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Health Promotion

Ethics and humanization of care: Reflections in the teaching of French institutional psychotherapy experience

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Summary

French institutional psychotherapy, developed by Jean Oury and his team at the Clinic de la Borde, has played a significant role in the evolution of psychotherapeutic practice, highlighting the importance of considering the institutional context as a determining factor in understanding and treating mental disorders. This innovative approach, based on recognition of asylums' pathogenic effects, has placed particular emphasis on the humanisation of treatment and the application of bioethical principles within psychiatric institutions. This article aims to investigate the key elements of French institutional psychotherapy, analysing its relationship with bioethics and its contribution to the humanisation of care.

Introduction

In reflecting on the relationship between bioethics and psychiatry, we believe that special attention should be given to a careful examination of the French experience of "institutional psychotherapy" [1,2]. It is important to understand what has been and continues to be at stake for the practice of psychiatry, and how this current of thought and medical practice represents an alternative to the antipsychiatry movement, while still addressing the same fundamental bioethical need for the humanization of institutions [3,4].
Institutional psychotherapy is closely linked to psychiatrists François Tosquelles and Jean Oury and their approach based on the undeniable principle that mental illness should never be a reason to deny a person their humanity and fundamental rights [5].
In this context, we focus on examining the key aspects of care paradigm proposed which led to the creation of the psychiatric clinic La Borde, an inspiring model for institutional psychotherapy in France firmly grounded in the respect for the dignity and rights of people with mental disorders. Our aim is to highlight the relevant ethical aspects not only for contemporary psychiatry but also for a care model that can be applied in other contexts as well. This model focuses not only on addressing the biological factors but also on promoting the person's development and whole relational context.
Indeed, institutional psychotherapy is simultaneously a European form of "pragmaticism" and Peircean hermeneutics, as well as a well-established realm of experimentation that values the ethical dimension of caring for the most vulnerable individuals [6]. It involves practicing a psychiatry founded on an original conception of cooperation between medical personnel and patients within the institution. This approach not only emphasizes the effectiveness of treatment but also prioritizes ethical principles, such as respect for patient autonomy, dignity, the promotion of humanistic values in the therapeutic process and the affirmation of health democracy [7]. The care is conceived as a collaborative process, in which patients and healthcare professionals work together to achieve psychological well-being, confirming the subjectivity and the same dignity of all participants in the therapeutic process, preventing the possibility of the participants transitioning into rigid role-playing positions of classical hierarchy therapy [8,9]. True ethical sensitivity manifests itself in those moments of life that involve acknowledging the humanity of others and us.
The most emblematic maxim of institutional psychotherapy is based on a postulate that the ongoing clinical experience at La Borde confirms in its results and practices: the institution is not a place, it is not the physical structure that host patients, but the structured and dynamic articulation of different constitutive functions, which is the essential and primary factor in the care of the mentally ill. From this postulate derives the famous maxim: "To promote the mental health of patients, we need to treat the institution in which they are welcomed and cared for".
We will attempt to demonstrate, through a brief overview of its history and an analysis of the theoretical and practical aspects of the clinical experience at La Borde, how institutional psychotherapy can today offer an interesting proposal for psychiatry. Embracing the undeniable ethical need, promoted by Basaglia, for the

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humanization of psychiatric care, the French therapeutic approach seeks to identify the conditions under which psychiatric institutions can become, as the experience of La Borde teaches us, essential factors for effective and respectful treatment of individuals, rather than merely abolishing them [10].

