

FRANTZ FANON, PSYCHIATRY AND POLITICS



NIGEL C. GIBSON AND ROBERTO BENEDEUCE

Frantz Fanon, Psychiatry and Politics

CREOLIZING THE CANON

Series Editors

Jane Anna Gordon, Associate Professor of Political Science and Africana Studies,
University of Connecticut

Neil Roberts, Associate Professor of Africana Studies and Faculty Affiliate in
Political Science, Williams College

This series, published in partnership with the Caribbean Philosophical Association, revisits canonical theorists in the humanities and social sciences through the lens of creolization. It offers fresh readings of familiar figures and presents the case for the study of formerly excluded ones.

Titles in the Series

Creolizing Rousseau, edited by Jane Anna Gordon and Neil Roberts

Hegel, Freud and Fanon, Stefan Bird-Pollan

Theorizing Glissant, edited by John E. Drabinski and Marisa Parham

Journeys in Caribbean Thought: The Paget Henry Reader, edited by Jane Anna
Gordon, Lewis R. Gordon, Aaron Kamugisha, and Neil Roberts, with Paget Henry

*The Philosophical Treatise of William H. Ferris: Selected Readings from The African
Abroad or, His Evolution in Western Civilization*, Tommy J. Curry

Frantz Fanon, Psychiatry and Politics, Nigel C. Gibson and Roberto Beneduce

Creolizing Hegel, edited by Michael Monahan (forthcoming)

Frantz Fanon, Psychiatry and Politics

Nigel C. Gibson and Roberto Beneduce

ROWMAN &
LITTLEFIELD
INTERNATIONAL

London • New York

Published by Rowman & Littlefield International Ltd.
Unit A, Whitacre Mews, 26–34 Stannary Street, London SE11 4AB
www.rowmaninternational.com

Rowman & Littlefield International Ltd. is an affiliate of Rowman & Littlefield
4501 Forbes Boulevard, Suite 200, Lanham, Maryland 20706, USA
With additional offices in Boulder, New York, Toronto (Canada), and Plymouth (UK)
www.rowman.com

Copyright © 2017 by Nigel C. Gibson and Roberto Beneduce

The drawings in chapter 8 are reproduced by kind permission of Francesco Pirelli.
The drawings were first published in “*Racconti di bambini d’Algeria*” by
Giulio Einaudi Editore in 1962.

All rights reserved. No part of this book may be reproduced in any form or by any
electronic or mechanical means, including information storage and retrieval systems,
without written permission from the publisher, except by a reviewer who may quote
passages in a review.

British Library Cataloguing in Publication Data


A catalogue record for this book is available from the British Library

ISBN: HB 978-1-7866-0093-6

Library of Congress Cataloging-in-Publication Data Is Available

ISBN: 978-1-78660-093-6 (cloth: alk. paper)

ISBN: 978-1-78660-095-0 (electronic)

™ The paper used in this publication meets the minimum requirements of American
National Standard for Information Sciences—Permanence of Paper for Printed Library
Materials, ANSI/NISO Z39.48–1992.

Printed in the United States of America

Contents

List of Abbreviations	vii
Foreword by Alice Cherki	ix
Introduction	1
1 The Thoughts of a Young Psychiatrist on Race, Madness, and “the Human Condition”	31
2 The Political Phenomenology of the Body and Black Alienation	63
3 Colonial Psychiatry and the Birth of a Critical Ethnopsychiatry	95
4 Suspect Bodies: A Phenomenology of Colonial Experience	121
5 Further Steps toward a Critical Ethnopsychiatry Sociotherapy: Its Strengths and Weaknesses	131
6 The Impossibility of Mental Health in a Colonial Society: Fanon Joins the FLN	165
7 Psychiatry, Violence, and Revolution: Body and Mind in Context	185
8 The Tunis Psychiatric Day Hospital	205
9 Bitter Orange: The Consequences of Colonial War	223

10 From Colonial to Postcolonial Disorders, or the Psychic Life of History	245
A Note on Translating Frantz Fanon by Lisa Damon	263
Bibliography	269
Index	293

List of Abbreviations

APA	American Psychological Association
BPD	borderline personality disorder
<i>DSM</i>	<i>Diagnostic and Statistical Manual of Mental Disorders</i>
FLN	National Liberation Front
OAS	Organisation Armée Secrete
PTSD	post-traumatic stress disorder
TAT	Thematic Apperception Test

Foreword

Alice Cherki

For a long time, academic interest in Fanon's work focused mainly on his "political" texts, notably *Black Skin, White Masks* and *The Wretched of the Earth*, which analyze the cultural and political oppression of the dominant over the oppressed in a colonial and postcolonial system. This was done at the expense of his little-known writing on psychiatry. In fact, Fanon published psychiatry texts on his own and with collaborators throughout his career. To this day, these writings remain understudied. Moreover, it is difficult to distinguish between Fanon the psychiatrist, Fanon the militant, Fanon the thinker, and Fanon the writer, when one has known him with these multiple facets and has followed the elaboration of his thought.

Contrary to David Macey's claim that Fanon was a conventional psychiatrist, it should be emphasized that when it came to his psychiatric work, Fanon was a precursor of "sociotherapy," better known today as "institutional psychotherapy." He was also a precursor in the theoretical development of the discipline, starting with his thesis, which he wrote at the age of twenty-six, under the impressive title, "Mental Disturbances, Changes in Character, Psychic Disturbances and Intellectual Deficiency in Hereditary Spinocerebellar Degeneracy: A Case of Friedrich's Disease with Delusions of Possession." In the thesis, he linked three dimensions of alienation: the subjective, the cultural, and the political. We see this again in the introduction to *Black Skin, White Masks* in which he emphasized that "alongside phylogeny and ontogeny, there is also sociogeny (Fanon 2008: xv).

The article "*Le trouble mental et le trouble neurologique*" (Mental and neurological disorders), which contains extracts from Fanon's thesis, proves that he never really rejected biological or neuropathological explanations for the appearance of mental disorders. Notably, Fanon's particular interest in seeing the alienated as whole persons, including their respective delusions,

is already apparent here. So are the beginnings of his affirmation of “the imbrication of social reality with the organization of mental disorders,” as he took on the undoubtedly cumbersome reading of Lacan’s thesis—it was only 1951. Nevertheless, he extracted from it the following: “And not only can the human’s being not be understood without madness, but it wouldn’t be the human’s being if it didn’t carry within it madness as the limit of its freedom.”

It is interesting to read this quote alongside what Fanon wrote some years later, in late 1956, in his letter of resignation to the governor-general of Algeria, Robert Lacoste, in which he insisted that taking care of madness is about returning freedom to the mad: “Madness is one of the means by which the human being can lose their freedom” and that “psychiatry is the medical technique that proposes to help the human being no longer be a stranger to their environment.” He added, “The social structure existing in this country [colonial Algeria] is opposed to any attempt to put the individual back in their place,” and further explained that “the function of a social structure is to set up institutions to serve human needs. A society that drives its members to desperate solutions is a nonviable society, a society to be replaced” (Fanon 2001: 61).

Fanon did not deny the existence of madness. He was no anti-psychiatrist. And even though he was revolted by the barbaric use of lobotomies and electroconvulsive therapy that took place, unaccompanied by wake-up care or talk therapy before and after, he did not refuse the use of drugs and would not have opposed the properly framed use of neuroleptics and other medication. However, he always advocated a relational, personal, and institutional context that favored the emergence of speech and the retrieval of fragments of histories suffered, silenced, forgotten, and especially censored.

The modernity of Fanon’s conception of psychiatry pervades all his other writings. In recent decades, pharmacology has reigned supreme and approaches to psychical suffering have been far too often linked to the pseudoscientific cataloguing of conscientiously numbered diagnostic notations for *The Diagnostic and Statistical Manual of Mental Disorders (DSM)*. By contrast, each of Fanon’s texts insists upon the apprehension and comprehension of alienation and the alienated through all social, cultural, and familial registers from which subjects of language and history are born and constructed. In our present era, governed as we are by the principle of efficiency, and scarcely concerned with subjectivity, the triumph of cognitivism and behavioral practices for treating suffering over sociotherapy and institutional psychotherapy, to which Fanon, student of Tosquelles, subscribed throughout his short time as a psychiatrist, is at its apogee.

In all of Fanon's psychiatric texts (from "Sociotherapy on a Ward for Muslim Men," coauthored with Jacques Azoulay to "Confession in North Africa," written with Raymond Lacaton; "The TAT among Muslim Women," written with Charles Geronimi, and "The Phenomenon of Agitation in Psychiatry," conceived with Slimane Asselah), his major preoccupation was to enable authentic speech by reestablishing an environment that allows each subject to take up again the traces of real or psychical events. It is not my intention to go through each article in this short prologue. What is important is to highlight the pertinence of Fanon's discoveries, such as the inappropriateness of images used in a projective test that represented, for example, a Christian cemetery or the wooden staircase of an apartment building—both far removed from representations that would have been familiar to Algerian patients. Similarly, it was Fanon who first understood that sociotherapy with Muslim patients must employ different cultural, historical, and social references to those suited to patients steeped in western culture.

Any institution providing care has an obligation to create such an environment. "To think of the hospital as a therapeutic tool is to structure it so that the patient may 'finally feel understood' rather than amputated or castrated by it" (Fanon and Asselah 1957: 22). The institution has an obligation to become a space of disalienating encounters. Fanon and Asselah's (1957) piece on agitation bears reading and rereading; it is a jewel of modernity for our time, when isolation cells and restraints are once again being prescribed in France. Agitation, says the text, is a mode of existence: "[the agitated] know not [what they do] but try to find out."

According to Fanon, establishing an environment that allows each subject to again take up the traces of a life left behind also requires a profound change in the daily functioning of hospitals. In a text such as "Day Hospitalization in Psychiatry: Its Value and Limitations," Fanon and Geronimi outlined their experience of a new form of psychiatric institution that they established in Tunis in 1959 at Charles-Nicolle General Hospital. This was not only the first day hospital in North Africa, but also one of the first of its kind in anywhere in the world.

In their article, Fanon's conception of how patients (who he preferred to call "guests") should be cared for, is clear. No rupture with the day-to-day environment was involved; patients were not cut off from their family contexts, or even their professional ones, and psychiatric symptomatology was not artificially stifled by internment. The organization of the day hospital allowed for a therapeutic approach that was open to symptoms, and especially to underlying conflicts, thus avoiding *thingifying* them.

In addition, this left space for the possibility that the caregiver-patient relationship could be an encounter of two freedoms. And all personnel were included within the category of caregivers—doctors, interns, nurses, social

workers, and administrative staff. Fanon also attached the utmost importance to the training of psychiatric nurses who were in daily direct contact with patients. To this day, former nurses who worked with “Dr. Fanon” at Blida-Joinville Hospital in Algeria, still remark on their change of status: they stopped being repressive guards, and became instead active agents in their relationship with the alienated person. One nurse, who is now very old, tells the following anecdote: “In the refectory, I was eating a piece of bread when the doctor arrived. I felt like I’d been caught red-handed and tried to hide the bread. The doctor said, there is no reason for you to hide, on the contrary, you can share this bread with your patient.” One of the first things Fanon did upon arriving in Blida was to open a training school for nurses, while simultaneously expanding the library and widening the sphere of knowledge available to his interns. The Franco–Algerian War put an end to these initiatives.

Although theories about primitivism that were associated with Africans are no longer openly evoked in discussions of patients and their pathologies, they subtly underlie a kind of “cultural racism” that sees psychological evolution as dependent on a culture that is seen as static, or oscillating between barbaric and idyllic. Acknowledging Fanon the psychiatrist enables us to take a step toward registering his thought as contemporary. Here too, his cultural anthropology was remarkably advanced, especially when compared to the recent regressive return of ethnopsychiatry to the very same culturalism that Fanon was so wary of. Culturalism seeks to objectify mentalities as specific to “such and such a cultural area,” to identify subjects with their culture in the sense of assigning to them a preconceived identity. This fits nicely with the return to right-wing identitarian thinking.

Fanon, as a true cultural anthropologist, revealed the disastrous effects of the politics of domination and oppression on individuals, and showed how this leads to the mummification of the culture. Thus, although he attempted to use meaningful cultural referents in his sociotherapy programs in Blida, he was always against imposing fixed mentalities and cultural chains. And even if he concluded that reference points and markers that had been destroyed by the dominant culture had to be restored in order to enable subjects to reconstitute their symbolic space, he did not think, like many ethnopsychiatrists do, that liberation would come from assigning subjects to their alleged culture of origin. He was a tenacious militant for culture in motion, constantly altered by new situations.

Another central point for us, as readers of Fanon, was his conception of violence. Despite what some commentators may say, this was closely linked to his knowledge of mental alienation and to the mechanisms of the human psyche. He was well acquainted with the effects of shock on those who had been subjected to violence. He knew the feeling of losing oneself and the

need to escape from trauma via somatic or psychic symptoms—sometimes even through erratic violent impulses, which might lead to physical assaults against relatives or strangers. This knowledge underlies the whole of *The Wretched of the Earth* and allowed Fanon to write: “The dreams of the colonial subject are muscular dreams, dreams of action, dreams of aggressive vitality. I dream I am jumping, swimming, running, and climbing. I dream I burst out laughing, I am leaping across a river and chased by a pack of cars that never catches up with me” (2004: 15). And: “Everything is permitted, for in fact the sole purpose of the gathering is to let the supercharged libido and the stifled aggressiveness spew out volcanically. Symbolic killings, figurative cavalcades, and imagined multiple murders, everything has to come out” (2004: 20).

Last but not least, Fanon was a precursor in the analysis of trauma linked to war and its consequences on future generations. One can read all of his findings in chapter 5 of *The Wretched of the Earth*. Here Fanon highlighted all the syndromes, from behavioral disorders to complete depersonalization, linked not only to acts of war, but also to the atmosphere of war. He also looked at the psychical consequences of torture. Consequences that have since been exposed and analyzed by intellectuals and psychiatrists who themselves were tortured under dictatorships in Latin America. Even more pointedly, Fanon warned of the consequences of these traumas for several generations to come: “In other words, our actions never cease to haunt us. The way they are ordered, organized, and reasoned can be a posteriori radically transformed. It is by no means the least of the traps history and its many determinations set for us. But can we escape vertigo? Who dares claim that vertigo does not prey on every life?” (2004: 185n).

Similarly, in the unpublished introduction to the first two editions of *L’an V de la révolution algérienne (A Dying Colonialism)*, he indicated that “an entire generation of Algerians, steeped in collective, gratuitous homicide with all the psychosomatic consequences this entails, would be France’s human legacy in Algeria” (2004: 183n). In private he added, “and in France.” This observation holds true for all the wars that have burst forth from the end of the last century until our present day, with regard to both the attacked and the attacker.

To read Frantz Fanon’s work as the voice not just of a thinker on racism and colonialism but of a psychiatrist and an engaged researcher allows us to comprehend the interaction between the current dominant ideology of identitarianism, which excludes both the voiceless and their material and subjective suffering. Of course, migrants fleeing wars, massacres, and impossible living conditions, along with all who live in states of total abandonment, are being condemned to “an atmospheric death”—the very fate against which Fanon relentlessly fought.

Introduction

The writer returns from what he has seen and heard with red eyes and pierced eardrums ... Health as literature, as writing, consists in inventing a people that is missing.

—Deleuze, *Essays Critical and Clinical*

FANON: PSYCHIATRY AND POLITICS

1952 to 1961: in the space of less than ten years, Frantz Fanon defended his medical thesis in France, took up his post as a psychiatrist at Blida-Joinville Hospital in Algeria, wrote three books, and produced articles for *Esprit*, *Consciénces Maghribines*, *L'information psychiatrique*, *La Tunisie Médicale*, *Maroc Médicale*, and *El Moudjahid* (the organ of the National Liberation Front). In this incredibly short period of time, the accelerating pace of events seems to have imposed on his writing its own unique, peremptory rhythm—almost as if the author was somehow unconsciously aware of his own impending death, at only thirty-six years of age.

Fanon wrote his first book, *Peau noire, masques blancs* (*Black Skin, White Masks*) (1952) and his last book, *Les damnés de la terre* (*The Wretched of the Earth*) (1961) within the same timeframe.¹ And while there is no epistemological break between these two works, no simple correlation can be drawn between them either. We confront in Fanon's writing, both the openness of his thought and the specificity of its contexts. Between *Black Skin, White Masks* and *The Wretched*, we can situate Fanon's work as a psychiatrist committed

to a broad criticism of colonial epistemology. Like the political articles he wrote for *El Moudjahid*, many of his psychiatric articles are specific, situational, and concrete. In this sense, they are less developed theoretically than his major works and many are viewed as peripheral to Fanon's three books and the collection of his political writings that has been available to English readers since the mid-1960s.²

In what sense, then, can we consider Fanon's psychiatric writings part of his oeuvre? Often cowritten, and in contrast to what we know about the writing of his books, which were often developed "orally" (Cherki 2006: 129, 160), we don't know much about how Fanon collaborated with his colleagues: Asselah, Azoulay, Géronimi, Lacaton, and Sanchez.³ In addition, because they were written for professional journals, the articles were often quite specific and fairly brief interventions on topics that "merit a much more profound study," as he and Lacaton put it in their 1955 essay, "Conduites d'aveu en Afrique du Nord" (Confession in North Africa).

Reading these often-partial studies about his ongoing research, it is possible to see how the ideas developed are consistent with Fanon's better-known works. This allows readers to consider his work from new angles and make connections often neglected in the existing literature. On the other hand, many of the issues and challenges we associate with Fanon are also present in these psychiatric writings, and these further underline and illuminate the connections between Fanon the doctor, Fanon the antiracist social critic, and Fanon the anticolonial revolutionary. An insight into these essays and articles enables us to move beyond existing views of Fanon's political and clinical "project"—his commitment to the understanding and treatment of psychic suffering—as itself a sort of symptom. We can rebuff claims that his move to Algeria was merely an unconscious attempt to establish a new affiliation to heal or compensate for the insults to his political virility that he may have felt as a native of Martinique.⁴

While deep-seated reasons for radical choices and decisions are often unknown even to those who make them, and while it is sometimes possible to grasp these reasons through an analysis of a person's actions or the exegesis of their writings, it seems to us problematic to reduce the events of anyone's life to a question of "psychic need."⁵ By pathologizing Fanon, his critics have often reduced his thought to little more than expressions of a "reactive man"—the type of reaction that was one of Fanon's constant targets—and fail to recognize the extent to which his analyses foresaw and now apply to the contemporary postcolonial world.

The continual shifting between politics and psychiatry, between the social and the subjective, between the unconscious and history, is one of the most original features of Fanon's work. As we try to demonstrate, this is what justifies the claim that Fanon marks the advent of a critical ethnopsychiatry, bringing together clinical practice and theoretical reflections on the cruces of

power and psychic life, on culture (a “culture in motion,” as Cherki remarks in her foreword), history, and treatment. As Françoise Vergès put it (1996: 83), Fanon insisted that “medical practitioners must know the historical and social conditions of the formation of the society in which they practice, as well as its structural practices and beliefs.” Jacques Derrida was one of the few who understood the uniqueness of Fanon’s thought. In an article on psychoanalysis and politics, he highlighted that, among the psychoanalysts then working in Africa, Fanon was “exceptional and untypical” in his ability to question his “own practice in its political, ethno-psychoanalytical and socio-institutional dimensions . . . The Fanons were few and far between, marginal or marginalized” (Derrida 1991: 204).

There was an enormous difference between Fanon and the European psychoanalysts working in Africa in the 1950s (Laforgue, Mannoni, Ritchie, Sachs), who, even when interested to hear other words and explore other imaginaries, as was Sachs, did nothing more than repeat and adapt a standard repertoire of hopelessly inappropriate and inadequate terms and concepts (“scotomization,” “dependency complex,” “failure neurosis,” etc.). Fanon took nothing for granted; he understood that each theoretical or clinical approach had to be viewed within a specific context and circumstance, forced to reveal its strengths and limitations, its prospects and its complicities. Césaire and the notion of *negritude*,⁶ Hegel and the dialectic of recognition,⁷ Mannoni and the colonial situation,⁸ Sartre and existentialism,⁹ Jaspers and his psychopathology,¹⁰ Lacan¹¹ and even the “cosmic Jung,”¹² were all exhaustively explored in an effort to understand colonial alienation, then radically criticized by Fanon once he had noted their weaknesses or blind spots.

Critical of colonial psychiatry, Fanon was committed to reforming psychiatric institutions, as well as the interpretation and categorization of mental disorders. Although there is no evidence that he would have embraced the anti-psychiatry movement that became popular among radicals in the 1960s (Ronald Laing’s *The Divided Self* and *Self and Others* were published in 1960 and 1961), his commitment to social liberation, marked by conscious self-directed activity, and to culturally sensitive sociotherapy programs, is remarkably and refreshingly evident in the essays and articles. These writings confirm his search for new healing strategies and a context-related understanding of psychic suffering, which he called “situational diagnosis” (2001: 18).

Working with North African migrants in France, and then in North Africa itself, obliged Fanon to look at madness from the point of view of the marginalized and “the damned.” Fanon wrote self-critically of his work with a “seventy-three-year-old peasant afflicted with senile dementia” that is suggestive of what is at stake in a medical and also political practice that looks from the point of view of the marginalized. “I suddenly feel I am losing my touch. The very fact of adopting a language suitable for dementia . . . the fact

of ‘leaning over’ to address this poor seventy-three-year old woman, the fact of my reaching down to her for a diagnosis are the signs of a weakening in my relations with other people” (2008: 16).

While his profound grasp of the traumatic realities and afterlives of colonialism and racism might be more commonplace today, his work remains important for the current generation of decolonial, antiracist, and anticapitalist activists who are in the process of clarifying and articulating their revolutionary humanist mission. In other words, while a deeper understanding of the specificity of Fanon’s psychiatric essays helps us to situate him in his proper historic context, these under-read essays also open up new avenues.¹³ In addition, the essays provide another perspective from which to challenge the notion that Fanon was a dreamy anti-empiricist, critical of all scientific methods, dismissive of history, and prone to speculation about the inventing of a “new man” and a “new woman.”

The basic research he presented in his articles on psychiatry, whatever their self-limiting hypotheses, helps to ground Fanon contextually (within, for example, the parameters of 1950s psychiatry and its radical critics) and indicates a profoundly unique mind at work. The papers he wrote while he was at Blida-Joinville Hospital, which we discuss in the chapters that follow, indicate the importance Fanon accorded to local culture and context. Read in conjunction with *L’an V de la révolution Algérienne (A Dying Colonialism)*, the articles underscore how much the Algerian Revolution marked a shift in people’s day-to-day thinking and historical consciousness—Fanon included.

Of course, whenever his name is mentioned many think of him as a theorist of “violence, pure violence” (Bhabha quoted in Julien 1995). It is important to remember, however, that he did not go to Algeria to join a revolution. Detailed biographies of Fanon by Alice Cherki (2006) and David Macey (2000) alongside various scholarly works (Bird-Pollan 2014; Bulhan 1985; Hook 2011; Keller 2007a; Renault 2011a; Vergès 1991, 1996) have helped to establish a more nuanced approach to Fanon’s psychiatric thinking. However, the assumption that he was essentially a theorist of violence, repeated since the 1960s, is still found in contemporary works on postcolonial politics and culture.¹⁴ For some, Fanon is seen, at best, as an “incidental psychiatrist” whose contribution is absent from the “the classic work of colonial medicine” (Keller 2007b: 825), as someone who didn’t understand Freud and “misrecognizes” psychoanalysis (Macey 2000: 192, 194). When Fanon’s name is mentioned in psychosocial studies, it is often in a one-liner. For example, in a single reference to Fanon in a volume on sociology and psychoanalysis, Jeffrey Prager repeated the familiar argument: “Psychological emancipation can only occur, Fanon argues, through cathartic violent purging” (2014: 305).

While we are sympathetic to Françoise Vergès's argument that, for Fanon, "psychiatry was auxiliary to the political struggle for freedom" (Vergès 1991: 139), and despite what is often read *into* Fanon's ideas on violence, we don't think he made the jejune argument that trauma is *cured* by political action.¹⁵ Fanon's psychiatric writings and his work in North Africa trouble the view that he had a "singular therapy" that was "not brought about by a talking cure" but by "a sudden and no doubt painful encounter with the real" (Macey 2005: 25–26). While maintaining that the end of colonialism is necessary for mental health, Fanon's psychiatric research and his work in the field challenge the idea that violence became *the* therapy, functioning "as a kind of psychotherapy of the oppressed" (Young 2001: 295) or that "*only* violence could remediate the psychical damage done by colonialism" (Zaretsky 2005: 3; our emphasis). At the same time, his writings on psychiatry make clear that the real work of healing trauma and mental disorders *can* only truly begin as a result of individuals taking political action based on self-reflection, and on bringing an end to the violence of colonial domination.

In the 1980s, Homi Bhabha, perhaps more than anyone else, helped insert the psychoanalytic into our understanding of Fanon by emphasizing his debt to Lacan. After Bhabha, readers could not ignore the significance of psychoanalysis in Fanon's thinking, even if Fanon was not trained as a psychoanalyst or, for that matter, a Lacanian.¹⁶ In addition, Hussein Bulhan's *Fanon and the Psychology of Oppression*, which, like Bhabha's essays on Fanon, hails from the 1980s, remains one of the most important engagements with Fanon's psychiatric work. Yet, more than thirty years later, when we began to work on this book few of Fanon's own writings on psychiatry had been translated into English and were discussed only peripherally.

As noted, Fanon did not arrive in Algeria in 1953 staunchly committed to violent revolution against French colonialism. However critical he was of French society, Fanon was at part of what he called "the French drama" (2008: 179). His *experiences* of French colonialism and the problematic of psychiatric healing in colonial Algeria led him to embrace the liberation struggle. Fanon continued to work at Blida-Joinville Psychiatric Hospital until December 1956, and even after he moved to Tunis and started to work full time for Algeria's National Liberation Front (FLN), he remained dedicated to his psychiatric practice. He continued to work in psychiatric hospitals and published in psychiatric journals, seeking to "clarify the relationship between psychiatric theory and colonial domination" (Keller 2007a: 181). After all, while Fanon believed that organized political action was essential to individual and social liberation, he was under no illusion that it exhausted the problem of mental illness and suffering. As David Marriott (2011: 52) put it, "Fanon's concern is with how anti-colonial revolution, far from

producing emancipated subjects, can also produce subjects who are radically dispossessed.”

In the final chapter of *The Wretched of the Earth*, “Colonial War and Mental Disorders,” Fanon wrote: “Only the armed struggle can effectively exorcise these lies . . . that subordinate and literally mutilate the more conscious-minded among us” (2004: 220). However, in *A Dying Colonialism*, he acknowledged that armed struggle also can lead to brutality that is psychologically costly even if it is politically organized and justified. For example, in *The Wretched of the Earth*, Fanon wrote about treating a resistance fighter suffering from insomnia, anxiety, and a suicidal obsession that occurred around the anniversary of the day on which he had bombed a café that was “known to be a haunt of notorious racists.” After independence, the man befriended people from the former colonizing nation and was “overcome by a kind of vertigo” (2004: 184n23), haunted by the anxiety that he might have killed people like his friends. Asking, “Who dares claim that vertigo does not prey on every life?” Fanon added that such cases “pose the question of responsibility within the revolutionary framework” (2004: 185). This kind of questioning, self-reflective and radically humanist, informed by his work as a political theorist and as a doctor of psychiatry, indicates a nuanced thinker quite in contrast to the caricature of Fanon as the Manichean theorist who simply propounded the birthing of a new kind of human being through violence.

And yet, this kind of violence was exactly what the French army advocated in secret directives issued during the Algerian Revolution. Their idea, as Marnia Lazreg pointed out, was not simply pacification but an elaborate psychological strategy, targeting specific people deemed suitable by military leaders for reeducation through “mental cleansing”:

This mental cleansing operation implied a preliminary breaking of the will, with torture . . . It was part of [General] Salan’s larger plan of setting up a “third force,” to counterbalance the FLN’s . . . The method included subjecting the entire male population of a secured hamlet/village to “disintoxication training”—which essentially meant intense brainwashing. (Lazreg 2008: 73, 74)

Fanon famously used the term “désintoxique” (“Au niveau des individus, la violence désintoxique,” translated as “At the individual level, violence is a cleansing force”) when he discussed violence in *The Wretched*. Colonialism is toxic, and decolonization, viewed as a social struggle for freedom and physical and mental liberation, requires the creation of reflective, actional, and social combatants through praxis. While some may consider that Fanon and Salan held similar views, Fanon’s idea of the “new person” entails the absolute opposite of brainwashing. In other words, openness *and* ambiguity were important to what Fanon considered detoxification, and here his psychiatric writings are helpful in elucidating Fanon’s politics. His critique of hospitalization, which

he saw as creating and contributing to toxicity and agitation, is suggestive. In a 1957 article, for example, Fanon and Asselah argued that when a hospital “becomes a nexus of social relations and ambiguous encounters, agitation loses its sense of seclusion, irresponsibility and incomprehensibility.” Autointoxication that occurred in isolation “is now framed within a context of open institutions. And by engaging with this kind of institution, consciousness is freed from the downward spiral in which it was trapped [and] . . . isolation is rejected once and for all” (Fanon and Asselah 1957: 24).

Our point is not to disavow the impact of violence but rather to underline how Fanon’s psychiatric writings help us to reconsider whether his thinking is reducible to an unambiguous notion of counterviolence. As he continually reminded us in *The Wretched of the Earth*, colonialism is a totalitarian systematic negation of the colonized, and is enforced by systemic violence in all areas of life. This is the violence that “keeps the colonized in a state of rage, . . . [and] periodically erupts into bloody fighting between tribes, clans, and individuals” (2004: 17).

Today the affinity between colonialism and violence is generally accepted in colonial and postcolonial studies. Describing what Guha (1997) pithily called “domination without hegemony,” Fanon argued,

In capitalist countries a multitude of sermonizers, counselors, and “mystifiers” intervene between the exploited and the authorities. In colonial regions, however, the proximity and frequent, direct intervention by the police and the military ensure the colonized are kept under close scrutiny, and contained by rifle butts and napalm. We have seen how the government’s agents use a language of pure violence. (2004: 4; translation altered)

Even the apparent clarity of Fanon’s proclamations on violence in the first chapter of *The Wretched of the Earth*—violence is the means to an end “furnished by the settler” but also a “perfect mediation,” as liberation is achieved “in and through violence” (2004: 44)—and his assertions about its therapeutic effects, are called into question when considered in the context of chapter 5 of that work, “Colonial War and Mental Disorders.” It is not as if Fanon assumed “a moral equivalence between anticolonial and colonial violence,” (Turner 2011: 124; White 2007: 860). As Fanon argued, in what we consider a highly relevant footnote to that chapter,

In the unpublished introduction of the first two editions of *L’an V de la révolution algérienne* (*Studies in a Dying Colonialism*), we already indicated that an entire generation of Algerians, steeped in collective, gratuitous homicide with all the psychosomatic consequences this entails, would be France’s human legacy in Algeria. The French who condemn torture in Algeria constantly adopt a strictly French point of view. This is not a reproach, merely an affirmation: they

want to safeguard the conscience of present and potential torturers and try and protect French youth from moral degradation . . . Our purpose, in any case, is to demonstrate that any torture deeply dislocates, as might be expected, the personality of the tortured. (2004: 183n22)

Violence is not a simple solution. Violence, for Fanon, was a necessary and dialectical contradiction that contains a duality. Its necessity and nature, as a reaction to asymmetrical colonial violence, is one expression of that duality. Violence, in short, is a problematic. As a psychiatrist, Fanon knew perfectly well that violence would not be enough to relieve the trauma of colonial domination or create a new history and a new society. For him, every question (and he warned against the brutality of both thought and action) had to be considered within a “revolutionary framework,” and this was in no way reducible to uncritically following the party of liberation or any other “demiurge” (Fanon 1968: 197).

As Stephen Morton (2014: 28) argued, Fanon “clearly prefigures the damaging legacy of colonial violence and repression as the psychic and political life of the postcolony, a legacy that haunts much postcolonial thought and writing.” Political and state violence continue after independence partly because the complex process of decolonization becomes reduced to the mechanics of taking over political power. As he witnessed this, Fanon became increasingly concerned with an issue he had addressed in *Black Skin, White Masks*, of how domination is internalized and reproduced. This is why, in 1960, he proclaimed that “the great danger that threatens Africa is the absence of ideology” (1967: 186). In other words, opening up the question of “total liberation” necessitates a continual thinking about all relationships, including that between mental health and social change. For Fanon, psychiatry that is culturally attuned and radically social and humanist must have a practical and critical place as the conditions that created colonial alienation are changed, lest they be reinscribed in new forms.

Fanon’s political and social critique was reflected in his critique of psychiatry. For example, his evaluation of the sociotherapy program he initiated at Blida-Joinville Hospital (Fanon and Azoulay 1975) seems to intimate his later critique of the institutionalization of the nationalist party in *The Wretched of the Earth*, with its rhetoric and empty ceremonies after independence. Fanon and Azoulay commented that the collective meetings at the hospital become an “empty ceremony, absurd and devoid of meaning” (1975: 1097). Similarly, Fanon was critical of the creation of organizations—in this case, hospitals—that were neo-societies in themselves. Fanon pointed out that such hospitals remained divorced from society, promoting a “new society” within their own grounds. As such, they “created fixed structures with strict, rigid, boundaries, and rapidly stereotyped schemata [where] *there is no space for invention*” or

even movement. He thus concluded, “We have come to believe that the only true socio-therapeutic milieu is, and remains, material society itself” (Fanon and Géronimi 1956: 718–19; our emphasis).

One can “translate” this politically and see the same logic in Fanon’s critique of national parties that posit themselves as the nation but are divorced from the masses. His demands in *The Wretched of the Earth*, that the party be decentralized and opened up, that the militant listen to the people, that the intellectuals look not to Europe but to the reality of the nation and speak in a language that everyone understands, are based on the same insights. After all, Fanon’s dialectical relationship with Marxism (his “critical Marxism”) found one of its most relevant expressions here. And one can speculate that, much like he saw sociotherapy becoming institutionalized in hospitals, he saw political parties becoming corrupt after independence, concerning themselves with their own reproduction rather than serving the people, and leaders looking to line their own pockets rather than engaging with those who had been silenced and damned.

In *Frantz Fanon, Psychiatry and Politics*, we consider psychiatry and politics in Fanon’s oeuvre as well as the politics of psychiatry, the relationship between mental health and social and political decolonization, as well as the problematic of anticolonial political counterviolence as necessary and psychically costly. While focusing on Fanon’s psychiatry writings and arguing that Fanon is an original thinker, our goal is not to reduce psychiatry to politics or vice versa, but to open up new contexts and new arenas within which to think about human liberation in the contemporary period.

Writing in 1958 about the need to distinguish “true independence” from “pseudo-independence” (1967: 105), Fanon noted that true independence must not allow any “pseudo-national mystification ... against the requirements of reason” (2001: 61). And what are the requirements of reason? One is *self-determination*—the belief that liberation from all mystifications “must be the work of the oppressed people ... who must liberate themselves ... [and] build the new society” (1967: 105, 102). At the same time, rather than being “committed to a teleological ‘narrative of freedom,’” David Marriott has suggested (2011: 64) that Fanon asked difficult questions of freedom. Brutally aware of the social and economic realities, Fanon argued that there can be no psychological liberation without social, economic, and political liberation (Fanon 2008: xv). Frederic Jameson (1986: 76) alluded to the same process:

When a psychic structure is objectively determined by economic and political relationships, it cannot be dealt with by means of purely psychological therapies; yet it equally cannot be dealt with by means of purely objective

transformations of the economic and political situation itself, since the habits remain and exercise a baleful and crippling residual effect.

In other words, before Fanon's involvement in the Algerian Revolution, before he wrote about the misadventures of national consciousness and betrayals by the national middle class and anticolonial leaders, he espoused a concept of total liberation. He described this as a new humanism that finds expression in the assertion of dignity and humanity emerging in and from the struggles against racism and colonial dehumanization. At the same time, he warned that "we must not expect the nation to produce new men and new women [who] change imperceptibly as the revolution constantly innovates. It is true that both processes are important, but it is consciousness that needs help" (Fanon 2004: 229).

How to help this consciousness while remaining committed to the idea of self-determination? Critical of intellectuals who often betrayed elitist attitudes toward the so-called backward masses, Fanon set himself the task of completing his theoretical work, *The Wretched of the Earth*. In his conclusion to the book, he argued that the work of *rehabilitating the human* would have to include everyone—"the whole of humanity." It would take time to build the confidence of those who had been exploited and dehumanized and would depend on their forging new relationships and new attitudes as they uncovered the talents and developed through struggle that would enable them to make the leap into a new stage of freedom.

Fanon was committed to a radical social psychiatry that supported and enabled human liberation and self-directed action. On the assumption that freedom and health allow the individual "to be, to act in history" (de Martino 2005a, 2005b), Fanon pioneered a critical sociotherapy and ethnopsychiatry outside of Europe. His thinking was far from linear or singular. And even before the French counterinsurgency in Algeria, and his formal public alliance with the Algerian Revolution, he was already reflecting on the cultural assumptions associated with contemporary psychiatric diagnostic categories and treatments.

Always motivated to approach the world critically, Fanon studied the social dimension of neuroses and mental disorders using an approach known as sociotherapy, which he first encountered as an intern working under François Tosquelles at Saint-Alban Psychiatric Hospital in southern France. Fanon instituted a sociotherapy program soon after he was appointed to Blida-Joinville Hospital in Algiers in late 1953. What remained consistent throughout Fanon's professional life was his belief that politics and mental health do not operate in separate realms. In addition, Fanon's work in North Africa indicated his sensitivity to culture, an appreciation of non-western notions of mental illness, and a critique of colonial ethnopsychiatry. While he

did not reify culture that, as he emphasized in *Black Skin, White Masks* and *The Wretched of the Earth*, has been profoundly affected by colonization and transformed by anticolonial struggles, he insisted that reclaiming the past was essential to the psycho-affectivity of colonized people (2004: 148). He argued that the radical cultural changes that occur under the pressure of a war of liberation (described in *A Dying Colonialism*), as well as the cultural practices that encourage passivity in the face of colonialism (described in *The Wretched of the Earth*), are part of the same dialectic. The “new man” and “new woman,” that critics consider a product of Fanon’s romanticism and “global prophetism” (see Memmi 1973, for example), are not simply posited *ex nihilo*. Rather than dismissing culture, Fanon addressed the fact that its “mummification” and “mineralization” or “thingification” limits our awareness of real change.

As the consequences of colonial domination became more and more brutal, Fanon developed a critical ethnopsychiatry. In *Black Skin, White Masks*, he inverted Mannoni’s causality, arguing that colonialism causes the dependency complex. Similarly, against Antoine Porot and others associated with the Algiers School of psychiatry, he continually made the point that colonialism produces “the degenerate Arab.” In other words, Fanon made no attempt to counter claims about Algerians’ violent impulsivity. Instead, he argued that criminality and violence are consequences of the systematic exploitation and dehumanization that are central to colonialism. At the same time, Fanon’s critique of colonial ethnopsychiatry, in his articles “The North African Syndrome” (1952) and “Ethnopsychiatric Considerations” (1955) as well as in *The Wretched of the Earth*, were *essential elements* of his warning about the misadventures and internal contradictions of national consciousness, as seen in the absorption of racist European attitudes by anticolonial elites.

Furthermore, in his critique of the Algiers School of psychiatry, Fanon dismissed the veracity of any science in racist and colonial societies that takes the status quo as normal, and seeks to help individuals “adjust” to what is in essence an antihuman society. He pointed out that any psychiatry that begins from a premise that normalizes colonial society would thereby reinforce neurosis. Nevertheless, Fanon remained willing to pursue a psychiatry that was social, critical, and practical. This is evident, for example, in his development of Tosquelles’s sociotherapy, and the emphasis Fanon gave to his work at the psychiatric day hospital in Tunis. In this context, he insisted on broadening the notion of decolonization, from being simply a matter of political strategy to including the crucial question of what happens next with regard to mental health and the continuing effects of colonial violence on a “postwar” population.

In short, Fanon never doubted that the practice of psychiatry was political or that conscious, human action was central to psychological and social liberation. Fanon’s existential commitment to radical humanism carried through

to his practice as a physician so that encouraging actional and reflective participation was as much the goal of his political work as it was of his clinical practice. By action, Fanon meant activity that brings victory to the “dignity of the spirit” (2008: 201). Fanon’s resignation from Blida-Joinville Hospital, and his assertion that psychiatric practice in colonial Algeria was impossible, did not mean that he considered psychiatry unnecessary or mental health unimportant. Indeed, as he showed in the psychiatric work he did in Tunis, he saw this as crucial.

FANON AND US

Interest in Frantz Fanon’s work continues to grow. In 2011, which marked the fiftieth anniversary of the publication of *The Wretched of the Earth*, numerous conferences and celebrations took place throughout the world. In 2015 alone, four new books were published in English on Fanon (Gordon, Hudis, Lee, and Zeilig). In addition, Fanon is being discussed in the context of the Arab Spring (Alessandrini 2014), amidst ongoing struggles against racism, oppression, and dehumanization (such as #BlackLivesMatter in the United States) and for the decolonization of higher education (such as #RhodesMustFall and #FeesMustFall in South Africa).¹⁷ He is gaining new readers and generating new debates in Africa,¹⁸ Latin America,¹⁹ Asia, and Australasia.²⁰ Fanon is very much a thinker who speaks to our time, in which the totality of crisis requires a multidimensional response. Everything needs to be rethought, he argued, and while we acknowledge that Fanon was a product of his own time, there is much to learn and to add when it comes to thinking about total and “complete liberation” (2001: 131). In our time, the correlations with Fanon’s ideas are neither automatic nor immediately more than suggestive. These have to be worked out as each generation comes to this work with new questions and new histories. By focusing partly on Fanon’s underread writings on psychiatry, our aim is that this book becomes part of our current generation’s dialogue with Fanon,²¹ including the “indelible wounds” of colonialism, and also from the struggles against it that Fanon argued we shall be bandaging for years to come. For example, while Fanon’s *Black Skin, White Masks* continues to be discussed, and a collection of his previously uncollected writings (including his plays) have been published in France, his doctoral thesis on hereditary spinocerebellar ataxia has never generated much attention.

His thesis is interesting not only for the connections Fanon made between the biological and neuropathological explanations of mental disorders, but also for revealing the extent of his engagement with Lacan, which is far more wide-ranging here than in his other writing. A quote Fanon took from Lacan

resonates with how we think about Fanon: “Not only can the human’s being [*l’être de l’homme*] not be understood without madness, but it wouldn’t be the human’s being if it didn’t carry within it madness as the limit of its freedom.” A certain continuity with this thought about human freedom is also expressed in Fanon’s letter of resignation from Blida-Joinville Hospital, which was addressed to the governor-general of Algeria, Robert Lacoste, in November 1956. Fanon wrote that care for madness requires a returning of freedom to the mad:

Madness is one of the means by which we can lose our freedom . . . If psychiatry is the medical technique that proposes to help human beings no longer be a stranger to their environment, I can only confirm that the Arabs—permanently alienated within their own country—live in a state of absolute depersonalization. (2001: 63, see 1967: 53)

While our focus is on his psychiatric writings, we take Fanon’s work and thought as a whole, acknowledging the interconnectedness of his philosophical, sociological, political, and revolutionary humanist dimensions.²² Just as Fanon was aware of the “misadventures of national consciousness” before writing *The Wretched of the Earth*, we do not claim that his main theoretical insights are essentially restricted to *Black Skin, White Masks*, that *The Wretched of the Earth* is solely a political work, or that *A Dying Colonialism* is a work of sociology (as it was titled in France in the 1970s).²³ We admit that, in his dialogue with psychoanalysis, and in his examination of the colonialism’s ambivalence in relation to the vertiginous nature of desire, he was more systematic in *Black Skin, White Masks* than elsewhere. However, his psychiatric writings as a whole, including “Colonial War and Mental Disorders” in *The Wretched of the Earth*, allow further reflection on the politics of truth and falsehood.

Above all, his discussion of the psychical catastrophe suffered by victims of violence and torture encourage an ongoing and detailed engagement with the dilemmas of postcolonialism. Fanon had already glimpsed these dilemmas in countries that had achieved independence and was well aware of the symptoms exhibited by his own patients. He clearly foresaw various aspects of postcolonialism: the upheavals and fratricidal conflicts; the hypocrisies and hucksterism of national elites; and above all the sufferings of the men and women, and indeed of entire communities and generations, who have been indelibly marked by the violence to which they have been subjected, and whose very future is compromised.

The modernity of Fanon’s conception of psychiatry pervades all of his writings, argues Alice Cherki in her preface to this book. And now, more than half a century after Fanon’s death, these questions continue to be essential in a world of deepening inequality and violence. At the same time, it has become

increasingly clear that, just as the trauma of war has a profound impact long into the postwar period, the trauma caused by colonialism continues long into the postcolonial era.²⁴

The approach to psychical suffering, expressed in the pseudo-objective cataloguing of the *DSM* is, as Bruce Cohen argued, “a return to the descriptive ‘scientific psychiatry’ of the early twentieth century” and a “decisive victory for biomedical psychiatry” (2016: 77). Pharmacology reigns supreme, reflecting both the interests of the global pharmaceutical industry and the hegemony of neoliberal ideology. The biomedical model is governed by the principle of efficiency and is scarcely concerned with subjectivity. As Cherki pointed out in the foreword to this book, “the triumph of cognitivism and behavioral practices for treating suffering over sociotherapy and institutional psychotherapy, to which Fanon, student of Tosquelles, subscribed throughout his short time as a psychiatrist, is at its apogee.” Decontextualized and medicalized, “deviant” behavior is now viewed as solely an individual pathology that can be addressed biomedically, and with genetic accounts of racial and ethnic differences providing a scientific rationale for racially targeted medical care (Braun 2006).²⁵

By contrast, as Cherki argued, Fanon’s psychiatry texts insist “upon the apprehension and comprehension of alienation and the alienated through all the social, cultural, and familial registers in which subjects of language and history are born and constructed.” One of Fanon’s major preoccupations, says Cherki, was to enable “authentic speech by reestablishing an environment that allows each subject to take up again the traces of real or psychical events.” This focus on authenticity ensured that Fanon understood how projective tests such as the Thematic Apperception Test (TAT), which he attempted to use at Blida-Joinville Hospital, was based on European representations far removed from the cultural life of Algerian patients. Similarly, this helped him see that that attempts to develop a sociotherapy program for colonized Muslim men could not work if western cultural, historical, and social references and practices were relied upon.

“To think of the hospital as therapeutic tool is to structure it so that the patient may ‘finally feel understood’ rather than amputated or castrated by it,” Fanon argued, in an article critical of his mentor François Tosquelles, and written with his intern Slimane Asselah in 1957. Their insistence that “the hospital has an obligation to become a space of disalienating encounters” still has remarkable resonance today. Indeed, one can think of Fanon’s work in establishing a psychiatric day hospital in Tunis as a way of constructing spaces for disalienating encounters. Preferring to call patients “guests,” Fanon highlighted the necessity of an open hospital that would allow guests to go home each evening, and so remain part of their families and communities. Since psychiatric institutions tend to create sadistic attitudes and practices

among the staff, he argued, it wasn't enough to remove the chains, as Fanon is popularly heralded for doing. Reforming the institution, of course, meant transforming its objective prison-like features—removing locks and keys and destroying the guard/prisoner dynamic—but also addressing subjective intentions by creating disalienating practices and attempting to humanize all relationships. All this meant a new praxis. At Blida-Joinville Hospital, one of the first things Fanon did was to open a school for nurses and expand the library, with the goal of developing reading groups with his interns. At the Tunis day hospital, nurses were asked to engage with the patients, encouraging them to talk about their lives outside the hospital, as well as their thoughts, dreams, and nightmares, rather than focus on reporting symptomatic behavior.²⁶

PSYCHIATRY, RACISM, TORTURE

When by chance these combatants are liberated because the doctor, despite this barbarous treatment, was able to obtain no information, what is brought to us is a personality in shreds.

—Fanon, *A Dying Colonialism*

Just as its civilizing mission justified the subjugation of peoples by European colonialism, ethnopsychiatry became essential to continued colonial rule, and the pathologization of anticolonial revolt became an important aspect of breaking and disciplining colored bodies and minds. To act and speak against colonialism became pathologized, and theorized as a “problem of individual psychology,” argued Marnia Lazreg (2008: 66):

Anticolonialism ... was reduced to a condition of *ressentiment* [resentment], resulting from a personality built on negative values and emotions, principally “hatred.” Similarly, war could be turned into a struggle for peace since psychological ... experts conjectured that the “Muslim mass” might be suffering from “mass drunkenness” stemming from the experts’ understanding of the war as a form of “recreation” for the masses.

Psychiatry continues to play a similar role in pathologizing revolt. This is reflected, for example, in the threefold increase in the use of the words “violent” and “violence” in the *DSM* between 2000 and 2013. Employing *DSM* classifications such as post-traumatic stress disorder (PTSD) or borderline personality disorder (BPD) individualizes the effects of political violence (for both perpetrators and victims) so that revolt and agitation are seen as symptoms of “sick individuals rather than the rational behavior of oppressed or marginalized groups” (Cohen 2016: 194).

Colonial ethnopsychiatry was built not only on objectification and dehumanization but also on the normalization of colonization and racism. A racist in a racist culture, Fanon maintained, is seen as “normal,” achieving “the perfect . . . integration of economic relations and ideology” in a system that “makes it superfluous to make a daily assertion of superiority” (1956: 126, 128). In his 1956 paper “Racism and Culture,” presented at the First International Congress of Black Writers and Artists in Paris, Fanon warned that this system would become increasingly subtle and cultivated, appearing “democratic and humane.” With this, ethnopsychiatry would move away from biological and toward cultural justifications for racism.

Even so, biological theories of deviance and criminality are still quick to reappear. For example, in the early 1990s, alongside its “war on drugs” and President Bill Clinton’s crime bill, which resulted in the mass incarceration of black and brown Americans, the U.S. government announced a “violence initiative” in response to increased violence in inner cities. Backed by establishment psychiatrists (Breggin and Breggin 1998), the program proposed mass screenings of children “to determine those biologically or genetically predisposed towards anti-social and violent behavior” (Cohen 2016: 185). The program, observed Cohen (2016: 185), “drew on biological theories of crime which dated back to the nineteenth century Lombrosian concept of the ‘born criminal.’”²⁷

The pendulum shift toward emphasizing cultural and environmental factors in brain development, Fanon argued, does not mean that racism magically disappears. It is part of a structure made possible by the super profits of imperialism, legitimized by “military and economic oppression” (1956: 127), and it is reproduced at every turn by discrimination, the withholding of political rights, racial segregation, and national oppression. Fanon therefore concluded his 1956 presentation in Paris, “Racism and Culture,” by arguing for the irreversible exclusion of colonialism as the basis for “the reciprocal relativism of different cultures.” With this in mind, we can understand his remark about national consciousness in *The Wretched of the Earth* as a critique of the undialectical Marxist view that reduces all questions to class:

Self-awareness does not mean closing the door on communication. Philosophy teaches us on the contrary that it is its guarantee. National consciousness, which is not nationalism, is alone capable of giving us an international dimension. (Fanon 2004: 179)

In addition, the objectification and dehumanization that produce and reproduce racism and colonization remain essential to torture. Torture is normal under colonialism, argued Fanon in one of his first articles for the FLN paper *El Moudjahid* titled “Algeria Face to Face with French Torturers.” In the

article, Fanon suggested that colonialism “cannot be understood without the possibility of torturing.”²⁸ While he exposed the connection between colonialism and torture, his insights into the lasting effects of the trauma, which continue to haunt our existence after colonial rule formally ends, are perhaps more important.

In the years since Fanon’s death, we have become more aware of the lifelong impact of torture,²⁹ and yet the complicity of the medical profession, psychiatrists, and even psychoanalysts continues to be uncovered.³⁰ Revelations of the duplicity and scheming between top officials in the American Psychological Association (APA) and the United States government’s torture program, promoted by the CIA and the Pentagon after 9/11, are just some examples.³¹ Systematically loosening the constraints around “experiments with human subjects,” that were put in place after the Vietnam War, the APA not only allowed psychologists to work in the torture industry and collude in the management of torture programs, but even justified and promoted these.³²

AMERICA, THE MONSTROUS

Two centuries ago, a former European colony took it into its head to catch up with Europe. It has been so successful that the United States of America has become a monster where the flaws, sickness, and inhumanity of Europe have reached frightening proportions.

—Fanon, *The Wretched of the Earth*

Fanon’s descriptions of the connections between colonial doctors and systematic torture in his essay “Medicine and Colonialism” (in *A Dying Colonialism*) remain eye-opening for many liberal Europeans (and, indeed, liberal Americans). But it comes as little surprise to the colonized who experience the whole professional–civil system, from health to education, and from the judiciary to the police, as part of the same occupying regime that monitors their every movement and every breath (Fanon 1965: 121–32). Decades after the Civil Rights Movement began in the United States, the African American poet R. Dwayne Betts could still explain his experience in terms similar to Fanon’s description of settler colonialism in Algeria. Betts wrote: “It wasn’t just that there were no white people in my community, it was that as a kid we always saw the white people around us as intruders or people looking to have power. Teachers, firefighters, cops or white folks we saw on buses and trains who we imagined driving into D.C.” (Betts 2010: 5). How little has changed since Richard Wright’s description in *12 Million*

Black Voices (a work that influenced Fanon's *Black Skin, White Masks*): "The law is white . . . We are always in battle . . . The tidings of victory are few" (1941: 44, 124–25)!

