



"Hospitals (Blida)," 1954,
still from an 8mm film by
psychiatrist Georges Daumézon,
who came to Blida-Joinville
Psychiatric Hospital following
an invitation by Frantz Fanon.
Archive Cinémathèque de
Bretagne.

Geo-psychiatry: Media and the Ecologies of Madness

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1. Madness, Media, Milieus

What possible role, if any, could such environmental elements as geography, ecology, and milieu be ascribed within the psychotherapeutic process? Particularly in the context of decolonial struggles, Frantz Fanon would analyze patients' cases to understand how the "physiognomy" of "mental pathology" mediated the "pathology of atmosphere" of a given political situation.¹ Taking up this question, I discuss a series of media practices developed in critical psychiatry that proposes an environmental and decolonial approach to mental healthcare. Emerging as practices of resistance, these interventions appear all the more relevant in light of current debates on media and environmentality, as they have made crucial contributions to a history of social and participatory repurposing of technology within a project of disalienation.

In the French postwar context, which is the main focus of this article, Félix Guattari, among others, pursued this line of thought, starting around 1953, with his participation in the collective invention of the experimental psychiatric clinic La Borde. In analyzing the relation between the mental and the environmental realms, Guattari addressed the problem of how one might "rearrange a disalienated, de-serialized subjectivity." He considered subjectivity to be intrinsically processual because it "produces its own existence through a process of singularization" and, as such, "engenders itself as *existential territory*."² Following upon this environmentalization of subjectivity, Guattari proposed in his 1989 essay on *The Three Ecologies* to critically expand the notion of "ecology" far beyond the biological domain of environmentalism. By including subjectivity in its mental, collective, and unconscious formations, but also social relations, into the realm of what he called "an ecosophy," Guattari showed that the ecological space of subjectivity can be an object of "erosion" and extraction via the homogenizing media regime.³ Far from conceptualizing merely human or individual domains, this emphasis on the environmental conditions of subjectivity was marked by a lifelong

experimental schizoanalytic practice at the clinic La Borde. Aware of the challenge that psychosis poses to the communicative modalities of language, Guattari sought to confront this limit in his therapeutic work by engaging the patients in a milieu-oriented approach involving the media and social structures of the hospital. At the same time, for him, environmental politics could not succeed without questioning the machines of segregation wherein collective subjectivity elaborates its “polarities”: its privileged and valorized zones but also its zones of “repression, of negation.”⁴ From this perspective, the ecosophic project emphasized “symptoms and incidents outside the norm” as crucial elements in the processes of subjectification in an emergent age characterized by the machinic production of “signs, images, and syntax,” and the incipient development of “artificial intelligence.”⁵

The transformation of institutional analysis into an ecosophic project was driven by an issue that seems only to have gained urgency. Several contemporary theories that address growing modes of surveillance, models of climate engineering, and artificial neural networks posit a new apparatus of capture that has “environmentalized itself.”⁶ Deriving a notion of environmentality from Martin Heidegger’s *Umweltlichkeit*, Michel Foucault’s “governmentality,” and Guattari’s analysis of capital as the “integral of power formations,” Erich Hörl diagnoses the current planetary situation as an “environmentalitarian” one.⁷ Along with Peter K. Haff he sees technology becoming “an autonomous entity and matrix.” This leads to a double, or even circular, hypothesis; namely, of a governmentality that operates on cyberneticized, ecological principles of self-organization while the “biosphere,” in turn, becomes “the technosphere,” a “milieu of milieux” revealing “the absolute beyond all purpose.”⁸ This perspective overlooks, as others have shown, that Foucault’s central concepts, such as “life,” develop their social-philosophical and consequently power-analytic significance via their recourse to Georges Canguilhem’s analysis of the “living and its milieu.”⁹ Similarly, Eric de Bruyn critically observes that Hörl’s general ecology gestures toward a “technological sublime” while restricting “aesthetic and political” dimensions in which cultural and artistic practices are inscribed.¹⁰ Furthermore, by subordinating the aesthetic—bodily, perceptive—realms of the environment to a politics of technoecological capture and control, Hörl evades the social relations in which technology and its development are crucially embedded.

Returning to Guattari, I maintain that a reconstruction of social and individual practices is precisely what the French psychotherapist articulated under the so-called ethico-aesthetic aegis of the three ecologies: mental, social, and environmental.¹¹ As Henning Schmidgen argues, Guattari’s machine theory is a funda-

mental counterproject to cybernetics. Rooted in Karl Marx's analysis of production processes—a "machinery" of the working body and the factory—it is equally nourished by the micropolitics of media and milieus that was being established at La Borde.¹² Assimilating *The Three Ecologies* to a pervasive "process of cyberneticization"—which would make our current condition one of a general ecology and its environmental technologies of control—Hörl ignores that Guattari saw the "only true response to the ecological crisis" as rooted not in a technological solution but rather in "an authentic political, social and cultural revolution."¹³ Because of this, Hörl's postulate of a general ecology equally obscures the racially gendered labor and knowledge extraction—a "surrogate humanity," to speak with Neda Atanasoski and Vora Kalindi—on which technological evolution and automation is constituted.¹⁴ Matteo Pasquinelli shows that technical systems are historically intertwined with social intelligence and labor processes, a "sociogenic principle" that Fanon and, following him, Sylvia Wynter, programmatically articulated at the core of mental, colonial, and racial alienation.¹⁵

Addressing these entangled dimensions of environmentality, my text aims to unpack an alternative genealogy, one that critically questions and complicates its understanding as a totalizing signifier of power. In doing so, it maps a constellation of case studies related to the psychiatric reform and resistance movement that, in 1952, was termed "institutional psychotherapy."¹⁶ The movement was initiated during World War II at the psychiatric clinic of Saint-Alban in the French Lozère in resistance to the state-imposed extermination policy directed toward mental health patients—a policy advanced by Nazism and endorsed by the Vichy regime. Institutional psychotherapy, before pursuing any individual treatment, sought to "curl[e] the 'surrounding' and the 'hospital.'"¹⁷ Drawing attention to the fact that the "hospital is ill," the goal was to modulate its "environment," its "ambiance" and "atmosphere."¹⁸ In contrast to the antipsychiatry movement developed later in different contexts by Franco Basaglia and R.D. Laing, institutional psychotherapy aimed not to "negate" or abolish the institution but to transform it into a "place 'open' both inside and outside."¹⁹ According to Jean Oury, the founder of La Borde, it consisted in an "*act of setting up means of all kinds to fight, every day, against all that could turn the whole of the 'collective' toward a concentrationary or segregationist structure.*"²⁰

Undertaking a Marxist rereading of psychoanalysis, institutional psychotherapy operated via group therapies and a radical restructuring of psychiatric institutions, actively involving patients in these processes. Introduced by the Catalan psychiatrist, anarcho-syndicalist, and member of the Partido Obrero de Unificación

Marxista (POUM) François Tosquelles, together with psychiatrists Lucien Bonnafé, André Chaurand, and André Clément, during the Occupation, the movement was carried out by a highly heterogeneous group: surrealist artists, nuns from the Saint-Régis community, Jewish refugees, and philosophers and resistance fighters, among them Canguilhem, Tristan Tzara, Jacques Matarasso, Paul Éluard, and Nusch Éluard.²¹ This entangled activity of political resistance and mental “disalienation” became key to institutional psychotherapy, which was later developed and transformed by authors such as Fanon, Guattari, and Oury—who all spent significant time at Saint-Alban—as well as Anne Querrien, Ginette Michaud, Danielle Sivadon, and Fernand Deligny.

Already in 1945, the disalienationist approach considered “madness” to be a “disorder in the relationship between the self and the world.” Combining Marxist analysis with Gestalt psychology, alienation was conceptualized as a double estrangement: both mental and social alienation of the self from its “participation in the environment.”²² Whether at Saint-Alban or the Blida-Joinville clinic in Algeria, at La Borde or among the network for children with autism in the Cévennes in France, such clinical practices went hand in hand with an environmental approach to mental health. They involved a highly experimental use of media such as film, printing workshops, cartography, and audio recording in the formation of therapeutic environments. Those media served to collectively reinvent and reimagine the geography of the present: to produce environments, institutions, and milieus that would facilitate psychological therapy and healing. In contrast to artistic production, such as it was theorized by notions of *art brut* or outsider art, those practices were radically processual and “infinitive”: complex activities entangled with modes and milieus of existence.²³ In this sense, they were inscribed and situated in those social, mental, and geographic milieus where their therapeutic, aesthetic, and political functions were closely intertwined.

My text analyzes a series of such media and milieu practices developed in the frame of institutional psychotherapy through the prism of “geo-psychiatry.” By *géo-psychiatrie* Tosquelles and Bonnafé meant the environmental approach to the clinic developed during the war. Its “migrant work” conceived of the hospital no longer as a guarded island but as a social and mental “bridge” between worlds, as a support for the patients to reestablish their social relations.²⁴ In this way it connected the clinic’s internal transformation with its outside context while (re)politicizing the notion of “human geography” to the extent of questioning society’s *politics of space*, which has crystallized in concentrationary modes of confinement. My thesis excavates the manifold relations between “geo,” the earth, and

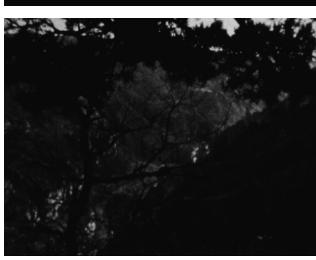
mental healthcare, stating that geo-psychiatry was central to the development of the milieu-oriented theory and practice of institutional psychotherapy. Furthermore, the emerging therapeutic environments were entangled with various “techniques of mediation” that involved the intertwining of spatial with aesthetic mediation.²⁵ Suggesting an immanent relation between the notions of medium and milieu, institutional psychotherapy introduced film as a complex medium for transforming the mental, social, and perceptual (aesthetic) milieus of clinical care. In this sense, my analysis of the psychiatric experiments within the framework of institutional psychotherapy contributes not to the history of ideas—for that, see Camille Robcis’s revealing study on *Disalienation*—but to the history and archaeology of media involved in the critical transformation of mental and aesthetic environments.²⁶

I begin by revisiting the 1940s resistance collective at Saint-Alban, the Société du Gévaudan, which was crucial for the formation of geo-psychiatry as a method. Bringing in a constellation of the geography and the milieu theories of Paul Vidal de La Blache, Lucien Febvre, Canguilhem, and Kurt Goldstein, I show how institutional psychotherapy critically redefined *milieu* as an instrument of mental and social disalienation. Rejecting the racist nosographic categories of medical pathology, this approach adopted Goldstein’s and Canguilhem’s redefinition of illness as *forme de vie* (form of life), which originates in the “experience human beings have of their immediate relationships with the environment [*milieu*].”²⁷ Furthermore, geo-psychiatry implemented environmental thinking that radically opposed the determinist and teleological foundations of human geography, as formulated by Friedrich Ratzel and applied in colonial regimes. The final part of the text reads Fanon’s implementation of “social therapy” in Blida-Joinville against the backdrop of colonial occupation and war in Algeria. Fanon adapted and transformed Tosquelle’s politico-environmental vision of mental symptoms. He ascribed the mental disorders he observed to the “pathology of atmosphere,” a pervasive degree of violence and alienation giving the impression that “people are caught up in a veritable Apocalypse.”²⁸ Analyzing the symptoms that arose under such circumstances—lives lived in the modality of an “unfinished death” or a culture caught in a state of “unending agony”—as simultaneously being “a symptom and a cure,” Fanon unravels the complex entwinement of psychosomatic suffering with elements of resistance to the catastrophic horizon of colonial domination.²⁹

As different as they were, those concrete practices of milieu design redefined aesthetic mediation as an active instrument of geographic and ecological transformation, enabling subjects to unfold their lives as fully as possible. This



Left and opposite:
Stills from *Helena and François Tosquelle, Société lozérienne d'hygiène mentale, Institut Jean Vigo–Cinémathèque de Perpignan, 1954–1957*, Courtesy Michel Tosquelle.



understanding of a milieu as a medium of the dialectic between human beings and their surroundings, as theorized by Goldstein, Tosquelle, and Canguilhem, led to the conception of subjects as capable of setting their own norms and defining their singular modes of existence. Against the dehumanizing, colonial, and devalorizing psychiatry of his time, Tosquelle crucially claimed “madness” to be “a human phenomenon” endowed with “freedom, responsibility and meaning.”³⁰

2. Geo-psychiatry, or How to Think with the Feet?

The film *Société lozérienne d'hygiène mentale* (Lozerien Society of Mental Hygiene), produced from 1954 to 1957 by Helena Tosquelle and François Tosquelle together with the patients of Saint-Alban, documents the radical transformations of the clinic, revealing the complex of institutional psychotherapy. Made with an 8 mm Paillard camera, the film was shown at Saint-Alban and circulated in the confines of other psychiatric institutions in three parts: “Social Therapy,” “Ergo-therapy,” and “Parties” [fêtes]. It presents the clinic as a “society,” a formation of resistance against the given conditions of confinement.³¹ It opens with a cartographic sequence that situates Saint-Alban in the rural department of Lozère and the mountainous and sparse ecology of the Margeride in southern France. This precise geographic and environmental inscription reveals a crucial geo-psychiatric gesture bridging the hospital and its surroundings.

