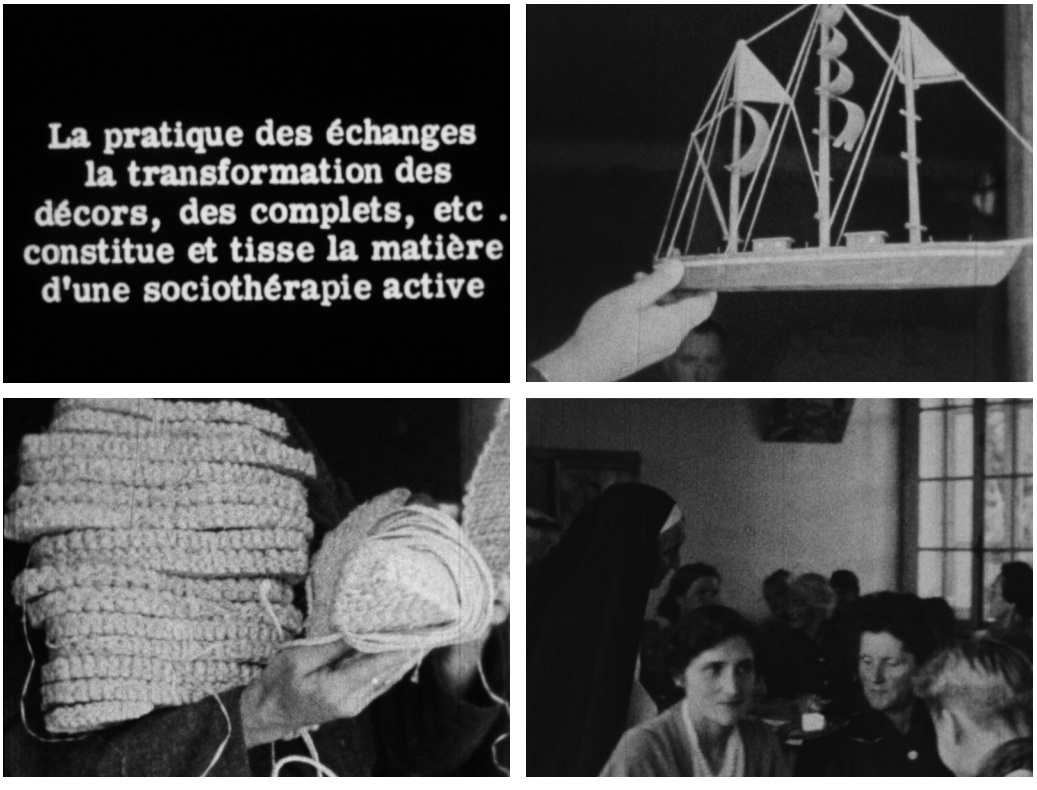
Stills from François Tosquelles and Elena Alvarez Tosquelles, *Société Lozérienne d'hygiène mentale* (Lozerien Society of Mental Hygiene), 1950–1957. Cinémathèque de Perpignan—Institut Jean Vigo. Courtesy of Michel Tosquelles.



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Exhibiting Therapeutic Work: Art, Psychiatry, and the Project of Disalienation

ELENA VOGMAN

> Without recognizing the human value of madness, it is the human being itself who disappears.
>
> —François Tosquelles, *Le vécu de la fin du monde dans la folie: Le témoignage de Gerard de Nerval* (Grenoble: Jérôme Millon, 2012), 18

> Labor time is not a man's lifetime. Man's vital demand is the demand to participate in the constitution of a sense of self-worth by and through his creative action upon the world. It is not true, insists Césaire, that the task of man is finished.
>
> —Sylvia Wynter, *Black Metamorphosis: New Natives in a New World*, unpublished manuscript written in 1970s, preserved in the Institute of the Black World at the Schomburg Center for Research in Black Culture, New York

In postwar France, the relation between art and madness became a privileged site for negotiating the limits of aesthetic modernism, psychiatric knowledge, and social repair. Across psychiatric institutions and artistic milieus, works made by patients in psychiatric hospitals attracted increasing attention and circulated in both clinical contexts and private collections. These works raised a series of questions that cut across disciplinary boundaries: How should such productions be understood? What kinds of value do they hold? And what relations do they establish between epistemic, therapeutic, and aesthetic frameworks?[1]

This revaluation of patient art took place against the backdrop of the mass starvation in psychiatric hospitals during the Second World War and the German Occupation of France. Imposed by the Nazis and tacitly endorsed by the Vichy regime, these measures led to the death of tens of thousands of patients.[2] In this context, the peripheral hospital of Saint-Alban-sur-Limagnole became an asylum in the literal sense of the word—a refuge not only for psychiatric patients, but also for Jewish refugees, members of the Resistance, and surrealist artists.

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Engaging with the social structures of the surrounding region, patients participated in local agricultural work, while activities such as sewing and knitting supplied the barter economy of Lozère. These practices helped the hospital survive conditions of extreme scarcity resisting the broader eugenic logic that had turned psychiatric establishments into sites of abandonment and extermination.

From this experience developed the movement defined in 1952 as *psychothérapie institutionnelle*, or institutional psychotherapy.[3] As Félix Guattari later recalled, a heterogeneous constellation of doctors, nurses, nuns, and Marxist militants sought to transform the asylum from within, dismantling its hierarchical structures and reshaping the everyday practices.[4] For this movement, madness could no longer be understood simply as an individual pathology but as a socially conditioned crisis of relation to the world. This perspective found one of its most systematic formulations in the work of the Catalan psychiatrist François Tosquelles, who redefined psychosis as an experience of catastrophe unfolding simultaneously on clinical, historical, and existential planes. Across the movement, among figures such as Jean Oury, Lucien Bonnafé, Hélène Chaigneau, Frantz Fanon, and Ginette Michaud, the concept of alienation became central for rethinking psychiatric practice. Drawing on Marxist thought, alienation was understood as a historically produced estrangement of human beings from their labor, their social relations, and the world they collectively constitute. Transposed into the clinical field, alienation designated a ruined relation between the subject, their milieu, and the social. Disalienation named the practical effort to recompose these relations within institutional life. It is within this reconfiguration of madness as a social and relational phenomenon that the status of patients' works must be reconsidered.

In the broader postwar field of psychiatry and art, these works were assimilated by two powerful and often competing yet entangled regimes: on the one hand, the aesthetic regime of the oeuvre, in which singularity was secured through authorship, collection, and curatorial appropriation; on the other, the psychiatric regime of the symptom, in which form became legible as evidence of pathology. The diagnostic regime often did not exclude the formation of oeuvres, which were incorporated—often informally and without patients' consent—into psychiatrists' private collections or into those maintained by hospitals, such as the Musée d'Art et d'Histoire de l'Hôpital Sainte-Anne.

Institutional psychotherapy displaced both frameworks. Rather than treating patients productions either as autonomous artworks or as decipherable clinical signs, it approached them as material practices embedded in communal labor, material exchange, and the reorganization of institutional life. "Art" was repositioned as a work of therapy and a process of disalienation: not as the

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privileged expression of madness, but as one among several mediations through which politically and socially ruined relations to the world might be reworked.

Institutional psychotherapy recast patients' productions neither as artworks nor as symptomatic expressions, but as relational practices unfolding in labor and social exchange. As such, they function as mediations of disalienation that reconfigure the conditions under which value, subjectivity, and social institutions are produced and modified. The argument of my text unfolds in four steps. The first section takes the trajectory of the patient Marguerite Sirvins to read art brut against itself. It shows how the French artist, collector, and wine merchant Jean Dubuffet's primitivist framing transformed patients' productions into an oeuvre—an oeuvre that ultimately secured his own authority as collector and artist, while severing these works from the social, historical, and economic conditions of production. The second section situates institutional psychotherapy within a materialist theory of alienation, showing how figures such as Tosquelles reinterpreted madness as a socially produced rupture in the relations between subjects and their environment. It traces how experiments at Saint-Alban and related institutions sought to transform concentrationary modes of confinement into a therapeutic and political environment. They introduced patient-run clubs and cooperatives, media practices, and collective decision-making. In doing so, they redefined disalienation as a material reorganization of institutional life. As it shows, cinema constituted not a form of institutional documentation but a tool for remediating the circuits of labor and social participation they sought to produce. The third section turns to the exhibitions of *travaux thérapeutiques* organized by the Croix-Marine Societies in the 1950s, revealing how they recast the value of patients' productions on the margins of both modernist aesthetics and psychiatry's obsession with diagnostic classification. The final part examines how institutional psychotherapy rethought therapeutic work as a practice of repair, drawing on debates about patients' remuneration and ergotherapy. Institutional psychotherapy situates its practices within a broader clinical and philosophical redefinition of madness as an experience of catastrophe that unsettles the relations between body, milieu, and the social. Rather than restoring a preexisting norm, therapeutic work participates in the production of new norms through which a fractured world can gradually be recomposed. Across these four sections, I examine institutional psychotherapy through its refusal to treat madness as a form of radical exteriority. Rather, I ask how the movement responds to madness through the precarious work of disalienation, understood as the ongoing recomposition of forms of life.

