

09 2025

# Living through the End of the World

## On François Tosquelles's Medical Thesis

Stefan Nowotny

### 1. The Question of 'Malady' and Tosquelles's Physiological Materialism

Though submitted and defended in 1948 and not unknown to various of his 'collaborators and friends'<sup>[1]</sup> in the years since, François Tosquelles's doctoral thesis in medicine – most commonly known by the title *Le vécu de la fin du monde dans la folie: Le témoignage de Gérard de Nerval* – was not published until 1986. The preface to its belated publication, written by Tosquelles in early 1985, does address the significant time gap between the writing of the thesis and its delayed publication, yet chooses not to elaborate on the specific reasons for the delay itself. Nonetheless, this very preface provides us with a paragraph that offers a situated and, as I read it, highly condensed account of the question Tosquelles grappled with in his thesis: the question of catastrophic experience, of lived experiences of 'the end of the world'. I would therefore like to start this text by quoting a major part of that paragraph:

[...] it is convenient to mention here, on the occasion of this work on the ‘catastrophic experience’ in psychopathology, that my arrival in Saint-Alban would – for us all, but in a very particular way for me – set a scene of true phantasmagorias which, beyond a certain perspective on the ‘end of the world’, gave rise to shimmering possibilities within the reach of hand: those of a renaissance, through which we were able to become others without ceasing to be ourselves. This was probably what, on the one hand, made our search for more or less analogue phenomena amongst the malades more timely and what, on the other hand, made the reflection on its scope more efficient. It became evident that the catastrophic experiences of the end of the world often recounted by schizophrenics weren’t specific to those malades. [2]

In a somewhat allusive manner, these sentences evoke more than one ‘end of the world’ that their author had personally lived through, prior to and surrounding his arrival in the clinic of Saint-Alban in 1940: suffice it to mention here that Tosquelles had escaped from Spain on the first of September 1939, five months after Franco’s victory in the Spanish Civil War and on the very day that marked the beginning of World War II. I will not delve, though, into historical and biographical details. Instead, with a view to introducing the questions I shall discuss in my text, I would like to unpack two stakes that I see packed into the quoted passage: one concerning a perhaps rather eccentric decision I have made in my translation of it; the other concerning an element that, while at first glance possibly appearing as but an idiomatic phrase, offers us a precise entry point into outlining Tosquelles’s theoretical approach in its relation to his clinical practice.

The eccentric choice I have made in my translation of this passage consists in translating the (very much standard) French word

*malades* with the (outmoded) English word ‘malades’. Though far less known as such than the cognate abstract noun ‘malady’, which is still in use, ‘malades’ is indeed a word that we can find recorded in English.<sup>[3]</sup> But why insist on translating the French *malades* with the highly uncommon English ‘malades’ for the purpose of this text? A precise discussion would involve a whole number of (etymological, grammatical, semantic, pragmatic) considerations, so I will confine myself to mentioning the two main reasons for my choice – one negative, one positive:

The main negative reason is that the most obvious options to translate a phrase like *ces malades*, which I have translated as ‘those malades’, would seem to be ‘those sick people/persons’, ‘those ill people/persons’, or perhaps ‘those patients’ (and I’m already ruling out a term like ‘invalids’, which appears in the *Oxford English Dictionary*<sup>[4]</sup>). Thus, the most obvious options for translating *malades* into English *either* tend to overly personalise malady (‘sickness’, ‘illness’) by typically requiring words like ‘person’ or ‘people’ to supplement the descriptors ‘sick’ or ‘ill’; *or conversely*, they tend to overly bear the implication of an institutional framework within which *malades* are expected to be encountered, as is the case with the term ‘patient’ which evokes, if not hospitalisation, then at least *some* kind of assimilation into existing systems of medical treatment.

The main positive reason, on the other hand, for my translational choice involves a brief consideration of the etymology of the word in question: The French word *malade*, or in its older form *malabde*, is derived from the Latin phrase *male habitus* which, according to the *Dictionnaire historique de la langue française*, means ‘being in a bad state’. Both the adjective and the noun *malade*, as well as the derived abstract noun *maladie*, already during the Middle Ages

come to refer to ‘an alteration of health’.<sup>[5]</sup> It seems worthwhile, though, to take a somewhat closer look at the Latin expression *male habitus*: and especially at the word *habitus*, which is a past participle derived from the verb *habeo* and can be interpreted as referring to both the active (*habeo*, ‘I have’, ‘I hold’) and the reflexive (*me habeo*, ‘I feel’, ‘I am’, ‘I find myself’) use of this verb. The expression *male habitus*, thus, points to a more complex semantic field than terms like ‘sick person’ or ‘patient’ would suggest. With this in mind, I shall continue using the word ‘malades’ in English, however not without offering a few paraphrases of my translation, which, unlike the word ‘malade’ itself, could hardly be more common in contemporary English: I propose to think about ‘malades’ as those who are ‘in a bad way’ or ‘in a bad place’. These expressions cover a range of meanings, including in reference to illness. However, they also open up to a certain polyvalence in regard to the question of whether it is the *person* who is ‘ill’ or the existential *ways* or *places* someone finds themselves in – ways and places that might indeed be ‘bad’, so that the person is perhaps not quite as ‘ill’ as designated, but certainly ‘ill at ease’.

Tosquelles, to return to the cited passage from the 1985 preface, doesn’t let us know *in* what way he was when he crossed the Pyrenees in 1939 to escape Franco’s troops. But he certainly suggests that the way he was *on* would eventually turn out to be a good way, as his arrival in Saint-Alban (following several months of internment in the camp of Septfonds) gave rise to ‘shimmering possibilities within the reach of hand’. And while the word *miroitantes*, which I have translated as ‘shimmering’, may or may not allude to, or convey reflections of, Jacques Lacan’s ‘mirror stage’ (*stade de miroir*): what I will focus on here is the phrase ‘within the reach of hand’ (*à la portée de la main*) so as to use it as

an entry point into discussing what I propose to call Tosquelles's *physiological materialism*.

An exquisite demonstration of the importance of the hand in Tosquelles's therapeutic work is provided by a few minutes from the film *Le Clos du Nid*<sup>[6]</sup>, credited to François Tosquelles and Maurice Lambilliotte, both of whom worked as physicians at an association of the same name. Founded in 1955, the association Le Clos du Nid was (and still is) located in Lozère, not too far from Saint-Alban. At the time the film was made, and in the language established in France in the 1950s, the association's work was dedicated to children and adolescents labelled as *débiles profonds* ('severely retarded').<sup>[7]</sup> The footage shown in the film is from 1958. I have next to no information on who did the camera work, how the film was produced, or when it was given its final shape. The scenes I'm referring to, however, are precisely about the hand, about what is 'within the reach of hand'. Like the whole film, they are accompanied by jazz music from the late 1950s as well as by a fairly dense commentary explicating the therapeutic approach. In relation to the scenes in question, the focus of this approach is what Tosquelles called 'the education of the hand' or 'the reeducation of the hand'.<sup>[8]</sup>

The commentary manifestly, and in moments explicitly, draws on the object relations theories of Melanie Klein and Donald Winnicott, among others. It is concerned with a whole trajectory leading from, as stated in the film, 'the hand that draws to oneself', i.e., the hand that grabs in order to consume or capture, all the way to the hand as a means and organ of exchange, i.e., to the hand as 'social hand'. The difference between these poles, however, is not a matter of categorical distinctions. It is a matter of bodily practices which may consist in massages or mobility exercises, but which may also involve objects like branches that are used as sticks:

objects that become ‘intermediary objects’ allowing for a playful articulation of social relations when held on one end by one person and on the other end by another. This in turn involves, as the commentary explains, an approach to therapeutic work with those labelled as *débiles profonds* that I consider to be highly characteristic of what I call Tosquelles’s physiological materialism:

The important thing in the education [of the hand; S.N.] is the use of the tool. But the tool is just an intermediary object allowing to facilitate the contact with the other. The big problem for *débiles profonds* is precisely their difficulty in regard to contact with others, rather than a basic disorder of what could be called intelligence.[\[9\]](#)

This is not, of course, to suggest a singling out of the hand as an isolated part of the body. If Tosquelles does ascribe a specific importance to the hand, though, it is because of its constitutive – or rather, *institutive* – role in early infancy, as he elaborates in the book *La rééducation des débiles mentaux*, which offers a detailed theoretical account of his work and therapeutic approach at Le Clos du Nid. In the ‘lived experience’ of the infant, he writes,

it is at the level of the hand that it ‘represents’ itself [...] and it will make the hand act in its place [...]. It is in the theatre of the hand that it realises the identifications that will constitute its ego, precisely in this distal, peripheral part of its visceral body, that it can move closer or move away at will.[\[10\]](#)

Thus, the hand becomes the infant’s ‘first object, so to speak, of the exterior world where it begins to recognize itself’[\[11\]](#).

