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THE INVENTED INSTITUTION

I think it necessary to insist on a point which is obvious to us, but which many people refuse to acknowledge: the institution which we have been debating for the last twenty years is not the mental hospital, but madness.

We dissent from those who make a distinction between the period of the mental hospital and the present, not only with regard to what is obviously different (surplus violence, role of social dangerousness, totalitarianism) but also to what, in our opinion, has remained the same: the essence of the psychiatric question.

During a debate in Milan, not long ago, I heard a conceptualization of institutional criticism only referring to the asylum age. Therefore, it was reduced to a problem of humanization, of elimination of additional and superfluous violence, concerning a limited and concluded period of time. I think that this misunderstanding is a result of very misleading commonplaces, which tend to reduce and neutralize the effects of the epistemological gap brought about by "The Denied Institution" and to make psychiatry autonomous as it once was.

1. Actually, this misunderstanding is probably not just that, but it should be regarded as a discriminating factor having effect on the recognition of the subject of psychiatry. What was the institution that we denied?

It consisted of a complex of scientific, legislative and administrative structures, of codes of cultural reference and of power relations, framed around a specific object for which they had been created: that is, "illness", to which the object "dangerousness" was added in the mental hospital.

Why did we aim at that process of deinstitutionalization? The reason is that, to us, the subject of psychiatry can and should be something that is not that dangerousness nor this illness (meant a something that is in someone's body or psyche). To us, on the contrary, the subject has always been "the patient's existence suffering and its relation with the social body".[1]

The obscure disease affecting psychiatry consists in having established a number of istitutions based on the separation of a fictitious object such as *illness* from *the patient's existence on the wuole and from the social body.*

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[1] The *therapeutical question* is part of the social *question*, just like the acknowledged ambivalence of the individual body is the opening to the social body.

At institutional apparatus totally referring to "illness" was set ut on this artificial separation. It was necessary to dismantle this apparatus (to deny those institutions), in order to get in contact again with the patients' existence, as it was "ill existence".

We had to surpass the old institutions, since they were incongrous from a cultural and epistemological point of view - and the institutions proposed by many counter-reform bills would remain just as inadequate as the old ones.

Breaking down the paradigm that established those institutions, namely the clinical paradigm, was the real object of the deinstitutionalization project. Breaking the paradigm involved breaking the mechanical relation between cause and effect in the analysis of the formation of madness.

Denying the institution meant, as it means today, to dismantle this steady causality - much more than to dismantle the mental hospital - and to reconstruct a concatenation of possibilities and probabilities, just like all modern sciences teach us in relation to complex subjects.

The deinstitutionalization project coincided with the reconstruction of the complexity of the subject, which had been simplified by the old institutions. Significantly, they had to use violence in order to achieve that.

But if the subjects changes, if the old institutions are to be demolished, the new institutions must be up to the subject, who is no longer in equilibrium but is, by definition (existence-suffering of a body in relation with the social body) in a state of non-equilibrium; this is the basis of the invented, and never given, institution.

There is nothing to do with "illness" as the "medical model" wanted it to be, no way to deal with the symptom or conflict as the psychological model wanted it to be, because the subject and the paradigm have changed, as well as the programmes.

There were specific institutions corresponding to "illness", (diagnosis, prognosis, therapy), and to its consubstantial relations of cause and effect. The mental hospital corresponded to dangerousness, the general hospital to "an illness like all the others", and the psychoanalyst's couch to the topics of the unconscious and of the conscience. But once the toy was broken, the subject demystified and its misery revealed, deinstitutionalization (the real one)invaded and upset the field with the impact of modern events; it was a force of which quite a few people were conscious here.

There is a false deinstitutionalization that obviously tries to do the opposite: the mummify the subject of psychiatry, displacing only the forms and methods of management, changing the places and the *look*, and nothing more. If the real subject has become "the patient's existence-suffering in its relation with the social body", what a poor relation the traditional institutions have with this new subject! And the same goes for many new institutions.

They are irrelevant and inadequate: a metre to measure a liquid, a box to contain the current of a river. The real deinstitutionalization must be a practical and critical process for directing institutions and services, energies and knowledges, strategies and interventions towards this very different subject.

2. The problem lies in "emancipation", not in "recovery"; in the social reproduction of people, not in repair. We could call it a process of individualization and re-individualization.

Madness often is the most grotesque form of our being replicants; therefore, it is the caricature of a repetition, or the end of a repetition, the total exhaustion of any possibility of repetition.