The film’s opening sequence is partly shot from inside the car used to pick up, visit, and accompany patients back to their homes: “in winter it was not easy, and even often in spring, or in May, with the snowdrifts on the summits of the Margeride.”³² An important element of geo-psychiatry allowing for mobility, the car had been introduced as a therapeutic tool by Agnès Masson in the 1930s. Masson was a socialist and feminist psychiatrist who fled fascism in Italy and became the first female director of an asylum

in France. She led Saint-Alban from 1933 to 1936, gradually implementing a project for its “modernisation.”³³ Situated at an altitude of one thousand meters in Southern France, the hospital was difficult to access. Its geographical location in the peripheral, remote area favored its transformation during the German Occupation into

a place of refuge and resistance.

Tosquelle was no exception. Following an invitation from psychiatrist Paul Balvet, he joined Saint-Alban in January 1940 after having spent three months at Septfonds, a concentration camp for Spanish refugees. Tosquelle's entangled political and psychiatric trajectory was crucial for the articulation of geo-psychiatry as a practice of disalienation. The experimental transformations of Saint-Alban—as documented and continued in the film *Société lozérienne*—were significantly informed by this trajectory: the experience of migration and exile following the Spanish Civil War and a series of experiments in “extensive psychiatry.” The latter were introduced by Emilio Mira y López, a professor of psychiatry at the University of Barcelona and Tosquelle's friend and colleague at the Institut Pere Mata in Reus. From 1931 to 1936, Barcelona became a “little Vienna,” welcoming psychiatrists and psychoanalysts fleeing Fascism and Nazism, including Werner Wolff, Sandor Eimender, Ferenc Oliver Brachfeld, and Alfred Strauss.

“Extensive psychiatry” was an interdisciplinary approach that expanded psychiatric therapy through the integration of psychoanalysis, psychotechnics, Gestalt psychology, pedagogy, and training in “scenarios of justice” within socially constructed “pragmatic spaces” both inside and outside the clinic.³⁴ As early as 1934, Mira not only introduced Tosquelle to Jacques Lacan's doctoral dissertation on “Paranoid Psychosis in Its Relations with Personality” (1932); he also developed a method of “myokinetic psychodiagnostics” that studied bodily motion and the kinetic function of muscle tone. Individual intentions were within Mira's framework of a “science of expression,” considered as *in-tensions*; that is, internal tensions recorded in the muscular sphere:

When reading about the motor theory of consciousness, and especially when thinking about the viewpoint of dynamic psychology (or “topology,” as Kurt Lewin calls it), I concluded that there is not only an art of expression but also the possibility of a science of expression, and that a careful observation of the postures and gestures of any individual may do much to reveal his [or her] inner attitudes, despite a voluntary intention to simulate or to dissimulate.³⁵



Emphasizing an individual's dynamic social positionality and their "postures and gestures" in a given field has three implications of theoretical, clinical, and political scope. These can be traced in Tosquelles's later contributions to geo-psychiatry, a topic explored in the pioneering video works and writings of artist Angela Melitopoulos and philosopher Maurizio Lazzarato. First, as Melitopoulos observes, unlike the nineteenth and twentieth century's behaviorism and engineering psychology, which viewed the human body as a machine or motor controlled by the brain, Mira's myokinetic studies perceived muscular contractions as movements occurring prior to psychic events.³⁶ This insight into the agency of the somatic and sensory dimensions—continuing the intellectual tradition of Hermann von Helmholtz, who experimentally established around 1850 the gap between stimulus and response—allowed Tosquelles to regard those bodily expressions as equal or even prior to language.³⁷ This perspective later led to a unique spatial, gestural, and relational redefinition of the psychoanalytic notion of transference.

Second, as Mira further develops, the attention directed to muscular tone showed prolific effects in the frame of "occupational therapy" in psychiatric settings, which Tosquelles would later reframe as "ergotherapy": "the performance of new movements would destroy the distorted patterns of muscular reaction that have become fixed and rigid in the individual, thus creating the possibility of the corresponding change in his frame of mind."³⁸

Third, the emphasis on bodily dynamics that Mira's observation situated in a "field" theorized in the holistic or Gestalt approach, led Tosquelles to consider "the human" as "always a migrant"; that is, "someone who goes from one space to another," "the type who goes elsewhere." In consequence, "what matters is the trajectory."³⁹ Far from attempting to decipher any characterological essence in bodily movement and expression, Tosquelles understood those as indicators of the "freedom to roam": "The first human right is the right to wander the earth."⁴⁰ This elementary right to migration, transition, and even "vagabondage" was opposed to colonial occupation of territory, as well as psychiatric exclusion from a milieu of living. It equally relates to an understanding of psychiatry as a creative intervention and decolonial reappropriation of a "human geography," a notion itself deeply marked by the colonial geographical endeavors.

A series of photomontages produced by Tosquelles with photographer Matarasso around 1943 at Saint-Alban testifies to such a somatic reversal. These images—displayed in 2022 at Museo Reina Sofía Madrid in the frame of the foundational exhibition *Francesc Tosquelles. Like a Sewing Machine in a Wheat Field* curated by Carles Guarra and Joana Masó—undertake an inversion of perspective, inspired

La méthode hypocritique [I]
by Tosquelles (date unknown)
was presented in the exhibition
*Francesc Tosquelles. Like a
Sewing Machine in a Wheat Field*
co-organized by Musée Les
Abattoirs, CCCB Centre de
Cultura Contemporània
Barcelona and Museo Reina
Sofía Madrid. This exhibition was
co-curated by Carles Guerra and
Joana Masó. Photography
Roberto Ruiz. Courtesy Archives
Famille Tosquelles.

by surrealism and intertwining themes of migration and exile. Titled *Hypocritical Method*, the series exhibited shows three distinct superimposed photographic variations. The first two montages present a juxtaposition of a pair of feet with a doctor's figure (Tosquelles), but the enlargement of the feet challenges any straightforward association with the figure. The disproportion evokes a body liberated from its conventional organization—a prelude to the idea of a “body without organs,” a notion not explicitly articulated by Tosquelles despite his contemporaneous visits with Antonin Artaud at the Rodez psychiatric hospital. This inversion might echo Georges Bataille’s exploration of the abased part of the body, the “Big Toe,” as exemplified in the photographs Jacques-André Boiffard contributed to Bataille’s 1929 essay for the journal *Documents*.⁴¹ In the work of Tosquelles and Matarasso, feet supplant the traditional position of the head (with the figure positioned as if to tickle the oversized feet). The final image presents a profiled face bisected by shadow, accompanied by a caption in Catalan suggesting an idyllic respite: “The best nap is in the shade of the pear trees.” The visual distortions find their foundation in the dream logic described by Sigmund Freud. The manipulation of visual norms, akin to unconscious processes, hints at Tosquelles’s revaluation of knowledge emerging from displacement and migration, challenging the primacy of reason or intellect. In light of Tosquelles’s “hypocritical method,” as revealed by Guerra and Masó, Salvador Dalí’s “paranoiac-critical method”—a technique developed in the 1930s as a parapsychic mode of production of the visual field—makes new sense. Dalí’s exchange with Lacan, as also manifested in the latter’s dissertation on paranoid psychosis written during the same years, is politicized through Tosquelles’s perspective on psychiatry as “migrant work”: a work of resistance to mental and social alienation.

Tosquelles’s psychiatric service at the front during the Spanish Civil War and his experiments with “mobile psychiatry” on the side of traumatologists, surgeons, nurses, and dentists directed his attention to war as a social situation requiring collective therapeutic effort. Trauma experience under those circumstances, as Masó underlines, made mental healthcare sometimes even more urgent for doctors than for the actual patients.⁴² As Robcis observes, POUM’s anarchist opposition to the Stalinist socialist project and centralization, in favor of “a society of



federated communes” and the agenda of “permanent revolution,” went hand in hand with the gradual decentralization of psychiatric care in Catalonia through the implementation of district divisions referred to as *comarcas*.⁴³ The constellation of those situated political and clinical experiences in Catalonia as well as Tosquelles’s migration and his status as a refugee, a “foreigner” in France, were crucial contributions to the formation of a collective of resistance, the “Société du Gévaudan,” at Saint-Alban.

3. Société du Gévaudan

Under the Occupation, Saint-Alban became an “asylum” in the most “literal sense of this term,” as Raphael Koenig points out. A literal “refuge,” it welcomed not only psychiatric patients but also Jews, resistance activists, and other dissidents.⁴⁴ However, this situation was not a “result” of the “geographical determinism” of the clinic’s scarce, poor, and peripheral location—a view I would oppose to Koenig’s otherwise compelling analysis.⁴⁵ Instead, it served as a strategic starting point for a geo-psychiatric reinvention of the very relationship between the social and the geography, the bodies and their milieus of living. What are the intricate links between the political, geo-psychiatric, and theoretical dimensions in the gradual therapeutic transformations at Saint-Alban in the context of resistance?

Upon arriving in Saint-Alban in January 1940, Tosquelles was aware of the intertwining of social and environmental determinants that characterized psychiatry as both a locus and an instrument of “schizophrenization”:

The hospital is all too easily conceived of as a passive instrument, a stable geographical location, a mechanical support for certain therapies or biological research. . . . Unaware of its character as a concentration camp, all the social relationships that can be detected there reflect those of master and slave; it thus becomes a factor in schizophrenization.⁴⁶

For this reason, Tosquelles immediately recognized the necessity of undertaking “a tour of Lozère to study the markets [*foires*]” to better integrate these elements into the intrahospital clinical work with Balvet.⁴⁷ Establishing relations with the local social structures, including agriculture and dialect, religious communities and gendarmerie, but also cinemas, libraries, and printing houses, was crucial for the formation of the network of resistance. During the Occupation, these relationships informed and supported the resistance and the therapeutic practices of institutional psychotherapy.

In 1942 at the Congrès des Médecins Aliénistes et Neurologistes in Montpellier,

Balvet would denounce the “great misery of psychiatric care,” including the famine that broke out in psychiatric clinics in France during the war.⁴⁸ Besides shortages of food and clinical care, which led to severe malnutrition, cold temperatures and cases of pulmonary tuberculosis caused a staggering toll of more than forty thousand deaths among mental health patients during the Occupation. Against those conditions of “soft extermination,” a series of concrete transformations was undertaken at Saint-Alban operating simultaneously on the topological, environmental, interpersonal, and social levels.⁴⁹ In 1942 the patients’ club was initiated; it later served as a model for an autonomous cooperative system. It allowed the patients to actively define their social and cultural life inside the hospital, to manage their production, their exchange with the region, and the club’s income. To assure their survival over the years of the Occupation, the patients worked in the garden, picked pine cones and mushrooms in the forest, instructed by mushroom exhibitions at the hospital. They were employed on local farms and in vegetable gardens to assist with the harvest. The intrahospital work included sewing, spinning, and knitting for the village farmers. A local exchange economy—a patient’s alcoholic ration might be traded for a villager’s potatoes, for instance—provided further ways for the community to collectively address what was an extreme situation of scarcity.⁵⁰ “As a result,” as Dominique Mabin and René Mabin state, “Saint-Alban was the French psychiatric hospital with the fewest deaths due to famine. There was no ‘extermination douce.’”⁵¹

In 1943 Tosquelle and Bonnafé brought to life the Société du Gévaudan: an open work collective at Saint-Alban, reminiscent of the eighteenth-century Bête du Gévaudan in its title—a half-beast, half-wolf said to prowl the Margeride and attack its inhabitants. This ironic and animistic reference at the heart of the therapeutic collective can be interpreted in multiple intertwined ways. It served to dismantle the hierarchies between doctors, the care team, and clandestine visitors to Saint-Alban who took part in the meetings. The hospital as a whole was henceforth understood in its potential to form a society in opposition to the state and its imposed extermination policy. In various ways, including the film *Société lozérienne*, Tosquelle affirmed the importance of transitioning from asylum as “nonsociety” to asylum as “a society that solicits work and responsibility from the patients.”⁵² Bonnafé equally insisted on the crucial “mutation from the ‘I’ to ‘we’ in the care team.” This led to a collectivization of knowledge production, a theoretical metabolism comparable to the “subject group” formation and collective militant analysis practiced later at La Borde. From the viewpoint of this collective agency, “psychiatric paternalism” appeared merely as “a self-defense tactic which,

in fact, prohibited any attempt at psychiatric therapy.”⁵³

The Gévaudan Society inaugurated an experimental laboratory of ideas and practices that exceeded the disciplinary boundaries of psychiatry and the walls of the hospital. In 1942, Tosquelle started offering courses to nurses, thereby opening the psychiatric care practice to psychoanalysis, phenomenology, and Gestalt psychology. The case of a patient referred to as “Mme C.” exemplifies this cross-disciplinary activity. The poet Paul Éluard, a refugee at Saint-Alban, reflected on an exchange with the same patient in poetic form, while Canguilhem approached the case with phenomenological and existential analysis.⁵⁴ Tosquelle applied psychoanalytic cure with the same patient, and the psychiatrist Chaurand completed the multidimensional proceeding with a Rorschach test. The multiplicity of therapeutic languages and methods reflected the valorization of the complexity of the patient’s “concrete lived experience.”⁵⁵ Far from the prevalent “clinoid attitude” in psychiatry, which “erased the subject behind the symptom,” this polyfocal approach reconsidered the practice and insisted instead on the experimental heterogeneity of perspectives.⁵⁶ Furthermore, integrating different and often opposed psychological methods, but also poetic and epistemic vectors, institutional psychotherapy initiated what Guattari would later theorize as “transversality.”⁵⁷

