

Reflection Article/Essay

# Fernand Deligny and a clinic yet to come: mobilizations about ways of caring in children and teenagers' mental health<sup>1</sup>

*Fernand Deligny e uma clínica por vir: mobilizações sobre modos de cuidar em saúde mental na infância e adolescência*

Mariana Louver Mendes<sup>a</sup> , Eliane Dias de Castro<sup>a</sup> 

<sup>a</sup>Universidade de São Paulo – USP, São Paulo, SP, Brasil.

**How to cite:** Mendes, M. L., & Castro, E. D. (2020). Fernand Deligny and a clinic yet to come: mobilizations about ways of caring in children and teenagers' mental health. *Cadernos Brasileiros de Terapia Ocupacional*, 28(1), 343-355. <https://doi.org/10.4322/2526-8910.ctoEN1754>

## Abstract

This essay presents the trajectory of Fernand Deligny, his work at educational, legal and clinical institutions with children and adolescents, and the political background of those experiences in the second half of the XX century. Revisiting those paths, we established points of contact and reflections on current mental health care practices in childhood and adolescence, mobilized mainly by acting in Child Psychosocial Care Centers (CAPSi) in the city of São Paulo. That scenario of action configures complex experiences that trigger restlessness related to the ways of rendering care and intervening with experiences of psychic suffering and/or non-compliance with social norms based on adaptation, exclusion or incarceration strategies. We discussed how to trigger displacements in certain normative logics of life by creating tools that promote other ways of living with the difference, seeking to establish ethical, aesthetical and political openings for transformations in current thinking, sensibility and clinical actions. In resonance with Fernand Deligny, it is suggested to think non-normative ways of caring inspired by the idea of a clinic of delicacy, *acting* and *near presence*.

**Keywords:** Mental Health, Child, Child Care, Ethics, Occupational Therapy/Trends.

<sup>1</sup> This article is an unfolding and part of the master's research entitled “Dodges, creation and plans of existence: ethical, aesthetic and clinical resonances in Fernand Deligny's trajectory”, developed by Mariana Louver Mendes, under the guidance of Professor. Dr. Eliane Dias de Castro and co-supervision of Professor Dr. Peter Pál Pelbart, in the Post-Graduation Program in Aesthetics and Art History of the University of São Paulo (PGEHA-USP), defended in June 2017. Available at: [www.teses.usp.br/teses/disponiveis/93/93131/tde-10092017-213801/pt-br.php](http://www.teses.usp.br/teses/disponiveis/93/93131/tde-10092017-213801/pt-br.php).

Received on July 26, 2018; 1<sup>st</sup> Revision on Jan. 24, 2019; 2<sup>nd</sup> Revision on May 13, 2019; Accepted on Sept. 30, 2019.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### **Resumo**

Este ensaio apresenta trajetórias de Fernand Deligny, sua atuação em instituições educacionais, jurídicas e clínicas com crianças e adolescentes, e o contexto político dessas experiências localizadas na segunda metade do século XX. Ao revisitar tais percursos, estabeleceu-se pontos de contato e reflexões sobre atuais modos de cuidar em saúde mental na infância e adolescência, mobilizados principalmente pela atuação em Centros de Atenção Psicossocial Infantil (CAPSi) na cidade de São Paulo. Tal cenário configura experiências complexas que disparam inquietações relacionadas a modos de intervir que têm como base estratégias de adequação, exclusão ou encarceramento do sofrimento psíquico e/ou de experiências desviantes das normas sociais. Discute-se como provocar deslocamentos em certas lógicas de normatização da vida, criando ferramentas que promovam outras formas de viver com a diferença, buscando instaurar aberturas éticas, estéticas e políticas para transformações no pensamento, na sensibilidade e nas ações clínicas em curso na atualidade. Em ressonância com Fernand Deligny, sugere-se pensar modos de cuidar não normativos inspirados pela ideia de uma clínica da delicadeza, do *agir* e da *presença próxima*.

