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Ergotherapy, Vagabondage, and Instituent Care

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François Tosquelles was born in Reus, south of Barcelona, in 1912. Through his godfather, he was already in contact with the local psychiatric institute, the Institut Pere Mata, and its highly reform-oriented psychiatrist Emilio Mira y López at the age of ten. Tosquelles had been involved in the revolutionary decentralized expansion of psychiatric care in Catalonia since the late 1920s. People in need of support were cared for by outpatient clinics, close to their friends, families, and neighbors, for example, and were only admitted to more distant psychiatric clinics if necessary. This *comarcal* psychiatry was primarily interested in caring for workers whose mental illnesses arose in the context of bourgeois capitalist conditions. At the time, Catalonia had a strong anarcho-syndicalist and cooperative organization, which also affected the *comarcal* psychiatric practices.[1]

During the left-wing Second Republic of 1931–36, Catalonia managed to offer a place of refuge for many leftists and Jews persecuted by fascists and National Socialists; some of those who fled were psychiatrists and psychoanalysts from Vienna, Berlin, Budapest, and Prague. Ironically alluding to Freud's Vienna, Tosquelles refers to Barcelona at this time as *petite vienne*, or "little

Vienna." In the midst of these migrants fleeing anti-Semitism and fascism, Tosquelles developed decisive aspects of his undogmatic thinking and his psychiatric practice, which he calls *déconnage*, *déconniatrie*. Unlike with Lacan, it is not language that is primary here, but the rhythm, the sequence, the comma, the muscular tone of the body, the situatedness. It is not the true meaning, the certain truth that is of interest, but the asignificant, that which does not (immediately) make sense, that which interrupts and disturbs the order of sense.[2]

The Catalan psychiatrists tried to maintain decentralized care during the Spanish Civil War of 1936-39, and Tosquelles was commissioned by his mentor Mira to maintain the *cormarcal* structure at the front. He became head of the clinic in Almodóvar del Campo at the age of just twenty-six. It was during the Civil War, Tosquelles repeatedly emphasizes, that it became particularly clear that (male) bourgeois psychiatrists were afraid of madness. When the bourgeois order was shaken, they were frightened by the fact that the superior position of the doctor could no longer be maintained and madness could no longer be objectified at a distance. According to Tosquelles, decentralized care can therefore be provided much better with peasants, pastors, nuns and sex workers: laypeople and amateurs are better able to improvise and experiment. Tosquelles looks for these "normal people" with whom he can work in psychiatric services, because they know how to live social relations, they know how living together works. It would take far too long to teach this to a self-centered bourgeois individualist. Tosquelles himself had been politically involved in anarchist-communist groups since a young age, at last in the small Catalan revolutionary party POUM.[3]

The civil war was lost, Franco announced victory in July 1939, many fled, Tosquelles only on September, 1, the day when the

Second World War began. While fleeing across the Pyrenees, according to his own story, he had two books with him that influenced him greatly alongside Freud and Marx: one was Jacques Lacan's dissertation *De la psychose paranoïaque dans ses rapports avec la personnalité* (1932),[4] the other, entitled *Aktivere Krankenbehandlung in der Irrenanstalt* from 1929, was by the German psychiatrist and director of psychiatry in Gütersloh in North Rhine-Westphalia, Hermann Simon.[5]

After arriving in France, Tosquelles soon ended up in one of the refugee camps that the French had set up in the south in order to make it clear to the many Spanish Republicans through the miserable conditions that prevailed there that, contrary to what they had hoped, France was only to be a transit station, a passage, on their flight. Tosquelles stayed in the Septfonds camp for three months and during this short time, he and his friend Jaime Sauret, who had fled with him, were able to set up an improvised psychiatric service with lay people.[6] The psychiatric barrack should be located at the edge of the camp and have two doors, according to his conditions to the camp commander. One door should lead from the camp into the barrack and the other out of the barrack into freedom. Because, according to Tosquelles, "it is easier to escape from a concentration camp by passing through a psychiatric service than to do so directly."[7] He sees psychiatry as a "school of freedom," not in an individualistic, but in a socio-political, revolutionary sense, as a passage.

Word spread in the region to the head of the psychiatric hospital in Saint-Alban, in the Lozère department, that a special psychiatrist was staying in the camp in Septfonds, and soon the prefect in charge gave Tosquelles permission to work in Saint-Alban. At first, not according to his experience as a doctor in

Catalonia, but only as a nurse. It was January 1940 and in June Nazi Germany occupied France.

Arriving at a young age after escaping from various flight and war scenarios, Tosquelles already had profound experiences in experimental and improvisational psychiatry as well as extensive knowledge of various international psychiatric approaches, especially from his time in Reus and in Barcelona of the *petite vienne* – experience and knowledge that were exceptional for psychiatrists in France. As Tosquelles emphasizes in *Le vécu de la fin du monde dans la folie*, his dissertation defended in 1948, many of his experiences occurred in the midst of the "general social upheavals" in Europe between 1936-1945, when everyday life was catastrophically marked by uncertainty, anxiety and the deep disruption of social relations.[8] In psychopathology, "catastrophic experiences of the end of the world" are often those recounted by people suffering from schizophrenia. Like Deleuze and Guattari, Tosquelles also interweaves the experiences of schizophrenia with concrete social analyses and possibilities for non-catastrophic, emancipatory transformations of living together. His own experiences also served therapeutic work on catastrophic experiences, such as the *vraies phantasmagories*,[9] the true delusions of the senses, which he himself was undergoing upon arrival in Saint-Alban's at the beginning of 1940. He speaks of *renaissance*, of rebirth, which points beyond the experience of catastrophe, "in which one could become another without *ceasing to* be oneself," *devenir autre, sans cesser d'être sois-même*.[10] Such transformations of *devenir autre* never occur beyond social relations, without relations with other people. It is a becoming that implies mobility and wandering, "the ability to exile oneself"[11] and the "overcoming of more or less closed or supposedly closed situations."[12]

