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Psychopathology and Dialectical Materialism

FRANÇOIS TOSQUELLES

INTRODUCTION

*Philosophy Has to Call Everything into Question, and So Does Science*¹

Ladies and Gentlemen,

If I have understood correctly the task I've been given in this cycle of lectures, it is a question, on the one hand,

* Editors' note: According to the French editor, an alternative title was also mentioned in Tosquelles's typescript: *Psychopathology in Light of Dialectical Materialism*. The talk was part of a lecture series titled *Les Méthodes de connaissance de l'homme dans la neurologie et la psychiatrie actuelle* (Methods in Knowledge of the Human in Neurology and Psychiatry Today) held at the École normale supérieure in 1947. The title we have used here corresponds to the first French edition: François Tosquelles, *Psychopathologie et matérialisme dialectique* (Paris: Éditions d'une, 2019).

1 Translator's note: All headings and notes — unless otherwise indicated — are by the French editor, Sophie Lesage (née Legrain). Often these notes have been revised, thanks in particular to the attentive referencing work of Christian Scheerhorn.

of teasing out the conception of the human being [*de l'homme*]² that emerges in applications of dialectical materialism to psychopathology and, on the other, of tracing the limits of this methodology. The programme seems clear. However, I foresee difficulties that derive, firstly, from the very posing of this problem: dialectical materialism would thus seem to be understood as *a philosophy*, the immutable principles of which are to be applied somewhere.³

Yet, a comparative study of Marxist texts has enabled me to understand that, while dialectical materialism claims to put an end to all philosophy *a priori*, it is *identified with the development of science* and apt to integrate any new conquest of the latter.⁴ Admittedly, among anti-Marxists, or

2 Translator's note: The French word *l'homme* — much as the English 'man' once did — stands both for the male species and for humankind in general. In this text, Tosquelles employs the term almost exclusively in the latter sense. However, as customary English usage has shifted to what is considered more gender-neutral language, I have preferred to translate this French word with a range of other English words, such as person, human being, the human, humankind, depending on the context. This strategy became a little difficult, notably from a stylistic point of view, in the sections on Karl Marx. Marx uses the German word *Mensch*, which designates a human individual without the distinction of sex and has been conventionally rendered by the English term 'man'. For the aforementioned reason, the term has also been rendered using more gender-neutral language but this time at the risk of some awkwardness.

3 All italics have been carried over from the typescript.

4 Henri Wallon writes, notably: 'This dialectical materialism seeks to replace other theories of knowledge, because in their efforts to define things, they have immobilized them, because they have substituted their rigid frameworks for changing being, and because all too often they have taken themselves for being itself, whose existence they have reduced to that of the systems built to know it. Dialectical materialism, then, is not simply a theory of knowledge. It is undoubtedly the only one capable of translating the movement of ideas, the evolution of human knowledge and of the sciences, but also, by the same token, it is exactly in keeping with the very existence of things, which is becoming and movement.' See Henri Wallon, 'Matérialisme dialectique et psychologie', in *Les Cours de l'université nouvelle. Cours de philosophie* (Paris: Éditions sociales, 1946), pp. 15–23 (p. 15).

even, at times, among certain so-called Marxists, things do not always appear this way... But whether or not dialectical materialism has succeeded in its aim, [whether we actually manage] to define the essential features of its methodology, we're not well placed to delimit it.

If we admit that, as knowledge of the laws of development, dialectical materialism is *a posteriori* of science, how can we talk about its application to science?

To pose the problem from this logical perspective, it is true, would be to betray dialectical materialism: science is not a simple abstraction. Science, like any sector of reality, is a process of *becoming*, where the 'person of science/object' intersection can *be defined* as a two-way movement. This is why it is entirely legitimate to consider dialectical materialism both as posterior to science and as applicable to scientific research itself.

It is no less true that the general theme of this lecture series reveals a *philosophical intent* that may be the source of misunderstandings between us and our audience. Of course, this isn't the first time that persons trained in philosophy have approached medicine to ask for an introduction to 'human' problems. Nor is it the first time that doctors have risked appearing as philosophers. There is indeed a twofold movement that we can make coincide in evenings like this. Let's not be mistaken about the meaning and scope of this coincidence: the aim of philosopher-physicians is always rooted in the practice of the medical art; for them, excursions to the islands of philosophy are neither vacations nor passionate hobbies. As Claude Bernard has clearly shown, for philosopher-physicians philosophical developments are no more than an introduction to their practice. They are the ones who grasp the indispensable unity of theory and practice, of 'head and hand',

as Claude Bernard used to say.⁵ Science's failures are, for them, merely temporary. The physician cannot question science's value: *the power to know and to transform the sick person* ['l'homme malade']⁶ *certainly remains to be conquered, but the existence of this power grounds the physician's concrete existence.*

Some believe that psychiatry is an exception to this rule. There are even psychiatrists who have come to psychiatry after having tasted philosophy, looking for solid ground from which to rise to the knowledge of the human. But there can be no doubt that if, owing

5 'To be worthy of this name, the experimenter must be at once a theoretician and a practitioner. If they are to possess in a full manner the art of instituting the facts of experience, which are the materials of science, they must also clearly be cognizant of the scientific principles that govern our reasoning amid the varied experimental study of natural phenomena. It would be impossible to separate these two things: the head and the hand. A skilful hand without the head that guides it is a blind instrument; the head without the hand that carries out remains impotent.' (Claude Bernard, *Introduction à l'étude de la médecine expérimentale* [1865] (Paris: Flammarion, 2008), p. 34).

6 Translator's note: Throughout the text, Tosquelles employs the word *malade* rather than *patient*. While *malade* is used in French in the same way that we would use 'patient' in English, and seemingly poses no problem — or little insofar as a patient is not necessarily ill — for the translator, there has also been a concerted effort by many in the French-speaking world to use *malade* instead of *patient* on grounds that we do not in English: whereas the latter denotes the individual taken into care by the medical apparatus, the one that passively receives the actions of the doctor, the former refers to the irreducibly socially active experience of the sick person, an aspect that Tosquelles is keen to underline in this talk. While there is a debate in English on what it means to be a 'patient' — connected to a global movement that demands patient rights — we do not have a separate word that would conveniently refer to this subjective dimension. So, in translating *le malade*, I have opted for a mix. I have translated phrases such as *l'homme malade* as 'sick person' where it made sense to retain the connection between sickness and social being at stake in Tosquelles's text, whereas when Tosquelles talks about the *médecin-malade* pairing, for instance, I have gone with 'patient', which sounds more natural to English ears and allows for economy of style.

to a *déformation professionnelle*, such psychiatrists fail to overcome their origins and transform their aims, they will remain constrained to a contemplative sort of medicine — which is the negation of medicine as a social practice.

Philosophy has to call everything into question, and so does science. However, the philosopher's quest for knowledge has a different aim to the doctor's: to avoid seeing our coincidence as a source of misunderstanding, we ought to think through, in a frank and evident way, the two different planes on which we are going to elaborate our ideas.

And since we're laying all our cards on the table, I must confess my disquiet about elaborating on a topic that it seems difficult to place above the political conceptions one may have. As Pierre Naville put it recently, 'the problem of the scientific validity of dialectical materialism is essentially settled on the battlefields of nations and classes.'⁷ A communist would, I believe, have the right to demand my place here for one of the Party's militant doctors... But we're not on a battlefield: I believe, together with the organizers of these talks, that the point is to remove the present investigation from any passionate attitude.

7 Revised note. These words are located in the 'Introduction' (dated 1 May 1945) of Naville's *Psychologie, marxisme, matérialisme* [1946] (Paris: Rivière, 1948), pp. 9–42. He adds: 'Nevertheless, nothing can prevent us from posing it also in its "cultural" terms, and generally speaking, the value of scientific and revolutionary thought has always been presented simultaneously under these two aspects. [...] The empiricism of political struggle, the purely pragmatic criterion of the success of an armed struggle is not enough, and will never be enough, to convince men of the absolute or even relative validity of a scientific conception, for the relations between them are of a particularly complex dialectic, where the structure of contradictions infinitely exceeds the crude forms of a synthetic triad. [...] It is in this sense that the question of the value and purpose of science can legitimately be raised in any age' (p. 10).

Dialectical materialism has to be posited on a cultural level, which is not to say that this possibility is unrelated to the ‘battle of nations and classes’: it’s obvious that we wouldn’t have had the opportunity to develop this conversation three years ago; on the other hand, there will be militants from various political sectors in the audience who, tying themselves to dialectical materialism, will have the opportunity to intervene at the end of my talk.