Nonetheless, as can be told from the film scenes I’m referring to, feet and heads can become just as important with respect to articulating bodily ways of existing with other bodily ways of

existing in a shared material world: provided, for instance, that the intermediary object is a ball rather than a stick and that the playful articulation of social relations is football, which (in its ‘soccer’ version) happens to allow the use of feet and heads while mostly disallowing the use of hands.[\[12\]](#)

It is not without purpose that I bring feet and heads into the picture, as elsewhere in Tosquelles’s work feet and heads often appear in opposition to one another. In a 1973 text titled ‘Désir et institution’, to give but one example, he describes himself as a ‘pedestrian’ who’s always been wary of ‘researching heads’ and who, rather than reading ‘with the eyes, with the head’, prefers to take ‘steps’ to ‘read the world’.[\[13\]](#) There can be little doubt that such passages once again evoke the feet that carried him to France in 1939, and that they moreover place emphasis on his work as a practitioner. I take them also to provide, however, an important lead to understanding Tosquelles’s philosophical outlook, and especially to understanding his materialism: the ‘heads’ Tosquelles was indeed always ‘wary of’ are, philosophically speaking, the heads of idealism, of spiritualism and of intellectualist abstractions of whatever kind – and it seems crucial to keep this in mind when approaching a work like his medical thesis.

In a lecture originally titled ‘La psychopathologie à la lumière du matérialisme dialectique’ (‘Psychopathology in the Light of Dialectical Materialism’), delivered at the École normale supérieure in Paris in 1947 but not published until 2019, Tosquelles speaks of a ‘materialist monism’.[\[14\]](#) And he does so by ruling out the philosophical alternatives to this monism: 1) a ‘dualist’ position, by which he indubitably refers to Cartesian conceptions of ‘mind’ and ‘body’ as two distinct substances; 2) an ‘idealist’ monism, which claims to resolve the problems inherited from Descartes into notions of the spirit as a single foundational principle. It is as

though, just as certain uses of hands had become banned at some point in the history of football, Tosquelles ruled out certain uses of the ‘head’: those which take it as a metaphor for an immaterial ground of existence, as a curious corporeal site or representative of something non-corporeal, or quite simply as an isolated centre of action that behaves as if it were detached from bodily life as a whole (such as Tosquelles’s ‘researching heads’).

Materialist monism is, according to Tosquelles, ‘the path of science’ [15]. But what science? And how to make sense of science? Indeed, a long first part of Tosquelles’s 1947 lecture is dedicated to discussing the history and importance of science in a perspective of *dialectical* materialism, as suggested by the title of the lecture. With regard to this discussion, I will just mention the crucial reference to the first of Karl Marx’s ‘Theses on Feuerbach’ (1845), which advocates a materialism that accounts for reality not only ‘in the form of the *object, or of intuition*’, but in terms of ‘*sensuous human activity, practice*’ [16]. Already in Marx, the opponent is idealism – even if encountered, in the form of idealist residuals, within alleged materialisms (such as Feuerbach’s) which fail to account for the ‘*active side*’ in a materialist manner or develop it only ‘abstractly’, i.e., in disregard of ‘*real, sensuous activity as such*’. And it is precisely, as we shall see, this insistence on an ‘*active side*’ in matter itself that proves central to Tosquelles’s approach to materialism – and furthermore to psychopathology insofar as the ‘*passive*’, or rather *pathic*, reality of suffering is not reduced to a mere absence or deterioration of activity.

Tosquelles, as a theorist *and* practitioner, indeed seems to propose a whole physiological version of a materialism based on ‘*sensuous human activity*’; a physiological materialism which moreover accounts not only for human activity in general, but for the concrete *inter-activity* between malade and physician in clinical

practice. His repeated references to the physician and physiologist Claude Bernard, one of Marx's contemporaries, are but one manifestation of this proposition, albeit one that is pivotal with respect to the history of materialist conceptions in physiology. On the one hand, in Bernard's seminal book *Introduction à l'étude de la médecine expérimentale* from 1865 [17], we once again encounter the relation between 'head and hand'. Tosquelles cites this phrase (in Bernard pertaining to the conditions of an *experimental* medicine) when evoking the figure of a *médecin philosophe* ('physician-philosopher') and addressing 'the indispensable unity of theory and practice'. [18] On the other hand, Bernard developed an understanding of living – i.e., *active* – matter as a dynamic interrelationship between the 'inner milieu' and the 'outer milieu' of the organism:

The organism is merely a living machine so constructed that, on the one hand, the outer milieu is in free communication with the inner organic milieu, and, on the other hand, the organic units have protective functions, to place in reserve the materials of life and uninterruptedly to maintain the humidity, warmth and other conditions essential to vital activity. [19]

To evoke this physiological distinction introduced by Bernard is by no means to suggest that dialectical thinking is of no importance in Tosquelles's work. It is, however, to suggest that Tosquelles's take on materialism, dialectical materialism included, can hardly be fully understood without considering his thoroughly physiological approach to the very question of matter, or more precisely: to the question of *living matter*, of organic matter in its mingling with inorganic matter. For example, in his 1947 lecture, he first draws upon dialectics to support his dynamic interpretation of the difference between physiology and anatomy when he states: '[...] *materialist dialectics enables us to grasp action* (physiology, if you like)

*and matter (anatomy) in their unity.*' [20] Nonetheless, upon returning to the difference between physiology and anatomy later on in the same lecture, he affirms: 'As we have seen, no justification can be given for opposing anatomy and physiology at the level of organs. Rather, physiology ought to be conceived as the becoming of the organ's very being [*le devenir de l'être même de l'organe*].' [21] This second passage clearly advances the proposition that it is physiology itself which is tasked with accounting for the becoming *of*, and *in*, being; for the dynamism *of*, and *in*, matter; in short, for the very becoming and dynamism with which 'materialist dialectics' is concerned. From Tosquelles's perspective, this inevitably includes 'to conceive of the dialectical transformations of anatomical structures and functions' [22]. But he immediately extends this thought to the 'total structure' of human being: 'its physiology is action, the social situation, social being' [23]. And this in turn echoes an extraordinary passage from early on in his lecture, where he goes so far as to say:

'History' is 'social physiology'. 'Action' is 'matter' (in the Marxist sense) and produces matter (in the usual sense of the word).' [24]

The importance of Tosquelles's physiological thinking is not limited, however, to his grappling with dialectics. It can be traced as well to his grappling with structuralism. A striking example is provided in his book *Structure et rééducation thérapeutique: Aspects pratiques*, first published in 1967 (during the heyday of structuralism's impact in France and at the dawn of its impact beyond France) and posthumously republished in 2003 with the title *Cours aux éducateurs*. [25] As captured by the latter title, the book is indeed based on a series of six lectures given by Tosquelles in 1965/66 at the École d'éducateurs de Saint-Simon in Toulouse, i.e., at a school for 'educators'. It should be noted, though, that the

French term *éducateurs* here refers to educators specifically tasked with (re)educating children and adolescents who are deemed to be difficult, maladapted, even inadaptable to society; deemed, in short, to be *male habitus*. – Through both its focus on practice and its effort to 'educate the educator' [26], Tosquelles's *Cours aux éducateurs* easily lends itself to being read as a document of his continued engagement with the materialism of Marx's 'Theses on Feuerbach'. The same book, however, may even more easily be perceived as the most 'structuralist', and most 'Lacanian', of Tosquelles's published works. In its original title, the word 'structure' is the first to jump at potential readers; the chapter titles systematically evoke terms such as 'structure', 'sign', 'the imaginary', 'the mirror stage', 'the symbolic', and finally 'structuralism'; and Lacan is referenced throughout.

When introducing the notion of structure, however, Tosquelles's first and prime example is neither 'language' nor 'the symbolic' or even 'the unconscious'. It is the *body*, or more precisely: the *organic body* of humans and animals. And once again, here too, he evokes the tension between anatomical and physiological approaches to this body, this time to assert that the body cannot be reduced to an 'anatomical image', whether in terms of its main areas (such as 'head, trunk and limbs') or in terms of its internal organs (such as 'heart, lungs, brain, stomach, etc.'). For all such an image can ever present is a 'fragmented cadaver' [*un cadavre morcelé*], a dead, parcelled, dismembered body; something that (as Tosquelles continues, in the same go announcing that he will turn 'to psychology promptly') needs to be 'brought to life [...] *dans son ensemble*', i.e., as the 'whole' or the 'assemblage' it constitutes.

So you will also understand that this living human here, you or you, has sense and meaning [*a de sens*] only in relation to the structure of the school, and besides, everyone here is a bearer of

other structures, those within which you are involved with your fiancé(e)s, your children, your parents, the streets of Toulouse, the presidential elections, etc.

A structural conception, or view, of humans or of animals, cannot be atomised. One cannot look at each part as isolated from the others. [27]

This is how Tosquelles begins what he called his *causeries*, his ‘chats’ with the students in Toulouse. The cause within these *causeries* seems evident, though. We may perhaps call it a wandering cause. In any case, it is a social, political, practical cause, but with theoretical and epistemological implications. And while Tosquelles barely uses the terms ‘physiology’ and ‘physiological’ in his *Cours aux éducateurs*, he nonetheless insists on the ‘fundamental question’ raised with respect to the body by ‘the relational physiology of the organs and the systems of the internal economy’ [28].