Tosquelles had experienced demise several times and had passed through it in the direction of a "rebirth." He described this presumed imminent death as *depressions* that did not cause him to despair, but rather enabled fundamental optimism in his therapeutic work as well as affirmation of *déconnage*.

However, Tosquelles was not only confronted with his own catastrophic experiences in Saint-Alban in 1940. Due to the occupation of France by the Nazis, many were fleeing to the south of France, to the *Zone libre*. Paul Balvet, the director of Saint-Alban, located in the southern zone, opened the asylum to take in refugees, which, according to Tosquelles, was "more than charitable" – because this activity had "a great impact on the hospital." The experiences of many refugees penetrated the asylum: "a swarming life, an atmosphere of catastrophe and the omnipresence of suffering that made the most authentic madness seem almost ridiculous in the face of the general panic."[13] This omnipresence of catastrophic experiences, this panic, of persecution and death, which now surrounded everyone in Saint-Alban and was linked to the actions of the *Résistance*, could not be pushed away and excluded; one could only turn towards the catastrophic experiences.

The reception of refugees and the hiding of persecuted people showed the unwillingness of many actors in Saint-Alban to regard the psychiatric asylum as a closed institution of diagnosed individualistic madness that could be locked away from a supposed normality outside. Instead, therapeutic practices were developed that could be used to learn how to overcome closed and hopeless situations through respectful and trusting social relations. To achieve this, the institution itself must be understood and maintained as an open place. "Whether a place is open or closed

depends not only on the walls. It is open to (the environment), to real life,"[14] Tosquelles writes.

In 1940, Saint-Alban was an institution with 600 patients that was no longer in lockdown, but was already undergoing a process of reform.[15] Joana Masó reminds us that some women had driven this process forward. Germaine Balvet, like her husband, the director of the asylum, worked as a psychiatrist at Saint-Alban, albeit informally.[16] She played an important role there, having already dealt with the social relations between patients and carers in her dissertation in the 1930s.[17] The institutional and therapeutic changes at Saint-Alban in the 1930s were mainly due to Agnès Masson, who ran the asylum before Paul Balvet and initiated the reform process with her "socialist and feminist commitment."[18] Already under Masson's leadership (1933-36), escape, migration experience, and an anti-fascist stance were combined with modernized psychiatry. Masson had to flee Italy as an opponent of fascism, was naturalized in France in 1927, and became the first woman to head a French psychiatric clinic in 1933.[19] She had running water, electricity, and central heating installed, new pavilions and a laundry built, abolished the *cabanon des fous*[20] and straitjackets, and organized a library and a cinema with the patients.[21]

Soon after Tosquelles's arrival, in 1942, Lucien Bonnafé became director of Saint-Alban: a left-wing anti-fascist took over the management of the institution. Having been a surrealist since the 1930s, he opened Saint-Alban to intellectuals and artists, as a place of residence and refuge for Jews and resistance fighters from the *Résistance*.[22] Saint-Alban became a manifold asylum and ceased to be a simple hospital. A mutual exchange took place between guests, refugees, and patients; there was no longer a clear distinction between 'inside' and 'outside' (which should not be

misunderstood as a dissolution of the asylum and a tearing down of the walls).

Making oddkin

There is a passage in which Tosquelles talks about his nurse and his early childhood, in which the lightness of the narrative reflects some aspects of how he thinks about care, exchange, and the meaning of vagabonding – and what 'queer' can mean in the context of Tosquelles.

> "I made a number of attempts at standing and walking, more at my nurse's than at my home. She was a peasant who lived less than a kilometer outside the city walls of Reus and sold the fruit and vegetables from her garden at the market in Reus. I was not breastfed by my mother. Never mind: things are what they are. My nurse, whose son had just died and who therefore took me in like a real mother, had cats and dogs – and even a donkey or a horse. You know that these are animals that walk on all fours and therefore couldn't serve as role models for me for long. It was much more important to me to stand on two feet."[23]

The surroundings in which Tosquelles learns to stand and walk on his two feet are not those of his 'biological' family. The bourgeois family constructions are shattered right from the start with the nourishment provided by the peasant wet nurse. The mother is not the primary caregiver, the wet nurse becomes another mother. Tosquelles therefore has several mothers. At the same time, class differences are interwoven anew through the multiple care, not only in the provision of food and attention, but also through the wet nurse's grieving care for her son. Only because she has lost him

(perhaps the higher infant mortality rate among the poorer rural population plays a role) is she able to care for another (middle-class) child and make kin with him in a special way. The second mother lives beyond the city limits, which have to be passed for provisioning purposes when the child goes to the nurse in the village and when the peasant woman sells her vegetables at the urban market. Various relations of supply and exchange are embedded in the surroundings, linked to the exchange of food at the market and at the breast, which is economic, physical, and psychological at the same time.