Dialectical Materialism According to its Development

I don’t think we need to go into the basics of dialectical materialism. However, allow me to make an observation: in order to grasp any theory or conception of the world, it seems essential that we first make a leap of good faith, taking leave of ourselves to follow the original development of its internal logic. The point here is about grasping systems ‘from within’, even if it means that only afterwards can we see whether the ‘results’ agree or disagree with our body of knowledge, or can we analyse the justification for the foundation that underpins them.

As far as dialectical materialism is concerned, the approach is not going to be an easy one for us:

- first, because it is the *weapon of combat* of a social class;
- second, because we are not used to its *internal logical scaffolding*.

Yet, even with constant effort on our part, following the steps imposed by this method on our thinking will present pitfalls.

If you’ve read Georges Izard’s *L’Homme est révolutionnaire* (Man Is Revolutionary), you’ll have seen a vivid ex-

ample of these difficulties.⁸ Izard fails to let go of his 'common sense' [*logique*] judgement, and every step he takes together with the thinking of Marxist authors is followed — as one is followed by one's shadow — by a logical step that betrays the meaning the authors quoted had given it. The result is predictable: he understands nothing of dialectical materialism.

I don't think it needless to remind you what dialectical materialism means by 'matter'. It employs a concept of matter different to the one we are used to. In its usual conception, the quality 'matter', such as when I say, for example, that this table is matter, corresponds only to one stage in its becoming. Above all, *dialectics teaches us to conceive of everything in terms of its development*. From then on, 'spirit', 'energy', and 'matter' can no longer appear as irreducible antinomies: they are stages in the evolution of a whole, of which they are parts. For the Marxist, 'matter' is synonymous with 'objective reality' as that which exists outside our consciousness — this 'outside' being wholly relative, since consciousness itself is merely the 'reflection' of this reality.

We come now to the ideas of 'reflection' and 'consciousness', which are at the very heart of dialectical materialism's position on the problem of thought, a problem that, as you know, is central to psychiatry. We have to admit that the use of the word 'reflection' seems clumsy. We are tempted to see ideas of passivity and nothingness in it — but these senses are far removed from the thinking of Marx and of Lenin, both of whom deny consciousness *as the primary source* of the world and of itself.

8 Georges Izard, *L'Homme est révolutionnaire* (Paris: Grasset, 1945).

[For example,] Izard asks

how the brain could produce sensations, ideas, reasoning, intuitions, philosophical or artistic conceptions, memory, volitions and, in general, consciousness.⁹

This is the kind of false problem that Marxists refrain from asking. Note, first, the abstract nature of the question: it does not bear on the brain of Jean, a man situated in the concrete world of his history, nor about his concrete will — for example, to go and buy the newspaper. Izard's 'will' amounts, as it were, to 'volitions' in general... I think it's worth pointing out that, although there are phrases in Marxist classics that state that thought is 'secreted' by the brain, we have no right to conceive of the old texts of Marxists as petrified objects, abstracted from their time.

By contrast, the overall meaning of dialectical materialism prevents us from taking the sentence quoted above 'at face value'. In the first place, to pose the problem in this way is to ignore the *law of reciprocal action*, according to which we must always keep in mind chains of processes, *whereby everything influences everything*; this law of development reveals to us the absolute monism that is presupposed by dialectical materialism.

Now, since the brain is an organ, it can be separated from the rest of the organism, the person, and the world for didactic purposes only. Nothing is more opposed to Marxism than the error of taking *processes in isolation*. 'Brain/thought' form a pair of phenomena that are connected through causal ties that we have no right to separate out from other determining factors. The brain is not a ready-made machine [constituted] once and for all (one

9 Ibid., p. 40.

of the difficulties of contemporary neurology has been to overcome the prejudice of stability concerning the brain's anatomical structures); likewise, the brain cannot act in the body as a whole *without* what we might call the 'concrete experience of the physical and social world' in which it develops.

Wallon has recently emphasized that there is a certain level of reality at which a given effect can no longer be considered the result of a single cause.¹⁰ For some time now medicine has turned its attention to the study of *functional correlations*, and if initially it confined itself to intra-organic correlations, this was undoubtedly due to the concrete and historical approach it had adopted as regards its 'object' — the sick person affected somewhere in their organism. However, the advent of hygiene and social medicine has meant that medicine has turned its attention outwards, simultaneously introducing a new element of causal knowledge into the determinism of 'diseases': the statistical technique.

There can be no doubting the biological unity of the organism and its milieu; recently, Jemersch Roberts from the Société de Biologie recalled Howe's studies on the absence

10 Wallon, 'Matérialisme dialectique et psychologie', pp. 15–16: 'Matter is not made up of elements perpetually similar to themselves, whose permanent properties would immediately explain the totality of reality. [...] Change is the essential condition of being. Its becoming is a qualitative creation. These quantitative changes, when they reach a certain degree, give rise to a qualitative change. This law holds power over the evolution of being, from the atom through animal species to human societies. But it cannot be realized without an extremely diverse set of actions and reactions. Indeed, change is not due to an intimate force of transformation. It is provoked from outside, the result of an opposition that forces what exists to modify itself in order to continue to exist. The cause is external to the effect. But it is often itself the effect of what it tends to modify, for there is no existence that can develop, in isolation and for itself, without acting on the milieu and without giving rise to antagonistic forces.'

of globulins in the blood of new-born calves. The presence, specificity, and 'personal' character of blood globulins can be explained in that they are antibodies that we make throughout our lives, depending on our chance encounters and accidents, diet included. This new fact confirms the dialectical, historical, and concrete unity of our organism and its milieu, a fact that the most 'organic' medicine cannot do without. The same is true of the brain: no longer can an 'organist' have any doubts that this organ is produced throughout life's course, and that, to a certain extent, we produce it ourselves — nor can anyone ignore the significance of social and 'external' processes in general in this organ's development.

What dialectical materialism allows us to grasp is that this development takes place through 'acting' alone. Hence, anatomy need not be fully separated from physiology — today these two sciences are no longer distinct. Medicine has had to pass through this stage of knowledge and investigation bound to petrification of the object of study, and to conceive, but only *afterwards*, *function* as *caused* by some 'stable structure'. At this stage of medicine, on the back of the 'primitive materialisms', 'matter' was taken in the vulgar sense and seen in opposition to 'energy' and to 'action'.

Even today, a frequent oversight or misunderstanding as regards dialectical materialism arises from the 'logical' difficulties we experience when confronted with Marx's thesis that

chief defect of all previous materialism is that the object, effectiveness, sensibility is grasped only under the form of the object or of intuition; but not as sensibly human activity, practice.¹¹

11 Marx continues: "This explains why the active side was always developed by idealism in opposition to materialism, but only abstractly,

Understanding this thesis requires that we have shed all anthropocentric error, have subjected such error to historical critique and have grasped, finally, in its entirety, the unity of being. The real is one, including the human being, who is therefore nature or matter: the human being's practical activity is evolved matter.¹²

The Laws of Dialectical Development are Laws of the Development of Nature

Now let's leave aside Marx's elaboration of this conception of matter, which, through the action of the 'human/nature' antithesis at the time, allowed him to glimpse a progressive, revolutionary solution. You're familiar with these develop-

since idealism naturally does not know effective, sensible activity as such. Feuerbach wants sensible objects — ones effectively different from objects of thought: but he does not grasp human activity itself as *objective* activity'. See *Karl Marx's Theses on Feuerbach: A New English Translation Based on the New Marx-Engels-Gesamtausgabe*, trans. by Carlos Bendaña-Pedroza, translation modified (2022) <https://www.academia.edu/42897184/Karl_Marx_s_Theses_on_Feuerbach_A_New_English_Translation_Based_on_the_New_Marx_Engels_Gesamtausgabe_By_Carlos_Bendaña_Pedroza> [accessed 8 April 2024]. For a different translation see '[Theses on Feuerbach]'; trans. by the Institute of Marxism-Leninism, in *Marx & Engels Collected Works*, 50 vols (London: Lawrence and Wishart, 1975–2004), v: *Marx and Engels. 1845–1847* (1976), digital edn (2010), pp. 3–5 (p. 3): 'The chief defect of all previous materialism (that of Feuerbach included) is that the thing [*Gegenstand*], reality, sensuousness are conceived only in the form of the *object*, or of *contemplation*, but not as *sensuous human activity, practice*, not subjectively.' For the German text see '1) ad Feuerbach', in *Marx-Engels-Gesamtausgabe (MEGA²)* (Berlin: Akademie Verlag), iv/3: *Exzerpte und Notizen. Sommer 1844 bis Anfang 1847* (1998), pp. 19–21.

