole, in the standard picture of postwar French philosophy, and in the history of psychiatry and psychoanalysis as well. If the work of Monakow and Mourgue,[16] Goldstein, Weizsäcker, Tosquelles, Ajuriaguerra,[17] and of phenomenology itself (even the slim writings of Landsberg,[18] the Gestapo-hunted phenomenologist, for example) are ejected from psychoanalysis and psychiatry, then we are left with a disparaging antithesis of the human concern…**

JO Precisely. These neurologists you mention knew their phenomenology, and phenomenology is not a fantasy: it is concrete, in terms of the world, people, the clinic. Nowadays, psychoanalysts are ignorant of physiology, medicine and phenomenology. Freud did not hope for this; on the contrary! Freud was betrayed by the Freudians. What we have now goes in the direction of ego psychology. Lacan attempted to re-establish something with the mirror stage, but it didn't matter because the Lacanians ended up removing the entire foundation of Lacan! People speak of the Freudian 'cause', but there is more to Freud than this! It is annoying, because if we ignore these foundations – phenomenology, neurology, physiology – we are accomplices of segregation. The phenomenology of depression has 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 these things is to be an accomplice of segregation.

In 1967 in Paris, there was a meeting with Maud Mannoni, Lacan, Tosquelles and myself that was later published under the title *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 in 1967! A psychoanalyst who ignores phenomenology is terrible. However, there is the school of Louvain – Schotte[19] and Szondi, for instance – that has developed work of astounding insight, beginning with the successors of Binswanger in Switzerland, to whom Schotte was close. What there was at Saint-Alban, for example – and this is going back some time – was fervent interdisciplinary research: phenomenologists, psychologists, neurologists, surrealist poets, immunologists from the Pasteur Institute, and then all the activities and projects renewed in the wake of the French Liberation, with groups such as the TEC (Travail et Culture) which later gave rise to the TNP (Theatre Nationale Populaire). It was a magnificent effort that had no dealings with Stalinism because we had the likes of Roger Blin, Jean-Louis Barraut, Decroux, Dorcy, and the *Cahiers du Cinéma* group involved. The young Félix Guattari breathed much of this air. From 1944 to 1945, for example, there were the 'caravans' for the children of factory workers: they would have the chance to go away on

16. Constantin von Monakow (1853–1930) and Raoul Morgue (1886–1950) were known to Tosquelles through his training at the Institut Pere Mata in Barcelona. Their Bergsonian-inspired neuro-physiological study, *Introduction biologique à létude de la neurologie et de la psychopathologie: Intégration et désintégration de la fonction* (Alcan, Paris, 1928) was drawn upon by Tosquelles in his doctoral thesis. Oury considered it 'possibly too Bergsonian'.

17. Juan de Ajuriaguerra (1911–1993), like Tosquelles and their comrade Horace Torrubia, was a Basque refugee. He brought to Saint-Alban an extensive neuro-phenomenological scholarship, which remains to be fully addressed in its philosophical and clinical import.

18. Paul Louis Landsberg was a student of Max Scheler who died in a concentration camp. Many of his works, including his lengthy monograph on Machiavelli, have been lost. However, his thoughts on 'transcendental life' were drawn upon by Tosquelles to distinguish between the mechanical 'I' of empirical events and the transcendental 'I' of qualitative human experience (revelatory experience). See Landsberg, *Essai sur L'Experience da la Mort*, Editions du Seuil, Paris, 1997.

19. Jacques Schotte (1928–), along with Oury and Maldiney, is one of the last living points of contact with the twentieth-century phenomenological tradition. Arguably, it is Schotte, more than anyone else, who built the bridges through which phenomenology and psychiatry could meet, and by which Lacan encountered the likes of Kurt Goldstein and Ludwig Binswanger – who had encouraged Schotte to develop a 'psychoanalytic psychotherapy'.

holiday, on excursions into the mountains. My brother Fernand was very active with this and young Félix would often go along.

The body in appearance

DR Perhaps we can turn our attention to the body and the role of narcissism. Originary narcissism and specular narcissism are recurrent concepts in your work. In *Creation and Schizophrenia*, for example, you indicate an energy at work within these forms of narcissism, which is not energy in the thermodynamic sense of the term…

JO In *Creation and Schizophrenia* I spoke about the distinction between primary and secondary narcissism – I had conversed with Jacques Schotte about this many years ago. We can call primary narcissism '*originary* narcissism', and secondary narcissism '*specular* narcissism'. Specular narcissism is at the level of the Self (*moi*) – we can repeat 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 the level of originary narcissism. In the German language, when we speak of the body as the *Körper*, it is of being in general, and more or less the specular. In contrast, the word *Leib* is the body in terms of what Merleau-Ponty calls *flesh*, incarnation. We find this with Gisela Pankow,[20] who showed that schizophrenia is a profound problem of incarnation in the theological sense of the word. At times, it is a problem at the level of primitive identification, and this is at the level of originary narcissism. In my opinion, with schizophrenia, when we talk of dissociation – Bleuler's *Spaltung* – it is at the level of originary narcissism. When we say 'things are badly delimited, there is no limit', 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.

