

LA BORDE: A CLINIC UNLIKE ANY OTHER

Since 1955 I have worked at the clinic of La Borde; I was invited to collaborate on this experiment by my friend Jean Oury, who is its founder and principal director. The Château de la Borde is situated ten miles south of Blois [one hour south of Paris] in the Cour-Cheverny district. During these early years, it was truly fascinating to participate in the formation of the institutions and facilities of what would become the first experiment in "Institutional Psychotherapy" in the context of a private establishment. Our material resources were even smaller than they are today, but our freedom of action was greater. There were no psychiatric hospitals in the department of Loir and Cher at this time, the one in Blois having been closed during the war. Also, the authorities looked favorably upon the establishment of this clinic "like no other" that almost completely fulfilled the needs of the department.

It was then that I learned about psychosis and the impact that institutional work could have on it. These two aspects are profoundly interconnected, because psychotic traits are essentially disfigured in the context of traditional prison systems. Psychosis can show its true face only in a collective life developed around it within appropriate institutions, a face that is certainly not one of strangeness or violence, as one all too often believes, but one of a different relation to the world.

With the exception of a few pilot programs like those of Saint Alban in Lozère, or Fleury-les-Aubrais in the Loiret, French psychiatry in the 1950s had the grisly look one still finds today, for example, in Greece on the island of Leros or in the hospital of Daphni near Athens. Psychotics, objects of a system of quasi-zoological guardianship, necessarily take on an almost bestial allure, turning in circles all day long, knocking their heads against the walls, shouting, fighting, crouching in filth and excrement. These patients, whose understanding and relations with others are disturbed, slowly lose their human characteristics, becoming deaf and blind to all social communication. Their guardians, who at that time had no training at all, were forced to retreat behind a sort of armor of inhumanity if they wanted to avoid depression and despair themselves.

So I frequented Jean Oury since the early 1950s. He had been trained in the profession by François Tosquelles at Saint Alban, where a truly internal revolution had occurred during the war through the struggle for collective survival, the opening up to the outside world, the introduction of group methods, workshops, psychotherapies. Before meeting Jean Oury, I, too, thought madness embodied a sort of inversion of the world—strange, disquieting, and fascinating. In the communal style of life at La Borde in those years, the patients appeared to me in a completely different aspect: familiar, friendly, human. A sense of true emulation existed among personnel at the meetings that were held each evening at six o'clock to keep everyone informed about what had been said and done in the course of the day. For instance: such and such a catatonic had just spoken for the first time, or another had come of his own free will to work in the kitchen.

Jean Oury then asked me to join his team—and, consequently, to interrupt my studies in philosophy—because he needed my help, so he believed, in developing an intrahospital committee: the

Patients' Club, to be specific. My presumed competence in this domain was due to the fact that since the age of sixteen I had always been a "militant" in organizations like the "Youth Hostels" and a whole range of activities for the extreme left. In a few months' time, I had contributed to the establishment of multiple collective proceedings: general assemblies, joint commissions between patients and personnel, and "workshops" of all kinds—newspaper, drawing, sewing, chickens raising, gardening, etc.

But to do this, it was not enough to mobilize the sick, one also had to count on a maximum of personnel members getting involved. This presented no difficulty at all with the original team of organizers, who had been co-opted, as I myself had been, on the basis of a common goal and a certain anterior "activism." But it was not the same with the staff members who were local and had left a job or farm in order to work at the clinic as a cook, gardener, maid, or maintenance man. How then were these newcomers to be initiated to our psychiatric methods? How did one avoid creating a rift between the presumably "noble" tasks of the medical staff and the thankless, material tasks of the service personnel? (Depending on their position, the latter nonetheless regarded manual labor alone to be effective, while the "supervisors" merely babbled at useless meetings.)