- 12 On the basis of this same passage from the *Theses on Feuerbach*, Wilhelm Reich laid down an open conception of dialectical materialism, one opposed to a mechanistic conception reduced to 'measurable, ponderable, and palpable matter', and favourable to the development of a materialist psychology. See his 'Dialectical Materialism and Psychoanalysis' [1934], in *Sex-Pol: Essays, 1929–1934* (London and New York: Verso, 2012), pp. 1–74.

ments, which can be found in the *Economic and Philosophic Manuscripts of 1844*.¹³

For the time being, what seems to me more ‘actual’ is the following point: even before we grasped human action as matter, perhaps even before we ‘repressed’ this conception, we were brought back to and forced to overcome many obstacles so that we could grasp the biological action of a determined organ as constitutive of the *unitary structure* of that determined organ, of its materiality. Significantly, this conviction took hold only after various techniques had enabled us to study single cell beings and microscopic anatomy. Likewise, other logical obstacles impeded the need to understand the materiality of an organ’s action as *conditioned by multiple factors existing outside it*, in the organism or elsewhere.

Was this moment of scientific knowledge not indispensable in order to pass through, prior to overcoming, the

13 Revised note. The *Economic and Philosophic Manuscripts of 1844* were published posthumously in 1932 (as ‘Ökonomisch-philosophische Manuskripte aus dem Jahre 1844 (Zur Kritik der Nationalökonomie, mit einem Schlußkapitel über die Hegelsche Philosophie)’, in *Marx-Engels-Gesamtausgabe* (MEGA¹), 14 vols (Berlin: Marx-Engels-Verlag, 1927–40), 1/3 (1932), pp. 29–172), and were partially translated into French for the first time by Jules Molitor for the edition of the *Œuvres complètes de Karl Marx* (*Œuvres philosophiques*, 57 vols (Paris: Éditions Costes, 1924–54), vi: *Économie allemande et philosophie, Idéologie allemande* (1ère partie), trans. by Jules Molitor (1937). As the only French translation available in 1947, Tosquelles quotes from it, drawing also on his own (no doubt multilingual) ‘comparative study’ (see above, p. 48). For the German text see ‘Ökonomisch-philosophische Manuskripte (Erste Wiedergabe)’, in *Marx-Engels-Gesamtausgabe* (MEGA²) (Berlin: Dietz, 1975–), 1/2: *Werke. Artikel. Entwürfe. März 1843 bis August 1844* (1982), pp. 187–322, and for the English translation by Martin Milligan and Dirk J. Struik, see ‘Economic and Philosophic Manuscripts of 1844’, in *Marx & Engels Collected Works*, 50 vols (London: Lawrence and Wishart, 1975–2004), III: *Karl Marx: March 1843–August 1844*, digital edn (2010), pp. 229–346. References to the English translation and the original German edition of the manuscripts are given using the abbreviations *MECW* and *MEGA*² respectively.

anthropocentric error as regards our personal activity in the world? I think it was. But remember this: *materialist dialectics enables us to grasp the unity of action* (physiology, if you like) *and of matter* (anatomy). The whole finalistic aspect contained in the famous phrase ‘the function creates the organ’ falls by the wayside. In actual fact, the function does create the organ, but the organ thus created produces actions of a different, higher order. What’s more, this new organ’s existence does not arise without changing the role of the anatomical-physiological structures that were at its origin. Herein lies the whole problem of integration and subordination.

Psychosomatic medicine would thus seem to find its theoretical justification. Note that for American psychosomaticists, action, which is ‘physiology/pathology’, creates anatomopathological structures. Every ‘action’ or ‘situation’ bears witness to the human being’s active presence in the world. ‘History’ is ‘social physiology’. ‘Action’ is ‘matter’ (in the Marxist sense) and produces matter (in the usual sense of the word). There is no thought without a human brain, no human brain outside of the person [*hors de l’homme*], nor person outside of the world.

Thought cannot be studied in the abstract, except as part of the total nature of which it is a ‘section’. The method for investigating total nature is precisely dialectical materialism. *The laws of dialectical development are the laws of the development of nature* (including the human being, the nervous system, and thought). You know them: *the interpenetration and identity of opposites*¹⁴ (*the true driving force of development*), *and the dialectical reversal and transformation of quantity into quality*.

14 Translator’s note: The French text has *contraintes* here, but it seems a mistake for *contraires*, the *identité de contraires* being the usual French expression for the dialectical operator, the identity of opposites.

In Wallon we find a differentiation — one that I think is too clear-cut — between what he calls ‘individual development’, which corresponds to childhood (a phenomenon linked to nervous system maturation), and the problem of adult ‘knowledge’ (dependent above all on historical and social conditions).¹⁵ It’s true that he is not unaware of adult society’s impact [*portée*]¹⁶ on manifestations of infantile thought, thanks to which he did not succumb to over-simplistic parallelisms, such as the identifying of pre-categorical infantile thought with the magical thought of the ‘primitives’. Similarly, we can assume that he doesn’t reject the fact that adult knowledge is still dependent on the maturation, immaturity, or even involution of the nervous system. However, I think that this distinction (perhaps more didactic or apparent in his presentations than it is in his thinking) partly responds to the limitation of his research object, which must inevitably influence the thinking of any researcher, however ‘broadly’ Marxist he may be.¹⁷

I make this point because, opposite the ‘neurological’, it leads us to that other pole of factors, namely those defined as ‘sociological’. The oscillation between these two poles of attraction seems to define certain psychiatric attitudes, and, just as it led Auguste Comte to deny the

15 See Henri Wallon, ‘Science de la nature et science de l’homme: La Psychologie’ [1931], *Enfance*, 12.3–4 (1959), pp. 203–19 <<https://doi.org/10.3406/enfan.1959.1435>>.

16 The original transcription reads: ‘*perte*’ (loss).

17 Other obstacles are also mentioned by Wallon himself: ‘Since irrefutable evidence has shown that [science] is subject, unwittingly or without wishing to admit it, to constraints or directives that are sometimes pernicious: examination or competition syllabuses, economic or military interests, ideological continuations, official tutelage, the task imposed upon us was to verify, each in their own field, the meaning and scope of the relationships that science maintains with the different orders of facts or factors of which social reality is composed.’ (‘Introduction’, in *À la lumière du marxisme. Essais*, ed. by Henri Wallon and others (Paris: Éditions sociales internationales, 1935), pp. 9–16 (p. 10)).

possibilities of psychology,¹⁸ it also seems to lead a certain number of psychiatrists, somewhat paradoxically, to misjudge the originality and delimitation of psychiatry's object.

First, then, we will have to define the social and the human according to dialectical materialism.

Analysis of Forms: The Social and the Human Being Through the Prism of Dialectical Materialism

Marx, in his analysis of forms (where what he calls 'alienation' is reflected in ideology and political economy), presupposes the positive abolition of private property, which gives us a clear description of the human being's social essence — 'the human being [*Mensch*] produces the human being — itself and other humans.'¹⁹ Society is, for Marx, 'humankind's *complete* consubstantiality with nature',²⁰ and he urges us to take care 'to avoid postulating "society" again as an abstraction vis-à-vis the individual. The individual *is* the *social being*.'²¹ 'My *own* existence is social activity': everything that I do, even if it does not reach society directly, I do as '*socially* active, because I am active as *human*.'²²

18 See notably Auguste Comte, opening lesson of the *Cours de philosophie positive* [1830] (Paris: Hermann, 1998).

19 Marx consistently employs the term '*Mensch*', which in German designates a human individual without distinction of sex: 'der Mensch den Menschen producirt, sich selbst und den andern Menschen' (MECW, p. 297, translation modified (tm); MEGA², p. 264).