In his richly detailed biography of Fanon, *Fanon: A Life*, David Macey cavalierly dismissed Fanon's knowledge of the United States as "derived primarily from literary sources . . . based on novels" (2000: 193).³³ Interestingly, critics of Richard Wright's novels made similar arguments in the 1940s. Frederick Wertham, who opened the Lafargue Mental Hygiene Clinic in Harlem in 1946 to provide affordable psychotherapy for black residents, disagreed. Referring to Wright's *Native Son*, Wertham argued,

An understanding of the type of experience found in this book is not just an addition, but an essential foundation of knowledge for the psychiatrist who wants to understand the Negro child or adult . . . This is not a book about racial intolerance. It is a book about American civilization, about modern civilization in general. The material of the book approximates the experience of too many people all over the world. (Quoted in Mendes 2015: 44–45)

While Macey seems to think Fanon should have read sociology,³⁴ Fanon understood that Wright's novels were truthful to black experience in America in depicting the complexes emerging from racism, including objectification and its internalization. As Fanon explained in Paris in 1956,

Exploitation, tortures, raids, racism, collective liquidations, rational oppression take turns at different levels in order literally to make of the native an object in the hands of the occupying nation. This object, without means of existing, without a *raison d'être*, is broken in the very depth of their substance. The desire to live, to continue, becomes more and more indecisive, more and more phantom-like. It is at this stage that the well-known guilt complex appears. In his first novels, *Wright gives a very detailed description of it*. (1956: 125; our emphasis, translation altered)

Bigger Thomas, a character in one of Wright's novels, clearly expresses the suffocation, and feelings of being "hemmed in," "smothered," "imprisoned," and "choked" that characterize the experience of the colonized in *The Wretched of the Earth*, and the daily physical repression of people who are forced to live in a "narrow world strewn with prohibitions" (1968: 37) in which it is difficult to breathe (2008: 12, 201). Fanon's descriptions continue to have resonance. In 2014, Eric Garner's last words, "I can't breathe," repeated eleven times with the police on his back, like Michael Brown's plea "don't shoot," have reverberated around the world from New York City and Ferguson, Missouri, as expressions of daily black experience in the United States.

In a series of lectures Fanon gave in 1959 and 1960 at the University of Tunis on the topic "The Encounter of Psychiatry and Society," he again considered the issue of race in the United States, noting that

one observes behavior characterized by the predominance of nervous tension that quickly leads to exhaustion ... Among black Americans, a permanent control of the self is required at all levels: emotional, affective ... If blacks are dominated, one cannot demand human behavior from them. (1984: 10)³⁵

In a racist society, he added, all relations are permeated by racism: “When a black American meets a white, stereotypes immediately intervene ... because their systems of value are not the same; at base there is a lie which is the lie of the situation itself” (1984: 10–11).³⁶ Judging from his Tunis lectures,³⁷ Fanon considered the situation of black Americans to be similar to that of the colonized and the disinherited:

The disinherited in all parts of the world, perceive life not as flowering or a development of an essential productiveness, but as a permanent struggle against an omnipresent death. This ever-menacing death is experienced as endemic famine, unemployment, a high death rate, an inferiority complex and the absence of any hope for the future. All this gnawing at the existence of the colonized tends to make of life something resembling an incomplete death. (1965: 128)

This image of an “omnipresent death” remains relevant. Ongoing state racism (i.e., the arbitrary or sadistic violence employed by police in the United States and Europe against people of color, Arabs, Romani, and other minorities) echoes Fanon’s descriptions, and painfully recalls the double legacy of genocide and colonialism inherited by many modern states and democracies. Revolt is necessary, and new movements continually emerge and become “a combat breathing” (1965: 65). On black struggles in the United States, Fanon echoed Wright in the penultimate chapter of *Black Skin, White Masks*, saying, “There are struggles, there are defeats, there are truces, and there are victories” (2008: 196). Struggle, reflected upon, uncovered and brought to light is essential to Fanon’s notion of psychological health and to his ideas of a new humanity.

THE ARAB WINTER

The new relations are not the result of one barbarism replacing another.

—Fanon, *A Dying Colonialism*

One of Fanon’s enduring legacies in *The Wretched of the Earth* was to map out, alongside the dialectic of revolution, the dialectic of counterrevolution and regression that is expressed in the terrible cynicism, betrayals, and murders committed by nationalist elites, often allied with regional and global powers. This is a story that has played out repeatedly all over the globe, and was again evident as the “Arab Spring” erupted in 2011, bringing great hopes for “bread,

freedom, and social justice.” In Egypt, the optimism emanating from Tahrir Square has since been extinguished by a military coup that, in the name of fighting Islamist terrorism, imprisoned opponents, sentencing many to death and violently silencing talk of social transformation. The politics of terror has been nowhere more clearly expressed than in Syria where, in the spring of 2012, peaceful demonstrators were shot, imprisoned, and tortured as the Assad regime quickly characterized all opposition as terrorist.³⁸ In this Manichean politics, described so powerfully by Fanon in *A Dying Colonialism* and in *The Wretched of the Earth*, the apocalyptic and reactionary “anticolonialism” of jihadi Salafism—bolstered by imperial rivalries—thrives. Assad’s brutal war against the Syrian people, aided by regional and global powers, has meant that over eleven million people have been forced from their homes. Referred to as a humanitarian crisis, the specificity of the country’s revolution and counterrevolution, and enduring struggles for freedom are elided. In this way, nearly five million Syrian “refugees” have been depoliticized and objectified in the odd blending of what Fanon described as “Western ‘values’ . . . singularly linked with the already famous call to arms of ‘cross against crescent’” (Fanon 1956: 123). This linkage has rejuvenated Islamophobia across the United States and Europe, reviving ideas of Arab backwardness, volatility, criminality, violence, and insolence that are constantly reproduced in the popular media and by political parties in the image of the ever-potent Islamic terrorist.

Current political as well as clinical and epistemological challenges derive from such scenarios. Among these are the politics of migration and asylum, the wars in Middle East and Africa,³⁹ and the conflicts between African countries over migration (e.g., between Mozambique and South Africa, Cameroon and Nigeria, and Ivory Coast and Burkina Faso). Such challenges are directly connected to the issue of violence and psychological suffering, and these are, in turn, related to histories of torture, social uncertainty, and scarcity, as well as to “global vulnerability” and periods of crisis when, as Gramsci put it, morbid symptoms appear. Similarly, the colonial regime in Palestine, with its ongoing violence and ethnic cleansing, its images of knives and stones, its “apocalyptic atmosphere,” countered by the ceaseless resistance of bodies against its military might, seems to be another tragic representation of a Fanonian drama (Abraham 2013, 2014; Alessandrini 2014).

Colonial ethnopsychiatry, as represented by figures such as Antoine Porot and John Colin Carothers, with their theories about the unreliability or mendacity of the colonized continue to haunt today’s immigrants, refugees, and asylum seekers. As we completed this book, the election of Donald Trump and the project of retrogression that harks back to the “glories” of American supremacy of the 1950s have increased the apocalyptic atmosphere exponentially. Trump and his supporters are repeating in the baldest terms the clash

of civilization between “the cross and crescent” and reproducing a “reality,” as Fanon put it in his resignation from Blida-Joinville—and indeed from France—“spun out of lies, cowardice, and contempt for the human on a daily basis.”

In this context, we believe that a discussion of Fanon’s writings on psychiatry and politics is long overdue. *Frantz Fanon, Psychiatry and Politics* is structured chronologically and thematically, reflecting in part how Fanon’s life, location, and experiences are intimately connected with his work and thought. By focusing on his heretofore underread and until recently untranslated writings on his psychiatric practice, we hope to bring this essential element of his intellectual and practical work into contemporary discussions of Fanon and Fanonian practices.

We contest Macey’s view that Fanon was a “conventional” psychiatrist who uncritically used “Western” methods and therapies. Similarly, we disagree with Greedharry, who argued that because Fanon trained in Europe, he was not “set apart from the medical tradition” (2008: 26), and had nothing new to say. In addition to rejecting such one-dimensional notions of Fanon’s professional work, we also dispute another common view that he gave up psychiatry after resigning from Blida-Joinville Hospital and leaving Algeria to work with the FLN in Tunis in 1957. According to this view, Fanon made a decisive shift away from the psychocultural to the political that was marked by his advocacy of violence as *the* therapy that would liberate the colonized from the traumas created by colonial oppression. In fact, his work in establishing the day hospital in Tunis, and his inclusion of the chapter “Colonial War and Mental Disorders” in *The Wretched of the Earth* confounds the view that he abandoned psychiatry as a means of understanding human beings, particularly the oppressed, even though he stopped practicing in 1960.

In addition, Fanon’s medical writings anticipated and complemented Fanon’s better-known writings. Both clinical and political, his medical writing outlines *another* psychiatry—not far from what Gordon (1998) imagined as “another sociology,” that draws on history, ethnology, philosophy, and psychoanalysis. Seen in this context, Fanon’s work can be understood as having inaugurated a critical ethnopsychiatry. Based on a new and very modern definition of culture, anchored to historical events, particular situations, and lived experience, this approach offers an original idea of the relationship between psychological and cultural.

Radically different from colonial ethnopsychiatry, this approach was critical of old ideas of ethnology and psychiatry built around the “primitive mind.” Fanon was animated here by a deeper purpose: to scrutinize western psychiatry and invite African psychiatrists to reflect on subjugated knowledge and become conscious of the role assigned to them by epistemological colonization. From this perspective, his interest in varying cultural attitudes

to madness, his research into the role of religious and traditional healers and into sexual anxiety among North Africans, as well as his critiques of western psychiatric practices and techniques reveal a sensitivity that was able to refresh even phenomenological and socially grounded interpretations and diagnoses of mental disorders.

Fanon's political semiotics and phenomenology added a new epistemological value to the "cultural" in understanding the "symptoms" presented by migrants (in "The North African Syndrome"), by black people (in *Black Skin, White Masks*), and by the colonized (in *The Wretched of the Earth*). He was able to unmask the false *cultural face* of psychiatric disorders *sewn up* by colonial psychiatry in the bodies of the colonized. He was able to show how "cultural difference" was displayed in the (tragic) meeting between colonizers and colonized (see, for instance, Fanon and Lacaton 1955). If we accept that symptoms *speak*, as Lacan read Freud, and that the colonized reveal in their suffering a specific form of historical consciousness, Fanon must be acknowledged as a pioneer of critical ethnopsychiatry.⁴⁰

In the massive project of deconstructing colonial psychiatry and imagining new methodological horizons, Fanon was never misled by the siren song of undialectical "scientific" objectivity. Aiming to "disturb the waters," as Scheper-Hughes (1992: 28) put it,⁴¹ and "shake off the great mantle of the night" (Fanon 2004: 235), it is not surprising that he aimed to "develop a new way of thinking," not only for himself but "for humanity" (Fanon 2004: 239).

ACKNOWLEDGMENTS

This book should have been published earlier. Like some of Fanon's reflections on therapeutic practice, this book was born out of failure. From 2012 to 2014, Nigel worked on collecting and translating Fanon's writings as published in various psychiatry journals in Europe and North Africa. Ably translated by Lisa Damon, that volume, titled "Decolonizing Madness," was a project born out of the love and the desire to make Fanon's untranslated and unpublished writings accessible to English readers. We were naïve, as Fanon would have put it, to think that there would not be other interests at play. From the fragments of that project, Nigel and Roberto decided to put together this volume with Lisa's translations remaining an essential and integral part; her work features in the quotes in this text from Fanon's psychiatry articles, including the "North African Syndrome." We have used the Richard Philcox translations of *Black Skin, White Masks* (2008) and *The Wretched of the Earth* (2004) unless a sentence or phrase from the earlier translations better captures Fanon's meaning. In general we have degendered the English translations of Fanon's work, avoiding the use of "man" where possible, unless it is not clear from his meaning.

The work is also the product of a long collaboration between Nigel and Roberto, but we are fully aware that no endeavor like this could have come together without the help of many others. Encouragement and support were provided by Amy Ansell, Jean-François Bayart, Robert Bernasconi, Stefan Bird-Pollan, the late and very much missed George C. Bond, Andrea Brazzoduro, Lundy Braun, Billy Brennan, Mark Butler, Rafik Chekkat, Dee Conlon, Miraj Desai, Grant Farred, Lewis R. Gordon, Anne Harley, Béatrice Hibou, Derek Hook, Peter Hudis, Vashna Jaganarth, Maria Koundoura, Feargal Mac Ionnrachtaigh, Achille Mbembe, V-Y Mudimbe, Yasser Munif, Michael Neocosmos, Agostino Pirella, Inez Rogers, Ato Seyki-Otu, Štěpán Steiger, Joseph Tonda, Mohamed Tozy, John Trimbur, and Lou Turner. Asako Serizawa was most helpful and generous with her time when she had little of it, and Richard Pithouse's continual support and engaged comments were most welcome. Aidan Gibson has been a patient listener and welcome companion, and Kate Josephson, Nigel's constantly rigorous interlocutor and painstaking reader, carefully explained the histories of psychoanalysis. Jane Gordon and Neil Roberts, editors of the series *Creolizing the Canon* have been especially generous, talking through and guiding the project.

Nigel was fortunate to share some of his ideas at Caribbean Philosophy Association conferences as well as with students and faculty at UHURU at the university currently known as Rhodes, at WISER at the University of Witwatersrand, at the Centre for Humanities Research at the University of the Western Cape, at the University of Kwa-Zulu Natal at Pietermaritzburg and at a roundtable discussions with Abahlali baseMjondolo in Durban and with the Church Land Programme. Students in Nigel's Fanon seminar at Emerson College, especially Jeff Freeman, also provided an important sounding board. Roberto received generous inputs from colleagues (he is especially grateful to Stefania Pandolfo), students, and "patients" he has met over the thirty years of his *Fanonian practice*, both as a clinician in Italy (in the peripheries of Naples and at Turin) and as a scholar in Africa (Mali, Cameroon, Mozambique, and Uganda). He has learnt a lot from the perspectives of his African colleagues, above all when displaying their uneasy, ambivalent (and "postcolonial") relationships with "culture." Listening to the narratives and the experiences of refugees and migrants struggling against exclusion or medicalization, he has been able to see how Fanon's ideas are still inescapable in our contemporary world. He is particularly indebted to Simona Taliani, who has accompanied his journey through these years with infinite suggestions.

Anne Chevalier, Samir Boukthir, Amel Ben Younes, Ali Rahnema, Nassima Akariou, Rachid Ayssi, Fadoua Elmaguiri, Mohamed Taoufiq El Fassy Fihri, Jacques Debieve, Patrick Martin, Pierre Thomas, and especially Magali Boutiot have been very helpful helping to track down articles. Matthieu Renault has been a valued colleague and a helpful facilitator, and Idrissa Terranti assisted with some missing lines from the lecture notes on

Society and Psychiatry. Sylvie Thénault, Yann Scioldo-Zürcher, and the Archives d'outre mer in Aix-en-Provence, were invaluable in tracking down a copy of Fanon's resignation letter to Lacoste (as well as the police intelligence report appended to it). Martine Jouneau at the Ceri library in Paris helped locate the copy of *Consciences Maghribines* that had been deposited by Pierre Chaullet. Roberto met Slimane Asselah's nephew, Amine Asselah, in Marseille, who generously shared some of his family's documents concerning his uncle who was killed by French in 1957. Francesco Pirelli and his brother and sister, Pietro and Margherita as well as Marie Charby generously gave us permission to reprint some of the images from the book their parents edited, *Racconti di bambini d'Algeria*.

Alice Cherki, Fanon's colleague and the author of *Frantz Fanon: A Portrait*, graciously agreed to write the foreword (translated by Othman Belkebir and Lisa Damon), and has been wonderfully supportive and engaging.

The project began with Lisa Damon's collaboration and would not exist without her translations and her positivity. Michael Neocosmos, at the Unit for the Humanities at the university currently known as Rhodes, and Sarah Nutall, at the Wits Institute for Social & Economic Research at the University of the Witwatersrand, both generously aided the project in its final stages in South Africa by providing space for Nigel to work, and Mary Ralphs provided her excellent and timely copy-editing skills.

NOTES

1. *Black Skin, White Masks* is considered more culturally nuanced than *The Wretched of the Earth* and has become a central focus of literary and cultural post-colonial studies. For early discussions of Fanon and postcolonial discourse, see Gates (1991) and Robinson (1993).

2. The articles were seen as peripheral for a number of reasons. As François Maspero put it in 1964 in his editorial note to *Pour la Révolution Africaine (Toward the African Revolution)*, Fanon played a remarkable medical role as a psychiatrist in Algeria, "innovating at many levels" but "this material remains untouched ... [and] too scattered" (in Fanon 1967: viii). Nevertheless, a collection of Fanon's psychiatric and medical writings appeared in Italy in 2011 and in France in 2015. Meanwhile, the English translation of *The Wretched of the Earth* by Constance Farrington was first published by *Présence Africaine* in 1963; *A Dying Colonialism*, translated by Haakon Chevalier was published by Monthly Review Press in 1965; and *Black Skin, White Masks* was translated by Charles Lam Markman and published by Grove Press in 1967. The posthumous collection, *Toward the African Revolution*, also translated by Haakon Chevalier, was published by Monthly Review Press in 1967. All these books remain in print, with new translations of *The Wretched of the Earth* and *Black Skin, White Masks* appearing in 2004 and 2008.

3. Like Jacques Azoulay, Slimane Asselah was one of Fanon's interns at Blida-Joinville hospital. Azoulay submitted his thesis (*Contribution à l'étude de la socialthérapie dans un service d'aliénés musulmans*) for his PhD in medicine to the University of Algiers in 1954. His ideas influenced Fanon's analysis of sociotherapy at Blida-Joinville Hospital, and some of Azoulay's ideas were reworked in the article he coauthored and published with Fanon the same year (Fanon and Azoulay 1954). Claude Géronimi, born in Algiers to a Corsican family, met Fanon in 1956, and actively collaborated with him in both clinical and political activities. He left Algeria to avoid military service and joined Fanon in Tunisia in 1958. Fanon's colleague at Blida-Joinville Hospital, Raymond Lacaton, was suspected of collaborating with the FLN (Front de Libération Nationale) and was arrested and tortured in 1956; after some months, he left Algeria. François Sanchez coauthored two short and illuminating articles with Fanon. Only the first, concerning cultural and religious attitudes to madness in the Maghreb, was published in 1956. The second, "An Introduction to Sexual Disorders among North Africans," was never finished.

4. For example, Françoise Vergès commented, "Fanon's relation to Martinique was ambivalent. He re-created his family, reinvented his filiation, and situated his symbolic ancestry in Algeria. The Creole filiation, a site of anxiety and ambivalence, was displaced, and a revolutionary filiation took its place; the heroic fighters of the national struggle became his fathers and brothers. But upon his disavowal he created a theory of masculinity and of a black-and-white relation suffused with attraction, repulsion, denial, and anxiety" (Vergès 1997: 579–80). The relationship between Fanon and Martinique was ambivalent, of course, but in a short life, characterized by multiple challenges, risks, and engagements, this analysis seems to offer a highly disputable psychologization of Fanon's choices and theories. On these controversial issues see also Marriott (2010).

5. The term "psychic need" is drawn from Albert Memmi's analysis in "La vie impossible de Frantz Fanon." In his short article, Memmi developed a poisonous, symptomatic approach, that reveals little more than the author's resentment. Memmi's interpretation of Fanon's choices as private issues, motivated by "existential dilemmas," is nothing more than an act of bad faith. Similarly, his mocking of Fanon's "global prophetism" betrays a complete misunderstanding of Fanon's analysis of decolonization in Algeria and Africa more broadly. As Brigitte Riera argued, Memmi's interpretation is the expression of a "mediocre psychologism" (2014: 65).

6. On *négritude*, Fanon wrote: "In no way does my basic vocation have to be drawn from the past of the peoples of color. In no way do I have to dedicate myself to reviving a black civilization unjustly ignored. I will not make myself the man of any past. I do not want to sing the past to the detriment of my present and my future." (2008: 201). His effort to struggle against the weight of the past found an analogy and also a dissonance with Merleau-Ponty's view on situation, history, and recognition: "What moves the whole historical development" is our common situation, our "will to coexist and recognize one other" (Merleau-Ponty 2010: 83, from the "Cours de Sorbonne 1949–1952").

7. On Hegel, he said: "We hope we have shown that the master here is basically different from the one described by Hegel. For Hegel there is reciprocity; here the master scorns the consciousness of the slave. What he wants from the slave is not recognition but work. Likewise, the slave here can in no way be equated to with the slave who loses himself in the object and finds the source of his liberation in his work. The black slave wants to be like his master" Fanon (2008: 195).

8. “We propose to show that Monsieur Mannoni, although he has devoted 225 pages to the study of the colonial situation, has not grasped the true coordinates” (Fanon 2008: 65).

9. Fanon observed that Sartre forgot that black people suffer in their bodies “quite differently” from white people: “Though Sartre’s speculations on the existence of ‘the Other’ remain correct . . . their application to a black consciousness proves fallacious because the white is not only ‘the Other,’ but also the master, whether real or imaginary” (2008: 117).

10. Writing on the concept of “metaphysical guilt” proposed by Jaspers, Fanon said: “Jaspers declares that this jurisdiction rests with God alone. It is easy to see that God has nothing to do with matter, unless one wants to clarify this obligation for humankind to feel co-responsible, ‘responsible’ that the least of my acts involves humankind. Every act is an answer or a question, both, perhaps” (2008: 70; translation altered).

11. Oliver (2004: 21) argued that “Fanon accepts Lacan’s insistence on the fictional direction of the mirror stage when he argues that the mirror image or ideal ego for the black Antillean is neutral, or white . . . however, the effects of the white mirror image for the black Antillean are the opposite of those of the Lacanian mirror stage . . . Whereas the infant in the Lacanian mirror misrecognizes its fragmented and out-of-control body as now unified and in control, Fanon . . . describes the effects of the white mirror as undermining any sense of unification and control, and returning the black body and psyche to a state of fragmentation and lack of control” (see in particular Fanon 2008: 139).

12. Fanon’s comment on Jung was: “Neither Freud nor Adler nor even the cosmic Jung took the black into consideration in the course of his research” (2008: 130).

13. While much of the focus of political postcolonial studies is on a critique of the former colonial powers (and their intellectual and cultural heritage), Fanon remains relevant outside that field as well; see, for example, Alessandrini (2011, 2014), Gordon (2015a), Hook (2011), and Rabaka (2011).

14. The passing reference to Fanon, in Heaton’s *Black Skin, White Coats* (a title that is unmistakably indebted to Fanon), is indicative of a more general trend in the literature (Heaton 2013: 12).

15. Stuart Hall repeated this reductionism when he argued in Isaac Julien’s film, *Frantz Fanon: Black Skin White Mask*, that Fanon constructed a “new man” out of the struggle “as if traumas of the past could be wished away.” Fanon, however, saw the importance of radical changes in culture emerging from social struggle, while Hall seemingly remained pessimistic about progressive cultural change. Looking back on the revolution (during the period of civil war in Algeria in the 1990s), Hall argued that Fanon did not see the importance of Islam in Algerian culture and thus didn’t see “the way culture takes its revenge on the revolution itself.” In our view, this is a fairly reactionary notion of culture. For Hall, culture (specifically religion and Islam, into which he believed Fanon had little insight) is almost couched in Freudian terms as a “return of the repressed.” The past, Hall said, has taken its revenge on the present. Also, in Julien’s film, Vergès argued that Fanon’s identification with the Algerian Revolution was linked to an Oedipal identification with male Algerian militants as the masculine

figure he desired. For a critique of this perspective, see chapter 2, as well as Beneduce (2011, 2013), Gordon (2015), Macey (2005), and Sharpley-Whiting (1997, 1999b).

16. See Bhabha (1986) and Macey (2000: 142). On the literary debates about Fanon as a poststructuralist *avant la lettre* see Gates (1991). On Fanon and Freud, see Bird-Pollan (2014).

17. On Fanon and Black Lives Matter, see for example, Gibson (2016b); on Fanon and the South Africa see More (2017) and Gibson (2011), and on the student movement of 2015, see for example, Gibson (2016c) and Achille Mbembe's "Reading Fanon in the 21st Century" available at <http://africasacountry.com/2010/11/mbembe-fanon/>

18. See, for example, Hansen and Musa (2013), Neves (2015), and Tonda (2016).

19. See de Oto (2011) and Oliva, Stecher, and Zapata (2013).

20. See, for example, Cohen (2014), Molloy and Grootjans (2014), and Nayar (2012). On translations of Fanon's work, see Batchelor and Harding (2017).

21. We can only agree with Paul Gilroy's assertion that "rather than Fanon's insights being redundant or anachronistic, the full impact of his political and philosophical writing has not so far been appreciated" (2010: 18), and we hope our investigations support and encourage a deeper understanding and appreciation of his work.

22. Accordingly, we have taken the advice of Lewis Gordon regarding the translation of *le noir* and *le blanc* as "the black" and "the white," even though these are often translated as "the black man" and the "the white man" in English translations of Fanon's work. "Fanon's meaning is not often gendered," Gordon argued, noting also that "nègre can mean either 'Negro' or 'nigger' depending on the context" (Gordon 2015a: 22).

23. *Sociologie d'une révolution*, Paris: François Maspero, Éditeur, 1972.

24. A study about suicide rates in the North of Ireland between 1998 and 2012 bears out the afterlife of trauma. From 1969 to 1997, approximately three thousand six hundred people were killed in the North of Ireland as a result of the "troubles." In the fourteen years following the 1998 "peace agreement," nearly three thousand three hundred people committed suicide, with the highest suicide rates among men between the ages of thirty-five and forty-four who lived in poor areas of Belfast (Torney 2014).

25. On contemporary biomedicine with its "metabolic syndrome" and race and racism in the United States, see Hatch (2016).

26. Cherki recalled Fanon as frequently saying, "Give me ten nurses who haven't fallen into the habit of viewing patients as the bane of the staff's piece of mind, and I will turn them into full-fledged healers" (Cherki 2006: 119).

27. A whole host of disorders are used to stigmatize the behavior of children that is seen as socially disruptive. The destruction of property, stealing, breaking rules, and resentment are all defined and categorized as in the *DSM* as "oppositional defiant disorder" and "conduct disorder."

28. This wording is from p. 66 of the 1967 edition of *Black Skin, White Masks* (New York: Grove Press), translated by Charles Lam Markmann.

29. See Apuzzo, Fink, and Risen (2016).

30. See, for example, Jane Russo's (2012) work on psychoanalysis and the Brazilian military regime including the "Amilcar Lobo Case." In 1973, an anonymous letter was sent to the International Psychoanalytical Association (IPA) accusing Lobo of working as a military physician and taking part in torture sessions. The president of the Psychoanalytic Society of Rio de Janeiro, who had trained Lobo, assured the IPA that there was no basis for the accusation and Lobo continued working for the military. The case was brought to light again in 1980 but it was not until 1988 that his license was revoked. Russo observed that the indifference to the accusations and the "persecution of whistle blowers" indicates the "clear and active connivance of the people at the top of the two 'official' societies of Rio de Janeiro ... with the repression carried out by the military regime" (2012: 177). See also Bosteels's (2012) account of Fanon's works being buried in a backyard in the mid-1970s when ownership of such books was proof of subversive activity. Dug up by the owner's children in 1994, the books later formed part of an installation, "The Wretched of the Earth," by Argentinean photographer and conceptual artist, Marcello Brodsky.

31. It took almost a decade to unravel the intimate connections between the APA and the torture industry (Risen 2015). After Risen published his allegations about the APA's complicity with Bush era torture programs in his book *Pay Any Price: Greed, Power and Endless War*, and Steven Reisner and Steven Soldz published their report, *All the Presidents' Psychologists: The American Psychological Association's Secret Complicity with the White House and US intelligence Community in Support of the CIA's "Enhanced" Interrogation Program*, the APA commissioned the independent *Hoffman Report* (named after the Chicago attorney who conducted the investigation). The activism of groups such as Psychoanalysts for Social Responsibility and the Coalition for Ethical Psychology also helped reveal the APA's complicity with torture. It is now widely known that collusion between the APA and the Bush government began in 2002 and continued into 2004 when pictures of torture at Abu Ghraib were released. The APA has also had a long and strong association with the Pentagon, with a former president of the APA being a member of the CIA advisory committee that provided the opinion that sleep deprivation is not torture. He later became a part owner of Mitchell Jessen and Associates (see note 32).

32. U.S. army and air force psychologists and instructors, James Mitchell and Bruce Jessen, were instrumental in persuading the CIA to adopt stress positions, temperature and dietary manipulation, sleep deprivation and water-boarding in interrogations. Their company, Mitchell Jessen and Associates, received \$81 million of a \$180 million contract from the CIA to develop "enhanced interrogation" torture "techniques." In a statement to the APA Board, Stephen Soldz concluded that the APA's actions "will go down in history books next to the chapter on the Tuskegee and Guatemalan syphilis experiments."

33. Macey not only insisted that Fanon understood America only through novels but also that his understanding of the novels was suspect. Of Fanon's reading of Chester Himes's *If He Hollers Let Him Go*, Macey argued that Fanon's own "analytic schema, and perhaps at some level his own desires, almost forces him to misread the [book]" (2000: 194).

34. Gunnar Myrdal's *American Dilemma*, for example, was not translated. Interestingly, Myrdal wrote the foreword to Wright's *The Color Curtain: A Report on the Bandung Conference*.

35. Arguments widely inspired by Fanon's work were developed almost ten years later by two black psychiatrists, William Grier and Price Cobb, in their book, *Black Rage* (1968). For an analysis of racism and psychic suffering among black people in the United States, see Franklin and Franklin (2000).

36. The phrase "lie of the situation" echoes Fanon's words from *A Dying Colonialism* in which he argued that resistance to the "truth objectively expressed" is "constantly vitiated by the lie of the colonial situation" (1965: 128).

37. In terms of "self-determination," we should not forget Fanon's reference in *The Wretched of the Earth* to black radicals in the United States forming armed militia groups (2004: 39).

38. At the beginning of the uprising, the Assad regime released Islamist radicals to ferment an internecine war among opposition groups, and to convince the global powers that opposition to the regime meant supporting the "terrorist threat."

39. It should be remembered that over 95 percent of Africa's refugees and "internally displaced persons" remain in Africa. See, for example, <http://www.un.org.za/migration-dynamics-refugees-and-internally-displaced-persons-in-africa/>

40. In the same period, another pioneer, the Italian anthropologist and historian of religion, Ernesto de Martino, was writing about the apocalyptic (cultural and psychopathological) experience of dominated, grounding his perspective in existentialism (Sartre), phenomenology (Merleau-Ponty), and historical materialism (Gramsci).

41. Scheper-Hughes's own research had different aims, including to dialogue with "writings against terror" (Taussig) and engage with the concept of "workers of the negative" (Basaglia, who took this expression from Loureau); see Scheper-Hughes (1992: 25).

Chapter One

The Thoughts of a Young Psychiatrist on Race, Madness, and “the Human Condition”

Frantz Fanon was born in Martinique in 1925. He left the island in 1943 to join the Free French Army. By the time he had been deployed to North Africa and then to France to take part in the Battle of Alsace in 1945, his enthusiasm for the French had soured. About his decision “to fight for an obsolete ideal,” he wrote to his mother that “he was questioning everything, even himself,” discovering that free France was as racist as it had been under Vichy France—the client and puppet state that Nazi Germany installed in France and the French colonies from 1940 to 1943. After the war, Fanon returned to Fort de France and worked on Aimé Césaire’s bid for election as mayor on a Communist Party ticket.

In 1946, Fanon returned to France and began a medical degree at the University of Lyon.¹ There, he studied philosophy (especially phenomenology and existentialism), politics, and psychoanalysis, reading Marx, Sartre, Freud, and Lacan. Alongside his degree, he took classes with philosopher Maurice Merleau-Ponty.² Before completing his medical training, he switched to psychiatry and joined Lyon’s psychiatry department, which was then headed by Professor Jean Dechaume, a specialist in neurology who was fascinated by psychosurgery. According to Razanajao, Postel, and Allen (1996: 500), the whole psychiatry department took “a very organicist approach to neuropsychiatry.” In fact, neuropsychiatry was not yet a recognized discipline and most psychiatrists had little interest in psychoanalytical inquiry or methods. The department’s approach was “very ‘biological’ and anxiety cases were treated with shock therapy and intravenous injections of succyl!”³ (Razanajao, Postel, and Allen 1996: 500).

Reflecting on Fanon’s time in Lyon, François Tosquelles remarked that the Faculty of Medicine was a “caricature ... of analytical Cartesianism

applied to the pathological event.” The professional training of psychiatrists could be summed up as consisting of the conviction that in any circumstance the patient should be committed to a psychiatric institution. While under Dechaume’s supervision, Fanon submitted what was later published as *Black Skin, White Masks* as his doctoral thesis. With its scathing critique of reductive biochemical approaches,⁴ the work also challenged what was considered traditional psychoanalytic thinking, arguing that in addition to ontogeny (in Freudian psychoanalysis), sociogeny should be considered (2008: xv). His approach to alienation was sociodiagnostic with a “brutal awareness of the social and economic realities” (2008: xiv). Since his earliest writings, Fanonian questions and research “necessarily connect . . . psychological structures to political, economic and geographical ones” (Desai 2014: 66). Thus, from the opening pages of *Black Skin, White Masks*, Fanon did not dismiss psychoanalysis but solicited and interpolated it within a social framework.

At the time, psychiatry was generally indifferent to the overlapping issues of marginality, racism, psychic suffering, and violence and continued to repeat and reaffirm that black people were criminals, naturally violent, or simply crazy.⁵ To understand how Fanon was able to take such a radical step beyond the prevailing wisdom in his field, and the views of his academic peers and supervisors, it is important to know that his own reading and research had made him aware of crucial work being done in the United States and Britain in connecting mental disorders to class, race, and migration. In fact, the 1940s marked an important turning point in the United States with regard to mental health facilities for black people, particularly black children. In 1946, for example, a group of black psychologists and psychiatrists decided to offer clinical assistance to poor and marginalized people in Harlem, who, because of the racist attitudes of health professionals, had no easy access to health facilities and often became chronically ill.

The Lafargue Mental Hygiene Clinic was established in Harlem with an interracial group of psychiatrists and psychologists working under the guidance of Fredric Wertham, a German American psychiatrist. The group found inspiration in the work of Paul Lafargue, an Afro-Cuban French physician and Karl Marx’s son-in-law, who had been active in the struggle against the “racial prejudice” and oppression created by a “false science” (an expression used in the clinic’s brochure).⁶ The clinic constituted a decisive experiment that was a singular response to the racism of existing health institutions:

It was free . . . in its first year and half alone the clinic saw over two thousand patients, both adults and children. Some were simply in need of someone to talk to about their daily problems; some were indeed suffering from neuroses; others were diagnosed with a psychosis . . . The Lafargue Clinic represented a landmark

in both the history of African American encounters with psychiatry and the history of American psychotherapy's reckoning with the social sources of mental disorders. (Mendes 2015: 7–9)

In his book *Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry*, Gabriel Mendes noted that Richard Wright, a writer that Fanon admired, became a close friend of Wertham's in the early 1940s. Wright "embraced psychoanalysis and other psychological sciences as a guide to understanding his own thinking and for plumbing the 'inner landscapes' of fictional characters" (Mendes 2015: 35).⁷ Wright was an important supporter of the Lafargue Clinic and a founding board member. He considered it essential to make public the "the psychological and emotional effects of antiblack discrimination and segregation" (Mendes 2015: 95). Although Wright left the United States for France only a year after the clinic opened, his article "Psychiatry Comes to Harlem" described the clinic as an absolutely necessary institution, which "violate[s] ... the contemporary metaphysical canons of organized medicine in America" (Wright 1946: 49).

Human needs metamorphose when they are forgotten or unrecognized, Wright observed, underscoring how among the dominated and subordinated, "social needs" emerge in fragmented and pathological ways,⁸ only to surface later "in strange channels." "Psychologically repressed needs ... go underground," said Wright, searching for an "unguarded outlet ... gushing forth in a wild torrent, frantic lest a new taboo deprive it of the right to exist."⁹ Repressed needs become "symptoms" or are simply labeled deviant and give rise to "artificially-made psychological problems." For example, Wright noted, "Harlem's 400,000 black people produced 53% of all the juvenile delinquents of Manhattan, which has a white population of 1,600,000" (Wright 1946: 49).

In the absence of mental health facilities for the black community, the clinic was established without the help of rich (white) benefactors. Its necessity was explained by Wright's poignant social and institutional diagnosis:

While in theory Negroes have access to psychiatric aid (just as the Negroes of Mississippi, in theory, have access to the vote!), such aid really does not exist owing to the subtle but effective racial discrimination that obtains against Negroes in almost all New York City hospitals and clinics; that it is all but impossible for Negro interns to gain admission to hospitals to receive their psychiatric training; and that the powerful personality conflicts engendered in Negroes by the consistent sabotage of their democratic aspirations in housing, jobs, education, and social mobility creates an environment of anxiety and tension which easily tips the normal emotional scales toward neurosis. (Wright 1946: 49)¹⁰

The Lafargue Clinic wanted to contest this state of things and Wright's intention, like Fanon's, was to undermine the false explanations and medical objections, which he said appeared sadistic, "uttered not only with straight medical faces, but, indeed, with moral solemnity."

Wright tackled six often-heard objections to the opening of the clinic (1946: 50). First, that the establishment of a mental health clinic in Harlem must wait for black psychiatrists: Wright responded, "Race hate and the quota system of our medical schools have made it well-nigh impossible for a Negro to receive such training." Second, the clinic is not necessary because the social and mental problems of the black population are the *rule*. As Wright ironically put it: "After all, aren't Negroes 'pleasure-loving,' 'lazy,' 'shiftless,' naturally inclined toward crime, slow of comprehension, and irresponsible?" Third, a mental health clinic for blacks in Harlem ghettoizes intervention, risking the extension of "the already well-set pattern of racial segregation." This, Wright replied, "neatly overlook[s] that Harlem itself is an artificially made community!" Wright made it clear that he considered proponents of the fourth objection that "existing institutions serving the mentally ill must be made to give up their racial prejudices against Negroes," both hypocritical and sadistic. No law, he retorted, "can possibly cope with the manifold dodges used by institutions to deprive Negroes of treatment."¹¹ Fifth, he stated that psychiatrists who insisted that "the psychiatric need in Harlem is not more acute than other areas and singling out Harlem is a just a sign of 'over-sensitivity'" were being "dangerously defensive about their racial prejudices." Finally, he observed that when clinic staff stated that the cost of existing treatment was too high for the poor, black population, opponents of the service would inexorably remember "that payment of psychiatric fees is considered an indispensable part of the psychotherapeutic process. And on and on" (Wright 1946: 50). Wright's criticisms resonate with the politico-epistemological deconstruction Fanon advocated when faced with colonial psychiatry. The objectives of the clinic intimated Fanon's later sociodiagnostic critique of racism in psychiatry.¹²

Wright's insightful analysis also anticipated other aspects of Fanon's argument, offering precise counterpoints to the racial prejudices and contradictions characterizing psychiatry at that time. But beyond his uncommon interest in psychiatry, Wright's work questioned segregation, racial alienation, and the black condition, while offering a caustic analysis of American nation and its lies.¹³ Wright was not alone in this. His interest in Wertham's adventure was shared by Ralph Ellison:

When Negroes are barred from participating in the main institutional life of society, they lose far more than economic privileges or the satisfaction of saluting the flag with unmixed emotions. They lose one of the bulwarks . . . between themselves and the constant threat of chaos . . . And it is precisely the denial of

this support through segregation and discrimination that leaves the most balanced Negro open to anxiety. (Ellison 1964: 299)¹⁴

The connection between psychiatrists, black writers, and Anglican priests (the Lafargue Clinic operated from the basement of the parish house of St. Philip's Episcopal Church in Harlem) against the background of racial and class conflict in New York is not without interest for those interested in investigating the implications of the clinic's "singular position at the intersection of the histories of literature and psychiatry" (Campbell 2010: 443). For us, the connections clearly articulate with Fanon who considered Wright's novels and characters to be cornerstones of his investigations into black alienation.¹⁵ An awareness of Wright's engagement in the field of psychiatry, and of his call for *another* psychoanalysis (from the underground), is decisive in understanding the particular ways in which Fanon extracted his analysis of alienation from literature, film, and comic books, and presented this in *Black Skin, White Masks*.

Fanon scrutinized Mayotte Capécia and René Maran's characters, and discussed their novels in his book (including when he was writing it for submission as his doctoral thesis), posing a series of questions. What does the novelist's imaginary say (and do) about the making and the unmaking of black self? What does it say about the internalization of oppression and subjugation on one hand and the building of French national identity on the other?¹⁶ How does it contribute to revealing and healing (or, alternatively, concealing) the roots of racial alienation? Could one consider the madness and violence of Wright's *Native Son* and the neurosis of Ellison's *The Invisible Man* as counterpoints to Capécia's *Je suis martiniquaise* (1948) and Maran's *Un homme pareil aux autres* (1947)?

The Northside Center for Child Development opened in Harlem at the same time as the Lafargue Clinic. Its founders were the two black psychologists, Drs. Kenneth and Mamie Clark, who, in the late 1930s, had conducted the famous "doll experiments" on identification among black children (Clark and Clark, 1939, 1940). The study is particularly relevant for understanding the impact of internalized racism and segregation on mental health. When asked to pick out the doll that "looks bad," eleven of the sixteen children in the study selected the black one. An often-overlooked question was the traumatic meaning of the test itself, for both the children and the psychologists. As Kenneth Clark remembered it,

We were really disturbed by our findings, and we sat on them for a number of years . . . Some of these children . . . were reduced to crying when presented with the dolls and asked to identify with them. They looked at me as if it were the devil for putting them in this predicament. Let me tell you, it was traumatic experience for me as well. (Quoted in Cheng 2001: 1)¹⁷

Other scholars investigated the relationships between social discrimination, frustration, rage, or tension caused by repressed aggression (Kardiner and Ovesey 1951). Fanon did not mention these studies, or the work of the Clarks, in his writings but their conclusions are consistent with remarks he made in *Black Skin, White Masks*.

In postwar Britain, the impact of new psychiatric and psychological theories on the pathologization of black immigrants and, above all, of foreign black students and their parents, was considerable. The particular fragility of black students seems to have been related to cultural and environmental shock related to the racism they encountered. For example, Jordanna Bailkin quoted Farrukh Hashmi, a senior transcultural psychiatrist at the University of Birmingham, describing “what he called a ‘displaced persons syndrome,’ prompted by paranoia about racial and ethnic discrimination. Hashmi has claimed that many migrants feel guilty about being unable to defend their rudimentary religious beliefs against English logic: ‘Conscience, when injured, is like a wound, which does heal eventually but leaves a permanent scar’” (Bailkin 2012: 38). Bailkin also recorded a claim made by H. P. Burrowes, the city of Bradford’s principal medical officer, that the move to Britain prompted either “servile obsequious endeavor” or “aggressive endeavor” in migrants of color. Burrowes reportedly argued that migrant delusions typically involved white women, thus pathologizing the effects of interracial relationships on “the fragile migrant psyche” (quoted in Bailkin 2012: 39). Concerns about the relationships between immigrants and European women had become a central issue among psychiatrists. A new reason for repatriation was emerging, but, around the same time, Nigerian psychiatrists were emphasizing that there was no improvement when migrants returned home. Diagnoses such as “brain fag syndrome,” proposed in 1960 by Raymond Prince, the chief psychiatrist at the Aro Hospital in Nigeria, tried to capture the sense of the fragility and nervous “weakness” among black students. Born in Canada and trained as a psychiatrist, Prince worked in Nigeria, where he recognized the difficulties of applying western psychology or psychiatry as well as the their lack of superiority with regard to African techniques: “Western psychiatric techniques are not in my opinion demonstrably superior to many indigenous Yoruba practices. Psychotherapeutic techniques fit the cultures in which they have developed and cannot cross cultural boundaries so successfully as can physical therapies.” (Prince 1964: 116) As Bailkin suggested, Prince seemed to recognize a more complex meaning in these diagnoses, including the social and political reasons for the suffering:

Prince theorized that because the British educational experience required isolated endeavor where the Nigerian craved community, the syndrome constituted an unconscious ‘revolt’ against an alien metropolitan experience. In a further study of “brain fag syndrome” among secondary schools students some years

later, Prince came to the conclusion that Nigerian students were not suited to academic work and suggested that they developed this disorder as a way of “escaping responsibility for the demands of education. (Bailkin 2012: 122).

The symptoms described as occurring among young black students on the eve of their country’s independence were clearly contextual, and can be understood as arising from the clash of desires, aspirations, and patterns of behavior that were in conflict with concrete opportunities. Describing his research with two groups of patients (Yoruba students in Britain and Yoruba patients in Yorubaland), Thomas Adeoye Lambo, who had just graduated from the Institute of Psychiatry at King’s College in London, observed that the former were affected by paranoid symptoms and “had some difficulty in adjusting,” while the latter, dealing with the “complexity of city life,” also found “the humiliation of racial prejudice and colour discrimination” a significant factor (Lambo 1955: 248). The clash between patients’ social aspirations, their misinterpretation of English and colonial society as open and nonracial, and their subsequent failure to adjust, seems to have been the basis of delusions and other disorders.¹⁸ In the same period, John Bowlby’s attachment theory was being used to pathologize kinship ties in African families.¹⁹ It was not until the late 1950s (with Hollingshead and Redlich in 1958) and the mid-1960s (with Bastide’s pioneering *Sociologie des maladies mentales*) that we find a deeper analysis of these issues, with a sensitive inquiry into the relationships between psychic suffering and their social, racial, and political contexts. What is interesting is the ways in which debates about migration and psychic suffering converged with postcolonial political problems (such as the effects of ethnic and regional tensions among migrants within post-independent Nigeria).²⁰

TEMPORALIZING THE BODY AND ITS SYMPTOMS

Fanon submitted the work that became *Black Skin, White Masks* as his dissertation, considering it a serious engagement with the field but it caused a scandal in the department (Cherki 2006: 18) and was rejected out of hand as subjective. Fanon then quickly wrote up a study on Friedrich’s ataxia and delusions of possession, a neurophysiological disorder, which met Dechaume’s approval. The title was *Altérations mentales, modifications caractérielles, troubles psychiques et déficit intellectuel dans l’hérédo-dégénération spino-cérébelleuse: À propos d’un cas de maladie de Friedrich avec délire de possession*” (Mental disturbances, changes in character, psychic disturbances, and intellectual deficiency in hereditary spinocerebellar degeneracy: A case of Friedrich’s disease with delusions of possession).²¹ The

thesis aimed to question the relationship between neurology and psychiatry, the risks of increasing specialization, the autonomy of psychic disorder even in a hereditary neurological disease, the role of social context in determining different expressions of personality and, above all, what was usually conceived as the natural evolution (or progress, in medical terms) of a disease:

This is certainly one of the trickiest (*le plus épineux*) questions that neuropsychiatrists have had to address over the past twenty years. Despite the fact that it was already extensively debated last century, the issue had not yet become such a doctrinal stumbling block. Responsibility lies in the powerful push toward specialization today and the *subsequent urgency of establishing borders*. What are the respective limits of neurology and psychiatry? Is there such a thing scientifically as the neurological and the psychiatric? What is a neurologist? What is a psychiatrist? What is to become then of the neuropsychiatrist? Far from providing a solution here—we believe a whole life of study and observation would be needed . . . since the causes of psychical disorders linked to hereditary spinocerebellar degeneracy are entirely unknown. (Fanon 1975: 1079; our emphasis)²²

Although Fanon referred to psychoanalysis in both *Black Skin, White Masks* and in his thesis, it is important to remember that while he certainly read psychoanalytic theory, did not consider himself a psychoanalyst and never underwent analysis. In addition, his thesis was not simply a “substitute” for *Black Skin, White Masks*. In it, he developed a critique of the dominant models of psychiatry from another perspective, and expressed this in terms of the corporeality of psychic life. In investigating hereditary spinocerebellar disease, he was critical of the approach taken by Henri Ey. Ey was chief physician at the psychiatric hospital in Bonneval, near Chartres in France, and had developed the theory of “*organodynamisme*” to express the synthesis between psychiatric symptoms and neurophysiological data. According to Ey, mental disorders found in this disease “must not be understood as the reactions of a personality to the production of a valorizing unconscious. Character shifts and personality disorders” should instead be considered as “organic alterations brought on by the disease itself.”

By contrast, Fanon attempted to recompose this fragmented entity, making history central to the medical case and to the disease’s evolution, thus acknowledging the place of the psychic in this apparently “organic” disease. He framed his discussion of the bodily integration of psychical life around a discussion of the “respective limits of neurology and psychiatry” as represented in the positions of Kurt Goldstein (whose work helped create the field of phenomenological psychiatry), Henry Ey, and Jacques Lacan.²³

Thinking about neuropsychiatry (which, as noted earlier, was a very new field at the time) as a dialectical rather than dualistic relationship between the

brain and body, Fanon noted that Ey's work introduced the idea of a structural dynamism and a dialogue between "the human being and thinking." Ey's position was that the neurological is localizable, instrumental, and elementary, while psychiatry is "non-localizable, historical, global, and synthetic" (Fanon 1975: 1081). Almost paradoxically, however, the psychiatric and the psychic were not the same in Ey's view, so a mental disorder could not admit a psychic causality. In response to this, Fanon asked: "Does a mental illness, psychosis, or neurosis have a psychological origin or is it necessarily organically conditioned? In the case of coexistence between neurological and mental disorders, is it a personal reaction to psychical inflation or must we simply see in it an extension of lesions to the brain?" There is no psychical causality for mental illness, "there is an organic dynamism at the origins of psychosis ... this is the first thesis by Ey" (Fanon 1975: 1081).

For Ey, what was more important was that his dynamic theory demanded that a "link" (*rattachement*) be made between all "the 'states,' 'syndromes,' 'structural levels,' or 'psychoses' and their 'etiological processes.'" This, argued Ey, "is the main aim of the medical science known as psychiatry" (quoted in Fanon 1975: 1081). Fanon's critical analysis of Ey was based on a different understanding of suffering, and was elaborated on in relation to a patient affected by a medical problem that is hereditary and has localized lesions, namely, "dégénération spino-cérébelleuse," also known as Friedreich's disease.

In works published between 1861 and 1876, Nicolas Friedreich reported different symptoms such as muscle weakness in the arms and legs, the curvature of the spine, the impairment of hearing and vision, as a new nosological entity, but he did not signal the presence of psychic disorders in his description of the disease. Similar opinions were repeated by neurologists such as de la Tourette, Blocq, and Huet, confirming the integrity of Friedreich's ataxia and multiple sclerosis. In the first part of his thesis, Fanon provided a detailed history of the disease covering the works of theorists from Mollaret to Marie, who unified different symptoms described by neurologists in 1893; from Coehn to Hiller, who explained language disorders in patients with ataxia; and from Klein, Bleuler, and Walder to Davies, who emphasized the importance of psychiatric disorders in the disease and first suggested the name "Friedreich's psychosis."²⁴

Fanon then addressed an issue central to the medical literature of the day: the very rare presence of psychic disorders in Friedreich's disease. The cases he studied, on the other hand, presented with significant psychic disorders. He looked at these as an important anomaly—in a Kuhnian sense—that indicated the need for a new analysis that would rethink the relationship between psychiatry and neurology. Fanon then went on to question whether mental disorders can arise and develop as a result of patients' personality and

historical (biographical) traits and independently of neurological lesions. He also compared Friedreich's ataxia with the general paralysis caused by late stage syphilis—the most represented disease in psychiatric hospitals—in which psychic disorders caused by the destruction of the brain are massively present.

After analyzing six cases, most of which had been published, Fanon discussed the case of Odile, a thirty-two-year-old woman with a family history of Friedreich's disease. Odile presented with the usual neurological symptoms as well as some important psychic troubles. She feared that she was possessed by the devil. Fanon suggested that Odile's case (an anomaly in the sense that a patient with Friedreich's ataxia was presenting simultaneously with hysteric disorders and delusions of possession) required a rethinking of the whole issue of the psychic profile of neurological disorders. In other words, he argued that Odile's condition could be instructive in an inquiry into unconscious processes and personality disorders, as well as into the presumed distinct epistemologies of neurology and psychiatry.

Fanon built up the clinical description of Odile's history in a remarkable way. Her experiences and the milieu in which the young woman had spent her life (including a trip to Algeria, where the ten-year-old Odile met an old woman considered to be a witch, and her childhood in religious institutions after her parents' death) were evoked to explain the specific nature and content of her delusions, including her desire to be exorcised and the erotic themes. Fanon also stressed the patient's complacency toward her delusions, and her invention and modification of symptoms when she was with different interlocutors.

Fanon's methodological perspective, and his placing of the symptoms of mental disorders in their social and historical contexts, was without doubt troubling for the science of mental health at the time. It was also a first step toward a consistent and systematic deconstruction of the dominant psychiatric thinking and diagnostic apparatus. Fanon integrated the sociocultural context, biographical events, and clinical profiles to construct a fine anamnesis and a thick interpretation of Odile's disease. It was on this basis that Fanon began his discussion of other psychiatrists (Ey, Goldstein, and, above all, Lacan) who were then reflecting on some of the main focus areas of his own theoretical perspective: the value of temporality and history for clinical work. As he put it, "our medical perspective is spatial, whereas it should temporalize itself" (Fanon 2015: 178). He added that it is necessary to consider patients' mystical beliefs not simply as an expression of their "intellectual insufficiency" but in terms of a complex reaction—"a biological, psychic, and metaphysical restriction" (Fanon 2015: 178)—to the inexplicable.

Critical of Ey's theory of organic (and localized) lesions, Fanon wrote: "The foundation of the Freudian doctrine is called into question: psychical trauma

is just an obsolete moment, the architecture of which does not let on to what usage its workers had destined it . . . Infantile regression is presented as a literary cliché” (Fanon 1975: 1086). Fanon’s aim was to assert a different point of view, stressing not only the autonomy of the psychiatric sphere with regard to neurology, but also to reconnect mind and body (his remarks on psychosomatic medicine are particularly revealing of this specific interest). He affirmed that even when considering a hereditary *neurological* disease, it is necessary to recognize the individual and the social in a patient’s particular symptoms. As he explained in *Black Skin, White Masks* (which, as noted, was written just prior to his dissertation), his interest was in looking beyond the phylogenetic and ontogenetic perspective.