Brief Historical Overview

The clinical experience practiced at La Borde, based on the fundamental principle of free circulation, in complete contrast to the old asylums or some of the current psychiatric hospitals operating in Europe, serves as the premise for any reflection on institutional psychotherapy.
Jean Oury first met François Tosquelles at the clinic of Saint-Alban, where the Catalan psychiatrist proposed a model of a "healing" institution in which patients were familiar with precise rules of cooperation and organization but faced no restrictions on their free movement within the facility. As a young psychiatric intern at Saint-Alban, Oury was immediately captivated by Tosquelles' style, appreciating not only his innovative clinical approach but also the richness of the philosophical thinking that inspired it. Oury, along with Lacanian psychoanalysis, would make philosophy a fundamental ally of psychiatry [11]. Emmanuelle Rozier writes: "I discovered La Borde clinic in 2002 when a friend invited me to listen to Jean Oury in the room called the 'Rotonde,' a hexagonal room where meetings are held. Although I only partially understood what was being said in an ambiance where followers, Parisian psychoanalysts, patients, dogs, and cats of all kinds were gathered. I was struck by his way of thinking about daily life, about the *praxis*. Oury quoted philosophers, psychoanalysts, and writers to articulate life within the clinic, the question of psychosis, and his psychiatric practice" [12]. These few lines immediately introduce us to a unique context where, even today, nine years after Oury's death, this fruitful encounter between various knowledge and practices makes La Borde a singular and extremely interesting place to explore and understand.
The encounter with Tosquelles was what led the young fourth-year medical student, Jean Oury, to decide on psychiatry. A series of conferences took place in 1947 at Saint-Alban, attended by Tosquelles, Henry Ey, Ajuriaguerra and other prominent figures of the time. It was a lecture by Lacan in May of that same year that directed Oury towards psychiatry. After completing two years of internship under Tosquelles' guidance, Oury was appointed head of a "dead clinic" with a capacity of only 12 beds in Saumery, near Blois. In 1949, Oury accepted the position, hoping to transfer the epistemology and clinical approach of institutional psychotherapy to this location. However, after four years of attempts to create workshops and living spaces suitable for his conception of psychiatry in Saumery, Oury informed the Medical Board of his decision to leave the clinic with all the patients.
On April 3, 1953, the small community led by Oury, who had temporarily left some patients behind in Saumery, later to join him, settled in Château de la Borde, located in the municipality of Cour-Cheverny. The property was purchased with heavily mortgaged loans, thus marking the beginning of the most significant experience of institutional psychotherapy.

La Borde's uniqueness

The application of bioethical principles is a fundamental aspect of French institutional psychotherapy [13]. Within the context of institutional psychotherapy, ethics intertwines with the therapeutic approach itself.
We aim to present the fundamental aspects of this reality that has inspired and could still inspire the practice of institutional psychotherapy in any caring place, not only psychiatric, in France or in another European Country. In presenting the fundamental aspects of this approach, which is still capable of playing a significant role in the evolution of institutional psychotherapeutic practice, founded on the ethical principles of humanizing care, it seems useful to indicate the necessary theoretical principles for the creation of spaces, functions, and clinical modalities representing the original character of the experience.

The institution as an instrument of care

What exactly does it mean for an organization to become not just the place where one is cared for, but the primary factor of care? A first and central element is the idea of a structured collective functioning harmoniously like a living organism [14]. Following the teachings of Tosquelles, Jean Oury entrusts all care daily activities to this integrated and collective system. The underlying guiding idea is that in order to ensure a freedom that respects human dignity, it is necessary to organize life, establish rhythms and rules of functioning that are shared and for which everyone is directly responsible. This type of organization resembles the physiology of a human organism and requires absolute fairness in the types of roles and tasks it entails in order to sustain itself and operate effectively. Therefore, if it is true that the collective is at the core of this type of institution, serving as the guarantor of its vitality, it is necessary to grasp its characteristics in detail so as not to turn its role into a utopia.
Before even understanding the functioning of this structured and structuring entity, it is nonetheless necessary to delve into the role that each individual can and is called upon to play. A fundamental principle, with significant ethical implications and concrete consequences, is what can be defined as the "diffusion of the caregiving action". According to institutional psychotherapy, every person who acts within the collective has, in addition to their specific skills and functions, a caregiving action simply by entering into cooperative relationships for the construction and the management of a shared living space. Jean Oury used to say that the true "categorical" difference at La Borde was between "those who paid and those who were paid",

while the caregiving function was exercised by everyone. This statement captures the essence of the approach at La Borde, emphasizing that the act of providing care transcends monetary transactions and is a responsibility shared by all individuals within the institution.
In order for this to be true, the collective needs structured and structuring spaces and must base its practice on the idea that an institution has the fundamental vocation to provide care, recreate a sense for each individual within a shared organizational and a geographic perimeter [15]. This containing and structuring function is essential for psychotic individuals, particularly for those with schizophrenia, who experience the tragic phenomenon of the "fragmented body" [16]. In a context where they may find themselves attending a conference, cooking together with a nurse, or even with their psychiatrist, within a logic where the essence of their shared humanity is made visible through the organic interplay of different community roles, performed in turn by anyone, something of the splitting – typical of this disorder as Bleuer identified- is recomposed or at least contained.
By creating these structured spaces, the collective can foster an environment where individuals are welcomed and supported, allowing them to cultivate a sense of belonging and meaning to be cultivated within the institution. This shared sense of purpose and belonging within a common framework is essential for the collective to fulfill its fundamental role of providing care.