One may consider some of this to be an illicit extension of the very concept of physiology, especially given that Tosquelles, as we have seen, even speaks of history as a ‘social physiology’. It appears much less as an extension, however, in view of theories according to which organic life is dynamically concretised through the relations of the living within co-concretising milieus. This is not the place to thoroughly trace the development of these theories. Of importance, here, is that the approaches Tosquelles derives from their legacy are double-edged, in a positive sense and in more than one way: first, because they cut through reductionist notions of ‘the mind’ or ‘the psychic’ as well as through reductionist notions of ‘matter’; second, because they cut through reductionist notions of ‘the individual’ as well as through reductionist notions of ‘society’. Tosquelles, though, is less interested in picking up the

pieces and remnants of such divisions with a view to reassembling them into a superior theory. Instead, he tirelessly takes his theoretical outlook into his professional field of practice as a physician and psychiatrist, a field that, like others, must be considered not only as a particular ‘outer milieu’, but as a complex set of relations between a multiplicity of both outer and inner milieus: ‘We must not lose sight’, writes Tosquelles in his 1947 lecture, ‘of the concrete object of psychiatry: the doctor-malade interrelationship within a (no less concrete) structure of society, at the level of its evolution.’<sup>[29]</sup> And this leads us back to his thesis.

## 2. Lived Experience

The original title of Tosquelles’s thesis was *Essai sur le sens du vécu en psychopathologie: Le témoignage de Gérard de Nerval*.<sup>[30]</sup> Unlike the title chosen 34 years later, it contained no reference to a lived experience that relates to ‘the end of the world’. There can be no doubt that the focus on the latter was already there and, to some extent, even alluded to by the subtitle of both the 1948 thesis and the 1986 publication, which points to the testimony of nineteenth-century poet Gérard de Nerval, to whose final book *Aurélia* an extended case study is dedicated in the second part of Tosquelles’s work. The difference between the two titles nonetheless offers us a clue to the fact that Tosquelles’s intervention into questions concerning ‘psychopathology’ (or ‘madness’, as the later title has it) presented itself as being mainly centred on debates around ‘lived experience’. And indeed, the latter concept proves not only of crucial importance to Tosquelles’s thesis, playing, as it did, a significant role in various discourses across disciplines, including psychiatry, from the late nineteenth century onwards. We shouldn’t ignore, though, a statement indicative as to how

Tosquelles navigates these discourses, one that moreover, once again, articulates his disapproval of self-sufficient abstractions:

For a clinician, there is no abstract problem of the lived and of lived experience, as such. What can become a problem for him is to define the relations between these notions and those concerning symptoms and maladies, on the one hand, and therapeutic action, on the other. It is from this angle that we shall develop our thought.’[\[31\]](#)

Tosquelles uses the terms *le vécu* (‘the lived’) and *l’expérience vécue* (‘lived experience’) almost interchangeably throughout his thesis, enough so to perhaps justify translating both terms with one and the (seemingly) same term, ‘lived experience’. Perhaps. For this very circumstance calls for a little disclaimer to be built into this translational decision: The obvious difference between *le vécu* and *l’expérience vécue* is, in brief, that the former invites understandings of ‘the lived’ as the (objective) content of something that has been encountered in life; whereas the latter, through the term *expérience*, stresses the (subjective) process of a life lived in a given milieu or world. It should moreover be noted that the French word *expérience* carries an important and positive ambivalence, as it translates into not only ‘experience’ but also ‘experimentation’ – and thus conveys a much stronger sense of activity, or of a practice of living, than the English word ‘experience’.

What complicates matters is that Tosquelles’s concept of lived experience is a translation of the German term *Erlebnis*, a term which, by the way, perfectly conveys the tension and ambivalence between ‘the lived’ (*Erlebnis* as ‘*Erlebtes*’) and the process and practice of ‘living’ (*Erlebnis* as ‘*Erleben*’). It would lead far beyond the scope of this text to try to fully account for the various sources for the term *Erlebnis* in German or for its reception in works of

French language, such as, notably for our context, in Jacques Lacan's doctoral thesis from 1932.<sup>[32]</sup> I would nonetheless like to address some stakes attached to the term *Erlebnis* and its reception in Tosquelles – if only to indicate a few of the 'steps' Tosquelles made on theoretical terrains and territories.

First, in a short discussion of early behaviourism – specifically of John B. Watson's claims to redefine the object of psychology by identifying it exclusively with 'behaviour' while repudiating any 'introspective psychology'<sup>[33]</sup> – Tosquelles advances the concept of lived experience in rejection of Watson's outright objectivism. Tosquelles, in fact, explicitly welcomes behaviourism's call for a consideration of the concrete situation in which a certain conduct occurs. But he subtly expands the relevance of this call by suggesting that it be related to the studied 'objects' of psychology (such as malades) as well as to the studying 'subjects' (including himself) and their 'techniques and notions'.<sup>[34]</sup> And in doing so, he stresses not only the importance of 'structural aspects' (of both 'pathological life' and the 'techniques employed', in their 'relative and interdependent character'), but also the need 'to seize the evolution of each structure', that is, their *dynamism*:

Without knowledge of their particular dynamism, it will always be impossible for us to objectify the crucial moments of the evolution at points where the values change, because the structural aspect they were integrated in and from which they were born has itself undergone a, so to speak, revolutionary transformation.<sup>[35]</sup>

Second, it is hardly a surprise that the very prominence of the term *Erlebnis* in major developments of late nineteenth and early twentieth century German thought entailed frictions and disputes over its true significance. In Wilhelm Dilthey's work, for example,

the *Erlebnis* was central to conceptualising a space for enquiries precisely *not* modelled on methods and ideals derived from the natural sciences, whether in relation to history, literature or – psychology. As for the latter, Dilthey spoke of a ‘psychic structural nexus’ [*seelischer Strukturzusammenhang*] involving ‘transitions from one state to another’ as well as an ‘effectuation’ of such transitions. Importantly, though, this nexus is disclosed ‘within inner experience [*innere Erfahrung*]’, which thus comes to constitute an entry point that is pivotal to an ‘understanding’ of *both*, the ‘transitions’ *and* their ‘effectuation’. And it is precisely the ‘inner’ character of such processual experience that makes Dilthey shift, in the referenced passage, from one German word for ‘experiencing’ (*erfahren*) to another (*erleben*): ‘We have a lived experience of the structural nexus’ [*Der Strukturzusammenhang wird erlebt*]. Hence, the *Erlebnis* becomes what allows us to understand ‘all the passions, sufferings and destinies of human life [...], all the depths and abysses of the human condition’.[\[36\]](#)

Dilthey’s work would later be met by a sharp, if somewhat ambiguous, critique on the part of Edmund Husserl who, despite sharing many of Dilthey’s concerns, insisted on philosophy as a ‘rigorous science’ and deemed Dilthey’s approach insufficient for re-grounding philosophy and delegitimising naturalist claims.[\[37\]](#) And it is in fact Husserl’s phenomenological analysis of *Erlebnisse* that leads us back to Tosquelles’s thesis: Tosquelles, the materialist, certainly wouldn’t have subscribed to Dilthey’s project of *Geisteswissenschaften* (‘sciences of the spirit’) and, to my knowledge, doesn’t discuss that project anywhere in his published work. In Husserl however, whose work – or rather influence – Tosquelles does discuss[\[38\]](#), the problem to be grappled with is ‘subjectivity’ rather than ‘spirit’, and one of the elements Tosquelles takes interest in is Husserl’s ‘theory of constitution’ which in

certain regards resonates with his own focus on genetic (in a philosophical sense) conceptualisations. Even so, Tosquelles expresses various concerns with the reception of Husserl's phenomenology within psychopathology, especially with simple 'mechanical transpositions' of Husserl's logical-philosophical approach into a domain that the latter had explicitly distanced itself from: psychology. Tosquelles further raises a major reservation that pertains to the very method of phenomenology and calls into doubt its value for clinical practice: 'The phenomenologist doesn't operate; he has a position, he doesn't act.'[\[39\]](#)

Third, I would like to briefly point to an analysis by Catherine Malabou[\[40\]](#) concerning the significance attached to the term *Erlebnis* in Sigmund Freud's work. The gist of Malabou's analysis is that a remarkable shift can be traced in Freud's evaluation of the respective importance of external and internal factors to psychic life. More precisely, Malabou argues that Freud progressively moved his focus from the conjunction between externally inflicted events (*Ereignisse*), on the one hand, and lived experiences (*Erlebnisse*) qua events meaningful to psychic life, on the other, towards internal psychic relations. Thus, the very notion of *Erlebnisse* – as 'psychic events' – in Freud's writings becomes increasingly detached from external events (and their potentially lasting and altering impact on psychic life) and becomes progressively remodelled on the notion of a psychic apparatus whose constitution and internal dynamics may suffice to cause and produce the *Erlebnisse* themselves. The psychoanalytically relevant *Erlebnis* becomes a manifestation of psychic life as determined not only by the constitutional intensity of (sexual) drives, but also by factors such as the resurfacing of past individual traumata or the workings of individual fantasies. In short, the notion of *Erlebnis*

becomes thoroughly, but also complexly individualised. And while Tosquelles doesn't discuss Freud's use of the term *Erlebnis*, a related critique can be found in his rejection of a certain psychoanalytic tendency to interpret accounts of catastrophic experiences primarily as a symptom of individual regression. I will return to this point below.