In contrast to Ey, the Gestaltists believe that the “neurological and psychiatric go hand in hand. Neurological and psychiatric disorders are imbricated” (Fanon 1975: 1087). This made them privileged interlocutors for Merleau-Ponty as well as for Fanon. Thus, looking beyond Ey’s “desire to localize or not,” Fanon suggested that the true question that needed to be investigated is “the relationship between body and soul” (1975: 1085).

For Kurt Goldstein, Fanon went on to argue, “neural energy is constant. As soon as one function is threatened, the others come to the rescue.” In short, for Goldstein there is no “absolute symptom.” Whereas Ey skewed this problem, Fanon (1975: 1085) suggested that “the symptom must not be valorized” or taken as fixed: “The aphasiac is not just a person who no longer speaks or whose language is altered, but a new person.” In this, Fanon was not far from the “mindful body” of current medical anthropology. He mentioned Walter Cannon’s *Wisdom of the Body* (1932), acknowledging that our bodies often undertake arduous struggles to maintain our health.

Fanon cited an example of this from Merleau-Ponty’s *Structure of Behavior*, his companion to *The Phenomenology of Perception* published in 1948. In both of these works, Merleau-Ponty engaged with the work of the Gestalt theorists such as Wolfgang Köhler (1940), Kurt Lewin (1935), and Kurt Goldstein. In the *Structure of Behavior*, Merleau-Ponty discussed Gelb and Goldstein’s study of a patient named Schneider.²⁵ Merleau-Ponty was in turn quoted by Fanon (1975: 1086) as follows:

Studies on the spontaneous correction of hemianopsia are quite conclusive. For example, “it is observed that he now has the use of only two half retinas; consequently one would expect that his field of vision correspond to half of the normal field of vision, right or left according to the case, with a zone of clear peripheral vision. In reality, this is not the case at all: the subject has the impression of seeing poorly, but not of being reduced to half a visual field. The organism has adapted itself to the situation created by the illness by reorganizing the functions of the eye.”

However, the idea of basing clinical practice on phenomenology itself has its risks when the latter is not historically and politically oriented. At the same time, Fanon was attracted by the authors who inspired Goldstein (Constantin von Monakow, for instance), as the following sentences reveal:

We are attached to Monakow's doctrine for one reason: the human is human insofar as they are entirely turned toward the future. We will have the occasion, in a book we have been working on for some time, to approach the problem of history from a psychoanalytic and ontological angle. We will then show that history is nothing but the systematic valorization of collective complexes. C. V. Monakow's biology is genetic and chronogenetic. For Monakow, *the sphere of instinct takes precedence over the sphere of orientation: instincts are at the service of the hormone*. Pathology comes from an inversion of this relationship. (1975: 1085; our emphasis)²⁶

Fanon seems to have recognized in Monakow a point of view close to his own on the value of considering human experience and vital impulse (*horme*) as action oriented toward the future, while seeing temporal integration (*chronogénie*) as fundamental to the analysis of pathological phenomena. The idea that even instinct is "at the service" of this impulse, and that pathology comes from an inversion of this "law," was central to Fanon's idea of history as the valorization of collective complexes; that is, to the idea of history as embedded in and expressive of *collective* psychic life. In other words, normality is acting within history and alienation is the suspension of the existential link to time; thus, madness means removing oneself from history and renouncing action within it.

FANON AND LACAN: THE IMAGINARY, LANGUAGE, AND FREEDOM

Without doubt, Lacan's efforts to understand the architecture of delusion and the sense in madness pushed Fanon to discuss Lacan's theory in his dissertation.²⁷

Few men are as contentious as Jacques Lacan. We could parody the well-known expression and say: "Amongst the psychiatrists, there are his partisans and his adversaries." But we would also have to add that his adversaries far outnumber his supporters . . . which does not seem to especially bother the logician of madness. Personally, if we had to define Lacan's position, we would say that it is a fierce defense of the rights of madness to inhabit the human being. (1975: 1087)

Lacan seems to have seduced Fanon here, even as Fanon discussed the increasing literature in psychiatric field and his perplexity about its real progress: "It

must be said that only a passionate—and often arduous [*ardente*—]quest would allow one to speculate, while overcoming discouragement, on the hope of an organizing principle within madness, the hope of what Lacan calls the logic of madness” (1975: 1085).

The search for a *historically founded* logic of madness, and the singular definition of history as the “systematic valorization of collective complexes,” was decisive in Fanon’s reading of Lacan. In his dissertation, Fanon seemed to highlight one of Lacan’s main lines of thought when he said: “The category of the social in human reality, to which we personally ascribe a great deal of importance, also captured Lacan’s attention.” Perhaps the most interesting point of contact between Lacan and Fanon, apart from Fanon’s criticism of Lacan’s constitution theories as “absolutely mythic” (Fanon 1975: 1088), was Lacan’s writings on paranoia. In contrast to Ey who, Fanon said, “had encountered delusion in his structural analysis of madness . . . as a consequence of a deficit or lack of control, Lacan considers delusional beliefs as *misrecognition*” (1975: 1089; our emphasis). Fanon was referring here to Lacan’s critique of Ey in “Presentation on Psychological Causality,” which reads as follows:

What then is (the phenomenon of) delusional belief? I say that it is misrecognition, with everything this term brings with it by way of an essential antinomy. For to misrecognize presupposes recognition, as is seen in systematic misrecognition, in which case we must certainly admit that what is denied is in some way recognized. (Lacan 2006: 135)

It is easy to see why the dialectic between recognition and misrecognition, placed at the heart of delusion by Lacan, was of interest to Fanon and that this played a part in his subversive analysis of alienation and persecutory ideas among the dominated (see, for example, Fanon and Lacaton’s 1955 paper on confession discussed below). Fanon’s interest in Lacan can be summarized as having been motivated and organized around three subjects.

The first is Lacan’s work on the “mirror stage,” which received critical attention in *Black Skin, White Masks*. The second is Lacan’s book on the “family complex,” published in 1938, which Fanon might have considered useful in deconstructing the universality of the Oedipus myth, even though Fanon distanced himself from its assumptions in *Black Skin, White Masks*. (These works were given close consideration by Merleau-Ponty in courses he taught at the Sorbonne from 1949 to 1952, see Merleau-Ponty 2010).²⁸ The third is Lacan’s work on psychic causality, which he presented at the Bonneval Clinic in 1946 in answer to Henri Ey’s model of organodynamism and which is quoted in Fanon’s thesis. All three of Lacan’s works contain decisive insights that Fanon drew from to build his own critical approach to alienation in *Black Skin, White Masks*.

In the paper Lacan delivered at the Bonneval Clinic in 1946 (at a psychiatric conference organized by Henri Ey on the topic of psychogenesis, and which was published in 1947 in *L'évolution psychiatrique*), Lacan said,

I have often taken a stand against the hazardous manner in which Freud sociologically interpreted the Oedipus complex—that very important discovery about the human mind that we owe to him. I think that the Oedipus complex did not appear with the origin of man (assuming it is not altogether senseless to try to write the history of this complex), but at the threshold of history, of “historical” history, at the limit of “ethnographic.” (2006: 150)²⁹

Here Fanon found important insights for a model of psychic development that was anchored to culture and history,³⁰ and moved well beyond both Ey's organodynamic model and Freud's ontogeny. In addition, Fanon argued that by drawing on ethnosociology, Lacan “goes beyond the concept of the image, making the projectional phenomena described by Lévy-Bruhl as a corollary of primitive thought, the cornerstone of his system. He links the unhappy consciousness to a conception of magic” (Fanon 1975: 1089). For Fanon, thinking about madness meant taking into consideration theories of biological, social, and cultural structures as well as political domination and recapturing the intersecting arenas and meanings among psychic conflict, alienation, and symptoms. Ethnosociological theory became Fanon's ally in his analysis of colonial madness, while Lacan's interest in the social dimensions of unconscious³¹ offered Fanon an important perspective, which he used to interpret family relationships, childhood, and “inferiority complexes” in Martinican society. Lacan's work on paranoia (which he called a “phenomenology of madness”) might have also attracted Fanon's attention for another reason: namely, his interest in understanding the genealogy of delirium—what Lacan defined as “the fecund moment of psychosis”—in social and political terms. For Lacan, like Fanon, mental disorders have to be understood within a “social tension,” and their meaning is to be found in intersubjective relationships.

In addition to the works discussed above, Lacan's doctoral thesis, “On Paranoid Psychosis and its Relation to Personality” (1932), with its references to Bergson's critique of localization theories,³² and his refusal of all morbid personality (constitution morbide) models,³³ offered Fanon further insights with which to build a political and context-related phenomenology of psychic development and mental disorders. Even the language Lacan used seems to have offered Fanon a model for the embodied/medical style of his own writing.³⁴ The section on Lacan in Fanon's thesis begins with the following epigraph, using two quotes from Lacan:

Therefore, far from being contingent to the fragilities of the human organism, madness is the permanent potentiality of a fault, open in its essence.

Far from being “an insult” to freedom, it is freedom’s most faithful companion; the one shadows the other’s every move. And not only can the human’s being not be understood without madness, but it wouldn’t be the human’s being if it didn’t carry within it madness as the limit of its freedom.³⁵

These ideas are consistent with Fanon’s approach to psychosis, alienation, and, above all, desire in the context of colonial domination. The value of Lacan’s work, Fanon argued, “hinges upon his definition of desire”:

He sees it as a behavioral cycle characterized by certain general organic oscillations, said to be affective, a more or less regulated motor agitation, and fantasies, the objective intentionality of which are more or less adequate depending on the case.

When a given life experience, active or passive, has led to affective equilibrium, a rest position and the disappearance of fantasies, we say, by definition, that a desire has been fulfilled and that this experience was the end and object of that desire. In his detailed analysis of the Aimée case, it becomes clear that Lacan sees psychosis as a behavioral cycle. As such, it is not a question of undertaking a study of the symptoms of psychosis like Kraepelin and Bleuler do, *but of grasping the organizational mechanism of desire and its fulfillment.*

We believe there are traces of the influence of Paulhan’s work, *Socialisation des tendances*³⁶ in Lacan’s thinking, although he did not cite it directly. Indeed, the life experience that constitutes the aim of desire is essentially social in its origin, practice and meaning. “Recognizing in morbid symptoms one or several behavioral cycles which, no matter how anomalous, display a concrete trend that can be defined by relations of understanding—this is the point of view we bring to the study of psychoses.” (1975: 1088; our emphasis)

According to Fanon, Lacan attributed considerable importance to the social and to the phenomenology of personality:

He expresses it in the three functions he ascribes to the personality under the attributes of comprehensibility, development and idealism in the conception of self; and finally, as the very function of social tension and of personality where the two attributes of the phenomena in fact engender each other. Lacan premises his doctrine on the postulate of psychogenetic determinism. This postulate supports a science of the personality; a science that has as its object the genesis of intentional functions which include human relations of a social kind. This is what he calls the phenomenology of personality. Applying his method to self-punishing paranoid psychosis, Lacan highlights its value as a phenomenology of the personality by the coherent development of the delusion and lived experience of the subject, by its simultaneously conscious (delusion) and unconscious (self-punishing tendencies of the ego ideal) manifestations, by the *dependence of psychical tensions related to social relations* (tensions immediately manifested as much in the contained phenomena of the delusion as in its etiology and reaction formation). (Fanon 1975: 1088; our emphasis)

Given his understanding of alienation in Martinican society, Fanon was evidently thinking of historical forms of alienation—the “unconscious and nervous tensions” discussed in *Black Skin, White Masks*. Even a simple anecdote, he explained in the book, can be revealing of a “tension, explicit or latent, but real” (2008: 46). However, from this sociodiagnosis, a particular prognosis and therapy arise for “those who are prepared to shake the worm-eaten foundation of the edifice” (2008: xv). Moreover, the “relations of understanding,” that Fanon argued Lacan inherited from Jaspers, were fundamental for Fanon in Algeria, when he considered relations of understanding in relation to mental disorders that arose in the context of violence and war. In his discussion of Lacan, Fanon then went on to consider sub-characteristics, which he saw as important in the context of the “phenomenological revelation of psychosis.” He named the first “a signification comprehensible in terms of the human,” which he saw as underscored by the “potential for dialectical progress”:

The cure being catharsis, a cure that represents liberation for the subject from a conception of self and world, the illusion of which was held together by unknown affective impulses, and this liberation takes place as a run-in with reality. Note that spontaneous catharsis is not an entirely conscious process. (Fanon 1975: 1088)³⁷

As we have anticipated, Fanon recognized that Lacan proposed a definition of delusion that was directly related to language and to what he saw as the foundation of Lacan’s thought, namely, the phenomenon of “misrecognition.” For Lacan, paranoid psychosis occurs in a dynamic relationship with personality, and the development of delusion is consistent with the “lived history of the subject” (Fanon 1975: 1088). “In the critique he makes of organodynamism,” Fanon argued, “Lacan poses the question: does the originality of our object (madness) stem from social practice or scientific reason?” Fanon saw that Lacan’s answer moved away from “a question of causality to one of motivation,” to an intentionality that can be understood:

For Lacan, delusional beliefs are in fact misrecognition. We believe it is on this level that a reversal of Lacan’s scientific approach takes place. By addressing the human value of madness,³⁸ the author moves from a question of causality to one of motivation. Speaking of knowledge and belief, he looks at madness from an inter-subjectivist perspective. “Madness, he says, is experienced entirely in the register of meaning. And its metaphysical significance is revealed in that the phenomenon of madness is inseparable from the problem of signification for life in general, in other words, the problem of language.” (Fanon 1975: 1089)

By contrast, Fanon continued, “By defining delusion as contingent upon loss of control or a deficit, Ey passes over the problem and therefore its solution.

Thus the idea of a deficit is not phenomenologically accurate” (1975: 1089). Fanon added that while a deeper discussion of Lacan’s theory of language would have taken him further away from the task at hand, he acknowledged “that all delusional phenomena is in the end expressed phenomena, meaning spoken. Hence the best way to analyze a delusion or abnormal psychic process is to be face to face with the explanation of the delusion.” Indeed, parallels between Ey and Lacan are hard to find because Lacan was trying to define the logic behind the deluded act. As Fanon observed, “Madness, says Lacan, is neither more nor less than a stasis of being” (Fanon 1975: 1089n2).³⁹

In the final pages of his discussion, Fanon argued that Lacan took a Jungian approach linking it to the mirror stage that Fanon discussed in *Black Skin, White Masks*:

We would like to note the main factors of psychogenesis in the Lacanian conception. Taking a Jungian approach, which he does not cite, Lacan goes beyond the concept of the image, making the projection phenomena described by Lévy-Bruhl as a corollary of primitive thought, the cornerstone of his system. He links the unhappy consciousness to a conception of magic. Internally then, Lacan seems to inhabit the meeting place of Hegel and Lévy-Bruhl. Whereas for Jung the image was a projection onto the object of a subjective conflictual state or the second aspect of the ideal, it becomes with Lacan a general human likeness for the adult and a likeness full of intoxicating ingenuousness for the child. The author bases the story of psychical life on his mirror stage. It is the meeting of two bodies: the primordial ego, ontologically unstable, and the existential complex engaged in a struggle within which Freud rightly distinguished the death drive. “In the beginning of psychical development, the primordial Ego as essentially alienated and the primitive sacrifice as essentially suicidal are linked.” Thus, says Lacan, “there is an essential dissonance in human reality. And even if the organic conditions for intoxication are prevalent, one’s freedom would still have to grant consent. The fact that madness only appears in humans after the “age of reason” corroborates the Pascalian intuition that “a child is not an adult.” What kind of conclusion should be drawn from these various considerations? And, is a conclusion even necessary? Would it not be best to leave open a discussion that centers on the very limits of freedom, or in other words, human responsibility? (Fanon 1975: 1089–90)⁴⁰

Pushing Jung’s argument to the extreme, Fanon concluded that this proved that a medicine of the person is possible:

We could find this doctrine at fault for its esoteric character. Just as in psychoanalysis, a “singular” colloquium runs the risk of resembling confession. But are not all consultations invariably confessional? Is it not an appeal ...? And is the alleviation of pain the doctor brings by prescribing bismuth for an ulcer so very different from the kind brought to disheveled and stupefied consciousnesses,

the likes of which only our civilization could produce, by reinforcing the bases of psychical synthesis? This method should certainly not be assumed to be an offshoot of psychoanalysis. Its proponents are absolutely opposed to the psychoanalysts. To the work of analytic dissection, they oppose the more esthetic synthesis. Psychoanalysis takes a pessimistic view of humanity. The medicine of the person makes the deliberate choice to be optimistic about human reality. (Fanon 1975: 1090)

Significantly, Fanon remarked that he would like to have devoted a few more pages to Lacan's theory of language. Since delusions are expressed in speech, he suggested that "internally, Lacan seems to inhabit the space in which Hegel and Lévy-Bruhl meet" (Fanon 1975: 1088).

While Fanon had little time for Lévy-Bruhl, Patrick Ehlen (2000: 99) has argued that Fanon's reference to him here is important because of Lévy-Bruhl's idea of "participation" in "non-western cultures," which "places the individual in the context of an overarching participatory symbolic universe."⁴¹ According to Ehlen,

The task of the psychiatrist, then, becomes not simply to interview the patient and then thumb through a book to uncover the diagnosis and solution, but to make an effort to "reach" the patient through the patient's own symbols and belief system ... or even *beyond* the patient, as the psychiatrist struggles to uncover those cultural "participations" at work in the patient's psyche. (Ehlen 2000: 99)

CONTACT WITH THE WHITE WORLD

While Lacan was carefully discussed in the dissertation, Fanon only mentions Freud in passing (and indeed a discussion of Lacan and phenomenology in a thesis on neurology was far from usual). In fact, the only direct quote from Freud in *Black Skin, White Masks* (for which no citation was provided, see Fanon 2008: 122–23) comes from the first and second lectures of Freud's 1909 *Five Lectures on Psychoanalysis*.⁴² Fanon quoted only the earlier lectures in which Freud spoke of the development of psychoanalysis prior to distancing himself from the seduction theory that he and Breuer had elaborated and formulating the Oedipus complex as the nucleus of neuroses. It should be noted that the history of psychoanalysis is filled with debates about, and revisions of, the seduction theory, related in part to the fact that the sexual abuse of children is so widespread. Stefan Bird-Pollan (2014: 135) has suggested that Fanon was well aware that Freud had moved away from his earlier theory but used it anyway to provide insight into the "trauma" of black people on contact with the white world.

When he wrote that because “the racial drama is played out in the open, the black has no time to ‘unconsciousize’ it” (2008: 129), Fanon seemed to be dismissing the unconscious. Instead, his focus returned to the conscious daily drama of suffering and alienation, “superiority or inferiority complexes” in the lived experience of black people (2008: 129). Thus, in *Black Skin, White Masks*, Fanon suggested that a “determined *Erlebnis*” (experience) lies at the base of every neurosis suffered by black people who “make contact with the white world.” Fanon then stated his position on Freud quite simply, indicating that for Freud, the drama is repressed in the unconscious; for black people, the drama is played out in the open every day as a product of “collective catharsis” (Fanon 2008: 124). Fanon concluded that “we too often forget that neurosis is not a basic component of human reality.”⁴³ If for (the 1895) Freud “there is determined *Erlebnis* at the origin of every neurosis” (Fanon 2008: 123)—if the “first trauma [is] . . . expelled from the consciousness and memory of the patient” (Freud quoted in Fanon 2008: 123)⁴⁴—then the analogous event for a black person is “traumatic contact” with the white world (2008: 164). However, for Fanon, the trauma Freud discussed with Breuer in 1895 was also inadequate in explaining the traumatic impact of contact with whites:

Unless we make use of that frightening postulate—which so destroys our balance—offered by Jung, the collective unconscious, we can understand absolutely nothing. A drama is enacted every day in colonized countries. How is one to explain, for example, that a black who has passed his baccalaureate and has gone to the Sorbonne to study to become a teacher of philosophy is already on guard before any conflictual elements have coalesced round him? Very often the black who becomes abnormal has never come into contact with whites. Has some former experience been repressed in the unconscious? Has the young black child seen a parent beaten or lynched by whites? Has there been a real trauma? To all these questions our answer is no. So where do we go from here? (2008: 124; translation altered)

In answering this question, Fanon shifted the focus instead to a collective catharsis and the cultural outlets a society allows for “energy accumulated in the form of aggressiveness” to be released (2008: 124). As mentioned in our Introduction, to explain this, Fanon first described how cultural stereotypes as well as a “brutal awareness of economic and social realities” are channeled through comics, books, films, and so on. In his important footnote on Lacan’s mirror stage in *Black Skin, White Masks* (2008: 135n25), he also included “historical realities” in this mix.⁴⁵ Focusing on how western stories for children, from Tarzan to Mickey Mouse, aim at releasing a collective aggressiveness, he pointed out that “the Wolf, the Devil, the Wicked Genie, Evil, and the Savage are always represented by blacks or American Indians; and since

one always identifies with the good guys, the little black child . . . ‘is in danger of being eaten by the wicked nègres’” (2008: 124–25). “If the psychic structure is fragile,” argued Fanon, this contact with the white world can result in “a collapse of the ego” (2008: 132)—an ego withdrawal (in Anna Freud’s terms, see 2008: 39–40) with the actions of black people always “destined for ‘the Other’” (2008: 132). So, if Jung’s model of collective unconscious seems able to illuminate the psychic conflicts, Fanon demonstrates that what Jung is inquiring into is whites’ collective unconscious, and that Jung confuses instinct and habit, forgetting the role of culture and history in the building of the unconscious:

Continuing to take stock of reality, endeavoring to ascertain the instant of symbolic crystallization, I very naturally found myself on the threshold of Jungian psychology. European civilization is characterized by the presence, at the heart of what Jung calls the collective unconscious, of an archetype: an expression of the bad instincts, of the darkness inherent in every ego, of the uncivilized savage, the Negro who slumbers in every white man. And Jung claims to have found in uncivilized peoples the same psychic structure that his diagram portrays . . . Personally, I think that Jung has deceived himself. Jung locates the collective unconscious in the inherited cerebral matter. But the collective unconscious, without our having to fall back on the genes, is purely and simply the sum of prejudices, myths, collective attitudes of a given group. It is taken for granted, to illustrate, that the Jews who have settled in Israel will produce in less than a hundred years a collective unconscious different from the ones that they had had before 1945 in the countries which they were forced to leave . . . Just as a young mountaineer of the Carpathians, under the physico-chemical conditions of his country, is likely to develop a myxedema, so a Negro like René Maran, who has lived in France and breathed and eaten the myths and prejudices of racist Europe, and assimilated the collective unconscious of that Europe, will be able, if he stands outside himself, to express only his hatred of the Negro . . . I believe it is necessary to become a child again in order to grasp certain psychic realities. This is where Jung was an innovator: He wanted to go back to the childhood of the world, but he made a remarkable mistake: He went back only to the childhood of Europe. (Fanon 2008: 164).

Although Fanon did not quote anything further from Freud, he did summarize Marie Bonaparte’s and Helene Deutsch’s then recently published research, which carried Freud’s ideas on female sexuality to their logical conclusion. Fanon did not endorse or challenge the Freudian model of female sexuality or the incomplete “desexualisation of aggressiveness” but rather added the essential cultural context. “Here is what we think,” he wrote: “Since the girl is at the age when children plunge into their culture’s stories and legends, the black man becomes the predestined depositary of this aggressiveness” (2008: 156).

Fanon's discussions of female sexuality and homosexuality fail "to challenge some of Freud's most controversial and dangerous typologies of sexuality," argued Diana Fuss, but, she added, they "question, at least implicitly, the ethnological component of psychoanalysis that had long equated 'the homosexual' with 'the primitive'" (Fuss 1994: 30).⁴⁶ By contrast, Drucilla Cornell and Stephen Seely have since underscored that "one of Fanon's important insights—one that is often ignored—is that sexual difference is obliterated by colonization" (2016: 96). Both black men and white women are "thingified" by white culture, and "can only be 'related' to as objects of fantasy." The black woman, they add, "is everything that white femininity, including the feminine itself, is imagined not to be" (2016: 98).

Matthieu Renault opined that "Fanon's theoretical innovation" in *Black Skin, White Masks* was the answer he gave to "the oversexualization of racialized people . . . by taking the sexual difference of the so-called 'civilized' and 'primitive' to (irreconcilable) extremes, in other words, by opposing in a sort of parodic Rousseauian way the 'sexual sanity' of the African to the 'pathological sexuality' of the European. (Renault 2011c: 52). Renault warned, however, that this "gives rise to a strategic romantic primitivism [which could] remain embedded in a European matrix and threaten to merely repeat a form of Western nostalgia for the primitive" (Renault 2011c: 52).

This kind of nostalgia certainly informed Octave Mannoni's *Prospero and Caliban: The Psychology of Colonization*, which Fanon criticized in the fourth chapter of *Black Skin, White Masks* titled "The So-Called Dependency Complex of the Colonized." While there was much that Fanon agreed with,⁴⁷ including the deep connection that Mannoni saw between racism and sexual guilt, Fanon also noted that for Mannoni "sexual excitement is strangely linked with violence and aggressiveness" (quoted in 2008: 143), and pointed out that this was a "dangerous misunderstanding." Fanon noted that, in the context of anticolonial revolt as World War II ended, Mannoni's analysis was ahistorical, deeply ethnocentric, and politically reactionary. Responding to Mannoni's analysis of adolescent dreams, Fanon wrote, "Freud's discoveries are of no use to us whatsoever. We must put this dream *in its time*, and this time is the period during which eighty thousand natives were killed, i.e. one inhabitant out of fifty" (2008: 84).⁴⁸ For Fanon there was, therefore, a need to change the social structure: "As a psychoanalyst I must help my patient *consciously* [make conscious] their unconscious . . . to act along the lines of a change in the social structure . . . the real source of the conflict" (2008: 80).

Fanon was obviously dismissive of explanations of racial difference based on brain weight and size and so on, which was being researched at the time in relation to brain function. He also noted Henry L. Gordon's work at Mathari psychiatric hospital in Nairobi (2008: 13), and was critical of the liberal colonial culturalist idea that neurosis and alienation were simply a result of prejudice

or the effect of European “modernization” and “civilization” on a colonized people (2008: 9).⁴⁹ As he put it in his essay “Racism and Culture,”

Racism, in its vulgar, primitive and simplified form, claimed to find the material basis of the doctrine in biology, the Scriptures having proved inadequate, it would be wearisome to recall the efforts made at that time; comparative form of the skull, the number and configuration of the grooves of the encephalon, ... [which later give way to] more subtle arguments. (1956: 123)

There are relapses, he argued, where the “emotional instability of the black” and the “subcritical integration of the Arab” persist in data published by contemporary writers. (Here he mentioned the monograph by Carothers, sponsored by the World Health Organization, which we discuss later.) But, he added,

These residual positions are, in any event, tending to disappear. Racism which wants to be rational, individual, determined, genotypic and phenotypic, is changing into cultural racism. The target of racism is no longer the individual ... but a certain way of life. Extremists talk of a message, a cultural style. (1956: 123)

These terms, justified by “cultural relativism” continue to have remarkable malleability where, as Fanon put it, “‘Western values’ are singularly linked with the already famous call to arms of ‘cross against crescent’” (1956: 123).

Fanon’s specific quest for disalienation in *Black Skin, White Masks* addressed the trauma created by colonialism and racism. To understand this, one has to consider the production of mystifications that fasten black people to the image of blackness, “snaring” and “imprisoning” them, and making them into “eternal victim[s] of an essence, of a *visible appearance*” for which they are not responsible (2008: 18).⁵⁰

Here, one can see the outlines of the critique Fanon made in “The North African Syndrome,” a condition, he argued, that doctors diagnosed based on an *a priori* notion of North Africans. As Fanon put it: “The North African [exists on] ... a foundation built by the European. In other words, the North African enters spontaneously, by his very presence, into a pre-existing framework” (Fanon 2001: 15, see 1967: 7). As Fanon revealed, a racist and dehumanizing pathology was created and recreated by the medical establishment, reproduced in medical schools, and rehearsed in every subsequent interaction between white doctor and North African patient. North Africans were reduced to objects, spoken to as though lacking in intelligence and treated as liars or shirkers, or even, as Antoine Porot of the so-called Algiers School of psychiatry suggested, impulsive criminals. For the Algiers School, “the black

African greatly resembles the North African: there is uniformity [*il y a une unité*] of the African” (Fanon 1955: 2).⁵¹

NOTES

1. According to his brother Joby, Fanon was studying for three degrees: bachelor of arts, bachelor of sociology, and doctorate in medicine (2014: 44). In a letter to his mother in February 1947, Fanon reported that he had obtained his certificate in philosophy and passed his medicine examinations (2014: 51).

2. According to Hugh Silverman, Merleau-Ponty taught courses with the following titles in 1946 and 1947: “Freedom according to Leibniz” and “Body and Soul according to Malbranche, Maine de Biran, and Bergson.” In the 1947 and 1948 academic year, he taught courses on “Language and Communication.” On assuming the chair in Child Psychology at the Sorbonne in 1949, he taught a course on child psychology and pedagogy (Silverman 1973: xxxvi–xxxvii). Cherki (2006: 16) opined that for Fanon “existentialism and psychoanalysis took top billing” while he was enrolled in the philosophy department at the University of Lyon, adding that in Lyon he “discovered” Trotsky and also read “Lenin and the young Marx.” Of course, he also read Sartre, Freud, as well as whatever was available by Lacan and Wright.

3. Succyl (*succinylcholine*) is a muscle relaxant, used in anesthesia to keep muscles from contracting. It can cause paralysis of the voluntary and involuntary muscles and have serious and potentially dangerous side effects.

4. “Society, unlike biochemical processes, does not escape human influences,” Fanon wrote (2008: xv), adding that “there is a dramatic conflict in the human sciences.” Should we postulate a typical human being, he asks, and account only imperfections, or understand the human being “in an ever changing light?” (2008: 6). It is clear that Fanon has no interest in the former approach.

5. Some years before, and fairly soon after the Chicago riots of 1919, a comment in the pages of *Property Owners’ Journal* epitomized these opinions: “The best of them are insanitary, insurance companies class them as poor risks, ruin alone follows in their path. They are as proud as peacocks, but have nothing of the peacock’s beauty . . . Their inordinate vanity, their desire to shine as social lights caused them to stray out of their paths and lose themselves . . . The great majority of the Negroes are not stirred by any false ambition that results only in discord. Keep the Negro in his place, amongst his people and he is healthy and loyal. Remove him, or allow his newly discovered importance to remove him from his proper environment and the Negro becomes a nuisance. He develops into an *overbearing, inflated, irascible individual, overburdening his brain to such an extent about social equality, that he becomes dangerous to all with whom he comes in contact, he constitutes a nuisance, of which the neighborhood is anxious to rid itself*” (quoted in Chicago Commission on Race Relations, 1923: 121–22; our emphasis).

6. Fanon doesn’t mention Lafargue’s work, but the ideas and opinions of the two men have some similarities. No doubt Lafargue’s book *The Right to be Lazy* (1883),

would have inspired Fanon's ideas on the presumed laziness of colonized, as would Marx's remark in *The Grundrisse*: "*The Times* of November 1857 contains an utterly delightful cry of outrage on the part of a West-Indian plantation owner. This advocate analyses with great moral indignation—as a plea for the re-introduction of Negro slavery—how the Quashees (the free blacks of Jamaica) content themselves with producing only what is strictly necessary for their own consumption, and, alongside this 'use value,' regard loafing (indulgence and idleness) as the real luxury good" (1973: 261).

7. As a consequence of Wright agreeing to undergo psychoanalysis, Wertham published an article titled "An Unconscious Determinant in *Native Son*" in the *Journal of Clinical Psychopathology and Psychotherapy* in 1944. On the collaboration between Wertham and Wright, see David Marriott's "The Derived Life of Fiction" (2007: 69–105).

8. This sentence seems to echo Gramsci's ideas.

9. Similarly, and more recently, Badia Shara Ahad has argued that the idea of "unleashing 'repressed needs' intimates that neurotic behaviors shown by African-Americans are, in part, inspired by the restriction of social freedoms through segregation and discrimination" (2010: 95).

10. In an essay supporting Lafargue and the clinic, Ralph Ellison wrote, "Significantly, in Harlem the reply to the greeting 'How are you?' is often 'Oh man, I'm nowhere . . . The phrase, 'I'm nowhere,' expresses the feeling borne in upon many Negroes that they have no stable, recognized place in society . . . One 'is' literally but one is nowhere . . . a 'displaced person' of American democracy" (Ellison 1964: 297–300). However, as Arnold Rampersad acutely observed, if "Harlem is nowhere . . . then Harlem is everywhere" (quoted in Garcia 2012: 61)—a point with which Wright and Fanon would no doubt agree.

11. It is useful to remember that the same criticism was addressed fifty years later when ethnopsychiatric centers—such as the Centre Georges Devereux founded by Tobie Nathan, for instance (Fassin 1999, 2000)—were established in Europe for immigrants.

12. In Fredric Wertham's collected papers ("Objectives of Lafargue Clinic"), we read, "Problem of Harlem (racial) is the job of Lafargue Clinic. The public should be acquainted with the fact that discrimination exists in psychiatry—example: Psychiatric Institute [at Columbia University] does not take Negroes as patients. Individual cases cannot be understood if the above points are not recognized. Lafargue Clinic to do a higher type of psychiatry besides the ordinary 'ABC's of psychiatry.' Political consciousness. Defined by Dr. Wertham as 'knowing what is going on' . . . No big theories are needed. No prejudices" (quoted in Mendes 2015: 102).

13. "His extension of psychiatry to Harlem must not be confused with philanthropy, charity, or missionary work; it is the extension of the very concept of psychiatry into a new realm, the application of psychiatry to the masses, the turning of Freud upside down. The clinic has found that the most consistent therapeutic aid that it can render Harlem's mentally ill is instilling in them what Wertham calls 'the will to survive in a hostile world'; that the many Negroes sink under their loads because of hopelessness, social fear, worry, frustration, and just plain hunger" (Wright 1946: 51).

14. As Campbell (2010: 2) pointed out, Ellison's essay on the clinic "is largely responsible for its remaining in our memory at all, and we can well imagine what his particular interest in Lafargue might have been. For Ellison, Wright, and others, the clinic was a sorely needed antidote to the psychic crises produced by daily life in Harlem, a city awash in what Wertham called a 'free-floating hostility' ... But their broader interest in psychiatry ... manifests itself at a crucial moment in American cultural history, one in which certain psychiatric definitions of subjectivity were becoming increasingly imbricated in debates over American national identity."

15. Lou Turner has argued that it was Wright, not Sartre, who disclosed for Fanon the black as a nonperson, and that it was "*Native Son*, not *Being and Nothingness* that made Fanon aware of the fact that if whites are to understand blacks, a revolution must occur *in their lives*" (Raya Dunayevskaya quoted in Turner 2003: 156–57). Revealing the scope of Wright's influence, Fanon wrote to Wright in January 1953 saying that he "intended to show the systematic misunderstandings between whites and blacks" in *Black Skin, White Masks*, which had just been published, and that he was "working on a study bearing on the human scope of your works."

16. According to Shelly Eversley, Wright and Ellison's novels and characters anticipate Deleuze and Guattari's "schizoanalysis." Describing "madness as a radical break from an incarcerating power," she argued, "Ellison situates his nameless, faceless protagonist without a father or a mother but within the social world and within a democracy. Insisting on the primacy of inwardness in literary representation, Ellison and Wright understood the symbolic capital of psychology in the sociopolitical realm" (Eversley 2001: 456). On the role of psychiatric diagnosis, and particularly of the diagnosis of neurasthenia or "American disease," in the building of American national identity, see Campbell (2007).

17. Given the traumatic impact of the test, the Clarks decided to stop using it. Further applications of the test were made in other countries with analogous results. For a study on the internalization of racial prejudice among Africans and people from the Caribbean, see Hickling (1999).

18. According to Bailkin (2012: 122), Lambo estimated "that up to 25 percent of Nigerian students in London were mentally ill." Bailkin also described how, at the end of the 1940s, a new concern animated the debate about migration: namely, the cost of assisting immigrants affected by mental disorders. She pointed out that if the National Assistance Board "found that the individual would have to be supported in Britain by public funds, then it would pay for repatriation. The specter of repatriation thus haunted the field of migrant mental health, as researchers debated new forms of expulsion" (Bailkin 2012: 40). The strategies adopted by English immigration offices and the ambivalence of immigrants confronted with the possibility of repatriation, and the risk of violation of international law, were at the heart of a virulent debate.

19. See Bailkin's (2012) study of the influence of Bowlby's theories in determining negative attitudes among social workers and psychologists in Britain toward African parents and their caregiving practices.

20. Lambo, for example, thought that the risk of psychosis was due to the combination of racial discrimination and ethnic divides between Nigerian students, while

other Nigerian psychiatrists stressed the moral challenges affecting those who studied in Great Britain. On social crisis and disorder in postcolony, see Comaroff and Comaroff 2006.

21. Khalfa has argued that “far from being a hasty work, this dissertation may have taken him as much time to write as his published books ... A careful reading of the literature and his analyses go to the heart of the problems that were at stake at the time” (2015: 55). Biographers who have dismissed the dissertation (Geismar 1971: 11) have nevertheless been quite interested in the inscription to his brother Félix, which reads: “The greatness of man is to be found not in his acts but in his style. Existence does not resemble a steadily rising curve, but a slow, and sometimes sad, series of ups and downs. I have a horror of weaknesses—I understand them, but I do not like them. I do not agree with those who think it possible to live life at an easy pace. I don’t want this. I don’t think you do either” (quoted in Geismar 1971: 11). Interestingly, few have questioned why a psychiatrist would be underdone by weakness, although Gendzier (1973: 12) speculated that Fanon might not have had “the temperament to understand weaknesses.”

22. When not indicated as “1975,” quotes from Fanon’s thesis are from the version reproduced in Khalfa and Young’s 2015 collection of Fanon’s writings.

23. On the dialogue between Ey and Lacan, see Charles (2004). In the section on Lacan in his thesis, Fanon referenced a “Lyonnais psychiatrist, Monsieur Balvet.” Paul Balvet was director of St. Alban Psychiatric Hospital when Tosquelles was offered a position there. Fanon met him in Lyon a number of times (Macey 2000: 141–48). Meanwhile, Goldstein had argued in *The Organism: A Holistic Approach to Biology derived from Pathological Data in Man* (first published in 1934) that “fear sharpens the senses, anxiety paralyses them” (Goldstein 1939: 293). We can easily imagine how these sentences helped inspire Fanon’s analysis of how the white gaze destroys the black body: “And then we were given the occasion to confront the white gaze. An unusual weight descended on us ... As a result, the body schema, attacked in several places, collapsed” (2008: 90–93).

24. Davies described the case of a patient with symptoms of confusion, depression, personality disorders, and dramatic behavioral changes as a “violent religious conversion” (Davies 1949: 249).

25. See Merleau-Ponty (2012: 105–40).

26. The Greek term *horme* is related to Bergson’s concept of *élan vital*, and was at the heart of the debate about libido between Freud and Jung. Jung wrote: “I postulate a hypothetical fundamental striving which I call *libido*. In accordance with the classical usage of the word, libido does not have an exclusively sexual connotation as it has in medicine ... Again, Bergson’s concept *élan vital* would serve if only it were less biological and more psychological.” In a footnote, Jung added: “In my German publications I have used the word *libido*, which seems to be too easily misunderstood in English. *Hormé* is a Greek word for ‘force, attack, press, impetuosity, violence, urgency, zeal’” (Jung 1982: 190).

27. As discussed later in this chapter, Fanon used Lacan’s one sentence on madness, as the “foremost companion of freedom,” as an epigraph to one of the chapters in his thesis. However, we should not forget the distance between Fanon and Lacan on this issue. For Lacan (and the surrealists), a relationship between madness and

freedom was possible, but for Fanon this was inconceivable; he argued that “the law of the heart that the mad person wishes to impose is the price of freedom” (Fanon 1975: 1089).

28. See for instance the following sentences from Lacan: “The methodical order we propose here for considering both mental structures and social facts will lead to a revision of the complex that will allow us *to situate the paternalistic family in history* and to further clarify the neurosis of our time” (Lacan 1938; our emphasis). The will of interpreting laws of inheritance, parenthood or progeny, weaning and familial authority in constant reference to ethnology and history, offer Fanon anchoring points for the analysis of family “tensions” and individual conflicts in Martinique, even if he argues against psychoanalysis itself that “ninety-seven percent of families are incapable of producing a single Oedipal neurosis. And we have to congratulate ourselves for that.” In the footnote, Fanon adds: “Psychoanalysts might hesitate to share our opinion on this point. Dr. Lacan, for example, talks of the ‘fecundity’ of the Oedipus complex. Even if the young boy must kill his father, the father still has to agree to die” (Fanon 2008: 130).

29. It was in this work that Fanon found the phrase “fecund moments of psychosis,” which he used in *Black Skin, White Masks* to describe the experience of a black medical doctor getting drunk when he felt himself becoming a victim of delusion. The English translation of Lacan’s original corrupts the meaning slightly. Fanon wrote (1952a: 74) “Il avait l’impression infernale que jamais il n’arriverait à se faire reconnaître en tant que confrère par les blancs et en tant que docteur par les malades européens. À ces moments d’intuition délirante, les moments féconds de la psychose, il s’enivrait.” In the 1967 edition of *Black Skin, White Masks* (New York: Grove Press), Markmann translated this as follows: “He had an agonizing conviction that he would never succeed in gaining recognition as a colleague from the whites in his profession and as a physician from his European patients. In such moments of *fantasy intuition* [?], the *times most favorable* to psychosis [?], he would get drunk” (page 43, our emphasis). Philcox, who translated the 2008 edition of the same text (Fanon 2008: 42), even added the personal pronoun “his” (“his psychosis”) although Fanon did not use a pronoun. The point is that, for both Lacan, and Fanon, “delirious intuition” and “fecund moments” are part of all psychosis. For an intriguing reading of connection between racial issues, nation building, African myths, Oedipus, and negation of black foster-mothers’ role in Brazilian family history, see Segato (2014). We are grateful to Simona Taliani for sharing her research on Nigerian migration, motherhood, and racism, and bringing Segato’s work to our attention. Also see Taliani (2012c and above all Taliani 2018 (forthcoming), where the author questions the definition of decolonisation of motherhood, given by those authors who have remembered the foreclosure of the name-of-black-mammy made by white discourse (including academic) in the slave and colonial society. According to Taliani, the question “Where is the babá/mammy?” in Brazilian society, collapses among Nigerian immigrant mothers and their children into the question: “Where is the mother?”).

30. For example, in *Black Skin, White Masks*, Fanon wrote: “We too often tend to forget that neurosis is not a basic component of human reality. Whether you like it or not the Oedipus complex is far from being a black complex. It could be argued,

as Malinowski does argue, that the matriarchal regime is the only reason for its absence. It would be fairly easy for us to demonstrate that in the French Antilles ninety-seven percent of families are incapable of producing a single Oedipal neurosis” (2008: 130).

31. In a seminar given on May 10, 1967, Lacan observed: “If Freud wrote somewhere that ‘anatomy is destiny,’ there is perhaps a moment, when people have come back to a right perception of what Freud discovered for us, that it will be said ... quite simply, the unconscious is politics!” [Si Freud a écrit quelque part que ‘l’anatomie c’est le destin,’ il y a peut-être un moment où, quand on sera revenu à une saine perception de ce que Freud nous a découvert on dira ... l’inconscient c’est la politique!] (Lacan 1967).

32. “We dare say that from all who have received the right to speak about psychopathology, should be demanded a deep knowledge of this work [*Matter and Memory*]” [La connaissance approfondie de cette œuvre [*Matière et Mémoire*] devrait être, oserons-nous dire, exigée de tous ceux auxquels est conféré le droit de parler de psychopathologie] (Lacan 1980: 336).

33. On this issue, Lacan wrote: “It is not necessary here to critique personality theory. We want just to make two methodological remarks. First, we cannot accept the innate character of a so-called constitutional property, whereby it is a matter of a function whose development is linked to an individual’s history, to their lived experiences, or the education they received. This is why we think it is highly disputable to say that innate personality factors would manifest themselves in such complex functions as kindness, sociability, greed, activity, and so on. We are strongly opposed to the foundation of a constitutional theory of personhood and even more to the idea of a pathology founded on this model; that is, on a notion such as ‘lost contact with reality,’ which is nothing more than an elaborate metaphysical idea and has nothing to do with concrete clinical data.” [Ce n’est pas ici le lieu de faire la critique de la doctrine constitutionnelle. Posons simplement deux points de méthode. On devra a priori n’admettre qu’en dernière analyse le caractère inné d’une propriété dite constitutionnelle, quand il s’agit d’une fonction dont le développement est lié à l’histoire de l’individu, aux expériences qui s’y inscrivent, à l’éducation qu’il subit. C’est pourquoi il nous semble éminemment discutable que les facteurs de la personnalité innée s’expriment en des fonctions aussi complexes que bonté, sociabilité, avidité, activité, etc. A plus forte raison, nous opposerons-nous au fondement d’une constitution et même, comme on le tente, de toute une pathologie, sur une entité telle que la « perte du contact vital avec la réalité », qui ressortit à une notion métaphysique très élaborée, et ne peut dans le fait clinique s’accorder à rien de précis] (Lacan 1980: 51–52).

34. Besides finding expressions such as “fertile moments” of delusion, “fecund moments” of psychosis useful, Fanon was inspired by the medical metaphors Lacan used (“a certain ‘dose of Oedipus’ can be considered to have the same humoral efficacy as the absorption of a desensitizing medication” or a new image makes a world of persons “flocculate in the subject,” etc.). Fanon then used such metaphors in ways that suited his own unique style.

35. The epigraph can be found in Fanon (1975: 1087). Fanon referenced the source of the quotes to “La Causalité Essentielle de la Folie.” Macey (2012: 138) has indicated

that there is no such text by Lacan, noting that “the essential causality of madness” is the subtitle to the second part of a paper by Lacan called “Propos sur la causalité psychique” (Remarks on psychological causality), but Fanon’s epigraph is in fact from the third section of that paper, subtitled “Les effets psychiques du mode imaginaire” (The psychological effects of the imaginary mode). The fact that Fanon uses the title of a paragraph doesn’t constitute a “mistake” in the true sense of the word. Macey also made a mistake, however: Lacan used the word “mode” in the subtitle to the third part of his work (“Les effets psychiques du mode imaginaire”) (Lacan 1947: 149; for the English translation see Lacan 2006: 178), but Macey reported the French word “mode” as “monde,” thus mistranslating it as *world*.

36. For Paulhan, a tendency was a desire, an idea, a proclivity that the organism works to transform and assimilate. This process of assimilation is what he called socialization.

37. An “openness to social participation” and the value attributed to the category of the social in human reality meet an equal and high interest in both Fanon and Lacan: “Certain images, he says (celebrities from the movies, magazines, sports), represent the need for spaces of the spectacular and moral communion typical of the human personality; they may take the place of rites, orgiastic or universalist, religious or purely social that represented them until now” (Fanon 1975: 1088).

38. Interestingly, another psychiatrist from Lyon, Paul Balvet, used this phrase as the title of an article he wrote; see Balvet’s “La valeur humaine de la folie” (1947).

39. Here Fanon noted Levinas’s thesis in *Existence and Existents* that “on an ontological level . . . inauthenticity is introduced into existence by way of a *Stasis of Being*.”

40. It is possible to establish a parallel between Fanon’s idea of the impossibility of freedom, historical consciousness, and madness and de Martino’s thought on this issue. According to Gallini (2008: 17), de Martino considered this relation impossible: “Of madness, you cannot make history.” For de Martino, madness was an exit, a going out of history. Fanon was influenced by Günther (Stern) Anders, whose article “Pathologie de la Liberté. Essai sur la non-identification” was first published in the journal *Recherches Philosophiques* in 1937, and even inspired by Ey, who wrote that “psychiatry is a pathology of freedom.” On Anders/Stern, see Nelson (2012). Anders, whose work was first (partially) translated into Italian in 1993 and into English in 2009, is indirectly quoted by Fanon on a few occasions. First, Fanon evoked Anders as “a German philosopher” in his dissertation and again in *Black Skin, White Masks* (2008: 200). Second, Anders was a source of inspiration for Fanon’s reflection on the relationship between past determinations and the production of the present “I” (Anders 2009: 300–2). (Note also that Anders’s article was first published in French, under the author’s real name, Stern, and not the pseudonym he used later, Anders.) With reference to Ey, Fanon used the expression “pathologies of freedom” again in an article on day-hospitalization, which he wrote with his colleague Géronimi in 1959, discussed in more detail in chapter 8.

41. Ehlen suggests that Levy-Bruhl’s “law of participation” articulates with Fanon’s “sympathy with the patient’s cultural worldview” that is seen in “The North African Syndrome.”

42. Judging from notations in Fanon's copies of Freud's works, he often read Freud quite skeptically. Fanon's library, donated by his son Olivier to the Centre National de Recherches Préhistoriques Anthropologiques et Historiques in Algiers in 2013, includes the books that were packed up when Fanon left Blida-Joinville Hospital. Books by Freud in the collection include *An Introduction to Psychoanalysis* and *Three Essays on the Theory of Sexuality*. The former is quite heavily marked up with marginalia. Fanon seems to have been particularly interested in Freud's essays on infantile sexuality.

43. Which, we should note, puts him fundamentally at odds with Lacan.

44. As Freud stated in *Studies on Hysteria* (1895), the original goal of psychoanalysis was to alleviate the symptoms, "transforming hysterical misery into common unhappiness" (Strachey 1955: 304–5).

45. As Bird-Pollan (2014: 136) noted, rather than the result of a shock event (such as the arrival of the French colonization of Madagascar) this kind of "trauma" is caused by repetition.

46. Fanon pointed out that, in the west, black people were above all considered to express a deregulated hypersexuality and promiscuity. In the context of the reduction of black men to penises, as projected by white culture, Fanon argued that the negro-phobic man is a repressed homosexual. He was talking about the white desire for something they lack. Black sexual power "impresses the white man" and becomes "the mainstay of his preoccupations" (2008: 147). Working in South Africa, Wulf Sachs's statement that "white women are brought up with the fear of being raped by a native" (1937: 75) reflected the hegemonic culture that Fanon analyzed in *Black Skin, White Masks*. "Still on the genital level, isn't the white man who hates blacks prompted by a feeling of impotence or sexual inferiority? Since virility is taken to be the absolute ideal, doesn't he have a feeling of inadequacy in relation to the black man, who is viewed as a penis symbol? Isn't lynching the black man a sexual revenge?" (Fanon 2008: 137). For a critical yet sympathetic reading of chapter 6 of *Black Skin, White Masks*, which is titled "The Black and Psychopathology," see Gordon (2015: 59–69).

47. For a sympathetic reading of what Mannoni and Fanon have in common beyond their radically different perspectives see McCulloch (2002).

48. When Fanon discussed the real in his criticism of Mannoni's dream interpretation (2008: 80–86), it was in the ordinary, not the Lacanian, sense of the term.

49. Critical of Jung, he later added that all the people Jung studied—"Pueblo Indians from Arizona or blacks from Kenya in British East Africa . . . have more or less traumatic contact with the white man" (2008: 164). In other words, rather than being a permanent characteristic of people from Kenya or Pueblo Indians, the myths and archetypes of Jung's collective unconsciousness are "cultural" and "acquired"; that is, a product of "traumatic contact" with whites (2008: 165).

50. Fanon argued that one has to begin with a critique of society, its cultural reproduction and the "host of information and a series of propositions [which] slowly and stealthily work their way into an individual through books, newspapers, school texts,

advertisements, movies and radio and shape [the] community's vision of the world" (2008: 131).

51. Many African psychiatrists (including Lambo, Anumonye, and Asuni) have struggled with the idea of a presumed psychic uniformity among Africans and the racial origins of clinical differences. Lambo, for example, pointed out that "there is no evidence to support the view that psychological differences between groups are racially determined" (Lambo 1955: 249). Struggling against racial interpretations of mental suffering and, at the same time, against a presumed African uniformity, is just one struggle, as Fanon pointed out in *Black Skin, White Masks*: "We should not forget that there are blacks of Belgian, French, and British nationality and that there are black republics. How can we claim to grasp the essence when such facts demand our attention? The truth is that the black race is dispersed and is no longer unified . . . Any description must be located at the phenomenal level" (2008: 150).

Chapter Two

The Political Phenomenology of the Body and Black Alienation

As a psychoanalyst, I must help my patient to consciousnessize their unconscious, to no longer be tempted by a hallucinatory lactification, but also to act along the lines of a change in the social structure.

—Fanon, *Black Skin, White Masks*

Black Skin, White Masks, first titled “An Essay on the Disalienation of the Black,” was published in 1952. An original work with regard to range, creativity, and sophistication, it addresses the question of the *nonbeing* of black people in France and the Antilles, and by extension under colonialism generally, through a critical engagement with psychoanalytic and philosophic thought, literature, film, comics, and sociology.

Fanon viewed the book as a clinical study and noted that it is “considered appropriate to preface a work on psychology with a methodology” (2008: xvi), but he decided to break with this tradition and “leave methods to the botanists and mathematicians” (2008: xvi). To emphasize that “methods” were not separate from his subject matter but integrated and assimilated, he used the medical term “resorbed” (2008: xvi), which was popular at the time. While Fanon was questioning the possibility of value neutrality—that is, notions of detachment and objectivity in the human sciences—he was not proposing pure subjectivity. Rather, as the Nigerian historian Yusuf Bala Usman put it, the person studying the human and social sciences “is involved in looking at what has produced and is moulding [them] . . . They will find that no matter how fine the techniques they introduce, the phenomenological fact that [they] are studying cannot be removed” (quoted in Mamdani 2012: 90–91). In fact, Fanon had quite a bit to say about his approach and purpose in *Black Skin, White Masks* as both author and object of study: “It should be clear by now that the situation I have studied is not a conventional one.

Scientific objectivity had to be ruled out, since the alienated and the neurotic were my brother, my sister, and my father” (2008: 200).