Caring rather than healing: the concept of normopathy

The fundamental postulate that supports the model proposed by Oury is therefore that the institution cares, without worrying about healing. Any potential healing, envisioned as the ultimate possible horizon, does not constitute the goal of collective efforts. The widespread action of care is the true objective that guides the movement of staff and patients, considering all of them as agents of care for one another. In the characterization of this care model, the neologism, coined by Jean Oury, "normopathy", is emblematic as it establishes a true epistemology in addition to its undeniable impact. Beyond psychosis, which in its various forms alienates the individuals and confines them to a space of rupture and exclusion from the realm of shared meaning, there would not be a presumed "normality", but rather another fundamental human experience that suffers from the confusion between the norm and normalization. It is necessary to reference Georges Canguilhem, a prominent French physician and epistemologist, who highlighted in his major work, "The Normal and the Pathological" how every situation of anomaly, whether in the biological or psychosocial realm, always leads, albeit subjectively, to another operation of structuring normativity, reorganizing around different logics of functioning [17].
In particular, both in the case of physical health and in the case of mental health, Canguilhem argued that illness and the mental disorder represent a sort of persistent anomaly that arises within an equilibrium in which the organism or system regulates pathological processes based on a certain normativity, a series of responses that ensure that the specific context remains physiologically healthy [18,19]. If the anomaly persists and disrupts the harmonization of vital processes, it produces illness, which in turn tends to regenerate another norm that reorganizes the system around a different equilibrium. According to Canguilhem, a sick person is someone who is compelled by the anomaly to construct a new normativity. Nothing and no one truly escape from normality in the sense of a permanent rupture: every living system tends to restore the organic harmony of physiological processes, whether in the strictly biological realm or in the psychological and social domains.
In this sense, institutional psychotherapy asserts that psychosis, ordinary madness in its various forms, concerns each one of us as part of the harmonious yet complex fabric of social bonds that support "living-with" others. Intrapsychic anomaly has an immediate resonance within the interpsychic domain, with the consequence that the entire system of psychosocial interaction, just as in a living organism, is mobilized to generate a new normativity around which life is reconfigured as possible. Quoting Jean Furtos, Paul Jacques writes: "Psychic precariousness corresponds to psychic vulnerability in the face of the world's wavering and the difficulties of recognizing oneself as worthy of existence within a particular human group (Furtos 2001: 3). Psychic precariousness is social death [20]". Because of this awareness, at La Borde, the main agent of care is the structuring function of cooperation within the institution.

The cooperation and its spaces: Are it really possible to share daily life with psychosis?

As Joseph and Proust affirm the fundamental question is: "How can we describe and understand the emergence of psychosis – and its most common form, schizophrenia – both as a psychological phenomenon and a social event? In its mode of manifestation, psychiatric disorder appears as a rupture of common evidence, a disturbance of shared intelligence" [21]. For this reason, cooperation appears as the primary tool to restore and harmonize shared intelligence within a care institution. The first attention to be given is to the spaces where a cooperative dynamic can take place. In other words, real and symbolic common places are needed where sharing can materialize through everyday words and gestures.
The physical spaces at La Borde are divided into five sectors, where everyone (psychiatrist, patient, "moniteur", French word for "facilitator/caretaker", administrative staff, or guest) can move freely. This means that in each of these sectors, it is possible to interact and cooperate in order to manage the daily life of everyone involved.
But the main place of cooperation remains "The Club". "The Club is everywhere" is the message conveyed to the interns who, in great numbers, request to spend a period of internship at the clinic each year. This expression was coined by Jean Oury himself, who liked to make the philosophy of the caring institution transparent in this way. Emmanuelle Rozier writes, "It is no longer a question of being treated or treating, but first and foremost, 'members of a club.' As for the purpose of this group of people,

it should be noted that the club manages around forty workshops (ateliers) ranging from the more traditional ones, such as painting or ceramics, to horse riding, the bar, and even workshops related to the management of the club itself, such as accounting or 'the daily sheet'" [22].

This space of cooperation, in which, for example, the daily sheet indicates for each person (operator or patient) their role and contribution in various activities (clinical, social and cultural animation, management and administration), obviously requires special attention to communication, not just information. Mere information is not sufficient, but it is essential for the organization to train individuals in those modes of contribution through which communication serves not only to transmit a message but also ensures the quality of relationships. Only a certain type of communication allows for the absence of any higher authority regulating interactions: every effort to harmonize and manage daily affairs is based on equality among all participants.