So how can we understand Tosquelles's 'steps' in these terrains? And how does he approach the question of 'lived experience' against the background of his clinical practice? I would like to turn, at this point, to a discussion near the beginning of Tosquelles's thesis in a chapter titled '*L'attitude du malade devant sa maladie*' ('The malade's attitude towards their malady'). Already in this brief chapter, Tosquelles introduces a crucial aspect of the 'lived experience of the end of the world' by pointing to an extreme sense of existential solitude that he had encountered in malades. He quotes Monsieur A. who, following experiences of being 'rejected from all sides', describes himself as an 'articulated cadaver' though previously having 'fought' or 'struggled' (*lutté*); and he goes on to quote Monsieur P. who states: 'Me, I am entirely personal.'<sup>[41]</sup> These testimonies appear to evoke, on the one hand, an anatomical existence deprived of the body's physiological capacities, a 'body' ready for dissection, as it were; and, on the other, a 'personal' existence deprived of all relations, with nobody, no-body, to turn to. Most importantly, however, they are accounts of *lived experiences* that aren't simply to be mapped onto scientific elaborations concerning the anatomical body, onto objectifications of behaviour, onto philosophical debates about subjectivity, or onto conceptualisations of an individualised psychic apparatus.

Testimonies like these will lead Tosquelles to discuss a concept that deserves particular attention: the concept of *attitude*. Or to be more precise, and to recall the chapter's title, what Tosquelles

indeed discusses is ‘the malade’s attitude towards their malady’. I have tentatively translated *devant* with ‘towards’ in the above paragraph, as the latter implicates an interesting notion of turning: a turning *to* what one is confronted *with*. The French *devant* (‘in front of’) bears a somewhat different implication, though, as it etymologically involves a condensation of *de* and *avant*: in English, ‘from before’. And this, in turn, holds relevance with respect to two very different types of attitude – different precisely according to whether or not malades (can) take an attitude ‘towards’ their malady ‘from before’ malady.

Tosquelles opens the discussion by distinguishing between ‘physical’ maladies and ‘mental’ maladies. The value of this distinction, however, is developed by the way he accounts for the two types of ‘attitudes’ I just mentioned. (Let’s not forget that he’s a self-declared materialist monist!) The attitude typically encountered amongst those who suffer from ‘physical’ maladies, he writes, is that they ascribe an ‘exteriority’ to their malady rather than conceiving it ‘as one of their own phenomena’; and that they moreover ‘expect from the physician not only a therapy, but above all the confirmation of the objectivity of the malady’.<sup>[42]</sup> The fact that Tosquelles flags the malade’s expectation that the doctor will confirm the objectivity of the malady is important here. It reiterates Tosquelles’s insistence on the relationality of clinical knowledge and indirectly alludes to his consistent critique of objectivism, but more importantly even: it implies that it is the *social* exteriority represented by the physician that rounds off the malade’s conviction concerning the *objective* exteriority of their malady. It is precisely this relationally underpinned affirmation of objectivity that will allow malades, as Tosquelles continues, ‘to integrate the morbid phenomenon’ into their existing values and self-conceptions.<sup>[43]</sup> Nonetheless, this exteriorisation of the

malady also involves, on the part of the malades, ‘a sort of inner work of an affective kind which leads them to consider themselves as a neutral terrain where two mythological entities enter into a struggle: health and malady’ [44].

Tosquelles doesn’t neglect to account for the fact that ‘physical’ maladies may at times entail states of ‘obnubilated’ consciousness, which render it impossible for malades to take an ‘attitude towards’ their malady. On the contrary, the consideration of this phenomenon allows Tosquelles to expound that the possibility of an attitude towards malady relies upon a certain ‘clarity of consciousness’. States of ‘obnubilated’ consciousness, however, can occur as an effect of both ‘physical’ and ‘mental’ maladies, and hence this very discussion comes to constitute the hinge that allows him to move on to examining the role of attitude in ‘mental’ maladies. The difference between ‘physical’ and ‘mental’ maladies, asserts Tosquelles, manifests at the level of ‘clarity’. Yet it does so only by introducing a complication into the notion of ‘clarity’ itself: ‘Clarity of consciousness is not necessarily to say normal consciousness. In many cases, consciousness will reveal to the malade their existential change.’ [45] Thus, in contrast to ‘physical’ malades (whose attitude and affective work consists in exteriorising malady in an attempt to *sustain* their value systems ‘from before’ malady), the consciousness of ‘mental’ malades, undergoing *existential change*, ‘will be framed into other value systems and carpentered by new spatio-temporal intuitions’ [46].

In other words, ‘mental’ malady can mean to *live through existential change* and is no longer ‘experienced’ *from before* malady. It doesn’t allow for an ‘attitude’ to be taken *towards* malady that would build on such a ‘before’, i.e., for the malade to *turn* to their malady by *re-turning* (if only socio-imaginarily) to non-malady, to a firm and stable normality, a normality confirmed and stabilised by medicine,

by doctors. In very brief, malady does not allow for the malade to turn to malady by returning to non-malady. Hence: solitude. Aloneness in where ‘non-malady’ and ‘normality’ are bound up with one another. *Male habitus*.

As a result, writes Tosquelles, ‘the problem of “malady” will no longer pose itself to the subject’ [47]; when addressed by the doctors, ‘mental’ malades will show denial or disinterest (rather than taking an ‘attitude’ towards, from before). Once again, Tosquelles refers to clinical experience here, so as to stress that the *affective* work undertaken by ‘mental’ malades is not – as amongst ‘physical’ malades – concerned with exteriorisation and objectification, but with ‘a work that involves a rehandling [*remaniement*] of values, memories and knowledges that are to be integrated into the new structure of the personality’ [48]. The ‘normality’ to which ‘physical’ malades may have recourse no longer serves as such in the lived experience of ‘mental’ malades. It is also not simply erased, though. Much rather, it is *crossed, traversed, queered*, involving a ‘rehandling’ – and hence also the question what is available to such ‘rehandling’, i.e., what is ‘within the reach of hand’. In a passage that is crucial for the purposes of the present text, Tosquelles writes:

We have seen that physical malades appeal to the society represented or incarnated by the physician – so as to be helped in their affective work of objectifying the malady. Post-processual mental malades will find themselves *alone* in doing theirs. This work of integration, however, will decide on their pasts and on their futures. [49]

I consider this passage to be crucial because of the way it addresses the aloneness experienced in what is called ‘mental’ malady. Tosquelles italicises the word ‘alone’ [*seul*] and what he speaks of is,

indeed, *aloneness*, which may of course involve feelings of ‘loneliness’ or ‘lonesomeness’ but is nonetheless irreducible to individualising psychological understandings of the latter terms. For what manifests in such aloneness is both ‘the social exclusion or isolation’ experienced by ‘mental’ malades and ‘the crushing of the subject of unconscious desire’ on which ‘so-called normality’ is built, as he phrases it in his 1985 preface.<sup>[50]</sup> *Affectively feeling alone* and *effectively being alone* coincide here without any reliable demarcation between the two, between the readings of the expression *male habitus* discussed at the beginning of this text, or between the ‘inner milieu’ and the ‘outer milieu’ of the malade. Such aloneness implicates exposure to ‘morbid events’ (in Tosquelles’s phrasing<sup>[51]</sup>), to various kinds of processes, doings, makings – *forces* – that leave no room for an existential place of recourse during, whilst *enduring*, existential change, for possibilities of returning whilst turning, for possibilities of exteriorising what is experienced in and through exposure.

I would like to briefly return to the notion of ‘attitude’ at this point, to hint at its role in Watson’s behaviourism, on the one hand, and in Husserl’s phenomenology, on the other: Watson<sup>[52]</sup> acknowledges ‘attitude’ to be what may allow to ‘control [...] human behavior’ and mostly identifies it with ‘habits’, which in turn are bound up with his interest in ‘conditioning’. He first refers to ‘attitude’ in the context of his critique of ‘introspective psychology’ and its ‘religious background’; and then, notably, again in his sketch of the ‘leanings’ of behaviourism in regard to social psychology and sociology: while he envisages the former as ‘a study of how groups [...] build up habits (attitudes) in the individual’, the latter is projected to ‘[merge] into behavioristic social psychology and into economics’. Thus, though the concept itself remains somewhat poorly elaborated, ‘attitude’ (or rather: its *re-*

conditioning) eventually forms an important vector aligned with behaviourism's 'leanings' towards a social psychology and an economics that furthermore involve an 'experimental ethics based entirely upon behavioristic methods'. In Husserl's phenomenology, by contrast, 'attitude' serves as a concept of crucial methodological importance. [53] Indeed, the phenomenological method relies on an ability to deliberately suspend 'natural attitude' in order to adopt a 'phenomenological attitude' wherein the world and the subject's investment in it are 'bracketed'. By the same token, however, it is concerned with 'attitude' only in the interest of a theoretical comprehension that involves, as Tosquelles remarks, 'neither making nor remaking' [54], and this despite phenomenology's focus on 'constitution'.