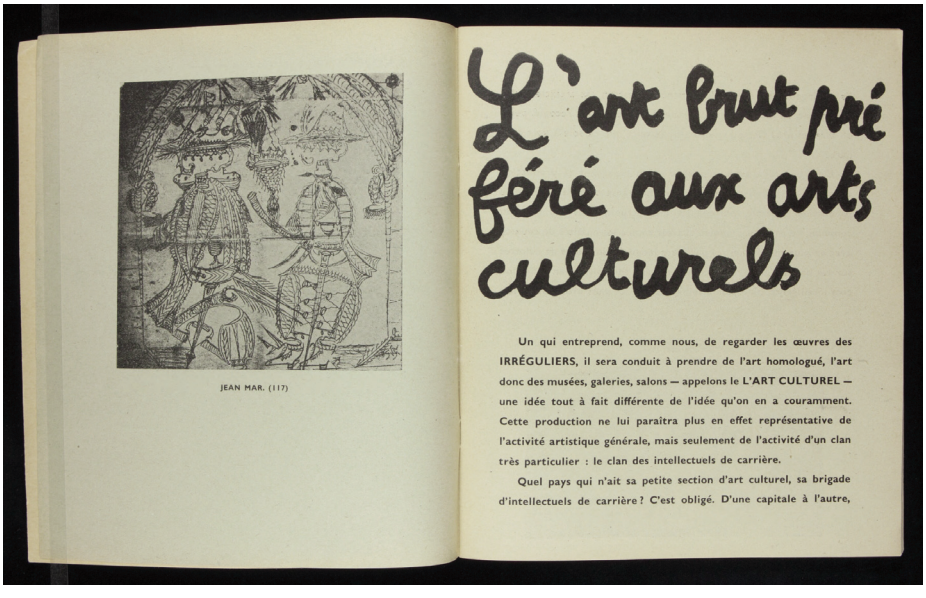
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Art Brut: The Oeuvre as Expropriation

In October 1949, Galerie René Drouin opened an exhibition featuring more than two hundred works by sixty-three authors, densely displayed across the entire ground floor. Its location at Place Vendôme in Paris's first arrondissement embodied the bourgeois and imperial prestige of postwar capital, a locus of aesthetic refinement and historical continuity. In this aura of metropolitan cultural authority, the objects on display produced a striking antagonism: coal statuettes, *écrits*, and drawings by Gaston Chaissac, a self-taught painter and poet (whose work was championed by Jean Paulhan and Raymond Queneau); works by the Spanish refugee, farmer, and anarchist Miguel Hernández; and wooden sculptures by Auguste Forestier and embroideries by Marguerite Sirvins, both long-term patients at the psychiatric hospital of Saint-Alban in the Lozère Valley.

The exhibition was accompanied by a publication, *L'Art brut préféré aux arts culturels*, Dubuffet's curatorial manifesto. The text, richly illustrated with images of the exhibits, stages a radical inversion of epistemic hierarchy that opposes the institutionally certified "intellectual" to the so-called "*imbécile*," whose stigmatized position is redefined as the site of genuine lucidity (*clairvoyance*; *lucidité*). This critique, as numerous scholars have argued, is grounded in a primitivist imaginary.[5] Dubuffet invokes a *homme sauvage* endowed with "millions of eyes," displacing perception from the domain of intellect to that of embodied, prereflexive sensation, multiplying vision beyond the unified subject.[6] Education and credentialed intelligence appear as forces of sterilization that extinguish this originary perceptual vitality. True vision, according to Dubuffet, emerges only through a violent renunciation of institutionalized reason and a return to an extralucid, precultural mode of seeing. Yet this apparent valorization of nonintellectual vision naturalizes and dehistoricizes its subjects, transforming them into sources of an originary perception.

But how do the images of peasants, psychiatric patients, and exiles support this argument? Any attempt to define the heterogeneous group labeled as imbeciles is absent from the text. On the contrary, the publication withholds any information about the authors, instead highlighting the sheer form—or formlessness—of the objects and images displayed on the catalogue pages. Rather than properly spelling out the authors' names, Dubuffet resorts to abbrevia-



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tions—something between a pseudonym and a label: For (Auguste), Juliette la Fleuriste, Duf (Gaston), Demoiselle Sir, and so on. In what follows, I analyze these procedures of anonymization, decontextualization, and appropriation through which Dubuffet constructed art brut as an oeuvre: a form of property relation that paradoxically required the exclusion of the authors themselves. This appropriation relied on a primitivist myth of solitary creation in which the historical and material conditions of the works in question had to disappear.[7]

The trajectory of Marguerite Sirvins's works offers a revealing example of this operation. Sirvins's works appeared in several exhibitions by the Companie de l'Art Brut and today constitute central pieces of the famous Collection de l'Art Brut in Lausanne, comprising not only embroideries but also colored pencil drawings and gouache paintings. The collection also holds the white dress Sirvins made between 1954 and 1955. "Plagued by increasingly frequent hallucinations and delusions," as the website description notes, "she created her final piece [*ouvrage*]: a highly delicate wedding dress intended for an imaginary wedding day."[8] The dress was made from threads drawn out of abandoned hospital linens.[9]

In an article dedicated to her art brut case, Dubuffet meticulously described her works' aesthetic qualities, which, he claims, create "dramatic effects" and operate in the "realm of haunting unreality." In this way, the white dress only testifies to an alien "dreamlike kind of strictness," a "strange logic," governed by "imperatives that are not our own."[10] In it, Dubuffet even claimed to discern an order "foreign to our human one." Faithful to the primitivist premises underlying the theoretical frame of art brut, the collector associates Sirvins with "creatures even further removed from our world," such as birds or plants.[11]

Dubuffet's rendering of Sirvins's works into an oeuvre proceeds by objectifying their form as ornament—a *forme brute*. This gesture of abstraction is tied to another one: the extraction of her works from their context, both the patient's biography and her social life at Saint-Alban. Thus readers would have no inkling of the social and cultural life at Saint-Alban, including the ergotherapy workshops; Dubuffet, instead, insists on Sirvins's otherness and isolation, even denying that she worked from any model or draft. Thus, Sirvins becomes another case within the collection of art brut, an art defined as "a completely pure artistic operation, raw, brute, and entirely reinvented in all of its phases solely by means of the artist's own impulses."[12]

Yet this apparent celebration of radical spontaneity and transgression is underwritten by a relentless logic of appropriation. As critics of the modernist idea of property in art have observed, not only do the art system and its forms of value production "nimbly integrate procedures of transgression, disintegration,

Jean Dubuffet, *L'Art brut préféré aux arts culturels* (Paris: Galerie René Drouin, 1949).

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opacity, and intractability," they also "remain acts of an aesthetically proprietorial subject." This becomes particularly evident in the operation of the signature, which marks possession in the form of intellectual property while remaining perfectly compatible with the rhetoric of transgression.[13] In Dubuffet's case, however, the proprietorial gesture functions paradoxically as expropriation: While the individual patient is presented as the source of an authentic creative impulse, authorship is simultaneously displaced onto the figure of the collector who assembles, names, and frames these works as art brut. This division of labor, as Joana Masó has shown, is what ratified the strict isolation of art brut from what Dubuffet called "cultural art," that is, modern or contemporary art.[14]

Hal Foster qualified Dubuffet's transgressive model (typical for primitivists targeting the academic canon) as "outsider logic" that is also an "insider move": one that aims to win Dubuffet "a place within avant-gardist lineages."[15] According to Kaira Cabañas, this operation of art brut is sustained by the supreme modernist myths of "quality, authenticity, and originality."[16] These myths found their most influential realization in Swiss curator Harald Szeemann's *Documenta 5* (1972) and his concept of "individual mythologies"—not coincidentally inspired by Dubuffet's curatorial "genius."[17] In both cases, the aestheticization of marginality is realized through a symmetrical reinvention of the individual: the *insane artist*, on the one hand, and the curatorial personality who guarantees the myth's consistency, on the other. Szeemann's recourse to Dubuffet also informed the exhibition design of Documenta 5, where the spatial openness and creative freedom granted to contemporary artists stood in stark contrast to the confinement, closure, and concentrationist display imposed on the *verrückte* (that is, both insane and displaced) schizophrenic artists.

This transformation of the patient's production into an oeuvre consolidates Dubuffet and Szeemann's authority within the art system. Strikingly, Michel Foucault introduces a similar opposition when articulating the relation between madness and artistic production. "*Where there is an oeuvre, there is no madness*," Foucault famously asserts in *The History of Madness* (1961). Turning to modern figures such as Vincent van Gogh and Antonin Artaud—artists who, as he writes, "lapsed into madness"—Foucault sees their work as the site of a crucial reversal: Rather than being silenced by reason, madness returns through the oeuvre as a force that exposes reason's own limits.[18] While intended to challenge reason's historical exclusion of madness, Foucault ultimately reproduces the same dilemma that structures Dubuffet's and later Szeemann's operations: Either madness is dissolved into the aesthetic coherence of the oeuvre, or it remains radically exterior to it.

The persistence of this opposition between madness and the oeuvre has a further

Marguerite Sirvins, "Les promeneuses de l'hiver" (*The Women Who Walk in Winter*), ca. 1953–1956. Wool embroidery on fabric.

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consequence. "A work of art is of no interest to me," wrote Dubuffet, "unless it is an absolutely immediate and direct projection of the depths of the individual."[19] Such idealized and market-driven individualism turns away from the social, ethical, and historical conditions that shape individual lives. It is therefore no surprise that Dubuffet showed little interest in the violence of psychiatric institutions, nor in the economic, gendered, or racialized conditions structuring mental alienation. This is particularly evident in the case of Marguerite Sirvins, whose works—and whose symptoms—were bound up with such conditions.

Even in its fragmentary form, the available biographical record complicates Dubuffet's construction of Sirvins as an isolated figure of extralucid creation. Born in Lozère and trained as a milliner in Paris, Sirvins worked as a saleswoman and later as an usherette amid a series of destabilizing events—war trauma, economic dispossession, and likely sexual abuse—that precipitated her institutionalization at the end of the 1920s. Her medical files reduce this trajectory to a repetitive diagnostic script of schizophrenia, while Dubuffet's account erases it altogether.[20] Yet read against the grain, these traces suggest that Sirvins's symptoms were inseparable from the material and social conditions structuring her life: precarious labor and the asymmetries of class and gender that governed both. In this sense, the abstraction performed by the category of art brut—its separation of works from patients' biography and their institutional context—inscribes the very forms of dislocation and dispossession that marked Sirvins's experience. What appears as the artwork's autonomy is thus secured through a double effacement: of the social conditions of production and Sirvins's situatedness within them.

Sirvins, however, was not producing an oeuvre. Rather than presenting itself as the projection of an isolated interiority, her embroidery situates artistic production within a network of material practices and social relations at Saint-Alban. In "Les Promeneuses de l'hiver" (ca. 1953–1956), scenes of walking and



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communal gathering are interwoven with the processes that make the image possible: figures spinning wool, tending sheep, and producing thread. The image thus folds its own conditions of production into its surface, rendering visible the very circuits of labor and exchange that sustain it. Made from threads drawn out of discarded hospital linens, the work quite literally incorporates the material residue of institutional life, embedding its temporality and social relations within the fabric of the image. These practices form a processual assemblage rather than an oeuvre in the modernist sense, with production, use value, and social interaction remaining inseparable. In this respect, Sirvins's work exposes what the art brut framework obscures: that patients' productions are not the expressions of an abstract creative impulse, but practices embedded in collective forms of labor and institutional life—practices whose decontextualization as "art" depends on their prior expropriation.

