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Crisis and Resistance: Institutional Psychotherapy and the Politics of Care

Abstract

This paper seeks to explore Institutional Psychotherapy's politically informed practice by highlighting two key concepts: crisis and resistance. It first briefly sketches out a conceptual overview of the two concepts, paying particular attention to the complicated interactions between their political and therapeutic meanings. Following each conceptual elaboration there is a discussion exploring the ways in which the concept has been used by two key members of the Institutional Psychotherapy movement: Frantz Fanon and Félix Guattari.

Key Words

Institutional Psychotherapy, institutional analysis, Frantz Fanon, Félix Guattari, crisis, resistance

Introduction

Formed by the experience of occupation during the Second World War and the French Resistance, Institutional Psychotherapy is largely understood as being, at its base, a militant movement committed to a specific Freudian-Marxist approach to mental health (Guattari 2015: 60). This approach necessitates an analytic focus on double alienation, that is to say mental alienation (Freudian psychoanalysis) and social alienation (Marxism). They were explicit that these two forms of alienation are not dialectical, that is to say they do not negate one another and create a singular unified form of alienation (Oury in Guattari 2015: 27). In fact, they note that the inappropriate synthesis of mental and social

alienation is a hallmark of both the bourgeoisie as well as the Stalinists, indicating that both have a fundamentally shallow understanding of Freudianism and Marxism that perpetuates confused and ill-formed approaches to both fields (Guattari 2015: 33).

Institutional Psychotherapy's interest is in the complicated interaction between modes of alienation within the hospital (Guattari 2015: 27). The 'hospital,' however, is understood as both the site where forms of psychotherapy are carried out as well as a metaphor for society as a whole. The formula can be reduced to this: the hospital is a microcosm of society and the hospital is ill (Oury 2004), meaning that Institutional Psychotherapy's project is political as well as therapeutic.

In this paper I will explore Institutional Psychotherapy's politically informed practice by highlighting two key concepts: crisis and resistance. I will first briefly sketch out a conceptual overview of the concepts, paying particular attention to the complicated interactions between their political and therapeutic meanings. Following each conceptual elaboration, I will move on to explore the ways in which the concept has been used by two key members of the Institutional Psychotherapy movement: Frantz Fanon and Félix Guattari. This is not to suggest that Institutional Psychotherapy can be reduced to its two best-known practitioners, nor are Fanon and Guattari more politically engaged in their approach than the others – two other salient examples are François Tosquelles, an anti-fascist militant in the Spanish Civil War who was later active in the French Resistance, and Anne Querrien (who has also contributed an essay to the collection) who was a member of *Mouvement du 22 Mars* (Movement of 22 March) during the 1968 uprising in France. However, it is in the writings of

Fanon and Guattari where we are able to see the most explicit and theoretically rich engagement with these key concepts.

Understanding Crisis

'Crisis' plays a key role in the etymology of mental health. In fact, the very experience of psychosis is often discussed as a 'crisis situation' or as a 'person in crisis'. Crisis has also become the key term for thinking through our contemporary psychosocial landscape. We are living through an 'Economic Crisis,' the 'NHS Crisis,' the 'Crisis in Mental Health,' the 'Housing Crisis,' the 'Refugee Crisis,' Brexit and the 'European Crisis,' as well as the democratic crises unfolding in the United States, Brazil, and Venezuela and the humanitarian crises in Syria and Yemen. This has led theorists such as Franco Berardi (2008), Paul Virilio (2012), and Brian Massumi (1993) to argue that our affective world is based on a generalised sense of fear and anxiety that accelerates psychological alienation. Indeed, from financial meltdown and exploding inequality, governmental collapse and the dismemberment of the old party-political alliances, to civil war, and environmental collapse (all marked by the rise of global fascisms), the 21st Century seems to be marked by a permanent crisis that is shattering the basis of modernity and the assumptions that support it. 'Crises no longer erupt, instead they permeate everything' so much so that the neoliberal epoch is one best understood as an omnipresent crisis (Faramelli, Hancock and White 2018: 2). As Franco Berardi argues:

[Neo-liberalism] legitimated a process of destruction not only of actual but also of future resources. This process occurred by frenetically stimulating debt, overconsumption and competition, and

by forcing the collective psyche to undergo a competitive stress, the effects of which produce depression, panic and aggression (2008: 23).

Within this system an accelerated drive towards a possible future destruction is always present in the form of the future-anterior. As such destruction is immanent to society, creating a generalized anxiety within the population (Faramelli 2015: 205). People have been alienated from a sense of community in their drive to securitise themselves from destructive crises (Ibid.: 208). This form of crisis, the accelerating deregulated flows of capitalism, result in alienated and fundamentally psychotic subjects (Faramelli 2018: 16). The response is a drive to securitize life to the exclusion of others, creating a biopolitical environment that further breaks apart collective subjects, alienating people far beyond what traditional Marxism has argued. This has resulted in a condition of constant stasis where we are all accelerating towards a future, but, paradoxically, never progressing (Ibid.). It is here that we see the full force of double alienation: the subject is at once alienated from social bonds, but also alienated from a full subjectivity, having been reduced to what Gilles Deleuze referred to as 'dividuals,' subjects divided and indebted (1992: 7). Simply put, crisis is not the exception, but the rule.