Canguilhem’s presence at Saint-Alban in June and July 1944 was crucial. His 1943 doctoral dissertation, which questioned the “limits and the dynamism of the normal and the pathological,” had an outsize impact.⁵⁸ Fighting on the side of the Resistance, Canguilhem took refuge in Saint-Alban after narrowly escaping death while retreating from Mont Mouchet. He defended his *thèse* at the Université de Strasbourg, exiled in Clermont-Ferrand, which maintained a vivid exchange with Saint-Alban and its network of resistance. Referring to the neurologist Goldstein, who formulated far-reaching ideas of neuroplasticity and brain catastrophe through his observation of war injuries, Canguilhem affirmed the organism’s capacity to “establish[. . .] new forms of life.”⁵⁹ By redefining the norm as the organism’s creative potential for self-actualization and singularity, Canguilhem could state that “the abnormal, while logically second, is existentially first.”⁶⁰ In this sense, the revalorization of the monstrosity at the heart of the Gévaudan Society can also be traced, via Canguilhem, to Foucault’s later work. “Life is what is capable of error,” the philosopher claims in his preface to Canguilhem’s *The Normal and the Pathological*.⁶¹

Finally, Bonnafé insisted on the ethical and political necessity of thinking the clinic beyond its walls if it was to institute disalienating relations, further defining the Gévaudan Society as “a society with multiple aims”:

There was the constant deepening of the constructive critique of the institution instituted as the site of segregation. There was also, along similar lines, the work to institute disalienating relations in this site dedicated to the production of a system of overalienating relations, and at the same time, the development of open practices, outside the walls [of the hospital], modelled on a “geo-psychiatry.”⁶²

To overcome the concentrationary model of the clinic, its politics of space had to be rethought, an approach that would later find an important echo in Foucault’s critique of institutions. In this way, the spatial dimension was reconceptualized as a medium of the social, while social interventions remediated relations to the environment and geography. Whereas psychiatry before this moment had operated by withdrawing the patient from their environment, geo-psychiatry accentuated its own practice on the reconstruction and restitution of those living milieus. “The asylum was no longer a closed structure,” Tosquelettes affirmed, “but something dialectically incidental to the concrete movement of the very place of origin and belonging of the patients.”⁶³

4. Human Geography

The disalienating approach to institutional psychotherapy—continued in Fanon’s later decolonial social therapy in Blida from 1953 to 1956—had its foundational experience in geo-psychiatry, a practice that emerged from the multilayered activity of resistance against Nazism and Fascism in the 1940s.

In a conversation published in *Recherches*, the journal of collective militant analysis directed by Guattari, Bonnafé and Tosquelettes highlight the importance of Saint-Alban’s extra-hospital activity. Geo-psychiatry was a “migrant work” fostering the development of consultations and medical-educational relationships in the region. It opened an experimental ground for decentralized and community-based mental healthcare, paving the way for sector psychiatry, which was formally established in France in 1960. It offered an aftercare approach at patients’ homes once they left the hospital: “to break bread and share salt together . . . and [to] speak.” This social and geographical connection between the interior and exterior rendered the hospital porous in its endeavors to maintain “contact with the patient” at their place of residence. “Gévaudan society at the time dubbed as geo-psychiatry a form of psychiatry that exists only in relation to its integration into human geography.”⁶⁴

However, human geography was not a neutral notion. The practical experience of the resistance movement had unveiled a new critical perspective on the debate

recherches

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réalisé par Lionel Marnat et François Fontaine
dessins de Misha Gavrilic

histoire de la psychiatrie de secteur ou le secteur impossible?

Apiauleu, Baillon, Baillié-Solin, Bellut, Bonnafé, Daumezon, Guattari, Hazemann,
Laurencéau, Mametz, Mignot, Garry-Paumelle, Rappart, Sabourin, Sivadon,
Torrulles, Trinquelles, Vaille.

Cover of the 17th issue of the journal *Recherches* from March 1975, titled "The History of Sector Psychiatry, or the Impossible Sector?"

around human geography, while the exchange dynamics between the hospital and its surrounding milieus extended beyond mere clinical interventions. The goal of “instituting disalienating relations” led to various forms of collaborative political, environmental, and aesthetic activities far beyond the geographical and social confines of the clinic. Those transformations were further developed in the psychotherapy practices that emerged after the Occupation:

outdoor trips with patients, film clubs both inside and outside the hospital, the intrahospital journal *Trait-d’union*, and theater and poetry performances during feasts and carnivals at Saint-Alban, which welcomed the residents of Lozère.

To understand these interventions and their redefinition of human geography requires a brief excursion into the term’s genesis. This exploration retraces the transition of the notion from the biogeography of Ratzel, the author of *Anthropogeographie*, to the French school of *géographie humaine* of Vidal de La Blache and Febvre. Ratzel suggests that geographical factors such as climate, topography, and resource availability are key determinants in shaping cultural practices and social formations. For him, the capacity of biological adaptation defines the human ability to modify both natural and social and political environments. This evolutionary principle, mediating between geography and history, justifies a biogeographical politics of *Lebensraum* as the organic propensity of a state or nation to expand its borders. In consequence, Ratzel’s inauguration of geopolitics came to serve in the twentieth century as a rationalization for colonial and imperialist interests, far beyond the appropriation of the *Lebensraum* doctrine by Nazi Germany. The Brazilian geographer Milton Santos extrapolates the discussion critically, highlighting geography’s obscure alliances with power: “geography has struggled since its infancy to disconnect itself from powerful interests.” In this way, “one of the great conceptual feats of geography was to hide the role of the state—and of class—in the organization of society and space,” while its other was “to justify the colonial project.”⁶⁵

In his *opus magnum*, published posthumously in 1922 under the title *Les principes de la géographie humaine*, the French geographer Vidal de La Blache opposes to Ratzel’s determinism a more complex vision accentuating human agency. In a chapter titled “Man as a Geographical Factor,” he argues for a proces-

sual interplay between social and environmental elements, placing human beings in a more dialectical position vis-à-vis geography. This points toward his major conceptual rebuttal to Ratzel's biogeography: possibilism. However, stating that the environment offers a range of possibilities to societies, which then make choices based on cultural, historical, and individual factors—or “ways of life” (*genres de vie*)—Vidal de La Blache did not hesitate to dedicate geography to the service of the colonial project.⁶⁶

The work of the historian and cofounder of the *Annales* School, Febvre, along with the writings of Canguilhem, helps to explain how the concrete politicization of possibilism and human geography in the frame of institutional psychotherapy went beyond the mere interplay between modes and ways of life and environmental conditions. Echoing Vidal de la Blache in *La terre et l'évolution humaine*, Febvre claims that the “true and only geographical problem is that of the utilization of possibilities.”⁶⁷ What this seemingly simple thesis entails is a proposal that geographical factors should not be seen merely as constraints or opportunities but as elements deeply entangled with the social, economic, psychological, and cultural aspects of human life, since “nature” is always “already profoundly impregnated and modified by man.”⁶⁸

Both Febvre's and Canguilhem's positions were motivated by an ethical and political engagement against the contemporary rise of fascist ideologies of blood and soil. In his 1935 text, published anonymously under the title *Le fascisme et les paysans* (Fascism and peasants), Canguilhem examines the condition of the peasantry to enhance the discourse of activists fighting against the spread of fascism in rural France.⁶⁹ This engaged take on an autonomous and enlightened peasantry, one able to resist fascist influences, disentangles peasant from soil. As Schmidgen argues, Canguilhem's intellectual dialogue with the sociologist Maurice Halbwachs and Febvre, his colleagues from the Université de Strasbourg, informed his perspective on the environment as a “central theme of a Marxist sociology.”⁷⁰ Exploring Canguilhem's “vitalist Marxism” against the backdrop of contemporary debates around the climate crisis and racist violence, Benjamin Prinz and Schmidgen show how his sociology of *genres de vie* conceived of “life” as a “critical resource for resistance to the capitalist logic of exploitation.”⁷¹

Yet, however revealing Febvre's tone against determinist and idealist geography of his time might sound—a geography that sees society as “the medium through which the State becomes attached to the soil”—it does not escape the opposite trap: a glorification of the agency of the “civilized man.”⁷² Acknowledging the “economic and financial order” behind major geographical interventions, Febvre

concludes his vast study with a celebration of the technological agency of humankind over nature:

He [civilized man] shows himself as a being essentially endowed with initiative, so well armed that he can confront the forces of nature without fear, and with the certainty of succeeding in the end—and of piercing the Isthmus of Panama after that of Suez, and of making a tunnel under the Channel when he wishes, and of freeing himself by the aeroplane from the restriction which the ground places on the movements of men or goods, and, with better reason, of transforming the Nigerian “Mesopotamia” into a vast cotton producing region as soon as he finds it to his industrial interest. . . . So man, civilized to-day, banished from geography as the patient, reappears in the very forefront of it as dominant agent.⁷³

Behind this “geographical physiognomy” is its status as “a landscape,” which Fanon would later call “the natural backdrop” for the colonial presence.⁷⁴ How otherwise could this “geographical introduction to history” leave out such a major historical fact as the British colonization of Nigeria? Furthermore, how can the expansion of cotton cultivation for export—which, from 1921 onward (the time of Febvre’s analysis), was the “centerpiece of colonial policy”—be historically and ethically framed as illustrating “man’s” confrontation with “the forces of nature”?⁷⁵ Finally, how can the same perspective be applied, without further comment, to the construction of an artificial sea-level waterway, the Suez Canal, which served as a major infrastructure in support of the European colonization of Africa?⁷⁶

Against the backdrop of these colonial aspirations and the complex debate around “human geography,” this notion, remarkably, resurfaces as a critical instrument of a disalienationist and decolonial approach within institutional psychotherapy. Against the fascist and concentrationary forces of its time, geo-psychiatry introduced the idea of geography as a place of “exchange”: a situated and concrete milieu of collaboration between heterogeneous groups, involving techniques of spatial and aesthetic mediation as strategies of resistance.

In a text titled “Witnesses of the Outcasts: From Insubordination to Innovation,” Bonnafé describes this process as an act of “reciprocity.” It consisted, on the one hand, in recognizing “the humanity of madness” and revealing “the scandal of its global oppression.” On the other, it entailed the collective becoming a “sensitive ally” of “the insubordination to other oppressions.”⁷⁷ What Bonnafé refers to is the forced displacement, subjugation, and extermination of various groups, considered

“outcasts” by the imperial, racially framed ideologies. The biological determinism applied in psychiatry echoes the geographical determinism prepared by Ratzel’s biogeography. In a similar way, the colonial ethnopsychiatry confronted by Fanon in Algeria resonates with Nazi eugenics.⁷⁸ The alliance—actively organized during the Occupation at Saint-Alban—between and with various marginalized and persecuted individuals reveals a structural equivalence between imperial, fascist, and colonial projects, against which the new geo-psychiatric practice was directed. Bonnafé and the psychiatrist Louis Le Guillant underline the importance of recognizing the affinities between these “multiple minorities,” pointing to the similarities between the ideological mechanisms of their oppression:

To the dominant class, the mentally ill are seen as the Blacks, the indigenous people, the Jews, the proletarians among other patients. Like them, they are victims of a number of prejudices and injustices. But these prejudices and injustices are not at all about the nature of madness. They are those that affect multiple minorities and enslaved human groups, whose members it is convenient to consider as marked by inferiority or even specific and permanent defects, “incurable,” justifying the condition imposed on them.⁷⁹

Not by chance did the geo-psychiatric principle of “working with the environment” imply recognizing alienation as a phenomenon of “relational order” operated in various social and temporal regimes.⁸⁰ From this perspective, Bonnafé redefines the possibilism theorized by Vidal de la Blache and Febvre as a relational and engaged practice. He states that the circumstances of resistance powerfully “mobilized the abilities to *learn how to use* history and human geography.”⁸¹ First, this crucial emphasis on the use value of the theoretical and concrete dimension of human geography abolishes any teleological vision of progress conceived from the perspective of (Western) “civilization,” in favor of a situated and critical intervention. Second, it shifts the understanding of innovation away from any technological positivism toward an introduction of other forms of mediation that would prevent a “mimetic reproduction” of oppressive and concentrationary models.⁸² Bonnafé calls this way of making use of human geography “the principle of non-submission-as-the-source-of-all-innovation [*le principe d’insoumission-source-de-toute-innovation*]” that “demands original critical acuity and perseverance.”⁸³

5. Media and Milieus of Transference

The invention of a series of instruments that enabled interventions into human geography began with a creative redefining of the concept of an *institution* itself.