Institution and Disalienation

Before it entered the vocabulary of Hegel's philosophy and Marx's political economy, the notion of alienation (from the Latin *alienatio*) carried two distinct meanings. The first was juridical: the legal transfer or dispossession of property, often applied to land or territory. The second was medical, designating *alienatio mentis*, the loss of reason or madness. In twentieth-century French psychiatry, the term *aliéné* referred to the mentally ill patient, yet it retained the broader sense of someone estranged or dispossessed. This semantic overlap between juridical dispossession and mental derangement is not accidental; it marks the historical intersection of property, reason, and social order—an intersection that institutional psychotherapy sought to confront directly.

In 1947, the Catalan exile, anarcho-syndicalist, and co-initiator of institutional psychotherapy at Saint-Alban, François Tosquelles, delivered a lecture at the École Normale Supérieure in Paris (which Foucault, then a student at the ENS, may have attended). Drawing on Marx's early writings, in particular his *Economic and Philosophical Manuscripts of 1844*, Tosquelles grounds alienation in a materialist anthropology:

> Marx, in his analysis of forms (where what he calls "alienation" is reflected in ideology and political economy), presupposes the positive abolition of private property, which gives us a clear description of the human being's social essence—"the human being [*Mensch*] produces the human being—itself and other humans." Society is, for Marx, "humankind's complete consubstantiality with nature," and he urges us to take care "to avoid postulating 'society' again as an abstraction vis-à-vis the individual. The individual is the social being."[21]

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Tosquelles understood alienation not as a purely psychic condition but as a relation embedded in the social organization of labor and property, and he articulated this relation in three steps. First, following Marx, he situates alienation not only within psychiatry but also within political economy, linking it to the historical regime of private property that separates human beings from their own productive activity and from the world as collectively produced. The critique of alienation therefore presupposes the "positive abolition of private property." Second, he defines human beings not by an abstract essence but through social practice. Society is continuously produced through human activity (even the most singular action is therefore already social, unfolding within a network of relations to others and to the material world). Third, this implies an epistemological reversal: Consciousness is not the origin of social life but its specific expression. As Marx writes, "my *general* consciousness is only the *theoretical* form [*Gestalt*]" of this social being, while thinking and being remain distinct yet unified in practice.[22] From this perspective, Tosquelles concludes, madness cannot be understood as an interior disorder detached from the world. It must instead be grasped within the material relations—of labor, environment, and institutional life—through which human beings collectively produce both society and themselves.[23]

Institutional psychotherapy's analysis of alienation as embedded in social and political economy amounted to a critique of contemporary psychiatry, which relied on diagnostic and nosological abstractions—what Tosquelles called the "mythology of brain localizations" and organ-function determinism.[24] Central to the movement was the insistence that the biological is always socially mediated and that the social is embodied. This position was shared by Marxist clinicians and theorists such as Georges Canguilhem, Frantz Fanon, Lucien Bonnafé, and Henri Wallon. In other words, "history" itself could be understood as a form of "social physiology."[25] Institutional psychotherapy thus rejected biological determinism in favor of a materialist epistemology in which thought—or the human brain—cannot be isolated from the "human being's active presence in the world" and its social environment. As Tosquelles insists, "The originality of madness can only be defined at the level where it is, where it shows itself, in society."[26] To be sure, this position did not prevent the movement from employing severe biological treatments, such as insulin shock and electroconvulsive therapy, sometimes described as "annihilation treatments." These violent medical interventions (widely used, including by Fanon at the Blida-Joinville Hospital in Algeria and by Jean Oury and Félix Guattari at La Borde) were intended to induce a "reset" of the personality, opening it to psychotherapeutic work.[27]

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Disalienation was conceived by Tosquelles and Bonnafé not as a property to be attained, but as a process involving what they called "the total fact of madness: the sick person, the asylum, and the psychiatrist at once." In this perspective, alienation could not be localized in the individual subject; it named a condition of social relations as such, structured by segregation and the division of labor that confined both patients and psychiatrists within the asylum. Patients' alienation could therefore not be approached without confronting the alienation of psychiatrists themselves, "shut away with their patients in the asylum" and "alienated . . . from society as a whole."[28]

For Marx, alienation designates the worker's estranged relation to the product of labor and thus to the "*sensuous external world*," which appears as an "alien world."[29] If reality, objects, and senses are, as Tosquelles emphasizes with Marx, forms of "sensuous human activity, practice," then alienation and disalienation are relational conditions produced within such praxis.[30] This approach to madness departs from Foucault's emphasis on practices of exclusion by conceiving madness as a socially produced relation to the environment—to the sensuous external world.

Yet if alienation operates simultaneously in the psychic and the social sphere, the decisive question concerns the institutional forms through which this relation can be transformed in practice. Camille Robcis has illuminated the intellectual genealogy of disalienation, productively foregrounding the dialogue between Marx and Freud in the emergence of institutional psychotherapy.[31] Whereas her discussion largely treats disalienation as a theoretical framework, however, the present account instead approaches it through its relation to labor, property, and social practice, examining how these concerns informed the institutional experiments of Saint-Alban—from ergotherapy workshops to the public exhibition of patients' works. It is through this material reorganization of life within and beyond the asylum that the stakes of disalienation become tangible: not simply as a theory of madness, but as an intervention into the relations of labor and social participation that structure institutional life.

The experience of the Second World War—and in particular the concentration camps—was decisive for framing the problem to which institutional psychotherapy responded. As several members of the movement insisted, the postwar asylum could not be understood apart from the concentrationary logic that had governed both fascist extermination policies and the abandonment of psychiatric patients in France during the Occupation.[32] This comparison was not merely rhetorical. What was at stake was a specific organization of social relations: the segregation of those deemed unproductive, the suspension of exchange, and the reduction of human beings to a condition of slow death or bare survival outside

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circuits of labor and social participation. Concentrationism refers to a regime of social and economic exclusion enacted through spatial confinement. Institutional psychotherapy's emphasis on work, exchange, and collective organization—whether in ergotherapy workshops or in the circulation of patients' productions—can thus be understood as a direct response: an attempt to reintroduce forms of social mediation and participation where they had been structurally abolished.

According to psychiatrist Georges Daumézon and his assistant Philippe Koechlin, exchange crucially also applies to the collective use of media and the flow of "information."[33] In the traditional asylum, the absence of explanation about rules and everyday decisions produces anxiety, rumors, and speculations that reinforce the closed and hierarchical character of the establishment. Institutional psychotherapy therefore introduced an array of media in order to provide organized channels of information: notice boards, internal newspapers, radio broadcasts, *journaux parlés*, poetry readings, and film screenings all served to mediate events and experiences within the hospital community. The socialization and collective use of media transformed information from a top-down administrative directive into a shared process of communication and reflection. Both patients and staff were enabled to participate in the interpretation of institutional life. In contrast to psychoanalytic forms of transference unfolding in the binary relation of analyst and analysand, institutional transference was materially inscribed into the concrete and collective setting of the clinic:

> If a psychoanalytic transference can be dissolved, it is partly because it appears as a process unfolding in the imaginary, in fantasy [*phantasme*]. Here, by contrast, the relations between doctor and patient, nurse and patient, and patient and patient are real and concrete relations; they therefore acquire a much greater value and solidity, and above all they call for more total realizations.[34]

By making the functioning of the hospital visible and intelligible, the relations embodied in practice and concrete circulation of information become, according to Daumézon and Koechlin, a therapeutic device: it counters the opacity of the asylum, reduces pathological misunderstandings, and enables patients to objectify their experiences within a collective space of discussion.

Another structural feature of institutional life was the club—a central organ of the institution maintained by patients and operating independently from the hospital administration. It organized the hospital's social activities, from ergotherapy sessions and the publication of newspapers to cine-club screenings and festivities. It had a cooperative organization and enabled forms of exchange

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among patients, staff, and the outside world. Its goal was to foster "a maximum of self-government," contributing to the de-hierarchization of the roles of "doctor" and "patient."[35] At Saint-Alban, the club had a particular relation to cinema:

> It was this Club Committee that organized the cinema screenings and, given the exceptional local conditions of this institution—highly isolated in a mountainous region—the club, for several years, also held film screenings intended for the population of the neighboring village. At present, a weekly screening is held, the program of which is prepared by each pavilion in turn. The doctors succeeded in giving each screening the character of a kind of psychodrama. The aim is to involve as many patients as possible, allowing them to take part in the most spontaneous way possible.[36]

The programmed films were not only discussed collectively, including group therapy based on dramatic enactment, but also reviewed by patients in the intra-hospital newspaper *Trait-d'Union*. In this way, the cinematic image was remediated and resocialized, becoming part of the institution's collective transference process.

The club appears also as one of the central elements in a film, made between 1950 and 1957 by Tosquelles, his wife Elena Álvarez Tosquelles, and the patients of Saint-Alban. "Lozérien Society of Mental Hygiene" was shot with an 8 mm Paillard camera and intended to be viewed by the patients of Saint-Alban and circulated within other institutions in three parts: "Ergotherapy," "Social Therapy," and "Parties" (*fêtes*). The film, "composed of fragments of the hospital's social life," stages the gradual transformation of the asylum—its reappropriation as a collectively inhabited social institution. In the spirit of agitprop, the "Lozérien Society," a collective agency formed by patients, staff, and inhabitants of the region, appears as a body of resistance to the traditional conditions of confinement. Tosquelles later presented the film to the professional community at the 1958 International Psychotherapy Congress in Barcelona.

Across the first half of the film, collective labor forms the main motif. Patients and staff dismantle the asylum walls; knitting, bast weaving, and carpentry workshops unfold alongside leisure scenes, such as games and gatherings in the hospital bar. The camera then focuses on objects produced in the workshops: toys, bast items, sculptures made from hemp fiber, embroidered textile, and so on. The objects do not appear alone in the frame. A hand introduces them to the camera, leaving the person unidentified. "The works produced by patients in the ergotherapy cooperatives are exhibited and sold in the town," states the caption.