But what if there is no 'attitude' available to either conditioning or deliberate suspension? What if 'attitude' can no longer be taken, assumed, adopted, changed, because *lived experiences* overwhelm, deluge, submerge the capacity for a consistent 'attitude'? What if the affective work undertaken by 'mental' malades attests to an existential effort beyond and beneath 'attitude'?

### 3. The End of the World

One of the clinical documents Tosquelles presents in his thesis concerns a conversation between R., 'the urban', diagnostically described as 'paraphrenic', and André Chaurand, chief psychiatrist at Saint-Alban from 1940/41 to 1947 and subsequently director of the Institut pédotechnique Saint-Simon in Toulouse (and of the associated École d'éducateurs where Tosquelles would hold his *Cours aux éducateurs*). About halfway through the document, R. is asked about 'catastrophe' and responds: 'I have them all the time, I bear/endure them [*je les supporte*], I'm obliged, that's the

suffering.’[55] Notably, R. instantly shifts from the singular ‘catastrophe’ to a suggested plurality of catastrophes that constitute his suffering. Before turning to the question of catastrophic experience itself, however, I would like to quote and annotate three other passages from this conversation:

1. In the opening paragraph of the clinical document, as rendered by Tosquelles, R. says: ‘I am rich, all that exists is mine, when did I construct it?’ The richness addressed here appears to blend, or fuse, two kinds of existential richness that are otherwise often separated: a personal one (‘I am rich’) and an impersonal one (‘all that exists’). Furthermore, the statement is immediately preceded by a narrative that recounts a gender change in the life of R. (a documented man): ‘When I was woman, I fed you, I fed the people. This was the whole of life. I was born a girl.’ Already in this narrative, R. performs a shift from the personal (‘I was woman’) to the impersonal (‘the whole of life’). Note, though, how the difference in gender involves three other shifts which crisscross, as it were, the shift from the personal to the impersonal on R.’s way from being woman to (re-?)being man: a) a shift from *life* to *existence* in the naming of the impersonal level; b) a shift in naming the (personal) activity that spans personal and impersonal richness, from *feeding* to *constructing*; c) a shift in naming who or what this activity relates to, from (feeding) *you* and *the people* to (constructing) *all that exists* and *it*. [56]

2. When asked about his parents, R. responds: ‘My parents, I don’t have any. They made it seem that they were my parents, by force, by force, by force!’ – ‘Make seen’ [*faire voir*] is an idiosyncratic expression that R. repeatedly uses throughout the conversation. At one level, it aligns what ‘exists’ with ‘an image’ (as R. also phrases). But that’s not all. When asked

how he makes *himself* seen, R. responds: ‘I made myself seen alone. This produces what presented itself (from) before [*Je me suis fait voir seul. Ça produit ce qui s’est présenté devant*].’ Both sentences are somewhat ambiguous: Is *seul* (‘alone’) to be understood as the subject of ‘made’, or rather as the object of ‘seen’? And is *devant* to be understood spatially or temporally? The present standard usage of the word clearly suggests a spatial reading (*devant* as ‘in front of’, or ‘before’ in the sense of ‘in the presence of’); but in front of *what* or in the presence of *whom*? Older, temporal usages of the word, as obsolete they may otherwise be [57], nonetheless lend themselves to a reading of *devant* as ‘before’ in the sense of ‘previously’; or even as ‘from before’ in the sense discussed earlier in this text. Either way, or perhaps both ways: R.’s account of having made *himself, herself*, seen ‘alone’ introduces a vector of activity into the realms of established presence. And it shouldn’t be overlooked that R. is responding here to a question about their *parents*, and hence speaking about a very personal ‘(from) before’ and/or ‘presence’ that *they* deny to have, yet acknowledge for having made *itself* seen – ‘by force, by force, by force’.

3. In response to a question about ‘God’, R. first says: ‘That’s me, that’s me! I’ve been God the whole time, I never made myself seen [...]’. And then, when more specifically asked about a ‘unique God’: ‘There is nothing but me, I am the only one [*Il n’y a rien que moi, je suis le seul*].’ – Again, there is a certain ambiguity in these statements, which particularly crystallises in the last bit: In relation to the questions about (the uniqueness of) God, ‘I am the only one’ will most likely be understood as ‘I am the only God’; however, considering that in the second statement the phrase is immediately

preceded by ‘there is nothing but me’, it may also be understood as ‘I am the only one who exists’. I would moreover like to note that linguistically, in French, the difference between saying ‘I am the only one [*je suis le seul*]

and saying ‘I am alone’ [*je suis seul*] is minute. It amounts to the use or non-use of the definite article *le*; and as anyone familiar with the in-betweens of language(s) will be able to tell, the modification of meaning generated by the use or non-use of an article can be hard to navigate. In R.’s testimony, it amounts to the difference between expressing an all-encompassing identification with (the creator of) everything that exists *or* an individual experience of total existential isolation.

Aloneness. All-one-ness. Being ‘all alone’, as it is said. Being ‘all one’, as it is said as well. Except that, here, it is not about a residual self that is ‘all alone’ and *to* whom everything *else* is ‘all one’ (i.e., ‘all the same’); a self, in other words, whose aloneness manifests in an indifference to the world or at least in a decline of attention towards anything with which this self is not directly implicated. Quite on the contrary, the ‘malade’ subject *of* catastrophic experience, the subject subjected *to* catastrophic experience, is implicated *with* all. It is no longer *one* as opposed to *all*, but *one* as blended or fused with *all*. Thus, if the ‘pasts’ and ‘futures’ of the ‘mental malades’ with whom Tosquelles’s thesis is concerned are at stake, *all* is at stake. *All* pasts. *All* futures.

Monotheistic narratives and imaginaries involving a unique God seem especially apposite to articulations of this experience, as they tend to span *all* – from the beginning of times to the termination of times, from the creation of the world to the end of the world. Simply adopting the vocabularies attached to these narratives and imaginaries would nonetheless mean not only to endorse their

cosmotheological premises and framings, but also to disregard the profoundness of the lived experience of aloneness/all-one-ness in question and the intense suffering it entails. It seems important, therefore, not to gloss over the *catastrophic* dimension of this experience by, for example, all too quickly understanding experiences of ‘the end of the world’ as foreshadowing new ‘creations’. Of course, Tosquelles himself spoke of a ‘renascence’ in the passage from the 1985 preface quoted at the beginning of the present text. But the way he framed his use of this word should not be overlooked: namely, first, by juxtaposing the ‘shimmering possibilities’ of a renascence with what’s ‘within the reach of hand’ (as discussed before); and second, by characterising renascence as a process of ‘becoming others without ceasing to be ourselves’. I take this double framing as indicative of any understanding of ‘renascence’ based on what I addressed earlier as Tosquelles’s physiological materialism.

Furthermore, as a mere motif, ‘the end of the world’ may be encountered in a whole variety of forms, ranging from religious and mythological narratives to poetry and literature, from episodic fantasies that can be part of so-called normal life to consistent fantasies that are characteristic of certain psychopathologies. Tosquelles’s engagement, though, with the ‘lived experience of the end of the world’ does not pertain to a mere motif or topos, but to what this experience reveals about an existential non-topos: about malady, about the condition of *male habitus*. Hence his interest in French nineteenth century writer Gérard de Nerval and especially in the latter’s last major work *Aurélia*, written between 1841, when Nerval began to undergo recurring nervous and delusional crises, and 1855, the year of Nerval’s death by suicide: Tosquelles reads *Aurélia* as a ‘testimony’, as already indicated by the subtitle of *Le vécu*; and he reads it, as he further expounds in the 1985 preface,

with a view to a 'true concrete anthropology' involving 'the need to clarify the human character of the mad'.<sup>[58]</sup> The concern, though, to differentiate between 'the end of the world' as a mere motif and 'the end of the world' as testifying to profoundly unsettling processes of existential change is no less present in Tosquelles's discussion of different conditions of malady (or diagnoses thereof) in their association with the topos/non-topos at issue: Accounts of catastrophic experience given by 'epileptic' malades, on the one hand, are described as 'secondary and confabulatory', as mere renderings of 'biblical memories', and as lacking 'depth' in relation to the 'experienced event'.<sup>[59]</sup> Accounts given by 'melancholic' malades during manic episodes and especially by malades 'in schizophrenia', on the other hand, attest to a range of experiences that appear in stark contrast to the concomitant and derivative character of such confabulations:

[...] the character of a veritable lived experience of delusional ideas or of phantasms of the end of the world in schizophrenia is very striking. These phantasms present themselves as affective rather than intellectual phenomena. Besides, very frequently the malades keep them a secret, so to speak, and rather adopt attitudes that are consequential to this delusional belief or represent a quest for observations which allow them to believe in it and understand their new situation.<sup>[60]</sup>

The passage is revelatory in more than one way: first, because it presents yet another example of Tosquelles's insistence to move beyond the domains of merely 'intellectual' phenomena, hinting instead at the 'affective' as the existential dimension in which the phantasmatic experiences in question manifest; second, because it speaks of 'attitudes' adopted as a *consequence* of delusional beliefs, rather than being taken *towards* (or *from before*) such beliefs on the part of a self-reassuring subject; and third, because it describes the

task of schizophrenic malades as the task to ‘understand their *new situation*’ [my emphasis].