Geo-psychiatry radically shifted the view of institutions from determined and static objects—a hospital as “a passive instrument” with “a stable geographical location”—toward their processual and open constitution. Foregrounding the participatory and collective practice of “instituting,” Tosquelles contrasted institutions with conventional “establishments,” which he described as places “one settles in”—mere sites “prevented from being institutions”:

An institution is a place of exchanges, with the possibility of exchanges with what is presented; in an exaggerated way, one can say that it is a place where trade, that is, exchanges, becomes possible. In another way, there is no singularity, or process of singularization, except when established in a group, in an institution.⁸⁴

The geographical, social, and mental dimensions of “exchange” constitute an institution; they radically oppose the concentrationary and segregationist tendencies of traditional establishments. In contrast to the latter, institutional exchange implies processes of singularization that equally redefine the psychoanalytic notion of transference (*Übertragung*) toward its collective (social) and environmental (spatial) extensions. “It was about accounting for the specificity of psychosis and reestablishing a metapsychology of transference according to its measure.”⁸⁵ At the same time, for Tosquelles this implied an ethical and political position, considering the communal situation of a clinic in contrast to the psychoanalytic setting of an interpersonal cure: “psychotherapy was truly the work of everyone and not just the psychoanalysts.” This redefined model of psychoanalysis in turn allowed the newly emerging collective agency “to shatter the institutions” in favor of places “that change, that exchange.” Tosquelles understood these as sites “where polyphony, of ‘speech,’ would be, as in psychoanalysis, an instrument of change, bringing forth the subject and not the Ego.”⁸⁶

To do justice to the complexity of this polyphonic and collective modality of speech acts and group settings in a clinic, Tosquelles coined the notion of “multi-referential transference [*transfert multireférentiel*].”⁸⁷ As the psychiatrist Pierre Delion states, “later, [Tosquelles] will specify that transference investments can also be deployed on objects and spaces.”⁸⁸ The fundamental awareness of the spatial and aesthetic dimensions in therapy opened the psychoanalytic theory to elements of Gestalt psychology with its valorization of the perceptual field and its structuring forces. Similarly, institutional psychotherapy broadened the psychoanalytic vocabulary by proposing an analysis of “*situème*” as a spatial equivalent of “*phonème*” in order to account for the complexity of a transference situation:

of bodies and gestures, velocities and sounds that play an essential role in social environments. It was a way to subject the places of care for psychotic individuals to a structural analysis in time.⁸⁹ Emphasizing the spatial extension of this so-called milieu of reference, Oury spoke of “burst transference [*transfert éclaté*],” of “dissociated transference [*transfert dissocié*],” and of the “transferrential constellation [*constellation transférentielle*].”⁹⁰ Guattari adapted this conception of a spatial heterogenesis of relations in his own concept of “transversality.” He defined transversality in the group as a “dimension that tries to overcome both the impasse of pure verticality and that of mere horizontality: it tends to be achieved when there is maximum communication among different levels and, above all, in different meanings.”⁹¹ In sum, the therapeutic redefinition of the institution entailed a remodeling and concomitant theorization of the relational modalities of space, an environment in its immanent social, psychic, semiotic, and aesthetic effects.

To enhance and multiply those vectors of transference, institutional psychotherapy employed various media, such as film, voice recording, cartography, but also sculpture, theater, and press workshops. What was at stake here was not any investigation of medium specificity or the technical conditions of the apparatus as such. Rather, the interventions favored the therapeutic processuality of mediation in its milieu-generative and social dimension. As Guattari claimed, “there is always in a real situation a mediating object that acts as an ambiguous support or medium.”⁹² Such mediation processes, however, are not always rooted in linguistic structures, as being “a *medium* of transmission . . . does not translate into it being an actual message.”⁹³ The mediated milieus served to continuously create new vectors of transference and set in motion new processes of subjectivation in alternative social relations. As Robcis notes, “every hands-on experiment also had a therapeutic purpose, and every therapeutic intervention was always grounded in the practice.”⁹⁴ With regard to those experimental clinical settings, Oury insisted on what he called a “structure of mediation,” which the patient-run “Hospital Committee” of La Borde relied on:

*Institutional psychotherapy is the act of setting up [la mise en place] techniques of mediation. . . . It seems that the Hospital Committee is a solid example in which mediation is established between relationships that can develop from person to person, or from a collective to a person. . . . We can see that we have to try to introduce something, another structure—what we call a “structure of mediation.”*⁹⁵

The film *Société lozérienne d’hygiène mentale* traces the emergence of therapeutic

Left and opposite:
Construction work at Saint-Alban,
stills from *Société lozérienne*.

Ca va changer



milieus at Saint-Alban in which such mediations become possible. Those milieus of “exchange” and “singularization” required an architectural and atmospheric rethinking of clinical spaces. In a sequence that follows directly the geo-psychiatric inscription of the clinic, the patients tear down the walls of the hospital and transform the prison-like interiors into spaces that are porous, shared, and collectively managed.

The carefully edited film sequence of the construction work highlights the chain formed by patients to transport bricks. In this living conveyor belt shaped by singular bodies and concrete gestures, work becomes part of the transferential constellation: a tangible constitution of community and a therapeutic instrument resisting the institutional conditions imposed by the state. “It changes through the effort of everyone,” one of the film’s intertitles comments. Social facilities such as the patient-managed club, the bar, the hair salon, the library, and the organization of parties and carnivals are described as “instruments in the fight against mental suffering”; that is, against symptoms directly related to the experience of war and its consequences.⁹⁶

In addition to film production and screenings, the collective publication of an intrahospital journal, *Trait-d’union* (which can mean “hyphen” or “link”) shows that writing and poetry workshops were part of daily life at Saint-Alban. In a film sequence dedicated to the production of *Trait-d’union*, patients set the movable type for printing. The printed front page of the journal is subsequently presented as the result of a collective effort, literally creating therapeutic links. The journal provided patients, health-care staff, and doctors alike with a space for expression. In his first editorial from the July 1950 issue of the journal, Tosquelle highlights the therapeutic value of this production and exchange work, showcasing the hospital as a model for society:

Reading the newspaper is a typically social act, much like working or going to the cinema; reading the newspaper means stepping outside oneself to listen to the voices of others and to take an interest in their joys and sorrows. Many of you have lost the taste, the courage, or the initiative, due to fatigue or grief. . . . You isolate yourselves, living together, but most often each in your own shell.⁹⁷

Tosquelle's initiation of newspaper production at Saint-Alban was possibly inspired by Lacan's theoretical insights, as *Trait-d'union* embodies the concept of a "signe d'union" to enrich and intensify the hospital's social fabric. Lacan advanced the hypothesis of the "social genesis [genèse sociale]" of psychic processes, examining the complex temporal manifestation of symptoms within "socially constituted relations." He emphasized the importance of reading the newspaper in its "representative power" as a "sign of union with a wider social group [signe d'union avec un plus vaste groupe social]." Notably, Lacan linked mental disorder to the sphere of the social and its intermediaries—or media—such as the newspaper but also language, revealing delusions to be phenomena encountered "on the doorstep, in the streets, in public squares."⁹⁸

Institutional psychotherapy's social and political understanding of psychosis served as an important framework for Gilles Deleuze and Guattari's critique of psychoanalysis in *Anti-Oedipus*. In an experimental video produced by the filmmaker François Pain and psychoanalyst Danielle Sivadon, *Le divan de Félix*, Guattari emphasizes that the month he spent at Saint-Alban in 1956 had a crucial impact on his institutional practice at La Borde, described in terms of a "mutation" and "decentring of subjectivity."⁹⁹ In *Anti-Oedipus*, dismantling the oedipal family's values as a theater of the unconscious went hand in hand with a reevaluation of social, political, and cultural factors in the production of desire. From this perspective, not only psychotic experience but also any individual or family is seen as directly investing in "a social, historical, economic, and political field that is not reducible to any mental structure or affective constellation."¹⁰⁰ This field can be understood in holistic terms as an open milieu or environment that is not preexisting but coconstitutive of the individuals or organisms inhabiting it, emerging in a way that is inherently political.

The film *Société lozérienne* can itself be considered in various ways as a geo-psychiatric opening and tracing of a transferential constellation with its imagery weaving the social fabric of Saint-Alban. Composed mostly of long and medium shots, the film avoids the creation of characters in favor of a didactic and documentary gesture that foregrounds collective processes. The few close-ups that





Left and opposite:
Press workshop at Saint-Alban,
stills from *Société lozérienne*.



La rédaction
du journal intérieur est
une des réunions du Club
qui se prête le mieux à une
psychotérapie de groupe



appear in the final sequence of the film feature masked figures attending the hospital's carnival. The film claims to consist of "snippets from the social life of the hospital," of "simple memories of certain 'festivals' . . . made to be shown to the patients themselves."¹⁰¹ However, its moving images also circulated in various clinical environments in the region and were even shown at the 1958 International Psychotherapy Congress in Barcelona. Several of its scenes are dedicated to the ergo-therapy workshops in which patients, alone or in groups, produced a large variety of objects, both decorative and utilitarian. Those objects served as vehicles of the geo-psychiatric exchange economy. Some were sold to farmers who drove their herds through hospital grounds, using a shortcut instead of circumventing its perimeter. In the frame of this geo-psychiatric setting, the patient and renowned *art brut* artist Auguste Forestier did business selling his work "for a few cents" or trading for tobacco, exemplifying Tosquelle's notion of an institution as an site of therapeutic and social exchange.¹⁰² This intricate transference situation is far from Jean Dubuffet's conceptions of *art brut* as "pure, raw artistic operation."¹⁰³ Abstracting or extracting from their clinical and social context objects made by psychiatric patients, Dubuffet and, later, Harald Szeemann recontextualized these as "individualist positions of the spirit," at once opposed to and beyond any social or cultural environment.¹⁰⁴

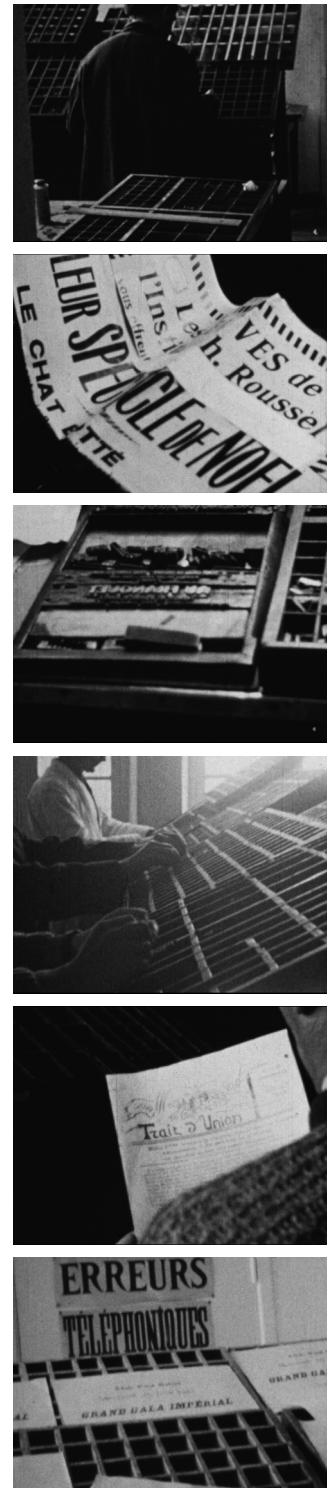
Société lozérienne seems to operate in a way that is diametrically opposed to these curatorial ambitions, as the film unfolds across forty minutes the complex entanglements of the aesthetic, the processual, and the therapeutic functions of the objects and milieus presented. In this way, objects produced during the ergo-therapy workshops reappear in the final scene of the film: the carnival or "Fête votive" celebrated as another geo-psychiatric opening of the clinic. Patient-made confetti, costumes, and masks, as well as theatrical and musical performances, appear in a collective revelry with the inhabitants of Lozère. The camera again focuses on a chain formed of all kinds of carnivalesque collectives that inhabit fictional and historical, animal and human worlds.