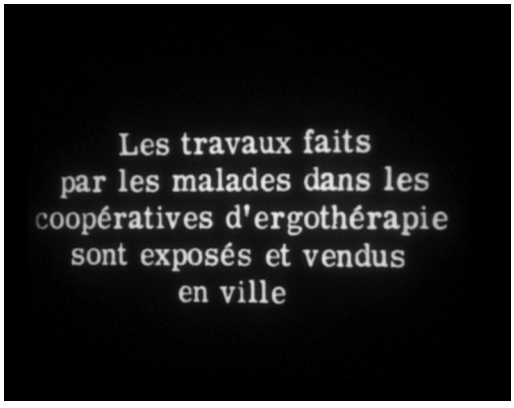
The film's second half presents the entanglement of these ergotherapy workshops with *thérapie sociale*: the writing, editing and printing of the journal

Stills from François Tosquelles and Elena Álvarez Tosquelles, *Société Lozérienne d'hygiène mentale* (Lozérien Society of Mental Hygiene), 1950–1957. Cinémathèque de Perpignan—Institut Jean Vigo. Courtesy of Michel Tosquelles.

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Trait-d'Union, the celebration of carnivals and festivities open to the region's population. "The club secretariat coordinates all the hospital's social activities. In effect, it functions as an ergotherapy workshop," announces the caption. The planning of the institution's social life by the elected members of the Club Committee was not only part of its responsibilities but itself constituted a form of therapeutic work. The film also highlights the club's role in the regional exchange economy by disclosing the concrete figures of its revenue:

> The club thus had autonomous finances and was able to cover all of its operating expenses:
> 6,240,000 francs in 1956. It paid for all festivities, competitions, cinema screenings, the library, the record collection, gifts for newly admitted patients, and the wreath of flowers for those who died.













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Social therapy and ergotherapy workshops were thus not mere occupational activities. They sought to counter the dehumanization and dispossession that the movement understood as a central dimension of alienation by introducing forms of collective economic practice within the institution.

This orientation was shaped in part by Tosquelles's anarcho-syndicalist and Marxist experience within the Partit Obrer d'Unificació Marxista (POUM) in 1930s Catalonia, with its emphasis on workers' direct control over the means of production, horizontal decision-making in factory assemblies, and common resources embedded in cooperative forms of labor and social organization. What was new in the experience of Saint-Alban was the radical transposition of this cooperative logic into a psychiatric setting as part of a broader project of disalienation. In this sense, the films were not merely documentation of institutional life but active participants in this very project, re-mediating the networks of exchange and cooperation through which the asylum was transformed into a social institution.

Exhibitions of Therapeutic Works

While the recently growing reception of the history of institutional psychotherapy is mostly focused on Saint-Alban, Blida-Joinville, and La Borde, these were far from the only sites of the movement's emergence. Particularly in the 1950s, efforts to transform the concentrationary psychiatric establishments marked by social and mental alienation took shape through a series of cross-institutional collaborations and legal initiatives. One important vector of this broader implementation of institutional practices was the organization of exhibitions of patients' works. Yet these exhibitions constitute a largely overlooked chapter in the history of institutional psychotherapy. In what follows, I examine a series of exhibitions framed as *Travaux thérapeutiques*, initiated in 1956 at the Sainte-Anne psychiatric hospital in Paris, and later staged as larger public events at the Hôtel de Ville (1957) and the Palais d'Orsay (1960). These exhibitions provided a countermodel not only to art brut but also to the exhibitions of *art psychopathologique* initiated during the First World Congress of Psychiatry at Sainte-Anne and developed by psychiatrists such as Robert Volmat, Gaston Ferdière, Henri Ey, and Jean Delay. While art brut and psychopathological art contributed to a primitivist mystification of patients' productions, the conception of "therapeutic works" sought instead to critically demystify the world of the asylum. These exhibitions aimed to enable an encounter around the therapeutic and social value of the objects produced: their displays participated in the project of disalienation by confronting the social stigma and myths surrounding madness and by reestablishing relations between the asylum and the

Therapeutic Works, exhibition view, Sainte-Anne Psychiatric Hospital, Paris, 1956. Photograph by J. Albert. *Revue pratique de psychologie de la vie sociale et d'hygiène mentale* 1 (1956): 70.

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broader social world.

The exhibitions of therapeutic works in Paris were organized by the Societies of Croix-Marine and accompanied by film festivals, public conferences, and workshops. The emergence of the Croix-Marine movement after the Second World War provided an important associative infrastructure for the development of institutional psychotherapy in France. Founded in 1947 in Clermont-Ferrand with the creation of the *Société d'hygiène mentale du Centre*, and institutionalized in 1952 through the *Fédération des Sociétés de Croix-Marine*, the network rapidly expanded across the national territory, bringing together psychiatrists, administrators, and social actors around the promotion of mental hygiene and extra-hospital care.[37] Directed by the educator Alice Delaunay, the Federation was initially focused on supporting patients after discharge, helping them find work and housing. Under the influence of Tosquelles as one of its founding members, the organization evolved toward a more radical aim: bringing mental hygiene practices—then associated with preventive, social, and extra-clinical approaches to mental health—inside psychiatric institutions in order to counteract their concentrationary logic. Conceived as a flexible federation of regional and departmental societies, Croix-Marine functioned both as a platform for the circulation of ideas and as a practical tool for organizing new forms of psychiatric intervention. Experiments conducted in clinics such as Saint-Alban—patient clubs, cooperatives, and ergotherapeutic workshops—were debated, institutionalized, and sometimes contested, particularly around the legal status of patients' labor. Croix-Marine's stated goal was to ensure that "patients' work should no longer be entirely the property of the establishments."[38] The network thus played a key role in translating the principles of institutional psychotherapy into concrete organizational forms, mediating between hospital administration, social policy, and experimental practices aimed at redefining the place of labor and sociability in psychiatric care.

Based on a diverse range of competitions organized by Croix-Marine at the



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national level, the *travaux thérapeutiques* exhibitions stood in stark contrast to those of art brut and psychopathological art in several respects. First, the therapeutic works exhibitions ensured that all works, as well as the prizes awarded, were returned to their authors—the patients. This ultimately resulted in the absence of any collection or archive in which these works would be preserved today—unlike the works of psychopathological art, which are now archived in the Musée d'Art et d'Histoire de l'Hôpital Sainte-Anne. Second, therapeutic works were exhibited while maintaining the patients' anonymity, motivated by a desire to avoid possible stigmatization of their families. In contrast to the other two exhibition formats, they avoided presenting patients as isolated "artists" who authored individual oeuvres. Instead, the works were grouped by hospitals and their regional departments. Occasionally, the wards and responsible psychiatrists (predominantly male doctors) were mentioned in the exhibition captions. Third, the therapeutic works exhibitions did not pursue primarily aesthetic or diagnostic goals but rather legal and political ones: under the initiative of Croix-Marine, they aimed to promote Hospital Committees (or patients' clubs) defined as intrahospital bodies independent from the hospital administration. As Jean Oury notes, these committees negotiated agreements with hospitals that allowed them to manage spaces, budgets, and therapeutic activities—notably ergotherapy—independently. In this way, as Oury emphasizes, this major element of psychiatric practice was reoriented toward a collective, participatory, and self-managed form of "therapeutic work."[39]

Both the exhibitions of therapeutic works and those of psychopathological art used film to mediate their respective conceptions of patients' productions. A comparison of the aesthetic strategies of two films—*Images de la folie*, made by Enrico Fulchignoni and Éric Duvivier in the context of the 1950 *Exposition internationale d'Art psychopathologique*, and *Ergothérapie*, filmed by Georges Daumézon and Simonne Daumézon—reveals not only their respective stakes, but also how they configure and contest the nexus of psychiatry and art in 1950s France.

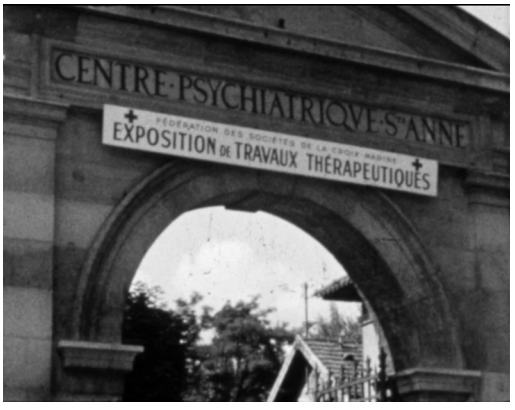
The 8 mm silent black-and-white film *Ergothérapie* by Daumézon and his wife, Simonne Daumézon, opens with images that situate its subject geographically and thematically. A panel inscription framed by taut white rope didactically exposes: "*Exposition de Travaux Thérapeutiques. Sainte-Anne. 9–14 Juin 1956.*" In the next scene, a person, possibly Simonne Daumézon, walks toward the entrance of Sainte-Anne, looking up. The large inscription above the gate announces the exhibition and names its organizing body, the *Fédération des Sociétés de la Croix-Marine.* The following shot captures a work scene: people in uniform sweep the street in front of the clinic.

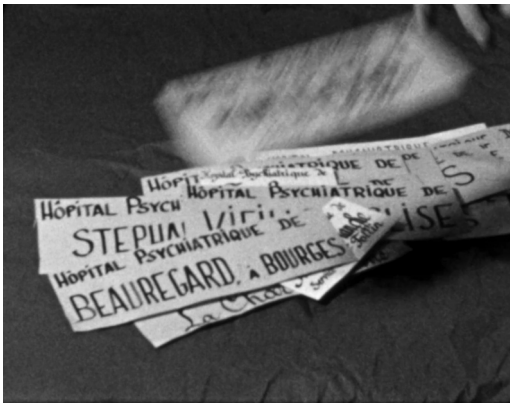
Across eighteen minutes, the film unfolds through multiple views of the

Stills from Georges Daumézon and Simonne Daumézon, *Ergothérapie*, 1956. Cinémathèque de Bretagne.