Maldiney and Schotte, 1945

Positivist and traditional 'scientific' logics apprehend space. We have to situate things at the level of what I call a 'poetic logic' – which can be extremely rigorous. I have often drawn upon a text by Francis Ponge, *The Making of the Pre*. By chance, maybe even luck, this text appeared in a collection entitled *Les Sentiers de la création*. The 'pre' is the preposition par excellence and when the schizophrenic arrives we try to rediscover this pre-position with him. Remember also what Henri Maldiney said: before we have the 'being-with', there is another dimension to consider, and it is possibly this dimension that is in question here. We try to rediscover the 'pre' par excellence 'with' the schizophrenic; that is to say, to rediscover a site which we can call pre-representational, pre-intentional and pre-predicative. The phenomenologists spoke of this as the 'pre-egoic' – what Lacan should have called the 'pre-specular' – which is before the self is established (*moification*).

At this particular site, the schizophrenic process happens at the level of what some have called 'emergence': the emergence of the fundamental troubles of schizophrenia. These ideas were developed, in part, by the psychiatrist Jurg Zütt, of the Frankfurt phenomenological school. Zütt spoke of this space of emergence where the most telling symptoms of psychosis are inscribed as being 'aesthetico-physiognomic', although I prefer to use the term

20. Gisela Pankow (1910–1998) was an assistant to Kretchsmer before encountering Oury and Tosquelles at the 2nd International Congress of Psychiatry in 1956 (organized by Henry Ey). Pankow had a particular impact on the psychotherapeutic developments at the La Borde clinic and, although her affinity to Lacan was not particularly strong, their assertions were often parallel. See Pankow, *L'Homme et sa psychoses*, Flammarion, Paris, 1998.

'aesthesio-physiognomic'.[21] Zütt also proposed the notion of 'the body in appearance'. The body in appearance of a catatonic, a maniac, and a melancholic are completely different one from the other. But how do we situate this? How can we have access to this, without enclosing ourselves? When something happens, even partially, there is closure, and this is a feature central to the schizophrenic. So how are we to have access, to be in concordance and harmony with what happens, whilst keeping with 'the open' (*L'Ouvert*)? The complex task of psychotherapy is to be 'here', in this space, this area, whilst having access to a 'here and now' – that is to say, an opening. This is an all too rapid and schematic way of approaching what Freud called 'the other scene' (borrowing the term from Fechner). How are we to define this scene? Is it found at an unconscious or a preconscious level? I think it more prudent to speak of the 'pre-egoic' because it is a question of defining a scene where *something happens*.

DR **We could say that schizophrenics have great difficulty with what Winnicott called 'potential space', 'transitional space'. And in the case of schizophrenia, where there is no unity of the self, this opening of which you speak would inevitably be developed gradually over time, 'grafted' – but I don't want to say that it's a case of grafting transitional space.**

JO Yes. There have been distorted relations between generations where the transitional has not functioned properly, where it is badly formed, or where it has been destroyed. In our work with psychotics there is what Gisela Pankow called 'grafts of transference' (as with skin grafts on burn victims). When the graft holds it gradually constitutes the foundations of a phantasm, and 'schizophrenic dissociation' – the *Spaltung* – is a dissociation at the level of the phantasm, at the level of transference. This is why for a great many years I have proposed the term 'dissociated transference' to hallmark the psychotherapeutic undertaking. 'Dissociated transference' corresponds to 'schizophrenic dissociation' – small pieces of transference which permit, as Tosquelles said, 'multi-referential investments'. We all live with our investments. We do not necessarily see them, but they count. How can we have access to the Other if the Other is 'nowhere'? To be within the *Spaltung* is to be nowhere. This is why the first step, for me, consists of finding the means – and sometimes this requires many years – for the schizophrenic to be 'somewhere', even slightly so, even if it is at certain moments only. It is a question of reweaving a form of personal space that can be more or less comfortably inhabited. It is only at this moment that we can address the patient in his or her existential dimension, in his or her historial dimension. To create a space is a difficult task that necessitates a reconsideration of the whole apparatus – a task that is always collective, whether it is in a hospital, a 'district' hospital or at home. This illustrates what Gisela Pankow asserted when she said that the only access to psychoses is through space – it is only afterwards that we can 'recount stories'. It is not a question of geometrical or architectural space, but of something that puts an architectonic of relations into place, of different roles, different functions and different people. It's a question of being able to locate the site within which *something happens* and *what* happens.