In any case, we shall have to realize that the only sensible thing to consider is the deinstitutionalization of that scene, the invention of another means and the creation of opportunities, possibilities and probabilities for the "patient".

This was the work we had to do inside the walls, and it is the work to do outside the walls. To accomplish it we need workshops, not outpatients' departments - *workshops* full of consciousness acting as deinstitutionalization machines.[2]

In brief:

"… a statute of rationality of the therapeutic action indicates a conception of knowledge (and of science) which not only is very far from the comprehensive ideal, but brings back knowledge to the field of human experience. It is an open process, made of uncertainties and of decision" (De Leonardis, 1986)

This is something completely different from "denying the existence of mental illness".

Mental illness was put in parentheses at a certain time only in order to favour a real manifestation of a person's existence to the psychiatrist's eye, that could finally participate. It is true that we have always thought that mental illness is not an ontological reality, but an invented reality - but always a hard and vivid reality.

"The medical look does not meet the ill, but his illness. It does not read a biography in his body, but a pathology, in which the patient's subjectivity disappears behind the objectivity of the symptomatic signs that do no refer to a background, a way of life or a series of acquired habits. They refer to a clinical picture, in which the individual differences affecting the evolution of mental illness disappear in a grammar of symptoms, according to which the doctor classifies any morbid entities, just as the botanist does with plants.

But when the symptoms are not regarded as an expression of hardship and lack of balance in one's life conditions, they become simple signs of an illness which does not belong to the social world but only to the pathological world. Thus the illness is taken away from the control of the group with which, therefore, there can be no exchanges, and it is assigned to the observation of a look, the medical look, which is autonomous and moves in a circle where it is checked only by itself and where it distributes its sovereign knowledge over the patient's body" (Galimberti, 1984)

But the clinic is not only a look. Then the illness, well out of parentheses, reveals itself as the geometrical place for those legal, diagnostic and scientific encrustations which are mainly applied to the subordinate classes, without any possibility of contradiction.

It is a complex of administrative, disciplinary, scientific and normative instruments needed to objectivate illness, according to its old epistemological statute. It was therefore the core of the work,

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[2] Here the term workshop is used to translate the Italian word *laboratorio*, which has a complex meaning. It is a place for the production of culture, of work, a place of exchanges and complex relations between people in which the roles are shifting, a place for the production of innovations.

not something in parentheses; it was the subject of critical practice, and in this sense it showed its being consubstantial to madness, like an introjected institutionality - some would say like an induced and produced subjectivity.

"When the look is not clinical, the ill, not illness, is considered and seen" (Galimberti, 1984).

But, in any case, the "look" is limited; it only considers the patient's being thrown there (in the world). Unfortunately, clinic does not start only from the medical look, but also from a deep interiorization coming from a longer distance. The look is already embodied in the experience-suffering, it is not a minor part of it; it is already constituting the language of madness which is always the result of a *producing power*. Therefore, it will be necessary to oppose another *producing power* against it.

3. The production of life and social reproduction, which are the purpose and the practice of the invented institution, must leave the narrow paths of the clinical look, of the psychological investigation, of the mere phenomenological comprehension. They must become a woven material, an engineering for the reconstruction of sense, the production of value, time and taking in charge; for the identification of situations of suffering and oppression, for the reintroduction in the social body, for consumption and production, exchanges, new roles, different ways to be for the others, in relation with the others.

We are more and more aware that the therapeutic work consists in this work of deinstitutionalization aiming at the reconstruction of people as social actors, in order to prevent their suffocation under the role, the behaviour, the stereotyped and introjected identity which make up the standardized mask of being ill. We believe that treating means to provide, here and now, for the transformation of the patient's way of living and feeling his distress, as well as for the transformation of his daily, routine life.

That is the reason why invented institutions are needed in psychiatry at present. This is our "second" experience in Trieste, and it is the *autopoietic* result of our first experience, that is the denied institution.

The *denied institution* was the hard description of a contamination, the practice revealing it. The affirmed institution is the conscious and organized practice adopted in relation to this contamination.

In a way, it is also "the wall that puts lives in balance again" as Banchot defines it. In front of the anomy of the territory,

"in front of an endless and infinitely desert space, it is necessary to build up a wall, to require some difference, that is, a peaceful distance to put life in balance (Blanchot, 1987).

The territorial centres are created for this purpose, "to repopulate the desert".

Only when the personnel acknowledge their being an institution and reorganize themselves as such, can they discover that the city is a network of institutions, and that the mentally ill is an institution, and that they need institutional power in order to use, bend and transform these institutions.