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exhibition, including close-ups of a wide variety of objects made by patients. It also features photographic images of similar exhibitions, as well as filmed scenes from various ergotherapy workshops. The film's primarily didactic character is structured through intertitles that comment on the exhibition, its objects, and their aims. The hospitals participating in the exhibition are introduced by exhibition captions presented by a person's hand to the camera: the psychiatric hospitals of Toulouse, of Bassens, of Stephansfeld, and many others. In total, a stunning number of forty-five clinics, including more than seventy wards, are featured among the participants. The names of psychiatrists remain undisclosed throughout the film. *Revue pratique de psychologie de la vie sociale et d'hygiène mentale* (a journal edited by the *Fédération des Sociétés Croix-Marine*) lists among the participants several prominent advocates of institutional psychotherapy: Frantz Fanon and Raymond Lacaton from Blida-Joinville; Louis Le









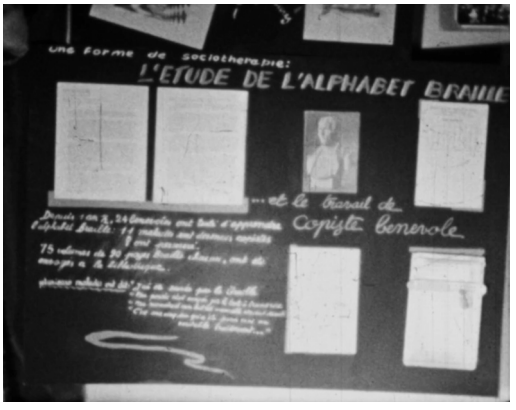




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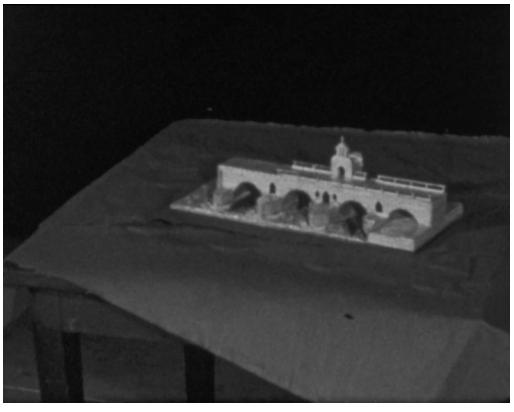
Guillant from the hospital in Villejuif; Paul Sivadon and Charles Chanès from the hospital of Ville-Évrard; and Tosquelles and Roger Gentis from Saint-Alban.[40]

The camera moves through an exhibition space (the ballroom of Sainte-Anne hospital) densely populated with images and objects: baskets, tablecloths, rags, raffia bags, shoes, lamps, toys, puppets, and other utilitarian or decorative items. Some walls are covered with posters bearing titles such as "Ergotherapy Workshops" or "Children from the Medico-Pedagogical Institute." A shelf with books comes into view; behind it hang figurative gouache paintings, alongside a ceramic sculpture of a dog. The next shot briefly scans two large displays labeled "St-Alban." Rather than promoting individual objects, this section presents a series of cultural and social activities through multiple posters: "Easter," "Ciné-Club," "Trait-d'Union," and "Carnival." Another "form of social therapy" appears in a large display titled "A Study of the Braille Alphabet," which













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assembles objects, images, and text into a kind of constellation.

Despite their accumulation, the film makes an effort to contextualize its objects: to inscribe them within the exhibition space, to show their provenance, and to unfold their social and therapeutic meanings. These aesthetic and didactic gestures stand in stark contrast to *Images de la folie* from 1950.[41] In *Images de la folie*, the patients and their institutional conditions are entirely absent. What the film seeks to portray instead, as Mireille Berton has subtly observed, are symbols of a "collective interiority, archaicized and phantasmatic."[42] From its opening sequence—dark skies, skull clocks, serpentine tongues, and endless corridors—*Images de la folie* constructs a mythological landscape of anxiety and "primitive forces." The voice-over and music intensify this symbolic framework through poetic invocations of terror and hallucination: "Why are there eyes everywhere! Eyes everywhere! And hands calling out to me!"; or "I know you—my nightmare bears witness." Rather than contextualizing the works or their authors, the montage associates the images according to a repertoire of archetypal motifs: hybrid animals, dismembered bodies, wolves, crucifixions, and monstrous faces reminiscent of Murnau's *Nosferatu*. Through this visual rhetoric, the works are absorbed into a generalized iconography of "madness": expressions of "a dream-world without space or time," as the introductory title states. The spectators are thus invited to contemplate mental illness as a timeless and quasi-anthropological condition—an enigmatic realm of fear, childhood, and primitive fantasy—rather than as a socially and institutionally produced experience.

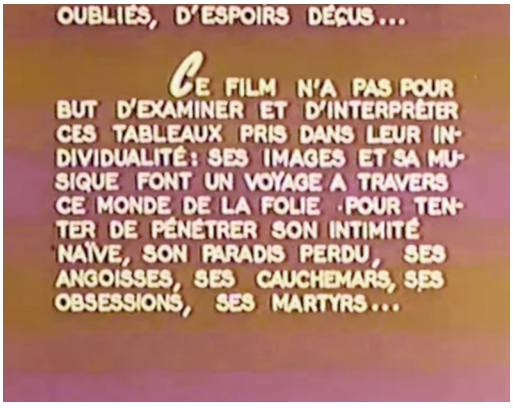
Opposed to such mystifying generalizations, *Ergothérapie* sought to highlight the therapeutic and social significance of ergotherapy through an alternation of commentary and views of the exhibition. "By making contact with the world, the patient can either project his own tormented universe [. . .] or transform it to produce valuable objects." This statement appears alongside sequences of abstract images, primarily paintings and drawings. Rather than being presented as expressions of an isolated inner world, these works are framed as processes—as media of the social that attempt "to establish contact with the world, leading to production and ultimately to social life."[43] Such an approach fundamentally disagrees with Volmat's notion of psychopathological art. He describes it as "purified, simplified, rigid, repetitive, necessary, determined and overdetermined," only barely "masked by external influences of a national, cultural, social, or historical nature."[44] It is revealing that Ey, Volmat, and Delay not only curated the landmark 1950 exhibition at Sainte-Anne but also advised *Images de la folie*. Their paradigm of a "psychopathology of expression" established the relation between art and madness through the lens of the symptom rather than through

Stills from Georges Daumézon and Simonne Daumézon, *Ergothérapie*, 1956. Cinémathèque de Bretagne.

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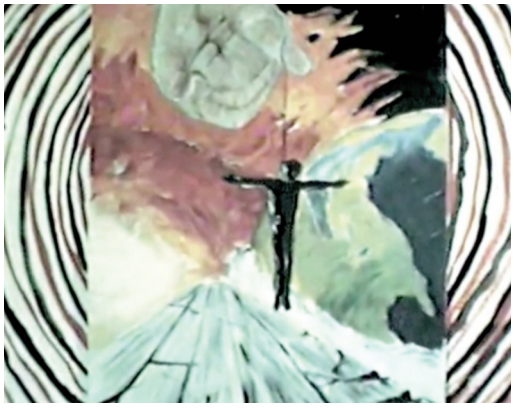
an explicitly therapeutic perspective. Presented as patients' *art*, these works responded to what has been analyzed as the scientific imperative to "describe, understand, classify, and explain" pathology.[45] In contrast to this formalization of pathological signs, Simonne Daumézon and Georges Daumézon qualify patients' *works* as forms of world-building—attempts to reclaim a world that has become "alien."

This position articulates the programmatic commitments of institutional psychotherapy. What notion of "value" (*objets valables*) does this exhibition seek to circulate? To what kind of "world" do these objects contribute? Although the film juxtaposes text and exhibition views, the relation between image and commentary is far from illustrative. "Without guidance, the patient produces objects that translate their alienation," states one of the intertitles. A subsequent caption makes explicit the asymmetry of labor in the asylum: "In the traditional

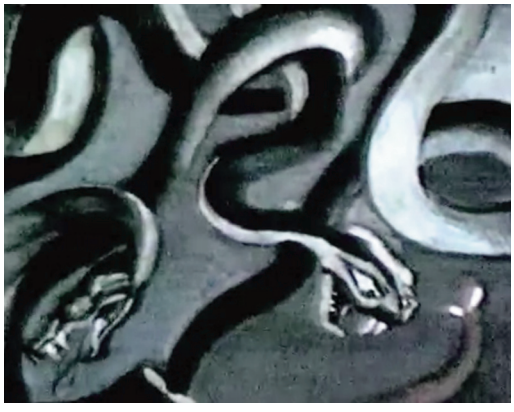












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asylum, the patient also performs servile labor for the staff, but without healing."[46] While the intertitle refers directly to the patient, the film's broader reconfiguration of institutional relations suggests that this condition is not unilateral. The division between *travaux serviles* and *travaux thérapeutiques*—between the extraction of patients' labor and the collective reorganization of activity—points to a more general transformation of social relations within the institution, one that also implicates the position of the staff. Between these two forms of work lies the film's central proposition: a processual understanding of disalienation as praxis.[47]

It is no coincidence that between these two captions the film features Auguste Forestier's *La Bête du Gévaudan*, a sculpture that became emblematic of Saint-Alban's therapeutic collective. Forestier, one of the most renowned patient-artists in Dubuffet's infamous collection, created his works from all kinds of everyday remnants gathered at the hospital, which he exchanged for a few cents or tobacco with the inhabitants of Lozère. In contrast to art brut's auratic presentation against a black background, the film shows the sculpture on the floor, alongside another "beast": a cat enters the frame and begins to play with Forestier's *Bête*. The animal lingers with particular curiosity on its monstrous tooth—an element Forestier had extracted from sheep or cattle in the hospital kitchen. A few seconds later, more of Forestier's wooden sculptures enter the frame, forming a bestiary reminiscent of the Saint-Alban collective.[48]

"One can help each person rediscover traditional and local forms that have their own value." As in Tosquelles's film, an anonymous person's hands present various crafted objects to the camera, from raffia baskets to a wooden sled. "Thus," an intertitle comments, "workshops are created." The "proper value" granted to the objects is dialectically revealed in its social quality, which the film introduces through photographs with groups participating in ergotherapy workshops. Female patients sit at a large table, hands at work; a person, seen from behind, paints a landscape at an easel. The film does not position itself against art, but rather develops a radically different understanding of it—as constitutive of community and integral to this work of relational therapy.