So, as you indicated, we 'graft' an opening, a graft of transference at the level of originary narcissism – it is very delicate and complex work. When we work at this level of

21. Jurg Zütt, neuropsychiatrist from the Frankfurt school of Comprehensive Anthropology, received a formative education in theology and phenomenology as well as medicine. He saw the body not in terms of an isolated physiognomy, but as a phenomenon continually integrated and interlaced with its surroundings and its milieu. Zütt proposed two valuable technical terms: the 'supporting-body' (*tragen de Leib*) as that which is lived within sensation, as 'the hidden and ever-present frame of reality', and, the 'body-as-it-appears-to-be' (*erscheinende Leib*) as that which is presented within an 'atmosphere' of physiognomic habitualities. With these two levels, Zütt 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, so for Zütt the body is affective and 'comes to be not just within perception' but within 'sensation and feeling'. Hence the term 'aesthetico-physiognomic'. See Jurg Zütt, *Auf dem Weg zu einer anthropologischen Psychiatrie,* Springer, Berlin, 1963.

originary narcissism there is a 'base' energy, so to speak. I like to replace the word 'energy', which seems to me overtly thermodynamic and mechanicist, with the Greek word *energeia*. The Latins translated this word not as *energy* but as *actus*. *Energeia* is close to *poeisis*. 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 the speculative, the Imaginary. It is almost corporealized yet imaginarily so. The Ego Ideal is a point of clairvoyance, a vaporous point within the Symbolic in direct communication with originary narcissism. Pathological foreclosure is a defect of a fundamental function that I call *the foreclosive*. The foreclosive is what permits the surroundings to distinguish themselves. But we cannot reify these things because it is very dangerous to say 'Here is primary narcissism …'. Psychosis is a *defect* of primary narcissism. Many years ago a schizophrenic said to me that things were in flight from the void. This seemed remarkable 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 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. So when I say that psychosis is a defect within primary repression, this defect is announced by a forgetting of forgetting…

DR **Which brings Blanchot into the equation.**

JO Through Blanchot I place the forgetting of primary repression latently within originary narcissism. Blanchot's book *L'Attent l'oubli* can help us to ask 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, the material, so to speak, is the outside-of-waiting, where there is nothing. I had spoken for many years at Saint-Anne about primary narcissism. This outside-of-waiting corresponded to a veritable turnaround within Freud's thinking, who justifiably broke from his group in 1920. After this, we have *Beyond the Pleasure Principle* where he speaks of the death drive, as he does in 'The Economic Problem of Masochism' of 1925. Freud explains it very well, although too hastily. He allowed himself to be duped because he confounded the death drive with the destructive drive. The destructive drive is an amalgam between Eros and Thanatos resulting in destruction. The death drive, however, is the drive par excellence, of total silence, yet of the greatest concentrated energy. It is this that furnishes *energeia* through the drive, the force, of primary narcissism.

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Psychosis puts into question another level, even on the plane of logic and general linguistics: the level of ergology, of glosseology. This is the other level that Freud calls the ethnological level. Upon this ethnological level, there are laws, and it is these laws that are troubled by psychosis. These laws, however, 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. At the same time, there is the question of the relationship with the law, the relationship with the Other, to be-with the other…

DR This points to phenomenological anthropology. Binswanger wrote – and this was later taken up by Maldiney – 'Man ist Mitmensch'.

JO There was a remarkable Danish phenomenological psychiatrist, Rümke,[22] who presented an extremely clear exposition at the 1st 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 in both the German and Danish languages and it means a direct association, almost affective, almost intuitive. Lacan, in his article on the three temporalities, wrote about 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 immediately upon seeing a patient who enters, we do a diagnostic. This requires much experience. This diagnostic is the *praecox gefühl*. Rümke would often recount his experiences. In one instance, a patient enters and Rümke turns to his students and says, 'schizophrenic'. The students deny this: 'We have done a multitude of tests, he is not a schizophrenic!' After six months the man returns for consultation … a schizophrenic. A similar thing is found with the extraordinary German psychiatrist Kretschmer. It was Gisela Pankow who worked with Kretschmer – and keep in mind that Deleuze had read Pankow. Kretschmer said to his students that if you were not capable of performing a diagnostic upon the patient entering, from the patient walking from the door to the seat, you were not capable of being a psychiatrist! So what is in question, is not language, nor speech: it is of the same logic of language, but it is of *the body*. This is why I spoke earlier about writing… I am thinking of Klages, 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* … but the rhythm of which I speak is an internal rhythm, at the level of human presence, it is something you feel. You *feel* that Mr X is poorly delimited, you do not think it, but as I said, this takes much experience.