**Palavras-chave:** Saúde Mental, Criança, Cuidado da Criança, Ética, Terapia Ocupacional/Tendências.

## **1. Introduction**

The essay tries to show Fernand Deligny's trajectories and actions to increase tensions that trigger lines of innovative actions in mental health care practices. Deligny (1913-1994) worked for fifty years with children and adolescents considered unsuitable, delinquent, psychotic and autistic in France, seeking to evade unending control and impositions of ways of being, and offering other opportunities in a society that excludes or intends to normalize the difference and diversity (Toledo, 2009).

The approach with Fernand Deligny coincides with concerns from occupational therapist actions in institutions that go through childhoods with stories of violence and violation of rights, poverty, abandonment, vulnerability and psychological suffering. The work in Child Psychosocial Care Centers in the city of São Paulo (the CAPSi)<sup>2</sup> in the essay is a background that triggers problematic questions: how to

<sup>2</sup> CAPS are municipal equipment of the Unified Health System (SUS) implemented in the context of the Brazilian Psychiatric Reform that aim to offer daily and interprofessional care in mental health through actions considering the social, family and cultural context of the individuals. It is mainly through this equipment that an attempt is made to organize a substitute network for the psychiatric hospital in the country, favoring the expansion of the possibilities of circulation, expression and participation of the individual with intense psychological suffering in the community, and the resignification of his social place (Brasil, 2004). CAPS usually offer individual assistance, workshops and therapeutic groups, family assistance, home visits, community activities and living spaces. CAPS for children assist vulnerable children and adolescents, using psychoactive substances, in conflict with the law and with a history of severe psychological distress. As they participate in the complex construction of mental health care for children and families, they constantly develop intersectoral actions (especially with the education, social assistance and justice sector) as a way of articulating the care of this population.

deal with the strange, madness and deviation, without using tools that make the frame, fix or incarcerate? How to cause displacements in the logic of normatization of life that affect the social field and care for others in health, assistance or justice institutions? How can we create devices that promote other ways of living with difference and that instigate ethical, aesthetic and political openings for transformations in thought, sensitivity, and clinical actions today?

Adapting, correcting and suiting are frequent requests by families or institutions that refer to the child or adolescent to CAPSi. In these requests, there are the suffering, anguish, and exhaustion of a family member, a shelter technician or a teacher who asks for support, as well as statements of resistance in dealing with the difference in daily life and in the society, added to the expectation of a response that will cancel or correct the "problem".

Then, there is the paradoxical image associated with mental health services as a place of care and as a device for control and correction. In other terms, this paradox is explored by Foucault (1982) when he analyzes how a number of institutions working in the name of reason and normality exercise their power over groups of individuals in their behavior, ways to be, to act or to say, defined as anomaly, madness or disease. The author especially highlights the way in which power - this kind of permanent oppression in daily life - is exercised within the social body, through channels, forms and different institutions (school, family, and health), establishing criteria that include or exclude members and determining subjective ways of shaping the other.

Foucault (2001) deals with the production of abnormal people in the context of biopolitics, with the management of life focusing on the population as a species, on the body as a support for biological processes. According to the author, the abnormal is the character that appears at the intersection between three figures of the anomaly: the human monster; the individual to be corrected or the one who is not adequate to the normative education system; and the masturbating child. Based on this abnormal character and the consequent construction of an idea of human normality, the power will influence practices and policies for the deviation. There is an intense production of abnormal people and deviants that supposedly need to be treated and corrected by different disciplinary domains. For example, we can identify the health, education and justice systems participating in the construction of these domains and, therefore, a long and permanent process of modeling gestures and behaviors towards social life.

According to Lima (2003), this normalization effect that goes through the entire population instills a tendency to classify and categorize small weaknesses that can occasionally take over the individuals' bodies present in their daily lives. In health, specifically, we see these categorizations taking shape and determining target populations for their attention for reasons not only related to suffering and illness, but also to moral, behavioral issues, or to what is believed to be "subject to correction" such as people with disabilities, with a history of psychological distress, in a situation of social vulnerability, in conflict with the law, among others.