This is an argument that – as the Freudian-Marxist context necessitates – draws heavily on psychoanalytic theory, although it is Lacan, not Freud, who is the key reference. Despite Guattari and Fanon both adopting extremely critical positions in regards to Lacan, his importance to the formation of Institutional Psychotherapy cannot be overemphasised. The two books Françoise Tosquelles had when he arrived in France were Hermann Simon's *Psychotherapy in the*

Asylum and a copy of Lacan's 1932 PhD thesis, 'On paranoia psychosis and its relations to the personality' (Robcis 2016: 215). In fact, at Saint-Alban Hospital Tosquelles 'tested' new interns by having them read Lacan and then quizzing them about the text (Dosse 2006: 70). Fanon was also an avid reader of Lacan. Even before his time working with Tosquelles, Fanon included a lengthy and formative discussion of Lacan's theory of the pure psychogenesis of psychosis in his PhD dissertation (Khalifa in Fanon 2018: 177). Additionally, Lacan was a key reference for the early work done by Oury and Guattari. Both were 'disciples' of Lacan: they were both in analysis with him and attended his seminars throughout the 1950s and 60s. In his biography of Deleuze and Guattari, François Dosse notes that during this period life at La Borde was organised around Lacan's seminars at Saint Anne Hospital to the extent that Wednesdays were days off so the staff would be able to travel to Paris (Dosse 2006: 70). Guattari was a faithful member of Lacan's circle until he broke with the group following his lecture in 1969 titled 'Machine and Structure' where he proposed a counter theory of the unconscious as a machine rather than as something structured by language (Ibid.: 2-3). For his part, Oury never broke away from Lacanian psychoanalysis.

While Lacan does not offer a definition of crisis, throughout his oeuvre (especially in Seminar III on psychosis and in *Écrits*) the term most commonly associated with the onset of mental illness – specifically psychosis – is crisis. As such, crisis must be understood as playing a central role in the onset of mental ill health. For (early) Lacan, there are two distinct conditions for psychosis to emerge: the subject must have a psychotic structure and the Name-of-the-Father (the sign which gives the Law, a concept Lacan developed, in part, through a

reading of Hegel and Marx (see Lacan 1987)) must be called into symbolic opposition to the subject, that is to say the Name-of-the-Father is foreclosed, prevented it from integrating into the symbolic order (Evans 1996: 157).

However, having these two preconditions is not enough for psychosis to emerge, 'madness' must be triggered by both a social and mental crisis, which Lacan refers to as a 'life crisis' that always involves the unravelling of external (i.e. social) relationships (Lacan 1993: 17-18). This is what Lacan referred to as the psychogenesis of psychosis. This is perhaps most evident in Lacan's analysis of the Schreber case when he notes the two most significant events in triggering his psychosis were his appointment to a very high position as Presiding Judge of the Leipzig Court of Appeal and an unravelling of his family relations, both of which put a strain onto his psyche that he was not able to cope with (Ibid.: 30-31). Lacan's focus on both the psyche and the social 'amounts to a structural theory of crisis', which immediately pulls Lacan's work into the political field (Tomšič 2016: 161-162).

Interestingly, for Lacan crisis is most closely associated with the concept 'complex.' A complex involves multiple identifications with images a subject identifies with that provides them with a 'script' to play out in conflict situations, especially within families (Lacan 2006: 72). In 1938 Lacan identifies three family crises that each have a trace of a 'psychical crisis' that accompanies a 'life crisis' (Evans 1996: 28). The most famous complex being, of course, the Oedipus Complex. While both Fanon and Guattari disputed the universality of Oedipus, it is important to note how in Lacanian psychoanalysis it is only through a family/social crisis that psychosis can emerge in a subject. Lacan theorised that a 'normal' person experiences a 'castration complex' when they internalise

Oedipus, resulting in the development of neurosis. However, if a crisis situation prevents Oedipus from being internalised, the subject develops psychosis. This is a strikingly different understanding of complex than we see in Freud who, as Simon Wortham beautifully demonstrates in the preface to *Resistance and Psychoanalysis* (2017; see also Wortham 2016), Freud identified complex with the concept of resistance. This creates an important theoretical tension which will be elaborated later in the discussion on resistance.

Institutional Psychotherapy and Crisis

A theoretically rich engagement with the concept of crisis haunts Institutional Psychotherapy. Indeed, the movement was born out of two of the greatest European crises of the 20th Century, the Spanish Civil War and World War II. When the Spanish Civil War erupted in 1936 François Tosquelles joined the POUM (*Partido Obrero de Unificación Marxista* or *The Worker's Party of Marxist Unification* in English) resistance as the head of the military psychiatric services. Working under the shared assumption that any form of internment caused psychological harm, Tosquelles established therapeutic communities, which lead him to formulate his idea of *politique de secteur* (politics of the sector), which would be later rephrased as *psychiatrie du secteur*, or psychiatry of the sector. The basic premise being that patients need to be treated in their communities and not uprooted and sent far from home. This a concept became foundational for Institutional Psychotherapy (Robcis 2016: 216).