20 MECW, p. 298, tm (MEGA², p. 264).

21 MECW, p. 299 (MEGA², p. 267).

22 MECW, p. 298, tm (MEGA², p. 267).

So the *social character* is the general character of the whole movement; *just as* society itself produces *humans as humans*, so is society *produced* by them.²³

Thus, the social being is the living form of which ‘my *general* consciousness is only the *theoretical* form.’²⁴ Says Marx,

much as the human person may therefore be a *particular* individual [...], [this person] is just as much the *totality* — the ideal totality — the subjective existence of imagined and experienced society for itself; just as this person exists also in the real world both as awareness and real enjoyment of social existence, and as a totality of human manifestation of life.²⁵

‘Thinking and being,’ he concludes, ‘are thus certainly distinct, but at the same time they are in unity with each other.’²⁶ I also find it interesting to note that a few pages before describing the social essence of the human, Marx sketches what we might call a dialectic from the natural to the social that passes via psycho-sexual conduct: depending on the form that obtains in male/female relations, he says, we see ‘how far *humankind* as a *species-being*, as humankind, has become itself and grasped itself.’²⁷ ‘It is possible to judge from this relationship the entire level of development of humankind.’²⁸

23 MECW, p. 298, tm (MEGA², p. 264).

24 Marx: ‘Mein *allgemeines* Bewußtsein ist nur die *theoretische* Gestalt’ (MECW, p. 298; MEGA², p. 267).

25 Marx: ‘Der Mensch — so sehr er daher ein *besondres* Individuum ist [...] ebenso sehr ist er die *Totalität*, die ideale Totalität, das subjektive Dasein d[er] Gedachten und empfundenen Gesellschaft für sich, wie er auch in der Wirklichkeit, sowohl als Anschauung und wirklicher Genuß des gesellschaftlichen Daseins, wie als eine Totalität menschlicher Lebensäußerung da ist’ (MECW, p. 299, tm; MEGA², p. 268).

26 Marx: ‘Denken und Sein sind also zwar *unterschieden*, aber zugleich in Einheit *miteinander*’ (MECW, p. 299; MEGA², p. 268).

27 MECW, p. 296, tm (MEGA², p. 262).

28 MECW, p. 296, tm (MEGA², p. 262).

The human being's alienation, which Marx assumes is due to private property and its [inter-projection],²⁹ fails to conceal the relationship between man and woman as 'the *most natural* relation'. So, with the 'need' for women, 'need' in general becomes 'human', and 'the other' becomes a 'need' for humans more generally.³⁰

Thus, 'In their *natural* species-relationship', he says,

the relation of humans to nature is immediately their relation to humans, just as their relation to other humans is immediately their relation to nature, their own *natural* destination.³¹

In other words, we are, it is true, nature. By positing the naturalness of humankind, we develop *relationships with form*, from which arise states of 'need' that generalize to *other humans* in general; so our natural form of living results in *society*, and society is thus [both] nature and ourselves together, that is it is '*humanized nature*'.

This development would seem to correspond perfectly with the essential findings that psychoanalysis enabled us to verify much later, it being understood that the sexual relationship that Marx envisages must be taken in the most general sense — the one he also gives it — of the 'relationship between man and woman' and, more concretely,

29 The original transcription indicates: 'interjection'. We could see this as a simple typo ('interjection' for 'introjection'), but here we suggest the hypothesis that Tosquelles used this term to mark the inter-human character of the process at work in the introjection of private property, which is then inscribed in the very relations as constitutive of 'the positive community', in primitive communism.

30 *MECW*, p. 296 (*MEGA*², p. 262).

31 Marx: 'In diesem *natürlichen* Gattungsverhältnis ist das Verhältnis des Menschen zur Natur unmittelbar sein Verhältnis zum Menschen wie das Verhältnis zum Menschen unmittelbar sein Verhältnis zur Natur, seine eigne *natürliche* Bestimmung ist' (*MECW*, p. 295, tm; *MEGA*², p. 262).

of the relationship, inevitably, with the mother. The same false accusation of pansexuality (part of an overly myopic interpretation) that has been levelled at Freud's writings could also be applied to this text by Marx.

In fact, he makes his thoughts clear in the sentence immediately following our last quote of his work:

The entire movement of history is therefore the *actual* act of its generation — the birth act of its empirical existence [of the human being].³²

Isn't the repetition of real and social existence in thought, this historical quality of the human being, the core of the conceptions that have entered the scientific investigation of 'conditional reflex learning'³³ and the 'complex'?³⁴

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- 32 Translator's note: The full quotes in English and German are provided below. As the reader will see, Marx speaks about the generation of communism here, whereas Tosquelles uses the dialectical structure expressed in the quote to talk about the generation of humankind. The full quote in English is: 'The entire movement of history, just as its [communism's] *actual* act of genesis — the birth act of its empirical existence — is, therefore, also for its thinking consciousness the *comprehended* and *known* process of its *becoming*.' Marx: 'Die ganze Bewegung der Geschichte ist daher, wie sein *wirklicher* Zeugungsakt — der Geburtsakt seines empirischen Daseins — so auch für sein denkendes Bewußtsein die *begriffne* und *gewußte* Bewegung seines *Werdens*' (MECW, p. 297; MEGA², p. 263).
- 33 Pavlov's work in the field of psychology, based especially on his knowledge of the digestive process, was promoted by the behaviourists of the time, in particular John Broadus Watson. See also below, p. 82.
- 34 See Jacques Lacan, *Family Complexes in the Formation of the Individual* [French original, 1938], trans. by Cormac Gallagher (London: Karnac, 2003).

PSYCHOPATHOLOGY AND PSYCHIATRY

Contradiction and Coincidence of Opposites in the Object of Psychiatry

Society, the nervous system, and the organism in general are not irreducible, isolated compartments.

If we tend to study them as separate sciences, it is because of the differentiation of the techniques we employ; so that the technique, the possibilities of human action, limit the object of each particular science, although this object itself can never be considered in abstraction from society. Marx shows us 'how the object, being the direct manifestation of the human's individuality, is simultaneously a human's own existence for the other, the existence of the other, and that existence for one'.³⁵

Naturally, understanding and admitting this means that we judge based on the dialectic, that is we view causality not as a one-way movement, but instead learn to see a fact not only as the outcome of its antecedent, but also as the starting point of its cause.

An example among thousands will help you to grasp the point: the hypophysis secretes under the action of hypothalamic excitations, but hypothalamic excitations depend on pituitary secretions that, through [neurocrinia], reach the hypothalamus. Let us say in passing that this fact is not exceptional in the nervous system; indeed, Roussy

35 The word Marx uses is actually not *Objekt* (in French, the *objet* 'objectif'; in English the 'objective' *object*) but *Gegenstand* — object in the sense of 'objectal', of that with which we are dealing, and which can also be of a subjective order: 'wie der Gegenstand, welcher die unmittelbare Bethätigung seiner Individualität zugleich sein eignes Dasein für den andern Menschen dessen Dasein und dessen Dasein für ihn ist' (*MECW*, p. 298, tm; *MEGA*², p. 264).

and Mosinger have successfully proven its generality.³⁶ Similarly, Bonnafé and Follin have reminded us at the recent Bonneval discussions that emotion can only be grasped in its dialectical structure, whereby action and reaction are intertwined to such an extent that the process of development over time can take place in both directions.³⁷

However, psychiatry's object cannot be attained through abstraction: we can delimit it only through the historical succession of techniques of assistance and treatments. To some extent, paraphrasing Landsberg's existentialist definition on the topic of philosophy, we can say that psychiatry is what psychiatrists do.

So what do psychiatrists do? First of all, they are not humans standing outside the world; they are integral to their epoch and subject to its technological and social influences. There is also a history of the figure of the psychiatrist and what it does, and the point is to grasp its laws of evolution with a view to grasping the current and future state of psychiatric approaches.

The laws that govern assistance to the mentally ill, which we regard as outdated, are not entirely wrong when

36 See Gustave Roussy and Michel Mosinger, 'Rapports anatomiques et physiologiques de l'hypothalamus et de l'hypophyse', *Annales de médecine*, 33.3 (1933), pp. 301–24.

37 See Lucien Bonnafé and Sven Follin, 'À propos de la psychogenèse: étude critique de l'organo-dynamisme de Henri Ey: les bases d'une psychiatrie concrète, science originale de l'homme-psychopathe', in *Le Problème de la psychogenèse des névroses et des psychoses*, ed. by Henri Ey (Paris: Desclée de Brouwer, 1950; repr. Paris: Tchou, 2004), p. 142: 'Let's remember that in the facts emotion actually shows us the existence of a determinism where the cause that produces a certain effect is at the same time modified by it: the effect of some cause can also act in return on the events that first determined it. Emotive processes are characteristic of this modality of life, where the action and reaction of certain aspects on other aspects are interwoven to such an extent that the process of development over time can take place in both directions; this, we believe, is the only way to grasp the unity of the emotive structure.'

they define — as public opinion continues to — madness in terms of internment.³⁸ And in the struggle between the position defended by Heuyer and his pupils and that argued for by Daumézou, Bonnafé, and all the doctors of non-conformist asylums,³⁹ we should see *the contradiction and coincidence of opposites* in the process of developing the therapeutic and techniques of assistance that psychiatry uses.