A further deconstruction of the Oedipal family occurs through the comprehensive solidarity of siblings. Tosquelles: "I had no siblings, I invented them, and that is why [...] I can consider you as if you were my [siblings]. The whole world can be my brother."[24] Blood relations do not matter. Just as there is not just *one* mother, there is also not just *one* father: "I had at least two or three fathers right from the start. My mother not only introduced me to the other Tosquelles. She also introduced me to my godfather, who was her brother."[25]

At a meeting of psychiatrists in Paris, Tosquelles once spoke of "poly-fathers" and commented on this situation: "There were colleagues, worse than dutiful Catholics, who said: 'There is only one father!' I replied: 'Several fathers! That's why I can *pass* from one to the other with ease.'"[26] And further: "I believe, without idealizing my relationship with my father too much or denying the violence of Oedipus, that I was always my father's friend. My father was always my friend..."[27]

Tosquelles replaces the Oedipal family not only with an extensive making kin, but also the father-son relation with friendship.[28] The father figure is no longer an authority – neither familial nor

social; the father becomes a de-hierarchized accomplice. Multiplied and on equal footing, patriarchy cannot be recreated in this way. Tosquelles deconstructs Freud and Lacan at the same time – patricide becomes superfluous, the symbolic father collapses. The principle of the one is rejected, and with it any uniform, homogeneous normative identity formation.

This queer setting is highly political. The focus on multiplicity not only breaks down heteronormative familial gender ambiguities; at the same time, Tosquelles explodes the liberal bourgeois division between private and public, along with its gender-specific classifications. With multiplicity, passing, cross-border migration, and vagabonding can become central.

The subjectivation that Tosquelles designs in these fabulations moves in relatedness with friends in an understanding of fundamental solidarity, *passes* between different orders, deconstructs, splinters the *one* belonging to a community, makes domesticity impossible, and remains mobile in the extended potentially befriended cooperative and transversal surroundings. This fundamental deconstruction of the heteronormative family into an extended sibling kinship – Donna Haraway has spoken of *oddkin*[29] – is the basis of Tosquelles's political and therapeutic practice.

And even beyond these surroundings of multiple fathers, multiple mothers, multiple relatives, one learns to walk not by identifying with adults, nor with other children, but with chickens. In *L'enseignement de la folie*, Tosquelles remembers the poultry in his nurse's yard:

> "The first animal that really helped me to stand upright and walk was a chicken – or rather chickens. I ran after them as

> fast as I could … They stood on their two paws and pecked as *vagabonds* wherever there was grain and occasionally lots of small stones. When the chickens flapped their wings, it was never to fly far or high. I think this is an indication of my moderate ambition.
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> Incidentally, when I first frolicked around, *I wasn't interested in the difference between hens and cocks: both were 'hens.'* Perhaps it is also the tiny volume of barley and wheat grains to which I owe my enduring interest in the *small*[*est*], *everyday things, the small nothings* [the *petits riens*] that are essential to everyone's life and survival."[30]

Before order

The poor and dispossessed roam the land; in German they are called *'Landstreicher.'* The verb *streichen* (to roam) is used as early as the 16th century to mean "lazily roaming around without work."[31] Often without a fixed residence, the roamers/wanderers are considered unsteady, also in the sense of 'unstable.' and at the same time they are attributed an undisciplined "wild independence and freedom."[32] They roam through the surroundings of the sedentary and their bourgeois capitalist order. They find themselves in an unruly freedom *before* order.

Also in the 16th century, especially in Germany, those described as 'mad' are chased out of the cities.[33] In the 17th century, the mad begin to be "interned," together with the poor and unruly *before* order: the mad are mixed with a population, according to Foucault in *Madness and Civilization*, "with whom their kinship was recognized," a kinship of vagabonding.[34] The kindred vagabonds – the poor and the mad – are criminalized, persecuted and

imprisoned. At the beginning of industrial capitalism, they are all considered to be work-shy and unproductive. "[M]adness was perceived through a condemnation of idleness,"[35] according to Foucault, and they are accused of "social uselessness."[36] In France, all idlers were sent to workhouses – the compulsion to work prevailed. In England and Germany in the 18th century, the repression of vagabonds is also legitimized with making them "useful": exclusion becomes exploitative inclusion. Labor is now also to be made productive in the internment houses – often built "in the most industrialized parts of the country."[37] In addition, confinement is intended to protect against "agitation"[38] in times of unemployment.

"The necessity, discovered in the eighteenth century, to provide a special regime for the insane"[39] is discovered, and special care has to be taken of them. This doesn't work with the internment houses for all vagabonds. At the beginning of the 19th century, they finally disappear because they are regarded as "prisons of poverty."[40] Many of these houses are later used as psychiatric hospitals.[41] The social question has to be answered differently.[42]

Foucault quotes a Frederick Morton Eden, who complains at the end of the 18th century that vagabonds "live like savages, without being married, nor buried, nor baptized; and it is this licentious liberty which causes so many to rejoice in vagabondage."[43] – Obviously, vagabonding is also associated with non-bourgeois gendering and sexuality, with the untamed, undisciplined, with what is 'wild' in this sense, weird, strange and queer, with non-identitarian forms of life. It is a practice *before* order. Essentially, vagabonding has to do with the refusal of work and thus with dispossession. Vagabonds are the opposite of 'decent,' 'normal' people and their sedentary order of possession.