Tadeusz Kantor uses relevant words for his "packings": "It is necessary to hide the object in order to preserve it for the future, like a message in a bottle entrusted to the sea. This is the behaviour of danger".

I think that a mental health centre is a packing displayed, an invented and temporary institution (like Brecht's "Benches of snow).[3]

Kantor also said: "Today's politicians are not responsible, the authorities are not responsible, but the artist must be responsible. Only the artist is responsible, these days". I believe that this applies not only to artists but also to us, since we recognized ourselves (and we still do today) to be technicians of practical knowledge, according to the analysis of Sartre's "*Plaidoyer*".

Today, that philosophical lesson corresponds with all the outcomes of advanced sciences. The complexity of the subject implies projects, not analyses; transformation projects through which only is it possible to obtain new knowledge. These projects (the invention and its cognitive results) should refer to the institutional setting and, at the same time, to the individual characteristics of the people coming to the services.

Maybe today we can find a new sense and consciousness in Musil's words: "We must not be deceived by the cover-up appearance, the compassion, the social engagement and the winking mask of salvation worn by doctors. The scientific interest toward phenomena is a direct interest, aiming at knowledge".

Galimberti states:

"We know that the process of making the psychic sphere autonomous only doubles the autonomy of the physical sphere on which, starting from Descartes, science was built. In order to survive, psychology and biology persist in splitting the body, following the basic assumption that duality objectivates the body. Thus, the body is regarded as a residue to allow the existence of the soul, on which religion thrived in the past and psychoanalysis thrives today.

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[3] The mass-media argue that we were opposed to having centres of reception (emergency units, places of hospitality and so on)owing to our mystique of the territory. Our centres have been here in Trieste for the last ten years to show that there are no grounds for this accusation. We have been charged with trying to refer the problem to a generic social sphere. The truth is that we have been here for 15 years, consciously trying to mediate a never ending restitution.
Nut to us the centres have always been "institutions for de -institutionalization": And in all these year we have extended our mediation to the prison, to the reports, to the guardianships, and we have set up co-operative societies, social places, ephemeral summers, permanent workshop while our censors were writing: "the good service is an empty service". I believe that the good mental hospital is an empty one, and the good service is a full one. What is happening all over, from, Salonika to Montreal, is that we can see (very bad) crowded mental hospitals and (excellent) empty centres for family therapy or mental health. In a good mental health centre the demands pile up, cross and multiply, just like in a market-place where all sorts of exchanges are possible. This is the best indicator of the good quality of a service, and it can be inferred from the question: why should people go there? To me, no mental health centre is as beautiful as a market in Senegal or Marrakesh. I wish I could understand better why it is so, but I am sure that one of the reasons is that the social classes can mingle and exchange; the individuals look at each other, play and work together (and they can also be very mad).

A good market is one of the very few places where the social body recognizes itself, it exist as a whole, and it is difficult for all to avoid being fascinated by its swarming (of the market and of the body); where individualization is made possible through participation.

When the body is reduced to a pure organism it is not more real than the spiritual or psychological soul. They are both a result of an abstraction which has developed from the dissolution of the symbolic sphere and from two main concepts of metaphysics: the "idealistic" metaphysics concerning the soul with all its religious, moral and psychological variations, and the "materialistic" metaphysics regarding the body and its biological and sociological implications" (Galimberti, 1984).[4]

We have been accused of neglecting the biological side, of paying no attention to psychodynamics. I should say that we have been even too aware of that; but, concerning the accusations brought against us, we admit that we are guilty of not accepting to be subordinate to the autonomy of the biological sphere, nor to the autonomy of the psychic sphere.[5] Nor are we subordinate (and after all this is the real accusation) to the autonomy of the social and political spheres.

Therefore, the institution invented according to the subject (suffering existence of the body in relation with the social body) is made up of services that, after eliminating the separation of the medical model and recognizing in the psychic model the same faults of the biological model, are entitled to enter the field of social engineering as motors of sociality and producers of sense. They must interfere with all the aspects of everyday life, with daily oppressions, creating moments of social reproduction, producing wealth and multiple exchanges that are therapeutical.[6]

Therefore, the therapeutic activity consists in the intentioned work of the services, which must be material intermediaries capable of setting blocked social exchanges in motion. They must be able to collect and use with the best results the patient's symptoms, symbols and multiple senses, displacing and deinstitutionalizing them. It is necessary to meet this challenge consisting in the complexity of the

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[4] It is strange that, in the field of psychiatry, words should have scientific dignity and therapeutic plausibility and action should have none. A talk can be therapeutic; but such things as making a film or a theatrical performance together, reading poetry, changing home, work or getting a new job, joining a political party or getting out of it, buying a new dress or quarrelling, going boating or intervening in intervening in a meeting, having friends or a new idea, finding an answer to one's need of personal value, being able to express an anomalous feeling, using one's illness as a dress, a way of communicating, dissenting or displacing oneself without having to be institutionalized in an identity void of social value, forsaken or transformed in clinical cases, all these things cannot.
It is not clear why all these things should not have any therapeutic value in a strong sense as far as psychiatry is concerned (and particularly for that psychiatry that, using a rather comic term, is called *hard*).