The book’s singular purpose was to liberate black people “from *the arsenal of complexes* that germinated in the colonial situation” (2008: 14; our emphasis).¹ And after being reminded that an Antillean with a philosophy degree refused “to apply for certification as a teacher on the grounds of his color,” Fanon concluded that “philosophy never saved anybody.” Adding that equality and intelligence are “concepts that have been used to justify the extermination” of humanity, he shifted “the debate” to the “psychoanalytical level,” focusing on “the ‘misfires’ just as we talk about an engine misfiring” (2008: 12, 7). The psychoanalytical level is in one sense functional, a sociodiagnostic device that addresses this misfiring, but Fanon was wary about how it had been “applied” and about what had been said “about psychoanalysis and the black” (2008: 130). In short, *Black Skin, White Masks* can be seen as work in which Fanon considered a series of failures, and began to approach human reality not as a fixed particular but in an ever-changing light.

LANGUAGE AND BODY EXPERIENCE

Fanon’s reflections on the alienation of black people in the Antilles began with a discussion of language. This choice of starting point was motivated by the then radical insight that, in the colonies, language works as an instrument of domination and subjugation. Fully aware of this, Fanon was explicit about his goals from the very beginning of *Black Skin, White Masks*. His aim was to explore not the relationship between any universal human being and language but rather the alienation that results from the use of a colonial language in a specific time and place. What concerned Fanon was not the experience of mutilation as embodied in the formation of the ontological subject but rather that resulting from the condition of being black and living “the strange experience” of “being a problem” (Du Bois 1994: 1).²

With the publication of *Black Skin, White Masks* in 1952, Fanon made clear that general ontologies and theories concerning the human tend to omit black realities. Reflecting on his own experience of this “annihilating objectivity,”³ he wrote,

I appealed to the Other so that their *liberating gaze*, gliding over my body suddenly smoothed of rough edges, would give me back the lightness of being I thought I had lost, and, taking me out of the world, put me back in the world. But just as I get to the other slope I stumble, and *the Others fix me with their gaze, their gestures and attitude, the same way you fix a preparation with a dye* ... As long as blacks remain on their home territory, except for petty

quarrels, they will not have to experience being for other. There is in fact a “being for other,” described by Hegel, but any ontology is *made impossible* in a colonized and acculturated society. Apparently, those who have written on the subject have not taken this sufficiently into consideration. In the *weltanschauung* of a colonized people, there is an impurity or a flaw that prohibits any ontological explanation. (2008: 89–90; our emphasis, translation altered)⁴

For the dominated and colonized, including black people and more generally those whose existence is “not yet guaranteed,”⁵ Fanon argued, ontology is meaningless, and one manifestation of the crushing experience of non-being is to be found in language. “There is an extraordinary power in the possession of language,” he said, quoting Paul Valéry, who “knew this and described language as ‘the god gone astray in the flesh’” (2008: 2). Fanon’s citing of Valéry, who was one of France’s most esteemed twentieth-century poets, is instructive, for Fanon argued that one who possesses a language indirectly possesses “the world expressed and implied by this language” (Fanon 2008: 2). In other words, language affects bodily experience in the material world. For the colonized, language is lived in the flesh and inscribed on the body.⁶ Fanon insisted that black Antilleans, and indeed “every colonized subject” (2008: 2), “always has to justify their stance in relation to language.” The relationship is a fleshy and visible one since black people have to “wear the livery” that whites have fabricated. Fanon highlighted the importance of seeing and hearing this fabrication performed by stereotypical black characters. Describing American films dubbed into French, he noted that they replicate “the same idiocies from America . . . reproduc[ing] the grinning stereotype of *Y a bon Banania*” or “speaking the downright classic dialect” (2008: 17).

If language can be considered a prison house, Fanon argued that speaking *petit nègre* represents being snared and *imprisoned* in an eternal image of an “essence, of a visible appearance” for which black people are “not responsible” (2008: 18). Projecting onto black people a livery, whites have a set idea of “the black” that they reproduce by and through language. Produced in a “bio(al)chemical laboratory” as Fred Moten (2013: 765) put it, “the black . . . jabbars like a child” (Fanon 2008: 143).

For middle-class Antilleans, language appeared to offer a way out of the ontological dilemma. By speaking French, middle-class Antilleans seemed to escape blackness and get on in the French world. Fanon began the first chapter of *Black Skin, White Masks*, which he titled “The Black and Language,” by stating that

We attach a fundamental importance to the phenomenon of language and consequently consider the study of language essential for providing us with one

element in understanding the black's dimension of being-for-others, it being understood that to speak is to exist absolutely for the Other. (2008: 1)

To speak suggests not only having a certain relationship with the Other but also “assuming a culture and bearing the weight of a civilization” (2008: 2). Understood sociogenically, language thus also gives expression to alienation (and a voice to neurosis). When Fanon added that the “Antillean who wants to be white will succeed, since they will have adopted the cultural tool of language” (2008: 25), he was not indicating a general theory of language nor assuming a position of linguistic determinism that claims that language determines cognition and a way of thinking (Fanon 2008: 9). Rather, as Alumin Mazrui pointed out, for Fanon, “language has this quasi-deterministic psycho-social impact *only* among those who seek to be the Other, to assume the image of the oppressor.” In other words, “a language of the oppressor may influence the cognitive and social orientation of the oppressed *only* if that person is alienated in the first place” (Mazrui 1992: 356; our emphasis). In this context, the situation is almost zero-sum: “The more the colonized assimilate the cultural values of the metropolis, the more they will have escaped the bush. The more they reject blackness and the bush, the whiter they become” (2008: 2; translation altered). All colonized people, Fanon argued, “*in whom an inferiority complex has taken root ... position themselves in relation to the civilizing language*” (2008: 2; our emphasis). The civilizing language, in other words, becomes inseparable from ideas of enlightenment and civilization. It is a vicious circle.

As Chester Fontenot explained, for Fanon language was “the means by which the colonialist begins the systematic enslavement of blacks,” but there is a further complication:

The struggle to leave this prison house of language creates another problem, namely the conception of humanity which the black person is struggling toward ... has been created by European society for the black person; and adopting it is tantamount to becoming European. The struggle, then, is in a sense toward a conception of humanity external to blacks, where their predicament is seen as hellish ... Each attempt to move out of this situation is an attempt to conform to the European ideal ... [and] each attempt ... leads to frustration. (Fontenot 1979a: 26)

In Martinique, the status of Creole was the clearest expression of black subjugation and of the internalization of inferiority complexes and racial categories. Marginalized and even prohibited within middle-class families, Creole was to be spoken only to servants. Being spoken to in Creole was a mark of inferiority, from which one aimed to rid oneself by learning the language of civilization, the “language of the poets.”⁷ Learning French—that is,

French French—became an obsession, haunting daily experience, fueling a febrile desire and longing. The resonance of a certain word or name (Pigalle, Montesquieu, métropole), the power of a consonant (that damned “r” that had to be learnt quickly and used ad nauseam), became, for Fanon, signifiers of a semiotics of alienation.

Fanon knew what was at stake for a poet or writer in the colonies who chose to use the language of the colonist, and he grasped the risk and the dizzying effect of living “at the threshold of the untranslatable” (Khatibi 1983: 11). However, what primarily concerned Fanon, as noted earlier, was an exploration of what language reveals of the relationship between the black and the Other—in the relationship of black to white, white to black, and black to black in a colonial society.

Fanon saw the language of the colonists and the values it embodies as a kind of poison, which middle-class Antilleans consume in their daily thirst for “humanization.” In this context, French becomes the means whereby the colonized subjects dream of alleviating their condition, transcending their position and “elevating” themselves. Middle-class Antilleans were caught in an all-consuming tension, driven to desire—above all else—the capacity to “speak French like the French.” Hence, black Antilleans would forget the color of their own skin and identify with the white heroes in books and in films, but once in France they would be abruptly reminded of their skin color on encountering the all-seeing white gaze. Fanon wrote,

We recommend the following experiment for those who are not convinced: attend the showing of a Tarzan film in the Antilles and in Europe. In the Antilles, the young black man identifies himself *de facto* with Tarzan versus the blacks. In a movie house in Europe things are not so clear-cut, for the white moviegoers automatically place him among the savages on the screen. The experiment is conclusive. (2008: 131n15)

Such alienation is manifested as a sort of mutation of unexpected twists and sometimes grotesque results, to which black people fall victim and seem unable to resist. Fanon does not fail to point out the ambiguity that is part of all experiences and encounters within the colonial world. In fact, because speaking the colonist’s language is not simply a gesture of assertion but also the crossing of a boundary—entrance into the territory of the Other, from whom one expects to receive a sign of admission—its adoption can alienate friends, and even be cause for fear.⁸

Speaking French is undoubtedly an act of power, a stepping-stone toward the “civilized” white world. But as alienation rises within this invisible metamorphosis, it creates doubt. The more black people position themselves in relation to the “civilizing language,” and the more they “assimilate the French language, the whiter they get—that is, the closer they come to becoming a true human being” (Fanon 2008: 2; translation altered).⁹ However, for the

European, these “evolved” middle-class French-speaking blacks had better “know their place,” which is why no black person who quotes Montesquieu can be trusted.

Lewis Gordon has also reminded us that “the black’s effort at transformative linguistic performance is a comedy of errors; instead of being a performer of words, the black is considered to be a ‘predator’ of words, and even where the black has ‘mastered’ the language, the black discovers in those cases that he or she has become linguistically dangerous” (2015a: 26) and at the same time “inordinately feared” as “almost white” (Fanon 2008: 11).

“When the black speaks of Marx,” Fanon argued, the European is outraged: “We educated you and now you turn against your benefactors. Ungrateful wretches” (2008: 18). To speak French “correctly,” to put oneself on an “equal footing,” is thus “sensational,” but, in fact, that “game is no longer possible.” The quest to master the French language is a quest to be recognized as white, to have white credentials. But this honorary whiteness granted by the Other remains dependent and subordinate (2008: 21).

The most blatant expression of this alienation is the experience of a divided self—Fanon used the word “fissiparous,” expressing not only division but literally breaking apart. He argued that this manifests in modes of expression, tones of voice, and behavior, noting that “the black possesses two dimensions: one with fellow blacks, the other with whites. A black behaves differently with whites than with another black” (Fanon 2008: 1; translation altered). This experience of constant division and fragmentation is a form of alienation that becomes part of everyday life.¹⁰

Along with Du Bois, Fanon clearly posed the problem of the double consciousness of the black and the colonized. “Two souls, two thoughts” is the expression Du Bois (1994: 3) used to describe behavior split between opposing strains and desires that a single body must strive to contain. Du Bois argued that the so-called black problem confused things—with blacks seeing themselves as the problem, and as being problem people (Gordon 2000: 62–72). The distinction in Fanon’s analysis, remarked Gordon (2015a: 21) is “the convergence of the ‘black problem’ with desire.” Fanon’s question, “What does the black want?” opens up a nihilistic syllogism:

The black wants to be recognized as human.

The black is not human.

The destiny of the black is to become white.

This is the source of tensions that are an open secret, the source of common “resentment” and the “affective anaphylaxis” or hypersensitivity that led Fanon to observe, “The black’s first action is a *reaction*” (Fanon 2008: 19; emphasis in original).

From inferiority complexes and daily confrontations with white domination, violence, and dehumanization, from Martinique to France to Algeria, from the trauma of discovering racism even while fighting to free Europe from Nazism, Fanon recognized a continuum of oppression and alienation. The colony sucks away energy, mummifies culture, consumes bodies, and dispossesses the imaginary—a painful experience that is reflected in rumors about vampires and zombies becoming widespread in Africa (White 2000).¹¹ At the same time, colonization stirs up a burning desire that evokes the obsessive, spectral reflection of that very loss. The deep-seated traces left by the “colonial potentate” are played out in “two contradictory logics,” as Achille Mbembe put it. The first is based on the refusal of difference, the second on the refusal of similarities: “In creating this, the colonial potentate is a narcissist potentate” (Mbembe 2007a: 39). Mbembe explained, “The potentate brings to the colonized the illusory possibility [fait miroiter . . . la possibilité] of an unlimited abundance of objects and goods. The cornerstone of the fantastic apparatus of the potentate is the idea that there is no limit to wealth and property, and therefore to desire. It is this idea of an imaginary without the symbolic which constitutes the ‘little secret’ of the colony and which explains the power of the colonial potentate” (Mbembe 2007a: 51).¹²

Fanon explored this constellation of experiences and psychic effects, taking as his starting point one of the psychiatric categories of the time—that “presumed complex of dependence.” He then set about demolishing it in *Black Skin, White Masks*. Included in this, he considered how colonists, be they teachers or doctors, talk to black or Arab people; how they view black or Arab bodies; how they modulate their own voices when addressing the colonized. These fleeting daily interactions, often tainted with paternalism, fully express the subtle violence of this “linguistic drama”:

A white talking to a person of color behaves exactly like a grown-up with a kid, simpering, murmuring, fussing, and coddling a child and starts smirking, whispering, patronizing, coddling . . . Consulting physicians know this. Twenty European patients come and go: “Please have a seat. Now what’s the trouble? What can I do for you today?” In comes a black or an Arab: “Sit down, old fellow. Not feeling well? Where’s it hurting?” When it’s not that, it’s “You not good?” To speak *petit-nègre*¹³ to a black [person] is insulting . . . the ease with which it classifies and imprisons [the patient] at a primitive and uncivilized level—that is insulting. (2008: 15)

On a similar theme, Fanon observed,

It is said that the black person likes to palaver, and whenever I pronounce the word “palaver” I see a group of boisterous children raucously and blandly calling out to the world: children at play insofar as play can be seen as an initiation to life. The black likes to palaver, and it is only a short step to a new theory that the black is just a child. Psychoanalysts have a field day, and the word “orality” is soon pronounced. (Fanon 2008: 10)

The patronizing tone of voice, the idea that one is dealing with a man or woman of “simple character,” these are the components of a psychology of oppression; and Fanon set about examining the interstices concealed within what had become habitual. His reflections on the language of the colonized, and the *petit-nègre* of the colonist, gave him the levers necessary to identify the deep traces of alienation embodied in gestures and speech that were long ignored by ethnologists and sociologists. The decolonization of language and of bodies run parallel to and imply each other.

In a key passage that heralds the role that the body and the senses hold in his analysis of alienation, Fanon gave his famous description of a young Martinican practicing the pronunciation of the French “r”. Struggling with his own tongue—a “lazy” tongue, just as blacks are always described as “lazy” by colonists—“he will make every effort not only to roll his r’s, but also to embroider them” (Fanon 2008: 5). This is a superb image of the labyrinth to which language forms a sort of “racial gateway” (Pellegrini 1997: 97). Daily training of the body to achieve good pronunciation is already an application for admission to white society. It is also an application for a recognition of one’s humanity, which the colonist stubbornly withholds. What is being striven for does not, however, result in the happy outcome of a transforming dialectic; rather it becomes the symptom of an authentic pathology (Oliver 2001: 23–49).

Fanon’s description explored the hesitations and gestures that embody relations of domination and subjugation, clearly anticipating his attention to the “incorporation of history” that runs through his later writing. His analysis predated later studies of the “techniques of the body” within the colonies, and more recent debates on the notion of embodiment (Csordas 1990; Kleinman and Kleinman 1994; Scheper-Hughes and Lock 1987; Stoler 1995).

Fanon gave us startling snapshots of the exercise of power, ranging from the importance of pronunciation to Antilleans, to how the glances of colonized Algerians take in the colonists’ overflowing trash cans (Fanon 2004: 5–6), showing how these become signs of a domination whose overthrow cannot be delayed. As superbly communicative is the image of colonists’ feet—which, unlike those of colonized subjects, are never seen except at the beach and even then, never close-up. Thus feet become another metaphor for the distance and division between two distinct worlds (Fanon 2004: 4).

References to the body and the traumatic embodiment of history occur throughout Fanon’s work. He used expressions such as “the epidermalization” of inferiority, “muscular tension,” and “rage in the mouth” to describe living in the colonial world. In *The Wretched of the Earth*, he described how “the colonized’s affectivity is kept on edge like a running sore flinching from a caustic agent” (Fanon 2004: 19). Positing the issue of race and colonialism as the nucleus around which the sensorial experience of the colonized is organized, these expressions undercut the usual coldness and distance of

medical language. His use of anatomical terms transformed the bodies concerned into living material, leaving readers little choice but to explore the cruces of subjugation, unravel the contorted knots of desire and ambivalence, and liberate the organism from the constrictions of subjugation.

Once again, it was the physical body—humiliated (and often subjected to the trials of hunger, like a character in one of Mohamed Dib’s novels), faced with the haunting issue of skin (Fanon 2008: 4), that provided Fanon with material with which to criticize the theses put forward by the psychiatrists of the day: “And the psyche is obliterated, and finds an outlet through muscular spasms that have caused many an expert to classify the colonized as hysterical” (Fanon 2004: 19). Fanon used the same irony in his conclusion to *Black Skin, White Masks*, where he referred to the numerous works of the time that spoke of the “Asiatic serenity” with which the Vietnamese supposedly face death.

In this way Fanon undermined an entire semiology based on such notions as the impulsive nature of the Arab, the childishness of black Africans, and the indifference of “Orientals”—all of which psychiatry, anthropology, and sociology had been complicit in validating. He subjected even the most basic assumptions of the psychological sciences to critical examination, measuring these against the actuality of racial/colonial/alienating contexts in which the “corporeal schema”¹⁴ becomes a “historical-racial” and a “racial epidermal” schema (Fanon 2008: 91–92).¹⁵

Fanon took the idea of “flesh” phenomenology to its extremes, writing his own biographical analysis embedded in his lived experience of his body being flattened to the point of becoming an epidermis. The I/ego resolved into skin.¹⁶ The openness of eye and skin to cultural context was manifested in Fanon’s now famous account of a statement by a young white child in *Black Skin, White Masks*, “Tiens, Maman! un nègre!” followed by “I am frightened.” The black is a phobogenic object, thus making clear the role of the (white) Other in psychic experience of black people.

The most elegantly constructed ontologies and phenomenologies collapse when faced with the racial difference that had been systematically ignored and on which Fanon focused, positing the role of race in the sociopolitical constitution of psychic space and experience.¹⁷ *Look Mummy, un nègre* was a “metropolitan Diasporic moment,” argued Stuart Hall, “Fanon’s white mask—his accustomed Frenchness and the sophistication of his French learning—was torn asunder from his black skin. In the wake of this episode Fanon was obliged to re-evaluate his own racial being” (2017: 175). In reference to the experience of an intrusive white gaze, of a corporeal schema, which is so undermined that it results in a sort of “black dispossession,” David Marriott observed:

I know I am black. Even so, I occasionally fantasize and dream about being colorless, or at least invisible. Often I allow myself the comfort of placing this

confused identification in my experience of everyday life, as if racial invisibility and violence existed solely in the public domain, or only inside the heads of some hate-filled white people rather than in the minds and fantasies of black people. This is not, however, simply a case of displaced desire or social persecution. An unoccupied seat next to me on a full train sharply reminds me not only of white racial fears and anxieties about somatic contagion, but of how my life has been shaped by an introjected and anxiety-producing fear of being attacked—from within and without—by phobic intrusion. This evacuated space represents a place where whites care to—or dare—not go, a space that a type of X-ray might reveal as black alienation and psychic dispossession. (Marriott 2007: 207)

Fanon's phenomenology of the body encourages scrutiny of the phantasies of "lactification" (which continues to lead black women to use dangerous lotions in an attempt to lighten their skin).¹⁸ It also calls for investigation of the physical disturbances and psychic lacerations felt by people of color when they are exposed to personal invasion by racist comments. The body, as envisaged by Fanon's critical psychology, is always already a body whose senses (sight, hearing, touch) are informed by politics, and the decolonization of the senses is just as urgent as that of sexuality or the imaginary.¹⁹

Psychoanalysis, too, had overlooked the fact that the colonized have a very different experience of the corporeal self. While Freud had suggested that the ego should be conceived in corporeal terms, as deriving from bodily sensations (first and foremost those of the surface of one's own body), it was Fanon who observed that "what starkly distinguishes 'white' and 'black' experiences of bodily self-consciousness, however, is their differential situation within the historico-psychical network of 'race'" (Pellegrini 1997: 103). The example of Antilleans' "catastrophic experience" of being taken for Africans, and the case of a "Senegalese who learns Creole in order to pass for an Antillean" (Fanon 2008: 2, 21) offer compelling proof of this alienated self-consciousness. And yet, there is a need to remember Fanon's contextual view of language. Reflecting on his experiences in Algeria, he contended that, before the liberation struggle, speaking French was seen as a form of "cultural treason"—an expression and purveyor of oppression. In this period, only the Arabic language implied resistance to the French. During the liberation struggle, however, there was a change and the Manichean certainty of the earlier period mutated as,

the French language lost its accursed character, revealing itself to be capable of transmitting, for the benefit of the nation, the messages of truth that the latter awaited. Paradoxically as it may appear, it is the Algerian Revolution; it is the struggle of the Algerian people, that is facilitating the spreading of the French language in the nation. Expressing oneself in French, understanding French, was

no longer tantamount to treason or to an impoverishing identification with the occupier. Used by the voice of the combatants, conveying in a positive way the message of the revolution, the French language also becomes an instrument of liberation . . . The “native” can almost be said to assume responsibility for the language of the “occupier.” (1965: 89–90)²⁰

A BLACK ONTOLOGY? NÉGRITUDE’S APORIA

For Fanon, the movement from understanding to knowledge, and the critical work of each, necessitates action. Paraphrasing Marx on the opening page of *Black Skin, White Masks*, Fanon insisted that “it is no longer a question of knowing the world but transforming it” (2008: 1). Fanon then quoted Karl Jaspers to remind us that his project is not about a quantitative accumulation of facts but a qualitative approach that is an inner exploration “of an individual case . . . [taken] to the furthest possible limit” (Fanon 2008: 146). Fanon’s investigation was also thereby committed to social change. As he put it: “After having described the real, the researcher can set out to change it. In theory, moreover, the descriptive method seems to imply a critical approach and, consequently, the need to go farther toward a solution” (2008: 146). In this sense we can understand Fanon’s statement that methods do not “escape human influence” because it is the human who “brings society into being” (2008: xv). Reacting to the racial gaze, and “the image of the biological-sexual-sensual-genital nigger, [which] you have no idea how to get free of,” he insisted that “the eye is not only a mirror, but a correcting mirror . . . with a progressive infrastructure where the black can find the path to disalienation” (2008: 178, 161). For Fanon, action to change the world and promote a “genuine disalienation,” which is understood “in the most materialist sense” (2008: xv), begins with the here and now.

Fanon’s critique also focused on the assumptions and failures of the human sciences more generally, and included history, philosophy, and psychoanalysis. Fanon aimed not only to provide an analysis but in medical terms a “lysis”—a destruction of this “morbid universe” with its “psycho-existential complex” and brutal social and economic realities. So while “only a psychoanalytical interpretation of the black problem can reveal the affective disorders responsible for this network of complexes,” Fanon talked of a double process: the internalization or what he called “epidermalization of social economic realities” means that black alienation is not an individual question but “a question of sociodiagnostics” (2008: xv–xvi).

Disalienation, then, is a two-sided and mutually dependent struggle of knowledge and action, individual and social, subjective and objective. It is a two-sided and mutually dependent struggle in another sense too, namely,

that of *epistemological disalienation* (i.e., the deconstruction of models that reduce racism to biological or psychic issues) and a careful scrutiny of all places where alienation incubates in families, schools, affective relations, and in western thought itself). Moreover, Fanon also explored fields of cultural production (poetry, novels, films, etc.), where alienation is reproduced and developed in disguised forms or alternatively is critically exposed and addressed. By emphasizing the importance of “the situation” for a full understanding of alienation, dreams, and symptoms, and in stressing temporality as a decisive dimension of experience and its transformation, Fanon revealed the influence of philosophers such as Merleau-Ponty and Bergson.

Lewis Gordon reminded us that as a young student Fanon was called “Bergson” (2015b), and this nickname was also suggestive of an important relationship between Fanon and Bergson *via* Léopold Senghor. As noted, we are skeptical of David Macey’s questioning of Fanon’s knowledge of America on the basis that it was “derived primarily from literary sources . . . based on novels” (2000: 193). We therefore explore Fanon’s representation of the black condition as epitomized in his reading of Richard Wright’s work alongside that of Senghor as well as his views on *négritude* as elements of his disalienation project. While the interpretation Senghor gave to Bergson’s “vital impulse” risked reproducing a dangerous dichotomy, namely, the idea of whites as rational *versus* blacks as emotional, Fanon rejected both the notion of a specific black ontological suffering and that of the ontological peculiarity of African psychology.

Négritude’s meanings are multiple (philosophical, aesthetic, political, and epistemological) and have been expressed by scholars and poets such as Alioune Diop, Aimé Césaire, and Léopold Senghor. What is interesting is the way in which Fanon reacted to these different meanings, especially since *Black Skin, White Masks* was, in a sense, addressed primarily to black readers, and it was in the black intellectual arena that Fanon developed his struggle against all forms of alienation.

Remarking on the difference between Césaire and Senghor, Souleymane Bachir Diagne (2016) suggested that if Césaire assumed poetic value as the most important profile of the *négritude* movement,²¹ Senghor considered its epistemological/ontological value as the one that could modify the place of the “Negro” in the world. If Césaire (like Fanon) battled against the idea of the presumed existence of abilities that are *characteristic* of Africans and notions of “primitive mentality” (that Lévy-Bruhl eventually recanted), Senghor considered African art to be a strategy of knowledge opposed to western forms of knowing. Senghor expressed this in terms of the hypothesis “emotion is black, as reason is Hellenic” (*L’émotion est nègre, comme la raison hellène*) (Senghor 1964: 288), adopting Bergson’s ideas (of “vital impetus”) as the ideal model to think about African being as well as African

thought and artistic expression.²² It should be noted that Fanon was dismissive of Césaire's claim to African authenticity.²³ Yet Césaire's emphasis on the material life of the colonized and his insistence that living in a racialized world is a form of oppression that only blacks experience,²⁴ contrasted with Senghor's conception of an African path to socialism inspired by black spiritualities (Diagne 2007; Senghor 1959). Moreover, Césaire's ironic comments about Belgian missionary Placide Tempels and his writing on Bantu philosophy eloquently reflect his distance from Senghor:

If there is anything better, it is the Rev. Tempels. Let them plunder and torture in the Congo, let the Belgian colonizer seize all the natural resources, let him stamp out all freedom, let him crush all pride—let him go in peace, the Reverend Father Tempels consents to all that. “But take care! You are going to the Congo? . . . Respect the Bantu philosophy!” . . . writes the Rev. Tempels . . . “It would be a crime against humanity, on the part of the colonizer, to emancipate the primitive races from that which is valid, from that which constitutes a kernel of truth in their traditional thought, etc.” What generosity, Father! And what zeal! Now then, know that Bantu thought is essentially ontological; that Bantu ontology is based on the truly fundamental notions of a life force and a hierarchy of life forces. (Césaire 1972: 39)

A similar criticism is found in *Black Skin, White Masks* where Fanon considered Alioune Diop's introduction to Tempels's book, *Bantu Philosophy*:

We apologize for this long extract, but it allows us to show how black men have possibly erred. Alioune Diop, for example, in his introduction to *La philosophie bantoue*, notes that the metaphysical misery of Europe is unknown in Bantu ontology. What he infers is nevertheless dangerous: “The double-sided question is to know whether black genius should cultivate its originality, i.e., that youth of spirit, that inherent respect for . . . creation, this joie de vivre, this peace which is not the disfigurement . . . [we are] subjected to by moral hygiene, but a natural harmony with the radiant majesty of life.” Beware, reader! There is no question of finding “being” in Bantu thought when Bantus live at the level of nonbeing and the imponderable . . . We can already imagine Alioune Diop wondering what will be the place of black genius in the universal chorus. We claim, however, that a genuine culture cannot be born under present conditions. Let us talk of black genius once humanity has regained its true place. Once again we call upon Césaire. (Fanon 2008: 162–64; translation altered)²⁵

While critical of the notion of a black essence, Fanon also reacted to the way in which Sartre countered Senghor's essentialist claims and dismissed *négritude* as nothing more than a weak and passing stage of the dialectic. Responding to Sartre's formulaic notion of dialectic—thesis, antithesis, synthesis—which included *négritude* as a “minor term,”²⁶ Fanon argued that he could feel

himself slipping from the world, insisting that “Sartre forgets that the black suffers in his body quite differently from the white” (Fanon 2008: 117).

Fanon was thus forced to remind Sartre of the nature of concrete lived experience in a racist society. Sartre, he said, had recalled the negative side but forgotten that “this negativity draws its value from a virtually substantial absolutivity” (2008: 113) that derives from the very notion of blackness as contrived by white society. As Peter Hudis put it, this negativity is “inseparable from the bodily-schema” (2015: 51). For Fanon, “Consciousness committed to experience knows nothing, has to know nothing, of the essence and determination of its being” (2008: 113). Fanon thus posited subjectivity against Sartre’s absolute knowledge, and his reaction against an *a priori* (and abstract) universal in the name of a concrete particular position remained an important element of his project to “unleash the human being [imprisoned by the] colonization of experience and the racialization of consciousness” (Sekyi-Otu 1996: 17). It is from this racialization that the experience of belatedness and overdetermination appears and takes on its specific (alienated) contour; it is a consciousness that finds no room in the language of Heidegger or on Sartre’s existential horizon. As Kelly Oliver pointed out, Fanon’s lament for arriving “too late” had a different origin:

The alienation of being thrown into the world differs dramatically from the debilitating alienation of being thrown there as one incapable of meaning making. For Heidegger, the connection between human beings and meaning is definitive. And, for Sartre, while we are thrown into a preexisting world of meaning, we are responsible for meaning making and for the meaning of the world. We become part of, and responsible for, that world of meaning. This is what makes us human beings, beings who mean. What Fanon describes is not simply arriving into a world of meaning that preexists us—that is true of everyone—but arriving too late into a white world in which one is defined as a brute being who does not mean and therefore is not fully human. Responsibility for meaning, and more particularly for the meaning of one’s own body and self, has been usurped by the white Other. (Oliver 2004: 15–16)

The need to think of the specificity of the black existential condition placed Fanon close to Richard Wright, and he seemed to feel that the American writer’s novels gave form to his own experience. In 1949, Wright published a short introductory note on “American Negro Folksongs” in *Présence Africaine*, in which he stressed the role of social conditions (and not only Africans’ unique heritage) in giving form to original and specific forms of artistic production:

The following examples of American Negro folksongs can still be heard today in many parts of the American Southland; they represent, together with the

Spirituals, the richest and most original fund of musical expression to be found in the New World. Many misguided authorities seek to explain these songs in terms of their obvious African heritage, thereby overlooking the strains and stresses to which the harsh environment of slavery in America subjected the personality of the Negro. (1949: 70)

Emphasizing the significance of the slave's embodied experience, Wright argued that these songs "are melancholy but lively, despairing but sensual, sad but happy. How could they be otherwise, when the Negro in those days had no other way in which to express the bubbling emotions which thronged their soul?" No less important was Wright's portrayal of the alienated daily existence and condition of black people in the United States. Wright's descriptions of the infernal circle of dehumanization, violence, and economic impoverishment (which made his novels akin to a "native informant") were particularly important to Fanon's disalienation project.²⁷

Fanon expressed his appreciation for Wright's *Native Son* and *12 Million Black Voices* in *Black Skin, White Masks* and read translations of Wright's short stories "Bright and Morning Star," and "Fire and Cloud."²⁸ In addition, the possibility of redemption through language and writing that Wright wrote about in *Black Boy* might have been suggestive for Fanon of his own self-analysis. While he was an intern at the Saint-Alban Psychiatric Hospital, Fanon wrote an enthusiastic letter to Wright in January 1953 (Ray and Fransworth 1973: 150), expressing his admiration:

Dear Sir,

I apologize for the liberty I take in writing to you. Alioune Diop, the editor of *Présence Africaine*, was kind enough to give me your address. I am working on a study bearing on the human breadth of your works.

Of your work I have *Native Son*, *Black Boy*, *12 Million Black Voices*, *Uncle Tom's Children*, which I have ordered (I do not know whether the books are available in France), two short stories published, one in *Les Temps Modernes*, the other in *Présence Africaine*.

Eager to subscribe in the most complete way to the breadth of your message, I'd greatly appreciate you letting me know the title of those works I might be ignorant of.

My name might be unknown to you. I have written an essay, *Black Skin, White Masks*, which has been published by Le Seuil, in which I intended to show the systematic misunderstanding between whites and blacks.

Hoping to hear from you, I am, very sincerely yours.

Frantz Fanon

Fanon again engaged with Wright in “Racism and Culture,” the paper delivered in Paris at the First International Conference of Black Writers and Artists in 1956, and published in a special issue of *Présence Africaine*.²⁹ Wright’s novels, Fanon argued, provide a model for thinking about colonial alienation. Discussing a character in one of Wright’s works, Fanon said: “This chattel-man, without means of subsistence, without reason to live, is shattered at the very heart of his being ... It is at this stage that the famous guilt complex appears. In his early novels, Wright gives a very detailed description of it” (Fanon 1956: 125). In “Racism and Culture,” Fanon conceived of culture in terms of specific relationships of power and exploitation. In addition, he described the infernal cycle of symbolic and material violence by which a full set of “techniques of the body” are first humiliated and fragmented and then abandoned. This infernal cycle feeds a “guilt complex” and a specific form of alienation, which is, as Fanon mockingly observed, translated “in the official texts under the name of assimilation.” From this, Fanon argued, a negative self-representation, often encapsulated in myths and narratives, develops.³⁰ Here Fanon captured the sense of the expression “social surgery,” coined by Elie Chancelé (1949), while synthesizing what Balandier (1951) called the “latent state of crisis” and “sociopathology” in colonized societies. Fanon wrote: “Having witnessed the liquidation of [their] ‘systems of reference,’ and the collapse of [their] ‘cultural patterns,’ the natives can only acknowledge that ‘God is not on their side.’ The oppressor, by the global and alarming character of his authority, succeeds in imposing on the autochthone new ways of looking at things, and particularly, a deprecatory judgment of ... original way[s] of life.” (1956: 127). Fanon continued,

Now this alienation is never wholly successful. Whether or not it is because the oppressor quantitatively and qualitatively limits their evolution, unforeseen, disparate phenomena manifest themselves. The inferiorized group had admitted, since the force of reasoning was implacable, that its misfortunes resulted directly from its racial and cultural characteristics. Guilt and inferiority are the usual consequences of this dialectic. The oppressed then try to escape these, on the one hand by proclaiming total and unconditional adoption of the new cultural models, and on the other, by pronouncing an irreversible condemnation of their own cultural style. (1956: 127)

Having “judged, condemned and abandoned” their culture, language, cuisine, and eating habits, their sexual behavior, even their “way of sitting down, of resting, of laughing,” of enjoying themselves, the oppressed fling themselves upon the imposed culture with the desperation of the drowning (Fanon 1956: 128), and ultimately begin to imitate the colonizer.

By 1959, however, Fanon’s enthusiasm for Wright’s work had waned. While Fanon remained positive toward his earlier work, his review of

Wright's *White Man, Listen!* was highly critical. A collection of lectures that Wright delivered in Europe from 1950 to 1956, *White Man, Listen!* emphasized the importance of Ghana's independence from British colonial rule and what Wright called "the psychological reactions of oppressed peoples."³¹ In his review, Fanon maintained that Wright's perspective was trivial, and his interpretation superficial.

Fanon's criticism is interesting for a number of reasons. First, he found Wright's analysis of oppression, and his discourse on black attitudes toward whites, to be generic, calling it "a confused and quick enumeration." Second, Fanon noted that the fact that blacks "continue to define themselves according their old masters," following the western economic model on the one hand and as well the "cult of sacrifice" on the other, is devoid of any reference to concrete experience. In fact, Fanon had suggested something similar to Wright's analysis in *Black Skin, White Masks* when he argued, "A normal black child, having grown up with a normal family, will become abnormal at the slightest contact with the white world," and continued that in such a situation, "the black is *comparaison* ... in the sense of a constant preoccupation with self-assertion and the ego ideal" (2008: 122, 185; translation altered). However, there is a vital difference between Fanon's and Wright's arguments. Where Fanon's claims were based on clinical observations or psychoanalytical interpretation of behaviors, Wright, Fanon implied, made his statements in the form of anodyne declarations. In short, Fanon argued, an analysis of the lives of the colonized should contain "down to earth examples taken from their daily life." For Fanon, what Wright offered was simply not enough:

If he didn't know their life, why not provide more convincing and meaningful data (on child mortality, undernourishment, salaries)? It is true that black novelists and poets suffer, that the psychic drama of a westernized black, divided between white culture and *négritude* can be painful. But this drama, that after all doesn't kill anybody, is much too specific to represent the collective experience of black people. The tragedy of the exploited and subjugated African colonized masses, is first of all a matter of life or death, an issue of material order: the spiritual divisions of the "élite" are luxuries that they cannot afford. (Fanon 1959b)

As a clinician and a militant (as prefigured in his conclusion to *Black Skin, White Masks*),³² Fanon pitted the suffering bodies and empty stomachs of the masses dominated by decades of colonization against the uncertainties and alienation of westernized black intellectuals and elites. He ridiculed Wright who spoke about the "common problems" experienced by whites and blacks. If these are "not racial, not religious, not fully economic, not only political," then what are they, Fanon asked—"metaphysical," perhaps?

The final statement in Wright's book offers additional insight into the reasons for Fanon's virulent criticism: Wright's demand, "white man,

listen,” addressed to an apparently generous and rational Europe with the purpose of obtaining for the black élite the freedom it needed to realize its “task,” was bizarre. It was also far removed from Fanon’s project of authentic emancipation and anticolonial struggle. At the same time, Wright’s position risked reproducing the dichotomy between the emotional black and the rational white, and thus might have revealed another issue to Fanon, namely, the increasing distance he felt with regard to Algeria’s nationalist élite. Fanon had already rehearsed this issue in *Black Skin, White Masks*, with its focus on middle-class educated black Antilleans who had been socialized to think of themselves as French, but on their arrival in Paris they discover that they are in fact viewed as *les nègres*, and therefore as not fully human. Here, what Wright called the psychological reactions of oppressed peoples are manifested by a mutation in the black psyche and perhaps, as Fanon noted, considering the importance of the psychosomatic, it might have included a biochemical and “humoral” change (2008: 6).

THE CORPOREAL SCHEMA OF LIVED EXPERIENCE

I am conscious of my body via the world ... I am conscious of the world through the medium of my body.

—Merleau-Ponty, *Phenomenology of Perception*

Hemmed in by the white gaze, Fanon described “the lived experience of being black”³³ as like being put together by another self: “My body was given back to me spread-eagled, disjointed” (2008: 93). The result is a suffocating reification, an existence in a hellish zone of nonbeing that seems inescapable and which Fred Moten called “ontology’s underground” (2013: 739). And yet even if, in most cases, no black person can take advantage of this “descent into a veritable hell,” it is from this zone of nonbeing, this absolute negativity, that a new beginning, or what Fanon called an “authentic upheaval,” might emerge (Fanon 2008: xii; see also Gordon 2005).

This experience formed the ground of Fanon’s phenomenology of the racialized subject. It embodies all the effects of interpellation’s failures, or what Hage called “racial mis-interpellation.” For Fanon, no doubt, ontology, as considered by Hegel and Sartre, constituted an inaccessible space for blacks, slaves, and the colonized living under the yoke of European civilization. “There is of course the moment of ‘being for others,’ of which Hegel speaks,” he noted, “but every ontology is made unattainable in a colonized and civilized society” (Fanon 2008: 82). It was in part Fanon’s sense of what

Bhabha called the “belatedness of the black” (1994: 236) that led Fanon to scream and “shout my blackness” (2008: 101) and create the ground for being (Ciccariello-Maher 2012). This is exactly what Sartre had undermined when in response to Sartre’s dismissal of *négritude* as a “weak stage” of the dialectic, Fanon “sensed my shoulders slipping from this world, and my feet no longer felt the caress of the ground. Without a black past, without a black future, it was impossible for me to live my blackness. Not yet white, no longer completely black, *I was damned*.” (Fanon 2008: 117; our emphasis)

Ghassan Hage (2010) has argued that all the pathologies of interpellation are present where the experience of being fixed by the Other, in the sense in which a chemical solution is fixed, is also a fissiparous one.³⁴ The first is non-interpellation where to be black is to be simply a thing, an object in the midst of other objects. The second is negative interpellation, where to be black is to be humiliated, animalized, scorned, mocked, and exploited on a daily basis. The third, which Hage described as “racism of a different order,” is the most subtle and describes Fanon’s French army experience:

In the first instance the racialized person is interpellated as belonging to a collectivity “like everybody else.” S/he is hailed by the cultural group or the nation, or even by modernity, which claims to be addressing “everyone.” And the yet-to-be-racialized person believes that the hailing is for “everyone” and answers the call thinking that there is a place for him or her waiting to be occupied. Yet, no sooner do they answer the call and claim their spot than the symbolic order brutally reminds them that they are not part of everyone: “No, I wasn’t talking to you. *Piss off. You are not part of us.*” This is the core of the Fanonian racial drama: Fanon hears the European call of the universal and everything in him makes him believe that the call is directed to him; he therefore answers the call only to find out that the call was not really addressed to him. (2010: 122).

As Homi Bhabha put it, “it is a doubling, dissembling image of being in at least two places at once which makes it impossible for the devalued, insatiable, *evolué* ... to accept the colonizer’s invitation to identity ... ‘you’re *different*, you’re one of *us*’” (Bhabha 1994: 64; emphasis in original).

One of Fanon’s goals in *Black Skin, White Masks* was to “determine the tendencies of a double narcissism” (2008: xiii–xiv), which, he argued, is intimately connected with an inferiority complex or a feeling of nonexistence. “The black enslaved by inferiority, the white enslaved by superiority behave in accordance with a neurotic orientation” (2008: 42).³⁵ Let us have the courage to say, he added, “It is the racist who creates the inferiorized” (2008: 73), while acknowledging that “blacks want to prove at all costs to the whites the

wealth of the black intellect and equal intelligence” (2008: xiv). For Fanon, Antilleans were a good example:

One of the traits of the Antillean is a desire to dominate the Other . . . If another wants to intimidate me with their (fictitious) self-assertion, I banish them without further ado. They cease to exist . . . The Martinicans are hungry for reassurance. They want their wishful thinking to be recognized. They want their wish for virility to be recognized. They want to flaunt themselves. Each and every one of them constitutes an isolated, arid, assertive atom, along well-defined rites of passage; each of them *is*. Each of them wants to *be*; wants to *flaunt themselves*. Every act of an Antillean is dependent on “the Other”—not because “the Other” is the ultimate objective of their action in the sense of communication between people that Adler describes, but, more primitively, because it is “the Other” who corroborates them in their search for valorization . . . Antillean society is a nervous society, a society of “comparison” . . . Martinicans are nervous, and then they are not. (Fanon 2008: 187–88; translation altered)³⁶

Fanon’s purpose in writing *Black Skin, White Masks* was, however, not simply reactive but rather to move beyond reaction action toward a conscious, enlightened, and social *action*. This is the only effective way, he believed, to break the pathological circularity and ceaseless reproduction of alienation, double narcissism (white and black), as well as mirroring neurosis (negrophobia and the inferiority complex, fear, and, above all, mimesis of blacks’ ceaseless and useless effort to become like the white Other).³⁷

The case of a white boy who exclaimed “Look Mummy, *un nègre!* I am frightened!” or that of a white girl affected by hallucinosis (2008: 84, 162) represent one pole of this infernal sphere. The case of the young medical student looking for revenge represents the opposite one: “In this way he would be avenged for the imago that had always obsessed him: the frightened, humiliated nigger trembling in front of the white master” (Fanon 2008: 43). In response, Fanon built a particularly modern and original perspective, investigating and diagnosing the symptoms of racism and racial alienation. No mechanical determinism or psychic causality need be claimed when the drama is not only unconscious but historical. The same approach is evident in Fanon’s analysis of the effects of violence on both victim and torturer.

Killing the internalized white means also killing the internalized idea of the black as a phobic object. The problem is not individual. It makes no difference in the end whether any individual black person has a substantive relationship with any white person. Society and its institutional structures are to blame: “the black becomes abnormal” because of white society’s internalization of its image of the black. Richard Wright once remarked to Sartre that there was no “black problem” in the United States, only a white problem (Gordon 2015a: 33). Similarly, in *Black Skin, White Masks*, Fanon made

the Marxian observation: “It is not just about blacks living among whites, but about blacks exploited, enslaved, and despised by colonialist and capitalist society that just happens to be white” (2008: 178).

Fanon, the author, hoped that by uncovering alienation, his book would aid its destruction. The book, he argued, was a mirror “with a progressive infrastructure,” which aimed, by examining cultural impositions, to imagine a horizon where “the black can find a path to disalienation” (2008: 161). This path, Fanon explained, is a conscious abandonment of the unconscious hallucinatory whitening that black people experience from birth, combined with a conscious embrace of the need to change the social structure. Quoting Césaire, Fanon argued that “the end of the world,” no less, (2008: 76, 191), demands not simple destruction but actions based on “careful reflection” (2008: 197)—something that from the zone of nonbeing might seem an impossible quest.

From the depths of anguish and anxiety, Fanon’s quest for disalienation seemed burning, traumatic, and psychologically damaging. And yet the damage had already been done. As Fanon pointed out, the black is oblivious of the moment of inferiority since the color line is already there: “Beneath the corporeal schema I had sketched out a historico-racial schema. The data I used were provided . . . by the Other, the white person, who had woven me out of a thousand details, anecdotes and stories” (2008: 91).

Fanon had “arrived too late” (2008: 100), the corporeal schema was already waiting there, racialized (Oliver 2001). As Sara Ahmed (2006: 109) argued,

Race does not just interrupt such a schema but structures its mode of operation. The corporeal schema is a “body at home.” If the world is made “white,” then the body at home can inhabit whiteness. As Fanon’s work shows, after all, bodies are shaped by histories of colonialism . . . Colonialism makes the world “white,” which is of course a world “ready” for certain kinds of bodies.

This opens up the question of the genealogy of the “corporeal schema” as a concept. Merleau-Ponty used the term *schéma corporel* (body schema), arguing that “the theory of body schema is implicitly a theory of perception.”³⁸ Like Merleau-Ponty, Fanon referenced the work of Jean Lhermitte, who coined the expressions “*l’image du moi corporel*” and “*l’image de notre corps*” to denote “the image of Self, the complex but strong and always present awareness, *at the fringe of our consciousness*, of our *physical personality* . . . of our *body of flesh*” (Lhermitte 1939; our emphasis).³⁹ The notion of being on the fringe is important, not only in terms of the implicit consciousness of the body’s relation to others—of certain uncertainty as “I . . . stretch out my right arm for and grab the pack of cigarettes,” as Fanon put it, channeling Merleau-Ponty (Fanon 2008: 90). It is also key because it describes the

specificity of the black body in a racist society, of being on edge, slipping into corners, and going unnoticed, yet always already “fixed” by the “white gaze” (Fanon 2008: 95). It is because being black has already been woven into the historico-racial schema, that no individual cure for alienation can be found.

Interested in “the mystified and the mystifiers, or the alienated”—that is, the “alienated (mystified) blacks, and . . . [the] no less alienated (mystified and mystifying) whites” (2008: 15, 12)—Fanon took issue with the reductionism in psychiatry that implied that humans function like machines. Conscious of the objectivity of loss and pain, he insisted that the objectification experienced by black people as well as the attendant inferiority complexes⁴⁰ and neuroses must be understood, and that any kind of psychological reductionism—including reducing racism to a mental state—must be resisted. If part of psychoanalytic work is to strengthen the ego through an awareness of the internalization of inferiority complexes, the problem, Fanon reminded us in *Black Skin, White Masks* (by way of Anna Freud), is that on an individual level bringing unconscious activities into consciousness can have an effect that undermines defensive processes and weakens the ego still further (2008: 41). “What are we getting at?” he asked later, returning to the sociodiagnostic. “Quite simply that when blacks make contact with the white world a certain desensitizing action takes place. If the psychic structure is fragmented, we observe the collapse of the ego. The black stops behaving as an actional person” (2008: 132).

This issue, alongside his critique of *négritude*, constitutes a fruitful aporia in Fanon’s thought. Fanon repeatedly stated that black experience, perception, *Weltanschauung*, social being, and even body schema are different, that black people suffer in another way and don’t have “ontological resistance” in a racial world. But, at the same time, he rejected the idea of the structure of black experience as ontologically different. He thus made a claim for universal values, and for the recognition of universal desires, beyond white universals and beyond the veil of skin color. This paradox can be partially solved if we consider the temporal dimensions of this apparent contradiction. The first dimension is the present, with its traumatic memories of slavery, social segregation, symptoms of (white and black) racial alienation, and the pervasiveness of (post)colonial violence. The second dimension is projected toward the future, animated by a titanic tension for crossing to time *beyond* the narrow world of colonialism. This paradox, which also expresses Fanon’s dialectic of praxis, is a motif that recurs throughout Fanon’s life and his works, a motif that we provisionally define as his project of “human things” (2004: 144) of making history and the human.

In addition, Fanon’s perception of the class character of exploitation remained important. He concluded *Black Skin, White Masks* by arguing that black workers were less likely to experience an inferiority complex, since they knew they were black and knew that this made no difference and knew they had to

continue to struggle (2008: 199). In addition, in *The Wretched of the Earth*, Fanon observed how, in a revolt against assimilation, the colonized intellectual's "rediscovery of the people" reflects their own alienation, sometimes taking the form of celebrating oppression and objectification "wanting to be a 'nigger,' not an exceptional 'nigger,' but a real 'nigger'; a 'dirty nigger,' the sort defined by the white man" (2004: 158).

Similarly, Fanon warned that those who "return" to the "people through works of art" risk behaving like foreigners. Offering a sharp critique that reflected his views on *négritude*, he argued that such intellectuals use local dialects to demonstrate their connection with the people but are "in no way related to the daily lot of the men and women of the country." Rather than connecting to the concrete, the colonized intellectual remains alienated, clinging to a veneer and fetishizing "an inventory of particularisms":

This veneer, however, is merely a reflection of a subterranean life in perpetual renewal. This reification, which seems all too obvious and characteristic of the people, is in fact but an inert, already invalidated outcome of the many, and not always coherent, adaptations of a more fundamental substance beset with radical changes. Instead of seeking out this substance, intellectuals let themselves be mesmerized by these mummified fragments which, now consolidated, signify, on the contrary, negation, obsolescence, and fabrication. (2004: 160; translation altered)

LOSING SIGHT OF THE COLONIST: MIMICRY AND POSSESSION

Imitation lies at the heart of the colonial project (to educate, civilize, and punish a colonized elite). It is integral to colonial pedagogy and to the desire (and fear) that the colonized should resemble the colonist, should eat like them, dress like them, and speak like them. Witness, for example, the "knife and fork doctrine" of Protestant missionaries in the Congo (Hunt 1999: 120). Even irony seems already to be inscribed within the tradition of European humanism (Bhabha 1987: 320), making the parodic performance of the colonized (in dances, ceremonies, and parades) something that is envisaged, or at least suggested. For the colonized, the very notion of identification constantly reveals the imperialistic genealogy that lies behind it (Fuss 1994: 19–21). When a black identifies with a white who is master and colonizer, the psychic significance of identification is reversed. What had been described as a process necessary to the formation—even existence—of the subject, becomes pathological. As Oliver (2001: 25) pointed out: "In contrast to the later Freud's depiction of identification as necessary, transformative, the ground of resistance, in Fanon's view identification is pathogenic, self-destructive."

Following Bhabha, however, Diana Fuss (1994) emphasized that for Fanon the difference between imitation and identification allowed for the possibility of political thought and action. Occupying two places at once, imposing upon the Other a continual shift in gaze and making the perception of its own senses uncertain, “the depersonalized, dislocated colonial subject can become an incalculable object, quite literally, difficult to place” (Bhabha 1986: xxi). This means that imitating the Other without identifying with it is possible, and can, in fact, become a weapon in the hands of the weak. Nothing can be taken for granted, argued Fuss: “These two notions of mimesis cross, interact and converge in ways that make it increasingly difficult to discriminate between a mimicry of subversion and a mimicry of subjugation” (Fuss 1994: 24).

Fanon seems to have grasped the multifaceted aspects of this experience when he considered the uncertainties felt by Algerian women during the Battle of Algiers, walking in the street without their veils, experiencing unexpected new sensations. The difference between mimicry and masquerade, as well the possibility that imitation is realized without identification, is central to contemporary debates about the meanings of parades, dances, and dress, including the veil. Imitation has become a political space.⁴¹

Perhaps the clearest expression of the inescapable uncertainty characteristic of imitation and identification occurs in cults of possession. Here Fanon was categorical. “Any study of the colonial world therefore must include an understanding of the phenomena of dance and possession” (Fanon 2004: 19). He had no doubt that these are key to understanding the experience of colonization, and the (by definition, unforeseeable) results involved in processes of imitation and identification. If the expression of aggressive behavior allows a defense of the personality by providing a temporary sense of agency as a release from colonial violence, dance channels aggression, redirecting and placating it. Fanon described dance in *The Wretched of the Earth* as “this muscular orgy during which the most brutal aggressiveness and impulsive violence are channeled, transformed, and spirited away” (2004: 19). Undoubtedly, such dance “protects and empowers,” and people transform their status thanks to a religious experience. However, having acted out “symbolic killings” (and, Fanon repeats, “imagined multiple murders,” stressing what was at stake here), everything goes back to what it was before. The colonized return to their homes and “the village returns to serenity, peace, and stillness.” Such gatherings are simply “organized séances of possession and dispossession,” and possession cults seem to play “a key regulating role in ensuring the stability of the colonized world” (Fanon 2004: 20). The colonized are “free” for a few hours. Not surprisingly, few find much political value in these tactics of flight from reality, seeing them as an ephemeral “escapism” (Bayart 1985) or a form of “liberation within the imagination” (Althabe 1969).