When Tosquelles inscribes the "right to vagabonding" in his therapeutic practice, he starts from vagabonding without wanting to tame it. On the contrary, he consciously works with the vagabond power of invention *before* order. This is why I speak of *vagabonding psychiatry*, as a psychiatry that takes equal account of the vagabonding of the poor and the mad and situates them ontologically, temporally, and spatially before order.[44]

Hermann Simon

I would like to continue with the idea that vagabond wandering was criminalized, tamed, and calmed by the compulsion to work, the discourse of usefulness and productivity. Let us remember: when Tosquelles flees across the Pyrenees in 1939, he is carrying not only Lacan's dissertation, but also Hermann Simon's *Aktivere Krankenbehandlung in der Irrenanstalt*. The book had been published ten years earlier, in 1929, and describes the systematic use of ergotherapy in psychiatry.

The German psychiatrist Simon, born in 1867, knows that "occupational treatment"[45] has been practiced "for centuries."[46] He criticizes the fact that work as therapy had been pushed into the background by the permanent bed treatment and permanent baths dominant since the end of the 19th century; discharges were made tremendously more difficult and lifelong stays in institutions became the rule.[47] What is special about Simon's criticism of this institutional care focused on bed and bath is that he holds the so-called "institutional milieu" partly responsible for hospitalization and the development of chronic diseases. The "prolonged confinement to bed" leads to "mental isolation," he writes, to "loss of mental activity, to stupor, to mental desolation."[48] He speaks of the "symptoms of illness" of

“institutional activity” and of the need to find a therapy for the institution itself: “milieu therapy” he calls it.[49] Simon sees therapy as “environmental design” because the immediate environment has an impact on the sick, which is why “friendly and cheerful” spatial surroundings are needed. However, the “lively environments” provided by doctors and nursing staff also influences the moods and clinical picture of patients. As an alternative to clinical psychiatry, Simon develops “more active patient treatment” over decades, both through the therapeutic design of the institutional milieu, that is, the institution as surroundings, and through systematic ergotherapy.

Both by chance and out of necessity, Simon is able to begin working with his approach in 1905 when he takes over the Westphalian asylum in Warstein, which was built according to his wishes but is not yet finished when he takes over as director. Due to a lack of manpower, Simon uses patients in a more improvised than targeted manner to complete the construction of the asylum (mainly for earthworks and the gardens). After a short time, it becomes clear that the increased use of labor significantly improves the atmosphere in the institution. The atmosphere becomes “much calmer and more orderly,”[50] the patients are less violent. Previously absent patients become more active and attentive. When Simon leaves the Warstein asylum shortly before the First World War, ninety percent of the patients are regularly occupied.[51] Over the course of two decades, Simon develops a systematic therapeutic concept from the improvised work assignments. However, it is not until the 1920s that he begins to integrate his findings into philosophical, educational, and biological explanations.[52]

Simon takes part in the First World War and keeps a war diary, from which his conservative attitude is already clear. He regrets, for

example, that “only the best fell and the inferior remained.”[53] After the end of the war, Simon takes over the newly built Gütersloh provincial sanatorium in 1919 and is now able for the first time to put his therapeutic concept “into practice under laboratory-like conditions.”[54] He is able to regulate the number of patients and select the staff in a targeted manner so that his “more active treatment of patients” is even institutionally possible. The entire institution must be systematically integrated into the new milieu and adapted to ergo-therapy.

Everything is set up in accordance with Simon as director; he has no interest in dismantling hierarchies, but above all wants to create “peace and order” by activating the patients for therapeutic purposes. Each person is individually classified according to their upper limit of performance, their efficiency in a five-stage scheme of individual activities.[55] Through the “full utilization of strengths,”[56] the performance of each individual is gradually increased.

With his “more active treatment of patients,” Simon fundamentally changes the role of doctors and nurses and, above all, psychiatric therapy, because he aligns the entire institution and medical thinking not with illness, but with the remaining capacity of the so-called “healthy” person. Patients are generally expected to have the same duties and responsibilities as healthy people. Patients should be “socially healed” and reintegrated “orderly” into the “social community”[57] through (re-)learning “useful self-management.”[58]

In 1924, Simon’s approach becomes known through a lecture at the annual conference of the German Psychiatric Association in Innsbruck; as a result, many colleagues travel to Gütersloh; by 1927, the Gütersloh institution is internationally famous and

Simon's model is positively received as an epochal psychiatric approach.[59]

From the mid-1920s, in the welfare state of the Weimar Republic, Simon's practice, which is increasingly geared towards discharge, becomes part of a differentiated psychiatric care model with "open care," or outpatient care centers, and family care: the goal – at least for male patients – is reintegration into the labor market.[60] Through ergotherapy, pathologized patients thus become productive in three ways: as a workforce in the institution; as they relieve the burden on the institution and the healthcare system by being discharged more quickly; and as cheap workers, some of whom are trained in manual skills, join and enlarge the labor market.