The images not extracted from but restituted in this geo-psychiatric environment,

with its openness and transferential connections, were themselves the bearers of a complex temporality. The time captured and conveyed by the film's montage goes beyond mere documentation of visible processes, whether narrative or nonnarrative. The silent film's temporality—referred to as “a silent, yet very speaking film”—exceeds in its complexity as therapeutic medium any clear classification or genre.¹⁰⁵ Elsewhere, I suggest conceptualizing Saint-Alban's environmental cinema as a production of “milieu images.”¹⁰⁶ This notion is meant to foreground the radically processual mode of creating such chains of images and their milieu-oriented (re)circulation in clinical settings. Exceeding the status of a film object, the milieu images do not simply represent an intersecting set of relationships but engage with the viewers—primarily the patients themselves—in a constellation, investing the social, mental, and geographical environments of the clinic by unfolding their complex temporalities. In this way, the film images participated in the hospital's web of life: they contributed to the construction of social ties and to the mediation and reflection of other aesthetic experiences, whether made during workshops or at a party. Thus, the imagery produced by patients during the ergo-therapy sessions, as well as the images and texts of *Trait-d'union*, do not appear in the film as mere aesthetic expressions or objects. Rather, they form a complex transferential constellation as simultaneously media and agents within this heterogeneous and polyphonic milieu—the *société lozérienne*.

6. Tosquelettes, Fanon, and the Lived Experience of the End of the World

After the end of the war, in 1948, Tosquelettes defended his second doctoral dissertation, later published under the title *Le vécu de la fin du monde dans la folie: Le témoignage de Gerard de Nerval* (The lived experience of the end of the world in madness: The testimony of Gerard de Nerval). In this crucial work, the psychiatrist addresses the experience of catastrophe from three intertwined perspectives: in its clinical expression in the form of schizophrenia; in its political and historical scope in the inscription of the war; and in its atmospheric and poetic manifestation through a subtle analysis of Nerval's novel *Aurelia*, written shortly before the



Les images qui suivent
sont de
la Fête Votive 1954

Left and opposite:
"Fête votive" at Saint-Alban,
stills from *Société lozérienne*.



poet's suicide. Echoing Lacan's *thèse* and publications in the surrealist journal *Minotaure*, Tosquelles introduced the German notion of *Erlebnis* (experience) from phenomenology and existential philosophy to conceptualize the relation between the singularity of an experience and the world it generates. *Erlebnis* etymologically inscribes "life" (*Leben*) into experience, highlighting for Tosquelles the irreducible dimension of the lived temporality of "the end of the world" and at the same time its complex, paradoxical continuity. "What is at stake," Tosquelles affirms, "is the dynamic that produces the lived experience [*expérience vécu*] of a person giving it its existential efficacy."¹⁰⁷ In contrast to the contemporary nosological pursuit of psychiatry, the emphasis lies here on the patients' lived experience in its world-building dimension.

In his analysis of catastrophic symptoms in schizophrenia, Tosquelles introduces a dialectical perspective, undertaking a Marxist rereading of psychoanalysis and integrating the milieu theory of Kurt Goldstein.¹⁰⁸ According to Goldstein's major work, *Der Aufbau des Organismus*, the organism maintains its balance with the environment by undergoing a series of catastrophic events, triggering a set of reactions to the conflictual situation that initiates a process of modification and adaption of the organism to the changed environment. The shattering process of the "catastrophic reaction" is thus a protective mechanism: its negativity constitutes a "decisive moment in the dialectical evolution of the organism."¹⁰⁹ Following Goldstein, Tosquelles recognizes the value of pathology as capable of creating a "new individual norm."¹¹⁰ He deciphers in symptoms of schizophrenia not a passive loss of the world but an attempt at reconstruction: an effort to repair a shattered world. Thus, madness is not a passive condition but an expression of a creative power endowed with "freedom" and a sense of "responsibility."¹¹¹

From this perspective Tosquelles refuses to see in psychomotor agitation any expression of a malady in the sense of a biological deficit. He prefers to uncover the polyvalence of a "state" that requires from a psychiatrist a creative form of "reportage" rather than a clinical diagnosis:

Agitation can neither be approached from the perspective of "diseases" nor from that of "symptoms" as significant disruptions of a specific function . . .

Agitation is a “state.” These “states” vary considerably in the course of the same process, sometimes from day to day. But if agitation is a “state,” our attitude must be characterized first and foremost by literary or cinematic “reporting” [*“reportage” type littéraire ou cinématographique*]. There is, if you like, a “geography” of each agitation, “in” which symptomies [*symptônes*] of varying values and meanings will emerge “in their place.”¹¹²

Tosquelles insists here on the fundamental complexity of psychosomatic manifestations that are for him equivalent not to nosographic categories of a medical diagnosis but the environmental dimension of a “geography.” Such an understanding requires an act of translation that Tosquelles assimilates with an aesthetic approach—a cinematic or literary account—able to capture the polyphony of “values and meanings” of a state in its processual becoming. For this reason he invents the neologism of *symptonies* in which symptoms resonate with the sonic and open dimension of a symphony rather than with an indicator of pathology.

Such a phenomenological attitude vis-à-vis mental disorder was also crucial to Fanon’s method. In 1946 Fanon moved to Lyon to attend Maurice Merleau-Ponty’s lectures.¹¹³ Merleau-Ponty’s attention to the perceptual structure of the event and its relation to action enter at decisive junctures in Fanon’s early play *Parallel Hands*.¹¹⁴ The embodied processuality of consciousness, perception, and experience explored (with strong recourse to Goldstein) in Merleau-Ponty’s 1942 study *The Structure of Behavior* was key to Fanon’s analysis of colonial alienation seen through the prism of mental symptoms. Before embarking on his trip to Algeria, where he would lead the psychiatric clinic of Blida-Joinville (1953–1956), Fanon worked for fifteen months in close collaboration with Tosquelles at Saint-Alban (1952–1953), where he was responsible for training nurses in social therapy. Both psychiatrists politicized madness by embedding it in social, historical, and geographical contexts of “lived experience,” a catastrophic horizon, as it were, that exceeded both the organicist reductionism of psychiatry and the psychoanalytic frame of individual psychology. Both saw in mental disorders a manifestation of the complex temporality of apocalyptic experiences constituted by the cultural environment.



Nonetheless, at the same time, Tosquelles and Fanon conceived such expressions as a form of resistance to a given social and political order.

One of the scenes of *Société lozérienne* shows Fanon descending the stairs at Saint-Alban.¹¹⁵ He carries a large object in his hands, probably in preparation for a carnival or feast. Upon his arrival at Blida-Joinville, Fanon introduced several transformations modeled on institutional psychotherapy, including a project for a soccer stadium and a theater in the clinic, the intrahospital newspaper *Notre journal*, and an open clinic operated together with the psychiatrist Raymond Lacaton.¹¹⁶ Together with his assistant Jacques Azoulay and a team of nurses, he set up a collaborative structure, an “experimental milieu” organizing “bi-weekly ward meetings, as well as staff meetings, newspaper meetings, and bi-monthly celebrations.”¹¹⁷ An important element of this institutional therapeutic effort was the “Film Committee” that involved a specific approach to the moving image:

Film ought not to be a mere succession of images with a sound accompaniment: it must become the unfolding of a life, of a story [*histoire*]. So, the Film Committee, by choosing the films, by commenting on them in a special film column of the newspaper, gave real meaning to the cinematographic fact.¹¹⁸

Similar to Saint-Alban, “the hospital in its totality” was understood as a therapeutic environment connected in a complex way with its outside: the geography and history intertwined with the social and mental climate of the present.¹¹⁹

7. Institutional Experience at Blida-Joinville and the “Pathology of Atmosphere”

By way of conclusion, I want to trace certain elements of Fanon’s institutional experience at Blida-Joinville before circling back to my opening remarks. My thesis is that Fanon’s implementation of the experiments in transferential exchange could not be sustained in Algeria due to colonial alienation becoming environmental: traversing the architectural, the atmospheric and cultural dimensions, it thwarted the implementation of a geo-psychiatric approach at the clinic. Precisely for this reason, Fanon, upon resigning from his position at Blida in 1956, wrote of how alienation had been exacerbated on the clinical, environmental, and political levels simultaneously by the “bloodshed” of the anticolonial war: “If psychiatry is the medical technique that sets out to enable individuals no longer to be foreign to their environment, I owe it to myself to state that the Arab, permanently alienated [*aliéné permanent*] in his own country, lives in a state of absolute depersonalization.”¹²⁰ Robcis subtly points to the double meaning of Fanon’s use of the adjective *aliéné*, “estranged and foreign—even in their own land—but also mentally

“Blida” stills from an 8mm film
by Georges Daumézon, 1955,
Archive Cinémathèque de
Bretagne.



unstable, crazy, insane.”¹²¹ Fanon continues by weaving together the somatic and political layers of colonial alienation, stating that “the troubles in Algeria are the logical consequence of an abortive attempt to decerebralize a people.”¹²²

Fanon’s effort to reorganize the “social architecture” and “atmosphere” at Blida-Joinville was challenged first and foremost by the physical architecture of the clinic, a space built by the French architects Georges Garnier and René Vasselon—with advice from the racist psychiatrist of the Algiers School, Antoine Porot. Constructed in the 1930s, it was an emblematic figure of the “colonial heterotopia” in Algeria.¹²³ The spatial and racial segregation of the clinic was a direct expression of the biological and primitivist doctrine of French ethnopsychiatry. The richly illustrated 1939 issue of the French architecture journal *La construction moderne* reflects the bluntly racist spatial division at Blida-Joinville:

To establish the different pavilions, several points had to be taken into account: separation of sexes, separation of races—we are in Algeria—the state of the patients, and the problem was solved as follows. For each category: Europeans, Indigenous, European women, a pavilion for calm patients, a pavilion for “continuous surveillance” and a pavilion for bedridden patients.¹²⁴

In a publication from the same year quoted in Fanon’s *The Wretched of the Earth*, Porot and his student Jean Sutter explain the biological inferiority and “primitivism” of the Algerian population by referring to the “architectonics” of their “nervous system”: “This primitivism is not only a condition resulting from a specific upbringing, its foundations go far deeper, and we believe its substratum must lie in a specific configuration of the architectonics, or at least of the dynamic hierarchical organization of the nervous system.”¹²⁵

A valuable documentation and visual analysis of the geo-psychiatric inscription of the clinic’s colonial architecture, as well as its segregationist interiors, is offered in the films Georges Daumézon produced at Blida-Joinville during his visit in late 1955 and early 1956. Daumézon, who defined “institutional psychotherapy” in a foundational article of 1952, was invited by Fanon to lead a training program for nursing personal. Director of the psychiatric hospital of Saint-Anne in Paris, Daumézon produced with his two 8mm cameras, alternating between black-and-white and color shooting, a large amount of footage, resulting in a “catalogue” of various psychiatric institutions, including Saint-Alban and Blida-Joinville.¹²⁶



Frantz Fanon in "Stages," 1955,
photogram from an 8mm film
by Georges Daumézon, Archive
Cinémathèque de Bretagne.