At this stage of development, the institutional process demanded that an internal mini-revolution be undertaken: it required all service personnel work to be integrated with medical work, and that, reciprocally, medical staff be drafted for material tasks such as cleaning, cooking, dishwashing, maintenance, etc. Paradoxically, the second aspect of this mini-revolution posed fewer problems than the first. The medical staff, without too much fuss, agreed to take turns with the material chores, which enriched their encounters and dialogue with the patients. By contrast, it was much more difficult to get people who had been hired as laundresses, maids, or

bookkeepers to collaborate in the care of patients and collective activities. Some were afraid of giving injections, others couldn't bear working at night or organizing meetings. And yet, in a few months time, the clinic's institutional landscape would change radically. An old washerwoman proved very capable at running the print workshop and editorial committee of the newspaper; another excelled in sporting activities, a former metallurgist showed great talent leading mime shows ...

The organization of the staff got more complex as tasks became more differentiated. Henceforth, one could no longer be content with a simple work schedule and holidays. A very elaborate "grid," or table, with dual-entries for the amount of time and the type of task, was used to account for those, in particular, who worked on a rota basis and to ensure that nursing, supervisory, and ordinary custodial activities were made compatible. In order to manage such a schedule, it became necessary to put a group of supervisors in place with an overall view of the needs of the institution and, in some respects, to assume the function of a chief of personnel, which had never existed before at La Borde.

A description as condensed as this may lead one to believe there was a linear development, while in practice the most unforeseen difficulties never stopped coming up because of certain resistances, blunders, practical obstacles of all kinds. Again and again, each problem had to be taken-up and reargued without ever losing sight of the basic orientation that consisted of gradually desegregating the doctor-patient relationship as much as that between medical staff and service personnel. This constant activity of calling things into question seems pointless and confusing in the eyes of an organizer-counsel, and yet it is through this activity alone that individual and collective assumptions of responsibility can be instituted, the only remedy to bureaucratic routine and passivity generated by traditional hierarchical systems.

A word that was fashionable then was "seriality," which was defined, according to Jean-Paul Sartre, the repetitive and empty character of a mode of existence arising from the way a practice or an inert group functioned. What we aimed for through our multiple activities, and above all through the assumption of responsibility with regard to oneself and to others, was to be disengaged from seriality and to make individuals and groups reappropriate the meaning of their existence in an ethical and no longer technocratic perspective. It was a matter of bringing forward the sort of activities that favor an assumption of collective responsibility and yet are founded on a resingularization of the relation to work and, more generally, personal existence. The institutional machine that was positioned didn't simply remodel the existing subjectivities, but endeavored, instead, to produce a new type of subjectivity. The supervisors created by the "rotations," guided by the "schedule" and actively participating in the "information meetings," gradually became, with training, very different people from what they had been upon arrival at the clinic. Not only did they familiarize themselves with the world of madness (as the Labordian system revealed it to be), not only did they learn new techniques, but their whole way of seeing and living was modified. More specifically, they shed that protective armor with which so many nurses, educators and social workers guard themselves against an alterity that unsettles them.

It was the same with the psychotic patients: some of them revealed expressive capacities totally unforeseen—for example, of a pictorial nature—which pursuing their lives in an ordinary setting would never have permitted them to become remotely aware of. The office employees preferred to assume the material tasks, farmers devoted themselves to managing the patient club, and both got more out of it than mere entertainment: they discovered a whole new relationship to the world.

And this is the essential thing, this change of relation with the world that, for the psychotic, corresponds to a readjustment of the components of personality. The world and the "other" no longer speak to him with the same voice or with that troubling insistence that replaces a reassuring neutrality. But let's not be mistaken: this alterity, or world, with which psychosis has a dialogue is not exclusively of an imaginary, delirious, or fantasy order. It also manifests itself in quotidian, social, and material reality. On the imaginary side, psychotherapies can intervene by way of "projective equivalents" in order to restore the body, mend wounds to the self, and forge new existential territories. On the real sides, it is the intersubjective field and the pragmatic context that can be expected to bring about new responses. For example, Gisela Pankow, in her attempts at dynamic restructuring of the psychotic body, frequently uses the medium of modeling plaster in order to allow plastic expression where spoken language fails. At La Borde, our modeling plaster is the institutional matter engendered throughout the tangle of workshops and meetings, as well as daily life in the dining rooms and bedrooms, in sports, games, and cultural life ... The range of expressive possibilities is not given in advance like the colors in a painting, but for the most part is reserved for innovation and improvisation of new activities.