Against this background, Fernand Deligny began to act in France in the 1930s, developing experiences of monitoring and caring for autistic children and adolescents, with difficulties in the education process, with serious mental disorders, and in conflict with the law. These are initiatives that conflict with the intention of shaping lives and correcting discrepancies or deviations and based on what he brings together a sensitive

reflection. Among the themes that go through the author's productions, there are issues such as freedom, otherness, absence of language as resistance to symbolic domestication and the construction of plans for the constitution of common experience.

In this essay, traits of Fernand Deligny's life, work, and practices are presented with the intention of consolidating the present forces, indicating paths and mapping concepts that help to review and deconstruct certain structures that cripple the flow of lives in the contemporary. Based on our contact with the author, we seek to reflect on how it would be possible to explore and activate processes of changes and transformations in the current modes of mental health care.

## 2. Fernand Deligny Trajectories

Fernand Deligny shows a trajectory highlighted by experimentation, ruptures, inventions, movements, and lines of struggle and restlessness that gauge a life in wandering. The period between 1938 and 1946 is highlighted by the institutional phase of his work with children and adolescents, when he works at a school, in psychiatric homes, and in socio-legal institutions.

As a teacher in a special class of children considered unable to follow regular classes, Deligny's interest is not to make the student effective or adaptable to the conditions of a regular class, but to find occasions when he “[...] can take initiatives, where he finds spaces to act and become emancipate” (Miguel, 2015, p. 4). For this, he follows the child's most spontaneous gestures, without so much proposition or intervention, and acts by shifting the instituted roles of the master who has the knowledge to transmit and the student who receives passively. The proposed activities call for collective participation and exceed the fixed place of the unsuitable children as devoid of their action. “What guides is not the adaptation to a standard of normality and production, but the reciprocal engagement around something” (Resende, 2016, p. 84).

Deligny understands that above all, the educator must be a creator of circumstances. He speaks of “anti-pedagogy” and part of a definition of education in line with participatory pedagogies. Educating for Deligny is

[...] to create this space where the other can grow, make mistakes, dream, refuse, and choose. To educate is not to submit, but to allow. It is not being a model, but be a reference. It is not a lesson, but an encounter. To educate is not to close, it is to open (Deligny, 1977 apud Planella, 2012, p. 107).

The experimental character and the impasses of his approach have the conditions for what Deligny called an *attempt* and later called it a *raft*. *Attempts* are tactics to evade identity models, institutions and places. It is a variation between initiative and disturbance that raises the question of how to exist outside the capture and institutionalization devices - an issue that will be in his entire trajectory. He says that the *attempts* are fragile, precarious and temporary, although persistent (Pelbart, 2013).

After working at the school, Deligny started working as an educator at the psychiatric hospital in Armentières. In this period, when the Second World War begins (1939), the asylum represents the response of public policies to the issue of

childhood and adolescence considered abnormal, which should be excluded and hospitalized. According to Resende (2016), in Armentières, Deligny suspends sanctions and refuses specialists with their technical knowledge, hiring “guardians” to exercise the role of educator-monitors. The guardians “were former workers in the poor neighborhoods of Lille, unemployed in the textile industry, or men from different activities without specific training, gymnasts, accordion players, and electricians” (Resende, 2016, p. 107). The aim was to value the children's place of origin, the knowledge of their surroundings while deviating from the logic of productivity and effectiveness that often accompanies the technical experts with their academic knowledge.

Deligny and the guardians create joint activities between inmates and staff. They organize handicraft workshops, occupy the destroyed rooms and basements, make sewing and embroidery workshops, and organize asylum exits. The importance of building shared spaces shaped by activities, the occupation of a place and a routine - made up of the usual paths of children and adults, with their displacements and deviations -, become central to their work in the asylum and a common strategy in the construction of subsequent attempts (Resende, 2016).

The experience at Armentières was also connected with the political moment of the time, a period in which the experience at the psychiatric hospital in Saint-Alban was being held with a strong influence by François Tosquelles. The hospital gave rise to the notion of sector psychiatry implanted in France in the 1960s and influenced the institutional analysis<sup>3</sup> – important movements in the construction of mental health care processes with resonances until today<sup>4</sup>.