It immediately shows itself in the body in, for example, the way we stand. When we observe someone who is not schizophrenic, the personality – and we can use this image – assembles itself at 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, very Kleinian. He is of Ukrainian origin but lived a long time in Argentina. Afterwards, he went to England and was analysed by Bion. Salomon Resnik.[23] He would often visit Italy. He came to France and he worked in the groups here. He developed all the things of which we speak. He was someone very sensitive to the ways of being – there is a lot of intuition in such work. He once spoke of a schizophrenic whom he saw at his clinic in England. The patient entered, but it was as if he was not there, that he was elsewhere, that he was 'travelling', as Resnik often said. Anyway, 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, the *praecox*

22. Henri Cornelius Rumke (1893–1967) proposed the notion of intuitive perception/subjective sentiment of non-contact with the patient. This enables Oury to assert that the primary symptom of schizophrenia, the *Spaltung*, is felt. Similarly, Eugen Minkowski spoke of a 'penetrative diagnostic'/'interior resonance' and Hubertus Tellenbach spoke of the 'atmospheric diagnostic'.

23. Resnik trained with Winnicott, Klein and Bion in London. In his *Personne et Psychose: études sur le langage du corps* (Payot, Paris, 1973) he wrote of the 'particular presence of the schizophrenic' – what Oury calls the 'odour' of the schizophrenic.

gefühl. Recall Erwin Straus's short phrase: 'before man thinks he feels'.[24] I often say that the act of performing a diagnostic is but an aspect of a respectful undertaking towards the Other.

Thirty years ago there was a group of the Freudian school in which it was fashionable to say, 'we want no diagnostic, we are psychoanalysts!' One of the group even said to me, 'I saw a patient and after six months I knew he was mad.' I told him he was responsible for a homicide by stupidity. The diagnostic is not etiquette, it is an ethical undertaking. We do not speak to a three-year-old child in the same way as we speak to a grandmother. A schizophrenic, a maniac and a confused man are all very different. This is what is most misunderstood! To diagnose is a phenomenological undertaking and all the things of which we have spoken – considering the life of others, the constellation, and so on – relate to the diagnostic. At times, we learn a lot, but it is the patient who tells us these things. It is not I who comes up with them! Phenomenologists did not find their ideas in their heads! 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, Wyrsch. It is called *The Person of Schizophrenia* – a magnificent and extremely modest work. We need to be modest. We mustn't be cunning.

DR Perhaps you could say a word on the Imaginary and Symbolic in relation to concrete phenomenology, which seems to define your ethic?

JO The Imaginary is not the imagination. 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 schematizing these things, we almost render the Symbolic imaginary. However, the undertaking of which we speak 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 into parenthesis. For over fifty years I have been saying that to arrive at this base formula, which is a phenomenological formula, the questions we ask are, 'What am I doing here?' and 'What are you doing here?' It works because – as Maldiney says – we are within the same landscape as the patient. Maldiney explores Straus's notion of landscape. 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. This notion of the landscape in relation to putting things into parenthesis, the bracketing off, corresponds to a phrase of Tosquelles: 'if there had not been the nineteenth-century discovery of asepsis, the possibility of surgery or medicine would not have existed.' Even in psychiatry, there needs to be asepsis. Unfortunately, people do not know where they find themselves. They want to apply intricate techniques like psychoanalysis without clearing the ground – the psychical ground, the existential ground – without this phenomenological reduction. If we do not clear the ground, we create a supplementary pathology, which I call 'patho-plasty'.