Monetary value also enters the narrative. A caption referring to "serial labor that engages the patient through its yield" is followed by a wall chart listing earnings per item, hourly averages, and the daily income of a particular patient (identified only by initials). The film then presents a wide array of objects, from bookbinding and sculpture to puppets and furniture components, before adding: "Yet at the same time, the atmosphere [*ambiance*] is transformed thanks to these very works [*travaux*]." Therapeutic work is not only presented as a reparative process; the film also restores the objects and "art," extracted in art brut and

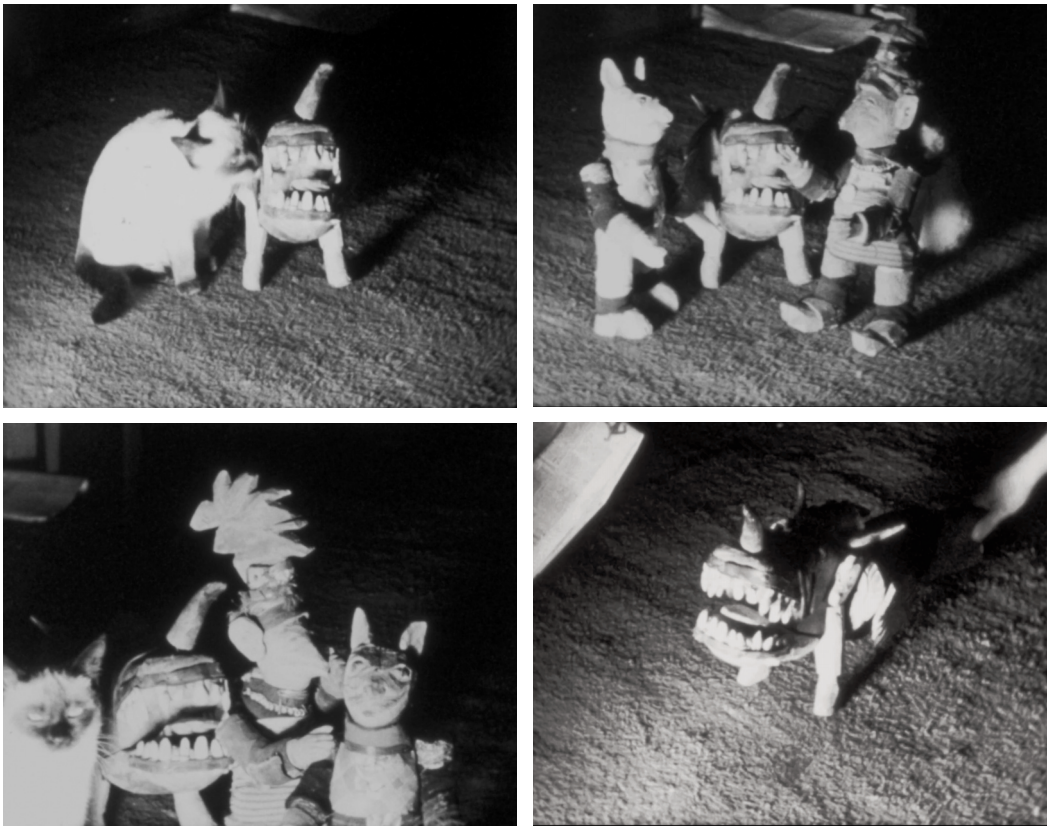
Enrico Fulchignoni and Éric Duvivier, *Images de la folie*, 1950.

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psychopathological art, to their complex and contingent social environments. Their emerging relations contribute to the formation of an atmosphere the film seeks to foreground. The French term *travaux* captures this ambivalence, referring both to activities and to the objects produced. In this interplay between process and material form, therapeutic works gradually transform the environment, shifting it from a site of alienation to a social milieu.

The final part of the film presents several scenes from these therapeutic environments, focusing on patients' gestures and gazes. "Work becomes integrated into the social life of the hospital as a whole," states the final caption. The film deliberately blurs the boundary between therapy and work: neither is subordinated to the other. Instead, each appears embedded within a holistic institutional field of overdetermined relations.

Frantz Fanon's patients from Blida-Joinville—where Fanon headed two wards between 1953 and 1956 after his fifteen months internship at Saint-Alban—also took part in the exhibitions organized by Croix-Marine. In the July 1955 issue of the intrahospital newspaper *Notre Journal*, Fanon announced that two works by his patients, a "painting by Mr. Domby" and "a miniature by Mr. Ranem" won a prize in the competition. Delayed by customs and arriving after jury deliberations, Mr. Domby's *Le Méhariste* was nonetheless granted a special prize. Fanon did not reject the modality of a competition, nor the fact that *Travaux thérapeutiques* took place in colonial France. The "lesson" to be learned from the prize, Fanon concluded, is that it is necessary to be part of the "avant-garde establishments in which such events, both manifold and diverse, facilitate social relations."[49] A year later, in July 1956 issue of the journal Fanon speaks of competitions taking place in some wards of Blida-Joinville:



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> What the jury members are looking for is life in movement, the involvement of the boarders, their commitment, their engagement. What is judged is the value of relations: boarders-staff, boarders-boarders, staff-staff.[50]

For Fanon, the "value of relations" is not determined by any preestablished norm but by a volatile and "non-coercive" "life in movement"—the principle that shifting relations and values constitute the therapeutic process itself. This temporality of constant reactivation and "plasticity" lay at the core of Fanon's conception of the institution as it was reinvented in its transition from Saint-Alban to Blida-Joinville.[51]

The emphasis on the value of relations therefore shifts the meaning of work itself. Within institutional psychotherapy, labor is no longer measured by productivity but by its capacity to generate relations and reorganize the milieu. This perspective resonates with Fanon's critique of colonial labor regimes. The psychiatrist interpreted the "idleness" of the colonized as a form of resistance against forced labor and dehumanization. "Work [*travail*]," Fanon writes, "must be recovered as a humanization of man":

> Man, when he throws himself into work, fecundates nature, but he fecundates himself also. Fecundating relations of generosity must exist; there is a reform of nature, a modification of nature, but because man shapes himself.[52]

Recovering work as a transformative practice of both human beings and their environment appears, for Fanon, as a pathway to the disalienation of colonial relations. Fanon's insistence on recovering work as a humanizing process thus brings into sharper relief the central proposition of the *travaux thérapeutiques*: to unsettle a conception of labor grounded in capitalist extraction and colonial domination, and to reframe it in terms of its capacity to recompose social relations.

The Work of Repair

The exhibitions and their cinematic mediations thus foreground a crucial problem: how to understand the value of patients' labor outside both the aesthetic economy of the artwork and the diagnostic economy of psychiatric knowledge. This question was addressed directly within the movement itself. In an article published in the 1956 issue of *Revue pratique de psychologie de la vie sociale et d'hygiène mentale*, which also featured the exhibition *Travaux thérapeutiques*,





Opposite: Stills from Georges Daumézon and Simonne Daumézon, *Ergothérapie*, 1956. Cinémathèque de Bretagne.

Right: Stills from Georges Daumézon and Simonne Daumézon, *Ergothérapie*, 1956. Cinémathèque de Bretagne.

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psychiatrist and psychoanalyst Jean Ayme, a friend of Fanon and an advocate of institutional psychotherapy, offered a systematic reflection on the social, legal, and economic meaning of work in psychiatric institutions.

> Work is not a mere diversion but the site of social relations and interpersonal exchange. For the patient, work also provides the opportunity to recover the fundamental social condition of "earning one's bread by the sweat of one's brow." It is the condition of autonomy. Illness has deprived the patient of the capacity to work, rendering them dependent and alienated. The recovery of economic independence brings about social healing. Yet this is possible only if, within the hospital itself, work has not been stripped of the element of disalienation constituted by the patient's use of the product of their own labor.
>
> In this way, work in the psychiatric hospital can become "a producer of health," an essential element in the patient's resocialization. But it is also "a producer of wealth" [. . .]. As a commercial enterprise, the hospital has its own economic imperatives, which may conflict with its function as an instrument for the healing of people with mental illness. The use of patients' labor has at times amounted to the exploitation of a cheap workforce, making it possible to keep the daily cost of hospitalization at a lower level.
>
> It thus becomes clear that the question of remuneration cannot be separated from that of the product of labor. This problem must be approached from three interconnected perspectives: economic, legal, and medical.[53]

Ayme here connects the Marxist notion of alienation with the institutional project of disalienation. Relating recovery and autonomy—or rather, a process of subjectivation in the deliberate choice of social and material investments—the author also resists subordinating hospital work to the extraction of surplus value from patients' labor. His text examines the legal and economic nature of the remuneration, called *pécule* in asylum practice, paid to psychiatric patients for their work. Historically, Ayme highlights that *pécule* originates from Roman law referring to small savings of dispossessed, either slaves or dependents, and intended for buying freedom. "These definitions clearly convey the most alienating conception of the *pécule*: a small amount, unrelated to the real value of the work performed, saved toward a freedom to be won, without true ownership by the holder."[54] Against this legacy, Ayme contrasts the notions of remuneration, retribution, and salary. He draws on regulatory changes introduced in 1938, which treated patient remuneration as a form of wage that could vary according to the type of work and could be used personally by the patient. On this basis, he proposes organizational models such as contractual arrangements, intended

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to protect patients from alienating and reproductive forms of hospital labor. Alluding to the projects implemented by Croix-Marine Societies, he emphasizes the "self-managed economic bodies," introduced by some institutions, "that use the profits from the sale of manufactured goods directly for the benefit of the patients, both in the form of recreational activities and as remuneration generally higher than that granted as a stipend by the establishment." According to Ayme, this model exposes a fundamental economic conflict "between the hospital as an enterprise and the patient as seller of labor."[55]

Yet the question raised by these debates cannot be reduced to the legal status of remuneration alone. If alienation concerns the social relations through which labor is organized, then the therapeutic stakes of work lie in the institutional milieu that organizes those relations. This is where Tosquelles's conception of ergotherapy becomes decisive. Distinguishing ergotherapy practiced in institutional settings from the "labor code" of capitalist society, which defines the rights and duties of workers, Tosquelles insists that therapeutic activities cannot be understood as simple occupations intended to pass the time or prepare patients for discharge. Nor are they designed as a means of earning a living.[56] What, then, allows work (*ergon*)—understood as a wide range of "seemingly banal" activities—to become therapeutic? For Tosquelles, these activities acquire their therapeutic function only when they are "reconsidered, modified, and articulated" within the collective organization of institutional life, becoming part of a broader process of disalienation.