Collective life, conceived according to rigid schemas, according to a ritualization of the quotidian, a regular and terminal hierarchization of responsibility—in short, "serialized" collective life—can become a desperate plight for patients as well as medical staff. It is surprising to realize that with the same microsociological "notes" one can compose a completely different institutional score. At La Borde, one can count about forty different activities for a population consisting of just a hundred patients and seventy staff members. There is an almost baroque treatment at the institution, always in search of new themes and variations in order to confer its

seal of singularity—i.e., of finitude and authenticity—to the slightest gestures, the shortest encounters that take place in such a context.

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 such a virtual enlargement of the institutional practice 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 of 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—and also the conditions of study in which the problem, I dare say, began to seethe at the very heart of the Students’ National Insurance (*Mutuelle Nationale des Etudiants*), where I had become a “technical counselor,” and in the National Union of Students (*UNEF*), which had become a catalyst for the events of 1968. As I see it, all social segments should undergo, step by step, a veritable molecular revolution, i.e., a permanent reinvention. In no way did I suggest extending the experiment of La Borde to the whole of society, no single model being materially transposable in this way. Yet it seemed to me that subjectivity, at any stage of the *socius* worth considering, did not occur by itself, but was produced by certain conditions, and that these conditions could be modified through multiple procedures in a way that would channel it in a more creative direction.

Already in archaic societies, myths and initiation rites work to mould the subjective positions of each individual within age group, sex, function, race. In developed industrial societies, one finds the equivalent of these systems-of-entry in subjective arrangements, but under standardized forms producing nothing more than a serialized subjectivity. The “fabrication” of a subject now passes

through a long and complicated process involving the family, school, “machinic” systems (like TV, various media, sports, etc.). I must insist on the fact that it is not only the cognitive content of subjectivity that undergoes modelization, but also every other facet, whether affective, perceptive, volitional, mnemonic ...

By working day to day with its hundred or so patients, La Borde gradually found itself involved in wider, global issues of health, pedagogy, prison conditions, femininity, architecture, urbanism. About twenty sector-based research groups were organized around the thematic of “institutional analysis,” which implied that the analysis of formations of the unconscious did not only concern the two protagonists of classical psychoanalysis, but could encompass other, more ample social segments. Toward the mid-1960s, these groups were confederated in an organism called the FGERI (*Fédération des Groupes d’Etude et de Recherche Institutionnelle*). This organism was soon superseded by an institutional research center, CERFI (*Centre d’Etude, Recherche, et Formation Institutionnelle*), which published a magazine called *Recherches*. Fifty special issues of this magazine were published. The most famous of these was, no doubt, the one entitled “Three Billion Perverts,” edited by Guy Hocquenghem and René Schérer, which dealt with “deviant” forms of sexuality. This issue led to legal proceedings for “offending established values,” a trial at which I was convicted as director of the magazine.¹

Another memorable issue of *Recherches*, around 1966, was devoted to the program planning of psychiatric facilities. The crust of French psychiatry had united around two program planners appointed by the Ministry of Health and around a group of young architects of the FGERI, both proponents of the Institutional Psychotherapy trend as well as the *Secteur* trend, preoccupied above all with extra-hospital facilities such as nursing homes, day hospitals, workshops, and dispensaries. We recommended, then, a

stop to any new construction of psychiatric hospitals—institutional dinosaurs destined to disappear anyway—and the planning of facilities with fewer than a hundred beds, directly located in urban areas corresponding to the new *Secteur* divisions. Time has shown we were right. But we were not heard. In fact, Georges Pompidou, President of the Republic at the time, who favored development, had offered construction companies an immense market that consisted in equipping each regional department with new psychiatric hospitals, conceived according to the old model, i.e., the prison type—cut off from the social fabric and hyperconcentrated. This was a decision that, after several years, proved to be completely shortsighted, the new facilities corresponding in no way to real needs. It was also in this special edition on “Architecture and Psychiatry” that I made the acquaintance of an Italian group that would have great importance to me: Franco Basaglia, Giovanni Jervis, and Franco Minguzzi.