In 1937 POUM was dissolved followed the assassination of their political secretary by Soviet agents and in 1939 Barcelona fell to the fascists and Tosquelles found himself in a refugee camp in France (Ibid.: 217). The brutal and

inhumane conditions of the camp, which Tosquelles described as 'concentrationist' and 'carceral', exacerbated the 'war neurosis' that many of the Spanish were suffering from, prompting Tosquelles to set up a psychiatric service in the camp (Ibid.). It was the experience of working in the harsh conditions of the refugee camp that enabled Tosquelles to fully develop his psychotherapeutic practice. As he later recalled, 'There was only one psychiatric nurse; the rest were normal people. I think it is one of the place [sic] where I conducted very good psychiatry, in this concentration camp, in the mud' (Tosquelles in Robcis 2016: 217).

Word of Tosquelles' revolutionary approach to psychiatry reached Paul Balvet, who was the director of Saint Alban Hospital at the time, prompting him to have Tosquelles transferred to Saint Alban (Dosse 2007: 41). Tosquelles brought his experience of war and internment with him and, along with Balvet and Lucien Bonnafé, transformed the hospital throughout the crisis of Nazi occupation. This was a period marked by a collective experience of confinement (Claverie in Macey 2012: 147), creating a psychosocial crisis environment that extended beyond 'liberation'. Following the War two trainee doctors, Jean Oury and, later, Frantz Fanon, came to Saint-Alban. Oury recalls how these years were marked by the crisis situation of abject financial destitution. They sold lead, sinks and beds on what became a 'psychiatric black market'. 'For Oury, these experiences constitute a sectorial politics, a "psychiatry of the sector" – one day selling things, other days being stuck in the snow, "finding food for the hungry at midnight 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"' (Reggio 2004: 33).

What is striking here is double understanding of crisis, political and psychological, which is understood in terms of confinement, something that Tosquelles referred to as 'camp psychosis' (Robcis 2016: 217). Here we can see the exactitude of Lacan's theory of the psychogenesis of madness, that is the social theory of madness. Mental ill health is triggered by the depredation of liberty, that is to say by confinement. As Foucault notes in his analysis of "panopticism," discipline is enacted through surveyed, enclosed and segmented spaces that function to individualise those kept within it (1991: 195-228). This gives rise to a double form of alienation since the subject is at once cut off from their social connections, which in turn puts strain on the psyche.

Perhaps more forcefully than anyone else, Fanon insisted on the relationship between confinement, crisis and psychosis. In fact, Tosquelles wrote that Fanon was first and foremost a thinker of space (Tosquelles 2007: 9). That is to say that he was concerned with issues pertaining to how individuals occupy space, analysing the ways in which confinement impacts patients and thinking through how spaces could be reconfigured to engender therapeutic encounters. Even before joining Tosquelles and the others at Saint Alban, Fanon showed considerable interest in Lacan's insistence on the social dimension of the complex and the way this impacted the development of mental illness (Khalifa 2015: 60-61). In his PhD thesis Fanon demonstrated that there is always a relational, and thereby a social, dimension to mental illness and that the forms mental illness takes are determined by the structure of social relations in which the individual is able or unable to participate in (Ibid.: 56). In other words, external institutional and social forces always determine mental illness.

Fanon applied his social theory of mental health in his first clinic experience. While studying in Lyon, Fanon was called on to treat North African – principally Algerian – patients complaining of crippling physical pain, but who had no significant physiological problems. The patients who manifested these symptoms lived in the poor slums of *rue Moncey* and were subject to omnipresent forms of racism and repression. Fanon concluded that although their symptoms seemed unclassifiable, nevertheless, their suffering was real. In a paper published in 1952 Fanon termed this condition the “North African Syndrome,” a psychosomatic disorder affecting the North African population in France fostered by the lived experience of racism and confinement in poor slums (Macey 2012: 141-142). Fanon concluded that the ‘cure’ for this form of mental illness could only be achieved by fundamentally restructuring the social conditions in which people lived (Bulhan 1985: 213).

Shortly following his training at Saint-Alban, Fanon took a post in Algeria at the Blida-Joinville Psychiatric Hospital in 1953. The perversity of the confined spaces of French colonialism following the “liberation” from Nazi occupation was a critique that Fanon implicitly brought with him to Algeria writing that,

Under the German occupation the French remained men; under the French occupation, the Germans remained men. In Algeria there is not simply the domination but the decision to the letter not to occupy anything more than the sum total of the land. The Algerians, the veiled women, the palm trees and the camels make up the landscape, the *natural* background to the human presence of the French (Fanon 2003: 250).