In 1943, Deligny ended his work in the asylum and entered into the field of debate and socio-legal action. He assumed the direction of an Observation and Screening Center (OSC) in Lille, in northern France. The OSCs worked as an instance of observing young people who were under the tutelage of justice during the trial period and defining the measure to be applied in each case. But Deligny goes against the judgment evaluations and establishes contact with young people through his features, making materials available for drawing and bricolage in his rooms. He also offered them a diversified program with leisure and/or paid activities (Resende, 2016).

Similar to the initiative in Armentières, Deligny hired workers from the adolescents' places of origin for the role of teacher educators in the place of specialists. Resende (2016) told that during the nights the Center remained open for the arrival of

---

<sup>3</sup> For a critical look at these experiences, see: *Psychiatric reform: the French and Italian experiences* (Passos, 2009); *René Lourau at UERJ- 1993. Institutional Analysis and Research Practices* (Lourau, 1993); and also, *Institutional Analysis and conceptual review and nuances of research-intervention in Brazil* (Rossi & Passos, 2014).

<sup>4</sup> The reflexes of this movement are also present in the process of deinstitutionalization and in the Brazilian Psychiatric Reform, which started in the 70's in the country. From this movement, the main mental health care device becomes the Psychosocial Care Center (CAPS) - a substitute for the psychiatric hospital - located in the city and a reference point of care for the population of a certain territorial scope. The CAPS develop therapeutic, recreational, artistic and cultural activities with collective participation (service users, family members, technicians and community) that take place inside and outside this equipment, seeking to promote social and cultural participation and life production processes of the individuals being monitored.

militants, workers, religious, students and people who worked in the network of youth hostels, and on weekends the young people could be with their families.

The OSC was a living place, inhabited by people, activities, and meetings, and connected with the city's routine. In this period of judgment and definition of the measure, Deligny chose to keep young people in touch with their context and territory, with their relationships and networks of affection, and involved in activities that arouse interest and engagement, promoting new understandings on ways to promote justice and care for the situations of pain and violence in which they were involved.

After the performance at OSC, in 1948, the Grande Cordée period began with young people who, not having adapted to institutions planned for "rehabilitation", were caught up in a vicious circle of referrals. According to Resende (2016), young people were referred to the Grande Cordée by social or psychiatric services and received in an abandoned theater in Paris, where Deligny sought to map their interests and imagine ways that would change the determinants of their condition of "inadequacy". Based on the identification of interest, a network of contacts was activated throughout the territory with the intention of finding a place that would receive them and where they could start a job or other type of activity. The Grande Cordée, called "free healing institutional organism", highlighted Deligny's break with the institutional structure of the State and the first steps towards its territorial dispersion across France (Resende, 2016).

In 1965, Deligny was invited by psychiatrist Jean Oury and by Félix Guattari to visit La Borde, a psychiatric clinic that was born out of the French Psychiatric Reform movement, fighting against segregation, and radical criticism of asylum conditions. In La Borde, Deligny and Any, his wife at the time, built a space called La Serre, where they develop wooden workshops, drawing, and crafts with patients. Despite this insertion, Deligny is not involved and he participated little in the meetings of caregivers, with an aversion for groups and rejecting the idea of diagnosis, dossiers and medical records. He also disliked the systematic use of psychoanalysis. The incessant talk that group psychotherapy required, the multiple collective meetings and the unlimited predominance of the word were unsustainable for him (Deligny, 2015). Before leaving La Borde, Deligny adopted Janmari, a twelve-year-old child diagnosed with severe autism, and this encounter profoundly marks the change in his trajectory.

### **3. The Network *Attempt***

In 1968, Deligny started building a network for the care of autistic children in Cévennes, a rural region located in the south of France. With this initiative, he intended to create a "non-institutionalized environment", or a "place of existence" that escapes the institutional arrangements provided for the hospitalization, treatment and/or re-adaptation of the so-called abnormal children. The experience came as a result of his encounter with Janmari and autism, and the intention to build a common life with autistic children and other adults (Resende, 2016).