Simon's model is successful and, at the urging of colleagues, he publishes his book *Aktivere Krankenbehandlung in der Irrenanstalt* in 1929.[61] The first part, "On Ergo-Therapy," is a reprint from 1927. The second part goes far beyond the description of ergotherapy;[62] it is twice as long as the first and places the model in biological contexts. Simon now sees psychiatry as "applied biology and applied logic"[63] and links psychiatric action with the "general development of human culture and civilization."[64] He clearly states: "The root of all evil [...] lies in idleness. Idleness is not only the beginning of all vices – [i.e. all 'antisocial characteristics'] – but also of stupidity. Life is activity!"[65] Simon links work, health, and life; the meaning of life is activity – idleness and inability to work are antisocial, and therefore not really life. Those who are not suitable for ergotherapy are marked as "the pathological, the feeble,"[66] the inferior of society. Simon emphasizes the "struggle for existence," the reproduction of the "(biologically) strongest." He writes: "The environment reacts [...] with merciless logic to every weakness [...], every

inappropriateness with the destruction of life."[67] The doctor fights against the "pathological," the "antisocial" and serves to safeguard healthy human existence. Violence against the sick and the refusal of any kind of help are thus given a supposedly positive biologistic and social Darwinist justification.[68] In the second half of the 1920s, Simon's attitude becomes increasingly "völkisch" and nationalistic; according to Bernd Walter, his thinking is "part and reflex"[69] of an ever more dominant biologistic and racial-hygienic view of the world, which is very widespread, not least among German psychiatrists. In times of global economic crisis and intensified austerity policies, Simon initially calls for the reduction of welfare state benefits for those defamed as "pathological." In 1929, in order to counter "the great danger" for the 'people', the 'Volk,' he considers "sterilization on the widest possible scale" to be appropriate, albeit on a voluntary basis.[70] Previously integrated into the diverse care infrastructures of the Weimar welfare state, he is now very critical of welfare state services and emphasizes the need to promote self-responsible biological efficiency rather than care.[71] Simon's thinking shows that biologistic, social Darwinist thinking could easily be combined with fundamental reform approaches and, in the crisis years at the end of the 1920s, tipped over into racial-hygienic thinking. At the beginning of the 1930s, Simon moves closer to eugenic ideas. His slogan is now: "People/'Volk', get tough!"[72] He equates the care of the weak with the "downfall of culture," the survivability of the 'Volk' is considered to be more important than the needs of the individual. It is also documented that Simon is extremely enthusiastic about Hitler and welcomes the "Nazi 'seizure of power' as a 'counter-revolution' against Marxism and the Weimar 'party state.'"[73] He retires in 1934.[74]

Tosquelles's reference to Simon

In his book *Le travail thérapeutique en psychiatrie* from 1967, Tosquelles comments extensively on Simon's more active treatment of patients. He is inspired above all by the fact that Simon extends the more active therapy to the entire *ensemble* of the hospital and all attitudes of the medical and nursing staff; that he includes the activities of the entire institution, takes into account the "own activity"[75] of the patients and does not regard them as irresponsible, as is usually the case. For Simon, responsibility is the non-moral exchange with the environment. Tosquelles clearly sees Simon as a pioneer of "institutional psychotherapy."[76]

What Tosquelles firmly rejects is seeing responsibility as a "biological requirement."[77] His entire reference to Simon is based on the distillation of "biological thinking" from the practice of ergotherapy and the understanding of environment, surroundings, *entourage*. For, as Tosquelles makes very clear, when activity and work are seen as biological, this "is known to lead directly or indirectly to murder, and this was the case with the sick in Germany. [...] [T]hese sick people were simply 'biological' beings, or animals. They were subject to the 'biological' law of the *milieu*. History is too recent for us to forget it."[78]

What inspires Tosquelles is that Simon sees that the institution can make people ill, that the symptoms of the sick can come from the *entourage hopitalier*, the surroundings of the hospital, that is, from the "institutional illness."[79] Consequently, according to Tosquelles, in order to care for the sick, one must first analyze and care for the institution and the neighborhood, *le quartier*. One must "include the interpersonal *milieu* that surrounds [*entoure*] them [the sick] and on which they depend."[80] The *entourage*, the

surroundings and the neighborhoods thus consist of social and ecological relations, of exchanges and affections; they form the milieu, which is not simply around someone, which does not simply encircle someone; it is also not simply mutually relational. The illness arises in the milieu, that is, it is situated, it has a place, *un lieu*, and it arises *in the midst* of this place. It is permeated by human and non-human conditions. The surroundings are productive, constitutive: they can make you ill and they can support, heal, care, empower.

For Tosquelles, ergotherapy is therefore also "not about 'making the sick work' in order to reduce this or that symptom. It is about making the sick and the nursing staff work in order to *care for the institution*: so that the institution and the nursing staff experience first-hand that the sick are human beings who are always responsible for what they do."[81]

The institution must not be a place where activities are carried out in dull repetition; not a place that binds, is strictly regulated, bureaucratic, rigid in order. Nor is the institution an object or a structure that is cared for; care does not simply encircle the institution. In Tosquelles's understanding of "caring for the institution" (*soigner l'institution*), the institution consists of movements, is dynamic. That is why *soigner l'institution* does not exactly capture what is at stake here: it is the *ensemble* of care relations that each individually and collectively *institute*, that give rise to, that create what is called 'institution.' It is the care that institutes, that produces. That is why I speak of *instituent care*, of a care that is inventive, that institutes incessantly and always differently, in repetitions and events, in dis/continuous renaissance.