Colonialism's use of disciplinary technologies such as surveillance and confinement are well documented and well known. Equally well known is how colonialism relies on simple Manichean worldview that pits the 'civilised occident' against the 'savage orient'. Although the way in which the French deployed a propaganda campaign designed to disseminate the same Manichean worldview that weaponised issues of care aimed specifically at the Algerian population are less known. The French used images of schoolhouses, teachers, hospitals and white doctors caring for elderly Algerian men with young boys looking at the doctors with admiration, and children receiving X rays with captions in French and Arabic emphasizing that France, "builds," "instructs," "revitalizes," and "cares"; counterposed photographs of bombed ambulances and maimed children indicated that the Algerian "fellagha" (terrorist) "kills," "destroys," and "terrorizes" (Keller 2007: 825). Medicine became the 'backbone of the so-called civilizing mission, medicine also served as an instrument of surveillance and domination', prompting Fanon to write a 1959 article arguing that the French medical services 'perverted' medical practice (Ibid.).

For Fanon the entirety of colonialism was in essence a meta-system encompassing medical, governmental, legal and cultural apparatuses. These technologies are designed to enclose space for the purpose of created disciplined colonial subjects. The Algiers School (the dominate thinking within French colonial mental health), psychopathologized the entire Algerian population (and, by extension, all non-white people), claiming that they have a child-like pre-logical and primitive psyche (Macey 2012: 222-223). The chapter "The So-Called Dependency Complex of Colonized Peoples" from *Black Skin White Masks* explicitly engages with the claim that colonized peoples are inherently child-like

and dependant, arguing that the formation of inferiority complexes in colonized peoples exists as a *reaction to the lived reality of the alienating experience of racism and colonialism* (2008: 74 my emphasis). Psychosis, Fanon argues, among colonized people is the norm because the racist drama is 'played out in the open'. The person of colour is not able to internalise it in their unconscious, 'everything is *conscious*' (Ibid.: 129 my emphasis). This is not to say that they don't have an unconscious, the unconscious is present, but not functioning due to social crisis – Lacan's classic definition of psychosis.

A close reading of Fanon gives us a clear account of the fundamental role that crisis plays in the development of mental illness as well as a clear understanding of the overt political force of the term. However, it is with Félix Guattari where we find the most explicit engagement with the concept of crisis. It was Guattari who noted in *Schizoanalytic Cartographies* that Integrated World Capitalism (IWC) has engendered a vicious cycle – a closed loop – of permanent crisis on a global scale (2013: 14). Guattari goes on to argue that capitalism's state of crisis has advanced throughout the world through a system of racist neo-colonial expansion (Ibid.). Importantly, for Guattari crisis is not used in explicitly psychotherapeutic contexts as it is in Lacan and Fanon, that is to say he did not use the term in a diagnostic function in his therapeutic practice by linking crisis to psychosis. This is, of course, not surprising given that Guattari, with Deleuze, also wrote that, '[a] schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch' (Deleuze and Guattari 2003: 2). Guattari's understanding and use of crisis is explicitly political, but was rhetorically used as a descriptor to illustrate how political crises over code, structure and define, the entirety of our psychosocial environment.

Guattari's most explicit engagement with forms of crisis can be seen in his essay "Nine Theses of the Left Opposition" (2015: 136-178). Left Opposition was created as a militant political organisation that integrated psychoanalysis and the work being done at La Borde (Dosse 2007: 85). Throughout the text there are continuous references to various economic and political crises, but what makes the text so interesting is the way in which it integrates the social, political and economic through a psychoanalytic framework. This text's integration of political and economic crises into the social and psychological becomes even more potent when read alongside Guattari's reflections on the text. Guattari argued that the text failed to fully flush out a sense of a generalised crisis and how crisis leads to forms of alienation that assaults the unconscious subjectivity (Guattari 2015: 301-302). This understanding of a generalised crisis leads Guattari to his theories of groups and social structures. When a subject is caught up in a group:

[One] phantasy reflects another like interchangeable currency, but a currency with no recognisable standard, no ground of consistency whereby it can be related, even partially, to anything other than a topology of the most purely general kind. The group – as a structure – phantasizes [sic] events by means of a perpetual and non-responsible coming and going between the general and the particular. [...] Each event or crisis can be replaced by another event or crisis, inaugurating a further sequence that bears, in turn, the imprint of equivalence and identity (Guattari 2015: 324-325).

This introduces the essential problem for Institutional Psychotherapy, the problem of the institution and institutionalisation. The institution needs to be

produced so the question becomes: 'who produces the institution and articulates its sub-groups?' (Guattari 2015: 62). Those designated to analyse and 'cure,' the psychiatrists and psychiatric hospitals, can only reflect a pre-given set of relations. In other words, they can only reinforce the status quo. This is because the psychiatrist is in a strict and deterministic relationship with the state (Ibid.). This means that, insofar as the capitalist state is trapped in a situation of generalised and perpetual crisis, the hospital – as an institution – can only reproduce crisis, further alienating its patients. And in times of crisis, people and institutions surrender authority to reactionary and authoritarian leaders (Guattari 2009b: 56).

This creates a situation where the doctor, who is ostensibly there to care for people, can only act as an agent who inserts madness into a structure of social alienation (Guattari 2015: 63). Ultimately, this creates what Guattari termed a subjugated group, a group that is trapped in a constant reactive position and, as such, is unable to define itself beyond its relation to external forces of crisis. Given this state of 'radical powerlessness [...] it is not surprising, under such conditions, that the castration complex has become the constant curative reference, the punctuation of every sequence, the cursor that perpetually brings desire back to the bottom line' (Guattari 2009a: 259). Within these institutions collective life becomes damaging for patients and medical staff alike (Ibid. 181).