Fanon's understanding was more complex and more nuanced. When considering the role of magic and irrationality in the realm of colonial oppression, he argued that "the colonized subject also manages to lose sight of the colonist [*ne pas tenir compte du colon*] through religion" (2004: 18). Fanon suggested that religion, and possession through dance, works in colonies like genuine *technologies of the self*: discharging muscular tension, placating the sense of impotence, and at the same time allowing the colonized to ignore the colonist's control (by using religious language as a field of action). Moreover, these spaces constitute a sort of heterotopy and heterochrony,⁴² wherein the colonized are able to live in a parallel space and time:

In scaring me, the atmosphere of myths and magic operates like an undeniable reality. In terrifying me, it incorporates me into the traditions and history of my land and ethnic group, but at the same time I am reassured and granted a civil status, an *identification*." (2004: 15; our emphasis)

Beyond the colonist, "who makes history," the colonized produce another history and look for another identification within a "secret" and "collective sphere" (2004: 15). Here Fanon offered a singular profile of "culture" in the midst of a political and military as well as an epistemological and symbolic war, while also showing how a critical ethnopsychiatrist is able to grasp the meaning of individual experience and of collective rituals, "beliefs," trance states, and so on.

Whatever the situation under consideration—be it learning French, imitating whites or taking part in dances of possession—Fanon's historical and political phenomenology restored to the body of the colonized an existence that had previously been denied, a historicity that had been erased. And it did this even while analyzing implicit contradictions and weaknesses. If this Promethean task was performed in a manner that might be described as natural, this was because Fanon had experienced racism and Du Boisian doubleness. He had encountered the full extent of European hypocrisy, Nazi horror, and colonial violence. It was these "three clinics of the real," as Mbembe described them (2011: 10), that generated writing in which humiliated bodies are both addressed and put into words.

There is also another reason why we have highlighted the link in Fanon's work between the analysis of language and the political phenomenology of the body. In our view, this articulation was the most original aspect of a project Fanon pursued over the course of his lifetime (in Martinique, France, and Algeria), and through which he aimed to break down all forms of separation between discourse and practice, between scientific categories and experience, between the imaginary and the subjective. It was these articulations that gave him the means to deconstruct the models developed by colonial psychiatry,

and to rethink the sense and meaning of the notions of culture, nation, and identity.

NOTES

1. Fanon did not choose words casually: the phrase “arsenal of complexes” (*arsenal complexe*) was selected to evoke a lexicon of weaponry and war, thereby projecting symptoms and unconscious complexes into the arena of struggle and confrontation. As Pellegrini observed, with Fanon, “speech does not ‘naturally’ express or record the ‘essence’ of the speaking subject, but rather marks and constitutes the one who speaks within a network of raced, sexed and ‘classed’ meanings” (1997: 98).

2. Du Bois’s notion of double consciousness is often considered analogous with Fanon’s analysis in *Black Skin, White Masks*, and Du Bois’s seminal work *Black Reconstruction* (first published in 1934) with its notion of “a sort of public and psychological wage” articulates with what Fanon meant by a “brutal awareness of social and economic realities” (2008: xiv). In a chapter titled “Back toward Slavery,” Du Bois argued that whiteness was reinforced by public and psychological privileges, namely, white supremacy (often state-sponsored) terrorism against black people, and the formation of a security state with a system of racialized social control nurtured by “inter-racial sex jealousy and accompanying sadism [that] has been made the wide foundation of mobs and lynching.” This meant that there “was no chance for the black” (Du Bois 1998: 699–701).

3. Fanon used the phrase “*écrasante objectivité*,” but given his constant struggle against the concept of “objectivity” in his writing, we opted for a more literal translation.

4. On the importance of the notion of failure to Fanon’s thought and what Lewis Gordon called the “metatheory of failure,” see Gordon (2015a: 22–25, 71–72).

5. On this concept, see Ernesto de Martino (2005a, 2005b, 2012, 2015).

6. In relation to inscription on the body, we remember Edward Said’s remarks on Franz Kafka’s *In The Penal Colony*: “There is a remarkable story by Kafka, *In The Penal Colony*, about a crazed official who shows off a fantastically detailed torture machine whose purpose is to write all over the body of the victim, using a complex apparatus of needles to inscribe the captive’s body with minute letters that ultimately causes the prisoner to bleed to death. This is what Sharon and his brigades of willing executioners are doing to the Palestinians, with only the most limited and most symbolic of opposition. Every Palestinian has become a prisoner” (Said 2002: 5).

7. Fanon agreed with Michael Leiris that Creole is “sooner or later to become a relic of the past” (2008: 11) given that the success of the Antilleans’ wish to turn white is based on adopting “French French.” Fanon returned to this issue in the last pages of his chapter on recognition. There, the Antillean (black French) has not fought for freedom, but has only struggled from time to time for, in the discourse of the colonizer, “white liberty and white justice” (2008: 195). Thus, Fanon argued, the Antilleans are doomed “to hold their tongue” (2008: 196).

8. As Fanon put it, among a group of young Antilleans, those who express themselves and master the language are the ones “to be wary of”; they’re “almost white” (Fanon 2008: 4).

9. Some years later Albert Memmi adopted a similar analysis of the “linguistic drama” experienced by the colonized in Algeria, exploring a hapless bilingualism in which “[The colonized’s] mother tongue is that which is crushed” (Memmi 1965: 151–52). French, Fanon remarked, was (for some time) identified “as the expression of colonial domination” (1965: 82).

10. As Fanon himself observed in Algeria some years later: “Behavior toward fellow nationalists is open and honest, but strained and indecipherable toward the colonists” (Fanon 2004: 14).

11. As Luise White observed, the value of gossip and rumor can be important for historical research: “The result is not a history of fears and fantasies, but a history of African cultural and intellectual life under colonial rule, and a substantial revision of the history of urban property in Nairobi, of wage labor in Northern Rhodesia and the Belgian Congo, of systems of sleeping-sickness control in colonial Northern Rhodesia, and of royal politics and nationalism in colonial Uganda. In each case, evidence derived from vampire stories offered a new set of questions, recast prevailing interpretations, and introduced analyses that allowed for a reworking of secondary materials. Vampire stories are like any other historical source; they change the way a historical reconstruction is done” (White 2000: 6).

12. However, according to Mbembe, Fanon underestimated two other profiles of the colonial potentate: the “violence of ignorance” and the “double regulation” of needs and desires (Mbembe 2007a: 50).

13. We retained the original expression *petit nègre* in place of either the Markman or Philcox translations (“pidgin” and “gobbledygook” respectively), because both these terms lose some of the meaning in Fanon’s text. The French term is defined in *Larousse* as “elementary French used by blacks in the colonies,” and this was the meaning that was intolerable for Fanon (2008: 15). The disparagement implicit in the term *petit nègre*, and the sarcasm in *petit* (little), is much stronger than is conveyed by the term “pidgin,” and the sense has nothing to do with the dictionary definition of “gobbledygook” as “unintelligible jargon” (*Merriam Webster*), or “pompous or unintelligible jargon” (*Oxford Encyclopedic Dictionary*).

14. In this regard, Fanon referenced Jean Lhermitte’s *L’image de notre corps*, published in 1939. Interestingly, Merleau-Ponty (2012: 78–91) discussed Lhermitte’s war-wounded character’s phantom arm in *The Phenomenology of Perception*.

15. To quote this in more detail: “The corporeal schema crumbled, its place taken by a racial epidermal schema. In the train it was no longer a question of being aware of my body in the third person but in a triple person. In the train I was given not one but two, three places. I had already stopped being amused. It was not that I was finding febrile coordinates in the world. I existed triply: I occupied space. I moved toward the Other . . . and the evanescent Other, hostile but not opaque, transparent, not there, disappeared. Nausea” (Fanon 2008: 92). The analysis by Nandy (1983) on neurosis, mimetism, and divided Self in British colonial India echoes many of these issues. At the same time, the work by the Indian psychoanalyst Girindrasekhar Bose

(1886–1953), who had a correspondence with Freud, is exemplary of the effort made by non-western psychoanalysts or psychiatrists to appropriate western categories, asserting at the same time another approach to symptom, history, and myth. Bose adopted a model of conflict solution based on the idea of healing as the ability to reestablish the continuity of interrupted circuits, imagining himself as an engineer. Concerning the participation to anti-colonial circles, Hartnack (2008: 105) suggests that “it should therefore not be surprising that beyond reaffirming Bengali Hindu traditions by integrating these into his psychoanalytical theories, several of Bose’s writings expressed an explicitly anti-colonial stance” (see also Nandy 1995a, 1995b).

16. In his 1923 book *The Ego and the Id*, Freud noted that “the way in which we gain new knowledge of our organs during painful illnesses is perhaps a prototype of the way by which, in general, we arrive at the idea of our own body. The ego is primarily a body-ego; it is not merely a surface entity, but it is itself the projection of a surface” (Freud 2010: 25). In his 1985 work *The Skin Ego*, Didier Anzieu developed an intermediate perspective between the structural and empiricist or pragmatic, psychogenetic orientations of psychoanalysis, but he never mentioned the issues that lay at the core of Fanon’s investigation, namely, the historicity and “racial envelope” of the psyche.

17. As Fanon explained: “As long as the black person is among their own, they will have no occasion, except in minor internal conflicts, to experience their being through others. There is of course the moment of ‘being for others,’ of which Hegel speaks, but every ontology is made unattainable in a colonized and civilized society ... In the Weltanschauung of a colonized people there is an impurity, a flaw that outlaws any ontological explanation ... Ontology—once it is finally admitted as leaving existence by the wayside—does not permit us to understand the being of the black. For not only must the black person be black; they must be black in relation to the white” (Fanon 2008: 82–83). For Gordon (2011: 86), “Corps à corps, roughly translated as ‘lived-body to lived-body,’ is thus another way of referring to intersubjectivity, sociality, and the conditions of culture ... In this sense, national liberation becomes a form of re-embodiment” (see also Gibson 2003).

18. See for example, Dlova et al. (2014).

19. On sexual decolonization and “erotics of liberation,” see Renault (2011b). On Foucault, race, and sexuality, see Stoler (1995) who criticized Foucault for choosing to concentrate his analysis of body, desire, and governmentality on Europe and to neglect the colonial space.

20. For one example of the political importance of language as a facet of cultural resistance, reinvention, and revival see Mac Ionnraichtaigh (2013). Influenced by Fanon’s discussion of culture, Mac Ionnraichtaigh described some of the actions taken in relation to the use of Irish in the North of Ireland, particularly in prisons and at the local community level, and especially in the context of the 1981 H-Block hunger strike. These often played out, if only implicitly, as struggles within political and cultural organizations, as well as the British state’s later attempts at cooption and depoliticization. As one former prisoner of the hellish H-Blocks put it, language was “all that we had as mental stimulation that could build our spirit as political prisoners” (2013: 194). After their release, many

former prisoners have played important roles in working-class communities, building a sense of dignity and using Irish to promote mental liberation and anticolonial resistance.

21. The *négritude* movement started with the collaboration between Aimé Césaire from Martinique, Léon Gontran Damas from Guiana, and Léopold Sédar Senghor from Senegal in the mid-1930s. When Wright published his notes on American folk-songs in the first issue of *Présence Africaine* (in 1947), the Paris intellectual milieu was already familiar with the Harlem renaissance.

22. To complicate matters further, Diagne (2016) noted that Aimé Césaire's famous lines from *The Notebook for a Return to the Native Land*: "Those who have invented neither powder nor the compass . . . But they abandon themselves, possessed, to the essence of all things"—were quoted by Sartre in *Black Orpheus*. Sartre remarked, "Upon reading this poem, one cannot help but think of the famous distinction which Bergson established between intelligence and intuition" (1976: 44). Diagne has argued that Sartre's comment "makes an important point: 'emotion' and 'intuition' as approaches to reality in Négritude philosophy have more to do with Bergsonian philosophy than with Levy-Bruhlian ethnology."

23. Having "become the Congo," Fanon observed, "he felt the vibration of Africa in the very depth of his body. It thus seems that the West Indian, after the great white error, is now living in the great black mirage" (1967: 27).

24. This was at the root of Césaire's decision to abandon the Communist Party and distance himself from Marxism. However, even while he was a member of the French Communist Party (which we should remember was uncritically Stalinist at the time) and argued that "we can look to the Soviet Union" as an example of "a new society that we must create" (1972: 31), Césaire considered the young humanist Marx to be the real interlocutor of black revolution. Césaire broke with the Communist Party in 1956 and considered this a break with Marxism despite his interest in Marx. Senghor, on the other hand, included Marxism as a philosophy of humanism when he spoke of African socialism (Dunayevskaya 1961: 30). It is interesting to note that among the books in Fanon's library, now collected at the Centre National de Recherches Préhistoriques, Anthropologiques et Historiques in Algiers, is Henri Lefebvre's 1958 volume *Problèmes Actuels du Marxisme*, which marked Lefebvre's break with the Communist Party. Alienation and humanism were central concepts to his chapter "Return to the Source: Marx." On the controversial relationship between Fanon and Marxism, see Gibson (2003), Hudis (2015), and Renault (2016).

25. Diagne (2016) explained this further: "In sum, in the eyes of Senghor, Tempels' *Bantu Philosophy*, along with Bergson's philosophy of *élan vital*, provided the language of life philosophy which he considered characteristic of the cultures of Africa and those of African origin. For him Négritude is an ontology of life forces to be described as a vitalism. Césaire who was more skeptical about the philosophical content of the word dismissed Tempels' enterprise not on the basis of its substance but because of what he considered the intention behind the text of *Bantu Philosophy*: an attempt to reform colonialism in order to perpetuate it." In his work *Discourse on Colonialism*, Césaire also strongly criticized Mannoni, saying: "Follow him step by step through the ins and outs of his little conjuring tricks, and he will prove to

you as clear as day that colonization is based on psychology, that there are in this world groups of people who, for unknown reasons, suffer from what must be called a dependency complex” (2000: 59; translation altered). On Senghor’s “spiritualist socialism,” see also Diagne (2011: 43–64).

26. In this regard, Fanon ironically called Sartre a “born Hegelian” who should have known better: “This born Hegelian, had forgotten that consciousness needs to get lost in the night of the absolute, the only condition for attaining self-consciousness” (2008: 112).

27. It is unlikely that Fanon knew of Wright’s support for the Lafargue Clinic, his dialogue with psychiatrists working there, or his growing interest in various psycho-analytic approaches.

28. “Bright and Morning Star” was published in *Présence Africaine* and translated by Boris Vian as “Claire étoile du matin” (Wright 1947/1948). “Fire and Cloud” first appeared in *Uncle Tom’s Children*, and appeared in *Les Temps Modernes* as “Le feu dans la nuée,” translated by Marcel Duhamel.

29. We have used the original English translation of Fanon’s paper as published in *Présence Africaine* (Fanon 1956), rather than the translation published in 1967. Interestingly, Senghor, Césaire, Diop, and Wright also presented papers at the conference. See *Présence Africaine*, 1956, Nos. 8/9/10.

30. Balandier (1982: 160) reported on myths gathered by Victor Largeau or Henri Trilles, in the late 1800s and early 1900s respectively, according to which many in Equatorial Africa considered their poverty to be the effect of God’s decision to distribute wealth and goods unequally between two of their ancestors known as Ndan’gho (The Master) and Ekouaga (The Dominated). According to the myth, God addressed the former, saying: “Wealth! Power! Knowledge! All these things are in you! And you will generate white children!” To the latter, God said: “Sorry! My son took all the wealth for himself! There are no more riches! You will generate black people and you will be miserable.”

31. Wright’s lectures were published by Calman-Levy under the title *Écoute homme blanc!* in 1959.

32. For example, Fanon began the conclusion of *Black Skin, White Masks* arguing: “The motivations for disalienating a physician from Guadeloupe are essentially different from those for the African construction worker in the port at Abidjan. For the former, alienation is almost intellectual in nature. It develops because he takes European culture as a means of detaching. For the latter, it develops because he is victim to a system based on the exploitation of one race by another and the contempt for one branch of humanity by a civilization that considers itself superior” (2008: 198–99).

33. Chapter 5 of *Black Skin, White Masks* started public life as the first article Fanon published. It appeared in the Jesuit philosophical journal *L’Esprit* with the title “La plainte du noir: L’expérience vécue du Noir” (Fanon 1952). The first part of this title was omitted when it was republished in *Black Skin, White Masks* a year later.

34. On pathologies of recognition see also Oliver (2001: 36–37) who argued that “The oppressed are forced to compare themselves to their oppressors who put themselves up as the norm or standard against which the oppressed are found inferior, the

oppressed are thrown into a vicious circle of finding their own self-worth by virtue of this impossible comparison. Comparison and domination are thus inherent in the recognition model of identity, a model that helps to maintain oppression and colonialism on a psychological level . . . Revising Freud's theory in light of Fanon's notion of the redoubled alienation experienced by colonized peoples when they come to see themselves in the eyes of their oppressors, we could say that the forced internalization of the oppressor's superiority and their own inferiority results in a type of melancholic identification with the cultural loss of their own lovable and loved ego. The dominant culture forces the oppressed to "internalize" an objectified ideal of himself; this is to say, the oppressed are forced to identify with the position of Other for the dominant culture. In this position of Other, the oppressed can only identify with an abject object prohibited and shunned by the harsh ego-ideal or superego of the dominant culture."

35. A connection can be made with Richard Wright's novels. See JanMohamed (2005).

36. The Philcox translation changed the sense of some of Fanon's words. Fanon said "valorization," not "self-validation." Moreover, he wrote of a "nervous," not a "neurotic," society. We modified the translation of the sentence according to Fanon's text. We also changed "him" to them when referring to the Martinican, knowing that Fanon described a society very concerned with individual one-upping. See also Moten's "Blackness and Nothingness" (2013) for an explication and for the idea of social death in the United States. Writing about black identity in the United States in his seminal work, *Shades of Black: Diversity in African-American Identity*, William Cross argued that between 1940 and 1965, that is, during a period that included rich moments of *négritude* in culture and politics, a sense of Afro-pessimism also pervaded research about black life: "researchers who tried to depict *any* portion of Negro life as a reflection of strength and a unique culture were simply labeled as romantics . . . Frazier saw Negroes, regardless of their status, as an extraordinarily vulnerable and crippled people . . . the Kardiner and Oversey study embarked on a psychiatric study that might confirm hypotheses about pathology in the Negro personality . . . Everything 'fit'—Frazier's social history of Negro life, the self-hatred syndrome in Negro adults, and the ontogeny of this self-hatred traced to racial preference in Negro children [Clarks' doll test]" (Cross 1991: 30–35). On Fanon and E. Franklin Frazier, and for a more radical reading of Frazier (especially his critical work *Black Bourgeoisie*, which was first published in France in 1955 and also discussed at the 1956 Conference of Black Writers and Artists), see Thomas (2007).

37. Aimé Césaire recalled meeting a young Antillean man who protested against what he saw as Césaire's continual and redundant references in his works to Africa and to people with whom he claimed he had nothing in common: "They are savages, we are different" (2005: 28).

38. See Merleau-Ponty (2012: 209). The English translation of *The Phenomenology of Perception* by Colin Smith confusingly translates *schéma corporel* as "body image" but Carmen Taylor has argued that Merleau-Ponty's idea of body schema is "not what psychologists call body image." The schema-image distinction, Taylor argued, is found in Kant's *Critique of Pure Reason* where "the notion of schematism provides Kant with the solution to a problem posed by his own strict distinction between

understanding and sensibility, between pure concepts and sensible intuitions” (Taylor 2008: 105).

39. But this concept, different to what it is usually reported (even Khalfa repeats this erroneous genealogy, 2006), has its true origin in Schilder’s work on corporeal schema (*Körperschema*) (Schilder 1935; see also Warnier 2007: 278).

40. The book begins with a quote from Césaire, “I am talking of millions of men whom they have knowingly instilled with fear and a complex of inferiority, whom they have infused with despair and trained to tremble, to kneel, and behave like flunkys.”

41. As Fuss argued, “Put another way, identification with the Other is neither a necessary precondition nor an inevitable outcome of imitation. For Fanon it is politically imperative to insist upon an instrumental difference between imitation and identification, because it is precisely politics that emerges in the dislocated space between them. It is because the French colonialists did not understand the difference between identification and imitation that their own deployment of a politics of mimesis failed as spectacularly as the Algerians’ succeeded” (Fuss 1994: 28–29).

42. We have adopted these terms in the sense in which they were used by Foucault (1984): “The last trait of heterotopias is that they have a function in relation to all the space that remains. This function unfolds between two extreme poles. Either their role is to create a space of illusion that exposes every real space, all the sites inside of which human life is partitioned, *as still more illusory (perhaps that is the role that was played by those famous brothels of which we are now deprived)*. Or else, on the contrary, their role is to create a space that is other, another real space, as perfect, as meticulous, as well arranged as ours is messy, ill constructed, and jumbled. This latter type would be the heterotopia, *not of illusion, but of compensation*, and I wonder *if certain colonies have not functioned somewhat in this manner.*” We should emphasize here that, if for Foucault colonies are a sort of heterotopy “of compensation,” then possession cults are for the colonized heterotopies of heterotopy, and heterochronies of heterochrony.

Chapter Three

Colonial Psychiatry and the Birth of a Critical Ethnopsychiatry

For a short time in 1952, Fanon served as a doctor in Martinique, practicing forensic and general medicine, redacting autopsy reports,¹ and writing out medical certificates. While there, he examined a man in Vauclin who was suffering from pleurisy but had given up on a cure after a *quimboiseur*² had told him that a spell had been cast on him and there was nothing to be done. Fanon convinced the man to go to hospital, where he was “miraculously” cured in a few days. Later, Fanon’s brother recalled the man’s gratitude toward his brother (Joby Fanon 2004: 114–16). This little cameo might seem to show the young Fanon sweeping aside “traditional” methods of diagnosis and successfully entrusting a patient to “modern” medicine. It would be simplistic, however, to think that this incident reflected Fanon’s indifference to cultural representations of illness and treatment. On the contrary, Fanon was not only interested in trying to understand how such cultural presentations influence behavior, attitudes, and therapeutic techniques, but he also strove for a deeper interpretation of the relations between culture on the one hand, and symptoms, complexes, and family histories on the other.

For Fanon, “culture” was indissolubly bound up with history and its dynamics (2004: 172).³ The importance he accorded to film, comic books, and literature in the construction of the psychology, identity, and desires of young Antilleans is revealing of his approach to the imaginary in the colonial world. The concept of the imaginary had a wide audience in debates of the 1940s and 1950s. This was partly thanks to Sartre’s *The Imaginary. A Phenomenological Psychology of the Imagination* (1940), but also to Lacan’s use of the notion of imago in his writings on the mirror stage, family complexes, and aggressivity in psychoanalysis (1936, 1938, and 1948). Fanon would also have been aware of Bachelard’s *L’air et les songes: Essai sur l’imagination du mouvement* (1943) and Merleau-Ponty’s *Phenomenology of Perception* (1945).⁴

Discussing Carl Gustav Jung's idea of the "collective unconscious," Fanon claimed that the Antillean unconscious is imbued with European prejudices, motifs, body experience, as well as racial stereotypes and perceptions. In his view, the black person's unconscious had *incorporated* the colonizers' imaginary while developing negrophobia and self-hatred:

The collective unconscious is not governed by cerebral heredity: it is the consequence of what I shall call an impulsive cultural imposition. It is not surprising, then, that when an Antillean is subjected to waking-dream therapy [she or] he relives the same fantasies as the European. The fact is that the Antillean has the same collective unconscious as the European. If you have understood this, then you are likely to come to the following conclusion: it is normal for the Antillean to be a negrophobe. Through [their] collective unconscious the Antillean has assimilated all the archetypes of the European. (2004: 167–68)

Lacan made a similar argument in *The Other Side of Psychoanalysis* (1969–1970), revealing not only the influence of the Hegelian master–slave dialectic, but also that the unconscious submits to the laws of language and history. Imperialism (the master's discourse) shapes the colonized's unconscious, instilling the Oedipus story along with colonial laws.⁵ But here, Lacan added another issue, namely, the difficult, controversial (or simply impossible) relationship between colonized doctors and psychologists with regard to their own culture:⁶ ridiculed, trivialized, and made "exotic," they see their own "tribal customs and beliefs" (Lacan 2007: 91) primarily through the eyes of western ethnographers.

Starting from these premises, Fanon denounced the ways in which the colonists attempted to "mummify" the cultural life and cultural forms of the colonized.⁷ At the same time, he examined the role and significance of the kind of psychiatry that does not treat but rather "petrifies" patients, freezing them within narrow diagnostic categories, even when it pretends to adopt a cultural approach. The Algiers School of psychiatry was one example of this.

Living and working in Algeria provided Fanon with a unique opportunity to explore the contradictions hidden behind the psychiatric apparatus and to rethink the relationships between mental disorders and cultural processes. However, before he could begin to deconstruct colonial psychiatry, he had to debunk the ways in which the racist psychiatry of his time depicted the colonized and responded to their cultural representations and ritual treatments. For "Racism . . . is only one element in a larger whole, namely the systematic oppression of a people . . . Racism bloats and disfigures the visage of the culture that practises it" (Fanon 1956: 124, 126).

Throughout the second half of the nineteenth century, mentally disturbed patients in the colonies were taken to hospitals in France (primarily in

Marseilles and Aix-en-Provence). It was in these institutions that the figure of the “Arab mental patient” was defined, through a collection of observations regarding what were then interpreted as clinical expressions of “cultural” or “religious” differences. In 1896, Abel-Joseph Meilhon, a medical doctor who practiced first in Aix-en-Provence and then in Montauban, published an article diagnosing Arabs as suffering from “a state of cerebral inferiority congenital within the race,” which caused “dangerous impulsiveness,” made them liable to remember events for a long time, and to take vengeance when they fell victim to an offense. Meilhon argued that this cerebral inferiority differentiated Arabs from Kabyles (or Berbers) in Algiers.⁸ He also proposed that it is possible to trace a line between impulsive and aggressive acts, with the latter requiring the intervention of conscience and ego (Meilhon 1896a: 178–79).

Such judgments were common in the psychiatric and anthropological literature of the time. However, the practical implications of Meilhon’s study are perhaps of greater interest. According to him, the claim that mental illness “had no nationality,” and that the madness of an Arab could be compared to that of a European, had been shown to be a serious error. An even more serious error, he said, was thinking that Arab patients could be treated in French hospitals. Such a solution was impractical because of the high costs involved, and because of the high number of deaths that occurred due to the inhuman ways in which patients were transported. Meilhon also pointed out that once in a French hospital, such patients found none of the things that were important to them: their diet was completely different, there were no mosques, and they could not understand what was being said (with “improvised interpreters” opening the way to “contradictory and improbable translations”). Surrounded by people they did not know, by a language they did not speak, and by “occasional interpreters” who provided “unreliable or inconsistent translations” of their delusions, to whom could these patients express or confide their thoughts? Meilhon asked (1896b: 358–59).

After spelling out the findings of his own epidemiological study (on the rarity of “madness proper” but the widespread nature of violent tendencies and behavior among Arabs), Meilhon concluded that the Arab and European patients in the colonies should receive the necessary treatment “in their own land.” While Meilhon repeated the usual stereotypes about the Arab mind—with its impulsiveness and aggression, which contemporary textbooks of medicine and psychiatry recognized as part of the North African character (Keller 2007a)—he was also inspired by a desire to rationalize and humanize psychiatric treatment and therapy. This desire, over the coming decades, led to an increase in the number of hospital places available for such patients in the colonies.

In the years following Meilhon's work, numerous sociological, psychological, and legal studies fueled similar notions and depictions of Arabs. These measured levels of crime within the Arab population or forms of sexuality among North Africans and drew conclusions about the characteristics of the conflated "Arab-Berber soul." Maurice Boigey, for example, wrote that Muslims were nothing but "a mediocre shadow of the Prophet," incapable of producing any "extraordinary work" because of being trapped by "instincts frozen in their natural expression" (1908: 6–9). Boigey was a medical officer in the French army's Third Zouave Regiment (foot soldiers who served in Algeria). He epitomized the perverse link between military occupation and psychological subjugation that was made possible by the systematic definition of the North African as Other and Muslim, and thus, by definition, inferior, uncivilized, and lazy. Boigey's aim was to define the "psychological type" in Islam, beginning with the question "Who is a Muslim?" His answers were entirely indicative of the limits of colonial medicine, orientalism, and psychiatry at the time. In a short article, Boigey surmised that Muslims were unable to become skillful musicians because the Prophet "detested music." Similarly, he believed Muslims "ignored mechanics, arts, astronomy, mathematics because Mohamed ignored them." Boigey even concluded that Muslims can survive only "in exceptionally fertile and hot regions, where manual labor can be reduced to a minimum; Muslims could not exist in Norway. On the contrary, Latin people, Anglo-Saxons, can exist everywhere." He then went on to suggest that

A day will come when the races that are asleep ... will dominate the world ... Mohamed's first disciples were degenerated people and their doctrines, once realized, created genuine cerebral lesions among the followers. In other words, Mohamed implanted a true neuropathic state. The consequences of the latter are the following:

1. The existence in the Muslims' intellectual territory of "dead points," where some impressions are never recorded ...
2. Obsession, or better, madness: ... Seeing Muslims at the mosque repeating over and over for hours on end, in a hallucinatory way, two words (Allah, illah!) ... gives us an idea about this kind of madness. At the end of this exercise, the wisest among them become ecstatic and out of their minds.
3. The delusion of sadness. You never see joy or happiness in a Muslim milieu ...
4. The perversion of sexual instinct ...
5. Visual and auditory hallucinations that can suddenly blossom in their mind as well as in their decision making (crime, attacks) ... To summarize, the mental state of most is a mix of madness in various degrees and tangled delusions masked by an appearance of reason. (Boigey 1908: 6–9)

There is more in Boigey's article that, with its violent metaphors about "Islam's parasitism" and Muslims' "cerebral paralysis," powerfully expressed colonial psychiatry's prejudices. Above all, the overlap between his medical lexicon and French military strategy suggests a sort of translation of psychological analysis for the practical purposes of colonial rule. Although this extract illustrates just one military doctor's point of view, his opinion was widely shared by psychiatrists of the time, and the publication of his article in a prestigious journal indicates the value once attributed to this kind of work.

According to Boigey, Islam is a "central nervous system" that connects Muslims everywhere via invisible strings. In his view, Muslims "don't have any personality and are in perpetual state of suggestion. They don't have any individual taste or opinion ... The Muslim is ... without any *raison d'être*." They live and exist but don't react or protest, and can only be resigned. Military strategies flowed naturally from this profile of Muslims as puppets, aiming to cut the invisible strings, and thus paralyze the population. As Boigey observed: "Once isolated from the Islamic mass, the prisoners captured by our troops became nervous wrecks ... *If we want to subjugate Muslims, it is necessary to isolate them from Islam*" (1908: 10–11; our emphasis).

Boigey's shift from discussing his psychiatric research to offering military advice is even clearer some lines later: the same rule finds another application in the way of "fighting against Muslim troops. They have to be attacked according to a tactic corresponding to the cerebral lacunas of soldiers and their chiefs. This is the reason for which it is suitable to attack them from different sides at once, never in a head-on way." And, he added, each time a Muslim is removed "from the geographical zone of Islam, paralysis, or better a neuropathic prostration manifests" (1908: 11). Boigey's work is a superb example of the perverse connection between religious bigotry, racist psychiatry, military conquest, and stereotype building (with fatalism, for instance, being interpreted as expressive of a "Muslim cerebral paralysis").⁹

Psychiatric texts like these contributed significantly to the construction of European images of Muslims in the field of psychiatry.¹⁰ In addition, they helped shape the intellectual climate that prevailed when Antoine Porot arrived in North Africa in 1907. Porot landed first in Tunisia, and later moved to Blida in Algeria, where he established the "Algiers School of psychiatry." Porot, and the Algiers School more generally, saw Muslims as

a shapeless mass of primitives, most of whom are deeply ignorant and credulous ... who have never experienced even the smallest part of our moral concerns, nor the most elementary of our social, economic, and political concerns ... It is difficult to draw the psychology of the Muslim native even in broad outlines. This is because this mentality, which developed on a level so different from that of our own, is characterized by enormous changeability and

contradictions . . . The passiveness [of Muslims] is not the expression of conscious resignation; it is the spontaneous expression of an often weak temperament; [Muslims live] in the present and the past but are fairly indifferent to the future. (Porot 1918: 377–78)

Passivity, inertia, and credulity: for Porot, everything about Arabs served to distinguish Arab and French culture. He voiced the same opinions in a subsequent work, written with Don Côme Arii a few years later, in which the main characteristics of Muslim psychology are identified as defective intelligence, the absence of a moral sense, impulsive or criminal behavior, and a high degree of suggestibility (Porot and Arii 1932). Arabs were thus seen as both “defective” and “excessive”; and every Arab’s psychology was by definition a psychopathology (Vaughan 1991).

In their work, Porot and Arii repeated all the racist assumptions of colonial psychiatry. While noting that the Kabyle were “intelligent, educated, hard-working, thrifty and therefore escaped mental retardation, the fundamental defect of the Algerian,”¹¹ the purpose of their work was to find the reasons for a behavior that they saw as “so characteristic of this race: criminal impulsivity” (Porot and Arii 1932: 589).¹² Apart from analyzing psychic factors and pathological states, they aimed to consider the customs, behavior, and social attitudes of individuals.

“The indigenous people live in the past, a past inhabited by simple legends and childish tales . . . A common expression of this credulity is the belief in ‘bewitchments,’ evil spirits, or the ‘*djenoun*,’ by which [they] feel possessed” (1932: 591). The symptoms they observed, including “caricatured attitudes, rude convulsions, and a true savage hysteria” confirmed this portrait. However, what Porot and Arii emphasized above all was the behavior of Algerians, which they saw as marked by “vendettas” and “grudges,” as well as the lack of any “moral frame” or “moral sincerity,” with the latter posing many problems for psychiatric diagnosis. Their clinical vignettes are no less eloquent. Take, for example, the case of “xenophobia” applied to a man guilty of expressing aggression toward a European:

In 1922, in the main route of an Algerian village, a native 37 years old, while taking his coffee . . . ran toward a group of Europeans and pushed his knife in the belly of one of them . . . During the interrogation, he stated that “only this double human sacrifice can save the world from 5 years of famine it would have to suffer.” This man had abandoned his village when he was 17 years old, living alone, studying Koran, and attending religious and marabouts’ circles. (Porot and Arii 1932: 597)

This act of violence against two “Roumi” (the Arab word used to designate Europeans, derived from the word “Roman,” thus also denoting Christians),

was given the psychiatric label of xenophobia. What we see in this clinical case is a Gramscian scene, in which the pathological and barbaric seem to be the only avenues for subaltern protest: “The history of subaltern social groups is necessarily fragmented and episodic” (1975: 2283, 2001: 164). As Gramsci observed, social sciences and positivist psychiatrists such as Lombroso actively translated social or individual rebellion in criminal or pathological behaviors: “Instead of studying the origins of a collective event, and the reasons for its diffusion, its collective being, the protagonist was isolated . . . for a social elite, the elements of subordinate groups always have something of the barbaric and pathological,” and the interpretations of malaise’s explosions were inevitably “restrictive, individual, folkloristic, pathological” (Gramsci 1975: 2279–80).¹³ Porot and his colleagues followed this custom.

Writing in 1939, Porot and Sutter argued that all these characteristics were—as in “the lesser vertebrates”—associated with the predominance of the diencephalon:

The Algerian has no [cerebral] cortex. Or, to be more precise, control—as in the lower vertebrates—is diencephalic in character. The cortical functions—if they exist at all—are very weak, are hardly integrated into the dynamics of existence . . . The colonists’ reluctance to entrust the native with responsibilities is not a sign of racism or paternalism but, much more simply, the fruit of a scientific evaluation of the biologically limited capacities of the colonized. (Porot and Sutter: 1939: 235)

One specific incident gave Porot the opportunity to pursue this leitmotif, albeit from another angle, with the “symptom” involved arising from a disturbance in someone who proved incapable of seeing Arabs’ evident inferiority. The case (described in Porot and Gutmann 1918) required the clinical evaluation of the mental state of a Swiss woman—born in Geneva and sister to a Protestant pastor—who was charged with trying to incite Algerians against the French authorities. The War Council in Algiers ordered the assessment because the woman had been charged with a crime under military law for inciting Algerian conscripts to desert.

In their report on the woman’s case history, the two psychiatrists argued that her behavior revealed an excessive and unhealthy sensitivity to “social causes.” Her generous spirit, which inclined her to fight against all forms of hypocrisy—combined with her amorous involvement with someone the authors described as “a half-savage” Arab man—were thus classified as symptoms. The diagnosis Porot and Gutmann reached was highly original, with the woman being said to suffer from “Donquixotism,”¹⁴ and “resistant Arabophilia.” How else could anyone explain her desire to learn Arabic or her love for a Muslim? While ultimately sparing the “patient” from being tried

before a military tribunal, the diagnosis is highly revealing of the relationship between the colonists and the colonized, and particularly with regard to the issue of a woman crossing racial and cultural boundaries—a rare event at the time.¹⁵ The “syndrome” Porot and Gutmann evoked to explain her behavior is a perfect example of how medical and psychiatric categories served to reinforce the “petrified” and Manichean worldview that Fanon set about dissecting a few decades later.

With the help of his assistants, Porot published a *Manuel alphabétique de psychiatrie* in the same year as Fanon published *Black Skin, White Masks*. The manual includes entries on “*Ethnopsychiatrie*,” “*Psychopathologie des Indigènes Nord-Africains*,” and the “*Psychopathologie des Noirs*” that repeat the same repertoire of concepts and terms (“primitive mentality,” “lack of intellectual curiosity,” “criminal impulsiveness,” “not infrequent bestiality,” etc.). Porot and his colleagues at the Algiers School, including his son Maurice, wrote some of the entries but Porot’s coauthor Henri Aubin deserves special attention.

Aubin wrote that for black people, “physical needs (food, sex) are central; moreover, the vivacity of their emotions, combined with the short duration and poor quality of their intellectual activity, attunes them, like children, to the immediate present.” He added that their thinking is characterized by “concrete images, weakly connected from a logical point of view,” and in consequence black people are at high risk of experiencing hallucinations, “paranoid tendencies (especially those with a little education),” oneiric reactions and states of fury. Aubin’s suggestion was to repatriate the lot (1952: 289–90). Aubin repeated these views in the entry on the “*Psychopathologie des Indigènes Nord-Africains*.” Referencing both the influence of Islam and the persistence of “pagan representations,” he suggested that North Africans’ “lack of intellectual curiosity” generates high degrees of credulity and suggestibility. If accompanied by hallucinations, he added, these ideas reveal a pathological tendency. Finally, Aubin emphasized that in North Africans, memory, altruism, and courage compensate for their tendencies to lie (*tendance au mensonge*), be insolent, and quarrel incessantly (Aubin 1952: 217).

As historian Richard Keller suggested (2007: 143–44), a new view developed with the Algiers School. The multiple factors determining criminality, fatalism, impulsivity, brutal instincts, the tendency to lie, and so on, were viewed as intrinsic to all North Africans—embedded in their bodies and their traditions. Thus, learning new customs, and importantly the engaging with the civilizing mission itself, only produces new forms of madness—what Donnadieu (1939) called “civilization psychosis.”¹⁶

What Aubin’s writing makes clear is just how fully psychiatry absorbed colonial ideology, including its debates and racism. The colonists’ systematic

use of “zoological terms” (Fanon 2004: 7), and their insistence on the moral and cognitive defects of the colonized, resulted in attempts to legitimize such judgments based on evidence of racial difference found within “objective” studies of neurology and anatomical pathology.

The observations made by the Algiers School were echoed by John Colin Dixon Carothers. Carothers was born in South Africa in 1903 and worked as a psychiatrist at Mathari Hospital, a psychiatric hospital in Nairobi, Kenya, in the 1950s. In an influential work, first published in 1953 by the World Health Organization, Carothers wove together his observations on anatomy, pathology (with reference to F. W. Vint’s studies on the thickness of the cortical layer of the brain in Africans) (Carothers 1953: 81–82),¹⁷ and electroencephalographic studies¹⁸ with linguistic and anthropological research on African peoples (primarily the Kikuyu of Kenya). His goal was to produce a portrait of the “African mind,” showing how this differs from the European “norm,” interpreting African personality and behavior predominantly in the form of symptoms.

The World Health Organization sponsored Carothers’s *The African Mind*, apparently seeing him as “the most internationally renowned ethnopsychiatrist with clinical experience at the time” (Heaton 2013: 44). In the volume, Carothers described “the resemblance of the leucotomized European patient to the primitive African” (1953: 177). For him, the “monoideic consciousness” of African had important implications:

In summary, by the nature of African experience in infancy and childhood, no firm foundation is laid for clear distinction of the subject and the object, or for a proper balance in regard to these of love and hate ... African adult psychology might be described as “monoideic” and the attitude to life as “all or none” ... The peculiarities of African psychology are thus explained ... The implications are manifold ... The first is mental uniformity ... The second implication follows from this [lack of personal uniqueness] ... African culture tends to be highly static through the centuries ... The third implication concerns memory, usually rich in detail even for infantile experience. Fourthly, the type of consciousness described ... would seem to provide an ideal medium for the action of suggestion as virtually to correspond to a prehypnotic state. (Carothers 1953: 108–9)

Jock McCulloch (1995: 50) has pointed out that when Carothers was appointed at Mathari Mental Hospital, he had no training in psychiatry. Nevertheless, Carothers felt qualified to define the African mind as “lacking in spontaneity, foresight, tenacity, judgment and humility, inapt for sound abstraction and logic” (quoted in Heaton 2013: 50). The “empirical” material for part of his study came from a collection of European observations of African workers (Gibson 2003: 85). Porot and Carothers expressed similar attitudes to the emergent anticolonial struggles. Just as Carothers was peddling the

primitive and barbaric “mind of the Mau Mau” (1954) to legitimize colonial violence against the Land and Freedom Movement’s anticolonial resistance in Kenya,¹⁹ Porot’s Algiers School of “racial degeneration” was legitimating “psychological action” in Algeria, whose goal was “to reshape the Algerian mind by destroying its capacity for resistance” (Keller 2007a: 159).

Carothers casually observed that, like the skin, the cerebral cortex develops from the outer layer of the embryo, and asked why—given the obvious epidermal differences—anyone would be surprised at the psychological differences between Europeans and Africans. Throughout his work, he droned on about the impulsiveness, low integration of psychical activity, and immaturity of affect found in Africans. At the same time, he made some attempt to free his study from stereotypes and offer what he considered an objective view of the African mentality. His reading of other colonial psychiatrists (such as Gallais and Planques, Barbé, Carman and Roberts, Williams, Ritchies, Biesheuvel, Heymans, etc.) afforded him an opportunity to create some distance from past observations and develop his own perspectives. He argued that “the psychology of Africans . . . seems to show that all these temperamental factors can be explained on other than hereditary grounds” (1953: 88) but repeated that Africans’ mental development must be related, in the first instance, “to cultural factors, and, in the second, to malnutrition and disease” (1953: 95).

Carothers explained what he saw as the basis of “African psychology” in relation to two characteristics inspired by David Rapaport’s analysis of the development of consciousness.²⁰ Suggesting that “African adult psychology can be described as ‘monoideic’ and the African attitude to life as ‘all or none,’” Carothers (1953: 107) went on to argue that

- African culture promotes a “mental uniformity.” Even if “local cultures vary,” Carothers argued, “they all have this in common—the abrogation of polyideic consciousness.”
- Where western polyideic consciousness promotes “a progressive personal diversity,” African monoideic consciousness “tends to be highly static through the centuries.”
- The weakness of repression (in psychoanalytical terms) or the facilitation in neurons coworking (in neurophysiological terms) supports the description of a good memory in Africans.
- The concentration of attention to “external stimuli—especially the spoken word” explains the high power of suggestion, that is, a mental state virtually corresponding to a “prehypnotic state.”
- Difficulties and failures with learning processes (confirmed by “Brain Fog syndrome”) could be explained as the consequence of skills and technical knowledge acquired “without any experience of the industrial society to which it pertains.” As Biesheuvel (quoted in Carothers 1953: 109) put it,

this was the effect of a “higher learning without the historical and cultural background which gives it its full meaning.”

This was the basis on which Carothers built his ethnopsychiatry,²¹ a theory filled with methodological intuition, such as that differences in psychotic reactions “make it impossible to fit them into the accepted nosological framework” (Tooth, quoted in Carothers 1953: 133) and that some cases are, in terms of European psychiatry, simply “unclassifiable.”

Predicated on notions of racial inferiority, such views on African culture served a double purpose. On the one hand they justified colonial domination, in both its brutal and more paternalistic forms, and on the other, they meant that any signs of insubordination, indocility, or even outright anticolonial rebellion could be dismissed as related to the anthropological or psychological failings of the colonized, and not to the actions of the colonizers. This was borne out in studies of the so-called Mau Mau (Carothers 1954), in Mannoni’s examination of the Madagascar rebellion,²² and in Aubin’s work on delusion. According to Aubin, “the more educated African, the old non-commissioned officer, the literate soldier, the ‘citizen,’ have a well-known propensity for embittered claims, sustained and vehement . . . It is precisely the relatively more advanced subjects who have the most accentuated paranoiac tendencies.” (Aubin, quoted in Carothers 1953: 140). This remark is fundamental to understanding how protest becomes a symptom, and critique is interpreted as a “paranoid tendency.”

If “educated Africans” were affected by a tendency toward paranoia, the schizophrenia of “bush peoples” on the Gold Coast was, according to Tooth, “almost invariably concerned with the ramifications of the fetish system” (quoted in Carothers 1953: 141). To summarize this double profile, colonial ethnopsychiatry was interested in culture (the structural relationship between “fetish systems” and schizophrenia, or “techniques of disavowal” as a “chief factor among cultural factors” among the North Africans),²³ and in the possibility of translating social suffering and political conflict as psychopathology.

Carothers’s *Psychology of the Mau Mau* (which was published as a government White Paper in 1954) is interesting for many reasons. The first is that Carothers pretended to offer both a cultural and a psychopathological interpretation of an anticolonial political movement. According to Carothers, “where the anxiety cannot be allayed by ritual procedures, action must follow. And this action in individuals often takes forms which are marked by the highest degree of unconstraint and violence—a common experience in psychiatric practice in Africa” (1954: 6). For Carothers, people living in rural and “remote” areas, like the Kikuyu, manifest clear “forest elements” in their psyches, such as a tendency to ruminate, secretiveness, suspicion, and feelings of insecurity. But it was the “transition” to modernity and its shocking

impact on Africans' lives that played the leading role in his explanation of revolt. Apparently, contact with Christian missionaries and colonists created frustrations and unfulfilled expectations:

Kikuyu men have envied this power, not unnaturally, and have tried to capture it by learning ... But in general it can be said that, no matter what educational level has been achieved, and no matter what success in business ... These people still have found that many doors remained as tightly shut as ever. Much bitterness has arisen on this score. (1954: 8)

The roots of the Mau Mau rebellion, according to Carothers, were to be found in an envy of white power. Alongside bitterness and frustration, he observed, "It is commonly remarked that Africans show no gratitude. It is said especially of the Kikuyu ... that if one ... [offers them a present they will] expect another present shortly" (1954: 13).

The lack of gratitude among Africans was a common theme at that time (see, for example, Lévy-Bruhl 1923: 410–30 and Sachs 1937: 173).²⁴ Octave Mannoni, too, gave it particular emphasis in *Prospero and Caliban*, arguing that "the fact that the Malagasies have no sense of gratitude" was symptomatic of a "dependency complex" (1990: 44–47).

Essentially, with colonized people apparently having attained a lower stage of psychological and social development than their colonizing counterparts, any challenge to colonial rule was interpreted (and pathologized) as childish resentment. North African Muslims were accused of having a "'quasi-indelible' mental condition that gives rise to 'a natural oppositional reflex'" as Claude Cabanne wrote in *Revue militaire d'information* in 1961 (quoted in Lazreg 2008: 65).

In the case of the Kikuyu, however, Carothers emphasized, above all, the consequences of the shock created by cultural change: "The great bulk of the population is in a transitional state and this indeed is psychologically the chief thing that can be said about these African societies." This "psychology in transition" doesn't mention colonial violence, alienation, oppression, or indeed the expropriation of land but instead repeatedly states only one thing: that close contact between the Kikuyu and "alien" cultures (Europeans and Asian) had weakened Kikuyu society and its traditional hierarchies. Kikuyu men "have envied this power, not unnaturally, and have tried to capture it by learning." But this effort provided no access to real power. Frustration and bitterness, in Carothers's view, are the normal consequence of this trajectory. To be fair, Carothers did note two other fundamental issues: the conflict between women and men (which he said was accentuated by propaganda distributed by colonial administration) and the success of Christian revivalism, which, he argued, "seems to have arisen, at least partly, as an expression of an urge to

achieve equality with Europeans” (1954: 13). Both of these issues resonated with Fanon in Algeria, that is, reaction to the French colonial administration’s actions against women wearing veils and the role of religious or prophetic (and healing) cults in mobilizing anticolonial resentment.

It should be noted that Thomas Adeoye Lambo, who had started Africa’s first psychiatric day-hospitalization program in 1954, in Abeokuta, Nigeria, had immediately dismissed Carothers’s thesis. Lambo explained that Carothers’s work was based on anecdotal and misleading information and could not be taken seriously.

In spite of isolating these phrases from their normal contexts, they serve as a good example of one of those attempts by some authors who, confronted with the baffling problems of the incomprehensible, adopt the popular procedure of making sweeping generalizations behind a veritable smokescreen of technical terms, involved abstractions, and semantic confusion (Lambo 1955: 244). Lambo also questioned the work of Ritchie and Lévy-Bruhl:

Ritchie ... has stated that because of the long period of unbroken indulgence as a nursling, ended by an unbearably sudden and severe weaning, Africans have two diametrically opposite convictions about themselves, reflected in an equivalent unbalanced attitude to the world. At one level they are omnipotent, at another absolutely impotent, while the world is divided into two forces—a benevolent power which gives everything for nothing, and a malevolent which can deprive them of even life itself ... Primitive people are often accused of logical fallacy—so-called “pre-logical” type of primitive mentality ... Lévy-Bruhl, however, omits the fact that “pre-logical” mentality occurs in both civilized and primitives, though to the civilized it is, of course, much more in evidence in primitives. (Lambo 1955: 245)

However, when analyzing the nature of paranoid delusions, the conclusions Lambo reached were not very far from the hegemonic view:

Delusions of persecution figure prominently in both groups. Delusions of grandeur are rare in the non-literate group in contrast to the expansive ideas of noble birth with continual self-overvaluation, and extravagant themes which one frequently encounters in the urban or literate group often centered around the concepts of supernaturalism and ancestral cults, while in the literate African, hypochondriacal delusions, especially in the early stages, seem to dominate the picture. (Lambo 1955: 251)

So, according to Lambo, the more Africans become literate and westernized, the more their symptoms resemble universal (or better, western) psychiatric disorders.²⁵

Colonial ethnopsychiatry was pretentious enough to theorize about the souls of Arabs and Africans, forgetting that these souls and their disorders were products of miscommunication, subjugation, and violence. When they wanted to emphasize a particular trait, such as the paranoid syndrome, Aubin and Carothers agreed that “delusional systematization,” with the complex structure this needs, was rare or rudimentary in the “primitive mind,” and observed that “persecutory delusions are the rule” (Carothers 1953: 141). What the ethnopsychiatrists stubbornly neglected was that “colonialism is by its nature persecutory” (Sadowsky 1999: 70).

Fanon had no alternative but to reject and deconstruct the ethnopsychiatry propounded by Carothers and Porot, as well as the anthropology at the service of psychoanalysis produced by Mannoni and Ritchie, and attempt to translate psychologized expressions of conflict (envy, frustration, disavowal, etc.) into political speech. In fact, colonial psychiatrists could not ignore the fact that “colonial madness” inexorably expressed the relationship between colonists and colonized, and so, not content with improvising cultural interpretation, suggesting the uniformity of the African mind, or proposing to medicate inchoate suffering, Carothers and other colonial psychiatrists pathologized political resistance too. For people seen to be part of Kenya’s “Mau Mau” movement, they proposed “therapy” and “rehabilitation” in response to the “emergency,” which led to the internment of four hundred thousand people in “concentration camps” (which even British government officials at the time described as “distressingly reminiscent of Nazi Germany”). Alongside the violence of these camps, Carothers considered the violence of “villagization,” to be necessary, further fragmenting Kikuyu communities into new, isolated, and supervised settlements. He wrote: “Villagization is in effect coming into being in a variety of ways already—in home guard posts of various types, in forest squatter posts, in repatriates’ camps—to meet the needs of this Emergency. It could become much more than this: a policy, not only for Emergency, but for the whole future of Kikuyu rural life” (Carothers 1954: 22).