Tosquelles's approach to ergotherapy drew on German psychiatrist Hermann Simon's *Aktivere Krankenbehandlung in der Irrenanstalt* (More Active Patient Treatment in the Mental Asylum), published in 1929.[57] While the founder of modern work therapy espoused ideas later adopted by the Nazi regime, particularly those rooted in social Darwinism, Tosquelles ascribed work an immanent social meaning. The value produced in ergotherapy was inseparable from the communal relations it generated and from their transformation of the living environment. Later Tosquelles articulated one of the major differences vis-à-vis Simon's positions in what he calls "the problem of the lived body."[58] The modifications of the "lived space and its reconstruction" brought about by a specific activity cannot be subordinated to any teleological measure or preestablished norm. On the contrary, these modifications should be regarded as "normative"—a term Tosquelles might well have borrowed from Canguilhem, who spent several weeks at Saint-Alban in 1944. These modifications shape the lived experience of space and its multiple temporalities: the way in which these "activities contribute to the structuring and restructuring of time."[59] From this perspective, Tosquelles notes, it would be "idealistic and disconnected from

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reality" to believe that "simply placing a calendar or a clock in a patients' room would help them orient themselves in time."[60]

The intersubjective and psychosomatic "reconstruction" that Tosquelles foregrounds unfolds through the reorganization of social and environmental relations, within which therapeutic work acquires its meaning:

> Tearing cloth, shredding paper, or even making confetti with severely impaired patients can, in itself, help make them feel more "alive." But this task can only take on meaning *urbi et orbi* ("in the city and in the world") if, within the hospital and then . . . elsewhere, there are "festivities" where the confetti becomes something of value and is actually used.[61]

For Tosquelles, the immanent relations and entangled meanings that bodies (re)construct with environments sometimes evoke an order of "crisis" or a "collapse of normal production." One might think of the poet Paul Éluard's account of Forestier at work in Saint-Alban, "plunging his arms into the trash bins, pulling from the heap of garbage a few scraps which he places at his feet [. . .] wood, string, metal, butcher's bones."[62] For Tosquelles, this form of production—based on the "recovery of old materials" and acts of "repair" (réparations)—appears entirely "useless" from the standpoint of the capitalist economy.[63] Marguerite Sirvins's recovery of threads from worn hospital rags and linen for use in her embroideries offers another example. Reflecting on Forestier's work, Oury writes: "This re-creation borrows its materials from the world's detritus. [. . .] He gathers debris, and they are his own debris; he makes edifices and so edifies himself."[64] Ergotherapy thus appears both as an intervention within and a displacement of conditions of ruin: the concentrationary order of the psychiatric hospital, but also the broader eugenic and colonial regimes that historically structured the norm institutional psychotherapy sought to contest.





Stills from *Pour notre plaisir à tous*, an anonymous film featuring ergotherapy workshops at Saint-Alban psychiatric hospital and scenes of everyday institutional life, ca. 1960. Cinémathèque de Perpignan Institut Jean Vigo.

The reparative logic of disalienation cannot be understood as a return to social function, economic autonomy, or any pregiven norm. For Tosquelles, repair begins from catastrophe—from what he called the "lived experience of the end of the world."[65] Madness appears here not as a deficiency or regression, but as an existential crisis in which the relations between self and environment are radically transformed, across clinical, historical, and political realms marked by war and fascism. Drawing on Sigmund Freud's insight that

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delusion constitutes an "attempt at recovery," Tosquelles nonetheless rejects the psychoanalytic reduction of psychosis to regression or archaic residue.[66] What matters is not a return to an originary state, but the dynamic through which catastrophe acquires efficacy and begins to reorganize a world. In this sense, the symptom is not a mere negativity, but already participates in a process of repair.

This perspective finds a decisive formulation in Kurt Goldstein's holistic theory of the organism to which Tosquelles refers at decisive junctures. Emerging from the catastrophe of the First World War and from clinical work on brain-injured soldiers, Goldstein's neurology articulated a way to think repair without restoration.[67] Against the latter, Goldstein conceives recovery as the invention of a "*new individual norm*": the organism, confronted with rupture, reorganizes itself in relation to its milieu.[68] Catastrophe is therefore not only somatic but relational: it modifies the meaning of one's ties to others—to language, to space, to labor, and to the social. In this sense, the "annihilation of the self and the world" cannot be read simply as a negative fact.[69] It marks a crucial moment in a dialectical process through which another organization may become possible. Repair names this process of reorganization.

The work carried out in institutional psychotherapy—ergotherapy, patient clubs, *fêtes*, journals, exhibitions, and films—did not aim to restore a subject to a supposed norm that would precede pathology, nor did they seek merely to adapt patients to the norms of productive life. They attempt rather to construct the conditions under which a shattered world can be reinhabited with the material relations and situated practices at hand. This is why Tosquelles resisted any teleological or utilitarian understanding of therapeutic work. The value of activity does not lie in its preestablished or idealized norm, but in its capacity to produce norms materially—even through the most modest of tasks. Tearing cloth, shredding paper, or making confetti become meaningful only within a situated social circuit in which these acts are taken up, transformed, and used. Production as such is secondary to the reweaving of a milieu.

Institutional psychotherapy did not simply demystify the relation between art and madness; it displaced the terrain on which that relation could be thought. In 1950s France, patients' works were negotiated between two dominant paradigms: either the aesthetic economy of the oeuvre, where singularity was secured through authorship, collection, and extractivist appropriation, or the psychiatric economy of the symptom, where aesthetic form became legible only as evidence and gradation of pathology. Institutional psychotherapy refused both paradigms behind which the patient was erased. It treated patients' productions neither as autonomous artworks nor as decipherable clinical signs, but

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as therapeutic vehicles within a milieu: material mediations through which social body, institutional infrastructure, and environment could be reorganized.

To be sure, the therapeutic works unsettled the question of classification. They opened a perspective in which the decisive issue is no longer whether patients produced "art," but what kind of world their productions helped to recompose. The notion of value is thereby recast. Value no longer resides in the modernist paradigm of originality, authenticity, or market consecration, nor in diagnostic transparency. It resides instead in therapeutic modes of use and exchange: in the capacity of an object, image, or practice to alter the ambiance of a milieu and support new distribution of subjectivities.

Therapeutic works therefore do not resolve alienation; they displace it. Institutional psychotherapy understood alienation not simply as a disturbance of the mind but as a relation: a mental and social estrangement of the self from its "participation in the environment" and from the circuits through which its work acquires meaning.[70] The exhibitions of *travaux thérapeutiques* did not abolish this separation; they exposed it. By placing these modest objects into new circuits of visibility, exchange, and public debate, they made perceptible the unstable conditions under which patients' labor could be resituated between practices of care, self-administration, and the participation in the regional economy. In this sense, disalienation did not designate a state to be achieved but a precarious practice: an effort to reopen relations between work, environment, and subjectivity within institutions whose structures remained deeply marked by alienation.

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Notes

1. This reflection on the relation between art and madness originated in the workshop "Bichos: Animal Fantasies between Art and Madness," co-organized with Delfina Cabrera and Marlon Miguel at ICI Berlin in 2023. I am grateful to Joana Masó, Kerstin Stakemeier, Maximilian Gilleßen, Henning Schmidgen, Matthew Vollgraff, and Olexii Kuchanskyi, as well as to my colleagues in the research project "Madness, Media, Milieus" at Bauhaus-Universität Weimar—Marlon Miguel, Felix Brieden, Christian Scheerhorn, and Camilla Caglioti—for their discussions and generous feedback on earlier versions of this text. I also thank Tatiana Efrussi for her assistance with archival research.

2. Historians estimate between 40,000 and 80,000 victims during this period in France. In recent historiography, the notion of "*extermination douce*" (slow extermination) was coined to describe this starvation. 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); Isabelle von Buetzingsloewen, *L'Hécatombe des fous: La famine dans les hôpitaux psychiatriques français sous l'Occupation* (Paris: Flammarion, 2009); 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-surreal- isme.fr/wp/art-folie-et-surrealisme-a-lhopital-psychiatrique/.

3. See Georges Daumézon and Philippe Koechlin, "La psychothérapie institutionelle française aujourd-hui," *Anais portugueses de psiquiatria* 4, no. 4 (1952): 217–312.

4. Félix Guattari, *Psychoanalysis and Transversality: Texts and Interviews 1955–1971*, trans. Ames Hodges (Los Angeles: Semiotext(e), 2015), 60.

5. For a critical account of Dubuffet's primitivism see: Hal Foster, *Prosthetic Gods* (Cambridge, MA: MIT Press, 2004); Kaira M. Cabañas, *Learning from Madness. Brazilian Modernism and Global Contemporary Art* (Chicago: University of Chicago Press, 2018); Baptiste Brun, *Jean Dubuffet et la besogne de l'Art brut: critique du primitivisme* (Paris: Les Presses du réel, 2019); Kent Minturn, "Dubuffet, Art Brut and 'Primitivism,'" *Critique d'art: Actualité internationale de la littérature critique sur l'art contemporain*, no. 53 (Autumn/Winter 2019).

6. Jean Dubuffet, *L'Art brut préféré aux arts culturels* (Paris: Galerie René Drouin, 1949).

7. See also Joana Masó's insightful analysis of Dubuffet in this issue.

8. *Collection de l'Art Brut*, "Sirvins, Marguerite," https://www.artbrut.ch/fr_CH/auteurs/la-collection-de-l-art-brut/sir-marguerite.

9. Dubuffet dismissed Sirvins's "modest format" works, such as her pencil drawings, as "overly restrained" and "academic," and therefore "far less interesting than those created through embroidery." Jean Dubuffet, "Robe nuptiale et tableaux brodés de Marguerite," *Publications de la Compagnie de l'Art Brut, Fascicule 6* (Paris 1966), 132–144, 134.

10. Dubuffet, "Robe nuptiale," 134–135.

11. Dubuffet, "Robe nuptiale," 135.

12. Jean Dubuffet, *Prospectus et tous écrits suivants* (Paris: Gallimard, 1967); "Art Brut in Preference to the Cultural Arts" (1949), trans. Paul Foss and Allen S. Weiss, *Art & Text* 27 (December–February 1988), 33.

13. Nadja Abt, Isabelle Graw, Susanne Leeb, and Kerstin Stakemeier, "Editorial," *Texte zur Kunst*, no. 117 (March 2020), "Property/Eigentum," 4–29.

14. See Joana Masó's article in this issue, 76–105.

15. Foster, *Prosthetic Gods*, 204.

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16. Cabañas, *Learning from Madness*, 77.

17. Harald Szeemann, "Ver-rucktes Weltbild. Konnen Geisteskranke Kunstler sein?," in: *Individuelle Mythologien* (Berlin: Merve, 1985), 125–127, here 126. On the influence Dubuffet's art brut had on Szeemann's individual mythologies see: Maximilian Gilleßen, "Les degres de l'obsession: Harald Szeemann, l'art brut et les mythologies individuelles," in: *L'art brut, objet inclassable?*, ed. Raphael Koenig and Marina Saretti (Presses Universitaires Bordeaux, 2021), 41–54.

18. Michel Foucault, *The History of Madness*, trans. Jonathan Murphy and Jean Khalfa (London: Routledge, 2006), 537. Original emphasis.