Ultimately, this is international capitalism creating its own crisis and its own form of trauma that impacts all social structures (Guattari 2009b: 123). This has created a new method for the subjugation of the collective labour force throughout the world (Ibid.: 233). However, since this reactive form of crisis

response is always enacted at the institutional level, resistance must manifest as radical institutional transformation.

Resistance

Whereas crisis is often used, but seldom defined, the concept 'resistance' has a much deeper and robust history in both psychoanalysis and politics.

Nevertheless, and despite its status in these different fields, resistance carries a degree of slippage that refuses static definitions. Or, as Howard Caygill argues in *On Resistance*, resistance resists simple concept formation (2013: 6). Caygill introduces the book by first splitting resistance into two broad conceptual categories. On the one hand, there is reactive or reactionary resistance. This is a form of resistance that is only able to react to the conditions it faces, effectively guaranteeing the hegemonic power that it opposes. On the other hand, there are active and affirmative forms of resistance that are able to creatively resist an adversary by changing the conditions in which it acts, thereby creating an other space beyond the power it opposes and subverting its adversary's ability to resist it (Ibid.: 1-13).

Writing more explicitly on the concept of resistance within psychoanalysis, Simon Wortham's *Resistance and Psychoanalysis* similarly notes that resistance is difficult to reduce to one neat self-contained concept. Wortham begins his examination of resistance by noting the way in which, much to the frustration of Freud, early psychoanalysts often used the term 'complex' when in fact the correct term should have been resistance (2017: vii-ix). Yet, perversely, using an improper name, complex, for resistance 'proper' is in fact a beautiful performative example of resistance itself. Wortham therefore concludes that

resistance is both improper and complex (Ibid.: ix; see also Wortham 2015: 131-137).

For Freud, resistance would come to represent all obstacles that arise from the analysand during treatment that interrupt progress. This meant that a great deal of importance was placed on overcoming the analysand's resistance (Evans 1996: 169). Lacan, however, disagreed with this position. For him resistance has nothing to do with the analysand trying to block treatment, whether consciously or unconsciously. Lacan saw resistance as structural and inherent in the analytic process (Ibid.). For Lacan, speech constitutes the subject, but speech is itself constituted by resistance so the 'discourse of the analysand is nothing but the site of resistances, the manifestations of its struggles,' meaning that the ego is itself composed by resistance (Wortham 2017: ix). Therefore, since treatment concerns itself with interrogation of the analysand's speech, treatment is concerned with resistance. Resistance then needs to be understood as, 'specifically in relation to the work of interpretation, as a potentially creative element in what is effectively a creative process' (Ibid.: x).

When the analysand opposes suggestion from the analyst they are not resisting the analyst themselves, but rather *resistance conveys the desire to maintain the subject's desire* (Ibid.). This creates an interesting politics for resistance within psychoanalytic discourse, a politics which is a constitutive force for Institutional Psychotherapy. It is worth recalling that for psychoanalysis the idea of 'mental health' is a misnomer, everyone is either neurotic or psychotic and society as such is fundamentally neurotic. The 'cure' therefore has nothing to do with ridding the patient of their neurosis, but adjusting their neurosis so that it matches society's neurosis. This is immediately

problematic insofar as it lacks any social or political critique. It is also oppositional to any activist desires to politically and socially transform society. Returning to Institutional Psychotherapy's foundational formula that the hospital is a microcosm of society and the hospital is ill, we see the political exegesis underpinning their work.

Resistance as the Method for Institutional Psychotherapy

Insofar as it was a society predicated on the most extreme forms of racism, anti-Semitism, homophobia, and all other so-called 'degenerate' subjects, Vichy society was inherently destructive and operating within an intensive paranoid state. In other words, it was fundamentally psychotic. This means that Nazi occupation presented the medical team at Saint Alban with an interesting situation; in order to care for their patients, they had to resist occupation. This was done through collective action. As Bonnafé recalled, 'the occupation played an extremely important role in the initiation of the *I* towards the *Us* of the medical team. There was under occupation an experience of fraternity that was essential [...] at St. Alban' (quoted in Robcis 2016: 217). During the occupation, Saint-Alban not only succeeded in protecting its patients from Nazi death camps, but it also became a sanctuary for the Resistance. When writing about this history, François Dosse stated that:

The Resistance had a considerable impact on Saint-Alban Hospital. The overall context, the wait for weapons drops for the Resistance fighters hiding on the premises, and the relationships that had been forged with the neighbouring populations all contributed to making the hospital an open place integrated into local life [...] The

interweaving of the Resistance and the hospital was so tight that the recruitment of interns was closely linked to the local Resistance network. [...] *Involvement with the war and everything about it— the local resistance, the Auvergne Resistance, the Mont Mouchet, intellectual resistance, clandestine publications—were all very important for Saint- Alban* (2010: 42 my emphasis).