Naturally, the phenomenon of *object evolution* is not specific to psychiatry — although, in this sector of human action, it does take on particular characteristics. The object of chemistry, for example, has not been defined in isolation from its evolution. It emerged from alchemy and its

38 These assistance laws, still in force in 1947, date from 1848. The first volume of *Documents de L'Information psychiatrique* (Paris: Desclée de Brouwer, 1946) was devoted to giving an overview of the subject, together with a report by Daumézou ('La Protection de la santé mentale en France. État actuel et projets de rénovation', pp. 9–77) and an article by Bonnafé and Daumézou ('L'Internement, conduite primitive de la société devant la maladie mentale: recherche d'une attitude plus évoluée', pp. 79–107). Daumézou also offers a glimpse into the climate of crisis in 'Crise de recrutement... Crise de la psychiatrie', *L'Information psychiatrique*, 7 (1947). In the journal's same issue, Henri Ey had published 'Un projet de réglementation de l'exercice de la psychiatrie'.

39 Revised note. Jean-Christophe Coffin sheds light on this opposition in his article 'Un syndicat en psychiatrie: une association d'intérêt?', in *Syndicats et associations: concurrence ou complémentarité?*, ed. by Danielle Tartakowsky and Françoise Tétard (Rennes: Presses universitaires de Rennes, 2015), pp. 139–47. Georges Daumézou headed an alliance of psychiatrists around the journal *L'Évolution psychiatrique*, close to the Syndicat des médecins des hôpitaux psychiatriques (which would thereafter become affiliated with the CGT [General Confederation of Labour, which was the biggest national trade union confederation in France at the time and had close ties to the French Communist Party]) in favour of a so-called social psychiatry. But in 1947, a lively debate took place within the union 'on the pertinence of classifying certain patients as chronic, with the risk that these patients are turned into social rejects'. Once again, the discussion revolved around the very object of psychiatry itself. In 1951, Georges Heuyer founded the Syndicat des médecins français du système nerveux.

relationship with the techniques employed as part of the pursuit of the fantasy of the philosopher's stone. Of course, the fantasy object of alchemy does not define the object of chemistry, but the latter was in fact delimited within a sector of the real through the evolution of techniques of alchemical origin.

Even classical medicine is no exception to this general evolutionary law, and here, as in chemistry, we find a return to primitive positions, but, on another level, this time stripped of mythology (the spiralling evolution of dialectical materialism):

Primitive physicians — if we can refer to the sorcerer in this way — called on all the world's 'magical or divine forces' to heal the sick; they practised incantations, collective rites, and so on.

Today's physicians call on the state — for example, they call for scientific urban planning to cure and prevent tuberculosis; they rally around the Comité national des médecins français to perform social rites aimed at equipping the country with sanitary facilities, without which there can be no scientific medicine... But please do note: this time the approach is not part of a mystification.

The Object of Psychiatry: Affirmation or Negation

The integration of so-called organic diseases into society is the consequence of the most careful scientific research and experimentation — a development of the position taken and defined by Claude Bernard, and, if you will, its antithesis.

To see the evolution of psychiatry's object, we need only look back at its history. In fact, the problem of the extension and delimitation of psychiatry's object has been clearly brought to the attention of most of us dur-

ing our current *Journées psychiatriques nationales*:⁴⁰ ‘With what are we going to be occupied?’ my colleagues have asked themselves. ‘Mad people? Neurotics? Career guidance? Conflicts of character that erupt within households? Criminals?’ Have we not even foreseen the possibility that we will necessarily find ourselves becoming ‘technical advisors’ to the public authorities on a host of problems of propaganda and political opportunism — such as finding out the opinion of the masses, and so on?⁴¹ The fact of madness seems to be defined by a ‘disturbance of thought’ and of ‘belief’. But let’s not be too hasty in seeing this fact in isolation from the overall factors that condition it: the aim of medicine is precisely to act with efficacy against the factors that condition the concrete morbid event.

Psychiatrists had it put to them to *change the conducts and beliefs* of certain persons that society had conceived as ‘the sick’ — first we were told that these people were sick in the brain. Psychiatrists thus studied the brain. In keeping with this thesis, psychiatrists developed the reputed mythology of brain localizations, a mythology that — let us note — opens the way to its antithesis: the mythology

40 The proceedings of the 1947 *Journées psychiatriques nationales* are published in *L'Information psychiatrique* nos. 6 (March 1947) and 7 (May 1947). These questions would arise again at the 1947 London Congress, and shaped the policy of the recently established World Health Organization (WHO), with the notable creation of the World Federation for Mental Health.

41 Tosquelles points to a possible excess of psychiatry with the development on demand of psychometric tests — sometimes motivated, on the pretext of vocational guidance, by the need to improve selection to increase worker productivity. His criticism of a possible excess is underpinned by his own training in the use of psychometric tests with Emilio Mira [y López], at Barcelona's Institutio de Orientación Profesional (Institute of Vocational Guidance), now the Institute de Psicotécnica (Psychotechnical Institute). But the comments transcribed in the following paragraphs undoubtedly earned him the opposition of some audience members.

of speculations about the soul or its guises.⁴² At issue here is thus a real return to the medieval conception and the mythology of possessions; a mythology that the notion of the 'mad-patient' [*fou-malade*] contested through its act of seeking to establish itself.

As a science of observation rather than experimentation (a path Claude Bernard had already concluded was the 'constancy of the development of any science'), French psychiatry, which was the most scientific psychiatry of the time, classified the various types of madness, drew up catalogues, specified the facts observed, and created a seemingly concrete nosology.⁴³ To the credit of French psychiatry, it refused to follow the antithetical movement that, for reasons that would take too long to explain, was developing in Germany, where psychiatrists were engaging in a non-dialectical evolutionism and making sweeping nosological syntheses. Classical German conceptions were turned into psychopathological syntheses based on the abstraction of a 'primary' and 'isolated psychis'.⁴⁴ As history has confirmed, this movement, which passes through the vicissitudes of schizophrenia and manic-depressive psychosis, leads to the comical discovery that madness is one, and is called madness.

42 Phrenology was promoted in particular by Auguste Comte, in conjunction with the work of anatomists such as Xavier Bichat, Henri Marie Ducrotay de Blainville, Georges Cuvier, and Franz Joseph Gall.

43 Henri Ey's organo-dynamism thesis (which has its origins partly in his 1926 translation of Eugen Bleuler's work on the psychopathology of schizophrenia) is an alternative to the 'positivist' positions described above.

44 Karl Jaspers was reputedly hostile to evolutionary theories, and claimed the need to make room for 'understanding' alongside naturalistic 'explanation'. See *General Psychopathology* [German original, 1913], trans. by J. Hoenig and Marian W. Hamilton (Baltimore, MD: John Hopkins University Press, 1997).

On the one hand, French psychiatry is to be credited, but on the other, there is a marking of time... In science, unlike philosophy, you must know how to wait!

What doesn't wait, however, are patients and the pressing need for medical action: through trial and error, through the purest empiricism, techniques and therapeutics follow one another and, along the way, present us with new problems. It's in trying to solve these problems that new techniques are discovered. In this way, a dialectic of thought, experience, techniques, and object is established, in which each part conditions the whole, and the whole conditions each part.

The Dialectic in Psychiatry, or Searching for Possibilities of Action

The dialectical method, however, needs to pose its problems in a concrete way, and medicine is an art that always brings us back to the real, even when physicians or patients may slip into a more or less traditional mythology.

The problems of madness, as we experience them in the clinic, are never posed in the abstract: hallucinations, thoughts, feelings, emotions, delirium... What we find, 'our object', is a sick person with such and such a history (pathological or not), in such and such a situation, who talks and behaves in such and such a way: the practice of medicine is one of concrete people, and not a nosological pursuit of abstractions. Analysis and medical synthesis must be undertaken anew with each new case. At issue is to search for deterministic reference points (!), for possibilities of action, and not to label patients. If psychiatrists continue to mark time through this absurd nosographic search, we ought to see it as part of the conditioning undergone in the very fact of internment: no one, or practically

no one, asks them to cure; they are asked to put a label on, to sanction, above all, a social measure.

Bonnafé recently coined a felicitous phrase in which he describes the medical work that needs doing as a 'dis-alienation of the total fact of madness': the sick person, the asylum, *and* the psychiatrist at once.⁴⁵ Without wanting to state that psychiatrists are mad, it is true that the conditions under which they practise their profession (shut away with their patients in the asylum) have alienated them from society as a whole, and divorced them even from medicine.