But if "the madman" is, by definition, as Joseph and Proust state, "the one who makes us lose common sense", what kind of communication can help mitigate the effects of this loss of shared meaning in the relationship with psychotic individuals? The British philosopher of language, Herbert Paul Grice, defines them as "conversational maxims" [23]. There are four of them, and we can briefly summarize them, paying particular attention to their application even with individuals who deviate from the norms of shared common sense.

Maxim of Quantity: Be as informative as necessary but not more than necessary. The focus is on providing a message that appears sufficient in terms of contextual information and the content of the message itself, while being free from unnecessary redundancies or additions that often reflect a desire for acceptance from the other party rather than a goal of clarity.

Maxim of Quality: Be truthful and provide information that is supported by evidence. Avoid saying things that are false or lacking evidence.

It is not about assuming an objective truth, but rather aiming to state nothing that is not actually accurate or in some way "verifiable" in terms of its accuracy. The statement of "not knowing" can be a truthful assertion, just as much as knowing things precisely; the truthfulness of a statement cannot depend on a belief but rather on knowledge, which, like all knowledge, is subject to evolution in the progress of understanding. A statement of believing that things are a certain way without being able to verify it can also be considered truthful.

Maxim of Relation: Be relevant in your communication. Ensure that your statements are connected to the ongoing conversation and contribute to the topic at hand. It involves seeking the closest connection of our communication with what we want to express. Relevance implies a semantic and contextual proximity that presupposes truthfulness but adds a character of a close connection to the core of the message, enabling communication to have greater effectiveness.

Maxim of Manner: It binds us to the ethical obligation of taking care of how we communicate. Clarity, non-ambiguity, and correspondence between intention and message are at stake here, making our speech fluid, less repetitive, and devoid of aggression. It emphasizes the importance of conveying our message in a clear and respectful manner, ensuring that our words are easily understood and free from unnecessary hostility or confusion.

Applying these conversational maxims can help foster effective communication even with individuals who deviate from the norms of shared common sense, such as psychotic individuals.

In addition to these maxims that can guide communication, it is also necessary to acquire a good understanding of the difference between the "subjective" and "objective" dimensions, particularly when dealing with individuals who, even if all the conversational maxims are respected, show an inability to share a minimum common understanding. In such cases, it is important to prioritize what can maintain a fluid and protected relationship. If a person has lost the ability to connect to a harmonious intersubjective dimension and demonstrates a primary need to be recognized as a subject with their own sense and intentionality, it becomes futile to insist on a concept, no matter how truthful it may be, if it does not resonate with that person's experience.

In his work "Parler avec les fous" (Speaking with Mad ones), Henri Grivois [24], a renowned emergency psychiatrist, outlines four points that guide his clinical approach:

Bringing the patient back to a state of centeredness by using paraphrases and circumventing the obstacle on which he/she stumbles instead of confronting it directly.

Constantly returning to the relational aspect of the situation, seeking personal contact with the patient.

Acting as a barrier to the flow of delusional interpretations in order to protect the patient from him/herself.

Becoming the primary therapeutic factor in the therapeutic relationship.

The objective is not to make the person give up his/her delusional and invasive belief, but "rather to create a pathway through it towards bodily experience, which is the only thing that allows the dynamic and automatic connection with others and bring the patient back to their starting point" [24]. Grivois emphasizes the importance of establishing a therapeutic relationship based on understanding, empathy, and guiding patients towards reconnecting with their bodily experience [25].

What is the lesson of institutional psychotherapy?

From what has been described, it emerges that institutional psychotherapy, primarily developed in the psychiatric field, carries a vision of care that places respect for the person at its core, acknowledging their uniqueness and singularity. In this sense, it shows a possible path towards humanizing psychiatry.

Two fundamental elements of institutional psychotherapy allow us to draw a crucial and instructive lesson for "sector psychiatry" (outside hospital's walls) in the various countries where it is practiced.

The first is the concept of multi-referential transference. Jean Oury talked about dissociated transference as a typical characteristic resulting from the same schizophrenic dissociation (Bleuler's concept of *spaltung*). The notion of multi-referential transference is referable to Tosquelles. When a patient arrives at the emergency room in acute psychotic decompensation, He/she interacts with different individuals, each engaging in a different relational dynamic. For example, the patient may spontaneously share important personal information with the nurse, while being guarded and suspicious with the psychiatrist, and establishing direct trust with the staff member who brings them meals. Tosquelles defines the patient's transfer modality as "multi-referential," as three different people have encountered the patient, and each one has shared a distinctly different experience with him/her. However, all three aspects are important; these three "referents" have been invested in different or even antagonistic ways by the patient, and they all serve as "receptacles" for the patient's transfer, representing their institution. It is not a matter of determining who is right, but rather of seeking how to bring together these three experiences to come as close as possible to the patient's lived experience.