The British took a Manichean view as Elkins argued:

From the beginning of the Emergency the colonial government followed an explicit policy of dividing the Kikuyu people into one of two camps: either one supported the colonial authority, or one fought against it. One was either a loyalist, fighting actively on the side of the forces of British law and order, or a Mau Mau. Civil tensions seethed in Kikuyu country long before the start of the war ... [Many] were enraged by the privileges of the colonial-appointed chiefs and their retainers, linking them directly to the injustices of British colonial rule and to the presence of white settlers. But as war unfolded, the chasm between Mau Mau and loyalist widened, and civil anger took on a violent dimension

never before seen. In June 1954 the War Council took the extraordinary action of mandating forced villagization throughout the Kikuyu reserves. By the end of 1955, less than eighteen months after the measure's introduction, 1,050,899 Kikuyu were removed from their scattered homesteads throughout Central Province and herded into 804 villages, consisting of some 230,000 huts . . . The Colonial Office repeatedly justified the use of enforced villagization by emphasizing the supposed long-term benefits of rehabilitation . . . It was suggested that villagization was an unprecedented opportunity for the introduction of liberal reform and British civilizing rules. (Elkins 2005: 234–36)

It is interesting to compare Carothers's analysis with the observation made years earlier by Jung. In the autumn of 1925, after visiting an exhibition in London, Jung spent some time in Kenya and Uganda. His visit furnished further evidence for his theory of consciousness, and his ideas about "Negroes' . . . talent for mimicry" (1963: 314). More telling, however, was his idea—not unlike Carothers's—of how the Kikuyu were ruined by civilization. Blake Bursleson (2005) has argued that Jung imagined the Kikuyu people as innocent children, noting that a film made at the time by Peter Baynes, who was traveling with Jung, portrayed African life as idyllic, and not unlike Carothers's primitivist model:

A British citizen and principal architect of the expedition, Baynes filmed portions of the journey through Kenya, Uganda, the Sudan and Egypt with a sixteen-millimeter camera . . . One of Jung's travelling companions on the expedition was a twenty-eight-year-old nurse, Ruth Bailey, who became Jung's life-long friend and companion. When Bailey viewed this clip forty-five years later, her response to the enthusiastic reaction of these Kikuyu bystanders to Baynes was that they "had never seen white people before" and that "they thought that [European] skin was made of white clay" . . . While the Kikuyu had, of course, seen Europeans before (Europeans, in fact, lived all around them on farms), Jung did claim that he, like countless explorers before him, was the first to walk on virgin territory. Bailey's simple equation that as "children" (that is in their pre-colonial state) Africans were good and as Mau Mau (in their politicized state) Africans were "terrible people," is explained, in part, by this assumption of "romantic primitivism." Ironically, Bailey is apparently unaware that the Africans seen in the Baynes film are Kikuyu, the principal actors in the Mau Mau uprising, which led to Kenya independence. (Bursleson 2008: 210–12)

Writing forty years later, Jung still insisted that only the lost innocence of these "friendly natives" could explain their "metamorphosis" into "the Mau Mau movement" (Jung 1989: 269).²⁶

Carothers did not limit his theorizing to the "Mau Mau issue": as a "clinician" of the social and the political, he offered his personal view on education, religion, and, above all, on the need to check migration if "Europeans

[are to] retain any moral lead in Kenya” (Carothers 1954: 28). While Carothers based his views on misunderstandings, ideological complicity, and racial bias, we have to accept that he was observing something that had no name and is difficult to understand. In the colony, *alienation is the rule*, and colonial politics—its language, its manifestations, and imagination—cannot necessarily escape this. In the context of a colonial emergency, framed within a Manichean discourse, Carothers considered the oaths of unity taken by Mau Mau militias as shocking in their violence. He described the oath as an “insistence on the need to kill one’s brother or one’s father . . . [to cut] its subjects off from their tribal roots . . . [with the aim of binding] these people to the purposes and fortunes of their new leader . . . and ensure they have no other future.” For people who submitted to these oaths, Carothers said, no cleansing rituals existed: their future seemed unredeemable (Carothers 1954: 17–18). His argument sounded a justification, then, for the extreme brutality of the concentration camps, where the castration and killing of men, torture of any kind, and rape of women were the rule (Elkins 2005: 255–57).

But well before Carothers, and indeed Jung, it was usual to consider rebellion a disease. The case described by Mahone (2006) is particularly telling. In Kenya, two people, acting as healers and prophets, were considered by the colonial district commissioner to be responsible for an epidemic of “mania” in 1911. Many were affected by a sort of epilepsy, and in need of a ritual cleansing (both the disease and the ceremony were called *kijesu*).²⁷ What was particularly relevant was the context in which the mania manifested. The sight of helmets was often a trigger. As Charles Neligan, a British colonial administrator, wrote in 1911,

I was sitting in my camp . . . under a tree with my helmet on. The woman . . . saw my helmet, and promptly went into a fit. She started trembling very violently, throwing her arms about. She was taken in hand by the people shown in the photographs, more particularly the man with a knife in his hand, who started making passes with his knife around her legs, head, and body. The woman still went on throwing herself about moaning and behaving as if she was in great pain. The man with the knife in his hand then made some patterns on the woman’s legs with sand in this shape; after which he passed the point of his knife along these patterns and again round and round the woman’s legs, head, and body; he also made the woman—who seemed insane—put her arms out in front of her as if in supplication, the man all the time repeating what seemed to be certain phrases. By this time, thinking the woman was seriously ill, I asked two other native women, who were standing by, what the matter was, and they said, “Oh, it’s only Kijesu.” Knowing from Mr. Traill (who was the original discoverer of this affair) that it was only a sort of fit on account of seeing anyone with a helmet on, I went to my tent: this was after the woman had been about 11 hours in this fit. About one hour later a message was sent over to me saying that if I would

give this woman a letter she would be all right. I tore off a piece of a magazine I was reading and just ran a pencil over it and sent it over. The woman then sent back for some matches, which I sent; she then lit the paper and put the lighted paper in her mouth, and the alleged devil was exorcised. From beginning to end this woman was in this fit about 31 hours. Next morning, I saw her and she was perfectly all right and did not mind my helmet in the least. (Neligan 1911: 49)

Similar episodes reported by different ethnologists, psychiatrists, and administrators, and commented on by Mahone (2006), are important for a number of reasons. A colonial object, a helmet, which we might define as a white fetish, prompted the crisis (an epileptic fit). This kind of epidemic disorder was interpreted as a form of collective hysteria and, at the same time, as the consequence of work conducted by a political agitator. A local man, Kiamba wa Mutuaovio, was considered the “the main perpetrator” of the 1911 mania epidemic.²⁸ Burning and then eating a piece of paper that the colonial administrator had written on brought about healing by exorcism. In the colony, both the etiology of the crisis and the therapeutic response constituted a political drama to which Carothers, Porot, Aubin, and their colleagues were strangely blind.

In fact, this “epistemological colonialism” was what Fanon had to combat: the view that another culture was simply a world of primitive beliefs, and that the form and evolution of mental disease among the natives was either a pure reflex of biological and racial inferiority or the effect of a too-rapid shift toward modernity and European values (individualism, consumerism, etc.).²⁹ These were the kinds of “theories” (among them, the “envy” of the colonized for colonial power) that he encountered during his training, and when he arrived in Algiers.

In 1954, the same year as Carothers’s paper on “The Psychology of Mau Mau” was published, Fanon accepted the position at Blida-Joinville Hospital in Algeria. On November 1 of the same year, Algeria’s FLN signaled the beginning of the national liberation struggle by launching a series of coordinated attacks across the country. Initially, the French dismissed the FLN as a bunch of criminals, refused to recognize the movement as a political organization, and denied that any kind of political struggle was occurring. The Algiers School readily provided the easy terminology of fanaticism and deviance to describe those responsible for “savagery” and “bloodthirsty barbaric acts” perpetrated on Europeans.

Fanon made clear his rejection of Porot and Arie’s “diagnosis” in a very short article published in *Consciences Maghribines*, titled “Ethnopsychiatric Considerations.” Although unsigned (like most of the articles in the publication), we know the piece was written by Fanon.³⁰ With his usual irony, Fanon referred to Porot and Arie’s work as one of the “important monographs” of

the day, and as one of those acquisitions of learning that “seem sufficiently solid”:

Professor Porot of Algiers was the first to attempt to outline a psychiatric approach to the Muslim in 1918. In his notes on Muslim psychiatry, he noted the main characteristics of the indigenous North African in a vigorous list:

- Absence, or near absence of emotional sensitivity,
- Gullible and suggestible to the extreme,
- Tenaciously stubborn,
- Mentally puerile, minus the curiosity of a western child,
- Prone to accidents and pithiatic reactions.

Fanon explained that, at the 1935 Congrès des Médecins Aliénistes et Neurologistes de France et des Pays de Langue Française, held in Brussels, the notion of North Africans’ mental inferiority was a particular focus. There, while discussing Henri Baruk’s report on hysteria in relation to North Africans, Porot reportedly explained that natives, with their limited higher cortical faculties, were essentially primitive beings whose lives were mainly vegetative and instinctual since they were regulated by the diencephalon. The slightest psychical shock, Porot alleged, tended to result in diencephalic responses rather than psychomotor or differentiated reactions (Fanon 1955: 1).

In his article, Fanon also made reference to Carothers, who claimed that lobotomies had enabled him to “better understand the African,” and mentioned the term “frontal idleness” (*paresse frontale*), which Carothers used as the basis of his claim to having explained all “the singularities of African psychiatry.” Carothers’s conclusions, Fanon explained, did not differ from those of the Algiers School, which held that the subcortical region, and specifically the diencephalon, was dominant in North Africans (Fanon 1955).

For Porot, Carothers, and the like, the architecture of nervous system was a mirror (or better, an “explanation”) of the colonial order. One can easily imagine Fanon shuddering when he read observations such as “The African, with his total lack of aptitude for synthesis, must consequently make very little use of his frontal lobes” (quoted in Fanon 1955: 2), or when he encountered such psychiatrists at medical conferences in Nice or Tunis.³¹ The papers Fanon delivered at these conferences (as well as various other short articles he wrote) reveal the basic steps he was taking toward an epistemological and clinical approach embodied in a very different type of ethnopsychiatry, that is, a critical, self-questioning discipline that rejected the thesis of innate racial difference and the pitfalls of ingenuous cultural relativism.

In this context, Fanon quickly learned that it was one thing to criticize racist medical practices in France, but quite another to take on the dominant paradigms in colonial Algeria, where the health system was directly answerable to colonial power, and where any space for criticism was quickly shut down for “security” reasons. In response, Fanon’s political commitments also shifted, and it was in the changed political environment of Algeria after November 1954 that he first criticized both Porot’s Algiers School and Carothers’s portrait of “The African Mind.”

The Algiers School deployed “an intellectual violence,” argued Keller, “a savagery concomitant with the brutality required to police Algeria’s Manichean world” (Keller 2007a: 159). After three years in Algeria, Fanon concluded, “The Arab—permanently alienated within his own country—lives in a state of absolute depersonalization” (Fanon 2001: 60, see also 1967: 53). Yet, it should not be forgotten that Fanon joined Blida-Joinville Hospital to put into practice the challenge he set for himself in “The North African Syndrome,” which was to get things done and be part of the “human work” of humanization so as to “call forth the human that is before you” (Fanon 2001: 11, see also 1967: 11). What Fanon called the North African Syndrome, which we discuss in the next chapter, reflected the institutionalization of colonial psychiatry on French medical schools as well as the medical profession’s attitude toward patients from North Africa.

NOTES

1. “After exhuming a body of a woman who had died three months earlier,” wrote Clément Mbom (2004: 212), Fanon “discovered that the corrupt doctor on the case had falsified her death certificate, hiding the fact that her husband had beaten her to death.”

2. This term was used in the Antilles to indicate a traditional healer and an expert in ritual whose role and powers were more ambiguous and not necessarily at the service of what western medicine would understand as healing.

3. This dynamism is epitomized by analyses of culture in relation to changes occurring during the anticolonial struggle, when all “traditions” and “innovations” take on situational meaning, and new forms emerge. This transformation is evident at all levels, and particularly in the shifting value and different uses attributed to “tradition” by the colonizers and the colonized. As Fanon pointed out, during colonial domination, national culture “becomes a culture condemned to clandestinity. This notion of clandestinity can immediately be perceived in the reactions of the occupier who interprets this complacent attachment to traditions as a sign of loyalty to the national spirit and a refusal to submit. This persistence of cultural expression condemned by colonial society is already a demonstration of nationhood.” Nevertheless, when the liberation struggle starts, culture finds new expressions: “In artisanship, the

congealed, petrified forms loosen up. Woodcarving, which turned out set faces and poses by the thousands, starts to diversify. The expressionless or tormented mask comes to life, and the arms are raised upwards in a gesture of action . . . The colonialist experts do not recognize these new forms and rush to the rescue of indigenous traditions. It is the colonialists who become the defenders of indigenous style” (Fanon 2004: 171–75).

4. On the role of the imaginary and symbolic in the colonial world, see Glissant (2008).

5. In a famous passage devoted to the “discourse of the master,” Lacan said: “Very shortly after the last war . . . I took into analysis three people from the high country of Togo, who had spent their childhood there. Now, I was unable, in their analysis, to find any trace of their tribal customs and beliefs, which they had not forgotten, which they knew, but from the point of view of ethnography. It has to be said *that everything was done to separate them from this*, given what they were, these courageous little doctors who were trying to insert themselves into the medical hierarchy of the metropolis—these were still colonial days. What they knew about this, then, at the level of the ethnographer was more or less that of journalism, but their unconscious functioned according to the good old rules of the Oedipus. This was the unconscious that been sold to them along with the laws of colonization, this exotic, regressive form of the master’s discourse, in the face of the capitalism called imperialism. *Their unconscious was not that of their childhood memories*—you could sense it—but their childhood was retroactively experienced in our fam-il-ial categories—spell the word the way I showed you to last year. I defy any analyst, whatever, even one who has been out into the field, to contradict me” (Lacan 2007: 91–92). The extract demonstrates how much Lacan was interrogated by the psychic life of history and the effects of colonization on the unconscious, and particularly the “historical forms” that the Oedipus complex takes in specific circumstances.

6. On this issue in Morocco, see Pandolfo (1997, 2017).

7. On the notion of “petrification,” see Ficek (2011).

8. While French ethnographers and psychiatrists differentiated the Berber-speaking Kabyle people as “less degenerate” than the Arabs, it is also worth noting that resistance against French colonization in Kabylia continued up until Cheik Mokrani’s rebellion of 1871. The rebellion was brutally put down after the destruction of the Paris Commune with both communards and Kabylean revolutionaries deported to labor camps on the island of New Caledonia.

9. The following passage is particularly telling: “The Muslim is a man without *raison d’être*. He lives, he exists but he doesn’t react. He doesn’t protest very much. He cannot adopt another way of being except that of a resigned person. In a word: it is Islam that moves him, makes him able to act and speak” (Boigey 1908: 10).

10. See Berthelie (2007) and Gourion (2010). On works of this period dedicated to the “Berber soul” or North African Muslim culture,” see Trenga (1913); on the origins of transcultural psychiatry, see Raimondo Oda, Banzato and Dalgalarro (2005).

11. As mentioned, the emphasis on the apparently distinct psychological and cultural traits of Algeria's Kabyle and Arab communities was a distinctive characteristic of French colonization in that country.

12. Arii had already discussed this issue in his 1926 dissertation, "De l'impulsivité criminelle chez l'indigène algérien."

13. Concerning attitudes toward the Southern rural masses, Gramsci writes: "The ordinary man from Northern Italy thought rather that, if the Mezzogiorno made no progress after having been liberated from the fetters which the Bourbon regime placed in the way of a modern development, this meant that the causes of the poverty were not external, to be sought in objective economic and political conditions, but internal, innate in the population of the South—and this all the more since there was a deeply-rooted belief in the great natural wealth of the terrain. There only remained one explanation—the organic incapacity of the inhabitants, their barbarity, their biological inferiority. These already widespread opinions (Neapolitan *Lazzaronismo* ['vagabondry'] is a legend which goes back a long way) were consolidated and actually theorised by the sociologists of positivism (Niceforo, Sergi, Ferri, Orano, etc.), acquiring the strength of 'scientific truth' in a period of superstition about science." (1975: 47). On Gramsci and Fanon, see Beneduce (2017), Bentouhami (2014), and Sekyi-Otu (1996). With regard to this issue in contemporary psychiatry, see Lucas and Barrett 1995.

14. In his *Manuel alphabétique de psychiatrie* Porot quoted this case and defined Donquixotism as a "blind idealism" accompanying a hypertrophic ego. He also indicated that the disorder was related to a paranoid personality (1952: 131).

15. On these issues, see Young (1995).

16. As Keller pointed out, a case of attempted suicide by a Moroccan student confirmed for members of the Algiers School the risks involved in forgetting the "structural differences" and "barriers between civilized and primitive mentalities." For Porot and his colleagues, "the essential structure for civilizing North Africans was therefore penal rather than educational, medical rather than cultural" (Keller 2007: 144).

17. In *The African Mind*, Carothers quoted his own 1951 article, grounding the nature of mental disease among Africans on the particular structure of their brains. His interest was to demonstrate that "except in so far as the African's ritual training mitigates some of the more socially flagrant symptoms (e.g., rudeness and tactlessness), and except that the African shows no lack of verbal ability or of phantasy, the resemblance of the leucotomized European patient to the primitive African is, in many cases, complete." His argument thereafter ran as follows: "The main function of the frontal lobes seems to be the integration of stimuli arriving from other parts of the brain (thalamus and cortex). It may well be that integrative functions are subserved by the whole cortex; but, even so, when integration is lacking, the frontal lobes would still be relatively idle since they alone subserve no other function. The African, with his lack of total synthesis, must therefore use his frontal lobes but little, and all the peculiarities of African psychiatry can be envisaged in terms of frontal idleness" (Carothers 1953: 157). Aubin translated Carothers's work on the African Mind into French in the following year (Collignon 1984: 8). Meanwhile, Carothers continued his work, with the publication of *The Mind of Man in Africa* in 1972, acknowledging Aubin and Biesheuvel.

18. Carothers quoted Mundy-Castle, a South African neurologist, according to whom most of the significant differences found [among European and African electroencephalographic studies] “might be attributable to the greater complexity of the Europeans’ social, intellectual and cultural background” (Carothers 1953: 84). See also Carothers (1972), particularly the chapter titled “Morphology and the EEG.”

19. The British, we should remember, coined the term *Mau Mau*.

20. Continuing the work begun by Kraepelin and Bleuler to identify and describe pathological thought patterns, Rapaport developed a two-volume manual of psychological testing, the *Diagnostic Psychological Testing* (1945–1946), which was widely used by psychologists in the 1940s and 1950s.

21. Carothers adopted elements of John Bowlby’s attachment theory in *The African Mind* (Carothers 1953: 95–96). The World Health Organization published Bowlby’s *Maternal Care and Mental Health* in 1952, the year before they published Carothers’s monograph. For Carothers, “the African infant’s experience seems to be ideal.” He acknowledged that their needs are better catered for than usually obtains in western Europe, and it would seem that there is much to be said for adopting African practice in dealing with babies for the first few months of life.” However, he also maintained that the relationship between African babies and their mothers is characterized by many pitfalls. For instance, the long breastfeeding time gives children the illusion of omnipotence and doesn’t help them tolerate the frustrations of “reality.” He also described children’s abrupt weaning as a true “shock,” and so on. For Carothers, this kind of caregiving implied that social integration prevailed over the needs of the individual: “African education . . . is verbal, musical, dramatic, and emotional; and the African lives largely in the world of sound, in contrast to the European, who lives largely in the world of sight” (1953: 103). See also Sadowsky’s (1999: 78–96) rich analysis of colonial psychiatry in Nigeria, which highlights another issue, namely the use of diagnostic categories such as “acute mania” that had already “lost status in western nosology,” but continued to be adopted in the diagnosis of African patients (see, for example, the Isaac’s case).

22. While Mannoni (1990) saw echoes of an Oedipal scene in the dream anxieties of the children of Madagascar, Fanon identified the psychic traces of the violence and torture perpetrated by the French army and the Senegalese *Tirailleurs*. Fanon argued, “The Senegalese soldier’s rifle [in the dream of the thirteen-year-old Rahevi] is not a penis, but a genuine Lebel 1916 model. The black bull and robber are not *lolos*, ‘substantial souls’ [*phantasmes réels*], but genuine irruptions during sleep of actual fantasies” (Fanon 2008: 86). Deleuze and Guattari (2005: 28–29) offered a similarly scathing critique of the arrogance of Freud’s psychoanalytic interpretation of the “Wolf-Man” case: “During the first episode, which Freud declares neurotic, he recounted a dream he had about six or seven wolves in a tree, and drew five. Who is ignorant of the fact that wolves travel in packs? Only Freud. Every child knows it. Not Freud. With false scruples he asks, How are we to explain the fact that there are five, six, or seven wolves in this dream? He has decided that this is neurosis, so he uses the other reductive procedure: free association on the level of the representation of things, rather than verbal subsumption on the level of the representation of words. The result is the same, since it is always a question of bringing back the unity

or identity of the person or allegedly lost object. The wolves will have to be purged of their multiplicity. This operation is accomplished by associating the dream with the tale, 'The Wolf and the Seven Kid-Goats' (only six of which get eaten). We witness Freud's reductive glee; we literally see multiplicity leave the wolves to take the shape of goats that have absolutely nothing to do with the story. Seven wolves that are only kid-goats. Six wolves: the seventh goat (the Wolf-Man himself) is hiding in the clock. Five wolves: he may have seen his parents make love at five o'clock, and the roman numeral V is associated with the erotic spreading of a woman's legs. Three wolves: the parents may have made love three times. Two wolves: the first coupling the child may have seen was the two parents *more ferarum*, or perhaps even two dogs. One wolf: the wolf is the father, as we all knew from the start. Zero wolves: he lost his tail, he is not just a castrator but also castrated . . . Freud obviously knows nothing about the fascination exerted by wolves and the meaning of their silent call, the call to become-wolf. Wolves watch, intently watch, the dreaming child; it is so much more reassuring to tell oneself that the dream produced a reversal and that it is really the child who sees dogs or parents in the act of making love. Freud only knows the Oedipalized wolf or dog, the castrated-castrating daddy-wolf, the dog in the kennel, the analyst's bow-wow."

23. On disavowal and its political and moral significance, see Fanon and Lacaton (1955) and our discussion of their work in chapter 5.

24. Lévy-Bruhl's analysis is particularly interesting because it doesn't concern a lack of gratitude in general but specifically the negative attitude of "primitive" people to European remedies. Unfortunately, his cultural and psychological interpretation obscures other, deeper motivations for this "apparent ingratitude," including apparently "inexplicable demands for indemnity," or "the primitives' dislike of staying in hospital, or with white people." In *A Dying Colonialism*, Fanon provided detailed political explanations for these ambivalent and supposedly "inexplicable" attitudes.

25. Zempléni (1985: 12) reached an analogous conclusion, arguing: "The psychiatrist and the psychoanalysts arrive just when the ethnologist leaves; when the influence of tradition is replaced by the anguish of choice." In fact, the "big divide" is not simply between modern white (European) and primitive black (African), but the white colonial reaction to the anticolonial struggles for land and freedom. For a comparison of the anticolonial struggles in Kenya and Algeria, see Klose (2013). Of course, this labeling of political movements as a struggle between civilization and barbarity continues to this day.

26. As Jung recalled it, "Our blissful stay on Mt. Elgon neared its end. With heavy hearts we struck our tents, promising ourselves that we would return. I could not have brought myself to think that this would be the first and the last time I would experience this unlooked-for glory. Since then, gold has been discovered near Kakamegas, mining has begun, the Mau-Mau movement has arisen among those innocent and friendly natives, and we too have known a rude awakening from the dream of civilization" (Jung 1989: 264).

27. Hopley, the author of an ethnological study about Kenya's Kamba people that was published in 1910, spoke about an "infectious mania," known as "*chesu*," that

was prompted by the sight of a pith helmet or a “fez cap such as is worn by civilized natives” (quoted in Mahone 2006: 243).

28. As Mahone explained: “Kiamba wa Mutuaovio was described by Dundas [the local district commissioner] as having ‘the same sleepy look as the rest of these Kamba neurotics . . . probably a person of epileptic tendencies’ . . . Whether or not some prophets, or these in particular, were epileptic, as claimed by the District Commissioner, is of course highly questionable, although not altogether impossible. But the significance of the label is that it attached the individuals presumed to be troubled or ‘unbalanced’ in some way and denied the existence of other sources of social tension that the prophecies were responding to and that would not disappear with the deportation of the two ‘witch doctors’” (2006: 244).

29. See, for example, Fanon’s reference to Westermann’s *The African Today and Tomorrow in Black Skin, White Masks* (2008: 9). Westermann (approvingly quoted by Carothers 1972: 93) summed up some of the late colonial discourse on psychiatry as follows: “With the Negro, emotional and explosive thinking predominates . . . dependence on excitement, on external influences and stimuli, is a sign of primitive mentality . . . Where the stimulus of emotion is lacking the Negro shows little spontaneity and is passive . . . The Negro has few gifts for work which aims at a distant goal and requires tenacity, independence, and foresight.” And on and on. In fact, very few psychiatrists of the time revealed a different approach or sensibility with regard to local cultures or their interpretations of disease. Bégué mentioned Costedoat, Humann, and Taïeb as exceptions, noting that their work “brought together beliefs, traditional tales, and psychopathological thoughts so that culture was understood as a symbolic organizer of thought. They also embarked on a fruitful study of native etiological theories of insanity” (Bégué 1996: 540; see also Keller 2007: 114–16).

30. Pierre Chaulet was an Algerian doctor and friend of Fanon’s as well as one of the editors of *Consciences maghrébines*. In 2012, the year before Chaulet died, he confirmed Fanon’s authorship of the text. Roberto obtained a copy of the article from Martine Jouneau of the Centre de recherches internationales at Sciences-Po in Paris, who in turn received it from Chaulet. In a message to Jouneau on January 7, 2011, Chaulet wrote: “I have the article you are looking for. I must point out that it is unsigned, but I can guarantee its origin because I received it from the hands of Frantz Fanon himself, in my role as a member of the magazine’s editorial committee.” Fanon’s text—published in “*Consciences maghrébines*” (Fanon 1955)—was unsigned, and introduced by an editorial comment with the heading “Aperçu sur le racism” (A study of racism). This too was unsigned but we now know it was written by Salah Louanchi and Pierre Chaulet. The *aperçu* contextualized Fanon’s piece and introduced some of its content. Louanchi and Chaulet wrote: “The racism with which the peoples of the Maghreb are so familiar—having been its victims and silent witnesses, perhaps even having participated in it—is now worming its way into the minds of those who are held to be ‘scientific.’ The simple juxtaposition of medical texts and publications regarding the psychiatry of North Africa provides a disconcerting synthesis of racism with scientific pretensions . . . The psychological tests used are those employed in European countries, and completely fail to take into account the

culture, sociology, or the living conditions of the bulk of the Algerian people” (our translation).

31. A thorough “archaeological” study of how African psychiatrists of the time reacted to the works of Porot, Carothers, and other colonial psychiatrists still needs to be done. What did they feel and think when they read about “frontal [lobe] idleness” and the “infantilism of Africans” in their psychiatry textbooks? One clue can be found in Thomas Lambo’s work in which he pointed to “the unfortunate effect on science of the moral arrogance of nineteenth- and twentieth-century Europe, which sets up its civilizations as the standard by which all the other civilizations are to be measured” (Lambo 1956: 1390).

Chapter Four

Suspect Bodies

A Phenomenology of Colonial Experience

It is necessary to analyze, patiently and lucidly, each one of the reactions of the colonized, and every time we do not understand, we must tell ourselves that we are at the heart of the drama—that of the impossibility of finding a meeting ground in any colonial situation.

—Fanon, *A Dying Colonialism*

“The North African Syndrome” was written around the same time as *Black Skin, White Masks* and published in *Esprit* in February 1952. The essay is a political-ethical critique of medical practices in France at the time in which Fanon parodied attitudes common among medical professionals, many of whom viewed North Africans as lazy and criminally inclined.

Fanon began the essay stating his belief that the human dilemma can be reduced to this existential question: “Have I not, because of what I have done or failed to do, contributed to the impoverishment of human reality?” Or, put differently, “Have I, in all circumstances, called forth the human inside me?” (Fanon 2001: 11). For Fanon, it was not enough for his readers to understand that North Africans’ apparent “impulsivity” was a product of the colonial situation. Instead, he implored them to change the way they acted and to take a stand against the alienated social realities that were creating such impulsivity. To change the world always requires an openness to self-critique. Disalienation or demystification, as he put it in *The Wretched of the Earth*, means “to demystify (de-alienate), and to harry the insult that exists in ourselves” (1968: 304).

Yet, the more the French saw of the North Africans, the more they seemed to categorize them as a type, an object, and not as individual human beings. Referring to a doctoral thesis (defended at the University of Lyon in the same year as his own) by Léon Mugniery, Fanon quoted Mugniery’s stereotypical

concerns about North Africans' reportedly considerable sexual needs, and his conclusion that granting French citizenship to a "civilization that is at times refined but still primitive in its social, family, and sanitary behavior seems to have been too hasty (trop précôce)" (2001: 20, see 1967: 12).

Mugniery's concerns are of value to our analysis because they expose the crucial links between governmentality, state racism, discourses of citizenship, psychic suffering, migration, xenophobia, and, above all, sexuality.¹ As Jean Leca pointed out in his dialogue with Abdelmalek Sayad in 1990, the term immigrant is a "category-object submitted, often in full impunity, to ideological, half-scientific or bureaucratic discourses." The term constitutes a "political challenge" because "it calls into question the frontiers between groups as well as between states, national identities, and all their definitions."² It is not surprising, therefore, that Fanon saw this concept as significant in his critique of medical discourse related to North Africans. Fanon quoted Mugniery, who said that most of the North Africans he studied had married prostitutes,

for prostitution seems to play an important role in the North African community ... It is due to the strong sexual appetite characteristic of these hot-blooded southerners³. ... These are mostly young men (aged 25 to 35) with ... considerable sexual needs that can only temporarily be met by the bonds of a mixed marriage, and with a disastrous penchant for homosexuality. ... There are few solutions to the problem: either we encourage Arab families to reunite in France and bring over young Arab girls and women, despite the risks occasioned by a kind of invasion of the Arab family; or we must tolerate the presence of brothels for them. If we were to ignore these factors, we would risk being exposed to more and more attempts at rape of the kind so often reported in the newspapers. Public morality surely has more to fear from this than from the existence of licensed brothels. (Quoted in Fanon 2001: 19–20, see 1967: 11–12)

The exuberant sexuality of migrants, and of the colonized in general, constitutes a truly phobogenic object, a specter that has haunted western societies since the start of the European slave trade until today⁴ and at the core of anxieties concerning sexuality, citizenship, race, and family in French colonies (on the politics of children born in the French empire from mixed couples and the conflation of citizenship, sexual relations, and race, see Saada 2012). In this context, it was clear to Fanon that no clinical encounter was possible. His essay "The North African Syndrome" did not directly attack the then-dominant ethnopsychiatric theories promoted by Antoine Porot and the Algiers School. However, there is a direct connection between Fanon's criticism of the racist and Orientalist attitudes of doctors toward North Africans in France, and the theories of the Arab mind promulgated by Carothers and the Algiers School. As discussed, Porot and Carothers devised theories of racial/

cultural hierarchy in terms of physiology (linked to the supposed absence of cortical integration in certain groups), or in terms of what they saw as detrimental environmental, nutritional, or “cultural” factors, which they then used to explain the psychology and psychopathology of Arabs and Africans.⁵

In “The North African Syndrome,” Fanon expanded on issues of epistemological subjugation and the medicalization of social suffering, as well as the need to establish a differently oriented phenomenology. As in *Black Skin, White Masks*, he showed how fear plays a central role in the attitudes and behaviors of racialized subjects. Fanon argued, for example, that Algerian immigrants have similar daily experiences to those of the character of Bigger Thomas in Richard Wright’s *Native Son*, and encounter the same “infernal circle” of suspicion. Living in uncertainty, North Africans fear going to the hospital and fear leaving the hospital (2001: 14, see 1967: 6); feeling themselves by turns unrecognized and dreaded, they become obsessed with ideas of death and disease. “One has the strange impression that death is hovering nearby,” remarked Fanon.

It is important to understand that Fanon’s whole approach to colonial and racial alienation, and its social as well as psychological destiny, was a prognostic one, and that he took an attitude we can define as pessimistic.⁶ Fanon returned to the “question of truth” in *The Wretched of the Earth* (2004: 14–15), where he wrote about the experience of semiotic and political uncertainty among migrants, noting that his North African patients in France as well as his colonized patients in Algeria were “confused by the myriad signs” and never know if they are “out of line” (Fanon 2004: 16). Most French doctors, however, continued to look for the source of patients’ symptoms in brain lesions, refusing to consider mental illness in terms of psychosomatic disorders and directly anchored to their social situation.⁷ Then, when brain lesions were undetectable, French doctors refused to recognize their patients’ suffering as true, preferring to believe instead that “every Arab suffers from an imaginary ailment” and that “all Arabs are pseudo-invalids” (Fanon 2001: 17, see 1967: 9). By thus thingifying North Africans, these doctors refused to see the suffering of people who were “without a family, without love, without human relations,” and thus “emptied and lifeless” living “in a bodily struggle with death, a death short of death, a death in life” (Fanon 2001: 21, see 1967: 13).

Without the “possibility of communion with the collectivity,” Fanon continued, “the first encounter with the self will occur in a neurotic or pathological mode; the person will feel emptied, lifeless . . . until they are forced to confess in a truly broken voice: ‘Doctor, I am dying’” (Fanon 2001: 21, see 1967: 13). Entering the doctor’s office, the patient (the sufferer) becomes a *thing* who is dissolved “on the basis of an idea”; instead of seeing a human being, the doctor reconstructs the North African as an object empty of substance. Dehumanized, thingified, the patient is always on the defensive—unable to

express a specific symptom or behave like a French (i.e., white) person—and the doctor’s disdain increases.

In “The North African Syndrome,” then, Fanon offered an ethnographical study of what happens in a doctor’s surgery when a North African patient arrives. Suggesting that every Arab patient was seen *a priori* as a “pseudo invalid” with a “pseudo pathology” (Fanon 2001: 17, see 1967: 13), Fanon used the article to challenge the medical profession on ethical grounds to treat immigrants with respect. Fanon made it very clear that to act in this way is a form of neo-hippocratism. Whereas organicist medicine is organ-centered, neo-hippocratism can be characterized as an approach in which doctors focus “more on making a diagnosis of function and less on diagnosing organs when faced with a patient” (Fanon 2001: 15, see Fanon 1967: 7). Although not actively favored in medical schools, Fanon argued, neo-hippocratism was fast becoming standard practice among physicians who when faced with patients from North Africa were unable to consider their life experience. Arguing that this reflected a flaw in such practitioners’ thinking, Fanon noted, “The student or doctor will tend to use the second person singular when addressing an Arab” and quoted one of his interns who said, “I can’t help it, I just can’t talk to them like I do other patients” (Fanon 2001:17, see 1967: 9). Then linguistic racism reinforces the patient’s sense of insecurity, as does the doctor’s condescension and tendency to infantilize the patient.

Considering Algerian immigrants’ experience of pain, perceptions of their bodies, and anguished fear of death in the face of what sometimes appeared to be trivial symptoms, Fanon’s analysis anticipated the concept of the body *politic* (Scheper-Hughes and Lock 1987). He pointed out that the body, suffering, and anxiety are *always politically and racially situated*. The medical encounter becomes political—a drama is played out. A continuous translation of meanings and experience takes its course, creating further misunderstandings and resentments.

Vague descriptions of pain and confused answers to questions serve to make the African body opaque, unintelligible, and suspect. The objectivity of the medical gaze is resisted, the body becomes impenetrable to diagnostic tests as the physician touches, listens, and scrutinizes in vain. The absence of lesions, combined with stubborn symptoms and monotonous requests for help, generate suspicion in the doctor:

Faced with this pain without lesion, this illness spread over and throughout the whole body, this constant suffering, the easiest attitude, to which one is led more or less quickly, is to deny any existence of morbidity. The extreme version of which is “the North African is a faker, a liar, a shirker, an idler, a phony, a thief.” (Fanon 2001: 15, see 1967: 7)

What Fanon was highlighting was how cultural stereotypes and institutional racism was being produced and reproduced in French medical practice. The fact that Mugniery's medical degree was conferred on the basis of his absurdly racist thesis at the University of Lyon in 1951 was but one expression of this.

Fanon's analysis illustrated how the suspicious attitudes and condescending gestures of the doctors exposed a range of underlying clinical prejudices and assumptions. North Africans were seen as "still primitive," liars, and filled with "powerful sexual appetites" (quoted in Fanon 2001: 19–20, see 1967: 11–12). Or, as Aubin (1952: 289) put it, black people are childish: "The vividness and short duration of their feelings, the poverty of their intellectual activity, means that they live primarily in the present, like children." Aubin went on to argue that North Africans are impulsive and tend to deny their own actions while black people suffer from explosions of rage and often have paranoid tendencies, especially those who are "more evolved" ("*les sujets un peu évolués*") (1952: 289). Nourished by colonial imaginary and suspicion, these kinds of prejudices determined the behavior and choices, perceptions and diagnoses of many doctors. How, asked Fanon, can there be any sort of therapeutic relationship—or even any sort of encounter—when the one participant is an object of contempt and ridicule? "Who are they really, those creatures who hide, who are hidden by social truths behind the names *bicot, bounioule, arabe, raton, sidi, mon z'ami*?"⁸ (Fanon 2001: 12, see 1967: 4).

Submitting the psychiatric theories of the day *and* the treatment of North African immigrant patients to ethnographic study, Fanon went beyond investigating the relationships between culture and disease to lay the foundations of a genuinely *critical* ethnopsychiatry. His analysis undermined the supposedly objective data, laying bare the political and moral origins of the diagnostic categories and etiological conclusions that were being applied.

Fanon described how, at night, in a dirty clinic that reeked of death, a doctor, dealing with a dirty body, examines a patient's abdomen "objectively" but fails to find anything.⁹ "The doctor touches, feels, taps, the doctor questions, and gets only groans by way of response." Seeing nothing, the doctor seems merely to want to be rid of this indocile and *alien body*.¹⁰ Herein lies the allure of Fanon's writing: in just a few lines, he described the failure of the clinical as well as human encounter. Using just a few words, he traced the origins of the resentment and ambivalence that the colonized feel toward European doctors and European hospitals—and showed how these feelings are often interpreted as signs of some sort of persecution complex. Sick North Africans retreat into suffering ("they *are* their pain"). Feeling victimized and unsure about why this should be so, they conclude: "It is because I am an Arab that they don't treat me like others." The immigrant's body is a "suspect body," observed Bennani (1980). As Fanon explained, the patient before the

doctor is a body “that is no longer quite a body, or rather doubly so since it is beside itself with terror—this body that calls on me to listen to it without, however, dwelling on it—appalls me” (Fanon 2001: 17, see 1967: 9).

By the 1950s, North Africans in France were “bearing the dead weight of all their compatriots” with their “sexual needs” and “impulsive behaviors.” They had become the target of increasing suspicion on the part of doctors and medical insurance companies. North Africans had taken the place previously occupied by the French proletariat in being seen as lazy liars and malingerers, or alternatively afflicted by a strange neurosis then favored by the laws on workplace safety, for which the psychiatrist Edouard Brissaud coined the term *sinistrosis* in 1908.¹¹ At the same time, these very suspicions also haunted the colonized seeking care in Africa. With regard to cardiac neurosis, Carothers (1953: 150) quotes Muwazi and Trowell:

The hope of tax exemption plays an important part in the continuation of the neurosis. Other cases are liars, hoping to gain relief from taxation by feigning a heart complaint; some wish to secure a period of sick leave, and naturally complain of the heart, for this would appear to them the best illness to feign.¹²

What Fanon provided was the story of encounters that come to nothing, that are marked by mutual suspicion and yet occur in contexts that should generate trust. Immigrants in contemporary Europe from the Maghreb and sub-Saharan Africa are still telling this story, over and over. The same tone and language is still being used to report experiences of isolation and exclusion: “It is because . . .” We are still grappling with problems and issues highlighted as long ago as 1952, and it seems we have to admit that the situation has hardly changed (Beneduce 2007; Littlewood and Lipsedge 1982).

In exposing the notion that anyone would presume to give an objective diagnosis while totally ignoring the misery and marginalization of North African immigrants, Fanon highlighted the limits of *all* diagnoses that fail to take into account the life of the patient, the social context of suffering, and *other* demands that often exist beyond the request for treatment. Drawing on a 1949 article on psychosomatic medicine that referred to the work of Heinrich Meng, Fanon called for “situational diagnosis” (2001: 18, see 1967: 10)—an approach not very different from that which, four decades later, Scheper-Hughes (1992) championed in the favelas of Rio de Janeiro. In both cases, what is criticized are doctors’ inclinations to disregard social conflicts and inequalities, as well as their readiness to limit themselves to viewing patients, who are actually victims of hunger, solitude, and violence, as suffering merely from anxiety and sleeplessness.

As Abdelmalek Sayad argued, almost echoing Fanon’s words: “If we fail to take into consideration the immigrant condition as a whole and, specifically,

immigrants' relationships with critical phases of their condition (such as illness, for example), we condemn ourselves to see only phenomena, or in other words appearances . . . Their genesis and significance are not always a matter of pathology but they are, in these circumstances, interpreted as an index of pathology" (Sayad 2004: 185).

There was, for Fanon, a dialectical relationship between what was known as North African syndrome and the real situation of the North African immigrants who live a wretched existence, in a "perpetual state of insecurity," looking for work and trying to survive. Criminalized and objectified, they have rights on paper, but in reality they are excluded and thingified, permanently homeless, permanently unable to find "room" (2001: 23, see 1967: 16). North African immigrants are not allowed to rest, to reflect, to be taken seriously. As Fanon put it, in medical facilities, they, literally and metaphorically, "come and go along the corridors that you built for them, where you didn't bother to provide a single bench for them to rest on" (2001: 21–22, see 1967: 14). The very title of Fanon's article—"The North African Syndrome"—is in itself ironic, the name of a pseudo-diagnosis that exemplifies the reification of symptoms and the empty proliferation of diagnostic categories. The whole piece is an analysis of a field where the politics of migration and debates about citizenship overlap with the politics of diagnosis. Fanon understood the real issues at stake here, and as shown, he anticipated what historian Jordanna Bailkin (2012) has since illustrated about immigrants' anxieties around diagnosis. In his conclusion, Fanon turned the tables on medical professionals who ask to be told what to do, saying: "Don't push me too far. Don't force me to tell you what you ought to know. Figure it out for yourself."

He then raised an important point:

If *you* do not want the human being that is before you, how am I to believe in the human that may be in you? If *you* do not demand the human, if *you* do not sacrifice the human that is in you so that the human on this earth can be more than just a body, more than a Mohammed, by what sleight of hand might I acquire the certitude that you too are worthy of my love? (2001: 25; emphasis in original, see 1967: 16)

In this way, Fanon introduced the radical questions of recognition and "thingification" into the context of routine medical examinations. In the everyday setting of a doctor–patient encounter, Fanon discerned the echoes of the decisive act that occurs when the pain and anxiety of a person "starving for humanity" are accorded significance and given a name. There is an echo here of Hannah Arendt's discussion of "bare life" and the threat of "dehistoricization" that looms—now as much as then—over black and brown citizens, immigrants, and asylum seekers in Europe. But Fanon did not look

only at the physical fate of these men and women when he considered the issue of their treatment. He also asked what relations are possible between the disinherited and those who should listen to their anguish and try to treat their suffering. In effect, Fanon wondered how one can believe that there is a human being within the doctor, if that same doctor does not first proclaim and recognize the human in the body of that “wretch,” that generic “Mohammed.” It is no coincidence that Fanon concluded that the mutual recognition necessary for diagnosis can be achieved only through an act of love and respect.

This was a courageous, and extraordinarily modern, call for a “poetics of treatment”; a poetics that does not hesitate to demolish and sweep away everything that humiliates, deceives, or conceals, while at the same time building a different future. Fanon’s reflections on the need for diagnosis to be conscious of political context were already evident in his work at the University of Lyon and in the months he spent as a doctor in Martinique and in France. These reflections soon led him to tackle another context in which suspicion, hypocrisy, and violence were rife: the war of liberation in Algeria, which, by the end of 1954, was entering its most vicious phase. But before turning to this, we want to discuss the further development of his critical ethnopsychiatry.

NOTES

1. On western representations of Arab sexuality, see Massad (2007: 320–23).
2. Sayad’s response included the following: “Working with immigrants, means working on French identity, the ways by which we understand it and the political perspective by which we define it” (1990: 9).
3. Here we meet again the trope of presumed Southerners’ exuberant sexuality and impulsivity already evoked in chapter 2, reflecting the models of positivist psychiatry and sociology hegemonic at that time and critically analysed by Gramsci.
4. Interestingly, the fear that Mugniery evoked, of being “exposed to more and more attempts at rape,” recurs in Richard Wright’s *Native Son*. And in *Black Skin, White Masks*, fears of sexualized Arab or black people occur in Fanon’s discussion of the case of a young patient affected by tics and hallucinosis: “Lying in bed with the drums beating in her ears, she actually *saw* black men. She would take cover under the sheets, trembling” (2008: 184). For a contemporary expression of this haunting idea, it’s enough to remember what happened on New Year’s Eve in 2016 and the rumors that circulated in Germany and elsewhere about “mass sexual assault.” For reports in different newspapers, see Rick Noack writing for the *Independent* on July 11, 2016 (<http://www.independent.co.uk/news/world/europe/cologne-new-years-eve-mass-sex-attacks-leaked-document-a7130476.html>), Gareth Davies’s article in the *Mail Online*, July 11, 2016 (<http://www.dailymail.co.uk/news/article-3684302/1-200-German-women-sexually-assaulted-New-Year-s-Eve-Cologne-elsewhere.html>), plus

Jörg Diehl and Kendra Stenzel's piece in *Der Spiegel* on January 5, 2016 (<http://www.spiegel.de/international/germany/cologne-shocked-by-sexual-assaults-on-new-years-eve-a-1070583.html>), in light of the analysis by Kathryn Medien (2016).

5. See chapter 3.

6. On Fanon's *prognostic pessimism*, see our discussion in chapter 9. On his understanding of the role of childhood, see Burman (2016), but note that Burman saw no relevance in other childhood figures whose stories we see as being of decisive importance for Fanon; that is, the Martinican children who ran to see Senegalese *tirailleurs*, the Malagasy children whose nightmares Mannoni (1990) improperly interpreted as an expression of the traumatic "primal scene," or the Algerian children living in wartime terror or in Tunisian, Libyan, and Moroccan refugee camps.

7. Here, Fanon returned to the issue of psychosomatic illness that he discussed in his PhD thesis, and he reiterated his rejection of localization theories of disease.

8. "Goats, little darkies, rats"—these are the literal translations of these disparaging terms used for North African immigrants in France (Fanon 2001: 12, see 1967: 3–4).

9. As Fanon described it, "The room is dirty, the patient is dirty. His parents are dirty. Everybody weeps. Everybody screams. One has the strange impression that death is hovering nearby. The young doctor does not let perturbation intrude, but 'objectively' examines the belly that has every appearance of requiring surgery ... The doctor feels again, taps a second time, and the belly contracts, resists" (Fanon 2001: 15).

10. Fanon explained: "Medical thinking proceeds from the symptom to the lesion ... The patient who complains of headaches, ringing in his ears, and dizziness, will also have high blood-pressure. But should it happen that along with these symptoms there is no sign of high blood-pressure, nor of brain tumor, in any case nothing positive, the doctor would have to conclude that medical thinking was at fault; and as any thinking is necessarily thinking about something, the doctor will find the *patient* at fault—an indocile, undisciplined patient, who doesn't know the rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion" (Fanon 2001: 16; emphasis in original).

11. On the issue of sinistrosis in Europe, see also Raix (1994) and, more recently, Fassin and Rechtmann (2009).

12. The views of medical practitioners at the time seem to have converged on the opinion that fear of bewitchment, or belief in witchcraft, were merely the African equivalent of guilt and superego: "The 'censor's' place is taken by the sorcerer," argued Carothers (1953: 161). When actual symptoms and diseases are attributed to a natural propensity to lie, or to specific (conscious or unconscious) economic interests, then mental characteristics and psychopathology can easily be interpreted as a direct consequence of cultural factors: "The African is not asleep, but does seem to live in that *strange nowhere* land 'twixt sleep and waking where fact and fancy meet on equal terms" (Carothers 1953: 172, our italics).

Chapter Five

Further Steps toward a Critical Ethnopsychiatry Sociotherapy

Its Strengths and Weaknesses

In 1951, Fanon escaped the intellectual desert of University of Lyon's psychiatry department to work and study with François Tosquelles, becoming a resident at the psychiatric hospital in Saint-Alban-sur-Limagnole, a rural area about two hundred kilometers southwest of Lyon. Fanon acknowledged Tosquelles as a mentor and considered himself "a disciple" in a committed and crucial yet critical relationship (Cherki 2006: 20). The feeling was mutual. Years later, Tosquelles remarked that "Fanon had never really left us; he continued to be present in our memory in the same way he had filled the space around him. He questioned his interlocutors in body and voice" (quoted in Cherki 2006: 20).

Tosquelles was one of the founders of institutional psychotherapy and sociotherapy. A critical, humanistic form of psychotherapy, the fundamental tenet of sociotherapy is that a patient's self-liberation can be accomplished only in a socialized setting. Its mission was, therefore, the reintegration of patients into the community and in so doing, it prioritized the social needs of patients while attempting to break down their medicalization and objectification. Institutions were not seen as the solution but as part of the problem. Thus institutional psychotherapy was not psychotherapy practiced in an institution but psychotherapy that saw institutions and institutionalization as pathological. For Tosquelles, psychiatric hospitals were sick organisms set up to pacify patients and turn them into docile recipients of medical care, and most medical therapies were simply by-products of this will to control and supervise.¹

Sociotherapy necessitated a different attitude toward mental illness, and was opposed to the practice of ostracizing the mentally ill by separating them from society. The argument is that psychosis cannot be magically accessed inside the walls of a doctor's consulting room, which is cut off from the

world. Indeed, being in a doctor's room can promote psychosis. Instead, the institution itself, and everything that occurs in a consulting room, needs to be de-pathologized and disalienated. To treat the patient and to humanize the mental institution were seen as aspects of a single process that would create a new society inside the hospital. This was to be accomplished by reforming social relations, treating patients as human and social beings, breaking down institutional hierarchies and rigid roles, and thereby encouraging patients to develop an enhanced sense of self rather than adding to their isolation and their sense of being an object in need of external control.²

When Fanon began his residency at Saint-Alban, under Tosquelles, institutional psychotherapy was still in its infancy but, as David Macey (2000: 149) observed, this was where Fanon was first "involved in a clinical situation that allowed patients to contribute to their own recovery." Fanon and Tosquelles recorded some of their collaborative work in three short papers,³ and perhaps more importantly they *practiced* their belief that politics and medicine were not separate fields. Implicitly and often explicitly, sociotherapy was linked to their concern for social and indeed revolutionary change.

Born in Catalonia in 1912, Tosquelles passed his baccalaureate at the age of the age of fifteen, and enrolled in Barcelona University's medical school, where he met Sándor Eiminder with whom he was in analysis from 1931 to 1935. For Tosquelles, individual and social liberation, and psychiatry and politics were intimately connected. While at university, he organized a seminar on Marx and Freud. During the Spanish Civil War, he joined the anti-Stalinist Partido Obrero de Unificación Marxista (Workers' Party of Marxist Unification), and later became the head of the Republican Army's psychiatric services. Sentenced to death by Franco's regime, he escaped Spain, walking across the Pyrenees to France in 1939 with little more than the two books in his suitcase, one apparently being Lacan's doctoral thesis on psychosis. Finally, after being interned in various camps for "undesirables," Tosquelles created a refuge for traumatized resistance fighters at Saint-Alban. Institutional therapy was a product of these experiences, and Tosquelles's struggles against Francoism and Nazism became inseparable from his struggles for liberation inside psychiatric hospitals.

The resistance movement had a considerable impact on the psychiatric hospital at Saint-Alban and according to Julian Bourg, "Much post-war French intellectual interest in madness, normality, and pathology had its roots in the Saint-Alban 'ambience'" (2007: 127). French psychoanalysts Jean Claude Polack and Danielle Sabourin described it as "a place of meeting, incandescence, and agitation. The originary situation, the primitive scene of institutional psychotherapy; somewhere in the brutal countryside, politics slept with madness" (quoted in Bourg 2007: 127). After World War II, Saint-Alban

became part of a radical milieu within French psychiatry and many young interns wanted to work with Tosquelles. Fanon was among them, as was Jean Oury, who left a year or so before Fanon arrived, opening La Borde Clinic in France's Loire Valley in 1953.⁴

Tosquelles insisted that the institution had to be transformed into a caring community.⁵ Rather than attempting to administer mental health in a way that normalizes institutions and pathologizes patients, the hospital had to become a space where inmates (staff and "guests") could work out therapies in a supportive and nurturing environment. Fanon later took this idea to Blida-Joinville Hospital, and developed it politically in his book, *The Wretched of the Earth*, in which administration—in the sense of development and management from on high—is considered a *deus ex machina*, in contrast with the messy building of a community out of day-to-day praxis (2004: 141).

Fanon took up his position as one of five directors of psychological services at Blida-Joinville Hospital in Algeria in 1953, a year before the beginning of the Algerian Revolution. The city of Blida is located about thirty miles southwest of Algiers, at the base of the Atlas Mountains. The hospital, which opened in the 1920s, was still a fairly new facility but, by the 1950s, it had become the largest psychiatric hospital in North Africa, with over two thousand patients. The position Fanon accepted was created partly in response to the hospital's increasing patient population.

With the other four directors—J. Dequeker, R. Lacaton, M. Micucci, and F. Ramée—Fanon coauthored an article on the state of psychiatric care in Algeria. Written just a few months after he arrived, and published in 1955, "Aspects actuels de l'assistance mentale en Algérie" (Aspects of psychiatric care in Algeria today) is indicative of Fanon's organizational ability and his interest in all aspects of the asylum. In the article, the authors discuss the poor quality of staff (many of whom were illiterate), the difficulty of patients maintaining contact with their families who lived far away from the hospital, and the effects of overcrowding on healing. The section chiefs remarked, "Year after year, for a hospital population that never ceases to grow with the addition of new beds, the number discharged either diminishes or remains stable. In the words of a 1951 report, the hospital is slowly but surely headed toward 'total asphyxiation.'" They also mention the effects of religion and gender relations on women's discharge rates:

Islamic law, which permits instantaneous divorce and remarriage, is a source of insurmountable difficulties. After having been repudiated, women who are cured remain in hospital for months before they can be returned to the care of family, which, in the absence of precise information, must be sought without possible recourse to medico-social services. (Fanon, Dequeker, Lacaton, Micucci, and Ramée 1955: 15)⁶

This extract underlines how social and cultural dimensions were taken into consideration in the analysis of mental illness and its evolution, as well as psychiatric assistance and its limitations.