[5] The couch is an invented institution too, but for a subject that lies in the autonomy of the psychic sphere, in a psychological singleness which was simplified, at first and then made extremely complex (and therefore seductive). In this case, the original simplification throws doubt upon what comes after it, and the hygienism of the setting, as in the out-patient clinics, is not only a mode of practice but it is an essential factor of the psychoanalytic episteme.
"Even the psychodynamic theories that have tried to find the sense of the symptom through the investigation of the unconscious, have maintained the patient's objective character, although it is a different type of objectivation: that is, objectivating him not as a body anymore but as a person" (Basaglia, The Denied Institution).

[6] The objection coming from various sides (see *Mondo Operaio*) to an alleged love of ours for nationalism and contempt for private enterprise really surprises us. For the last 15 years we have been supporting co-operative societies offering services, deinstitutionalizing public services. We have always been aware of the great potentiality of the social private sphere. We do not believe in the assumption that we are encouraging a "competition" between the public and the private spheres. We hold the view that is necessary to deinstitutionalize the public sphere, which has nothing to do with such things as deregulation or administrative dehospitalization.
The question is that it is essential to demolish the bureaucratization, the inertia, the division into compartments and the irresponsibility of the Welfare System, not welfare itself.
It is necessary to eliminate all bureaucratic and party controls, to encourage and support responsibilities at all levels, free enterprise, productivity, individualization and professionalism. We ought to have more market (much more market) in the state if this should mean making the users productive and protagonists, giving more autonomy and responsability to the staff, dynamism to the roles and functions.
This is deinstitutionalization and production of wealth at the same time, a possible project of subjectivation, a different Welfare.

multiple levels of existence, in not reducing the subject to illness, to a deranged communication or to a poor being and that's it; in not dividing him into a body separated from the psyche, but *reinstating him in the social body.*

If the symbol and the sense usually regarded as a symptom, as a transformation of the human and living in a thing, beyond a certain limit which is at present terribly reduced, we need workshops of reproduction revealing their purposes. That is, we need an invented social setting, a contaminated setting, living on the maximum contamination; a place for revaluing people and events which would otherwise be treated as symptoms.

The invented institution, the institution of contamination, is concerned chiefly with the "poor" object, but is not intended for him only.

"The poor object, the poor, is the one who is always deprived of the specific functions of everyday life; he is thrown into the dustbin. They are throwing him into the rubbish; he is suspended between the dustbin and eternity: the place of rubbish and the last step of reality, and eternity which is the last threshold of our life" (Kantor, 1986).

Maybe it is because he is no longer exchangeable and he belongs to the world of use, or non-use, but his history is deposited in himself.

The hard struggle against the decontaminated institutions, which are useless or harmful fruits of the medical and traditional hygienism, implies that the invented institution, which revives the richness of the "poor" object should be made of crossings.

To achieve this, we ought to have a therapeutic practice, artists, culture, poets, painters, cinema operators, journalists, inventors of life, young people, jobs, parties, playing, words, spaces, machines, resources, intelligence, multiple subjects, and the meeting of all of these. We have had this in Trieste, and in this lies our confidence.

Sartre said:

"All those people who, starting from now, adopt the universalistic point of view are "reassuring"; the universal world is made of false intellectuals. The real intellectual, the one who can be met in situations of distress, is disturbing. The human universality has still to be created.

And it can only be created starting from the singleness of the individuals (Sartre, 1965). From different practices, it is necessary to make, invent, represent, restore the relations between spheres tending to become autonomous, in the individual as well as in the general schizophrenia. We can only do this: represent in order to act.

But Musil reminds us that:

"To represent a thing means to represent its relations with a hundred other things. Because there is no other way to make something, anything, understandable or perceivable. And even if these hundred other things were all obscene or morbid, the relations with them would not be such, nor would the discovery of these relations ever be such" (Musil, 1986).