If one of the patient's primary manifestations indeed consists in some anomaly of thought, belief, and action, dialectical materialism forbids examining only the processual chain that seems to be directly linked to these disorders. We must consider all the processes (the greatest number in any case) that are open to observation, and first and foremost the patient's particular history and development, their concrete situation in the world, and the 'ergo-neurological' dissolutions the patient presents. But the psychiatrist's synthesis will not be constructed entirely out of their own thinking. It can only be a reproduction, a

45 Bonnafé's oral report to the *Journées psychiatriques nationales* on 27 and 28 January 1947, on the 'Conception moderne d'un établissement de cure et de réadaptation' ('Modern Conception of a Treatment and Rehabilitation Establishment'), which he would later evoke in 'Le Personnage du psychiatre' ('The Figure of the Psychiatrist'): 'Strictly considering the aim pursued, namely the effectiveness of our action in disalienating the psychiatric fact, patient, care organization, doctor, we are allowed to work out well-considered conducts. As prudent strategists, on the basis of a thorough study of the conditions of the problem, i.e., above all the situation of the psychiatric fact in society, we have to define our character, adapt it to our ends, conceive with this in mind propaganda plans, even battle plans, in which for example the rational use of our resentment against a hostile world can be skilfully exploited, releasing under strict control a part of our reactive aggression. But for this, our own analysis is a prerequisite. The usual lack of serenity in our reactions can only be corrected on this condition' (*L'Évolution psychiatrique*, 13.3 (1948), pp. 23–56).

reflection of the real. We mustn't forget that this object is already synthetic, homogeneous, or global at the level of the real, in the form of pathological behaviour; the particular behaviour of a person in a concrete social situation, a situation that has a meaning for them.

When Marxist psychiatrists like Bonnafé and Follin ask what dissolution of function is involved in the alienated human, they respond by saying that this dissolution merely reflects a transformation of social life, proposed to a particular individual in a given milieu and at a given historical moment. The 'psychopath' is thus an isolated individual, and they envisage this individual, following Georges Politzer, as a social phenomenon made up of concatenations and linkages of sectors that comprise the 'concrete drama' thus lived.⁴⁶

We've already seen how, for the Marxist, the social phenomenon is consubstantial with the human being, and is just as natural as madness or this table. It therefore seems legitimate, according to dialectical materialism, to contemplate the social phenomenon that the psychopathic human being is. Moreover, this way of conceiving things can be expected to produce a salutary break with the isolation we 'unravell'd' above among psychiatrists themselves.

Since theory is only as good as the action it enables, Marxist psychiatrists maintain a clear, definite, and coherent position on this subject:

- Their aim is therapeutic action with an awareness of its social structure and scope, social therapy, and the conversion

46 'The psychopathic individual is a fact both global and original. All modern psychiatric research is the search for a method that takes into account both this originality and this totality, which until now has been prevented from being grasped only by the persistence of metaphysical thinking.' (Sven Follin, 'Rationalisme moderne et psychiatrie', *L'Évolution psychiatrique*, [13].4 (1948), p. 126).

of the asylum into a social milieu of different levels, foregrounded by therapy through work — both social therapy and simple classical psychotherapy, which is one of the effective forms of the doctor/patient social relationship.

- In another aspect, the social therapy they undertake grasps each concrete case, works close to the patient's family and the milieu they will be returned to, and perhaps also, on a general level, this social therapy aims, in line with the political aims of Marxism, at the human being's disalienation.

This position is an extraordinarily coherent one, and among most non-Marxist practitioners is rarely found.

Concrete Psychiatry: Unity of Conceptions and of Practices

I don't have time to go into each and every psychiatric work that displays the banner of dialectical materialism. In fact, it has to be said that there is no point in examining them, since dialectical materialism will 'absorb' any scientifically founded work *a posteriori*. Nevertheless:

- There are authors who put forward Marxist conceptions in their scientific work. Let's recall Wilhelm Reich, who undertook a critique of the Freudian death drive based on psychoanalytic practice,⁴⁷ and Georges Politzer who engaged in a wide-ranging theoretical critique of psychoanalysis in general.⁴⁸

47 See Wilhelm Reich, 'The Masochistic Character' [German original, 1932], in *Character Analysis* [German original, 1933], trans. by Vincent R. Carfagno and ed. by Mary Higgins and Chester M. Raphael (New York: Farrar, Straus and Giroux, 1980), pp. 225–69.

48 Tosquelles's library included the first (and only) two issues of the *Revue de psychologie concrète*, dated 1928 and 1929 respectively. Georges Politzer writes, in the Editorial of no. 1, 'Les Fondements de la psychologie' (pp. 1–8): 'In particular, it will be a question of examining

• Russian authors, presumably Marxist, have produced works of unequal importance. We can cite, for example, studies on the experimental ‘cyclothymization’⁴⁹ of schizoids given work as sellers. With the application of statistical methods to the research of occupational diseases, they have described a certain correlation, which can only be causal, between auditory hallucinations and work in textile factories. But they made their mark above all in the experimental development of conditional reflexes ... You’ll forgive me for not going into the conceptions of Pavlov and his pupils here.

Their theoretical expressions are not devoid, it should be noted, of a mechanistic and non-dialectical materialism. The result is unsurprisingly that, as we saw with Lentz’s experiments, the theory of conditional reflexes in humans — taken in isolation from the dialectical whole of the historical human being in the world — led, after passing through the mythological stage of combining super-reflexes, to an undisguised return to an antinomic, dualistic opposition between the psyche-social milieu (dynamic and creative) and the stereotypical tropisms of instincts and conditional reflexes (inert and ‘organic’). The Marxist deficit of this

the current theoretical structure of psychoanalysis, which, after a great boom, has now reached a period of stagnation. This is perhaps due to the fact that psychoanalytic research is trapped in inadequate theoretical constructs. With this in mind, we are opening a permanent chapter devoted to the crisis of psychoanalysis’ (p. 5). See also his *Critique of the Foundations of Psychology: The Psychology of Psychoanalysis* [French original, 1928], trans. by Maurice Apprey (Pittsburgh, PA: Duquesne University Press, 1994). Influenced by the Communist Party’s line on psychoanalysis, Politzer abandoned this work (‘La Fin de la psychanalyse’ [1939], in *Écrits 2. Les Fondements de la psychologie* (Paris: Éditions sociales, 1973)). Politzer was shot by the Nazis in 1942.

49 Translator’s note: Tosquelles here seems to be referring to an experiment that sought to induce a sort of ‘circular insanity’ or ‘cyclothymization’ in schizoids by giving them jobs as sellers, perhaps with the therapeutic intention of making them more socially receptive.

Soviet author already appeared evident from his article published in *L'Encéphale* in 1935⁵⁰ — which, incidentally, does not detract from the scientific value of his experiments.

- Paradoxically, it was Follin in France that, on the strength of ‘the consubstantiality of the human and society’, went in search of the concrete social dramas that psychopaths *are*. Note that I say ‘that psychopaths themselves *are*’, and not [the dramas] they experience, or into which they sink: that would be to oppose the human and society, a non-Marxist position.

At this place a few days ago, you heard Follin describing the drama of the ‘domestic torturers’ (whom he defined, together with Dublineau, in a gestaltist and Marxist way), and the drama of the ‘old maid’ who lived in a closed milieu with her mother, as he expounded at length in *L'Évolution psychiatrique*.⁵¹ I won’t come back to this. It would be wrong to see Follin’s studies as merely rehashing problems already much studied by German psychiatry: namely, Kraepelin’s ‘situational psychoses’ and ‘relational psychoses’ (psychoses of widowed mothers-in-law), ‘Kretschmer’s sensory delusions’ (of old maids), the paranoid reactions of the deaf, blind, etc., Ferdière’s prison psychoses or ‘responsibility psychoses’... It is the coherent the-

50 See Alexander K. Lentz, ‘Les Réflexes conditionnels salivaires chez l’homme sain et aliéné et leur rapprochement avec les données de la conscience’ [Salivary Conditional Reflexes in Man, Sane and Insane, and their Association with Consciousness] and Ivan Pavlov, ‘Essai d’une interprétation physiologique de la paranoïa et de la névrose obsessionnelle’, *L'Encéphale*, 30.2 (1935), pp. 394–440 and pp. 381–93. The English translation of Pavlov’s essay is published as ‘An Attempt at a Physiological Interpretation of Obsessional Neurosis and Paranoia’, *Journal of Mental Science*, 80.329 (1934), pp. 187–97 <<https://doi.org/10.1192/bjp.80.329.187-a>>.