Madame Baub, one of the malades from whose clinical files Tosquelles extensively quotes, describes her experience of living through the end of the world as follows: ‘It is another existence, the voices guide me, command me ... The end of the world *is a change of existence.*’ [61] Testimonies like this convey a strong sense of how the absence of a ‘before’ that would offer a certain existential place to return to, as a remedy or at least refuge for those malade, is turned into the need to regain orientation in a whole ‘new situation’. It is only in this more precise context of Tosquelles’s discussion of schizophrenia that the implications of the aforesaid sentence become fully tangible: ‘[...] the problem of “malady” will no longer pose itself to the subject’. What, though, would be a positive term to account for the experience of a malady that doesn’t pose itself as a ‘problem’? Tosquelles first turns, in this regard, to a distinction introduced by Christian-existentialist philosopher Gabriel Marcel in an entry to his metaphysical diary from October 1932 – the distinction between ‘problem’ and ‘mystery’:

A problem is something encountered, which bars my passage. It is before me [*devant moi*] in its entirety. A mystery, on the other hand, is something in which I find myself engaged, and whose essence is therefore not to be before me in its entirety. It is as though in this zone the distinction between *in me* [*en moi*] and *before me* [*devant moi*] loses its meaning. [62]

Malady, in the light of Marcel’s distinction, can no longer appear as a ‘problem’ because it reveals itself as a ‘mystery’, that is, as an event that is not, or at least never fully, objectifiable; because it reveals itself as what the subject is encountered by, ‘engaged in’, drawn in

by, rather than being in the place to actively encounter it or in any case to encounter it as what blocks the 'route' of its actions. In short: malady-as-mystery is an event that may be understood as what the subject is not *up against*, but *in against*. Hence the 'loss of meaning' of the distinction between 'in me' and 'before me' that Marcel speaks of. Furthermore, the mytho-religious connotations of Gabriel's concept of mystery, in its entanglement with malady, offer a way in for better understanding how schizophrenic experiences of the end of the world can be tied to intensified perceptions of the polarity between good and evil – as expressed through prophecies of 'an imminent danger' [63], through memories of encounters with prophets, or through a range of outright identifications with apotheoses or incarnations of either good or evil: God, Satan, Christ, the Anti-Christ, etc. 'We are the evil here; abandoned [...]', says Madame Baub in the midst of a stream of narratives involving archangels, Virgin Mary, saints, popes ... *Male habitus*, with everything that might otherwise appear 'before' the malade, 'from before' malady, *infolded* so as to constitute a lived experience incommensurable with the world as it exists, barely communicable to the world as it is known.

The world, though, is here not simply to be identified with a world of fully constituted objects. In approaching the end of this text, therefore, I would like to briefly point to two important theoretical source contexts with which Tosquelles's elaboration is in dialogue: discussions of psychoanalytic inspiration and Kurt Goldstein's theory of the organism.

Psychoanalytically, Tosquelles conceptualises the experience of the end of the world as grounded in a withdrawal of affective or libidinal investment (or, in Strachey's translation of Freud's term *Besetzung*, a withdrawal of 'cathexis'). [64] While the concepts obviously originate in Freud, Tosquelles's interpretation of this

withdrawal once again appears to resonate strongly with Kleinian psychoanalysis. To be sure, there is not a single reference to Melanie Klein in *Le vécu*, unlike in the film *Le Clos du Nid* and despite the fact that Tosquelles elsewhere [65] unequivocally acknowledges the formative influence of Klein's work on his own trajectory. It seems nonetheless crucial, in our context, to point to Klein's focus on the intertwining of processes concerning 1) the differentiation between 'self' and (partial, personal, impersonal) 'other' and 2) and the differentiation of affects (of love, guilt, concern, anxiety, aggression, etc.) – whereby 'other' is primarily conceptualised through 'mother', as the maternal body and as the primary caregiver. It is against this background that Tosquelles repeatedly speaks, for example, of a 'maternal libido' and furthermore insists, against Freud, that the withdrawal of object-related investment within catastrophic experiences does not solely result in a libidinal re-investment in the ego, but also expresses 'a revindication [...] of maternal libido'. [66]

Two of the authors Tosquelles does, by contrast, explicitly refer to in various parts of his thesis are C. G. Jung and Sigmund Freud: The former's work bears particular relevance to Tosquelles's thesis, as Jung had held (in Switzerland) two public lectures on Gérard de Nerval's *Aurélia* in 1942 and 1945. Although it seems unlikely that much of the content of these lectures was known to Tosquelles (considering that the text material wasn't published until fairly recently [67]), it is certainly possible that Tosquelles was at least aware of Jung's lectures or had some hearsay knowledge of the direction of their argument (which would explain the considerable presence of Jung in *Le vécu*, including in the part on Nerval). Whatever the case: A crucial criticism presented by Tosquelles concerns Jung's notion of a 'collective unconscious', which is discarded as deconcretising human existence and turning it into 'an

abstraction that arises from a crystallisation or a coagulation of phantasms and revenants'.<sup>[68]</sup> A major element of his critique of Freud, on the other hand, goes in the exact opposite direction and can be considered complementary: Tosquelles's reproach to Freud is that the latter's individualising approach establishes 'absolute distinctions' between narratives of universal catastrophes and 'the clinical fact of the end of the world in schizophrenia and neurosis' (i.e., the end of the world as experienced by an individual malade), so as to end up accounting for their correlation 'only by appealing to the notion of regression, which becomes a real master-key of psychopathology'.<sup>[69]</sup> In a nutshell, Tosquelles's discussion of Jung and Freud reiterates and variegates a gesture I have addressed more than once in this text: his twofold critique of binary abstractions. It navigates between the Scylla of abstract notions of the collective (Jung's 'collective unconscious' as a transcendentalised version of objectivism) and the Charybdis of abstract notions of the individual (Freud's 'regression' as a psychoanalytic version of subjectivism).

That said, Freud, in his analysis of Daniel Paul Schreber's account of a 'world-catastrophe', nonetheless offers a clue that is of particular importance to Tosquelles: '*What we take to be the morbid production, the formation of delusion, is in reality the attempt at healing, the reconstruction.*'<sup>[70]</sup> Freud suggests an intertwining of morbid and reconstructive processes here, or perhaps rather, a superimposition of these processes occurring within what he calls, in the passage directly preceding the quoted sentence, 'the work of [...] delusions'. Such work consists, still according to Freud, in *re-building the world* – 'not more splendid, it is true, but at least so that [the paranoid] can once again live in it'.<sup>[71]</sup> Evidently, Freud does not speak of whole new creations or outright renaissances here. He speaks of complex and laborious attempts at 'healing' and 'reconstruction', attempts which he furthermore qualifies as 'never

wholly [successful]' [72]. It seems no less important, however, that these passages in Freud provide the very context for Tosquelles not only to articulate his critique of the psychoanalytic notion of individual regression, but moreover to suggest that the lived experience of the end of the world rather be considered in relation to 'a general human function which persists and shows itself dramatically amongst the mad' [73]. And it is in this same context that Tosquelles raises a question which leads us back to what I have termed his physiological materialism: 'where does this healing, this reconstruction, of which Freud speaks, come from?' [74]

More specifically, this question leads us to Tosquelles's reception of Kurt Goldstein. I will confine myself to addressing two aspects of this reception here: First, Goldstein's major work *The Organism* (first published in English in 1939, on the basis of its 1934 publication in German as *Der Aufbau des Organismus*) had introduced a concept of manifest relevance to Tosquelles's thesis: the concept of 'catastrophic reactions'. Catastrophic reactions, according to Goldstein, are a type of 'disordered' [*ungeordnete*] reactions shown by organic bodies when they find their 'continuity as a system' endangered through external stimuli, i.e., when they are no longer capable of sustaining a certain dynamic 'constancy' in relationship with their 'milieu'. [75] Although these reactions are held to be to a certain extent 'normal', Goldstein describes severe manifestations of such catastrophic reactions as involving an intense, objectless anxiety:

The patient experiences, as we might say, not fear of something but simply anxiety. He experiences the utter impossibility of establishing any reference to the world without knowing the cause of that experience. He experiences

a breaking down or dissolution of the world and a shattering of his own self.[76]