Deligny broke with the guidelines that guide a caring relationship based on words, on reciprocity, on the adequacy and effort of adapting and reinserting children to an idea of normality. He was interested in building other forms of relationship not based

on the domination and subjection of the other, or on imposing stances by someone who knows for someone who must learn.

In a large rural area in Cévennes, the spaces were organized by areas of coexistence or “places of existence”. In them, three or four children lived with one or two adults without habitual qualifications in caring for autistic people - they were workers, peasants, and students, whom Deligny called close presences (Figure 1). In one of the common areas, bread was made; in another, the raising of sheep or taking care of the carpentry, and in the paths between them, there were houses for them to live (L’Institut National de L’Audiovisuel, 1979).

In the network’s everyday life, everything happened in these areas, outside, in a common space, open and privileged for everyday life. In the areas of coexistence, the children and *nearby presences* are inventing ways of living together (Figure 2).



**Figure 1.** Le Serret, 1973. Photographie de Thierry Boccon-Gibod. DR. Image reproduced by Deligny (2013a, p. 383).



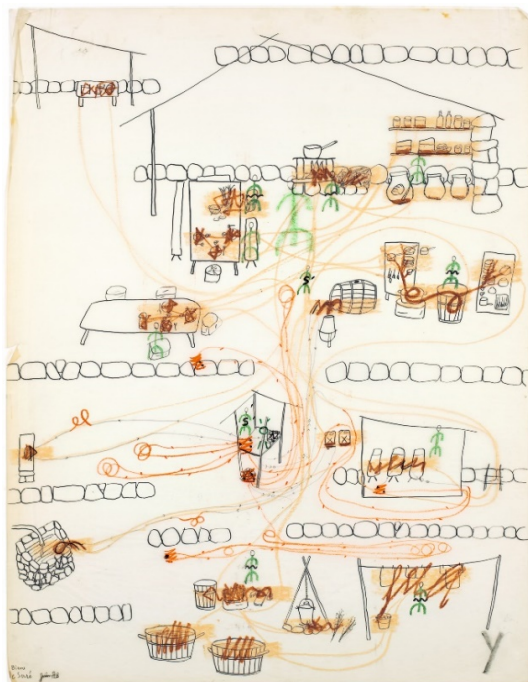
**Figure 2.** Le Serret, 1973. Photographie de Thierry Boccon-Gibod. DR. Image reproduced by Deligny (2013a, p. 389).

Yves (farmer), Jacques Lin (worker) and Gisele Duran (painter) - and still others who arrived over the years - try not to interrupt the children's gestures and not interpret them, in an attempt to "translate" what they mean. They are more inclined to accompany avoidances, displacements and the development of some specific activity, than to understand, correct or teach. The intention was to deviate from control relationships and release the children's gestures, causing the appearance of "inadvertent movements" and initiatives - situations in which the child goes towards a place that has never been or that does something that he has never done. These relationships seemed possible as the adults did not intend to treat, cure or educate children, being "free" for other possible experiences of living together.

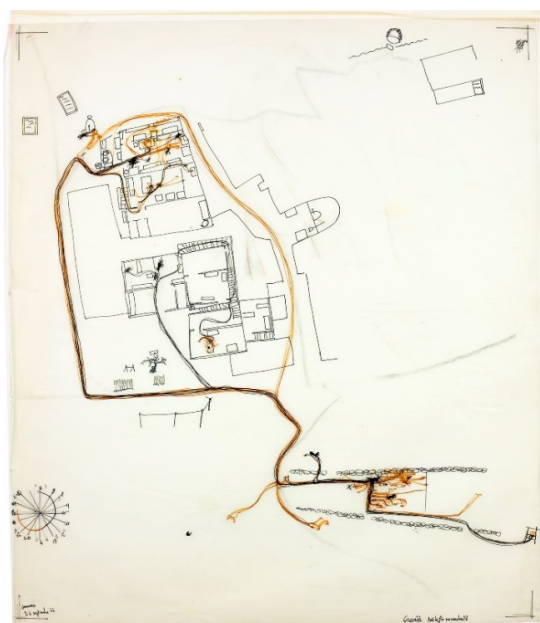
*Nearby presences* prioritize collective activities that involve taking care of themselves and the group, making common food, taking care of the home and the open space in which they live, and do this together with the children. Seeking to use non-verbal resources as a strategy to be in a relationship respecting their ways of being, they film the children in their daily lives and display the images to families as a way of elaborating a unique memory of their attitudes, gestures, attractions, and waits.