Tosquelles introduced the concept of the "transference constellation meeting and, in doing so, gave substance to the institution for the patient. Ultimately, it involves creating a specific institution for each patient" [26]. This latter statement, which constitutes the heart of the philosophy of institutional psychotherapy, outlines an important guiding principle in clinical practice through the idea of multi-referential transference and its organization into a constellation.

The second central aspect of the philosophy and clinical thinking underlying institutional psychotherapy is "the triad of functions": "phoric", "semaphoric," and "metaphoric." Entirely based on the hermeneutic triad of Charles Sanders Peirce's theory of interpretation [27] it reflects the three logical-phenomenological scansions of "primeness": the emergence of symptomatic manifestations as potential signs of a different meaning that the therapeutic relationship welcomes; "secondness": the expression of more precise signs whose potential for significance is activated through careful and precise listening by the caring person within the transferential constellation involving doctors, nurses, therapists, and staff members; and "thirdness": the symbolic interpretation of signs within a broader semantic context which goes beyond the singularity of the patient and allows a diagnosis and a tailored caring intervention. Once again, we rely on the words of Pierre Delion to better define the three typical functions of institutional psychotherapy in the treatment of autistic children.

First of all, the phoric function (primeness), derived from the Greek word "forein," meaning to carry: "The caregivers welcome and carry the autistic child who arrives at the day center into their psychic attention. In doing so, they make their own psychic apparatus available to the child, receiving the signs that translate their anxieties, reliefs, and questions." Immediately after, "by being available to the child, the caregivers perform a semaphoric function (secondness) [...] carrying signs: they are the receptacles of the signs of the child's psychic suffering," even though initially they may not be able to understand the subjective meaning to which these signs refer in the child's semantic and existential universe. It is only through the gathering of the constellation, in the sharing of transference and counter-transference experiences among different caregivers, that a sign (the appearance of inexplicable archaic anxiety) will be interpreted and give rise to meaning (seeing different people arriving at an unusual time) thanks to the metaphorical function operating within the constellation. In this example, something sameness (the arrival of different people at an unusual time) also evokes the exact opposite for the child: the irruption of an ungovernable, unpredictable time. This ambivalent experience, simultaneously recurring and unpredictable, triggered in the actual case of the child the expression of primal anxiety which would be nothing but a pure, undefined anomaly without the intervention of the metaphorical function by the transference constellation" [26].

Conclusions

The analysis of theoretical and clinical aspects of institutional psychotherapy shows how this therapeutic approach, firmly founded in the values of acceptance, respect for the dignity of the most vulnerable individuals and the social responsibility of all those involved in treatment, is characterized by its humanistic philosophy and strong ethical connotation. In fact, it aims to build a therapeutic environment that not only aims to alleviate the patient's psychic suffering, but also to promote a broader social change, fostering inclusion and patients' active cooperation in the construction of their care pathway and in the restoration of their own identity.

Based on the acknowledgement of the uniqueness of each individual and his/her own history, this person-centered approach affirms that disease cannot be objectively understood apart from how the experience of illness is experienced by the patients within their specific history and culture.

The healthcare workers' focus is not only on symptom reduction, but also on emotional support, stress management, and the development of patient's adaptive abilities. This allows valuable support in achieving a sense of satisfaction and personal fulfillment, not only from a clinical perspective but also across various dimensions of their daily life.

By respecting each person, seeking active collaboration, emphasizing the quality of the therapeutic relationship, recognizing the importance of the social and community dimension, and promoting well-being and quality of life, institutional psychotherapy offers a humanistic and respectful approach to psychiatric care.

It also represents a real possibility of positively influencing the clinical theory and practice, even in other therapeutic domains.

For these reasons, it is crucial to adequately train healthcare professionals so that they can acquire a set of skills that include attentive listening and empathetic

interaction. This should be done with a renewed perspective that emphasizes the human dimension in welcoming, supporting and caring patients. It is worth noting in this context the recent Italian law on informed consent and advance directives that, in line with what has already been established by the medical code of ethics, has determined that the time dedicated to communication is a proper "time of care" [28,29].

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Conflict of interest statement

The authors declare no conflict of interest.

Authors' contributions

All authors conceived the study and contributed to the preparation of the manuscript related to their sections and approved the final version to be submitted.

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