During this time those working at Saint-Alban formed the *Société du Gévaudan*.

With the aim 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 characterise 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 (Novello and Reggio: 2004, 32).

Claude Claverie further elaborated on this, arguing that resistance to Nazi occupation enabled the conditions within France that would allow the hospital to transform into a therapeutic community. During the occupation the French collectively experienced a ‘great confinement.’ The word ‘liberation’ therefore had a very profound resonance with the people, and the liberation of the asylum became an extension of the liberation of the country (Claverie in Macey 2012: 147). A radically new relationship with the hospital had to be established. To quote Oury:

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 (2004: 36).

The treatment for the hospital is carried out through the construction of a resistant space. Not geometrical or architectural space, but a space that is designed to creatively change the conditions which facilitate sociality. What is needed is '[...] 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*' (Ibid. 40). Importantly, the creation of space is always collective. The collective work opens up a *constellation* or a grouping of heterogeneous factors into the social or group "matrix," allowing for a liberty of speech and the 'continual analysis of and resistance to massive social alienation and its hierarchy' (Ibid.: 37).

This was the resistant approach used at Saint-Alban, La Borde, and, of course, in Fanon's practices at Blida-Joinville Hospital in Algeria and Hôpital Charles-Nicolle in Tunisia. For Fanon psychiatry must be political (Fanon 2018: 190) and his practice, first under Tosquelles at Saint-Alban and then later at Blida and Charles-Nicolle, presented Fanon with the opportunity to think through the relationship between the psychiatric and the social (Khalifa in Fanon

2018: 190-191). The notion of confinement took on a special potency in Fanon's work. In 1955 at the *Congrès des médecins aliénistes et neurologues* in Nice, Fanon and Raymond Lacaton, a colleague from Blida, delivered a paper in which they argued, in opposition to the 'nativist' psychiatrists who argued that indigenous people are biologically prone to criminality, that the indigenous population within a colonial racist society are unable to engage in legal proceedings because totalitarian confinement they experienced alienated them from society. That is to say that they are always already imprisoned by the colonial system and participating in a legal system only works if the person on trial sees reintegration into society as a possibility (Fanon and Lacaton in Fanon 2018: 192-195). In other words, resistance in confinement can only be reactive.

Fanon's analysis of reactive resistance is also evident in the chapter titled 'On Violence' from *The Wretched of the Earth*. Thanks in part to Sartre's problematic preface to the book; this chapter has been widely misread as a celebration of violence (Caygill 2013: 100). A better understanding of this chapter views Fanon reading violence as reactive and ineffectual, but also as the only logical result of the colonial confinement. As Caygill points out, 'Fanon's analysis of this process is close to Tosquelles's understanding of the aetiology of psychosis in the "lived experience of the end of the world". Colonial violence is experienced by the colonized as the end of the world and their response is apocalyptic' (Ibid.: 101). While Fanon recognises that the colonised feel an urgent need to violently respond to their apocalyptic confinement, he nevertheless cautions against the reactive spontaneous act of violence, noting that, at best, it leaves the rural masses vulnerable to exploitation (Fanon 2004: 65-96). Fanon also notes that this presents a specific strategic problem insofar as

if the violence escalates, chance will always favour the colonial enemy (Caygill 2013: 102).

Fanon's therapeutic and political praxis was, out of necessity, concerned with opening up space. Indeed, Tosquelles even noted that Fanon was primarily concerned with analysing space and how subjects occupy the space of a clinic, poetically writing that Fanon embodied (*incarnait*) therapeutic space (Tosquelles 2007: 9). While this engagement with resistant space is found throughout Fanon's practice, it was deployed in its most potent manifestation at the Charles-Nicolle Hospital in Tunisia. It was there that Fanon opened Africa's first psychiatric day clinic in 1957 (Khalifa in Fanon 2018: 199; Macey 2012: 315) and dramatically stretched Institutional Psychotherapy into a dynamic political program of socialtherapy and care in the community.

In an article published around this time Fanon adopted a position that was openly critical of Tosquelles, having arrived at the conclusion that aggressivity, like most other forms of psychopathology, is formed out of reciprocal relations, meaning that much of the aggressivity exhibited by patients in hospitals is provoked by their confinement. As such the confinement and the social isolation of hospitals and clinics, even Saint-Alban, exacerbated psychopathology in the patients (Bulhan 1985: 241-242). Fanon argued that clinics where the patients lived full time created "neo-societies". The importance of neo-societies marked an important advance in treatment options insofar as they counteract the patients' regressive tendencies and established new social contracts (Ibid.: 247). However:

It must always be remembered that with institutional therapy we create frozen institutions, strict and rigid rules, schemes which

rapidly become stereotypical. In the neo-society, there is no innovation, no creative dynamism, no newness. [...] That is why we believe today that the true milieu of psychotherapy is concrete society itself (Fanon and Geronimi in Bulhan 1985: 248).