51 See Sophie Lesage, ‘Note to the Reader on “Psychopathology and Dialectical Materialism”’, in this volume, [note 10](#), p. 43.

oretical position that enables Follin to develop another perspective for these — otherwise well-known — facts, and that makes it possible to envisage a similarly coherent therapeutics, or even the first steps of a mental hygiene approach.

If we stick to the letter of his reports, and if we wish to see his research as exhausting the problematic of his patients, Follin's position may seem inadequate. In his studies of exogenous reaction psychoses, Bonhoeffer had insisted on the intermediate toxic level between the situation and the psychic reaction — a toxic level that would determine, for example, the oneirism of Follin's patient.⁵² Follin deliberately left aside all the chains of biological or even psychological (in the psychoanalytical sense) processes, limiting himself to a description of the psychiatric fact in its originality.

The merit of Follin's position lies in his delineation of the morbid event and his definition of the psychopath as 'cut off' [*isolé*], while describing a 'quality' peculiar to alienation, always remains in the concrete. We are not 'cut off' in general, but the family and the psychopath can find themselves in isolation, the psychopath faces a situation of isolation from the surrounding social milieu.

Now, there's a big difference between this position and Kronfeld's. For example, Kronfeld 'theoretically' 'understands' the neuropath's regression from 'the person' (social) to 'the individual' (the individual being something original, more 'oneself'). Here, 'individual' and 'person' are two words, two 'ideas', two 'essences'. The regression does not occur at the concrete level of the patient's life, but at

52 See Karl Bonhoeffer, 'Die exogenen Reaktionstypen', *Archiv für Psychiatrie und Nervenkrankheiten*, 58 (1917), pp. 58–70 <<https://doi.org/10.1007/BF02036408>>.

the level of the doctor's 'ideas', in their abstractions. This is why Kronfeld accepts that the psychiatrist's activity has to be split between two radically opposed attitudes: that of the practitioner, who will use the concrete techniques of psychopathology, and that of the scientist who, needing conceptions, will call upon the totality of the patient's personal 'structures'.⁵³ His concept of regression at the individual structural level — similar to Blondel's 'pure lived experience'⁵⁴ — is a conceptual regression, unable to be seized upon by psychiatric *praxis*.

Follin's regression presupposes the possibility of therapeutic action: there is then a *unity of conception and practice* that leads to *effectivity* (Marx says somewhere that what acts is true).⁵⁵

- In many authors we find a social conception of personality. But more often than not, society is set *before* the individual in an abstract, non-dialectical fashion. In Janet, the social and the evolutionary are the two main ideas of its remarkable analyses; but a close methodological critique

53 See Arthur Kronfeld, *Das Wesen der psychiatrischen Erkenntnis* (Berlin: Julius Springer, 1920).

54 See Charles Blondel, 'Quelques réflexions sur la schizophrénie', *Travaux de la clinique psychiatrique de la faculté de Médecine de Strasbourg*, 9 (1931), pp. 7–42.

55 'Marx believed that there is a sure way of recognizing the true from the false, and that is through action. There is proof that the antinomies of reason do indeed correspond to the antinomies of reality, and that is that reason, translated into action, achieves its ends, succeeds in transforming reality [...] Theory and practice merge: only that which succeeds is true, only that which is true succeeds.' (René Maublanc, 'Hegel et Marx', in *À la lumière du marxisme. Essais*, ed. by Henri Wallon and others (Paris: Éditions sociales internationales, 1935) pp. 189–232 (pp. 224–25)). See the *Theses on Feuerbach*, where Marx writes in particular: 'The question whether objective truth can be attributed to human thinking is not a question of theory but is a *practical* question. Man must prove the truth — i.e. the effectiveness and power, the this-sidedness of his thinking in practice.' tm.

of his work would easily bring out the abstract, finalist, and dualistic aspect that will undoubtedly prevent it from being taken in 'en bloc' by dialectical materialism. The therapeutic action that can be based on Janet's work is (probably due to its abstract nature) very limited.

It seems useful here to contrast this great psychologist with someone whose analyses and conceptions seem to carry much less weight, are less subtle, and less penetrating: I have in mind Adolph Meyer's work, which, in a practical, less cultural, less theoretical, more American way, focusses on the concrete cases of these 'psychopaths' as social phenomena. The outcome of his work was a *remarkable* initiative, not only in terms of the doctor/patient relationship, but also of the social struggle represented by the work of mental hygiene.

- Finally, it would be wrong not to mention Lacan, whose doctoral thesis sets out a concrete, social-historical conception of personality that seems to reflect the essential ideas of dialectical materialism. We have recently taken up his concept of the 'complex' and his phenomenology of the doctor/patient relationship in the course of psychoanalysis, which responds to the same development of ideas.⁵⁶

56 See the synthesis of works of the Société du Gévaudan signed Lucien Bonnafé, André Chaurand, François Tosquelles, and André Clément (of Saint-Alban): 'Note sur l'originalité du pathologique d'après la psychanalyse et sur la valeur du complexe comme perspective structurale dans l'existence pathologique', *Annales médico-psychologiques*, 104.2 (1946), pp. 58–63 (p. 61): 'Lacan employs a conception of the complex that is both broad and concrete. In a horizontal cross-section, the complex is a synthetic vision of a set of reactions of various kinds to a determinate, personal situation, a real 'slice of life' of the kind Politzer calls for in concrete psychology. [...] In vertical sections, centred on humankind's becoming, the complex is objectified and embodied in new situations. It expresses and realizes itself according to the possibilities of the development achieved and the social milieu in which the subject is successively placed.'

CONCLUSIONS

Materialist Monism

Let's now try to condense and summarize how and why dialectical materialism is applicable to psychopathology.

First, there is a question of principle. Similar to the medical crisis of Claude Bernard's time, the psychiatric crisis has made psychiatrists see that their scientific approaches rest on preconceptions of a philosophical nature, and some authors have not hesitated, undaunted by possible accusations of philosophical verbalism, to apprehend the philosophy that their approaches subscribe to — it has rightly been maintained that knowing 'one's' philosophy is better than to go on not knowing it. Monakow, Mourgue, Minkowski, and this series of lectures all stand in attestation to this.

But here you have to choose: are you a dualist or a monist? If you're a monist, you're either an idealist or a materialist. Dialectical materialism naturally presupposes the choice of a materialist monism: this is the path of science.

Methodology

Let us now sum up the essential features of this methodology:

- *First, the concrete object of psychiatry is not to be lost sight of: the doctor-patient interrelationship within a (no less concrete) structure of society, at a given level of its evolution.* Hence, on the one hand, the historical analysis of the 'doctor-patient' couple, and, on the other, the constant awareness, during the course of medical intervention, of the following fact: at any given moment, the 'hanging' (the *accrochage* referred to by Lagache) and the set of doctor-patient social relations are inevitably, not a situation 'external' to the sick person

(beyond our practical and scientific interest), but their *situation*, that is *the person themselves*, the being who needs to be cured.

Balvet, who remains uninfluenced by Marxist thought, has interestingly just published an essay in *Documents* on what might be called the 'phenomenology of the alienist', which looks at the same facts in a different language.⁵⁷ We wonder, if it weren't so, how the very possibility of psychotherapy could be grasped: it would be a 'magical' fact produced by a 'sorcerer'. But this is not the case. On this subject, Lacan has given the most complete description and analysis of the phenomena of transference and the successive identifications of which the doctor is the 'provocative-support' during the process of a psychoanalysis.

- *Second, do not isolate the processes* that the various techniques detect in the sick person, and *consider all possible intercorrelations* without limiting yourself to the fact that the processes examined are of a heterogeneous order. On the contrary, *look for fertile moments in this heterogeneity where transformations from quantity to quality take place*; look for other means of exploration among the field of techniques that allow us to examine the patient without dissolving them into functions, *techniques that are themselves polyvalent*. I have in mind the Rorschach test,⁵⁸ for example, which to a certain extent enables us to orient ourselves at once around how to establish social relationships, around the functional state of the 'ergo-nerve machine', around affective and intellectual adaptation capacities, and around the unveiling of typical complexual situations.

57 See Paul Balvet, 'De l'autonomie de la profession psychiatrique', in *Au-delà de l'asile d'aliénés et de l'hôpital psychiatrique*, Documents de L'Information psychiatrique (Paris: Desclée de Brouwer, 1946).