The starting point of instituent care is the unstoppable circulation of affections, the exchange with and movement through social and

ecological surroundings. The circulation of affections is unruly movement, it is like vagabonding *before* order. It is not beyond the milieu but refers to its dynamics.

The special feature of therapeutic instituent care practice is that it takes care of vagabonding and affections without wanting to immobilize them or align and straighten them, to put them in order. In vagabonding before order and affections in circulation, unruliness is preserved, promoted and processed: Therapeutic instituent care is a geographically diffusing practice, it is itself a vagabonding psychiatry that develops differently in different phases, being called "*comarcal* psychiatry" in revolutionary Catalonia, "Geo-psychiatry" in Saint-Alban, and later "sector psychiatry" in France. [82] Before "any individual cure starts," "the surroundings" are treated,[83] writes Guattari in 1976 about the practice at Saint-Alban. The goal is not calm, order, and hierarchy – and this is also a serious difference to Simon – but social exchange and the circulation of affections, which are organized by self-government and cooperatives, such as the patient-managed Balvet Club, around which many cultural activities took place in Saint-Alban. Tosquelles describes in *Une politique de la folie*:

> "Men are the type who move from one place to another. They can't stay in the same place all the time. In other words, men are always pilgrims, types who go somewhere else. The most important thing is the journey.
>
> The club was a place where people who came from the different quarters of the hospital could meet and build relations with the unknown, the unusual and sometimes surprising. From that moment on, their talk and actions no longer remained fixated on life within the quarters [...].

> That is why it is necessary – as they say in La Borde – that there is a freedom to walk around, that you can go from one place to another. Without this vagabonding, this '*right to vagabondage*' [...] one cannot speak of human rights. The first human right is the right to vagabond.
>
> The club was a place where vagabonds could meet, the place of a practice and a theorization of vagabonding, of breaking out [...]. You first have to separate yourself from somewhere in order to go somewhere else, to distinguish yourself, to encounter others, the elements or things.[84]

While Simon became increasingly anti-democratic in the 1920s, the diffusing Saint-Alban was all about therapeutic practices for democratic co-determination and participation. In *déconniatrie,* patients must be able to influence the conditions of their stay and care. Every patient must be able to have a "clear idea of their work as part of the *ensemble* of work, which in itself represents the 'most active' in this genuine 'institutional therapy,'"[85] writes Tosquelles. The material and social means for institutional psychotherapy must be constantly created. Ergotherapy is then never simply *ergon*, work, occupation, but the "*recovery and transformation of something into something useful*."[86] When Tosquelles takes the usefulness component from Simon, he subverts it in favor of vagabonding psychiatry: the practice of repairing, recycling waste, and waste materials. The young ones in particular do this, he writes: "They buy junk at the flea market and build bicycles! The first bike took almost a year to ride, the next ones were a bit quicker. We don't wait for the administration to buy all the tools, we make them ourselves."[87]

Cooperative instituent care does not want to create a place of freedom or liberate madness. When Tosquelles speaks of a "school

of freedom," the focus is not on becoming educated for a life in freedom, a life "outside," not on integration into a labor market, not on functioning in the capitalist order. Life is not the ability to work, not hierarchized by affiliation. It is multiplicity, many fathers, many mothers, *making oddkin*, cooperative friendships. Cooperative, instituent care enables processes in which freedom is reformulated, reinvented as vagabonding freedom.[88]

A psychiatric asylum that does not regard madness as an illness that can be isolated from social conditions, must enable a passage, create "the conditions for other paths."[89] Vagabonding is primary, *before* order, *before* the normal, non-identitarian forms of life, and in this sense queer. The inventive power of vagabonding feeds the instituent care that expands and multiplies it in indiscipline.

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[1] See Josep M. Comelles, "Forgotten paths: culture and ethnicity in Catalan mental health policies (1900-1939)," *History of Psychiatry*, 21(4), 2010, pp. 406-423.

[2] François Tosquelles, "Une politique de la folie. Entretien" [1987], *Chimères. Revue des schizoanalyses* 13, 1991, pp. 66-81.

[3] The POUM in particular was a thorn in Stalin's side because it was clearly opposed to the Spanish Communist Party, which was loyal to Moscow. See ibid; also the chapter on Tosquelles in Camille Robcis, *Disalienation. Politics, Philosophy, and Radical Psychiatry in Postwar France*, Chicago: University of Chicago Press,

2021; and Joana Masó (ed.), *Tosquelles. Soigner les institutions*, Paris: L'Arachnéen, 2021.

[4] Jacques Lacan, *De la psychose paranoïaque dans ses rapports avec la personnalité* [1932], Paris: Seuil, 1975.

[5] Hermann Simon, *Aktivere Krankenbehandlung in der Irrenanstalt*, Berlin: De Gruyter, 1929.

[6] Jacques Tosquellas, „La guerre d'Espagne vue par une personne dite de la deuxième generation," in: *Exils et migrations ibériques aux XXee et XXIee siècles* 9-10 (1), 2018, pp. 259-276.

[7] Giovanna Gallio, Maurizio Costantino, "The School of Freedom", Interview with François Tosquelles, in: *Per la Salute Mentale / For Mental Health. Pratiche, ricerche, culture dell'innovatione / Practices, Research, Cultures in the Process of Innovation* 4, 1987, pp. 181-209, here p. 186.