This is because, he argued, mental illness arises out of a form of *alienation from the world and a loss of existential freedom*; in other words *mental illness is a pathology of liberty* (Ibid.: 247; see also Macey 2012: 320). The 'cure' is nothing less than the radical transformation of society itself. Fanon wrote that:

In any phenomenology in which the major alterations of consciousness are left aside, mental illness is presented as a veritable pathology of freedom. Illness situates the patient in a world in which his or her freedom, will and desires are constantly broken by obsessions, inhibitions, countermands, anxieties. Classical hospitalization considerably limits the patient's field of activity, prohibits all compensations, all movement, restrains him to the closed field of the hospital and condemns him to exercise his freedom in the unreal world of fantasy. So it is not surprising that the patient feels free only in his or her opposition to the doctor who has withheld him [...] In fact, at the day hospital [...] the institution has no hold over the patient's freedom, over his immediate appearing. The fact that the patients can take things into their own hands, whether through dressing, hairstyling or, above all, the secrecy of an entire part of the day spent outside the hospital setting, reinforces and in any case maintains their personalities, in contrast with the process of dissolutive integration that occurs in a psychiatric hospital and that

opens the way to phantasms of bodily fragmentation or the crumbling of the ego (Fanon 2018: 201).

This paper is perhaps Fanon's most important clinical text. In it he walks the reader through the forms of crises patients experience as a result of the deprivation of liberty and freedom, limiting their scope of action to reactive resistance to medical staff. Fanon goes on to then demonstrates how opening the patients up to society reconstitutes their ego and gives them a sense of autonomy. The therapeutic value conveyed by freedom cannot be overstated and was absolutely crucial to Fanon's practice. In fact, when asked if he was concerned that the patients might simply escape, Fanon responded: 'It's no big deal if the patient escapes; if he escapes it is because he is doing fine!' (Ibid.: 200).

This paper was also an important advance for *psychiatrie de secteur*, psychiatry of the sector, which is Institutional Psychotherapy's key political practice. *Psychiatrie de secteur* proceeds by way of a resistant politics of the sector, *politique de secteur*, which acts to creatively transform institutions so that they are able to institute new forms of sociality. Following Fanon, no practitioner embodies this form of *politique de secteur*, this desire and exigency to transform institutions, more than Guattari. Working at La Borde helped Guattari to realise that when collective life is conceived according to a rigid schema, the result is a ritualised hierarchical pattern that is detrimental for both patients and staff. The key then is to introduce variety and dynamism into life's daily rhymes in order to disrupt 'seriality,' life's repetitive and empty character (Guattari 2009a: 180-181). This led Guattari to think through how Institutional Psychotherapy could be applied to rearrange social relations in the world beyond the hospital.

One can only dream of what life could become in urban areas, in schools, hospitals, prisons, etc., if instead of conceiving them in a mode of empty repetition, one tried to redirect their purpose in the sense of permanent, internal re-creation. It was in thinking of subjectivity-production that I developed the concept of 'institutional analysis' in the early 1960s. It was not simply a matter, then, of calling psychiatry into question, but also pedagogy – at least that kind of 'institutional pedagogy' practiced and theorized by the group of instructors united around Fernand Oury, the older brother of Jean Oury (Ibid.: 182).

To move the set of practices developed by Institutional Psychotherapy—now dubbed institutional analysis—out of the hospital Guattari, Anne Querrien and others first formed the *Fédération de Groupes d'Etude et de Recherche Institutionnelle* or FGERI which was soon superseded by an institutional research centre, CERFI (*Centre d'Etude, Recherche, et Formation Institutionnelle*) with the aim of examining wider global issues concerning health, pedagogy, prison conditions, femininity, sexuality, architecture and urbanism (Ibid.: 183). Guattari situated their work by posing the following key fundamental question that they sought to address:

Is it absurd to think that social groups can overcome the contradiction between a process of production that reinforces the mechanisms of group alienation, and a process of bringing to light the conscious subject that knows and the unconscious subject, this latter being a process that gradually dispels more and more of the phantasies that cause people to turn to God, to science or to any

other supposed source of knowledge? In other words, can the group at once pursue its economic and social objectives while allowing individuals to maintain their own access to desire and some understanding of their own destiny? Or, better still: can the group face the problem of its own death? Can a group with a historic mission envisage the end of that mission—can the State envisage the withering away of the State? Can revolutionary parties envisage the end of their so-called mission to lead the masses? (Guattari 2015: 230)

In other words, the ‘goal’ of institutional analysis is to create the conditions necessary for a group to image an outside, a heterotopic inverted space. Guattari was acutely aware of the way in which ‘radical’ or ‘revolutionary’ movements fall into a paralytic stasis, an eternal return of the same. This manifests as a group that is only able to produce a desire that is forever turning in upon itself. This group will continually produce mechanisms of control, repression, dogmas, etc. that justify its existence and the righteousness of its cause, but is unable to image a world where the group is no longer needed (Ibid.: 110). That is to say that the group is trapped in a reactive form of resistance.