Although the other four directors were more conservative than Fanon,⁷ the article they wrote discussed a situation about which they all could agree—that underfunding, understaffing, and massive overcrowding were having an increasingly detrimental effect on care at the hospital. In addition, it reveals that Fanon had already garnered support from his colleagues for reforms in line with his views on sociotherapy. The patients' living conditions had improved, the article states, along with initiatives that had helped develop a patient newspaper, a Moorish café, film screenings, and trips to the sea.

Under Fanon's care were 165 European women and 220 Muslim men. Although the theories and approaches of the Algiers School were dominant at Blida-Joinville Hospital, its directors were given a fair amount of autonomy, and Fanon immediately instituted some changes. His goal was to humanize the institution and its therapeutic approach by introducing sociotherapy in line with that practiced at Saint-Alban. If Fanon didn't literally unchain the patients like a modern-day Phillipe Pinel,⁸ he did try to humanize relations and attitudes toward the patients, as well as develop cultural and social programs. However, as he pointed out in his 1954 article "Sociotherapy on a Muslim Men's Ward," large numbers of Muslim patients continued to be restrained (Fanon and Azoulay 1954).

At a conference held in Algiers in 2012, one of the nurses who worked under Fanon at Blida-Hospital remembered how he often arrived to check on the condition of his patients at night and never forgot to speak with the nurses and ask them about problems. Ironically, the nurse recalled, the nurses were suspicious at first, thinking that Fanon was a government agent sent to report on their political opinions (pers. comm.).

Although he had joined the institution with other aims in mind, Fanon became a political revolutionary at Blida-Joinville Hospital. Nevertheless, his article, "Sociotherapy on a Muslim Men's Ward," coauthored with his intern Jacques Azoulay,⁹ shows that Fanon also took his sociotherapy work very seriously, and while he later admitted that he had been somewhat naïve, he was never uncritical. He always accepted that, while sociotherapy was assumed to be universally applicable, the real test of its efficacy would emerge from its practice in specific contexts and experiences. Thus, when the program proved successful in the European women's ward at Blida-Joinville Hospital, but failed in the Muslim men's ward (the wards were strictly segregated), this became, for Fanon, an essential and productive problem.

In their article, Fanon and Azoulay reveal how critically they analyzed their professional experience. Starting from a failure and a conundrum, they questioned their methodology, biases, and assumptions, to produce a

reflective and self-critical text that also recognized the protagonist role played by their patients' culture:

When we became aware of the double alienation, which results from the tyranny of subjectivity, and from what Piaget calls sociocentrism, we were able to entirely shift the orientation of our research. We submitted ourselves to the culture before us and cautiously but attentively engaged it. Wonderfully, the indistinct notes that had initially awakened our interest increasingly began to form a coherent whole. (Fanon and Azoulay 1975 [1954]: 1095)

Among the reasons for the failure of the program, Fanon and Azoulay suggested, was their inability to speak Arabic. They had to rely on interpreters who, in the minds of their Arab patients, were associated with the colonial administration and the courts:

Under normal circumstances, patients have already run into the figure of the interpreter in their relations with administrative bodies or the justice system. Being faced with a similar need for an interpreter in hospital spontaneously provokes the kind of mistrust that makes "communication" difficult. (Fanon and Azoulay 1975: 1104)

The presence of interpreters, they concluded, although necessary, bothered the patients. In addition, alongside what might be considered the usual problems of interpretation, such as a lack of detail and nuance, the authors noted another crucial point. A specific aspect of technique in any psychodynamic situation is that the psychiatrist arrives at a diagnosis through language. Underlining the importance of this in an intercultural setting, they quoted Merleau-Ponty (as Fanon had done in *Black Skin, White Masks*) and acknowledged that "to speak a language is to carry the weight of a culture" (Fanon and Azoulay 1975: 1104).

The need for an interpreter thus became a trap. The reasons it didn't work, and prevented rather than enhanced communication, were not only technical but also historical and contextual. In addition, Fanon and Azoulay's analysis of intercultural psychotherapy and the translation process highlighted an important methodological issue—that is, when interpreters limit themselves to literal translations they risk trivializing complex experiences and thoughts:

The interpreter sums up in two words what the patient spent ten minutes describing in detail: "He says his land was taken away" or "his wife is cheating on him." Often the interpreter "interprets" the patient's thought according to formulaic stereotypes that strip it of all content: "He says that he hears djinns," but we can no longer tell if the delusion is real or induced . . . Not speaking Arabic, we could not know which elements of their cultural or affective heritage might gain their interest. (Fanon and Azoulay 1975: 1104)¹⁰

“Real or induced”: in just three words, Fanon and Azoulay foreground the responsibilities and attitudes a clinician has to keep in mind when listening to unfamiliar experiences or “cultural” idioms related to suffering. Above all, they argued, clinicians have to question the meaning of delusion in a context such as colonialism, where this can literally translate the experience of “being acted on.” By acknowledging their limited access to the nature of patients’ delusions, and admitting that the risks associated with translation might result in a stereotypical interpretation of their content, Fanon and Azoulay demonstrated the subtlety of their analysis, laying bare some of the dynamics of institutionalized medicine as well as the challenges posed in “intercultural” settings. In addition, they described the failure of the recreational activities and ergotherapies that they had attempted to introduce:

The meeting was carefully planned. The table in the central dining hall was covered with a tablecloth and decorated with flowers. The intern, warden, and nurses accompanied the physician in order to increase the ceremonial value of the event. The most agitated patients were left in the courtyard. From the onset, it was difficult to establish contact because we did not speak the same language. We sought to surmount this obstacle by choosing from among the Muslim nurses an intelligent, articulate interpreter to whom we carefully explained in detail what we were trying to accomplish. We then tried something else, asking the nurses to each choose ten patients to meet with every night for an hour and to garner interest through discussions, games, or songs . . . Evenings were thus reduced to listening to classical Arabic music on the radio. Patients remained indifferent, and the nurses began to experience these meetings as a chore. After some time and despite our repeated encouragement, the nurses expressed their lack of enthusiasm frankly: “There’s no way to get the patients interested. As soon as they’re finished eating all they want to do is sleep. We have to lock the dormitories in order to prevent them from doing so.” (Fanon and Azoulay 1975: 1097–99)

Faced with these difficulties, Fanon and Azoulay did not abandon their project. Instead, they tried asking patients to choose their own recreational activities. But they found that without direct invitations, patients simply remained in their wards or in their beds, and if they did agree to join an activity, like watching a film for example, they often left before the end. Similarly, patient-workers (i.e., patients who were given work in the asylum and received a symbolic salary, but had no choice about their status) tended to refuse to work, indicating that they were experiencing pain or other symptoms.

After three months and a great deal of effort, not only were we unable to interest Muslim patients in the beginnings of collective life taking shape in the European sector, but the atmosphere on the ward remained heavy and stifling. A significant number of patients were still incontinent and, by the end of each day, hardly enough linen was left to keep them more or less clean. (Fanon and Azoulay 1975: 1098)

Another major problem was that fights between patients were frequent and aggression toward the staff was creating an atmosphere of mistrust and conflict. “Every new effort on our part to relax the punitive structure of the ward was received by the staff with impassivity and sometimes with outright hostility, disguised as irony” (Fanon and Azoulay 1975: 1099).

In the face of these failures, Fanon and Azoulay admitted that “aside from the need for an interpreter . . . our attitude was absolutely not adapted to the Muslim men’s ward. In fact, a revolutionary attitude was essential—for we needed to move from a position where the supremacy of western culture was self-evident to one of cultural relativism” (Fanon and Azoulay 1975: 1099). Faced with these problems, the two men changed their strategy and gained genuine, critical insights into their work. As they questioned their methods, they realized that what they were engaged in was none other than a masked assimilation program, “which does not propose a reciprocity of perspectives” but rather insists that one “culture must disappear for the benefit of another” (Fanon and Azoulay 1975: 1099).

In analyzing the failure of their own ergotherapeutic model, Fanon and Azoulay did not ignore the fact that patients daily “break their spoons to use the handles as passes to open doors,” or that, when actively involved in work activities, patients were unable to participate in other forms of therapy.¹¹ They also noted that very few “realized the importance of our presence or agreed to enter into a dialogue.” Typically, meetings in the hospital became an “empty ceremony, absurd and devoid of meaning”¹² (Fanon and Azoulay 1975: 1097).

With hindsight, they reviewed the reasons for these failures and described their attempts to organize special events as “quite naïve.” They explained that while some of the latest films were shown (including *Little Women*, *King Solomon’s Mines*, and *Rio Grande*) patients paid only mild attention to action films with little plot development and generally “western characters were completely foreign.” The films were, as Fanon put it in *Black Skin, White Masks*, cultural impositions and just another means of colonization:

The example of Cocteau’s *Les noces de sable* is particularly telling. It relates the adventures of an Arab prince who goes to find his fiancée among the nomads of the Sahara. Although the costumes and décor are reminiscent of North Africa, the psychological plot is western. It did not interest the Muslim patients. (Fanon and Azoulay 1975: 1105)

The Muslim patients were equally indifferent to other activities, such as songs or plays that patients in the European wards were responding to. “Our failure with the newspaper was even greater,” they noted, reflecting in part the fact that, out of 220 patients, only 5 could read and write Arabic.

While his criticisms of psychiatric institutions led Fanon to establish a day hospital in Tunis a few years later, what he emphasized at this point was the

social context of patients' experiences and the idea of treating mental illness as part of a wider healing process. The lessons learned from these "failures" drove Fanon and Azoulay toward an intensive analysis and led them to "insist on the 'totality' which Mauss viewed as the guarantee of an authentic sociological study" (Fanon and Azoulay 1975: 1102). The originality of their inquiry was their ability to lucidly connect their work to the Algerian context of the time, including the economic transformations occurring under the colonial regime, and particularly as these related to access to land. Thus they were able to highlight the effects of internal and external migrations on gerontocratic family relationships, the ethnic complexity of region, the dissolution of both sedentary and nomadic groups, and on the values of a theocratic society where law, ethics, science, and philosophy are all interwoven with religion. Within this labyrinth of variables, they were able to consider the dimensions of the psychiatric institution, with its rules and constraints, and grasp the reasons for their failure.

Refusing to accept the explanations put forward by those who followed the Algiers School, Fanon and Azoulay maintained that the problem lay not with the patients or the staff but with the presuppositions of the program itself. As Azoulay put it: "We proposed to implement a western-based sociotherapy program that disregarded an entire frame of reference and neglected geographic, historical, cultural, and social particularities in a pavilion of mentally ill Muslim men" (quoted by Cherki 2006: 69). Through this failure, Fanon took another step in the development of a critical ethnopsychiatry.

In the final lines of their article, before stressing that all "this failure was not in vain," they highlighted "the importance of the 'storyteller' who wanders from village to village, bearing news and folklore in the form of epic poems that relate events of centuries past, thus maintaining the cultural ties between different regions" (Fanon and Azoulay 1975: 1106).

AGITATION AND DESTRUCTURALIZATION

The Malagasy no longer exists. When whites arrived in Madagascar they disrupted psychological horizons and mechanisms.

—Fanon, *Black Skin, White Masks*

It is precisely when the agitated are not rejected, excluded, isolated, or confined that we can endeavor to understand them.

—Fanon and Asselah, "The Phenomenon of Agitation in Psychiatry"

Fanon adopted a similar approach in an article titled "The Phenomenon of Agitation in Psychiatry" that he coauthored with another of his colleagues,

Slimane Asselah. This time, political semiotics allowed Fanon and his coauthor to recognize the deeper significance of what, in psychiatry, can be seen as just another symptom to be classified and domesticated. The “symptom” in this case was psychomotor agitation. Taking inspiration from Sartre, de Clérembault, Lacan, and Le Guillant (a Marxist psychiatrist, who was among the founders of the French school of “sector psychiatry”), Fanon and Asselah contested a proposal by Tosquelles that agitation can be classified into two kinds: percepto-reactive (dominated by a mechanism of perception and reaction), and primarily expressive.

In his article “An Introduction to a Semiology of Agitation,” written in 1954, Tosquelles covered four main points. First, he criticized the opinion that studies of agitation are almost absent from psychiatric literature, by highlighting Sollier and Courbon’s semiology¹³ and the *Manuel alphabétique de psychiatrie* edited by Antoine Porot. (Tosquelles’s reference to Porot probably irritated Fanon and Asselah.) Second, Tosquelles critically analyzed the value of psychiatric diagnosis, relating an anecdote of how two psychiatrists asked to make a diagnosis of the same patient arrived at two different diagnoses. Third, he considered the arguments of three authors (Emmanuel Régis, Phillippe Chaslin, and Eugen Bleuler) who had suggested different approaches to agitation. And finally, he described the methodological difficulties involved in challenging definitions of agitation, arguing, “It is impossible to attribute an univocal pathological or pathogenic meaning to agitation. Agitation, whatever its occurrence, answers to heterogeneous, and converging mechanisms, that are irreducible to a nosographic entity or to only one psychological perspective” (Tosquelles 1954: 84).

After highlighting these methodological difficulties, Tosquelles returned to the problem that psychiatric assistance, via its rigidity, is responsible for transforming “the sore of agitation . . . into gangrene” (1954: 85). Tosquelles argued that agitation doesn’t correspond to a disease or symptom; it is just a “state” (1954: 86). He therefore proposed that a well-grounded semiotic approach was necessary, and that what psychiatrists needed was a set of precise rules for clinical observation. To this end, he suggested psychiatrists draw up “inventories of observations” by following eight basic steps, plus additional ones for cases of “reactive agitation” (Tosquelles 1954: 89–90). Thus, while acknowledging that institutionalization was clearly feeding agitation, Tosquelles considered a semiotic approach necessary to understanding and treating it, and he thus remained firmly within the logic of the medical model.

Fanon and Asselah arrived at very different conclusions. In their paper, they portrayed daily life in an asylum describing how patients spent their time, with “non-bedridden mental patients . . . mainly left to wander about the

asylum courtyard in a Brownian-type motion.” From this point of departure, they focused on two issues. First, they pointed out the structural nature of the problem and refused to blame the problem of repressive measures primarily on sadistic attitudes among staff. “The fact is that the hospital itself is sadistic, repressive, rigid, nonsocialized, and castrating” (Fanon and Asselah 1957: 22).¹⁴ Second, they argued that coercive strategies have an iatrogenic effect that generates a complex symptomatology (disadaptation, more and more agitation, delusions, hallucinations, regression). In refusing to consider agitation as a mere symptom, Fanon and Asselah insisted that all forms of agitation are products of reciprocity; that is, they are triggered and sustained by human relationships.

More often than not, confining agitated patients has detrimental effects. Isolating a patient already confined to a psychiatric hospital is akin to a second internment . . . Internment also provokes a primary disadaptation. Punitive isolation (dark isolation cell, punishment) and the fantasies it awakens . . . inevitably fail to calm the patient, which is the purported aim. Because of isolation, imposed solitude and motor constriction (we know the salience of the verbo-kinetic melody and the disruptions in corporeal schema that ensue from a disjunction) new symptoms appear. Verbo-motor agitation caused by isolation becomes enraged, predatory, elastic, and furious. Sometimes, instances of hyposthenic delusions of reference that are clearly manifestations of a response to reality and understandably related to the context are complicated by hallucinations. Perhaps these provoked hallucinations should be the object of a separate study. Due to the dissolution of the organism on the one hand, and its reaction to this on the other, regression to an archaic kind of thought process ensues: more dense, more dependent on motor function, less discerning of sensory data. (Fanon and Asselah 1957: 22–23)

In this context, they argued, diagnostic categories lose their clinical value and simply mirror institutional violence: “Certain notions such as *psychose de façade* and morbid mental persistence, spectacular *reactions de prestance*, or provocations with high aggressive content of the kind found in penitentiary conditions, and the sadomasochistic nodes that so easily materialize in asylum settings, all require special vigilance” (Fanon and Asselah 1957: 22).¹⁵ Their political semiotics allowed them to find other meanings in those symptoms, and to recognize that what should be a place of healing had paradoxically become a cause of further suffering:

Practically speaking, isolation, restraint, and the sadistic use of coercive methods provoke or at the very least precipitate and aggravate regression. The flight of ideas is *gripped* in a flux of images without the possibility of relying on the benevolent and actualizing presence of others to escape it. Imprisoning, isolating, tying patients down to their beds creates all the conditions for the

existence of hallucinatory activity. Clinical observation of hallucinations is “complicated” by the anxiety, isolation, and impression of psychobiological catastrophe characteristic of nearly all mental illnesses, compounded here by the type of aggression caused by rejection and exclusion. (Fanon and Asselah 1957: 23)

In contrast, they argued, “It is precisely when the agitated are not rejected, excluded, isolated, or confined that we can endeavor to understand them.”

All this sounds like sociotherapy. Tosquelles would no doubt have agreed with their criticism of the psychiatric hospital, and with simply medicating agitated patients. Fanon and Asselah insisted, however, on a dialectical understanding of agitation, thus definitively undermining Tosquelles’s idea of a “well grounded semiology” (*semiologie juste*).

Agitation appears within the human context, which is the hospital, meaning it must be understood dialectically not mechanistically. When the hospital becomes a nexus of social relations and ambiguous encounters, agitation loses its sense of seclusion, irresponsibility, and incomprehensibility . . . From a dialectical perspective, agitation then reenters the primordial cycle of mirror reflection: you give; I receive, assimilate, transform, and give back. Although destructive reactions such as agitation do not just disappear, the signifying value of the organism’s attempts at explanation is restored and a second internment or isolation is rejected once and for all . . . It cannot only be a question of calming agitation . . . Agitation is not merely an excrescence or “psycho-motor” cancer. It is also and foremost a mode of existence, a kind of actualization, an expressive style. Agitation is disarming for its capacity to reunite structures. It can appear at any level of dissolution. This kind of equivocal phenomena is bound to provoke disastrous reactions. Thus the “agitated-who-knows-what-they-do” are put in the same cell as the “agitated-who-knows-not-what-they-do.” In reality, the agitated simultaneously know and do not know what they do; or better, they do not know but try to find out. These attempts at finding out shed light on certain aspects of the situation while keeping others in the dark, leaving the observer with the uncomfortable feeling of being mystified. Thus the fundamental ambiguity of human existence is integrally lived and expressed, even through the most disordered and anarchic of behaviors, too easily stamped as nonsense. (Fanon and Asselah 1957: 24)

Here, Fanon took another step in his critique of institutional psychotherapy, pointing out that in a *colonial* context, all the benefits of this model—psychoanalysis, Hegelian ontology, and existentialism—become opaque and lose their conceptual strength. What becomes clear, instead, is violence: in this case the violence of the institution, with its ability to hide its arbitrary logic.¹⁶

Fanon and Asselah then pointed out that the possibility of recognizing different kinds of agitation depends on the psychiatric institution and its ability

to truthfully build a “frame of disalienating meetings,” as well as its “will to take responsibility for a living, agitated organism” (Fanon and Asselah 1957: 21). In this way, they reinterpreted agitation as primarily a response to institutional violence:

Thinking of a service as a therapeutic instrument means . . . allowing the patient to “finally feel understood” rather than amputated or castrated by it. The destructive aggressiveness, and what the staff interpret as “intentional wickedness” from patients, are obviously responses to the concentration-camp-like structure, primarily repressive . . . Isolating a patient in a psychiatric hospital is akin to a second internment. (Fanon and Asselah 1957: 21)

Fanon and Asselah described the typical chain of events, the vicious cycle of institutional violence, as follows: the patient is agitated or aggressive; the patient is isolated and tied to their bed; the doctor suspects the staff are behaving in sadistic ways and forbids restraints, but the nurses protest. Concluding that the psychiatric service was itself sadistic, they suggested that institutional repression, isolation, and restraint generates new symptoms. This was based on a very modern intuition:

Because of isolation, imposed solitude and motor constriction . . . new symptoms appear . . . Sometimes the delusions of reference . . . become increasingly complicated by hallucinations . . . Insufficient attention has been given to the ease with which classic agitation devolves into hallucination . . . De Clérambault certainly understood this when he linked mental automatism to intuitions, anticipated thoughts, *echo de la pensée*, nonsensical words, explosive words, litanies and syllabic games. The hallucinatory process brings about the collapse of world as a system of reference . . . We can add, with Sartre, that hallucination coincides with the abrupt annihilation of perceived reality . . . Practically speaking, isolation, restraint and the sadistic use of coercive methods provoke or at the very least precipitate and aggravate regression . . . Imprisoning, isolating, tying the patient down to their bed creates all the conditions for the existence of hallucinatory activity. (Fanon and Asselah 1957: 23)

Adopting a deconstructive approach, Fanon and Asselah claimed that, whatever its dominant character (verbal, motor, or verbal and motor), agitation is not just symptom to be tamed and its meaning is not always about reaction. Just as in *Black Skin, White Masks*, ideas related to dialectics and mirroring offered Fanon a conceptual frame for analysis.¹⁷ At the same time, it allowed him and his coauthor to denounce humanitarian rhetoric as an effort to hide the violent reality of psychiatric institutions “under the mask of humanitarian concerns” (Fanon and Asselah 1957: 24). Like the lying of North African “criminals,” or the silence of Algerian women when faced with apperception

tests, the agitation of psychiatric patients finds its full meaning in the (institutional and social) context of its production:

Telephone consultations or quick and easy prescriptions of Sédol or Largactil show a complete lack of understanding of pathological mechanisms. Agitation is not merely an excrescence or “psycho-motor” cancer. It is also and foremost a mode of existence ... Thus the fundamental ambiguity of human existence is integrally lived and expressed, even through the most disordered and anarchic of behaviors, too easily marked as nonsense. (Fanon and Asselah 1957: 24)

Thus, in this quite technical essay, the initial stages of Fanon’s analysis of the colonial world as Manichean are evident. Notes taken by a student from lectures that Fanon gave at the university of Tunis in 1959 and 1960 begin with the statement that, “The ‘mad’ are ‘strangers’ to society,” they are the “anarchic elements” that society wants to rid itself of. Later in the notes, he added, “the psychiatrist is the auxiliary of the police, the protector of society” (1984: 14).

In *The Wretched of the Earth*, Fanon used the term “lines of force” (1968: 38) to describe the geographical layout essential to colonial control, and in a sense, these lines are mirrored within medical institutions that exclude society and isolate the patients. Visible and invisible threads connect hospital staff and the colonial regime. The staff’s fears of patients “running amuck” ensured the reproduction of sadistic, repressive, and rigid hospital regimes, just as the fear of the “natives” reproduced sadism and repression in colonial regimes. In short, sadism and imprisonment mark both the colonial and the health systems, and the violence perpetrated in asylums and colonies is inextricably linked through mechanisms of control, incarceration, and dehumanization.

MADNESS AND HEALING IN MAGHREBI SOCIETY

The revolutionary attitude that Fanon and Azoulay outlined in 1954 addressed the implicit essentialism propagated by Porot and Carothers and others while calling for the orchestration of “a major leap and ... a transmutation of values ... to move from the natural to the cultural.” Writing before the outbreak of the Algerian Revolution in 1954, Fanon and Azoulay noted that “traditional Muslim society” was already undergoing fragmentation: “This society, so often seen as fixed in its ways, is fermenting at its base from the bottom up” (Fanon and Azoulay 1954: 1104). Fanon began to learn Arabic, and to spend time visiting local Kabyle villages.

In 1956, Fanon coauthored another short paper with another colleague, François Sanchez, titled “The Maghrebi Muslim’s Attitude to Madness.”

This, along with a paper titled “An Introduction to Sexual Disorders among North Africans,” which was written with both Azoulay and Sanchez,¹⁸ was not simply a critique of Porot’s ethnopsychiatric generalizations about North Africans, but part of a critical endeavor to begin from an entirely different standpoint: “from the inside” (Fanon and Sanchez 1956: 24). It is interesting to read both of these papers alongside the collected texts in *A Dying Colonialism*.

“An Introduction to Sexual Disorders among North Africans” is based on case notes written in 1954 and 1955. Having come across many cases of sexual disorder in their psychiatric practice, the authors embarked on an ethnographic study in the mountainous areas of Kabylia local to Blida. The article reports on prevailing beliefs about sexual impotence—something that was “all the more preoccupying as Muslim society is founded on male authority.” Fanon, Azoulay, and Sanchez (1955: 1) did not judge these beliefs as irrational or unscientific but simply noted that

During the course of our psychiatric practice in Algeria, an abundance of disorders caused by or linked to sexuality came to our attention. The basic modalities of these disorders are limited to different types of impotence in men and vaginismus in women. The recurrence of this theme in delusions prompted us to find out to what extent it originated from normal consciousness. (Fanon, Azoulay, and Sanchez 1955: 1)

Rather than applying western sociological methods, they based their report on an informant, a learned man with a “good reputation in the region,” although they admitted that his “explanations left us rather confused” (Fanon, Azoulay, and Sanchez 1955: 2). The words of this *taleb*,¹⁹ whose knowledge of the causes of sexual impotence derived from fifteenth- and sixteenth-century medical and legal texts (including the works of the Egyptian Islamic scholar al-Suyuti), were reproduced without comment. The basic premise of their discussion is as follows: sexual *dérangements* or troubles “must be studied in relation to the role they have in normal consciousness, exploring the social imaginary, normal consciousness, core beliefs” (Fanon, Azoulay, and Sanchez 1955: 1).

Hence, Fanon, Azoulay, and Sanchez stressed the importance of referring to ethnological studies linked to notions of envy and curses, as well as those concerned with the etiology of disturbances arising from magic. Works by Desparmet (1932) and Taïeb (1939) were mentioned as relevant to the symbolic and existential significance of these disturbances within Algerian culture and in the prevailing religious formations. Fanon, Azoulay, and Sanchez observed that sexual disorders were often perceived as related to magical practices and “must therefore be treated as such” (1955: 2). Almost in

passing, they made a number of other fruitful observations. For example, the relationship between the therapeutic efficacy of the *taleb*'s written spells and the widespread illiteracy of the population was highlighted. This is an important link and one that anthropologists have since analyzed in other geographical and historical contexts; see, for example, Charuty (1996) on rural France.

In addition, it was shown that the incidence of male concerns about impotence was often related to anxieties around destitution and dispossession.²⁰

A quick survey allowed us to note that sexual impotence is all the more pre-occupying as Muslim society is founded on male authority. Any deficit in virility is experienced as a major alteration in personality, as though the essential attributes of a man who has become impotent are targeted. (Fanon, Azoulay, and Sanchez 1955: 1)

It is easy for contemporary readers to see how these crises of virility and personality are expressive of a crisis in a whole social structure—a crisis of hierarchy and of social ties, the sense and order of which have been undermined by the imposition of external authority. Algerian society revealed itself to be riddled with phantasms of threat, and dominated by fears and suspicions from which even private and family relations were not spared. Anxieties about impotence and magic spells seem to express a widely felt vulnerability in relation to the Other (enemy, neighbor, spouse, etc.). Although not fully analyzed, this vulnerability was a decisive step toward a historically informed exploration of the “delirium of persecution” and what was later defined as “cultural paranoia.”

In developing this insight, Fanon and his colleagues came very close to the views of another figure who is key in the field of critical ethnopsychiatry, namely, Ernesto de Martino. De Martino shared Fanon's intellectual background—having read Hegel, Heidegger, Sartre, and Merleau-Ponty—and he championed a similar approach to understanding alienation in cultural–historical terms. Where Fanon argued, “The black has no ontological resistance” (2008: 90), de Martino argued that people who live in precarious conditions are constantly exposed to the risk of a “crisis of presence” (2012: 442; see also Crapanzano 2005: ix).

Whether working with rural, peasant populations of southern Italy and their “magic world” or in the lands of the colonized, de Martino and Fanon acknowledged that these populations live in a “zone of non being” (Fanon 2008: xii); or, as de Martino put it, are constantly “being acted upon.” In fact, Fanon, Azoulay, and Sanchez described three types of impotence, the third of which evoked a common etiological factor to that in cases described by de Martino in 1959 (de Martino 2015). In both contexts, the impotent described themselves as feeling “bound.” Fanon, Azoulay, and Sanchez explain,

- (a) The first type includes any form of impotence due to visible genital malformations: insufficient development, testicular atrophy, etc. . . . In many of these cases, patients are more easily or even systematically referred to a doctor. At most, says al-Suyuti, we can try to have the patient ingest the member of a wild ass, taken from the animal before it dies, and mixed with certain spices listed in great detail.
- (b) Impotence caused by djinns has a different character: “a man made impotent by the breath of demons can be recognized by the fact that he ejaculates before having relations with a woman,” says al-Suyuti. As we can see, he is referring to premature ejaculation. This kind of impotence is interpreted as a punishment exacted by djinns²¹ that the man in question must have irritated in a more or less distant past. And we know that djinns are particularly sensitive, hence the constant need for propitiatory rites to guard against their wrath . . . Those who disrespect the genies, and who, according to the Arabic expression, “humiliate or shame them,” are almost invariably punished by pathological afflictions such as skin conditions, losing the use of one of their senses, nervous conditions, or madness. As an example we can cite the case of one of our patients who attributed his impotence to the time he accidentally stepped in the blood of a sheep just slain for the Mouloud [Mawlid] festivities. A man who is made impotent because he has offended the djinns must consult a *taleb* who will seek to appease them through various means: invocations, creating amulets that must be permanently worn close to the body in which various magic formulas are inscribed and stored in leather pouches, or ingesting specific concoctions. And the marabout we consulted claims the results are usually good.
- (c) Cases of impotence attributed to the practice of magic or bewitchment, seem to be the most common and the most complex. This kind of impotence takes the form of not being able to have or sustain an erection past the moment of penetration. The man in this case is said to be bewitched or “bound,” the marabout tells us. (Fanon, Azoulay, and Sanchez 1955: 3–4)

The authors paid particular attention to this third kind of impotence, noting that people usually interpreted it as a consequence of a woman’s action (usually the wife, but sometimes another woman known to use magical practices). The reason for their detailed analysis lay in its sociological value, and for what it revealed about gender relations and ethics in Algerian society. The spells were more or less lawful, the authors noted, and were considered acceptable within the collective moral ethos. At the same time, the spells illuminated a form of power held by those who are usually represented as weak, thus anticipating other anthropological studies of women and their power in African societies. According to the authors, this third form of impotence tended to be “selective” (i.e., the husband was impotent only with other women, not with his wife). In some cases, the impotence was generalized, but this occurred only when there was a desire for vengeance and to inflict a very severe punishment

on the man, virtually annihilating him. The actions of a jealous or betrayed woman were considered to be influenced by Satan (*Shaitan*). This was seen as a form of “dark magic” and, as such, considered illicit. Fanon and his colleagues presented the following summaries of different procedures:

A wife who wishes to bind her husband must measure the size of his erect member with a piece of string made of wool. She then ties a knot on each end of the string and hides it. The man becomes impotent. Or she can place a brand new circular mirror at her husband’s feet, forcing him to step over it unwittingly. Other times, it is an unsheathed knife that the wife places under her husband’s step and later sheaths back up again. Some methods are even more picturesque. Near Algiers, a wife wishing to bind her husband is advised to collect a few drops of his sperm and knead it into white clay found in a specific area in order to make a small statuette with a human form. It is then hidden in a place only the wife knows, generally an abandoned tomb in a nearby cemetery. Finally, the spell can be written out on a goat’s horn and tossed into a cemetery: this makes the man progressively impotent. (Fanon, Azoulay, and Sanchez 1955: 5)

When the woman doesn’t forgive the man, she neutralizes him by destroying the statue (“statuette-substitute”). The man can recover only through the intervention of a *taleb*. The ritual healer can prepare amulets or write Qur’anic verses for the patient to *absorb* by drinking water in which the ink from the pages has been dissolved. In serious cases, the patient has to eat the penis of a fox or a wild ass seasoned with Indian spices. In another case of impotence, the *taleb* pronounces incantations, or writes Qur’anic verses on an axe, which will symbolically cut the binding. The axe is heated to a red-hot temperature and then cooled in water. The patient breathes in the steam, thus absorbing the therapeutic power carried by the sacred words (1955: 6–7).

Other techniques included the writing of cabalistic formulas on a hard-boiled egg, or “on a vase filled with oil, which the man and woman lather over their sexual parts.” The inquiry explored many traditional healing strategies, pointing out the martial logic animating the ritual therapy: “As we can see, the *taleb* tackles the magical spell with a kind of counter-magic” (Fanon, Azoulay, and Sanchez 1955: 8) At the same time the authors seemed to recognize the full value of witnessing the declarations of the effectiveness of these treatments, and they recorded the words of a marabout who told the story of a man who had been “bound” for ten years and was then “unbound” in only seven days by the marabout.

Quoting Mircea Eliade, Jean Desparmet, and classical Islamic scholars such as al-Suyuti, the three authors engaged in an analysis of symbolic effectiveness. While admitting that such actions “are most often related to the practice of magic and must therefore be treated as such,” they emphasized the performative power of words in magical practices and traditional

medicine that has since become a central issue in research on popular medicine and magical thinking.²² No doubt, an investigation of the structure and logic of magical (or “magico-medical”) practices in the analysis treatment of “mental disorders” could form another chapter in a genuine study of ethnopsychiatry. As Fanon, Azoulay, and Sanchez observed, “In casting spells, there is always an invocation, an incantation to accompany the act. That is why it is necessary to know the lineage of the person being bound, especially their mother’s name. In magic rites, the act of binding comes with statutes of limitations, orders, and outright verbal indictments” (Fanon, Azoulay, and Sanchez 1955: 6).

In their considerations, Fanon and his colleagues tried to systematically explore popular representations of a disorder that they saw as particularly rife in Maghrebi society. They argued that impotence represented not simply an “obsessive concern for virility,” as Porot and Arii (1932: 592) had described it, but also the social failure of men, and a crisis of male symbolic power in traditional patriarchal hierarchies.

In their article, they also explored how magical binding operated on women. The most common example cited was the binding provided by a family to preserve a girl’s virginity until she married. In this context, the meaning of the ritual was “protective” (the woman had to be a virgin until the wedding), there were no occult aspects, and the family actively participated in the process. Different techniques were described as follows:

The young girl is placed on a brand new trunk with a lock. The girl’s mother locks the trunk while pronouncing a consecrated formula and the girl is bound. When the time of the wedding comes, these motions are repeated in reverse: the young girl is placed on the trunk, her mother opens the trunk and the binding is lifted. These rites also often include the use of ties, knots, and padlocks whose symbolic value is evident, the result being always the same: the girl is protected against any attempt to take her virginity, be it consensual or not. (Fanon, Azoulay, and Sanchez 1955: 10)

Other forms of “binding” they described concerned the cases of a woman who had been rejected and a woman whose husband didn’t trust her. In the latter, the spell could take away “all desire, even a taste for life, which leads to a veritable affective death that does indeed eliminate any risk of conjugal infidelity.”

The last form of binding they described was imposed by one woman on another. The text reads, “This kind of binding is often practiced by a woman cheated upon or abandoned for another woman, and who binds the latter to prevent her from staying with her husband” (Fanon, Azoulay, and Sanchez 1955: 10).

All these techniques reveal a world affected by anxiety, suspicion, and tension, with their unconscious meanings being no less important than their therapeutic efficacy.

Two of the clinical works they reviewed deserve another mention: *Le mal magique: Ethnographie traditionnelle de la Mettidja* by Jean Desparmet (1932), and *Les idées d'influence dans la pathologie mentale de l'indigène Nord-Africaine* by Suzanne Taïeb (1939); these very different works are interesting because both provide a rich analysis of magic, witchcraft, and psychic suffering (including their influence on delusions) in Algerian culture.

In his book, Desparmet addressed folk medicine and local healing techniques, while commenting on the relationship between French colonial medicine, folk medicine, and popular attitudes in Algeria. These issues were important for Fanon in *A Dying Colonialism* and *The Wretched of the Earth*. In an earlier publication, *Coutumes, Institutions, Croyances des Indigènes de L'Algérie* ("Customs, institutions and beliefs of indigenous people of Algeria"), published in 1905, Desparmet wrote that "a treatment according to French [medicine] was a scandal . . . Our surgery was particularly frightening . . . Some macabre legends spoke about our hospitals as places of torture" (Desparmet 1905: 8). This view was widely reported in colonial Africa (on East Africa and the Congo, see White 2000). As we show later in the chapter, Fanon analyzed these "legends" and representations of colonial medicine in historical terms, pointing out that they are grounded in colonial violence and repression. However, Desparmet's work is of particular interest since it was published in Algiers, and drew on research undertaken in the province of Blida where Fanon later worked. And although Desparmet seemed to ignore the context in which Algerians' suspicions and macabre legends took form, he was clearly also critical of colonial doctors and recognized the value of local medical theories and practices:

French doctors always disdained the chimeras of cabalistic medicine and, like people in a hurry looking for progress, they ignored these superstitions. Nevertheless, it has not been demonstrated that African empiricism has nothing to teach us about psychotherapy, the mystery of suggestion, animal magnetism, and other psychic forces that modern science has recently considered. (Desparmet 1932: 21)²³

Suzanne Taïeb worked in Blida-Joinville Psychiatric Hospital under Antoine Porot and Jean Sutter. The only woman among the psychiatrists then working in Blida, she was also the only one who was fluent in Arabic. Her thesis, albeit written under Porot's supervision, constituted another decisive step toward an understanding of cultural difference and subjugated knowledge, and points to fissures that developed within the Algiers School.

Taïeb worked at Blida-Joinville from 1936 to 1942, when anti-Semitic legislation forced her to leave the hospital and open a private practice. She continued to work as a psychiatrist until she returned to France in 1947.²⁴ During this period, Porot's son, Maurice, used electroconvulsive therapy and lobotomies extensively on Algerian patients at the hospital.²⁵ He argued that, even though it was considered doubtful and dangerous because of high mortality rates and serious side effects, the lobotomy had "the right to take its place among modern psychiatric therapies" (Maurice Porot, quoted in Keller 2007a: 107). By contrast, Taïeb turned a critical and sensitive ear to the suffering of the women hospitalized at Blida-Joinville. As the cases she reported on demonstrate, their "symptoms" (such as bewitchment), usually translated as "paranoid delusion," were suggestive of epistemological and moral conflicts. For example, women and soldiers affected by ideas of possession and delusion often said they were suffering from an "Arab disease."

Taïeb worked within the ideological and conceptual horizons framed by Lévy-Bruhl and Blondel's "primitive mentality," and remained almost reverential toward Porot,²⁶ but she also carefully questioned the mechanisms by which simple, shared superstitions became "ideas of influence" or "xenopathic influences" (1939: 79–81).²⁷ In so doing, she tried to build a cultural semiology that could be applied to different kinds of psychosis and aimed to reverse the trivialization of racialized diagnoses and the labels these offered:

Initially superstitions are applied not to explain a natural fact . . . but a pathological fact such as a hallucination or an epileptic crisis; subsequently, the abnormal phenomenon is not explained by the delusional idea but is *determined by it* . . . The subject attributes to an external action an abnormal event . . . Sometimes the ill search for an explanation within the realm of superstition, in other cases they don't need to look for it: the *visual hallucination spontaneously takes the form of a magic character* . . . This xenopathic influence can offer the explanation of an internal sensation of possession . . . An alien force takes the place of the subject's will. (Taïeb 1939: 70–73; our emphasis)

Perhaps Taïeb's most important contribution was to document her clinical work with fifty-one male and female patients. From her notes, we can recognize an awareness of the specific social contexts where "persecutory ideas" are expressed and occur.²⁸ Some of the case histories epitomize the link between "symptoms" (ideas of being influenced or controlled by spirits and demons) and the concrete experience of domination and persecution, with doctors and nurses included among other persecutory agents. The case of Kheira, an anxious melancholic woman with active hallucinations who had attempted suicide, is one example:

She doesn't sleep during the night because the Tirailleurs [Senegalese soldiers] pursue her, France wants to hurt her, the doctor wants to poison her. In September ... she would have to cut her throat because a djinn appeared to her saying that if she didn't do it herself, the French would do it. (Taïeb 1939: 89)

The colonization of space and daily life was at the same time a colonization of the imaginary, so that even spirits speak like colonizers.

Ben Ali, a young man affected by visual hallucinations, saw djinns everywhere, wearing "red clothes, like Europeans, 'full of medals.'" The djinns "pursue him giving him orders such as 'take this road, sit down, don't eat this couscous'" (Taïeb 1939: 100; our emphasis). Other cases spoke to how the vicissitudes of conversion to Catholicism and westernization opened the door to disorientation and delusion.²⁹

Albeit in a fragmented way, the symptoms Taïeb recorded seem to speak about the experience of dispossession. The patients continually mentioned the presence of the Other, and the experience of being influenced and controlled. In many cases the Other is simply the colonizer. Taïeb recalled one of the patients as follows: "She holds it against the French that refuse Arabs *the right to live*: 'In Arab territories, Arabs would starve without God's help!' ... She doesn't want to stay in this country, *because we can't expect the French to tell the 'truth'*" (1939: 112; our emphasis).

Taïeb's ethnography of suffering hesitantly revealed the link between symptoms and social-historical context,³⁰ and did not make explicit the value of the kind of "situational diagnosis" that Fanon later proposed. Doubtless, Fanon's radical deconstruction of colonial ethnopsychiatry looked at local idioms of suffering, as well as cultural practices and interpretations of disease, with much less hesitation. And while Taïeb's clinical study implicitly questioned the contemptuous language of colonial ethnopsychiatry, she did not explicitly reject this.

Fanon's desire to begin a critical endeavor from inside the culture in which his patients lived is evident in another journal article, "The Maghrebi Muslim's Attitude to Madness," published in 1956. In the article, Fanon, this time writing with François Sanchez, argues that the Maghrebian approach to madness, "possesses a value (on a human level) which cannot be understood solely in terms of its 'effectiveness'" and should be studied for its own sake. Fanon's interest in North African conceptions of mental illness stressed their positive aspects and contrasted these with views held in capitalist Europe. For Fanon, there was a logical inconsistency in the western view that the mentally ill are somehow responsible for their illness. In contrast, the Maghrebian views the mentally ill as "absolutely alienated" (Fanon and Sanchez 1956: 25), and thus as not responsible for their actions. Because the mentally ill are never seen

as less than human, there is a respect and dignity in the Maghrebian attitude to mental suffering that is lost in the West. In addition, rather than having to face embarrassment and mistrust, the formerly mentally ill in the Maghreb are able to “resume their role in society without fear of arousing suspicion or ambivalence from the group” (Fanon and Sanchez 1956: 26).

For Fanon and Sanchez, the starting point for their article was the observation that Maghrebian attitudes to madness are of “considerable importance” (1956: 24). They provided a brief comparison with western representations of madness, noting that in Europe there persisted—even among medical personnel—an ambivalence arising from the suspicion that mental patients somehow indulge in their pathological states. They then explained that the situation was very different in the Maghreb. There, patients were never considered to be responsible for their condition—their illness was the result of the presence of a djinn and the djinn’s intrusion into their life. The means of containment adopted are thus aimed at preventing the djinn from harming patients and those around them:

The djinns bear sole responsibility while the patient is simply the innocent victim of the djinn or djinns that possess them. It is not their fault if they are rude, menacing, or persist in a total lack of realism. A mother insulted or even beaten by her mentally ill son would never dream of accusing him of disrespect or murderous desires: she knows that her son would never wish her harm were he free. There is never any question of attributing to him acts that are not a function of his free will since he is entirely subjected to the influence of the djinn. No group ever adopts an aggressive or suspicious attitude toward the mentally ill and, in principle, neither are they excluded from the group. However, the family may have recourse to restraining the patient. Is it not advisable in certain cases to momentarily subdue the djinns when they seem intent on threatening the security of the patient or group? (Fanon and Sanchez 1956: 25)

As Desparmet (1932) pointed out, those considered “idiots” (such as those with a severe intellectual disability) can give incredible insights about hidden things, and mad people (*medjnoun*) have tremendous visions thanks to the power of their soul. Diseases can be paradoxically perceived as a “sign of distinction.” After all, Desparmet argued, the gift of vision comes from Allah.

Fanon and Sanchez’s analysis of representations of mental illness and models of treatment were particularly sensitive to their symbolic meanings, adopting an approach that is very close to what can be defined as “emic.” Another aspect also interested them, however—that of mental illness as a contingent event, external to the life and existence of the patient: “The djinn-illness is an accidental affliction,” they argued. “No matter how long it lasts, it remains contingent to the patient: only affecting appearance, but not the

underlying ego” (Fanon and Sanchez 1956: 26). This perception of madness was confirmed by a number of factors such as the tolerance shown toward the oddities and excesses in the behavior of the insane, an unshakeable hope that they might get better, and the absence of social stigma. After recovery, the patient would be in a position “to speak of past illness without the slightest hint of reticence.” After all, why would one try to disguise “a state that was not directly one’s doing?” (1956: 26).

These representations of insanity—often held up to ridicule by “scientific” psychiatry—lie at the root of a phenomenon that a World Health Organization study mentioned years later, namely, the infrequency with which mental disturbances in these societies turned into chronic conditions.³¹ While admitting that this “harmonious articulation of beliefs” does not resolve the problem of mental illness or its treatment, Fanon and Sanchez insisted that the value of practices that are “solidly anchored in the culture” reveal “a profoundly holistic spirit” that leaves the image of the person as normal intact despite the existence of illness (Fanon and Sanchez 1956: 26). Thus, it is not madness or its supposedly sacred nature that is respected but rather the person suffering from it, who is treated with consideration and indulgence. In this context, their comments on the effectiveness of traditional therapies were equally important. If they worked, it was essentially because of the value that society continued to accord to the mentally ill.

Fanon and Sanchez’s brief article seems to echo other research being done in Africa at the time, such as Lambo’s work in Nigeria (Heaton 2013; Sadowsky 1999). Furthermore, Fanon and Sanchez’s views on the protective value of families and social groups are very close to many of the ideas that were advanced just a short time later by the Dakar School of ethnopsychiatry (Beneduce 2007). However, the fact that Fanon and Sanchez’s analysis was based upon an attempt to reconstitute the historicity of suffering meant that they avoided the kinds of conclusions reached ten years later by Paul Parin, Fritz Morgenthaler, and Goldy Parin-Matthèy (1963) in their psychoanalytical study of the Dogon, or Marie-Cécile and Edmond Ortigues in Senegal (1966). In other words, even before reading Lacan,³² Fanon seems to have been aware that “Oedipus is always colonization pursued by other means” (Deleuze and Guattari 2004: 186).³³

THE POLITICS OF PERCEPTION AND IMAGINATION

Fanon’s self-critique, which began with “Sociotherapy on a Muslim Men’s Ward,” continued in a paper he wrote on the Thematic Apperception Test (TAT). Coauthored with his intern, Charles Geronimi, “Le TAT chez les femmes musulmanes: Sociologie de la perception et de l’imagination” (The

TAT among Muslim women: The sociology of perception and imagination) was presented at the Congrès des Médecins Aliénistes et Neurologistes de France et des Pays de Langue Française, which was held in Bordeaux from August 30 to September 4, 1956. The paper marked a shift in outlook and approach to a projective psychological test. The TAT is a psychological test based on a participant's interpretation of ambiguous pictures on cards that is usually conducted to learn about a patient's unconscious processes. Fanon and Géronimi attempted to use the TAT to reconstruct the social (and political) matrix of patients' perceptual and imaginative experiences. Responses were not interpreted in terms of respondents' individual personalities but as mirrors of their daily lives. The authors were searching for the "*verité sociale*" (social truth) of their existence, and not just the world of their unconscious feelings and thoughts.

A research group coordinated by Christiana Morgan and Henry Murray first introduced the TAT in the United States. From there, it spread to Africa, where—in the hands of André Ombredane—it underwent a rather particular adaptation to become the TAT-Congo (Bullard 2005a).³⁴ Fanon and Géronimi discussed Ombredane's attempt to adjust the TAT to an African context, even though they overlooked its obvious limits.³⁵ What they talked about at some length, instead, were the disappointing results they obtained when the standardized form of the test was used with Algerian women.

The reactions of Algerian women were very different to those of Europeans. Patients seemed to be trying to find the highest possible number of previously known components, engaging in "a patient, laborious, tenacious effort of decipherment and analysis." Yet in spite of this clear effort, the responses given were inarticulate and fragmentary, consisting of "basic enumerations . . . Narrative was nonexistent. There was no staging, no drama" (Fanon and Géronimi 1956: 366). In effect, the women limited themselves to listing what was contained in the images but did not attempt to describe what was happening. Their responses were like pointillist attempts to render every detail in the cards, yet they frequently made perceptual errors, which did not so much reveal disturbance or limits in their abstract thinking as reflect the "spasmodic world" in which they lived. Their reactions and obsessive concern with describing each detail on the cards simply showed how extraneous and "false" this method was when applied to such patients:

We had the impression that patients were striving to find the greatest number of known things in the cards. Paradoxically, however, the responses were disorganized, empty, and disconnected. Most of the time we only managed to obtain basic enumerations. No overarching theme came to light; no structure emerged. Narrative was non-existent . . . Despite our precise instructions, the Muslim women would not tell us what happened but focused instead on what was there . . . By asking them to experience and describe a scene constructed by westerners for westerners, we plunged them into a different, strange, heterogeneous

world impossible to appropriate. Their initial reactions were, in fact, of astonishment and perplexity before the unknown: “My God, what is that!” The Muslim women scrutinized the cards for identifiable elements, but the lines of force organizing that perception were absent: they “sounded out” the cards without experiencing them. (Fanon and Géronimi 1956: 366)

As for responding to the request that they should “imagine” events, the women simply refused, taking refuge behind the obligation to respect “specific Qur’anic requirements,” and stating that “appropriating the future” would mean “substituting oneself for God” (Fanon and Géronimi 1956: 367).

Fanon and Géronimi did not settle for an interpretation that saw these difficulties in terms of poor mental faculties—the sort of explanation that would have been trotted out by the Algiers School—nor did they accept that the failure of the test was simply linked to religious or cultural issues. Their discussion of the failure of the TAT goes beyond what might have been expected (the women cannot interpret a world of signs as the imaginary is alien to them, or the religious constraints of Islam oblige them to say only the truth and to repeat only what they see). On the contrary, Fanon and Géronimi suggested that the women’s responses to the test, as well as the impossibility of them engaging with “free association” when faced with the cards, reflected Algerians’ relationships with the French, with Europe, and echoed the alienation embedded in these relationships:

The absence of correlation between the “perceptual stimuli” we offered our subjects for investigation and the anticipation of a precise, exacting, and in a sense spasmodic cultural context, accounts for these errors. The incoherent, ill-adapted, unclear, dislocated responses and perceptions that resembled caricatures signaled to us that *our method was wrong*. We should have begun by thematizing the dynamics circulating within Maghrebi society, their *lived experience of the presence of Europeans*, the *marginal existence of Muslims that inevitably induces scotomization and disinterest—in effect, the cultural reality*. The disadaptation of our patients was a *corollary* of the method’s lack of adaptability. (Fanon and Géronimi 1956: 367; our emphasis)

Thus it became clear to Fanon and Géronimi that not only were the images on the cards culture bound but also that the women *could not appropriate them*. The tests became an ordeal for Muslim women. Fanon and Géronimi offered a very interesting analysis of the silences in which cultural, psychic, religious, and political dimensions are reciprocally overlapped and embedded. This was the most modern and interesting result of their “failure”:

The life of the imagination cannot be isolated from real life: the concrete, objective world constantly nourishes, permits, and grounds the imaginary. Imaginary consciousness is certainly unreal, but it is saturated with the real. Imagination and the imaginary are only possible to the extent that the real belongs to us.

Here, the card is the matrix. Yet in our analysis of the perceptual modalities of the patients tested, we noticed that the cards did not provide any schema or culturally specific patterns. There was no homogeneity between what we showed patients and what they knew. The world depicted was unknown, strange and odd to begin with. Faced with unusual objects and unidentifiable situations, rejected by panoramas hostile because of their heterogeneity, the Muslim women were unable to formulate an imaginary existence. The rare narratives obtained did not render a world. (Fanon and Géronimi 1956: 367–68)

It was no accident that when presented with a blank card—that allowed a certain degree of freedom and the possibility of independent creation—the patients’ imagination took flight, producing narratives that were “rich and varied.” From this, Fanon and Géronimi concluded that it is not possible to conceive an imaginary world when the real world is filled with threats of arbitrary violence and death. The women’s failure to participate was explained neither in terms of their limited faculties nor their cultural backgrounds. Instead, Fanon and Géronimi recognized that, given their exclusion from the world, the women were humiliated by images that reflected the full extent of their extraneity; they had no means of recognizing themselves in the test. Dismissing banal cultural relativism, the two authors explored what they called “culturally specific patterns,” highlighting how concrete participation in the world and in the production of its meanings—that is, the status of being an active subject in the world—is a necessary condition for the development of the imagination. Their reflections coincided with ideas advanced by Sartre.³⁶

From this, the notion of culture that Fanon was developing over this period is clear. His was a conception of culture immersed in history, in which relations of sense are always bound up with relations of force, power, and resistance. This was very different to the petrified and fixed notions of culture that inspired the psychiatric relativism of Porot and Sutter, who argued that one shouldn’t judge “the natives with our twentieth-century mentality” (quoted in Bégue 1996: 542). Furthermore, the interest and, at times, indulgence these psychiatrists showed toward the culture of “the natives”—including the diagnostic caution they issued when it came to behavior, noting that culture could be misleading because it can be taken as a symptom (“mimicking disorders”)—were in no way a prelude to a critique of psychiatric ethnocentrism. The “ethnopsychiatry” of the likes of Porot and Sutter was terribly insidious:

Popular superstitions and believing in “djinnns,” for example, were understood as signs of “native credulousness.” Likewise, in the search for the effects of “criminal impulsiveness,” social analysis remained limited by a narrow aetiological viewpoint, whereby each characteristic of Arab Muslim society is supposed to encourage deviant activities ... The native character was too often

conceptualized as a moral portrait of blurred paternalistic preconceptions . . . fantasies . . . as well as prevailing colonial conceptions about the evil-mindedness of the Arab and native criminality, whereby the therapeutic function gives way to the educative desire (“punish to civilize”). (Bégué 1996: 542)

Bégué’s comments can help us understand the background in which Fanon and Géronimi’s theoretical approach emerged and the opposition they faced. In other words, the notion of a complete disconnect between the card’s “stimuli” and the patient’s life context would have been unthinkable to many of their contemporaries. However, it quickly became clear to Fanon and Géronimi that, while the basic idea behind the test might be useful, patients were “stumbling over a world that excluded them” and that a “rich and varied narrative” could only be “animated by cultural dynamics consistent with the psycho-affective structures examined” (Fanon and Géronimi 1956: 368).