[8] François Tosquelles, *Le vécu de la fin du monde dans la folie. Le témoignage de Gérard de Nerval*, first published by Éditions de l'Arefppi, 1986; new edition Grenoble: Jérôme Millon 2012, p. 14.

[9] Ibid., p. 14.

[10] Ibid.

[11] Ibid., p. 211.

[12] Ibid., p. 210.

[13] François Tosquelles, "La Résistance: Saint-Alban ». Interview with Lucien Bonnafé and Georges Daumézon, *Recherches* 17, 1975, pp. 80-95, here p. 83.

[14] Ibid., p. 86.

[15] Cf. Gallio/Costantino, “The School of Freedom”, p. 191, also Tosquelles, “Une politique de la folie”. For the number of patients on his arrival, see Tosquelles, “La Résistance: Saint-Alban”, p. 83.

[16] Tosquelles, „La Résistance: Saint-Alban», p. 82.

[17] Cf. ibid.

[18] Masó also explicitly recalls the political and nursing commitment of the nuns of the Saint-Regis order (Joana Masó, “Du collectif avec des femmes. Soin et politique autour de l’hôpital psychiatrique de Saint-Alban, 1930-1960 », *Cahiers du Genre* 73, 2022, pp. 233-262, here p. 238).

[19] Cf. Masó, "Du collectif avec des femmes", p. 239.

[20] A *carbanon* is a dark dungeon in asylums for particularly restless patients. A *carbanon* is also a dark dungeon in prisons.

[21] Cf. Masó, "Du collectif avec des femmes", p. 240. See also Masó, *Tosquelles*, pp. 174-187.

[22] In 1933, Bonnafé (1912-2003) was a member of the surrealist group “Trapèze volant” in Toulouse, together with Gaston Massat, Elise Lazes, Jacques Matarasso, Gaspard Gomis and Jean Marcenac.

[23] François Tosquelles, *L’enseignement de la folie. Entretiens, Toulouse: Éditions Privat, 1992, pp. 154 f.*

[24] Tosquelles in the long version of the interview “Une politique de la folie,” quoted from the English translation in Angela Melitopoulos, *Ways of Meaning. Machinic animism and the revolutionary practice of geo-psychiatry,* London 2016 (not printed

dissertation manuscript), p. 53. “I didn't have any brothers, I invented them, that is why Madam, Sir, I can consider you as if you were my brothers. The whole world can be my brother.”

[25] Ibid.

[26] Ibid., pp. 75-76 (emphasis IL).

[27] Ibid., p. 74.

[28] Elisabeth von Samsonow in the video essay by Angela Melitopoulos and Maurizio Lazzarato, *Déconnage*, 2012.

[29] Donna Haraway, *Staying with Trouble. Making Kin in the Chthulucene*, Durham: Duke University Press, 2016, p. 2.

[30] Tosquelles, *L’enseignement de la folie*, p. 155, emphases IL.

[31] Grimm‘s Dictionary: „Streicher“.

[32] Grimm‘s Dictionary: „Landstreicher“.

[33] Cf. Michel Foucault, *Madness and Civilization. A History of Insanity in the Age of Reason* [1961], trans. by Richard Howard, New York: Random House, 1988, p. 8.

[34] Ibid., p. 58.

[35] Ibid.

[36] Ibid.

[37] Ibid., p. 51. Foucault refers to England.

[38] Ibid., p. 54.

[39] Ibid., p. 58.

[40] Ibid., p. 55.

[41] Cf. ibid., for example pp. 46-49.

[42] Cf. ibid., p. 232, also p. 54.

[43] Ibid., p. 50. Frederick Morton Eden, *The State of the Poor, or an History of the Labouring Classes in England*, 3 vols, here vol. 1, London 1797, p. 160. On the moral "'libertinage of the beggars'", see Foucault, *Madness and Civilization*, p. 59.

[44] *Vagabonding psychiatry* also found its way into the subtitle of our conference "QUEER TOSQUELLES. Anti-Fascism, Vagabonding Psychiatry, Non-Identitarian Lifes," which took place on June 21 and 22, 2024, at the Academy of Media Arts in Cologne (KHM) and was presented by the Queer Studies at the Art and Media Department at KHM (https://www.khm.de/queertosquelles/).

[45] Hermann Simon, „Beschäftigungsbehandlung", in Oswald Blumke, Gustav Kolb, Hans Roemer, Eugen Kahn (eds.), *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, Leipzig: DeGruyter, 1931, pp. 108-113.

[46] Ibid., p. 109; Simon, *Aktivere Krankenbehandlung*, among others p. 8.

[47] Cf. Simon, „Beschäftigungsbehandlung", p. 109.

[48] Simon, *Aktivere Krankenbehandlung*, p. 5.

[49] Ibid., p. 52.

[50] Ibid., p. 10.

[51] Ibid.

[52] Cf. Bernd Walter, „Hermann Simon – Psychiatriereformer, Sozialdarwinist, Nationalsozialist?“, *Der Nervenarzt*, Nr. 73, 2002, pp. 1047-1054, here p. 1048.

[53] Ibid., p. 1047.

[54] Ibid., p. 1049.

[55] Simon, *Aktivere Krankenbehandlung*, pp. 24-30.

[56] Simon, „Beschäftigungsbehandlung“, p. 109.

[57] Simon, *Aktivere Krankenbehandlung*, p. 3.