One of the sequences Daumézon produced at Blida shows Fanon for a few seconds. To my knowledge, these are the only available color images of Fanon to date. Fanon, standing by the front steps of the hospital building, interacts with the cinematographer. He invites the camera to join him with a welcoming gesture. Daumézon's films have a clear architectural focus, as various of them show the various hospital pavilions. Even though no commentary accompanies this documentation, Daumézon's selection of motifs, camera movements, framing, and duration of shots clearly discloses a critical perspective on the clinic's carceral environment. A film titled *Blida* mostly concentrates on the ward for Muslim men, which is also discussed in Fanon's research. It starts with a distant view of a church followed by a medium shot of a massive building (part of the clinic's imperial architecture) in front of which the small figure of a limping patient appears. Several pavilions are then shown with barred windows; enclosed courtyards in which abandoned patients loiter in a state of apathy; locked doors; dark dormitories densely filled with beds. The camera then takes hold of a commemorative plaque placed on the wall of a spacious entry hall of the hospital: "Infirmiers décédés au service des malades. Victimes du devoir." (Nurses who died in the service of the patients. Victims of duty.) The engraved names of the nurses are enumerated below this dedication. What is striking about this memorial panel, which casts the caregivers as victims of their patients, is the large empty space left after the last name. As if alluding to or even anticipating further casualties, the plaque discloses the clinic's fear of its own inmates. By highlighting this inscription among the many penal devices of Blida-Joinville's architecture, Daumézon gestures toward psychiatry's innate paternalism, which is described by Bonnafé and Tosquelle as "a self-defense tactic" adopted by the treating staff that impeded any real "attempt at psychiatric therapy."¹²⁷

Another of Daumézon's films, this one preserved under the title *Hospitals (Blida)*, offers a unique documentation of a few transformations Fanon was able to introduce at the clinic. The film offers a glimpse of how space—its atmosphere and architecture—might be reshaped through social therapy into an instrument of disalienation. At first, the film underscores the relation between Blida-Joinville's

“Hospitals (Blida),” stills from an 8mm film by Georges Daumézon, 1954, Archive Cinémathèque de Bretagne.

present and past by featuring a booklet with images of the clinic’s opening. The same images had accompanied the 1939 article in *La construction moderne*: a modern hospital symbolizing the French “civilizing” presence in Algeria. In what follows, Daumézon’s camera captures the pavilions in their current state, showing them from different angles and thus revealing the geographical location of the hospital surrounded by the mountainous landscape of Tell Atlas. Daumézon also captures an outdoor construction site—perhaps the additional building requested by Fanon to house the nursing school—with footage of labor. The men, eventually Algerian patients, smile at the camera.¹²⁸ Yet another shot of an ergo-therapy session documents female patients in a knitting or dressmaking workshop. Fanon believed it was essential to foreground the transformative experiences related to these bodily and aesthetic practices: colorful dresses replacing the monotony of the hospital gown; or the sensuous experience of a fitting ceremony “at which the women had to remain perfectly still while in the expert hands of the dressmaker.”¹²⁹ As at Saint-Alban, those individual and collective practices weaved the institutional fabric through their milieu-oriented and therapeutic effects. The goal was to initiate in the framework of the colonial and oppressive establishment of Blida-Joinville an institution in Tosquelle’s sense: a place where the inmates would no longer remain strangers to their environment but would actively take part in its becoming. Understood in this transformative quality, “the institution, then, becomes too strong not to modify the patient’s attitude vis-à-vis the milieu: the patient can no longer live [her] madness without dealing with all that which surrounds her.”¹³⁰

In their crucial text on “Social Therapy in a Ward of Muslim Men: Methodological Difficulties,” Fanon and Azoulay analyze their failure to implement with Algerian men the social therapy method that had been successfully practiced with the European women of Blida-Joinville. Their analysis integrates a scathing self-critique revealing the imposition of cultural codes, values, and meanings associated by those patients with the colonial rule: “By virtue of what impairment of judgement had we believed it possible to undertake a western-inspired social therapy in a ward of mentally ill Muslim men? How was a structural analysis possible if the





Left and opposite:
“Hospitals (Blida),” stills from an
8mm film by Georges Daumézon,
1954, Archive Cinémathèque de
Bretagne.



geographical, historical, cultural and social frames were bracketed?”¹³¹ For the authors, the process of unlearning institutional psychotherapy as it was practiced at Saint-Alban and “assimilated” at Blida went hand in hand with entering into a transferential constellation of reciprocity: an exchange in which the local culture in its polyphonic expressions would receive agency at the hands of the patients during therapeutic practice.¹³² Inflicting a colonial “grammar,” including the French language, on the Muslim patients meant for Fanon and Azoulay ignoring the “complexity of the North African society” and the “deep structural modifications” it was undergoing.¹³³ They affirm therefore the necessity of a “leap,” a “transmutation of values” that would open the psychiatric approach to “the notion of *Gestalt*” and to the “elements of contemporary anthropology.”¹³⁴

One of the scenes captured by Daumézon offers a stunning documentation of such an attempt to activate

a *Gestalt*, a collective situation exceeding the sum of its individual participants, a social milieu that is not foreign to them. It shows Algerian musicians performing in the Muslim men’s ward at Blida-Joinville. Providing a significant account of Fanon’s effort to decolonize psychiatric care practice, which had been modeled on either racial segregation or the imposition of a European model of disalienation, the scene shows a lively group of patients of different ages assembled outdoors in the yard of the clinic. They surround a group of musicians singing and playing lute, tambourine, and guitar. Daumézon’s silent black-and-white film captures the vivid gestures exchanged between the patients and the musicians in this joyful moment of collective singing. The patients’ apathy and lack of engagement, described by Fanon and Azoulay as responses to their previous therapeutic effort, is here transfigured into a collective bodily and social environment. The absence of sound paradoxically only increases and intensifies the affective scope of this transversal constellation, emphasizing the variety of exchanged gazes and facial expressions. In an interview with Numa Murard, Azoulay mentions a series of further experimental interventions in Blida, such as the organization of a Moorish café and performances with storytellers. Those institutional endeavors provoked “a palpable shift . . . in the ward’s atmosphere.”¹³⁵ The racially segregated and

alienating environment of the psychiatric ward was thus becoming a complex milieu of transversal relations.

Daumézon's images therefore witness not only an overturn of the biologism of the colonial ethnopsychiatry in favor of a "sociogeny" that had been programmatically announced in Fanon's *Black Skin, White Masks*.¹³⁶ To reevaluate the relation between the individual symptoms and their temporal social genesis, Fanon and Azoulay revisited Marcel Mauss's idea of the "total social fact" and André Leroi-Gourhan's analysis of the entanglement of geographical, cultural, and social factors, while rethinking these theoretical frameworks from the perspective of the colonial situation in Algeria.¹³⁷ Accounting for the different cultural and ethnic groups among the Muslim patients—beside Arabs, there were Kabyles, Chaouis, Berbers, and Mozabites—Fanon and Azoulay analyze the historical "transformation of land ownership" and the subsequent redistribution of wealth as a consequence of colonial settlement.¹³⁸ Hence, mental pathology could be approached only against the backdrop of the dispossession and the longue durée of the colonial destruction of the social and geographic environment.

Another geo-psychiatric opening of therapy toward these historical and social dimensions was constituted by Fanon's effort to learn from local popular attitudes toward madness. He "spent evenings listening to storytellers and attending ceremonies that commemorated local saints and witnessing exorcisms," notes his collaborator at Blida and future psychoanalyst Alice Cherki.¹³⁹ Fanon studied forms of possession with *djnoun*—impersonal agents of good and evil—and their treatment in Algerian psychopathology.¹⁴⁰ In an article cowritten with François Sanchez in 1956 titled "Maghrebi Muslims and Their Attitudes to Madness," Fanon observes the crucial withdrawal of agency and, in consequence, any moral responsibility of the possessed: "Madness itself does not command respect, patience, indulgence; instead, it is the human being impaired by madness, by the genies; the human being as such."¹⁴¹ As scholar and Fanon editor Jean Khalfa points out, "Europe has to learn from these attitudes if it is to develop better systems of mental care"; for Fanon, however, this could not be at the cost of renouncing scientific knowledge.¹⁴²





"Hospitals (Blida)," stills from an 8mm film by Georges Daumézon, 1954, Archive Cinémathèque de Bretagne.



Fanon's experience in Algeria put institutional psychotherapy to the test in a radically different political climate—the anticolonial struggle and its violent repressions. It crucially testifies to the intricate relation between mental suffering and its complex environmental, cultural, and geographic inscription. In this sense, Fanon's undertaking of a geo-psychiatric opening of the clinic required from him, in Tosquelle's and Bonnafé's sense, an understanding of the institution as a "bridge" between worlds and of the psychiatrist as a "migrant" worker. *Migrant* means here not only the one who leaves the hospital to encounter social, cultural, and medical formations that exceed the given epistemic frame of reference. This work was also not limited to Fanon's deep revolutionary engagement with the movement of anticolonial liberation, in which he was involved as both psychiatrist and political activist. The geo-psychiatric thinking of migration implies first and foremost the production of an institutional encounter at the level of "lived experience"—the patients' and caregivers' alike—and their bodily, mental, and social alienation. For Fanon, this institutional encounter required a crucial aesthetic mediation: a situation in which the patients' *Erlebnis*, or "nascent perception," as theorized by Merleau-Ponty and Tosquelle, would receive its world-making dimension.¹⁴³ It required an implementation of media practices and the creation of spaces that enable the transversality of social and therapeutic experience. This "relational dimension of care" as mediated in

Notre Journal and other activities at Blida, foregrounded the patients' community as a "nascent society" against the colonial violence and its mental alienation.¹⁴⁴ Daumézon's films reveal in this regard in a striking way how the clinic's spaces of alienation—at once isolation, displacement, and mental instability—were instituted as sites of social exchange. Moreover, geo-psychiatry as practiced at Saint-Alban and transformed by Fanon at Blida allows for a revaluation of Fanon's decolonial theory from the perspective of his experimental institutional practice.

The publication of Fanon's psychiatric writings, *Alienation and Freedom*, unearths the scope of those nondiscursive—architectural, social, atmospheric, media-based—interventions, which need to be reconstructed from the archives as experimental practices in their own right within the complex institutional experience at Blida.

After three years of psychiatric work in Algeria under highly challenging circumstances, Fanon centered his talk at the 1956 Congress of Black Writers and Artists on the figure of the agony of culture. Colonial domination cannot be the total destruction of “native” culture. The military occupation and the expropriation of territory is accompanied by a continuous disablement of culture, a process Fanon calls *déculturation*.¹⁴⁵ This agony implies the temporal regime of a living ghost, a revenant caught between life and death, affecting all ways and modes of existence, whereby “language, dress, techniques, are devalorized.”¹⁴⁶ The vast, pervasive, omnipresent, environmental character of this cultural mummification manifests itself in an atmospheric death, as Fanon writes in “The North African Syndrome”; that is, as a symptomatology “enveloped in vagueness”: “Where do you have pain?” “Everywhere, *monsieur le docteur*.”¹⁴⁷ This difficulty of localizing the symptom corresponds to the degree of entanglement between the social, environmental, and somatic dimensions of colonial alienation. *The Wretched of the Earth* reveals those dimensions as elements of an alienated geography: “the Algerians, the women dressed in haiks, the palm groves, and the camels form a landscape, the natural backdrop for the French presence.”¹⁴⁸

In the last chapter, titled “Colonial War and Mental Disorders,” Fanon includes two series of cases structured according to this environmental logic of all-embracing “atmosphere.” Series D, for instance, focuses on psychosomatic disorders—“intense sleeplessness” or “menstruation troubles”—which Fanon attributes to the “pathology of atmosphere.” He explains that their origin is psychic, whereas the disorder is of a somatic nature. It presents simultaneously “a symptom and a cure,” responding to the vague and violent atmosphere of colonial alienation with somatic disorder, the organism “resolves the conflict by unsatisfactory, but on the whole economical, means.” It “chooses the lesser evil in order to avoid catastrophe.”¹⁴⁹ This complex temporality of the somatic, catastrophic response refers back via Tosquelle to the milieu theory of Goldstein as one of the foundational sources of institutional psychotherapy. Fanon uses it here to describe psychosomatic reactions that are adopted as a protective mechanism in a situation where the “bloodthirsty and pitiless atmosphere” and the generalization of inhuman practices provide the ground for a “veritable Apocalypse.”¹⁵⁰

Returning to the question raised with Tosquelles, Guattari, and Fanon at the beginning of this article—namely, of the relation between mental disorder and geopolitical catastrophes—the geo-psychiatric trajectory of institutional psychotherapy has unveiled their double entanglement. On the one side, the attentive perception of the lived experience of mental pathology—the “geography” or “symptony” of agitation—reveals and mediates the “pathology of atmosphere” of a given political situation. The lived experience of catastrophe, as theorized in different ways by Goldstein, Lacan, Merleau-Ponty, and Tosquelles, is not just a passive negation of the world but a vital attempt at its reconstruction. This revaluation of the aesthetic and experiential dimension of the environment as a crucial element in the formation of subjectivity “outside the norm” reveals its agency vis-à-vis the milieu as a political capacity for singularization and resistance. This is how, on the other side, the environmental and social alienation advanced by imperial and colonial regimes of exclusion could provoke multiple transversal and polyphonic modes of resistance to those precise contexts: the production of mediated milieus that provide elements for changing the very understanding of the colonial human geography and opening it to multiple singular geographies of the lived experience. In this way, the histories of interventions into psychotherapeutic milieus open a genealogy of environmentality that goes beyond its totalizing power regime of capture and control, enabling in contrast multiple singular modes of becoming environmental.

Notes

1. Frantz Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 1963), 184, 216.

2. Guattari adds that in this process subjectivity “constitutes itself as analytic cartography.” Jean Oury, Félix Guattari, and François Tosquelles, *Pratique de l'institutionnel et politique* (Vigneux, France: Matrice, 1985), 54.

3. Félix Guattari, *The Three Ecologies* (London: Bloomsbury, 2014), 31.

4. Félix Guattari, *De Leros à La Borte*, ed. Stéphane Nadaud (Paris: Éditions lignes, 2012), 35.

5. Guattari, *The Three Ecologies*, 41, 51.

6. Erich Hörl, “Introduction to General Ecology: The Ecologization of Thinking,” in *General Ecology: The New Ecological Paradigm*, ed. Erich Hörl and James Burton (London: Bloomsbury, 2017), 5.

7. Hörl, “Introduction to General Ecology,” 48; and Erich Hörl and Nils F. Schott, “The Environmentalitarian Situation: Reflections on the Becoming-Environmental of Thinking, Power, and Capital,” *Cultural Politics* 14, no. 2 (2018): 153–173.