This is not to say that we are friends with the patient. I find a phrase of Lacan's 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… But when we say this, the technocrats interpret it as justifying a visible distinction, with measures of accreditation and valuation. In psychiatric hospitals they stress that nurses should wear overalls with a badge and a name clearly marked. They say this is done

24. Erwin Straus (1891–1975) was a neurophenomenologist in the same anthropological tradition as Zütt, Weizsäcker, Medard Boss and Schotte. In Schotte's words, Straus spoke of the necessity to think the clinic in terms of a 'primordial anthropology' of shared human experience. He did this by proposing the technical term of the 'landscape', which is grounded in Weizsäcker's notions of 'pathic experience' and 'therapeutic commerce'. Like Weizsäcker, Straus is a strong presence in the work of Oury, as well as Maldiney and Schotte in particular. See Erwin Straus, *Du Sens des Sens: contribution à l'étude des fondements de la psychologie*, Editions Jérôme Millon, Grenoble, 2000.

so as not to disorientate the patient. The first thing we did here at La Borde was to dress the patients in their own clothes, so there would be the possibility of relationships at the same time as they personalize themselves. When there is no possibility of personalization it is terrible: with the uniform, or the pyjamas they provide, you cannot be heterogeneous. When the nurses wear overalls, we find ourselves one hundred years behind. This is a very serious problem. If we do not do something about it, all our efforts will be in vain, useless.

We must find the means through which people can express themselves. This is what we call, here at La Borde, the 'liberty of circulation'. The liberty of circulation produces the possibility of the encounter, of real encounters – what Maldiney calls 'possibilization', the 'possibilization of the encounter'. 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 the point where things are no longer the same as before. Thirty years ago, a dreadful, reactionary periodical called *Minute* published an article declaring: 'Oury and Gentis organize encounters'. The journalist clearly understood nothing. So I said, 'Yes, it is true, we organize encounters, we programme chance!'

The saying and the said

DR Could you end with some final words on Lacan's views about language to complement the ground we have covered?

JO We can distinguish between the saying (*dire*) and the said (*dit*). This is discerned by Lacan, but most notably by Emmanuel Levinas, who distinguishes it well – even though he did not appear to understand anything about the unconscious. The saying 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 'the unconscious is structured like a language' he did not mean it 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 saying, and on the side of the spoken tongue (*la langue*) I put the said. The saying permits the said. With schizophrenia, there is a de-structuring of the 'fabric of the saying'. When primary repression does not function properly, repression itself does not function. So when there is de-structuring at the level of the saying, it would seem that there is no task at the level of the said. Our work is not to give lessons in speech production, but to work with encounters, chance, transference, desire, at the level of the saying. Levinas showed that unconscious desire was on the side of the saying. 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', that we work with the space of the saying, because we know that the fundamental problem of schizophrenia is the problem of space. The 'space of the saying' is where there is possibility for schizophrenics who are incapacitated, who are nowhere… This is where there is desire. Expanding slightly upon what I said earlier, we can say that a psychotic process is at the level of the said. It is the 'Making of the Pre' (to paraphrase Ponge) that hasn't functioned properly with the schizophrenic: the emergence of discourse to speech enabling the said to exist does not function effectively.

Is it possible, therefore, collectively, to make a space of the saying for each and every schizophrenic? This requires a complete revision of the 'apparatus' to ascertain what exactly prevents access to the 'site'. I have often thought that our task is one of constructing and producing 'secured areas' of transitional space. Within a collective mode, it was what I called – borrowing a theatrical term – 'practicables'. In admitting someone, we seek to

construct a practicable, but of course we must not reify this because it is not a question of constructing a scene with planks upon which the schizophrenic can stand! Rather, the 'practicable function' consists of delimiting a site where something can happen, a scene that is permanently constructed and reconstructed – this is the most precarious scene possible. For several years, I have said that it is a question of constructing, through an enormous collective effort, 'spaces of the saying'.

[*Oury presents a photograph*] During the war, this man had been an engineer working with solar energy, a very intelligent man, completely mad. He could not 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 kept a distance. If I approached him too closely he would walk away; we had to maintain a distance. This man travelled a great deal by bicycle, he couldn't be anywhere. He couldn't enter the chateau of the clinic. We 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 begun 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 saying, he sat in the chair, he unfolded the paper, there was a desire here, but it didn't last. To work for a year to see five minutes like this is worth every effort.

Similarly, I spoke to a child psychiatrist a long time ago who had been working with a girl who was almost post-acephaletic, 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 does not care. A smile is spontaneous. 'How much does a smile cost?' 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 past 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. We work at the level of the poetic, a level infinitely more complex than the logic of computers and the neurosciences. The quantity of information communicated through poetic language is much larger than that communicated by scientific language. You need to have complexity to have the simple. Here at La Borde we work at the level of gesture. 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. 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 him. 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 La Borde, they need to be here for a while, to spend some time here in order to have the anaphoric. It is the anaphoric that permits. This counts enormously, and it is the fabric of speech, of the saying.

The body is not a thing, it is not an isolated physiognomy, it is within the Symbolic, within language (*langage*), within these areas, and it is in our interests to work and develop this.

Interviewed by David Reggio and Mauricio Novello
La Borde, September 2004

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