Two issues of the magazine were devoted to the “Days of Alienated Childhood” organized by Maud Manonni with the participation of Jacques Lacan. It was then that I met Ronald Laing and David Cooper who, also, would become friends and a source of inspiration, although I never espoused their brand of “antipsychiatry.” If one puts aside certain demagogic exaggerations that occurred (along the lines of: “madness does not exist,” or “all psychiatrists are cops”), the antipsychiatry movement can be credited with shaking up opinion about the fate reserved in society for the mentally ill, which the different reformist tendencies of European psychiatry had never succeeded in doing. Unfortunately, the revelation for the public at large, with respect to madness as portrayed in films like Kenneth Loach’s *Family Life* or the work of Mary Barnes, was not accompanied by a single concrete proposition for reforming the situation. Communal experiments like that of “Kingsley Hall” in London remained the exception, yet did not

seem broadly applicable in any general way that could transform English psychiatry as a whole. Another criticism I would make against Laing and Cooper’s school of thought was their acceptance of a pretty reductionist conception of mental illness, psychosis appearing to them as the consequence of intrafamilial conflicts. It was at this time that the famous “double bind” was popularized, which was supposed to generate the most serious behavioral problems as a consequence of the reception, by the “designated patient,” of a contradictory message by members of his family (“I ask you to do something, but I secretly want you to do the opposite”). It was clearly a very simplistic interpretation of the etiology of psychoses which had, among other negative effects, the one of laying the blame on psychotics’ families who had already experienced enough difficulties as it was.

For its part, the Italian school *Psichiatria Democratica*, which had formed around its charismatic leader, Franco Basaglia, never bothered with such theoretical considerations about the genesis of schizophrenia or curative techniques. It focused most of its activity on the global social field, allying itself to the parties and unions of the left with the goal, pure and simple, of closing psychiatric hospitals in Italy. It finally succeeded in doing this ten years ago with Law 180, whose adoption, unfortunately, roughly coincided with Basaglia’s own death. The psychiatric hospitals were closed, in general, under the worst conditions, i.e., without setting up any real alternative. Patients were abandoned, as was the case in the USA with the “Kennedy Act,” which closed the big American psychiatric hospitals for purely economic reasons, forcing tens of thousands of the mentally ill into the streets. In Italy, associations of the families of the mentally ill were organized to demand the reopening of the old asylums. The solution, which consisted of placing psychiatric services in the middle of general hospitals, proved illusory, these services being isolated and marginalized like

the "poor cousins" of other hospital functions. It must be said, however, that a great distance had been covered between the initial discussions surrounding this project and the enactment of Law 180. The whole idea of the suppression of psychiatric hospitals appeared in the context of the social activism of the 1960s, favorable as it was to all sorts of innovations. But in 1980, this contestatory and creative wave was washing out, giving way to a new form of social conservatism. Whatever the case, Italian reformers of psychiatry had put their finger on the essential problem: only the sensitization and mobilization of the entire social context could create conditions favorable to real transformation. Certain experiments like that of Trieste offered living proof. In his film *Fous à délier* (Madmen Unbound) Marco Bellocchio showed seriously ill people welcomed in the context of industrial enterprise by union militants who declared that their presence had modified, in a more humane way, the entire climate of the workplace. The idealist character of these experiments makes one smile these days, considering the development of increasingly computerized and robotized industries, yet the global aims of the Italians remain sound. To resituate psychiatry in an urban context does not mean to artificially insert facilities and clinical teams there, but to reinvent it, while at the same time developing other social practices with the direct participation of the populations concerned.

In 1975, on the initiative of a group of friends, Mony Elkaïm (a world-renowned Moroccan psychiatrist specializing in family therapy) convoked a meeting in Brussels during which an International Network of Alternatives to Psychiatry was launched. We proposed to combine and, if possible, to surpass the diverse initiatives inspired by Laing, Cooper, Basaglia, etc. We wanted, above all, to disengage ourselves from the almost exclusively mass-mediated character of anti-psychiatry in order to launch a movement that effectively engaged mental health workers and patients. Under

the aegis of this network, important meetings took place in Paris, Trieste, San Francisco, as well as in Mexico and Spain. This network continues to exist today. It is principally led by the successors of Franco Basaglia in Trieste who have regrouped around Franco Rotelli. Because of certain developments, by which I mean a certain intellectual evolution, it has renounced many of its initial positions, at least in their more utopian aspects. The Trieste teams are concentrating on converting existing psychiatric facilities by opening them up not only to the urban scene (as French proponents of the politics of *Secteur* had recommended in a somewhat more formal fashion), but by opening them up to the social in general. There is an important nuance here. One can create light psychiatric facilities in the midst of the urban fabric without necessarily working in the social field. One has simply miniaturized the old, segregative structures and, despite oneself, internalized them. The practice being developed today in Trieste is different.