Gabriel Marcel might have qualified this kind of experience as a 'mystery'. Yet even though Goldstein's analysis presents itself as well-informed by existential philosophy, especially in its account of anxiety[77], it is not only devoid of religious overtones but also firmly situated within a theoretical context that considers existence in terms of living matter, i.e., of manifestations of *organic life* which are inseparable from modes of *inhabiting the world*. Thus, Goldstein suggests that the 'disordered' character of catastrophic reactions and the anxiety it entails originate in the *relationship* between, to use Claude Bernard's terms, the 'inner milieu' of the organism and the 'outer milieu' inhabited *by* the organism. And he furthermore suggests that, as the organism experiences its protective responses to external stimuli as failing (and hence its organic unity and continuity as endangered), the 'catastrophic' character is no longer solely associated with the particular milieu it inhabits, but extends to the experience of the world *as a whole*. Or more precisely, as we read in the cited passage, it extends to the experience of an 'utter impossibility of establishing any reference to the world' – and, consequently, of establishing 'a part of the world' as an "adequate" milieu'. [78]

Second, it cannot be overemphasised – not least in regard to Tosquelles – that Goldstein interprets the endeavour of the organic body in its interrelationship with a milieu not simply in terms of a maintenance of 'homeostatic'[79] balance, but in terms of the organism's tendency towards 'self-actualisation': that is, in a drive 'that enables and impels the organism to actualise itself in further activities' rather than maintaining an 'existent state'. [80] According to Goldstein, this 'drive of self-actualisation' is the only drive that exists, and he goes so far as to consider any tendency towards mere

self-preservation as a 'pathological phenomenon'. Inevitably, his notion of self-actualisation furthermore informs Goldstein's concept of the 'normal', as, for instance, demonstrated by the following sentence: 'Under adequate conditions the normal organism seeks further activity.' In the context of Goldstein's work, this sentence bears two important implications with regard to the 'normal': 1) that the 'normal' is not to be identified with any 'existent state'; and 2) that the 'normal' *as* activity is conditioned on milieus (both inner and outer!) that allow for self-actualisation to take place.

Besides the obvious relevance of these considerations with respect to Tosquelles's *Le vécu*, Goldstein's view of the relations between the 'normal' and the 'pathological' unmistakably evokes another doctoral thesis in medicine – one that had been defended in 1943, only a few years before Tosquelles wrote his own: Georges Canguilhem's *Essai sur quelques problèmes concernant le normal et le pathologique*. Goldstein's work is discussed extensively in Canguilhem's thesis and, no less importantly in our context, Canguilhem in person discussed his *Essai* with Tosquelles and others in Saint-Alban in June and July 1944, while hiding there as an active member of the French Resistance. I point to these facts because the constellation between the three is remarkable for political as much as for intellectual reasons: Goldstein was a Jewish refugee from Nazi Germany, Canguilhem a temporary refugee within France during the Vichy Regime, Tosquelles a refugee from Catalonia who had escaped from Spain following Franco's seizure of power. They all had experienced catastrophes, destructions and collapses of their outer milieus, ends of their worlds. And the catastrophes they *lived through* had all been effectuated through violent political redeployments of forces concerning the very difference between the 'normal' and the 'pathological'.

References to ‘morbid events’ of a political nature, however, are as sparse in Tosquelles’s *Le vécu* as they are in the cited works of Goldstein and Canguilhem. I will therefore conclude by stressing three aspects of Goldstein’s analysis that appear crucial not only to Tosquelles’s physiological-materialist outlook more generally, but also to his approach to ‘malady’ as a clinician and to his multifaceted practice as a psychiatrist.

At a theoretical level, the import of Goldstein’s work clearly sheds further light on Tosquelles’s physiological adaptation of Marx’s insistence on ‘*sensuous human activity, practice*’ – the ‘active side’ of matter – as the true subject of materialism. More specifically, though, Goldstein’s notion of ‘self-actualisation’ provides an instructive background to understand the repeated use of the concept of *effort* in Tosquelles’s thesis: a concept that the latter perhaps most notably uses to clarify his view of the relation between the ‘problematic’ and the ‘mysterious’ when describing a malade’s ‘effort to render “problematic“ everything that is given as essentially “mysterious” in the schizophrenic experience’[\[81\]](#). ‘Effort’, thus, also becomes a key consideration of Tosquelles’s *relational* approach to the ‘concrete object of psychiatry’: the ‘interrelation physician-malade, within a (no less concrete) structure of society’. And hence the question concerning ‘adequate conditions’ as an indispensable prerequisite for the living body to ‘seek further activity’ already bears the traces of something that Tosquelles’s name is intimately connected with, something that would come to be termed ‘institutional psychotherapy’: that is, a persistent quest for activities creating more enabling conditions within the psychiatric milieu and beyond, a tireless process of instituting within and beyond the existent and the established.

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[1] François Tosquelles, *Le vécu de la fin du monde dans la folie: Le témoignage de Gérard de Nerval*, Grenoble: Jérôme Millon 2012

[1986], p. 13. This and other English translations are my own (SN) unless otherwise indicated.

[2] *Ibid.*, p. 14.

[3] The second edition of the *Oxford English Dictionary (OED)* offers two examples of occurrences of the word ‘malade’ in the fifteenth and seventeenth centuries which are followed by further examples from the nineteenth and twentieth centuries, whereby the latter exclusively concern the expression ‘malade imaginaire’ – adopted into English from Molière’s 1673 theatre play of that title; see John A. Simpson, Edmund S. C. Weiner (eds.) *Oxford English Dictionary*, 2<sup>nd</sup> ed., vol. 9, Oxford: Oxford University Press 1989, p. 253. – By contrast, while ‘malady’ is covered by both the *OED* and the *Oxford Dictionary of English (ODE)*, which unlike the *OED* is based on corpus linguistics, there is no entry on the word ‘malade’ in the *ODE*; see Angus Stevenson, ed., *Oxford Dictionary of English*, 3<sup>rd</sup> ed., Oxford: Oxford University Press 2010, p. 1070.

[4] The initial definition provided in the *OED* entry for ‘malade’ reads: ‘A sick person, an invalid’.

[5] See Josette Rey-Debove and Alain Rey (eds.), *Le Petit Robert: Dictionnaire alphabétique et analogique de la langue française*, Paris: Dictionnaires Le Robert, 2013, p. 1513; Alain Rey (ed.), *Dictionnaire historique de la langue française*, Paris: Dictionnaires Le Robert, 3<sup>e</sup> 1998, pp. 2106 f.

[6] I am very grateful to Tosquelles’s son Jacques Tosquellas for providing me with a copy of the film.

[7] Today, the website of Le Clos du Nid no longer uses this term and instead speaks of persons with ‘mental, physical, psychic or

associated handicaps, whatever their nature and degree'. See <https://www.closdunid.fr/> (last accessed 5 September 2025).

[8] Further to the film, see François Tosquelles, *La rééducation des débiles mentaux: Introduction à l'aide maternelle et à l'éducation thérapeutique* [1964], Toulouse: Privat, 1991, pp. 125–177.

[9] From *Le Clos du Nid*.

[10] F. Tosquelles, *La rééducation des débiles mentaux*, p. 131.

[11] Ibid.

[12] Furthermore, walks and walking exercises, or what he called *l'apprentissage de la marche*, represented another important element of Tosquelles's work in *Le Clos du Nid*.

[13] François Tosquelles, 'Désir et institution', in: *Recherches, n° 11: Journées d'Etudes de Psychothérapie Institutionnelle (Extraits des débats du Colloque de Waterloo)*, Paris 1973, p. 8.

[14] Cf. F. Tosquelles, *Psychopathologie et matérialisme dialectique*, Paris: Éditions d'une, 2019. – Since a first version of this paper was presented at the conference Queer Tosquelles (at Academy of Media Arts (KHM) Cologne, 21/22 June, 2024), an English translation of Tosquelles's lecture has been published: François Tosquelles, 'Psychopathology and Dialectical Materialism', trans. Steven Corcoran, in: *Psychotherapy and Materialism: Essays by François Tosquelles and Jean Oury*, ed. Marlon Miguel & Elena Vogman, Berlin: ICI Press, 2024, pp. 47–88. In what follows, I will therefore primarily quote from the latter publication, while additionally referencing the French publication and indicating where my own translations diverge from Corcoran's translation. For the passage on 'materialist monism' see: F. Tosquelles,

‘Psychopathology and Dialectical Materialism’, p. 80 (French: pp. 63 f.).

[15] Ibid., p. 80 (French: p. 64).

[16] For the reference in Tosquelles, see *ibid.*, 26; for an English translation of Marx’s ‘Theses on Feuerbach’, see Karl Marx, Friedrich Engels, *Collected Works, Vol. 5: 1845–47*, London: Lawrence & Wishart, 1976, p. 3 (trans. mod.).

[17] Cf. Claude Bernard, *An Introduction to the Study of Experimental Medicine*, trans. Henry Copley Green, New York: Dover Publications, 1957.

[18] Tosquelles cites the phrase ‘head and hand’ in ‘Psychopathology and Dialectical Materialism’, p. 49 (French: p. 17). In Bernard the full passage reads: ‘We cannot separate these two things: head and hand. An able hand, without a head to direct it, is a blind tool; the head is powerless without its executive hand.’ Cf. *An Introduction to the Study of Experimental Medicine*, p. 3.

