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# Madness and Citizenship

**Anne Querrien**

It may seem strange at first sight to associate the adjective *queer* with François Tosquelles, who died before the adjective came into widespread use in society. But it's fair to say that the word suits him well, because Tosquelles has the strange characteristic of not being afraid of madness, whereas all the institutions that deal with madness take it as their mission to contain it and separate it from the rest of society. As Tosquelles writes in several of his works, this desire for containment and separation is particularly acute among people in the medical professions, which is why, during his time as a psychiatrist in the Spanish Republican Army, he strove to train the doctors and nurses of that army even more than to care for the wounded and delirious, who he instead entrusted to the care of former sex workers. Later, in *Fonction Poetique et psychotherapy,* he points out that the difficulty of understanding the words and actions of the mentally ill is frightening. Caregivers and patients alike don't know what to say, and this inability scares them. When violence arises, one either flees or counters it with even greater violence, instead of finding the words to intervene. One is convinced that the other person is hiding something, the mad thinks that those around him or her are hiding something. Those who are, in theory, non-mad think that the mad is hiding his or her necessarily malevolent intentions from them. And yet, according to Tosquelles, a public outburst of madness is only a

borderline case of the difficulty to communicate between humans; there's nothing exceptional about it.

### Crazy people have to play soccer like everyone else

This openness to madness, this ability to perceive it as close and as a part of ordinary life, was taught to Tosquelles when, on Sundays as a child, he would accompany his uncle and godfather to visit the Reus Hospital. He recounts how, at the age of 7, he was intrigued by the bizarre rules of a soccer game between patients and nurses at the hospital: the rules were designed to prevent any physical contact between the patients and their opponents, and any risk of the game getting a little "crazy." Tosquelles was already of the opinion that lunatics should benefit from the same rules as everyone else, enjoy the same consideration, and participate in the same democratic and footballing space. That would be the condition for them not to act crazy. Perhaps he arrived at this conclusion later on, as Carles Guerra suggested in Madrid. The fact remains that, for Tosquelles, "the mad" are more often than not ordinary people who have missed something in their life trajectory, and who will eventually be able to rectify it if they are offered a suitable space to share, if they are allowed to unfold the chain of events that led them to madness. There are, of course, exceptional madmen, such as Antonin Artaud, who Tosquelles once visited in Rodez when he was already at the end of his life and unable to communicate. But this is not the usual practice of psychotherapists or psychiatrists.

### Social and mental alienation

The space proposed by Tosquelles to the patients of the Saint-Alban Hospital is not the ordinary space of the psychiatric establishment, which encloses madness behind walls and groups it into wards defined by relatively homogeneous psychopathologies. Nor is it the quality hotel space reserved for patients at the hospital in Reus, where it was hoped that by treating them well, in a bourgeois manner, by having them served in a fine restaurant with well-dressed waiters, one would readapt them to life outside and eliminate the symptoms of madness, conceived as but a social designation and ignored in its particular dimensions. Like Jean Oury, Tosquelles stresses that there is a double alienation: social alienation suffered by the dominated classes and the formerly colonized populations, but also mental alienation due to family affairs, as well as to all kinds of accidents in the course of life, an alienation that cuts across all social classes. Psychiatry is concerned with the composition between the two, which is different for everyone.

**The patient-run club**

When Tosquelles arrived in Saint-Alban, he found a room that was not very well used, and declared it a patients' club, a self-managed space from which to develop the new citizenship of the insane in the hospital. The club would decide on various activities and workshops in which the hospital's residents would be able to take part. Even the hospital's former director, Agnès Masson, used to get the patients up dancing in the evenings to shake off the boredom and apathy that often characterize hospital life. Daily life in hospital with Tosquelles saw patients going out, working in the fields with farmers, taking part in village festivals, going to the theater and cinema, and developing a life of culture and leisure as rich as, if not richer than, that of ordinary citizens. This is also

what Jean Oury and Félix Guattari tried to do at La Borde. The institution of a club in the psychiatric establishment, self-managed by the patients, became the basic institution of institutional psychotherapy—and what remains of it today with TRUC, the *Terrain de rassemblement pour l'utilité des clubs*, in which many of these clubs are federated.[1]

**Psychoanalysis in the hospital and heterogeneity of languages**

The space that Tosquelles would offer patients on a daily basis is that of psychoanalysis. He is one of the few psychiatrists to have introduced psychoanalysis into the psychiatric establishment, and he introduced it as a concrete form of contestation of the latter, as a proposal for personalized care in a place where, a priori, patients are assembled according to homogenizing categories. Tosquelles's introduction to psychoanalysis occurred in Barcelona, with Austrian refugees who had been forced there by Nazism. His analysis with one of them immediately took place between languages, without the ease of wordplays that Lacanism indulges in, but with a particular attention to the music of languages, to intonations, and to signs other than those of rational language. This also made him very attentive to poetry.