Without denying the specificity of the problems posed by the mentally ill, the institutions created, like the cooperatives, concern other categories of the population that are also in need of assistance. In this way, issues relating to drug-addiction, ex-convicts, troubled youths, etc., are no longer artificially separated. The work done through the cooperatives is not a simple ergotherapy; it is integrated into the wider social field, which does not prevent particular approaches being adapted for different kinds of handicaps. Here, then, one is moving in the direction of a general desegregation.

Unfortunately, in France and many other countries, official orientation is toward reinforcing segregation: the chronically ill are placed in establishments for the "long-term," which means, in fact, leaving them to crouch in isolation and inactivity; acute cases get special services as do alcoholics, drug users, Alzheimer's patients, etc. Our experience at La Borde has shown us, on the contrary, that a mixture of different nosographic categories and regular encounters

between different age groups could constitute nonnegligible therapeutic vectors. Segregative attitudes form a whole: those one encounters among mental illnesses; those that isolate the mentally ill from the "normal" world; those one finds with respect to "problem children"; those that relegate the old to a sort of geriatric ghetto—all participate in the same continuum where one finds racism, xenophobia, and the rejection of cultural and existential differences.

The creation of communal "lifespaces" (*lieux de vie*), independent of official structures, had assumed a certain importance in the south of France. The few "lifespaces"—opened to disturbed children and ex-psychiatric patients alike—that still manage to survive do so with great difficulty, the ministerial guardians having never given up on the idea of establishing certain norms for them despite the fact that their true value consists in the inventiveness they show outside of established frameworks. And yet, more than ever now, the lack of these alternative structures is being felt. They alone can prevent, in some cases, the costly, pathogenic hospitalizations that take place in official structures.

One always comes back to this terrible burden of the state, which weighs heavily on the structures of care and assistance. Vital and creative institutions are long in the making; they involve the formation of dynamic teams who know each other well, with a common background, so many factors that cannot be dictated to by way of administrative circulars. For it should be understood that even now it is the French Minister of Health and Welfare who decides the appointments of psychiatrists in the psychiatric wards and who reviews them about once every two years. An absurd situation: not one psychiatric hospital is under the full directorship of the psychiatrists. All the power is concentrated in the hands of administrators who control entirely the services in the person of directors of general health. This condemns in advance all innovation, be it ever so slight. An experiment like that of François Tosquelles,

during the last World War and after the Liberation, at Saint Albans Hospital in Lozère, would be impossible today. Among the younger generations of psychiatrists, psychologists and nurses, surely the same proportion of people exists today as before, willing to break out of the mediocrity in which French psychiatry is steeped. But these younger generations have their hands tied by a statute that reduces them to mere functionaries. It's an entire conception of public service that should be reconsidered. The state technocracy is accompanied by a kind of corporate spirit among the medical staff. Fortunately, there are some exceptions, as revealed by a few dozen thriving experiments within certain *Secteurs* and certain psychiatric services inspired by institutional psychotherapy. But these experiments are extremely minor and very precarious at the mercy of an untoward shuffling of posts for their principal directors. When the iron curtain was falling over Eastern Europe, an opportunity was lost to sweep our own front door by liquidating all the bureaucratic archaisms that prolong the more absurd and harmful psychiatric institutions. Only a veritable "de-Statization" of French psychiatry can allow the development of a climate of emulation between various innovative programs. I do not recommend here the privatization of psychiatry—private clinics too often simply isolate their patients in rooms without developing a therapeutic social life around them. But to me, it seems that the management of existing facilities, both intra- and extrahospital, be given to those associations and foundations in which all concerned parties are brought together: medical staff, patients (by the intermediary of the therapeutic clubs), family associations, local collectivities, public authorities, Social Security, unions, etc. A maximum number of participants should be involved in the reform of psychiatry to prevent it from folding back on itself. Controls and a priori regulations should be checked and a mechanism for dialogue set up, as well as, naturally, an a posteriori evaluative