8. Hörl, “Introduction to General Ecology,” 11–12. Hörl quotes Peter K. Haff, “Technology as a Geological Phenomenon: Implications for Human Well-Being,” in *A Stratigraphical Basis for the Anthropocene*, ed. C.N. Waters et al. (London: Geological Society, 2014).

9. On this question, see Maria Muhle, *Eine Genealogie der Biopolitik: Zum Begriff des Lebens bei Foucault und Canguilhem* (Bielefeld: Transcript 2008), 237–251; Matteo Pasquinelli, “What an Apparatus Is Not: On the Archeology of the Norm in Foucault, Canguilhem, and Goldstein,” *Parrhesia*, no. 22 (May 2015): 79–89; Henning Schmidgen, “Das Problem der Umwelt: Maurice Halbwachs und Georges Canguilhem,” in Georges Canguilhem, *Über Maurice Halbwachs*, ed. Henning Schmidgen and trans. Ronald Voullié (Berlin: August Verlag, 2022), 40–44; and Benjamin Prinz and Henning Schmidgen, “Vitalist Marxism: Georges Canguilhem and the Resistance of Life,” *Theory, Culture and Society*, April 18, 2024, <https://doi.org/10.1177/02632764241240399>.

10. Eric C.H. de Bruyn, “A Proposal: Must We Ecologize?,” *Grey Room*, no. 77 (Fall 2019): 61.

11. Guattari, *The Three Ecologies*, 41.

12. Henning Schmidgen, *Das Unbewußte der Maschinen: Konzeptionen des Psychischen bei Guattari, Deleuze und Lacan* (Munich: Fink, 1997), 91–98, 158. I thank Henning Schmidgen for sharing with me his forthcoming book manuscript on “Maschinische Normativität: Versuche zu Félix Guattari,” which incorporates a subtle analysis of Guattari’s machine theory and how it relates to his clinical experiments, cinema, and cybernetics.

13. Erich Hörl, “A Thousand Ecologies: The Process of Cyberneticization and General Ecology,” in *The Whole Earth: California and the Disappearance of the Outside* (London: Sternberg, 2013); and Guattari, *The Three Ecologies*, 28.

14. Neda Atanasoski and Vora Kalindi, *Surrogate Humanity: Race, Robots, and the Politics of Technological Futures* (Durham, NC: Duke University Press, 2019).

15. Matteo Pasquinelli, *The Eye of the Master. A Social History of Artificial Intelligence* (London: Verso, 2023); and Sylvia Wynter, “Towards the Sociogenic Principle: Fanon, the Puzzle of Conscious Experience, of ‘Identity’ and What It’s Like to Be ‘Black,’” in *National Identities and Sociopolitical Changes: Latin America between Marginalization and Integration*, ed. Mercedes Duran-Cogan and Antonio Gomez-Moriana (Minneapolis: University of Minnesota Press, 1999), 30–66.

16. Georges Daumézon and Philippe Koechlin, “La psychothérapie institutionnelle française

aujourd’hui,” *Anais portugueses de psiquiatria* 4, no. 4 (1952): 271–312.

17. François Tosquelles, *Le travail thérapeutique à l’hôpital psychiatrique* (Paris: Éditions du Scarabée, 1967), 40. I thank Felix Meyer for sharing with me his forthcoming English translation of this text.

18. Jean Oury, “The Hospital Is Ill,” an interview with Mauricio Novello and David Reggio, *Radical Philosophy* 143 (May/Jun 2007): 35, <https://www.radicalphilosophy.com/interview/jean-oury-the-hospital-is-ill>.

19. François Tosquelles, “Frantz Fanon à Saint-Alban,” *Sud/Nord; Folies et cultures* 22 (2008): 11.

20. Jean Oury, “Institutional Psychotherapy: From Saint-Alban to La Borde,” in *Psychotherapy and Materialism: Essays by François Tosquelles and Jean Oury*, ed. Marlon Miguel and Elena Vogman (Berlin: ICI Press, forthcoming), original emphasis. In French: Jean Oury, *La Psychothérapie institutionnelle de Saint-Alban à La Borde* (Paris: Éditions d’une, 2016), 35–36.

21. This heterogeneous group of French artists and intellectuals came to Saint-Alban at different times during WWII as refugees who were involved in the Resistance. See the constellation of articles accompanying the exhibition *Francesc Tosquelles. Like a Sewing Machine in a Wheat Field* at Les Abattoirs in Toulouse, the Centre de Cultura Contemporània de Barcelona, and the Museo Nacional Centro de Arte Reina Sofia in Madrid: *La Déconniatrice: Art, exil et psychiatrie autour de François Tosquelles*, ed. Carles Guerra and Joana Masó (Paris: Arcadia, 2021).

22. Lucien Bonnafé et al., “Valeur de la théorie de la forme en Psychiatrie: La dialectique du Moi et du Monde et l’événement morbide,” *Société Médico-Psychologique*, 1945, 280.

23. Deligny relates this linguistic verb form with the processuality of action and the gestures of subjects with neurodiversity or “autism.” This temporality without accomplishment or goal also became crucial for the modality of filming in the network of Cévennes. Fernand Deligny, “Le croire et le craindre,” in *Œuvres, 1087–1225* (Paris: Arachnéen, 2007), 1116. See also *Camering: Fernand Deligny on Cinema and the Image*, ed. Marlon Miguel, trans. Sarah Moses (Leiden: Leiden University Press, 2022).

24. Lucien Bonnafé et al., “Saint-Alban,” *Recherches 17: Histoire de la psychiatrie de secteur ou le secteur impossible?*, 1975, 80–95.

25. Oury, “Institutional Psychotherapy.”

26. Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (Chicago: Chicago University Press, 2021).

27. Lucien Bonnafé et al., “Structure et sens de l’événement morbide,” *Société Médico-Psychologique*, 1945, 176.

28. Fanon, *The Wretched of the Earth*, 251, 289.

29. Fanon, *The Wretched of the Earth*, 290.

30. François Tosquelles, *Le vécu de la fin du monde dans la folie: Le témoignage de Gerard de Nerval* (Grenoble: Jérôme Millon, 2012), 98.

31. Tosquelles also presented the film, which is also known as *Film Tosquelles* and *A Silent but Very Speaking Film*, in three sections—“Social Therapy,” “Ergotherapy,” and “Parties”—at the 1958 International Congress of Psychotherapy in Barcelona.

32. Bonnafé et al., “Saint-Alban,” 89.

33. 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): 233–262.

34. François Tosquelles, *L’enseignement de la folie* (Paris: Dunod, 2014), 59–60. See also Joana Masó, “Les institutions dans la petite Vienne: Reus et Barcelone/1929–1936,” in François Tosquelles, *Soigner les institutions*, ed. Joana Masó (Paris: L’Arachnéen, 2021).

35. Emilio Mira y Lopez, *Psychiatry in War* (New York: W.W. Norton, 1943), https://www.miraylopez.com/PsW_tot.html. While Mira's research embraced extensive psychiatry before and during the Spanish Civil War, where he was involved, together with Tosquelles, in the Board of Military Psychiatry and Mental Hygiene Services of the Spanish Republican Army, he emphasizes the media of painting and silent film as rich fields for studying (un)intentional muscular tensions and bodily language.

36. Angela Melitopoulos, "Ways of Meaning: Machinic Animism and the Revolutionary Practice of Geo-psychiatry" (PhD diss. Goldsmiths, University of London, 2016), 50–51, <https://doi.org/10.25602/GOLD.00019684>. Melitopoulos here also references Anson Rabinbach, *The Human Motor Energy, Fatigue, and the Origins of Modernity* (Berkeley: University of California Press, 1992). See also Angela Melitopoulos and Maurizio Lazzarato, *Déconnage*, video installation, 62 min, 2011.

37. As Melitopoulos writes, "the mind follows the body while passing through a moving ensemble of human and non-human enunciations." Melitopoulos, 51. On the questions Helmholtz was pursuing, see Henning Schmidgen, *The Helmholtz Curves: Tracing Lost Time*, trans. Nils F. Schott (New York: Fordham University Press, 2014).

38. Mira y Lopez, *Psychiatry in War*.

39. François Tosquelles, "Institutional Psychotherapy—A Politics of Madness: An Interview," (1989) in *Institution: Critical Histories of Law*, ed. Daniel Gottlieb and Cooper Francis, 206–225 (London: CRMEP Books, 2023), 219.

40. Tosquelles, "Institutional Psychotherapy," 219.

41. Georges Bataille, "Le gros orteil," *Documents* 1, vol. 6 (November 1929), 297–302.

42. Joana Masó, "Expériences thérapeutiques en temps de guerre: Reus, le front d'Aragon, l'armée d'Extrémadure et le camp de Septfonds/1936–1939," in Tosquelles, *Soigner les institutions*, 102.

43. Camille Robcis, "François Tosquelles and the Psychiatric Revolution in Postwar France," *Constellations* 23, no. 2 (2016): 213–214.

44. Raphael Koenig, "Résistance et vie intellectuelle à Saint-Alban (1940–1944)," in *La Déconniatrie*, 108.

45. Koenig, "Résistance et vie intellectuelle," 108.

46. François Tosquelles, "Journées de Bonneval" (presented at the Symposium sur la psychothérapie collective, 1951, Bonneval, France). I thank Jacques Tosquelles for sharing with me this text from his forthcoming French edition of Tosquelles's writings.

47. François Tosquelles, "Vagabondages avec François Tosquelles: L'école de la liberté," interview, August 1987, transcription by Marie-Noëlle Piednoir, revisited by Jacques Tosquelles. I thank Jacques Tosquelles for providing me with this yet unpublished full version of the interview.

48. Paul Balvet, "Asile et hôpital psychiatrique: l'expérience d'un établissement rural," in *Comptes rendus du Congrès des médecins aliénistes et neurologistes, Montpellier*, ed. Pierre Combemale and Paul Hugues, 399–402 (Paris: Masson, 1942), 399. Accessible online: https://archive.org/details/BIUSante_110817x1942/page/n401/mode/2up.

49. The so-called *extermination douce* was equivalent to the German "Hungerkost-Erlaß" and "Aktion T 4," which administrated the systematic mass murder of "disabled" and "mentally ill" people under the Nazi regime from 1941 to 1945. For the French context, see Max Lafont, *L'extermination douce: La cause des fous, 40000 malades mentaux morts de faim dans les hôpitaux de Vichy* (Bordeaux: Éditions du Bord de l'eau, 2000); and Isabelle von Buetzingsloewen, *L'Hécatombe des fous: La famine dans les hôpitaux psychiatriques français sous l'Occupation* (Paris: Flammarion, 2009).

50. Dominique Mabin and Renée Mabin, "Art, folie et surréalisme à l'hôpital psychiatrique de Saint-Alban-sur-Limagnole pendant la guerre," *Mélusine*, October 7, 2017. <https://melusine-surrealisme.fr/wp/art-folie-et-surrealisme-a-lhopital-psychiatrique/>.

51. Mabin and Mabin, “Art, folie et surréalisme.”

52. François Tosquelles, *Psychologie et psychiatrie: Notes prises au cours du docteur Tosquelles*, vol. 2, *Hôpital de Saint-Alban, école de formation professionnelle, 1943–1944* (Archives of Association Culturelle of Saint-Alban), cited in Koenig, “Résistance et vie intellectuelle,” 114.

53. Bonnafé et al., “Saint-Alban,” 88.

54. See also Paul Éluard, *Souvenirs de la maison des fous*, with drawings by Gérard Vulliamy (Paris: Éditions Pro Francia, 1946) and Georges Canguilhem, “Observation à l’hôpital psychiatrique de Saint-Alban (Lozère) (Juillet 1944, Maquis) Mme C . . .” in *Oeuvres Complètes, Résistance, philosophie biologique et histoire des sciences (1940–1965)*, vol. 4 (Paris: Vrin, 2011), 183–189.

55. François Tosquelles, foreword to “Sept résumés des travaux critiques, d’ordre théorique du Groupe de Saint-Alban (1942–1943–1944–1945) concernant la notion de structure dans ses applications dans la pratique psychiatrique,” in *Le vécu de la fin du monde dans la folie: Le témoignage de Gérard de Nerval* (Nantes: Éditions de l’AREFPP, 1986), 241.

56. Lucien Bonnafé, *Désaliéner? Folies et sociétés* (Toulouse: Presses universitaires du Mirail, 1991), 212.

57. Félix Guattari, “Transversality,” in *Psychoanalysis and Transversality: Texts Interviews 1955–1971* (Los Angeles: Semiotext(e), 2015) 113. At the same time, institutional psychotherapy never refrained from using medical procedures such as electroshock or insulin therapy. Tosquelles, Fanon, and later Oury and Guattari had not only positively theorized this electrically induced therapy of “annihilation”—also known as the “Bini method,” after its Italian inventor, Lucio Bini—but also practiced it at Saint-Alban, Blida-Joinville in Algeria, and La Borde. However, as Tosquelles emphasizes, the shock therapy “was preceded and followed, under very precise and careful conditions, by ergotherapy and psychoanalytically inspired institutional psychotherapy, highly ‘dramatized’ by the nursing staff.” Tosquelles, *Le travail thérapeutique*, 60.