Later, Deligny will propose that *nearby presences* trace the displacements of children across the terrain, creating an infinity of maps that record wanderings, events, new gestures and the development of some specific activity (Figure 3 e Figure 4).





**Figure 3.** «Wander lines» of an autistic children (Benôit) in the living area Le Serret (Cévennes, France), juin 1973. Two tracing sheets traced by Jacques Lin, an adult of the Fernand Deligny's network. © Archives Fernand Deligny – Editions L'Arachnéen. Image reproduced by Deligny (2013a, p. 89).



**Figure 4.** «Wander lines» of an autistic children (Janmari) in the hamlet of Graniers (Cévennes, France), 24 sept. 1977. Map and tracing sheet traced by Jacques Lin, an adult of the Fernand Deligny's network. © Archives Fernand Deligny – Editions L'Arachnéen. Image reproduced by Deligny (2013a, p. 317).

In an *attempt*, the experience in Cévennes came to be known as a *raft*.

You know how the raft is made: there are wooden trunks connected loosely together so that when the mountains of water are cut down, the water passes through the distant trunks. In other words: we do not retain the issues. Our relative freedom comes from this rudimentary structure, and those who designed it that way - I mean the raft - did the best they could, even if they were not in a position to build a vessel. When issues arise, we do not close ranks - we do not put the logs together - to build a concerted platform. We just do the opposite. We only keep what connects us from the project. [...] It is necessary that the link is sufficiently loose and that it does not lose (Deligny, 2013b, p. 90).

The chain links in Cévennes, the wires that connect reference points, the approximations and distances between each other, build other ways of living together. As if Deligny and the *nearby presences* were opening “[...] new spaces-time, absolutely diverse and singular, that escape control” (Deleuze, 1992, p. 218). Places of existence are created in which everyone's ways of being, with their differences and singularities, their own times and rhythms find their place. This “raft mode” of living together seems to produce some care, some health or vitality. Openings are preserved, a condition of incompleteness, imperfection, and fragility is affirmed. Failure to prioritize any attempt to fit in or make the other fit a certain norm to live it. There is a certain freedom that gives rise to possibilities of life, powers of being.

#### 4 Ethical Compositions and a *Clinic to Come*

*The raft from* Deligny provokes thinking about new movements in the care of children and adolescents in mental health today, mobilizing concepts and authors around notions of ethics, and inspiring the idea of a clinic of delicacy, of acting and of a *nearby presence*.

More than a respect for difference, Deligny seems to want them in the *initiatives* he has developed with children and adolescents for decades. This desire for the difference is opposed to the requirement to standardize the ways of being in the world and the imposition of *doing how*, of *similarizing* - he uses the term *semblabliser*, in French, to refer to the movement to make the other similar, in the sense to adapt it to a specific legal normativity. Thus, the raft of Deligny seeks to preserve the multiple forms of existence and produce places capable of “[...] allowing children to live according to their ways of life” (Resende, 2016, p. 249-250), which seems to decrease significantly their suffering situations.

Deligny created strategies to activate the power of living together with others without imposing dynamics, preserving existence and affirming life with its variations and potential, which could be understood as an ethical quality of his work. In approximation with this exercise, Sant'Anna (2001) spoke of an ethics in which the avidity “[...] characteristic of the will to control the body tends to pale when finding relationships in which the bodies do not need to dominate or be dominated to acquire importance and strength” (Sant'Anna 2001, p. 95). It is ethics for an aesthetic quality, which rejects any transcendent value through which behavior is judged, and which chooses to make numerous connections with the world, without degrading it and without degrading the human condition.