mechanism. It seems that this is the only way to get French psychiatry out of the present morass. Let those who want to innovate and be open-minded be able to do so. Let those who prefer to stand still stay as they are (no one can make them change by force!). Yet, a social competition will develop, opinion will exert pressure in one way or another. Anything is better than the present mediocrity with its pseudodebates around abusive internments, etc. It is psychiatry in its entirety that is abusive. One point one can never insist on enough is that medical and technical personnel as well as psychiatrists and psychologists are equally victims of present circumstances in which both patients and staff are literally dying of boredom.

It is also appropriate to expose the behaviorist ideologies at the core of French psychiatry, which relies on the most mechanistic conditioning programs, without taking social life or the singularities and psychic virtualities of the mentally ill into account. It is intolerable that one should turn away from the very essence and existence of humanity, its sense of freedom and responsibility.

Certain dangers also exist with the influence of systemic theories with reference to family therapy. They basically are concerned with intrafamily interaction (the concept of which is perfectly fuzzy) and consist very often of some sort of psychodrama by which the sessions are ritualized and coded according to pseudo-mathematical theories which have no other purpose except to confer a scientific veneer over their operators. Here, I completely set apart the antireductionist school run by Mony Elkaim who, on the contrary, is essentially preoccupied with the resingularization of treatment, i.e., with engaging the therapist in what is most personal, in what permits an irreplaceable seal of authenticity and truth to be conferred on the relation formed between the therapist and the family.

For one thing, the psychoanalytic tendency, which has declined markedly in France, is, up to a certain point, equally responsible for the divestment of young psychiatrists with regard to institutional life. In particular, psychoanalysis of the Lacanian stamp with its esoteric, pretentious character, cut off from all apprehension of the terrain of psychopathology, entertains the idea that only an individual treatment allows access to the "symbolic order" by transcendent routes of interpretation and transference. The truth is completely different and access to neurosis, psychosis, and perversion requires other routes than this type of dual relation. I think that in a few years the "Lacanian pretension" will appear to be exactly what it is: simply ridiculous. The psyche, in essence, is the resultant of multiple and heterogeneous components. It engages, assuredly, the register of language, but also nonverbal means of communication, relations of architectural space, ethological behaviors, economic status, social relations at all levels, and, still more fundamentally, ethical and aesthetic aspirations. Psychiatry is confronted with all these components, including biological dimensions, to which more and more access is being given through psychopharmacology, which makes greater and greater progress every year. I don't mean the use of the "chemical camisole" of the neuroleptics in several psychiatric hospitals, to neutralize the patients. Medications, like any other therapeutic vector, must be "negotiated" with the patients; they require a delicate appreciation of their effects; the dosage, the times taken have to become the object of a sustained dialogue between the patient and the doctor who prescribes them.

Psychoanalysis continues to be marked by an original defect which consists in having been born under the aegis of a scientific (or at least scientific) paradigm. Freud and his successors always wanted to present themselves as scientists who were discovering the universal structures of the psyche. The truth is that they invented

the unconscious and its complexes as great visionaries in other epochs invented new religions, new ways of experiencing the world and social relations. It in no way devalorizes the invention of psychoanalysis in thus placing it under the aegis of an aesthetic paradigm. Treatment is not a work of art, yet it must proceed from the same sort of creativity. Interpretation does not furnish standard keys for resolving general problems founded upon what Lacan called the "mathemes of the unconscious," but it does announce or mark an irreversible bifurcation of the production of subjectivity. In short, it is on the order of "performance," in the sense assumed by this term in the field of contemporary poetry.