In the video *Une politique de la folie*, directed by Jean-Claude Polack, Danièle Sivadon and François Pain, François Tosquelles laughingly describes his psychoanalytical method as *déconniâtrie*: the patient fools around (*déconne*) on the couch, and he himself fools around as well, stringing together associations of ideas, sketching out associations of apparently dissociated transferences. However, he underlines something that seems to me to be very important: in this concomitant *déconniatrie*, the heterogeneity of the two thoughts – those of the analysand and those of the analyst

– must be preserved as the possibility of their encounter and of transference. This is also what Nicolas Philibert shows in his film *Averroès et Rosa Parks*. To be a caretaker, it is essential not to imitate what the patient says and stick to it mimetically, as visitors to the psychiatric establishment tend to do. Heterogeneity is at the heart of the caregiving relationship in a society that wants us to believe that we are all the same, an injunction from which the mad escaped at his or her risks and perils.

**By nurturing our relationships with others, we build our own history**

François Tosquelles often rejoiced in his strangeness, in his belonging to Catalan culture and his accent, which he kept after moving to Saint-Alban and then to the rest of France. Heterogeneity, to be cherished and implemented, was almost natural to him. He even recommends pretending to be a foreigner, as this heals better. Because it's not so much the institutions that are being cared for, as in the title of Joana Masó's book, produced to accompany the major exhibition on *Déconniatrie* at Les Abattoirs in Toulouse.[2] What we care for are relationships with others, and through the transformation of our relationships with others, the construction of our own history. The book *Fonction poétique et psychothérapie* is the only one Tosquelles wrote in Catalan that was later translated into French. In it, he draws a parallel between the construction of a poem – by using the example of the poem *In memoriam* by the Catalan Gabriel Ferrater, ten years his senior – and the construction of the word between analyst and analysand. "I would almost dare to say that we consider mad people to be poets who have not been able to make of their lives the indispensable poem that would have enabled them to obtain

more positive results than those they could have expected from their torments."

### Assuming one's singularity in a space of emancipation

For François Tosquelles, every being, like every poet, is completely singular, and it's the role of the psychotherapist to make people aware of this singularity, to enable them to assume it, whether within the open psychiatric establishment or outside, obviously with support institutions that psychiatric reforms have not sufficiently put in place while closing hospital beds. The patient's problem is that it is primarily the voices of others – those of parents, teachers, mockers – that reach their ears, disorientating him or her while convincing them to conform before they can speak for themselves, before they find the space to do so, which cannot be exclusively within the family, as is all too often the case in the so-called normal social environment. A space for emancipation is needed; it can be found at school, in the city, in a new job, and perhaps in the hospital. As a patient from Saint-Alban put it, the hospital can be the *school of freedom*.[3] I've also experienced the hospital as a school of democracy, of equality experienced between patients on a ward at Sainte-Anne hospital, thanks to workshops set up by the patients themselves and to conversations between women from very different backgrounds. But even more than random circumstances, "psychotherapy is the place where the sick or the healthy can continue to weave demanding words that bear the question of who they are and how they have constituted themselves as singular human beings among other human beings". The unconscious, madness, insists in language, or through particular behaviors, but there is no irremediable cut between the mad and the not mad. Healing begins with the ability not to act out one's madness in public, but to keep

it deep down inside, to succeed in playing with it. This is what Tosquelles strove to teach his patients.

## Thinking of society as a collective caregiver

If madness is a strangeness when it takes hold of the patient's behavior and words, when it makes them hallucinate, it is also a signature of their singularity, of their specific inscription in the infinite variety of human beings. A variety along which each person can trace his or her own path, with the help of psychotherapists, clubs, and a variety of living spaces in which each person can contribute to the care of others, can intervene in the still-preserved vacuoles of public space. Paradoxically, given the experience of the Spanish Civil War, Tosquelles thought of society as collectively caring; that's what it seemed to become in this armed conflict, where there were hardly any patients to be hospitalized and individuals were united in a shared fighting spirit, albeit almost unarmed, as George Orwell, who fought alongside them in Spain, has noted. Thinking of society as a collective caregiver mobilizes those who make a profession of caring for others, like lawyers or sex workers, while care professionals take refuge behind their supposed knowledge to disguise their fear and excuse their inaction.

## Putting madness back in its place in a multi-dimensional community

The habitual space of the psychiatric hospital, surrounded by high walls and a well-guarded entrance, encloses the lunatics and their guards, to contain their potential exactions. These exactions are the only way to mark the collective space with their originality.

Paradoxically, the stronger the restraint, the more transgression is the order of the day.