If we take the exercise of this notion of ethics as inspiration in our clinical practices, we would try to try not to exclude the strengths and differences between the individuals in contact, but to keep them as agents of a formative composition in the life and events, preserving the differences and promoting a mutual strengthening of connected lives (Sant'Anna, 2001). Opposed to a normative clinic that wants to fix everything, we would have life in the foreground and seek to sustain different ways of living together, assuming the responsibility and complexity that this work involves and, who knows, expanding the very notion of clinic - of a more private and privatizing understanding, for another more social or focused on the production of the common. A *clinic to come* or a *common clinic*.

This exercise would imply that we, "specialist technicians with our academic knowledge", should ask about our true role in the mental health clinic, especially with beings in full development, and retreat to the excess of intervention that seeks to adapt gestures and behaviors to strict standards normality. This way of intervening, almost always driven by good intentions, corroborates the creation of normotic societies whose main consequence is the production of innumerable "leftovers": people who do not fit in and, also for this reason, suffer, experience exclusion, loneliness or anguish of a life that "matters little".

Realizing the impracticability of maintaining this system and seeking other notions of ethics to build new ways of caring, we turn to the Italian philosopher Giorgio Agamben (2013), who understands that the discourse on ethics must be based on the fact that man is not and will not be or perform any essence, no historical or spiritual vocation, no biological destiny, but to express in their life "[...] the simple fact of existence as a possibility or potency" (Agamben, 2013, p. 45).

Therefore, in ethics, there is no place for repentance, so the only ethical experience (which, as such, cannot be a task or a subjective decision) is to be (own) power, to exist (own) possibility; that is, exposing amorphousness in every form and in every act, its own timelessness (Agamben, 2013, p. 46).

For the author, if a man was or had to be this or that substance, to follow this or that destiny, there would be no possible ethical experience, but only "tasks to perform" (Agamben, 2013, p. 45).

On the other hand, the philosopher Spinoza (2011) talked about ethics as a force for variation and growth, at which time our power is taken to the maximum capacity to existing. In his speech on ethics, he emphasized that conscience matters little, but what matters is the body. Body understood as a result of the composition with other bodies, singularity resulting from encounters, a process that constantly self-produces (Spinoza, 2011).

How to follow movements that go beyond what fits in rationality, psychology, medicine or occupational therapy, which exceed the codes offered to interpret the world and gestures? One way out may be to build care processes through this body and its uniqueness, its composition with others and the world, its gestures, actions, and creations. In the exercise of delicacy (Barthes, 2003) and avoiding dogmatism and generalities through inventive behaviors, asserting oneself against the reduction of any fragile moment of an individual, refusing to frame it to a "case" that responds a lot

well to the given explanation or general classification. Barthes (2003) calls this aspect of delicacy mild, a nonviolent refusal to reduce the subject to a “thing”, a code, a number, a diagnosis.

After all, in the company of Fernand Deligny, we could think of a *clinic to come* in which the therapist would approach the idea of a close presence, following shifts, actions and activities without dominating or imposing, avoiding excessive interpretations and judgments, deviating from the anxiety to teach, to treat or heal. May it sustain the destabilization proposed by the encounter with the difference without being quickly captured by the desire to cushion it.

Thinking of the therapist as a close presence is to set out to trace paths, wanderings, activities, games. This is a presence that does not seek to challenge, but allows; let chance operate, create loopholes in the overload of the word imperative so that other actions or gestures can emerge, and new displacements can be outlined. It is to follow the event sensibly, giving it flow, allowing it to unfold.

In the *nearby presence* of Fernand Deligny, we would think of this *clinic to come* mobilized by the idea of involution presented by Deleuze: neither to regress nor to progress, but to become increasingly simple, economical, sober, “becoming more and more desert and, more populated” (Deleuze and Parnet, 1998, p. 24). To evolve is obviously the opposite of evolving, but also the opposite of regressing. The term is associated with the idea of losing, abandoning, reducing, simplifying, and would be related to the idea of removing the clinic from its excesses. In the words of Pelbart (2013), it is about

[...] detaching from superfluous or overlapping layers to achieve the simplest trait, the perfection of a Japanese line, a stripped-down fashion, a pure gesture, a style in its sobriety, a mere life [...] (Pelbart, 2013, p. 282)

Or, to paraphrase the author, a mere clinic.