The knowledge of the psychoanalyst remains unchallenged up to now. It is a theology in which psychoanalysis has been soaking itself since its infancy. Here again the aesthetic paradigm can be a real help to us. Knowledge is what it is; one can hardly avoid it for the purpose of acquiring a minimum of *tonus*, of consistency, when faced with a patient or faced with an institution. But it is basically made in order to be channeled off into other things. The concepts of art, like those of analysis, come out of this tool box of modelization—the same box (which I introduced over twenty years ago) having been taken up, to my great joy, by Michel Foucault, in order to struggle against the always reemergent dogmatisms. A concept is only worth the life one invests it with. Its function is less for the purpose of guiding representation and action than of catalyzing the universe of reference that frames a pragmatic field. My intention today was not to explain my own concepts of meta-modelization, which attempts to construct a processual unconscious that is turned towards the future rather than fixated upon the stases of the past, starting with the four functions: flows, machinic phyla, existential territories, and the universe of reference. In no way do they propose a more scientific description of the psyche, but they are conceived such that the formations of subjectivity be

essentially open to an ethico-aesthetic pragmatic. Four imperatives are echoed here:

- 1) that of the *irreversibility* of the event-encounter, which gives its stamp of authenticity, of *jamais vu* to the analytic process;
- 2) that of *singularization*, which implies a permanent availability to the occurrence of any rupture of meaning that takes place in opening a new constellation of the universe of reference.
- 3) that of *heterogenesis*, which leads to the search for the specificity of the ontological terrain from which diverse partial components of subjectivation present themselves;
- 4) that of *necessitation*, which presupposes the obligation of an affect, percept, or concept to be actualized in an existential territory marked by finitude and the impossibility of being "translated" into whatever hermeneutic.

One sees that these schizoanalytic imperatives would be equally applicable in the fields of pedagogy, ecology, art, etc. It is the ethico-political root of the analysis—here conceived, I repeat, as the production of subjectivation at any given level.

The activity of theoretical modelization has an existential function. As such, it cannot be the privilege of theoreticians. One day, the right to theory and metamodelization will be inscribed on the pediments of every institution having anything to do with subjectivity.

It is obvious, then, that I do not propose the clinic of La Borde, for example, as an ideal model. Yet I do believe this experiment, despite its various shortcomings, can still be credited with raising certain important issues and indicating the axiological directions by which psychiatry might redefine its specificity, which I would like to sum up in conclusion:

- 1) Individual subjectivity, whether that of the patient or the medical staff, cannot be separated from the collective arrangements

of subjectivity-production; these arrangements involve microsocial dimensions, but also material and unconscious dimensions.

2) The mental health institution could become, if permanently rearranged for this purpose, a very elaborate instrument for the enrichment of individual and collective subjectivity and for the reconfiguration of existential territories concerning—all at once—the body, the self, living space, relations with others . . .

3) To properly maintain their position within the therapeutic process, the material dimensions of the institution imply that the said “service” personnel be involved in every institutional facet according to appropriate modalities.

4) Information and training constitute important aspects of a therapeutic institution, but they do not replace the ethico-aesthetic aspects of human life considered in its finitude. No institutional arrangement, any more than an individual treatment, can function authentically unless in the register of truth, i.e., the unicity and irreversibility of the sense of life. This authenticity is not the object of instruction, but could, however, work itself out through individual and collective analytic practices.

5) Thus, the ideal situation would be one in which no two institutions were alike and no individual institution ever cease evolving in the course of time.

BEYOND THE PSYCHOANALYTICAL

UNCONSCIOUS

Individual and collective behavior are governed by multiple factors. Some are of a rational order, or appear to be, like those that can be treated in terms of power relations or economics. Others, however, appear to depend principally on nonrational motivations whose ends are difficult to decipher and which can sometimes even lead individuals or groups to act in ways that are contrary to their obvious interests.

There are numerous ways to approach this “other side” of human rationality. One can deny the problem, or fall back on the usual logic regarding normalcy and proper social adaptation. Considered that way, the world of desires and passions leads to nothing in the end, except to the “jamming” of objective cognition to “noise” in the sense that communication theory uses the term.¹ From this point of view, the only course of action is to correct these defects and facilitate a return to prevailing norms. However, one can also consider that these behaviors belong to a different logic, which deserves to be examined as such. Rather than abandon them to their apparent irrationality they can be treated as a kind of basic material, as an ore, whose life-essential elements, and particularly those relating to humanity’s desires and creative potentialities can be extracted.

According to Freud, this is what the original task of psychoanalysis was supposed to be. But to what extent has it achieved this objective? Has it really become a new “chemistry” of the unconscious