[58] Ibid., p. 13.

[59] Walter, „Hermann Simon“, p. 1049 f.

[60] Urs Germann, „Arbeit als Medizin: Die ‚aktivere Krankenbehandlung‘ 1930-1960“, in Marietta Meier, Brigitte Bernet, Roswitha Dubach, Urs Germann (eds.), *Zwang zur Ordnung. Psychiatrie im Kanton Zürich, 1870-1970*, Zurich: Chronos 2007, pp. 195-233, here p. 201.

[61] Walter, „Hermann Simon“, p. 1050.

[62] The first part „Zur Arbeitstherapie“ is an exact reprint of an earlier publication (in *Allgemeine Zeitschrift für Psychiatrie*, vol. 87, 1927, see Simon‘s statement in „Zur Einführung“ at the beginning of *Aktivere Krankenbehandlung*) and is primarily practice-oriented (see also Walter, „Hermann Simon“, p. 1050). The second part in *Aktivere Krankenbehandlung* (pp. 50-167) is entitled „Erfahrungen und Gedanken eines praktischen Psychiaters zur Psychotherapie der

Geisteskrankheiten“. Right at the beginning of the first part, Simon speaks of “schizophrenics or inferiors” (p. 5).

[63] Ibid., “Introduction”.

[64] Walter, “Hermann Simon”, p. 1050.

[65] Simon, *Aktivere Krankenbehandlung*, p. 7.

[66] Ibid., p. 134.

[67] Ibid., p. 60.

[68] For more details, see Bernd Walter, *Psychiatrie und Gesellschaft in der Moderne. Geisteskrankenfürsorge in der Provinz Westfalen zwischen Kaiserreich und NS-Regime*, Paderborn: Schöningh, 1996, pp. 267-277.

[69] Walter, “Hermann Simon”, p. 1050.

[70] Cited in Walter, “Hermann Simon,” p. 1051: Archiv LWL, Bestand C10/11 Nr. 271, Minutes of the conference of the heads of the institutions on June 24 and 25, 1929 in Kiel and Neustadt in Holstein.

[71] His social Darwinist/biological criticism of welfare state care went so far that in 1931 he said the following to a circle of Protestant academics in Gütersloh on the subject of “inferiority and welfare”: “People will have to die again. The only question is which millions will have to die. Death is and remains a redemption. Even the church is beginning to realize that the strong consideration for the sick and weak is a cruelty against the healthy and capable [...].” Quoted from Walter, “Hermann Simon”, p. 1053. In a way, Simon thus discursively anticipated Ernst Rüdin's devastating “T4 action.” In 1946, Simon no longer considered his statements “tactically

opportune [...]. At that time, no one even thought of the possibility of such coming events. What I said in my lecture at the time, which was also attended by many theologians, was merely directed against the preferential coddling of everything weak and inferior in comparison to the capable and healthy, which also contradicts the divine world order." (Walter, „Hermann Simon," p. 1053, Fn. 13: Archiv LWL, Bestand 661/Nachlass Simon, Manuskripte, Vorträge, „Minderwertigkeit Fürsorge" from 22.10.1931, Blatt 9).

[72] Archiv LWL, Bestand 661/Nachlass Simon, Korrespondenz Deutscher Verband für psychische Hygiene, letter from Simon to the board dated May 10, 1931; quoted from Walter, „Hermann Simon", p. 1051, Fn. 6.

[73] Cf. Archiv LWL, Bestand 661/Nachlass Simon, Persönliches, „Deutsche Politik", dated 02.02.1933; Archiv LWL, Bestand 661/ Nachlass Simon, Persönliches, „Revolution", dated 24.06.1933; quoted from Walter, „Hermann Simon", p. 1052, Fn. 8 and 9, and p. 1053.

[74] For the circumstances, see Walter, "Hermann Simon," p. 1053.

[75] François Tosquelles, *Le travail thérapeutique en psychiatrie* [1967], Toulouse, éditions érès, 2022, p. 73, emphasis in the original.

[76] Ibid., pp. 80-83.

[77] Ibid., p. 74-75.

[78] Ibid., p. 75-76, emphasis IL.

[79] Ibid., p. 76.

[80] Ibid., p. 79.

[81] Ibid., p. 79, emphasis in the original.

[82] Cf. Tosquelles, “Résistance: Saint-Alban,” p. 89.

[83] Félix Guattari, *Psychotherapie, Politik und die Aufgaben der institutionellen Analyse*, Frankfurt am Main: Suhrkamp, 1976, p. 83.

[84] Tosquelles, “Une politique de la folie,” *Chimères*, pp. 77-78, emphasis IL. – Paradoxically, the proliferating institution in Saint-Alban was favored by the German occupation, initially of northern and western France, and the war events at the beginning of the 1940s, because the relations that developed with the farmers, the villagers, but also with the gendarmes, helped to expand the networks and infrastructures of the *Résistance*. Tosquelles speaks of gendarmes, teachers, even priests and notaries “who were active in the Résistance” (Tosquelles, “Résistance: Saint-Alban”, p. 89).

[85] Tosquelles, *Le travail*, p. 107.

[86] Ibid., p. 109 (emphasis in the original).

[87] Ibid., p. 110.

[88] Cf. Gallio/Costantino, "School of Freedom," p. 199.

[89] Ibid., p. 202.