## References

- Agamben, G. (2013). *A comunidade que vem*. São Paulo: Autêntica Editora.
- Barthes, R. (2003). *O Neutro*. São Paulo: Martins Fontes.
- Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. (2004). *Saúde Mental no SUS: os Centros de Atenção Psicossocial* (Série F: comunicação e educação em saúde). Brasília: MS.
- Deleuze, G. (1992). *Conversações*. São Paulo: Editora 34.
- Deleuze, G., & Parnet, C. (1998). *Diálogos*. São Paulo: Escuta.
- Deligny, F. (2013a). *Cartes Et Lignes D'Erre*. França: L'arachneen.
- Deligny, F. (2013b). Jangada. *Cadernos de Subjetividade*, 10(15), 89-90.
- Deligny, F. (2015). *O aracniano e outros textos*. São Paulo: n-1 edições.
- Foucault, M. (1982). *História da sexualidade I: a vontade de saber*. Rio de Janeiro: Graal.
- Foucault, M. (2001). *Os anormais*. São Paulo: Martins Fontes.
- L'Institut National de L'Audiovisuel (1979), *Projet N* (58 min, Direção de Alain Cazuc e Fernand Deligny). França.

- Lima, E. M. F. A. (2003). Desejando a diferença: considerações acerca das relações entre os terapeutas ocupacionais e as populações tradicionalmente atendidas por estes profissionais. *Revista de Terapia Ocupacional da Universidade de São Paulo*, 14(2), 64-71.
- Lourau, R. (1993). René Lourau na UERJ- 1993. *Análise Institucional e Práticas de Pesquisa*. Rio de Janeiro: Editora da UERJ.
- Miguel, M. C. P. (2015). Guerrilha e resistência em Cévennes: A cartografia de Fernand Deligny e a busca por novas semióticas deleuzo-guattarianas. *Revista Trágica: Estudos de Filosofia da Imanência*, 8(1), 57-71. Recuperado em 01 de janeiro de 2017, de <http://tragica.org/artigos/v8n1/miguel.pdf>
- Passos, I. C. F. (2009). *Reforma psiquiátrica: as experiências francesa e italiana*. Rio de Janeiro: Fiocruz.
- Pelbart, P. P. (2013). *O avesso do niilismo: cartografias do esgotamento*. São Paulo: n-1 Edições.
- Planella, J. (2012). Fernand Deligny: pedagogía y nomadismo en la educación de las «otras infancias». *Educació i Història: Revista d'Història de l'Educació*, 20, 95-115.
- Resende, N. C. (2016). *Do asilo ao asilo, as existências de Fernand Deligny: trajetos de esquivia à Instituição, à Lei e ao Sujeito* (Tese Doutorado em Direito). Pontifícia Universidade Católica do Rio de Janeiro, Rio de Janeiro.
- Rossi, A., & Passos, E. (2014). Análise Institucional e revisão conceitual e nuances da pesquisa-intervenção no Brasil. *Revista Epos*, 5(1), 156-181.
- Sant'Anna, D. B. (2001). *Corpos de passagem: ensaios sobre a subjetividade contemporânea*. São Paulo: Estação Liberdade.
- Spinoza, B. (2011). *Ética*. Belo Horizonte: Autêntica Editora.
- Toledo, S. A. (2009). *Introducción al catálogo Permitir, Trazar e Ver (MACBA)*. Recuperado em 4 de novembro de 2014, de <http://www.macba.cat/uploads/20091118/intro.pdf>

#### Author's Contributions

Mariana Louver Mendes carried out the project proposal and developed the master's research, which supported this article presented, writing the final text. Eliane Dias de Castro was the supervisor of the master's research process and participated in the article by supplementing data, reviewing the writing and collaborating in the organization of the article for publication. The authors worked together to decide on the final presentation for this journal and approved the final version of the text.

#### Funding Source

Pesquisa de mestrado financiada pela Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)

#### Corresponding author

Mariana Louver Mendes  
e-mail: [ma.louver@gmail.com](mailto:ma.louver@gmail.com)