19. Dubuffet, "Honneurs aux valeurs sauvages," *Prospectus,* vol. 1, 213.

20. *Bulletin médical, Saint-Alban*, 1933–1937. In a letter responding to a questionnaire addressed to her by Saint-Alban's nurse around 1933, Marguerite Sirvin's mother provides some valuable details about Marguerite's life. I am grateful to Joana Masó for kindly sharing copies of both of these documents with me.

21. François Tosquelles, "Psychopathology and Dialectical Materialism," trans. by Steven Corcoran, in *Psychotherapy and Materialism: Essays by François Tosquelles and Jean Oury*, ed. by Marlon Miguel and Elena Vogman, Cultural Inquiry, 31 (Berlin: ICI Berlin Press, 2024), 47–88.

22. "Mein *allgemeines* Bewußtsein ist nur die *theoretische* Gestalt" (*MECW*, p. 298; *MEGA²*, p. 267). Original emphasis. Quoted in Tosquelles, "Psychopathology and Dialectical Materialism," 63.

23. John Bellamy Foster shows that the early Marx's humanist materialism, drawing on Ludwig Feuerbach and Epicurean materialism, reconceives the human as a sensuous, corporeal being of needs dependent on external nature, thereby rejecting G. W. F. Hegel's idealist notion of alienation as a property of spirit and grounding it instead in the estrangement of practical human activity from its material conditions. John Bellamy Foster, *Marx's Ecology: Materialism and Nature* (New York: Monthly Review Press, 2000), 68–78.

24. Tosquelles, "Psychopathology and Dialectical Materialism," 69.

25. Tosquelles, "Psychopathology and Dialectical Materialism," 60. On the materialist critique of psychoanalysis in postwar France, see: Elena Vogman, "Embodied Phantasm: Frantz Fanon, Francesc Tosquelles and Psychoanalysis by Other Means," *Radical Philosophy* 220 (2026):, 53–69.

26. Tosquelles, "Psychopathology and Dialectical Materialism," 88.

27. François Tosquelles and Frantz Fanon, "On some cases treated with the Bini method," in *Alienation and Freedom*, ed. and trans. Steven Corcoran, ed. Robert J. C. Young and Jean Khalfa (London: Bloomsbury, 2018), 290.

28. François Tosquelles, "Psychopathology and Dialectical Materialism," trans. by Steven Corcoran, in *Psychotherapy and Materialism*, 47–88.

29. Karl Marx, *Early Writings*, introduced by Lucio Colletti, trans. Rodney Livingstone and Gregor Benton (Harmondsworth: Penguin Books, in association with *New Left Review*, 1975), 325, 327.

30. Tosquelles, "Psychopathology and Dialectical Materialism." 57. Emphasis original.

31. Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (Chicago: University of Chicago Press, 2021), 10.

32. The educator and resistance member Jane Sivadon, sister of the psychiatrist Paul Sivadon, survived internment in Ravensbrück. Her testimony, together with works such as David Rousset's

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1946 *L'Univers concentrationnaire*, helped frame the postwar psychiatric asylum as an enclosed and dehumanizing structure, thereby casting institutional psychotherapy as an effort to dismantle this "concentrationary" logic from within. Daumézon and Koechlin, "La psychothérapie institutionnelle," 282–283.

33. Daumézon and Koechlin, "La psychothérapie institutionnelle," 301–304.

34. Daumézon and Koechlin, "La psychothérapie institutionnelle," 288. On institutional psychotherapy's rearticulation of the psychoanalytic unconscious as embodied and social entity, see Vogman, "Embodied Phantasm."

35. See also Miguel and Vogman, "Disalienation," 17–18.

36. Daumézon and Koechlin, "La psychothérapie institutionnelle," 299.

37. See Mathias Gardet and Françoise Tétard, "La psychiatrie 'associative' en mouvement" (research report for Société Croix-Marine, 2002), https://univ-paris8.hal.science/hal-02965582v1; Mathias Gardet, "La Croix-Marine: hors secteur ou à contre-secteur? (1960–1974)," in *Pour une psychiatrie sociale* (Toulouse: Éditions érès, 2002), 37–46.

38. Gardet and Tétard, "La psychiatrie 'associative' en mouvement," 18.

39. Jean Oury, "Institutional Psychotherapy: From Saint-Alban to La Borde," trans. by Anthony Faramelli and Marlon Miguel, in *Psychotherapy and Materialism*, 89–119.

40. Exposition des travaux thérapeutiques à Paris," *Revue pratique de psychologie de la vie sociale et d'hygiène mentale* 1 (1956): 70–73.

41. Thirteen years later, Éric Duvivier would realize, together with Henri Michaux, the film *Images du monde visionnaire* (1963) for Sandoz, which at the time was conducting research on psychotropic substances.

42. Mireille Berton, "Filmer Aloïse Corbaz. Le cinéma face à l'art brut," 9 March, 2026, https://waldau.hypotheses.org/tag/eric-duvivier.

43. Intertitle in Simonne Daumézon and Georges Daumézon, *Ergothérapie* (1956).

44. Robert Volmat, "Art psychopathologique et psychopathologie de l'art," *Revue pratique de psychologie de la vie sociale et d'hygiène mentale*, suppl. to no. 3 (1957): 9.

45. Martine Colignon, *De l'art-thérapie à la médiation artistique: Quels professionnels pour quelles pratiques?* (Paris: Erès, 2015), 106. See also Anne-Marie Dubois, Introduction to *De l'art des fous à l'art psychopathologique: La collection Sainte-Anne* (Paris: Somogy éditions d'art, 2018); Robert Volmat, *L'art psychopathologique*, collection *Bibliothèque de psychiatrie* (Paris: Presses universitaires françaises, 1956); Jacalyn Duffin and Lynda Mikelova, "Confinia Psychiatrica: Patient Art and the Diagnosis of Mental Illness," *Canadian Journal of Health History*, 40, no. 1 (2023): 65–90.

46. Intertitle in Simonne Daumézon and Georges Daumézon, *Ergothérapie* (1956).

47. I thank my collaborators and members of the research project "Madness, Media, Milieus" at Bauhaus University Weimar—especially Camilla Caglioti, Marlon Miguel, and Christian Scheerhorn—for a particularly insightful and productive discussion of the film, from which some of these observations emerged.

50. In 1943, Tosquelles 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. See also Elena Vogman, "Geo-psychiatry: Media and the Ecologies of Madness," *Grey Room* 97 (2024): 76–117, 88.

51. Fanon, *Alienation and Freedom*, 335.

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52. Fanon, *Alienation and Freedom*, 340.

53. Fanon, *Alienation and Freedom*, 334–335.

54. Fanon, *Alienation and Freedom*, 530. Translation slightly modified, E.V.

55. Jean Ayme, "La rémunération du travail des malades hospitalisés dans les hôpitaux psychiatriques," *Revue pratique de psychologie de la vie sociale et d'hygiène mentale* 3 (1957): 103.

56. Ayme, "La rémunération du travail," 107.

57. Ayme, "La rémunération du travail," 105.

58. François Tosquelles, *Le travail thérapeutique à l'hôpital psychiatrique* (Paris: Éditions du Scarabée, 1967), 7.

59. The book accompanied Tosquelles in 1939 over the Pyrenees during his flight from Franco's Spain. At Saint-Alban, it was translated by Eugénie Balvet into French (using the Spanish edition as a reference). The translation was printed and circulated at Saint-Alban during the 1940s.

60. Tosquelles, *Le travail thérapeutique*, 51.

61. Tosquelles for this reason rejects the notion of "reeducation" if it is not understood as a gradual and coevolution of the hospital collective: "We would observe and engage together, with the patients, in a process of evolution that unfolds day by day." *Le travail thérapeutique*, 60.

62. Tosquelles, *Le travail thérapeutique*, 51–52.

63. Tosquelles, *Le travail thérapeutique*, 61.

64. Didier Dsaeninckx, *Caché dans la maison des fous*, ed. Bruno Doucey, 2015, 107–111.

65. Tosquelles, *Le travail thérapeutique*, 62.

66. Jean Oury, *La conation esthétique* [1950] (Orleans: Hermann, 2005), 19. See also Henning Schmidgen, "Jean Oury und die ästhetische Konation. Ein Erkundungsgang zwischen Sartre, Goldstein und Lacan," in Thomas Ebke and Sabina Hoth (eds.), *Die Philosophische Anthropologie und ihr Verhältnis zu den Wissenschaften der Psyche*, special issue of *Internationales Jahrbuch für philosophische Anthropologie* 8 (2018): 143–156.

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

68. See Sigmund Freud, "The Case of Schreber," *The Standard Edition of the Complete Psychological Works*, Vol. 12 (1911–1913) (London: Hogarth Press and the Institute of Psycho-Analysis, 1964), 71. Tosquelles, *Le vécu de la fin du monde*, 92. It should be noted that Tosquelles does not refrain from using the concept of "regression," but does so in a somewhat heretical way; for instance, in *Travail thérapeutique*, he writes: "Psychiatry addresses biological disorders and incapacities insofar as they are sometimes responsible for the failures and regressions in the process of humanizing man." Tosquelles, *Travail thérapeutique à l'hospital psychiatrique*, 9.

69. Tosquelles adapts Goldstein's perspective on the entangled relation between the negativity of the symptom and the body's creative potential at self-repair. He affirms that "annihilation of the self and the world" is not in itself a negative fact but a "crucial moment in the dialectical evolution of the organism." Tosquelles, *Le vécu de la fin du monde*, 95. See also Matteo Pasquinelli and Elena Vogman, "Catastrophe and Schizophrenia: Curing the Institution in a War Shattered World," in *Fragments of Repair*, ed. Kader Attia, Maria Hlavajova, Wietske Maas (Prinsenbeek: Jap Sam Books, 2025), 179–198.

70. Kurt Goldstein, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* (New York: Zone Books, 1995), 334. See also Stefanos Geroulanos and Todd Meyers,

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The Human Body in the Age of Catastrophe: Brittleness, Integration, Science, and the Great War (Chicago: University of Chicago Press, 2018).

71. Tosquelles, *Le vécu de la fin du monde*, 95.

72. Lucien Bonnafé et al., "Valeur de la théorie de la forme en Psychiatrie: La dialectique du Moi et du Monde et l'événement morbide," *Annales Médico-Psychologique* 103, no. 2 (1945): 280.

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