58. Tosquelles, foreword to “Sept résumés des travaux critiques,” 241.

59. Georges Canguilhem, *The Normal and the Pathological*, trans. Carolyn R. Fawcett (New York: Zone Books, 2007), 185.

60. Canguilhem, *The Normal and the Pathological*, 243.

61. Michel Foucault, preface to Canguilhem, *The Normal and the Pathological*, 22. On the reception of Goldstein via Canguilhem and Foucault, see also Pasquinelli, “What an Apparatus Is Not.”

62. Bonnafé, *Désaliéner?*, 212, quoted in Robcis, *Disalienation*, 37.

63. Tosquelles, foreword to “Sept résumés des travaux critiques,” 238–239.

64. Bonnafé et al., “Saint-Alban,” 89.

65. Milton Santos, *For a New Geography*, trans. Archie Davis (Minneapolis: University of Minnesota Press, 2021), 12.

66. “Let us congratulate ourselves, because the task of colonisation which constitutes the glory of our age would be only a sham if nature set definite, rigid boundaries, instead of leaving a margin for the work of transformation or reparation which it is within man’s power to perform.” Paul Vidal de La Blache, *Principles of Human Geography*, trans. Millicent Todd Bingham (New York: Henry Holt, 1926), 24. On the concept of *genres de vie* in relation to human geography, see Paul Vidal de La Blache, “Les genres de vie dans la géographie humaine,” *Annales de géographie* 20, no. 112 (1911): 289–304.

67. Lucien Febvre, *A Geographical Introduction to History*, trans. Millicent Todd Bingham (London: Constable Publishers, 1926), 349. Originally published in French as *La terre et l’évolution humaine*.

68. Febvre, 361.

69. The text was written for the Committee of Vigilance of Anti-Fascist Intellectuals. Georges Canguilhem, “Le fascisme et les paysans,” in *Oeuvres complètes, Écrits philosophiques et politiques*

(1926–1939), vol. 1 (Paris: Vrin, 2011) 535–593.

70. Schmidgen, “Das Problem der Umwelt,” 40–43. With regard to the debates on the Anthropocene, Schmidgen also points to Hörl’s insufficient reduction of environmentality to power—neglecting Foucault’s recourse to Canguilhem.

71. Prinz and Schmidgen, “Vitalist Marxism.”

72. Friedrich Ratzel quoted by Febvre, 86.

73. Febvre, 356–357.

74. Fanon, *The Wretched of the Earth*, 182.

75. Allister Hinds, “Colonial Policy and Nigerian Cotton Exports, 1939–1951,” *International Journal of African Historical Studies* 29, no. 1 (1996): 25–46.

76. Valeska Huber, “Connecting Colonial Seas: The ‘International Colonisation’ of Port Said and the Suez Canal during and after the First World War,” *European Review of History / Revue européenne d’histoire* 19, no. 1 (2012): 141–161.

77. Bonnafé, *Désaliéner?*, 213–214.

78. Foucault’s account on Nazi Germany’s eugenics as an attempt at “the correction of the human instinctual system by purification of the race” aligns with Fanon’s critique of racial prejudice in colonial Algeria’s penal system. Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974–1975*, trans. Graham Burchell (New York: Picador, 2003), 132.

79. Lucien Bonnafé and Louis Le Guillant, “La condition du malade à l’hôpital psychiatrique,” *Esprit* 197 (December 1952): 843.

80. Bonnafé, *Désaliéner?*, 202; original emphasis.

81. Bonnafé, *Désaliéner?*, 213.

82. Bonnafé, *Désaliéner?*, 215.

83. Bonnafé, *Désaliéner?*, 215.

84. Bonnafé et al., “Saint-Alban,” 90.

85. Pierre Delion, *La constellation transférentielle* (Toulouse: Éditions érès, 2022), 23.

86. François Tosquelles, “Les retrouvailles: Sèvres (1957–1958),” *Recherches 17: Histoire de la psychiatrie de secteur ou le secteur impossible?*, 1975, 176.

87. Delion, 26.

88. Delion, 26.

89. Delion, 26. Delion refers in particular to Claude Poncin, “Essai d’analyse structurale appliquée à la psychothérapie institutionnelle” (PhD diss., Saint-Alban, 1963).

90. Jean Oury, “Psychanalyse, psychiatrie et psychothérapie institutionnelles,” *VST—Vie sociale et traitements* 3, no. 95 (2007): 110–125, <https://www.doi.org/10.3917/vst.095.0110>; and Delion, 77.

91. Guattari, “Transversality,” 113.

92. Félix Guattari, “Transference,” in *Psychoanalysis and Transversality*, 80.

93. Guattari, “Transference,” 83.

94. Robcis, *Disalienation*, 6.

95. Oury, “Institutional Psychotherapy.”

96. François Tosquelles and Helena Tosquelles, *Société lozérienne d’hygiène mentale*, 1954–1957. Institut Jean Vigo—Cinémathèque de Perpignan, Courtesy Michel Tosquelles.

97. François Tosquelles, “Éditorial du service médical” (July 14, 1950), in *Trait-d’union: Journal de Saint-Alban; Éditoriaux, articles, notes (1950–1962)* (Paris: Éditions d’une, 2015), 21.

98. Jacques Lacan, *De la psychose paranoïaque dans ses rapports avec la personnalité* (1932; Paris: Seuil, 1975), 211–212.

99. François Pain, *Le divan de Félix*, May 1986, <https://chaosmosemedia.net/2021/05/25>

/le-divan-de-felix/. Transcript published in Félix Guattari and Danielle Sivadon, “Le préjugé démagogique: June 1987,” *Chimères* 94 (2019): 146.

100. Gilles Deleuze and Félix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, trans. Robert Hurley, Mark Seem, and Helen R. Lane (Minneapolis: University of Minnesota Press, 1983), 192.
101. Tosquelles and Tosquelles, *Société lozérienne d'hygiène mentale*.
102. François Tosquelles in Martine Dreyers's film *Les heures heureuses* (Our Lucky Hours), France, Switzerland, Belgium, 2019, 77 minutes, 35 mm.
103. For critiques of Dubuffet, see, in particular, Kaira M. Cabañas, *Learning from Madness: Brazilian Modernism and Global Contemporary Art* (Chicago: University of Chicago Press, 2018), 47–82; and Raphael Koenig, “Art beyond the Norms: Art of the Insane, Art Brut, and the Avant-Garde From Prinzhorn to Dubuffet (1922–1949)” (PhD diss., Harvard University, Graduate School of Arts and Sciences, 2018).
104. Harald Szeemann, “Ver-rücktes Weltbild: Können Geisteskranke Künstler sein?,” in *Individuelle Mythologien*, 125–127 (Berlin: Merve, 1985), 127. Szeemann quotes Dubuffet's definition of *art brut* given in *L'art brut préféré aux arts culturels* (1949) and published in Jean Dubuffet, *Prospectus et tous écrits suivants* (Paris: Gallimard, 1967), 202.
105. Tosquelles and Tosquelles, *Société lozérienne d'hygiène mentale*.
106. See Elena Vogman, “L'image-milieu: Deleuze, Artaud, Tosquelles et les médias de la psychothérapie institutionnelle,” in *Cinéma du corps, cinéma du cerveau: Deleuze aux frontières de la spectatorialité* (Paris: Mimesis Press, 2024).
107. Tosquelles, *Le vécu de la fin* (2012), 51.
108. See also François Tosquelles, *Psychothérapie et matérialisme dialectique* (Paris: Éditions d'une, 2019).
109. Tosquelles, *Le vécu de la fin* (2012), 94–95; and Kurt Goldstein, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* (1934; New York: New York, Zone Books 1995). On Goldstein's theory of catastrophe, see also Stefanos Geroulanos and Todd Meyers, *The Human Body in the Age of Catastrophe: Brittleness, Integration, Science, and the Great War* (Chicago: University of Chicago Press, 2018).
110. Goldstein, *The Organism*, 333.
111. Tosquelles, *Le vécu de la fin* (2012), 98.
112. François Tosquelles, “Introduction à la sémiologie de l'agitation” (talk presented at a conference in June 23, 1951, place unknown). I thank Jacques Tosquelles for providing me with this yet unpublished text.
113. Alice Cherki, *Frantz Fanon: A Portrait* (Ithaca, NY: Cornell University Press, 2006), 15; and David Macey, *Frantz Fanon: A Biography* (London: Verso, 2012), 126.
114. Frantz Fanon, “Parallel Hands,” in *Alienation and Freedom*, trans. Steven Corcoran, ed. Robert J.C. Young and Jean Khalfa (London: Bloomsbury, 2018). See also Young's beautiful analysis of Fanon's plays in “Fanon, revolutionary playwright,” in *Alienation and Freedom*, 11–80.
115. See also Masó, “Du collectif avec des femmes,” 258. Even though the film was made from 1954 to 1957, other 8mm cameras were present on site while Fanon was at Saint-Alban, such as Daumézon's two 8mm cameras that I discuss in the following. The footage produced by those cameras could have been used in Tosquelles and Tosquelles, *Société lozérienne d'hygiène mentale*.
116. Cherki, 74.
117. Frantz Fanon and Jacques Azoulay, “Social Therapy in a Ward of Muslim Men: Methodological Difficulties,” in *Alienation and Freedom*, 354.
118. Fanon and Azoulay, 356.

119. Fanon and Azoulay, 356.

120. Frantz Fanon, “Letter to the Resident Minister,” in *Alienation and Freedom*, 434.

121. Robcis, *Disalienation*, 48.

122. Fanon, “Letter to the Resident Minister,” 434.

123. Fanon and Azoulay, 355; and Philippe Artières, *Histoires de René L. Hétérotopies contrariées* (Paris: Manuella Editions, 2022), 62.

124. Georges Bravie, “Hôpital psychiatrique de Blida-Joinville (Algérie),” in *La construction moderne: Revue hebdomadaire d’architecture*, no. 25–26 (May 1939): 310.

125. Antoine Porot and Jean Sutter, “Le ‘primitivisme’ des indigènes nord-africains: Ses incidences en pathologie mentale,” *Sud médical et chirurgical*, April 15, 1939, Imprimerie marseillaise, Marseille, 11–12, Quoted in Fanon, *The Wretched of the Earth*, 226.

126. Today Daumézon’s filmic archive is preserved at the Cinémathèque de Bretagne in France.

127. Bonnafé et al., “Saint-Alban,” 88.

128. Cherki, 75.

129. Fanon and Azoulay, 257.

130. Fanon and Azoulay, 257.

131. Fanon and Azoulay, 362.

132. Fanon and Azoulay, 362.

133. Fanon and Azoulay, 364.

134. Fanon and Azoulay, 364–367.

135. Numa Murard, “Psychiatrie institutionnelle à Blida,” *Tumultes* 23, no. 31 (2008): 31–45, quoted in Jean Khalfa, “Fanon, Revolutionary Psychiatrist,” in *Alienation and Freedom*, 191.

136. Frantz Fanon, *Black Skin, White Masks* (London: Pluto Press, 1986), 13.

137. Fanon and Azoulay, 364.

138. Fanon and Azoulay, 365–367.

139. Cherki, 74.

140. Cherki, 82.

141. Frantz Fanon and François Sanchez, “Maghrebi Muslims and their attitudes to madness,” in *Alienation and Freedom*, 424.

142. Khalfa, “Fanon, Revolutionary Psychiatrist,” 198.

143. Maurice Merleau-Ponty, *The Structure of Behavior*, 1942 (Boston: Beacon Press, 1967), 166.

144. M. Bonnet, “Asile ou hôpital,” *Notre Journal*, no. 6, year 1, 28 January 1954, quoted after: Paul Marquis, “A Hospital Journal. Reforming Psychiatry in Colonial Algeria during Wartime (1953–1959),” trans. by Simon Dix, *Sources: Materials & Fieldwork in African Studies*, 8, 2024, <http://journals.openedition.org/sources/1907>.

145. Frantz Fanon, *Toward the African Revolution: Political Essays* (New York: Grove Press, 1967), 31. See also the beautiful analysis of this mummified culture in Fanon by Stefania Pandolfo, *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago: University of Chicago Press, 2018), 8–13.

146. Fanon, *Toward the African Revolution*, 33.

147. Fanon, *Toward the African Revolution*, 4.

148. Fanon, *The Wretched of the Earth*, 182.

149. Fanon, *The Wretched of the Earth*, 290.

150. Fanon, *The Wretched of the Earth*, 251.