In the psychiatric space proposed by Tosquelles, or implemented at the La Borde clinic, the aim is to unfold madness instead of containing it, to interweave it with the words of everyday life, to practically remove its invasive character by gradually putting it in its place. This is achieved through the multiplication of workshops, participation in artistic and theatrical activities, and a different kind of grasp of local strangeness. Walls can come down, the local community is punctuated by many other centers of interest than the outside that may be accessible. This local community is squared off, striated to use a term from Deleuze and Guattari's *Thousand Plateaus*, i.e., worked by a multiplicity of different coordinates. This work is carried out in a repetitive daily routine, which Deligny has called *coutumier* (customary), and which serves as an anchor for each individual, all the more important the greater the mental difficulties. And from the customary will emerge different trajectories, which Deligny called *lignes d'erre* (wander lines), in the dwelling areas. Whereas the customary is functional and repeats the main moments of the day, linked to meals, to doing the dishes, and to personal hygiene, the *ligne d'erre* is unpredictable and specific to each person, a sign of their singularity.

**Equality between participants in the psychiatric community**

Although the community is made up of people with highly differentiated consequences, they are not arranged in a hierarchy. As in the POUM militias during the Spanish Civil War, or in Catalan agricultural and craft cooperatives, the management of local society tends to institute complete equality, based on the most effective mobilization of everyone's skills. This undoubtedly

implies that there should be one or more masters of the game, but this role is carried out as part of a collective, as was the case with Tosquelles at Saint-Alban alongside Bonnafé, Chaurand, the nurses, and the visiting resistance fighters, and with Oury and Guattari at La Borde alongside the other caregivers and their numerous guests. With the introduction of the grid at La Borde, Oury and Guattari instituted a system of rotation designed to prevent staff members, and patients alike, from settling into defined roles and re-establishing a de facto hierarchy, from a return to the specialization of functions. The progressive juridification of working conditions proceeds from their description in collective agreements which govern the relations between the supposed bosses of psychiatric establishments and the unions supposed to represent staff. This has gradually made it more and more difficult to play with and modify working relationships, and above all to take into account cultural skills that are not enumerated in labor law, yet it is essential to collective life. To continue practicing institutional psychotherapy, we need ruses as determined as that of Ulysses when he introduced into Troy the horse that won the war for the Greeks. The grid (*la grille*) was recently abandoned at La Borde, as it was becoming increasingly difficult to implement.

**The difficulties of intersectionality**

The criteria for organizing effective cooperation between all the members of a psychiatric establishment are many and sometimes contradictory. A case in point is a minor dispute that arose between Tosquelles, Fanon, and one of the nuns working as a nurse at Saint-Alban. A patient whose condition had greatly improved thanks to insulin therapy had been placed at La Terrasse, a glass-fronted building designed to prepare her for discharge from hospital. One day, Fanon, who was in charge of patient care in this

building, was told that she had broken all the windows. But what made Fanon angry was that the nurse in charge of this open ward refused to demote the patient to the building where she had been before. For Fanon, the patient had suffered a relapse and had to resume insulin treatments. For the nurse, it was a spectacular manifestation of her anguish at the prospect of discharge, and so it was necessary to continue preparing for it by having her draw. Tosquelles decided in favor of the nurse, who was more experienced than Fanon, having been in contact with patients for much longer. And after a month of intensive work and drawing with the nurse, the patient was discharged and never relapsed. Fanon felt that Tosquelles should have shown more respect for his medical knowledge and status, and that if he didn't, it was because he was black. Above all, Tosquelles felt that when faced with a micro-disaster in the treatment, experience was more important than diplomas. This is a recurring problem in relationships between caregivers.

**Bringing desire to the square, making madness a citizen**

As Tosquelles emphasized in a text written for the International Psychodrama Congress in 1968, his aim was not to impose new standards on psychiatric institutions, but to introduce desire into them—the desire of everyone, caregivers and patients alike, and patients and caregivers alike. Following the thread of desire in everyday collective life can be done through psychotherapy, through theatrical and poetic activities, but it first requires opening up empty spaces in the hospital, or in the neighborhood, in which this desire can be spoken and manifested. "This cannot be the work of the therapist alone, whose job it is to prepare the ground, to provide the non-binding paths through which psychotherapy can progress."[4] And psychotherapy will bring with it a sense of

belonging to society, producing citizenship that unites different and dissimilar beings. By playing his singular part in society, the analysand restores citizenship to madness.

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[1] Cf. *Chimères*, 95, 2020: *Folies en partage*.

[2] See Joana Masó, *François Tosquelles. Soigner les institutions*, exhibition catalog, Toulouse: Arachneen, 2021.

[3] See Giovanna Gallio, Maurizio Costantino, “The School of Freedom”, Interview with François Tosquelles, in: *Per la Salute Mentale / For Mental Health. Pratiche, ricerche, culture dell’innovazione / Practices, Research, Cultures in the Process of Innovation*, No 4, 1987, pp. 181-209.

[4] Ibid., p. 264.