[19] Ibid., p. 76 (translation modified). The English translation renders Bernard’s terms *milieu intérieur* and *milieu extérieur* as ‘inner environment’ and ‘outer environment’. The French term *milieu*, however, does not only refer to an ‘environment’, but also to a *mi-lieu*, i.e., a ‘mid-site’ or a dynamic *medium*. – It should not go unmentioned here, however, that Bernard’s experimental practice heavily involved the practice of vivisection, i.e., experiments on the living bodies of animals; a practice strongly contested already by contemporaries, including members of his own family. I am not aware of any comment on this practice in Tosquelles’s work, even though the latter’s own clinical practice and experimentation clearly aimed at a therapeutic integration

(rather than a violent objectification) of living organisms into social and societal concerns as well as at a profound recognition of their pathic dimension – at least at the human level.

[20] F. Tosquelles, 'Psychopathology and Dialectical Materialism', p. 59 (trans. mod.; French: p. 30).

[21] Ibid., p. 87 (French: p. 75; the French original text is my addition).

[22] Ibid.

[23] Ibid. (trans. mod.).

[24] Ibid., p. 59 (French: p. 31).

[25] See François Tosquelles, *Cours aux éducateurs*, Nîmes: Champ social, 2003 (for the original publication: *Structure et rééducation thérapeutique: Aspects pratiques*, Paris: Éditions universitaires, 1967).

[26] I'm alluding to the third of Marx's 'Theses on Feuerbach': see op. cit., p. 4.

[27] F. Tosquelles, *Cours aux éducateurs*, p. 19.

[28] Ibid., p. 22.

[29] F. Tosquelles, 'Psychopathology and Dialectical Materialism', p. 80 (trans. mod.; French: p. 65)

[30] See 'Les vies de François Tosquelles: chronologie établie par David Fontanals', in: Joana Masó (ed.), *François Tosquelles: Soigner les institutions*, Paris and Barcelona: L'Arachnéen and Arcàdia 2021, p. 32.

[31] F. Tosquelles, *Le vécu*, p. 39.

[32] See Jacques Lacan, *De la psychose paranoïaque dans ses rapports avec la personnalité* [1932], Paris: Seuil, 1975, for example p. 92 and pp. 139 ff.

[33] See John B. Watson, *Behaviorism*, New York: W. W. Norton & Company, 1925, esp. the opening chapter titled ‘What Is Behaviorism?’, pp. 3–18. Watson’s list of notions associated with ‘introspective psychology’ (and hence rejected) is long and includes ‘consciousness’, ‘soul’, ‘mind’, ‘will’, ‘sensations’, ‘affective elements’.

[34] See F. Tosquelles, *Le vécu*, p. 25 (also for what follows).

[35] Ibid.

[36] See Wilhelm Dilthey, ‘Ideas Concerning a Descriptive and Analytic Psychology’ [1894], trans. Richard M. Zaner, in: Wilhelm Dilthey, *Descriptive Psychology and Historical Understanding*, The Hague: M. Nijhoff, 1977, pp. 21–120; for the quotes: 87 (translation modified).

[37] Edmund Husserl, ‘Philosophy as a Rigorous Science’ [1991], trans. Quentin Lauer, in: *Phenomenology and the Crisis of Philosophy*, New York, Evanston & London: Harper & Row, 1965, pp. 71–147, esp. 122–147.

[38] See F. Tosquelles, *Le vécu*, pp. 42 ff.

[39] Ibid., p. 43.

[40] See Catherine Malabou, *The New Wounded: From Neurosis to Brain Damage*, trans. Steven Miller, New York: Fordham University Press, 2012, pp. 85–100 (chapter ‘What Is a Psychic Event?’).

[41] F. Tosquelles, *Le vécu*, p. 34.

[42] Ibid., p. 31 f.

[43] Ibid., p. 32.

[44] Ibid.

[45] Ibid., p. 33.

[46] Ibid.

[47] Ibid.

[48] Ibid. – Note the *hand* (fr. *main*, lat. *manus*), in both ‘rehandling’ and *remaniement*!

[49] Ibid.

[50] See *ibid.*, p. 15.

[51] Tosquelles’s use of the term ‘morbid event’, in fact, explicitly marks his reservations against any conception of malady as an exteriority, to the point that he writes: ‘We would have preferred to employ [instead of “malady”]: “morbid event”, so as to indicate the phenomenal continuity of the patient’s concrete life.’ See *ibid.*, p. 31.

[52] For the following references, see J. B. Watson, *Behaviorism*, pp. 3 and 17.

[53] See, for example, Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy. First Book: General Introduction to a Pure Phenomenology*, trans. F. Kersten, The Hague, Boston and Lancaster: M. Nijhoff, 1983, pp. 51–62 (chapter ‘The Positing Which Belongs to the Natural Attitude and Its Exclusion’).

[54] F. Tosquelles, *Le vécu*, p. 43.

[55] Ibid., p. 64; for the whole document, including the quotes that follow, see pp. 63–66.

[56] With respect to this last point, I want to further highlight the reversal of order between the personal pronouns ('you' resp. the not-so-personal 'it') and the generalising terms (the still somewhat personal 'the people' resp. 'all that exists').

[57] Cf. J. Rey-Debove, A. Rey (eds.), *Le Petit Robert*, p. 722.

[58] See F. Tosquelles, *Le vécu*, pp. 24 and 23.

[59] See *ibid.*, pp. 54–57.

[60] Ibid., p. 58.

[61] Ibid., p. 61.

[62] Ibid., p. 69. – Cf. Gabriel Marcel, *Being and Having* [1935], trans. Katharine Farrer, Westminster: Dacre Press, 1949, p. 100 (translation modified). The first part of *Being and Having* contains Marcel's metaphysical diary from the years 1928–1933.

[63] F. Tosquelles, *Le vécu*, p. 53.

[64] See *ibid.*, pp. 82 f.

[65] Cf., for example, the following passage from the interview 'La fonction de l'État est d'empêcher qu'il y ait des institutions', in: Joana Masó (ed.), *François Tosquelles: Soigner les institutions*, p. 78: '[...] I have always been more Kleinian than Lacanian. [...] I was very Kleinian; Klein has the advantage over Freud that she really attended to children and psychotics, that is, to persons who cannot

be put on a couch, who need intervention, who need to be activated.’ (The concrete context of reference is Tosquelles’s paedopsychiatric work in his hometown Reus in the early 1930s; the interview is from 1983.)

[66] F. Tosquelles, *Le vécu*, p. 83.

[67] See C. G. Jung, *On Psychological and Visionary Art: Notes from C. G. Jung’s Lecture on Gérard De Nerval’s ‘Aurélia’*, ed. Craig E. Stephenson, trans. R. F. C. Hull, Gottwalt Pankow and Richard Sieburth, Princeton and Oxford: Princeton University Press, 2015. Even *The Collected Works of C. G. Jung* (the first major edition of Jung’s writings, published from the 1950s onwards) included only a short and unrevealing abstract of the 1945 lecture (in volume 18, first published in 1977).

[68] F. Tosquelles, *Le vécu*, p. 94.

[69] *Ibid.*, p. 92.

[70] Quoted in *ibid.*, p. 91. My translation of this sentence is based on Freud’s original text, with consideration of the French translation presented in *Le vécu*. Strachey’s ‘standard’ English translation of the quoted sentence, which unfortunately obscures the processual intertwinement of morbid and reconstructive productions, can be found here: Sigmund Freud, ‘*Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*’ [1911], in: *The Standard Edition of the Complete Psychological Works of Sigmund Freud, vol. XII*, trans. James Strachey, London: Hogarth Press, 1958, p. 71. The sentence appears italicized in all versions.

[71] See Freud, ‘Psycho-Analytic Notes’, p. 70 f.

[72] Ibid., p. 71.

[73] F. Tosquelles, *Le vécu*, p. 92.

[74] Ibid.

[75] See Kurt Goldstein, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* [1934]. New York: Zone Books, 1995, pp. 47 f. and 105.

[76] Ibid., p. 232.

[77] The quoted passage unmistakably evokes both Kierkegaard's and Heidegger's analyses of anxiety.

[78] Goldstein terminologically distinguishes between 'milieu' and 'world', but at the same time clearly accounts for a dynamic intermeshing between milieu and world. See K. Goldstein, *The Organism*, p. 105 f. (for the quotes: p. 106).

[79] 'Homeostasis' is a term introduced by Walter Cannon in his 1932 book *The Wisdom of the Body*. Goldstein doesn't refer to this concept explicitly. He does, though, call into question some of Cannon's conclusions regarding the organism's alleged 'constants', specifically by pointing out that Cannon's findings were based on observations in the laboratory and hence conditioned on outer milieus that appear insufficient to determine the behaviour of the organism's inner milieu in natural conditions. See K. Goldstein, *The Organism*, p. 281.

[80] Cf. *ibid.*, p. 163 (for the following quotes: pp. 162 f.).

[81] F. Tosquelles, *Le vécu*, p. 68.