In order to create the conditions necessary for an active resistance, institutional analysis has to be concerned with issues pertaining to group phantasy, which are articulated by the totality of signifiers and social structures (Ibid.: 131). It is a whole *arrangement of enunciation* that constitutes an institution, and through the process of *semiotization*, semiotic forms of subjugation that dictate the limits a given group is able to imagine, the group’s horizons can be either constricted or expanded (Guattari 2009a: 279-281). The

institution in this sense is the horizon of possibility and, if it is centred on the notion of lack, the only form of action is reaction (Guattari 2015: 214).

At La Borde they discovered that institutional transformation, the rearrangement of institutions in such a way that the institution opens up, follows from affirmative praxis. When people feel as though they 'getting somewhere' tasks become enjoyable and the group is able to think and work collectively and becomes open to revolutionary transformations (Ibid.: 231-233). The project of institutional analysis then is to create groups that would help to institute, step by step, molecular revolution, permanent institutional reinvention, across all social segments (Guattari 2009a: 182).

What is particularly striking about this is the resonance it has to Fanon's work with the day clinic. As previously noted, for Fanon care that is limited to hospitals creates institutions that are essentially frozen and ultimately reproduces the confinement that initially alienated the subject from society. Conversely, the day centre's focus on care in the community not only integrates the subject into society, but also serves to transform the society around the subject. Indeed, this analysis also runs throughout Fanon's critical analysis of post-colonial development discussed in "The Trials and Tribulations of National Consciousness" from *The Wretched of the Earth*. Fanon begins the chapter by noting that the 'leader' and the 'party' become trapped in the same eternal repetition of the same (Fanon 2004: 97-121). He then devotes the remainder of the chapter to thinking through how to decolonise the institutions through the process of instituting economic reforms (nationalising specific sectors of the economy) (Ibid.: 123), the language used by the party (Ibid.: 124) and the organisational structure of the party (Ibid.: 127-129).

As Guattari noted, revolutions create institutions, but these institutions will not necessarily be emancipatory (Guattari 2015: 214). For both Fanon and Guattari it is not so much a matter of waiting for revolutions to occur. Rather we must look for the resistant possibilities for change in all interactions (Ibid.: 93). Fanon demonstrates that revolution may create the possibilities for a radical reorganisation of institutions, but for institutions to transform in such a way as to open up new horizons of possibility, change depends on the capacity of groups articulate their position (Guattari 2015: 132). Dialogue, the intervention of one group into other groups and vice versa, compels clarity in relation to the group's project to imagine an outside and an end to their project. This is what, for Guattari, differentiates a 'subjugated group,' a group that receives their laws from the outside, and can only be reactive in their resistance (Ibid.: 64), from a 'subject-group,' a group that actively resists submission to external groups and conditions and, in doing so, is able to rearticulate its own law and projects (Ibid.: 68).

Concluding Remarks

Through an examination of Fanon and Guattari's therapeutic work and their respective political commitments, I have attempted to illustrate the importance and specificity that the concepts crisis and resistance have in Institutional Psychotherapy's theoretically informed practice. As a militant movement committed to a specific Freudian-Marxist approach to mental health, their analytic focus, by necessity, addresses the problems of double alienation: mental and social. In as much as alienation is a double process, so too must the concepts crisis and resistance be understood as working along the same duality. Drawing

on the foundational work theorising psychosis done by Lacan, crisis is seen as always acting at once on both the social and psyche. This is what Fanon, following Lacan, referred to as the pure psychogenesis of psychosis; the way that 'madness' is always the product of social crisis that in turn impacts the subject's psyche.

Resistance also must be understood as having an intrinsic dual nature. On the one hand, resistance manifested by people experiencing forms of confinement, or what Fanon referred to as the deprivations of liberty, can only be reactive. This produces what Guattari termed a 'subjugated group,' a group that is trapped in a constant reactive position and, as such, is unable to define itself beyond its relation to external forces of crisis. This group experiences a 'radical powerlessness' where they are unable to affirm anything beyond the supremacy of what they nominally oppose. On the other hand, a subject-group is a group that is able to enact an affirmative form of resistance. This form of resistance is able to creatively resist an adversary by changing the conditions in which it acts, thereby creating an other space beyond the power it opposes, and in doing so subverting its adversary's capacity to resist. The subject-group is therefore able to achieve a large degree of autonomy insofar as it is able to articulate its own law and its own projects.

What is perhaps most striking about Institutional Psychotherapy and its corresponding methodological approach, institutional analysis, is the way in which it is able to respond to our present psychosocial environment. As the introduction to this collection indicated, there is a renewed urgency to revisit big issues like revolution, resistance, psychosis, and fascism. Institutional Psychotherapy is a wellspring of theory and practice from which to draw in these

renewed calls to actionable thought. In the most literal sense possible, this is a movement born out of the need to creatively resist fascism. Institutional Psychotherapy's duty to care carries an implicit political obligation: to adjust the individual to fit the society can only harm them if the society is foundationally repressive (be it the 'concentration camp' Vichy society, the colonized society or the psychotic neoliberal society), so to treat the individual you must change the milieu in which you work. Given the omnipresent sense of crisis that permeates our current affective environment, theorists and practitioners alike would do well to draw on the 'toolbox' of theories and theoretically informed practices provided by Institutional Psychotherapy.

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