58 See Hermann Rorschach, *Psychodiagnostics: A Diagnostic Test Based on Perception* [German original, 1921] (Bern: Hans Huber, 1942).

• On the other hand, we need to be attentive, and *to know how to look for the antithetical elements in presence in each process*. I don't have time for a general review of these antithetical pairs; they can be found at every level of our investigation. Every practitioner is familiar with them: the co-existence or return of the repressed in the symptom, 'irritability/paralysis', 'inhibition/excitation', 'love/hate', 'sadism/masochism', amphotony of the vegetative nervous system, and so on. Let us not forget the following:

- that the concrete object we grasp and must try to transform is the *result of the convergence of multiple processes* that can overdetermine it causally or *render it indeterminate by converting causality into probability*.
- that the set of these processes finds its unity in the patient's social action, and that the patient's concrete society is itself the sick individual.
- the dialectical nature of the evolution of any process, so that the 'effect' can act on the 'cause' at the same time as the 'cause' acts on the 'effect'. At each point, we need to study not only the evolution of the fact, but also the evolution of our knowledge about the fact in question. Among the reciprocal influences at play in the evolution of a process, we must consider *the fact which we are studying and how we are studying it*. This is done not to posit a sterilizing subjectivism (reminiscent of the primacy of consciousness), but because matter consists in *praxis* (which brings us to the operationalism of the behaviourists).⁵⁹ *This*

59 Pierre Naville devoted an essay to this topic in 1942. See Pierre Naville, *La Psychologie, science du comportement: Le Béhaviorisme de Watson*, rev. edn (Paris: Gallimard, 1963).

'subjective' [element] is no longer ungraspable, but a concrete process.

- the material character of the sick person's conduct, which is *conducted in the world*. There is no such thing as an antinomy between exterior and interior. So, let's not invent from scratch a second, higher ideal being, *different from what they are through their acting in the world*.

- Finally, it goes without saying that *every process must be considered in its evolution*. Dialectical materialism does not suppose originality. It even presents itself as the possible development of science in its development. Here, if you were looking to it for a metaphysics, you'd say: it has a good game, it has a captative attitude, it picks up on the work of others and can thus appear at once as gestaltist and genetic, as behaviourist and psychoanalytic, or as neurologist, all while taking account of objective lived experience!

Science is prohibited from disregarding any solidly established fact of experience; hence the highly developed critical attitude and even, in Bonnafé's apt phrase, real 'intellectual terrorism'⁶⁰ that exists in the Marxist psychiatrist — an attitude that, however, can only be fruitful alongside effective work as part of concrete medical undertakings: clinical and laboratory investigation. Here we come to an idea that Claude Bernard has expressed very clearly:

While I accept *specialization* for what is practical in science, I absolutely reject it for everything that

60 Revised note. The phrase that Tosquelles here attributes to Bonnafé could not be located. However, the editor of the French publication places this expression in the context of Bonnafé's 'Le Personnage du psychiatre' and his oral report at the *Journées psychiatrique nationales* in 1947, referring specifically to note 45 on p. 72.

is theoretical. Indeed, I consider that making generalities one's specialty is an anti-philosophical and anti-scientific principle.⁶¹

Or again:

We'll never be able to make truly fruitful and enlightening generalizations about vital phenomena until we've experienced for ourselves, whether in the hospital, amphitheatre, or laboratory, the fetid or quivering terrain of life.⁶²

Scientific Progress

The risk of Marxism — and I don't mean that all Marxists succumb to it — is precisely that this critical attitude is allowed to develop excessively, to the detriment of action or experimentation.

Medical progress, and scientific progress in general (the Marxist will agree, and, once again, Claude Bernard has said so) is measured by the perfection of their means of investigation. *In this respect, dialectical materialism, as a general conception of the world, can directly contribute little:* the transformation of means of assistance, in-depth investigation. The work of the future, like that of the past, lies above all in the patient hands of scientists who do not claim any coherent conception of the world, or who display conceptions opposed to dialectical materialism.

However, the conquests they make will be assimilated by dialectical materialism, since dialectical materialism, by definition, can have no limits on this side. I repeat that *there can be no application of Marxist philosophical principles to*

61 Bernard, *Introduction à l'étude de la médecine expérimentale*, p. 69.

62 *Ibid.*, p. 54.

science as it is usually understood — in the way, for example, that scholasticism might apply to it.

Izard is right (but this does not represent a condemnation of Marxism), when he says that ‘Materialism accepts being founded on holes, under the pretext that these holes correspond to the present inadequacies of scientific explanation.’⁶³ Or rather, he’s not quite right, because it’s not on holes that materialism is founded, but on science itself: it fills the holes like a bridge. Only when seen from above may the bridge appear to be based on holes — that was the opinion of a child who once remarked it to me while looking at the Garabit viaduct.

We see another pitfall that, in practice, many so-called Marxists seem to come up against: our habit of isolating social processes from the individual’s set of biophysical behaviours.

As we have seen, our field seems definable at the level of the dialectic of biophysical and social behaviours. But the militant Marxist (who, let’s not forget, aims at the total disalienation of the human being through the abolition of private property) finds themselves the pioneer of the scientific categorization of society and may thereby suffer a kind of *déformation professionnelle*.

Let’s not forget that the humanization of nature and the consubstantiality of society and the human *is not an entirely current fact*. It is, according to Marx, *a state to be conquered*. And while we doctors are not forbidden to look, aspire, and fight for the future, we must live in the concrete, real present given by our patients. Carried along by an impetus that is, moreover, highly laudable, we may sometimes reach the point of mechanically applying some (or all) of the ‘principles’ we have described to ‘present’ reality — by

63 Izard, *L’Homme est révolutionnaire*, p. 45.

which I mean to any sick person and any situation. This is important with regard to truths detectable in social structures, as they *are* certain psychopathic events, and above all with regard to the therapeutics this discovery seemingly justifies.

In the meantime (especially when we are fighting to achieve the human being's disalienation as envisaged by Marx), we must not blindly apply measures, or even certain *psycho-social therapies*, [likely to] produce lamentable effects *at the present time* — like the doctor who refrains from operating in certain cases; we must also refrain from intervening in the course of certain psychotherapies. The rule of our art must always be *primum non nocere* (first, do no harm). There are many scientific truths that are harmful to the individual... Therapeutics is opportunism.

Naville recently made an observation that may be excessive in certain specific cases, but that at least reveals one of the risks we feel we must flag. He invited Marxist authors 'to concern themselves less with the history of philosophy, less with definitions of dialectical materialism, and a little more with particular sciences.'⁶⁴ He sees it as paradoxical (wrongly, in my opinion) that real scientific progress, that is the discovery of new dialectical processes, is rather the work of non-Marxist scholars, 'while Marxist authors content themselves with philosophical generalities, become curators of formulas and not inventors of living forms.'⁶⁵ It can't be otherwise, given society's current level of development. It is, if you like, a paradox that can be explained by dialectical materialism.

It's true, however, that the issue is to 'supersede' the contradiction rather than to explain it.

64 Naville, *Psychologie, marxisme, matérialisme*, p. 221

65 Ibid.

Social Being Is the Becoming of the Human, Which Is Itself

Finally, I'd like to clarify what seems to me the main idea behind the Marxian conception of the human. 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. We need to conceive of the dialectical transformations of anatomical structures and functions. Similarly, at the level of the human's total structure, its physiology is action, the social situation, the social being.

Social being is the human's becoming; it is the human 'itself'. The human being and society cannot be opposed: [their] relations are dialectical. Society makes the human being, and the human being makes society. The global, non-mystified being is the human's concrete being. The psychopath is the psychopathic social being.

The originality of madness can only be defined at the level where it is, where it shows itself, in society. The determinism of madness is something else: it presupposes a chain of diverse processes, of different orders. But, I repeat, madness cannot lie otherwise than where it lies — in the behaviour of the total human being, of the social individual.

It remains to be seen whether this dialectic of society and the human being, this consubstantiality, holds today. I think Marx considers it to be 'alienated'. For him, this consubstantiality is rather a state to be conquered — which obviously limits the scope and possibilities of his conception. The fact remains, however, that insofar as the human being becomes aware of their social becoming, medicine as a whole undergoes a revolution comparable to Harvey's discovery of animal anatomy, and madness and disorders of social behaviour pass from the realm of mystery to that

of science. At the same time, psychiatrists, as alienated beings in today's medicine, find their place in medicine itself: in the art of healing.

TRANSLATED BY STEVEN CORCORAN

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