Thus, the critical and culturally sensitive psychiatry they advocated was sharply opposed to notions of the test’s value-neutrality as well as to claims of primitivism made by members of the Algiers School and the like, who linked Muslims’ inability to imagine to an assumed genetic predisposition. After all, given a blank card, something remarkable occurred outside the parameters of the test and the Algiers School: the women were able to “unleash their imagination” (Fanon and Géronimi 1956: 368).³⁷

Although their experiment with the TAT was a “systematic failure,” much like the failure of sociotherapy at Blida-Joinville, it illuminated the importance of historical, geographic, and cultural specificity to apperception. The patients’ refusal and elemental resistance to cultural assimilation was far from hysterical and could not be read in Freudian terms. Rather, it indicated the specificity of culturally lived experience as expressed in psychodynamic situations. Fanon and his interns therefore shifted their research focus not simply toward cultural relativism but toward a political phenomenology of such failures and misidentifications. Their criticism of TAT in the colonial world demolished the idea of apperception as a psychic process, disconnected from experience and symbolic constraints, as well as the idea that it is possible to make free associations in a dispossessed world.

Later, reporting on the failure of the sociotherapy experiment at Blida-Joinville, Fanon told Géronimi that sociotherapy was not about applying a method, but rather about owning a process that is implicitly political:

It is not simply a matter of imposing imported methods . . . I had to demonstrate a number of things in the process: namely that the values of Algerian culture are different from those of colonial culture; that these structuring values had to be embraced without any complexes by those to whom they pertained—the Algerian medical staff as well as Algerian patients . . . I needed to have the

support of the Algerian medical staff in order to incite them to rebel against the prevailing method, to make them realize that their competence was equal to the European . . . Psychiatry has to be political. (Quoted in Cherki 2006: 71–72)

Indeed, it was becoming clear that psychiatry was already political.

One of the methodological shortcomings that Fanon and Azoulay highlighted in their article “Sociotherapy on a Muslim Men’s Ward,” was the charting of sociotherapy on the basis of a comparison involving what happened with European patients. While with European patients, transformations of life in the ward had produced some fruits, such as the active participation of patients in parties, meetings, and the production of a ward newspaper, similar initiatives had failed with Muslim patients and also won scant collaboration from the health workers. This lack of success gave rise to certain decisive questions, which reveal the reflection on praxis that was typical of Fanon:

And gradually it became clear that this was not merely a matter of coincidence, laziness, or bad faith. We were on the wrong track and had to figure out the underlying reasons for our failure in order to escape this impasse. In the meantime, we studied the Muslim men’s ward in depth: both the character of the patients occupying it and the kinds of contexts they came from. We naively thought of our service as a whole, assuming the adaptation of western frameworks to a Muslim society would be merely a matter of technical evolution. We wanted to create institutions and yet we forgot that *every attempt of that kind must be preceded by a persistent, concrete, real inquiry into the organic foundations of the indigenous society*. What error in judgment led us to believe western-inspired sociotherapy possible in a ward for Muslim aliénés? How could a structural analysis be possible if we bracketed off the geographic, historical, cultural and social contexts? (Fanon and Azoulay 1975: 1099; our emphasis)

The TAT was described as based on a “false method,” and sociotherapy as having taken a “wrong track” (Fanon and Azoulay 1975 [1954]: 1099) for trying to apply therapeutic techniques devised for Europeans without first considering “geographical, historical, cultural, and social” factors. However, this critique that psychiatry was, in effect, the application of a “policy of assimilation” was only a prelude to a far more wide-ranging theoretical project.

Fanon and Azoulay stressed the need to grasp the “North African social fact” as a whole, as a “‘totality’ which Mauss viewed as the guarantee of an authentic sociological study” (1975: 1102). After criticizing themselves for failing to incorporate “elements from contemporary anthropology” into their approach, Fanon and his colleagues began to review the factors they should have taken into account. These included the role of Islam in social life, traditional family structures, the importance of the land, and the massive

migration toward cities as a result of increasing poverty in the countryside. “We had to move from the biological to the institutional, from natural to cultural life,” they concluded (Fanon and Azoulay 1975: 1102).

However, it was in their final considerations—on the question of translation and the role of interpreters—that best expressed what was an unmistakably modern methodological sensibility. The authors observed that the very need for an interpreter generated a feeling of diffidence amongst the patients, making communication even more difficult. “It is easy to see,” they argued, “how a study of this kind of three-way dialog might shore up the disruption in the phenomenon of encounter” (Fanon and Azoulay 1975: 1104).

These critical reflections thus threw off any remnants of the psychiatry of the Algiers School, and set the psychical suffering of many of the patients within the flux of historical events and the net of symbols that contained their existence. Thus, Fanon considered social and family structures while at the same time assessing the limits of extraneous therapeutic techniques that were complicit in the project of cultural assimilation promoted by the colonial administration. He looked at both the social transformations brought about by the colony and at the existing religious imaginary. In examining an Algeria undergoing dramatic change, he fully appropriated for his own use Merleau-Ponty’s insights with regard to perception and Mauss’s ideas on the nature of social reality. Adopting this approach, Fanon identified the strategies required to renew psychiatry, and to produce a clinical praxis able to connect the dimensions of existence and suffering.

Fanon’s interest in the cultural aspects of mental illness and its treatment in Algeria generated valuable material that is still largely unexplored. The articles he wrote and cowrote reveal his interests, not only in the institutional dynamics of clinical work but also in the symbolic and religious dimensions of suffering and its overcoming. In this sense, he saw history, psyche, and culture as closely interwoven.

But there is another reason why this work deserves fuller study. Reading these often partial and unfinished studies, it is possible to see how the ideas developed are coherent with Fanon’s better-known works. As a result, one can move beyond existing views of Fanon’s political and clinical “project,” of his commitment to the understanding of colonial alienation and treatment of psychic suffering, as itself a sort of symptom. This work makes it possible to rebuff claims that his move to Algeria—to a context of colonial struggle—was an unconscious attempt to establish a new affiliation that served to heal and compensate for the offense to the political subjectivity he had felt as a native of Martinique (see Vergès 1997: 579–580).

While the deep-seated reasons for radical choices and decisions often remain unknown even to those who make them, it is sometimes possible to

grasp these reasons through an analysis of such a person's actions or the exegesis of their writings. It seems to us highly debatable to reduce the events of a life such as Fanon's solely to a question of "psychic need." Doing so can be seen as attempting to tidy away and reduce his thoughts and ideas to little more than the expression of a "reactional man." This was one of Fanon's constant targets, and it fails to recognize the extent to which his analyses foresaw so much of what occurs in the postcolonial world. At the same time, it is important to acknowledge that Fanon was developing this critique not only in a context of increasing violence but also as his relationship with the Algerian Revolution and its political leadership in Algiers grew closer.

NOTES

1. Many of the intellectuals associated with institutional therapy were politically radical. They include Felix Guattari, who, in the 1950s, was a Trotskyist. Guattari went on to write *Anti-Oedipus: Capitalism and Schizophrenia* with Gilles Deleuze, and was associated with post-Marxist autonomism. Michel Foucault never acknowledged Fanon in his work, but his *Madness and Civilization* was published in 1961, the year Fanon died (see Gibson 2016a), and his work had a deep influence on the antipsychiatry movement (see Laing and Cooper [1964]; see also Foucault's introduction to Deleuze and Guattari's *Anti-Oedipus* [2004]). On the incompatibility of Fanon and Foucault, see Bird-Pollan (2014). For a Foucauldian study of mental illness in colonial East and Central Africa, see Vaughan (1991). Other historical studies of British colonialism in Africa include Sadowsky (1999) on Nigeria and Jackson (2005) on Zimbabwe.

2. Fanon remained remarkably dedicated to these goals. See our discussion of day hospitalization in chapter 8.

3. See Fanon and Tosquelles (1953a, b, and c).

4. Khalifa (2015: 64) has asserted that Oury "knew Fanon well."

5. When Tosquelles accepted the position at Saint-Alban, the institution was directed by Paul Balvet who, according to Elisabeth Roudinesco, "was attempting to transform the hospital in the direction of a communitarian society." Tosquelles brought to Saint-Alban a communist libertarianism born of his Spanish experiences. "Thus began," argued Roudinesco, "in a mythical site radiating the prestige of the anti-Fascist struggle, the long history of French-style institutional psychotherapy" (1990: 190).

6. Among other issues, the authors analyze the role of local representations of disease, which made hospitalization difficult. For example, they argue, "Placing aged, feeble, or stabilized epileptic patients in hospice care is difficult and often fails, in part because of the traditionally sacred view of mental illness in Algeria."

7. Ramée was a student of Porot's, but the others were fairly sympathetic to Fanon's ideas.

8. Active during the French Revolution, Pinel argued for a moral therapy, ordering not only the unchaining of the insane but also the careful observation of patients.

He is considered one of the founders of modern psychiatry. Fanon's biographers from the 1970s, Peter Geismar (1971) and Irene Gendzier (1973), did maintain that Fanon's first act in Blida was to issue an order to unchain patients. Macey questioned this claim, asserting that those who worked with Fanon "deny that anyone was chained in Blida" (2000: 227). However, Fanon's brother Joby, who toured the hospital with Fanon in 1954, recalled being horrified by what he saw. Joby later wrote: "Patients were strapped to their beds or attached to rings fixed to the wall," and added that his brother had taken him to a building that Frantz "had transformed by breaking the chains that tied the patients" (2014: 74).

9. According to Macey, Azoulay had planned to become a philosopher, not a doctor (2000: 216). Feeling alienated at the faculty of medicine at the University of Algiers and disgusted by the racism and incompetence of his peers, he got a job at Blida-Joinville Hospital a month after Fanon had arrived, and immediately became involved in Fanon's sociotherapy program. Cherki (2006: 66) pointed out that the two men had an intellectual affinity as well as overlapping experiences of racism and anti-Semitism. However, despite these affinities and their good working relationship (in addition to cowriting articles, Fanon supervised his dissertation), Azoulay kept Algerian nationalism at arm's length (Cherki 2006: 69). He never really knew of Fanon's practical commitment to Algerian liberation and left for France in 1956.

10. Much more recently, Sayad expressed a related concern when he questioned the trivializing interpretations of suffering among North African migrants, and the "coining of the neologism or new barbarism of 'jinnophobia' (fear of jinns or spirits)" (Sayad 2004: 184).

11. With their careful observation of asylum life and the minutiae of patients' behavior, they seem to have adopted a perspective not far from Erving Goffman's *Asylum*, published in 1961.

12. In *The Wretched of the Earth*, written several years later, Fanon made a similar criticism of the institutionalization of postindependence nationalist parties, with their rhetoric and empty ceremonies.

13. Paul Sollier and Paul Courbon were particularly involved in constructing a semiology of mental disorders (*Pratique sémiologique des maladies mentales*, Paris: Masson, 1924). Courbon, together with Fail, coined the term "Fregoli's illusion syndrome" in 1927.

14. In a different paper, Fanon and Azoulay (1975: 1099) described the vicious cycle of "agitation, restraint, agitation, all reinforcing the penitentiary spirit of the ward."

15. Remarkably, Franco Basaglia reached the same conclusions at around the same time. In his writings from between 1954 and 1957, he noted that catatonia, aggressiveness, and so on are an answer to the madness of asylum, and to the lack of freedom. He too argued that these are forms of "resistance," and thus best understood as context-related symptomatologies, not natural symptoms of psychosis. On the influence of Fanon, as well as artist and activist Carlo Levi, on Basaglia's thought, see Foot (2015).

16. On the distance between Fanon and Tosquelles, see Murard (2008).

17. See chapter 7, for further discussion of Fanon and Asselah's article.

18. Cesare Bermiani, the translator of the article, which was first published in an Italian magazine (*alfabeta*, December 26, 2011), mentions in his introduction that the article "was discovered by Giovanni Pirelli during the course of his research (in Algiers and Tunis, November 1957) into Fanon's writings on psychiatry." It is an eleven-page typescript in French with the title "Introduction aux troubles de la sexualité chez le Nord Africain." The names of the authors are given as Jacques Azoulay, François Sanchez, and Frantz Fanon. Pirelli received the article from Josie Fanon and discovered from Jacques Azoulay that it was the first draft of an article that was never published. It was written in Blida in 1954 and 1955, and one would be justified in thinking that it was never completed because of increasing political repression (Macey 2000: 235–36). Some articles on Fanon in Italy (such as Srivastava 2015) strangely ignore this unpublished work by Fanon.

19. The literal translation for "taleb" is calligrapher, but the term also implies skills in traditional healing and in reciting and writing verses from the Qur'an.

20. Not surprisingly, in several of the short stories by acclaimed Egyptian novelist Gamal al-Ghitani, sexual impotence figures as a metaphor for the loss of political power in Arab countries in the 1970s (Massad 2007).

21. In their article, Fanon, Azoulay, and Sanchez noted that "djinnns or demons play an important role in the mental pathologies of North Africans. The influence of djinnns in psychiatry is thoroughly analyzed in S. Taieb's thesis, inspired by Professor Porot. One of the authors is also currently working on a piece that addresses the links between belief in genies and the different levels of deconstruction of consciousness" (1955: 3) Their reference to work being done by one of the authors (probably Sanchez) on the relationship between belief in genies and the deconstruction of consciousness is interesting in that it announced an investigation into trance and cults of possession (Beneduce 2016b).

22. Ever since Lévi-Strauss's famous article "The Effectiveness of Symbols" was published in 1949, the analysis of the performative power of words in ritual and therapeutic acts has occupied a central role in medical anthropology, the anthropology of magic, and ethnopsychiatry. See, for example, de Martino (2015) on spells in southern Italy (originally published in 1959), as well as more recent works by Nathan (1994) and Tambiah (1981).

23. Almost expressing what Rosaldo (1989) termed "imperialist nostalgia," Desparmet wrote, "At the centenary of conquest, others [scholars] make an inventory of North Africa's richness, and celebrate the French genius in the creation and the spiritual renaissance of the natives. They are right, but it's necessary to remember the Maghreb that has past. I would like to think that my contribution could be a sort of molding taken at a deathbed. Maybe it could prolong the memory of a mentality that the young generations now reject, it had the charm of naiveté, historical prestige, human interest, and the harmony of adaptation: all of which we saw brutally and tragically wiped out, together with the anachronistic milieu that safeguarded it, by the violent irruption of European civilization" (Desparmet 1932: 22).

24. In France, Taïeb never resumed her psychiatric work. We can surmise that Fanon's radical deconstruction of Porot and Sutter's ethnopsychiatry made her insights redundant. She died in 1979.

25. The mother of Algerian author Kateb Yacine was among the victims of electroconvulsive therapy.

26. For example, she wrote "Nevertheless, the primitivism of indigenous North Africans is very different from that described among black people of the Congo and Central Africa [by Lévy-Bruhl]. Arabs ... had a civilization, which, even though different from the European, sometimes reveals a refinement among certain people. Unfortunately, few know about this civilization and people are in general ignorant and have not developed (*évolués*) ... Given the lack of intellectual curiosity ... young locals ... once they have obtained a school diploma ... are recaptured by family life, by its traditions and its beliefs. Rather than cultivating themselves, they uncritically accept, with dangerous consequences, the solutions imposed by religion and mores, which are satisfied by supernatural explanations and don't require any [intellectual] effort. They revert to being primitive ... Primitivism wraps intelligence in a kind of 'impermeable gangue,' that prevents its development and makes it fragile ... [North Africans'] credulity and suggestibility make them victims of their race's charlatans (*marabouts*, witches) or unscrupulous westerners" (Taïeb 1939: 24–28).

27. The term "xenopathic syndrome" was introduced by the French psychiatrist Pierre Lelong to denote the objective, constraining character of hallucinations (Lelong 1928).

28. This approach was developed further by Collomb (1965, 1966, 1978), Collomb et al. (1968) and Sow (1977, 1978).

29. Taïeb recorded one woman saying that a machine had been put in her head to make her talk. "She is surprised at my ignorance: 'Don't you know these machines? Do you want me to believe that they never kill people?'" (Observation 22, schizophrenia, with rich, polymorphous delusional ideas)" (1939: 100–101).

30. Some of Taïeb's patients were ex-soldiers from the French colonial army (case 47). One broke into a courtroom during a criminal trial and screamed at the judge and policemen in the court (case 45). Another stabbed thirteen people, among them a French man who later died (case 46). Their explanations for their actions—that they were possessed by djinns—was interpreted by Taïeb as confirmation of their credulity and superstitious natures. She observed that "all their behavior disorders are attributed to magical influences" (Taïeb 1939: 148), but failed to make any connection with her patients' daily experiences of colonization which left them feeling humiliated and *possessed*, and which would have suggested other possible meanings in their gestures. In her conclusion, Taïeb seemed only to recall that among those who begin to live according "our habits," a critical attitude arises "and new delirious themes appear (hypnotism, electricity, radio)" (Taïeb 1939: 149). In this context, it is striking to note Fanon's notion of certain delusional ideas having their source in the voices on French radio (Fanon 1965: 69–98).

31. This was the WHO's international pilot study on schizophrenia, published in 1973.

32. On this issue, see also chapter 3, note 5.

33. “But these authors [the Ortigues and Parin et al.] indulge in a strange gymnastics to maintain the existence of an Oedipal problem or complex, despite all the reasons they advance to the contrary, and although they say this complex is not ‘clinically accessible.’ . . . Oedipus is always colonization pursued by other means, it is the interior colony” (Deleuze and Guattari 2004: 158).

34. The TAT was by no means the only psycho-diagnostic test used in the colonies. In Spanish Equatorial Guinea, Gonzales and Ulloa (1953) used IQ tests to reiterate claims of intellectual inferiority among Africans and their need for European supervision when doing agricultural work.

35. The images created by a Belgian painter named Duboscq for TAT-Congo cards depict faces that are tense, fearful, and often aggressive, with hands and teeth transformed into claws and fangs. Mentions of witchcraft and expressions of aggressive fantasies in responses from participants were thus to be expected and called the research outcomes into question. TAT was meant to be a “projective” test, but the images contained in Ombredane’s cards had more to do with the projections of those who produced them, than with the projections of the test participants.

36. As Sartre wrote, “Although, by means of the production of the irreal, consciousness can momentarily appear delivered from its ‘being-in-the-world,’ on the contrary this ‘being-in-the-world’ is the necessary condition of imagination” (Sartre 2004: 185–86).

37. The project was abandoned in late 1956, to be returned to, perhaps, after independence.

Chapter Six

The Impossibility of Mental Health in a Colonial Society

Fanon Joins the FLN

Psychiatric hospitals tend to create institutionalized patients, thus further alienating them from their communities. One way in which Fanon attempted to address this was through the use of sociotherapy, which we discussed in chapter 5. But what became clear to him while working at Blida-Joinville Hospital between 1953 and 1956 was that this kind of integration was impossible in colonial societies. By definition, colonies produce fragmented societies that are haunted by fear and suspicion; as such they remain divided and their culture, increasingly rigid.

THE TRUTH OF FALSE CONFESSION

First delivered at the 1955 Congrès de Psychiatrie et de Neurologie de Langue Française, Fanon's short article "Confession in North Africa"¹ was coauthored with his colleague and fellow section-director at Blida-Joinville Hospital, Raymond Lacaton. In the paper, the authors discussed ideas of confession, reciprocity, and social reintegration, and offered a critique of medical practices similar to that developed in earlier articles Fanon coauthored (see Fanon and Azoulay 1954 and Fanon and Géronimi 1956). Like other psychiatrists working in Algerian hospitals, Fanon had not only attended to patients at the hospital, but had also been called upon by the colonial authorities to assess the sanity of people accused of crimes. By definition, confessions entail a form of "reciprocal recognition" in that they are prepared for a court, yet they signal the taking of ownership of personal wrongdoing and guilt. This idea of admitting one's guilt—and paying one's debt—is connected with reintegration into society, and of course with a

perception of oneself as a free and responsible subject. However, the courts were finding that 80 percent of accused Algerians who had signed confessions after their arrest were retracting their statements. What the accused had agreed was true while at the police station was suddenly being denied. Clearly, something was going awry. Fanon and Lacaton described a typical encounter:

Only the file remains. And the charges it contains, as we have seen, often weigh very heavily against the accused. He reenacted the crime, revealed the location of the weapon and several witnesses confirm having seen him strike (although sometimes even the witnesses retract their testimony). Then, when the time comes for the psychiatric evaluation, the expert finds himself in the presence of a lucid, coherent man proclaiming his innocence. There is no appropriation of the act and by extension, no subjective consent to sanction, no acceptance of condemnation or even culpability. The psychiatric expert is unable to uncover the truth of the criminal. (Fanon and Lacaton 1975: 1115–16)

In other words, the accused were unwilling to stand by their confession. They used silence as a sort of a counter-definition and contestation to signal their nonacceptance of being defined as criminal by the colonial administration. The courts dismissed these silences as further evidence of “North African syndrome,” and thus as consistent with the theories of Boigeey, Porot, Aubin, and other colonial psychiatrists, that North Africans naturally lie.

Fanon and Lacaton looked to an entirely different logic. As Fanon insisted in his presentations to the Congresses of Black Writers and Artists in 1956 and 1959, there can be no universality without reciprocity and equality. And there can be no “rehabilitation” when there was no belonging to begin with. Late colonial society, in other words, could produce only files—official versions of the colonized, masked in the discourse of an ethnopsychiatry that presumed to understand the Arab mind and then quickly pathologized it as defective and subject to “North African syndrome.” Colonization, haunted by its obsession with identifying with the Other, displayed its final domination by the bureaucratization of alterity. And yet, as with his experiences of sociotherapy and thematic apperception testing, it was by attempting to understand the underlying causes of apparent failure that Fanon was able to develop a critical and political understanding of what was not simply a “methodological” or “cultural” issue.

Because Fanon dismissed the then-hegemonic Algiers School’s notion of North Africans as pathological liars, the role of the confession had to be investigated, and by extension the validity of the court itself had to be

called into question. In other words, if the confession and the redaction of the confession were both true, could the retraction of the confession be connected to an implicit refusal to recognize and reintegrate? Fanon responded as follows:

We might be able to approach this ontological system that escapes us by inquiring whether indigenous Muslims really think of themselves as engaged in contractual agreements with the social group that now exerts power over them. *Do they feel bound by a social contract?* Do they feel excluded because of a crime? And if so, from which group? The European? The Muslim? What significance would the crime, trial, and sentence have if they did not? (Fanon and Lacaton 1975: 1116; our emphasis, translation altered)

Logically, the truth of retraction can be understood as a rational response to colonial society and its utterly alien judicial system. Fanon and Lacaton suggested, therefore, that confession represented a truth built on a kind of pseudo-reciprocity. They argued that the pseudo-truth of the initial confession can be understood as a result of submission to colonial rule, but that this was “not to be confused with acceptance.” The retraction in fact represented a real truth, in that it expressed the “total separation” between the two social groups—European and North African. Thus, “the refusal of the accused Muslim to authenticate the social contract” by confessing to a crime means that an “often profound submission in the face of power is not to be confused with the acceptance of that power” (Fanon and Lacaton 1975: 1116). As Fanon put it in the first chapter of *The Wretched of the Earth*, “the colonized subject is always presumed guilty [but] the colonized does not accept guilt. Dominated but not domesticated [and] made to feel inferior [the colonized] is not convinced of inferiority” (see 2004: 16). What the colonial law courts considered a failure of integration was in fact an elemental resistance to European rule.²

Fanon’s subversive reading of the situation took into account the “anomaly” (the failure of a test, the impossibility of a diagnosis, and the crisis of the true/false dichotomy). In addition, he undermined the hegemonic theories of the Algiers School (and the colonial project generally) that black people are lazy and lack imagination, Arabs are criminally inclined and over-impulsive, North Africans have a propensity to lie, and so on, dissolving these insidious stereotypes by placing the whole issue within a political frame. Moreover, another crucial issue arises from the short paper he wrote with Lacaton, namely, the politics of truth and lies in a colonial society. Fanon also succinctly articulated this in *The Wretched of the Earth*: “In answer to the living lie of the colonial situation, the colonized subject responds with an equal falsehood” (Fanon 2004: 14).

In Sartre's play *Dirty Hands* (1949), the ability of the central character, Hugo, to assume responsibility for his criminal act and thereby redeem the value of his life, reflects important aspects of European law, morality, and belonging. But, located within a colonial landscape where there are neither symmetrical relationships nor true belonging, Sartre's exposition and the actions of his hero are rendered invalid. In the colony, as Fanon also made clear in *A Dying Colonialism*, assuming responsibility (and thereby accepting European law) implies an acceptance of the colonial order, with its values and hierarchies.

This notion of fundamental resistance reappears in a series of lectures that Fanon delivered at the University of Tunis in 1959 and 1960, titled "The Encounter of Psychiatry and Society." During the lectures, Fanon responded to the question of the alleged laziness of the colonized as follows:³

The idleness of the colonized is a means of protection, a measure of self-defense above all physiological ... Work was conceived as forced labor in the colonies and, even if there is no whip, the colonial situation itself is a whip. It is normal that the colonized refuses to do anything since work leads nowhere for them. (Fanon 1984: 15)

Themes in his lectures are returned to and developed elsewhere. For example, this question of laziness is further developed and politicized in *The Wretched of the Earth*. Just as in the capitalist workplace, there is a mystical inversion in the colonies promoted by the colonists. The colonists want enthusiastic slaves and "through a kind of mystification constituting the highest form of alienation," they sought to convince the slaves that the lands they were working belonged to them and the mines in which they were losing their health were their property (2004: 135). Yet, the colonists continually found that "non-cooperation or at least minimal cooperation" was the norm. In a chapter in *The Wretched of the Earth* called "Colonial War and Mental Disorders," Fanon returned to the laziness of the colonized as a form of resistance, calling the zealous worker "pathological":

How many times in Paris or Aix, in Algiers or Basse-Terre have we seen the colonized vehemently protest the so-called indolence of the black, the Algerian, and the Vietnamese? And yet in a colonial regime if a fellah were a zealous worker or a black were to refuse a break from work, *they would be quite simply considered pathological cases*. The colonized's indolence is *a conscious way of sabotaging the colonial machine*; on the biological level it is a remarkable system of self-preservation and, if nothing else, a positive curb on the occupier's stranglehold over the entire country. (2004: 220; our emphasis)

Whether a biological necessity or conscious decision, Fanon added that it was "the duty of the colonized subject, who has not yet arrived at a political

consciousness or a decision to reject the oppressor, is to have the slightest effort literally dragged out of [them]" (2004: 220). Not only pointing to particular forms of resistance among the colonized, or the kinds of sabotage used against the colonizer's laws, taxes, and the whole colonial system. Fanon also highlighted the more general contrast between the moral world of the oppressed and that of the "colonial regime, [where] gratitude, sincerity, and honor are hollow words" (Fanon 2004: 220).

LECTURES AT THE UNIVERSITY OF TUNIS

Based on notes taken by a student, Fanon's lectures from his series on "The Encounter of Psychiatry and Society" at the University of Tunis in 1959 and 1960 are organized under thirteen subheadings.⁴ The scope of his critique, some of which was developed further in *The Wretched of the Earth*, is impressive and is important for several reasons. In them, he covered an unusual range of issues, including the conditions of workers in colonized societies, the effect of new production methods on workers' mental health, specific kinds of dreams and mental disorders common among certain categories of workers (such as telephone operators), racism and the disquieting encounters between white and black people in United States, the singular attitudes of the colonized to Nazism, and so on.⁵ By scrutinizing these issues and presenting short vignettes on each one, the lectures suggest that Fanon was making connections between themes that are often unseen. At the same time, Fanon also highlighted the controversial role played by psychiatry as the gatekeeper of social order:

The "mad" are "strangers" to society and society thus seeks to rid itself of these anarchic elements. Internment means rejection, pushing aside the ill, and society asks psychiatrists to render them once again fit to reintegrate into its ranks. The psychiatrist is the auxiliary of the police, the protector of society. (Fanon 1984: 1)

Against the background of the function society attributes to psychiatry, Fanon asked: Is the purpose of human beings never to pose problems for the group?

What kind of psychiatry did Fanon favor? The answer is simple. He took the relationship between socialization and psychological development seriously. He made short shrift of several theories or "truths," discounting, for example, Otto Rank's notion of birth trauma (Rank 1994), commonplace notions about the relationship between normality and the ability to work, and the idea of normality as adaptation. As Fanon argued, "It is also said that a normal person is one who does not make trouble. But then, are trade unionists who make demands and protest against government decisions normal?"

(Fanon 1984: 2). Consequently, and by way of sociotherapy, Fanon also understood madness in a new way:

Madness is forbidden in the hospital. Before, screaming patients were said to be merely fulfilling their function as mad. All pathological manifestations must be linked to something; reason must oppose the patient's unreason. This is an extremely rich experience for those who practice it. A sane brain, with unobstructed neuronal connections, cannot be sick. Through these connections, a kind of doorway is opened that the physician *must find their way into* with innovative principles; therefore madness *is permitted*. (Fanon 1984: 3)

With his singular metaphors (such as: the doctor must step into the patient's apparently incomprehensible world through a doorway of "unobstructed neuronal connections"), and his unique style, Fanon imagined a deep reformulation of psychiatric treatment.⁶

In these lectures, Fanon also gave consideration to the socialization of children, articulating their behavior disorders (insomnia, vomiting, etc.) with the concerns of their parents. Thus, the dermatitis of a baby that is resistant to medical treatment might be a consequence of the mother looking at the baby "with repulsion," the aggressiveness and insomnia of another child might be related to the father's unemployment and his violence toward the mother, and so on. "To be socialized is to respond to the social milieu, to accept that the social milieu influences me," Fanon reminded us (Fanon 1984: 3). The social is interpellated to interpret both ego development and specific psychic conflicts.

In the same set of student notes, he provided another example of his unique political phenomenology, this time explaining how capitalist working conditions and systems of control contribute to the production of anxieties and mental disorders.

With the development of the market, a kind of quantification was introduced. It became a question of work hours, of the number of hours of presence within a chain of production. This was the origin of punch-card attendance machines. The punch-card machine has nicknames: the "haggler," the "grandfather"; the boss calls it the "antitheft" machine. To be a good worker is to have no history with the punch-card machine. Relations between worker and machine are strict, timed to the second. The worker feels the presence of the punch-card machine as a weight. To be on time for the worker is to be at peace with the machine. A moral notion of guilt is introduced here. The machine prevents and limits the endemic guilt of the worker. The machine is indispensable to the boss. Because of its constant presence, the machine introduces a new kind of behavior among workers. It represents the entire apparatus that employs the worker. Before the machine, the worker could make an excuse; [since its introduction,] the worker

is constantly thrown back into solitude by the impossibility of persuading the employer of their good will. (Fanon 1984: 7)

The image of daily interactions between laborers and machines is a powerful one.⁷ Fanon's discussion of different symptoms directly related to workers' specific activities (obsessive disorders, nightmares, somatoform troubles, etc.) and forms of control exercised by employers, as well as his references to workplace accidents and "absenteeism," reveal the fine detail of his analysis of alienated labor. Similarly evident was his ability to connect different issues within a psychiatric perspective—from the psychic consequences of Fordist production practices to racism in the United States, and from the production of psychopathologies to specific expressions of ambivalence in colonial societies.

Quoting studies conducted by Louis Le Guillant,⁸ Fanon discussed the particular difficulties experienced by telephone operators in the 1950s, many of whom were affected by a specific form of neurosis with serious symptoms (suicide in some cases). Fanon also looked at the working conditions of employees of department stores, who are under constant surveillance. Sounding very much like Marx in *Capital*, Fanon argued: "But it is not just the relation that is reified; the employee is too ... Within the technological environment then, the trend is to reduce communication and transform the human being into an *automaton*" (Fanon 1984: 7–9; our emphasis).⁹

Taken together, these considerations demonstrate the breadth of Fanon's epistemological struggles against the psychiatry of his time, and his deep sensitivity toward themes with which various medical anthropologists have since engaged.¹⁰

In the colonies, however, something else happens. As Fanon observed, "Labor in as far as it enriches human beings is the privilege of the colonizer." The colonizer works to "cultivate both nature and beings." Both are ruthlessly exploited, both are violated. Alluding to what later would become a controversial argument in *The Wretched of the Earth*, Fanon said that "unionized workers" in the colonies have been assimilated (*assimilés*) "on an economic level and could not be called upon to participate in any national consciousness" (1984: 11). Again anticipating *The Wretched of the Earth* (2004: 57), Fanon here connected working conditions to the humanizing of the world, arguing that "labor must be reclaimed as a mode of humanizing humankind" (1984: 13). He explained that when humans throw themselves into work, they not only cultivate nature but also themselves. He argued that working relations should be cultivated with generosity so that nature is reformed and modified, but only as humans forge and modify themselves.

Resistance, Fanon argued, is the right course of action for the colonized. In "The Colonial War and Mental Disorders" in *The Wretched of the Earth*,

Fanon explained how “resistance” was in part a necessary *biological* survival mechanism for Algerians who were being reduced “to a collection of individuals who owe their very existence to the presence of the colonizer” (2004: 220). Their reaction, he wrote, manifested in “the rigidity” of their muscles, and in “their reticence and refusal in face of the colonial authorities”; war had “created its contingent of cortico-visceral illnesses” (2004: 217).

Having pointed out that a refusal to work is often a sign of resistance, Fanon also signaled that what colonial authorities labeled as laziness was in fact a means of self-preservation. In the face of being worn out by a colonial system that cares little about the reproduction of the laborer, reticence and refusal is necessary for survival (2004: 220). To be a zealous worker under such conditions would be pathological.¹¹

Almost mimicking Carothers’s description of Kenya’s “Mau Mau” fighters as fauna and flora, Fanon noted in “The Colonial War and Mental Disorders”: “The resistance of the forests and the swamps to foreign penetration is the natural ally of the colonized” and “the reality of the ‘towelhead,’ the reality of the ‘nigger,’ is not to lift a finger, not to help the oppressors sink their teeth into their prey.” In this way, biological necessity becomes a conscious means of “sabotaging the colonial machine” and in the context of anticolonial struggle it becomes intimately connected with rejecting the “so-called truths sown in their consciousness by the colonial regime, military occupation, and economic exploitation” (2004: 220). That is, the struggle becomes the means by which “honor, dignity, and integrity are truly evident” and the way to “reestablish your weight was a human being” (2004: 221).

The issue of the structural lie of colonized society was another strong theme in Fanon’s lectures. Referring to the United States, Fanon observed that between white and black, there is “a lie which is the lie of the situation itself” (1984: 10). As he explained further in *Black Skin, White Masks*, black people everywhere are victims of white “civilization,” haunted by stereotypes and internalized value systems. In the lectures, Fanon argued that, in this context, encounters with the Other become a drama, a source of a conflict, and asked, “Is it even possible for a black to meet a white?” (The work of philosopher Emmanuel Levinas was not explicitly quoted here, but his influence is evident.) In the concrete situation of a racial encounter, the ontological is impossible. As Fanon put it: “When a black American meets a white, stereotypes immediately intervene”; black people cannot be “truly” themselves with white people because their value systems are not the same. He goes on to argue that the lie “is the lie of the situation itself . . . If blacks are dominated, one cannot demand that they behave humanly” (Fanon 1984: 10). Echoing his description of a colonial society in *The Wretched of the Earth*, Fanon argued that the United States is a compartmentalized society. In *The Wretched of the Earth*, Fanon then described the spatialization of colonization as the compartmentalization

of society policed by direct force and premised on the principle of “reciprocal exclusivity” (2004: 39). And in the notes from the lectures, he similarly described the situation as Manichean: “In compartmentalized societies one observes behavior characterized by the predominance of nervous tension that quickly leads to exhaustion. Among black Americans, a permanent control of the self is required at all levels: emotional, affective . . . *The partition called the ‘color bar’ is unyielding*” (Fanon 1984: 9; our emphasis).

As he had done in *Black Skin, White Masks*, Fanon referred to the novels of Chester Himes as an expression of the “aggressiveness” that is encountered everywhere in the United States, bleeding into every social relation and every waking moment. Internalized, this becomes “black aggression turned against blacks.” It can also be expressed as a wish to escape and/or a desire for greatness, which often implies a desire to become “white” in a system where black life doesn’t matter. As Fanon bluntly observed, “When one black kills another, nothing happens; when a black kills a white, the whole police force is mobilized” (Fanon 1984: 9).

AT THE HEART OF THE DRAMA

When employed by the state to evaluate the confessions of alleged criminals given to the police, some psychiatrists actively helped the colonial authorities using “the most frightful and most degrading practices” to force detainees to confess (Turner 2011: 125).¹² In his article on “North African syndrome,” Fanon noted that this abandonment of commitment to the care and utter lack of reciprocity resulted in the ever-increasing suffering and dehumanization of patients. The logical conclusion of this thingifying attitude is what Lou Turner (2011: 137) called “the degeneration of the ethics of the social and behavioral sciences and in particular the ethics of the psychological professions.”

This was the context in which Fanon insisted that we need “to analyze, patiently and lucidly, each one of the reactions of the colonized,” knowing that “every time we do not understand, we must tell ourselves that we are at the heart of the drama.” This was one starting point of Fanon’s dialectic, and this is what we must understand if we are to begin to comprehend why the colonizer’s values have to be rejected, “even if these values are objectively worth choosing” (1965: 125, 62–63). After all, while Fanon saw psychiatry in the colonies as an integral part of their regimes of violence, he did not view psychiatry as essentially colonizing. In the context of the unfolding war in Algeria, however, it became clear to Fanon that mental and psychological decolonization—the recovery of human dignity that was being crushed by colonial rule—had to be connected to the emerging political and social struggle.

According to most of his biographers, Fanon made contact with the FLN in the spring of 1955, just a few months after the beginning of the Algerian Revolution.¹³ Pierre Chaulet was part of a group of Europeans in Algeria who supported the FLN by providing practical assistance. He was a few years younger than Fanon, and was finishing his medical studies with a specialization in tuberculosis. It was through Chaulet that Fanon was asked to offer psychiatric support to the fighters, and it was Chaulet who asked him to write a critique of the Algiers School for the issue of *Consciences Maghribines* that was published in the summer of 1955.¹⁴

Fanon's critique in *Consciences Maghribines* came as the theories propagated by the Algiers School were directly informing the strategies of the colonial forces. The army's special administrative section, founded in 1955, fully endorsed and made use of the School's views on Muslims' "primitive mentality." By February 1955, just three months after war was declared, Chaulet helped organize a meeting between Fanon and FLN militants. Soon, Fanon was not only counseling FLN fighters but also hiding local FLN leaders at his own house in Blida.¹⁵

During the Battle of Algiers, the colonial regime issued orders to control the distribution of medicines and other supplies to try to prevent FLN fighters from accessing such resources. At Blida, some staff surreptitiously supplied the FLN, while others carried information or provided safe houses. Fanon was contacted to help counsel militants about how they might withstand the torture they were likely to face if caught. The FLN request was very practical and concrete, and Fanon responded in kind, using his medical training to help fight French colonialism.¹⁶ Years later, Simone de Beauvoir recalled that Fanon "taught them to control their reactions when they were setting a bomb . . . and also what psychological and physical attitudes would enable them to resist torture best" (1992: 315).

While Fanon tried to hew out a critical space at the hospital, the institution was becoming increasingly caught up in the war. Indeed, both the torturer and tortured were being treated under its roof. The situation was tragic, as Fanon explained when describing one of his cases.¹⁷ One day a policeman he had been treating privately decided to walk around the grounds and became panic-stricken when he met another patient whom he had questioned and tortured. Neither fared well. Fanon administered sedatives to the policeman who, later, under Fanon's advisement, resigned and left the country; the patient who had been tortured was found in a toilet trying to commit suicide.

The police had their informants and knew that some hospital staff were aiding the FLN. After the strike on July 5, 1956 (called by the FLN to mark 126 years of French occupation), Fanon's situation at Blida-Joinville Hospital became untenable. According to the police, the hospital had become known as a "den" of fedayheen. Clearly it was no longer a safe place to be.

In January 1957, François Sanchez, one of Fanon's interns and his coauthor on two papers, was arrested, tortured, and then imprisoned. Pierre Chaulet was also arrested. Another of Fanon's interns and coauthors, Slimane Asselah, was arrested by paratroopers in March 1957 after taking up a position in Algiers (substituting for a Dr. Kerbouche who had also been arrested), Asselah disappeared after his arrest.¹⁸

After Raymond Lacaton, Fanon's closest colleague among his codirectors at Blida-Joinville Hospital, had also been detained and tortured, he informed Fanon that that more arrests, including Fanon's, were imminent. A turning point was reached. It became clear that their work at the hospital had become impossible. The many projects Fanon had initiated, including sociotherapy at Blida-Joinville, his research into the use of TAT, his fieldwork in Kabylia on attitudes to mental illness and sexuality, as well as his staff reading groups and education programs, all had to be abandoned.

Fanon had joined Blida-Joinville Hospital with the hope of helping to humanize it through a program of institutional therapy. Confronted with his failure to successfully introduce certain sociotherapy programs, he blamed the ways in which he and his colleagues had implemented the programs, not the mission itself. It had become clear, however, that the idea of creating a neo-society in the hospital was based on a false premise. Rather than being rational and sane, Algerian society as a whole was a mirror of the colonial asylum,¹⁹ actively driving its citizens mad and forcing them to seek desperate solutions.

In his letter of resignation, which he addressed to Algeria's resident minister, Robert Lacoste, Fanon wrote "If psychiatry is the medical technique that proposes to help human beings no longer feel strangers to their environment, I can only confirm that the Arabs—permanently alienated within their country—live in a state of absolute depersonalization. What is the status of Algeria? A systematized dehumanization" (2001: 63, see 1967: 53). His final prognosis was that "the function of a social structure is to set up institutions permeated by care for human beings. A society that forces its members to take desperate measures is a non-viable one, a society to be replaced" (2001: 61, see 1967: 53).

In the overseas archives at Aix-en-Provence, Fanon's letter to Lacoste is filed together with a police intelligence file on "Dr. Fanon" (see textbox 6.1). The police report does not say that Fanon was working with the FLN. He kept that undercover. It does, however, report on his open support for the 1956 strike, stating that he refused to "apply sanctions" against those involved in the strike, and that this explains why "the highest percentage of strikers was recorded at Reynaud Pavillion under Dr. Fanon's authority." The police report also noted that Fanon had launched a petition to protest the internment of the union secretary, Abdelkader Hanachi, and had called the punishment meted out to strikers "irrational."

Textbox 6.1 A report on Frantz Fanon compiled by the Algerian police intelligence service

Government General of Algeria
 Department of National Security in Algeria
 Blida, November 8, 1956

FROM: The Police Chief of the PRG [Police Intelligence Service] Precinct of Blida

TO: Monsieur the Sub-Prefect of Blida

OBJECT: Personal File on Dr. Fanon

I have the honor of addressing to you the attached personal file on Dr. Fanon, chief physician responsible for the Reynaud Pavilion at Blida Psychiatric Hospital.

Signed: P. le Vaillant

cc: Divisional Police Commissioner, Chief of the Algiers District PRG

PERSONAL FILE

Last Name: FANON

First Names: Frantz Marguerite Victor

Born: 20 July 1925

In: Martinique

Family situation: Married—1 child

Residence: Blida Psychiatric Hospital

Profession: Doctor of Medicine, *Chef de service* H.P.B.

Previous residence: Pontorson Hospital (Manche region)

INFORMATION

Subject is close to Dr Lacheraf with whom he shares nationalist ideas.

Subject is designated as the organizer of the UGTA union of the HPB (reconstituted, previously known as CGT) not yet officially registered. It has preserved the communizing tendencies of its forbearer.

Subject is very close to the Counillon couple (the husband is currently in training as an HLL [*hors-la-loi indigène* was a term used by the French to designate FLN combatants]).

Subject supported the strike action of July 5, 1956, in his service and refused to apply sanctions to the strikers under his responsibility.

This explains why the highest percentage of strikers was recorded at the Reynaud Pavillion under Dr. Fanon's authority.

Subject is the co-author of a letter addressed to the Director of the Institution, in which three HPB doctors threatened to resign if disciplinary measures were taken subsequent to the July 5, 1956, strike.

Subject is the instigator of the petition launched in protest at the administrative internment of Abdelkader Hanachi, Union Secretary (it is claimed that Dr. Fanon is the one who advised Ms. Tramoni and Mr. Allil, authors of the petition.)

Regarding a military operation that brought about the death of a French Muslim, the subject systematically, and with no concern for objectivity, took a position contrary to the real version of events.

The police report, signed by one P. le Vaillant, seems to have been written in defense of the military operation “that brought about the death of a French Muslim.” In a sense, the statement that Fanon “systematically, and with no concern for objectivity, took a position contrary to the real version of events,” succinctly expressed Fanon’s position. Fanon was questioning what was real, and knew that the “real version of events,” which he experienced as a “reality spun out of lies, cowardice, and contempt for the human on a daily basis” was exactly what was at stake. In this Manichean context, with poetry, brevity, and of course bravery, Fanon made his case for anticolonial humanist psychiatry in his letter of resignation from Blida-Joinville:

But what good are enthusiasm and care for the human if reality is spun out of lies, cowardice, and contempt for the human on a daily basis?

What good are intentions if their incarnation is made impossible by indigence of the heart, sterility of the mind, and hate for the natives of this country?

Madness is one of the means by which we can lose our freedom. And, I can say that, from the crossroads where I stand, I have measured with horror the magnitude of alienation in the inhabitants of this country.

If psychiatry is the medical technique that proposes to help human beings no longer be a stranger to their environment, I can only confirm that the Arabs—permanently alienated within their own country—live in a state of absolute depersonalization.

What is the status of Algeria? A systematized dehumanization.

Whereas the absurd wager was to instill certain values, no matter the cost, despite the fact that lawlessness, inequality, and the daily multifarious murder of human beings were elevated to the status of legislative principle.

The social structure in place in Algeria stood against any attempt to return individuals to their rightful place.

Monsieur le Ministre, there comes a time when tenacity becomes morbid perseverance. Hope is no longer a door open unto the future but the irrational preservation of a subjective outlook in organized rupture with the real. (Fanon 2001: 59–60, see 1967: 52–53)

Fanon concluded his letter with an ethical appeal, both personal and universal, that is reminiscent of the appeal he made to French liberals in “The North African Syndrome”:

There comes a time when silence becomes dishonesty.

The motivations that govern personal existence have difficulty sustaining a permanent assault on the most basic of values.

For many long months my conscience has been the seat of unpardonable debates. And the result is my determination not to despair of the human, in other words, of myself. (Fanon 2001: 61–62, see 1967: 54)

The letter was not made public until its inclusion in *Pour la révolution africaine. Écrits politiques*, which was published in 1964.

Leaving Algeria for Paris at the end of December 1956 marked a shift in Fanon's life; it was, in a sense, the end of his "French drama." He appealed to French leftists to aid the Algerian movement, but at the same time, he no longer expected anything from them. As he put it in his conclusion to *The Wretched of the Earth*, he had begun to see European humanism as hypocritical and motionless, murdering "human beings in the name of humanity" (1968: 314–15).²⁰

Fanon continued to work as a psychiatrist, but this ceased to be his primary occupation or preoccupation. In Paris, he met the libertarian Marxist and anti-colonialist Daniel Guérin,²¹ with whom he had corresponded.²² Fanon also had the opportunity of staying at Jean Ayme's apartment, and reading his library of revolutionary writers.²³ Ayme was a close colleague of Tosquelles, and an "institutional psychiatrist with a long history of anticolonial activism," who later served as secretary of the Hospital Psychiatrists Union (Cherki 2006: 86). One night, soon after they first met, Ayme had introduced Fanon to his comrade Pierre Broué. The same age as Fanon, Broué had become a revolutionary socialist in 1944. He coauthored a definitive work on the Spanish revolution and its "betrayal" from the inside, a theme that was echoed by Fanon in *The Wretched of the Earth*. According to Cherki, the three men talked through the night. The next day, Fanon presented his paper "Racism and Culture" at the Congress of Black Writers and Artists (Fanon 1956). The paper said little about Algeria, but made a clear call for "complete liberation" as the basis for a genuine reciprocity (1956: 131). Fanon's tone was intentionally moderate, argued Clément Mbom. This was a few months before he resigned, and, given "his wish to return to Algeria and participate in anticolonial activities," Fanon did not wish to provoke the French authorities (Mbom 2004: 212). It was clear to Ayme that Fanon would join a revolutionary movement. Fanon was already a revolutionary, who, as Ayme put it, had "been given the opportunity to take part in a revolution" (quoted in Cherki 2006: 94).²⁴

Meanwhile, through Pierre Chaulet's underground connections, Fanon met the FLN leader Ramdane Abane. Abane had played an essential role in developing what became known as the Soummam Platform at a conference that lasted for twenty days and was held right under the noses of French authorities in Kabylia's Soummam Valley in August 1956. The platform created a national political body (the national council of the Algerian Revolution) that advocated the primacy of politics over the armed struggle, and the internal over the external wings of the movement. Notably, the platform also gestured toward a non-theocratic and democratic vision of the future based on inclusive socialist strategies. This included organizing agricultural workers, the landless and the urban poor that the colonial regime had created—all the "veritable pariahs" as

Abane described them (2011: 38). Fanon and Abane met in December 1956, and it is no exaggeration to say that Abane and the Soummam Platform had a profound influence on Fanon's politics and thinking.

In 1955, Abane informed the readers of the *French Observer* that the Algerian struggle was about "honor, justice and liberty." In the face of death, he argued, Algerians were struggling "for the right to live as dignified free people" (Abane 2011: 32). By 1956, Fanon had begun to make more and more contact with FLN militants and experienced face-to-face this new will to either live with dignity or not live at all. The colonized, including some patients at the hospital, who had been overwhelmed by colonial reification, were changing in the new situation, shaking off the shackles of colonial subjugation and becoming "masters of their fates" (Abane 2011: 30). The "revolutionary situation . . . arouse[d] political consciousness and by the same token the hunger to learn, to understand and stay informed" (Bourdieu 2013: 103). For Fanon this was something completely new, and it affected him profoundly. By the fall of 1956, "the Algerian revolution under Abane's leadership had matured" (Abane 2011: 32) and Fanon experienced this maturation. It is likely that in the waning months of 1956 during the Battle of Algiers, Abane, the professional revolutionary, convinced Fanon to leave Algeria and join him in Tunis.

NOTES

1. Haakon Chevalier, the translator of *A Dying Colonialism*, translated this title as "The Algerian and Avowal in Medico-Legal Practice."

2. This realization was a necessary one, and Fanon repeated in a footnote in *A Dying Colonialism*: "The colonized does not let on, does not confess . . . in the presence of the colonizer" (1965: 127n2).

3. The idea of Africans' innate laziness had echoed across the continent and intimately connected to his idea of deficient mental development.

4. After a one-and-a-half-page introduction on psychiatry and society (madness and the psychiatric institution), the subheadings are: Socialization in terms of brain matter; The formation of the ego; Control and surveillance; The neuroses of telephone operators; Employees of department stores; The problem of racism (United States); The problem of encountering the Other; Psychopathologies; "Colonized" society; Ethnopsychiatric considerations; The relation of the colonized to work in a colonized society; The notion of the unemployed.

The section on "Ethnopsychiatric considerations" is very similar to the short article published by Fanon in *Consciences Maghribines* (discussed in chapter 5). In the last section, Fanon gave particular attention to the issue of the laziness of the colonized, noting that "their idleness defies the rapacity of settlers, their eagerness to make money. Laziness in the colonial context is lived as the will to render profit making difficult. It is the behavior of a pilferer" (1984: 14).

5. On the attitude of Algerians toward Nazism and World War II, Fanon wrote: “In 1939, the Algerian people were convinced that the Germans would triumph. Hitler was referred to as ‘Hadj Belgacem’ ... Even in Iran and Iraq, pro-Nazi movements were above all anti-English or anti-French” (Fanon 1984: 11).

6. A model that is close to the work Basaglia was undertaking in Italy at the same time (Foot 2015; Scheper-Hughes and Lock 1987).

7. Fanon’s remarks have much in common with those made by Günther Anders on modern alienation, the pseudo-familiarity of experience, and the attitudes of “mass societies” in his book, *Die Antiquiertheit des Menschen* (The outdatedness of human beings) (1956). The book was, however, unavailable in French or English during Fanon’s time.

8. In their article on agitation, Fanon and Asselah noted that platitudes such as “The hospital is a reflection of the outside world,” or “Being in hospital is just like being outside” serve to “mask reality under falsely psychotherapeutic humanitarian concerns,” adding that “Le Guillant is absolutely right to condemn this attitude as unrealistic” (1957: 24).

9. We know Fanon also followed developments in workplace therapy in the United States. This is clear, for example, in a note from *The Wretched of the Earth*, where Fanon referenced the trend toward “social therapy” in the United States. Supporters of this school, he argued, believe that contemporary human beings are “nothing but a cog in the social mechanism,” noting that social therapy encourages role-playing so that in the workplace, “workers are allowed to identify with role models and employer–employee relations are considerably less strained” (2004: 225n40).

10. Fanon seems to anticipate Michael Taussig’s (1980) work on the “reification of disease” when he writes, “But it is not just the relation that is reified; the employee is too.” Taussig’s work on reification was also inspired by the Hungarian Marxist Georg Lukács. On the concurrence of Fanon and Lukács on history and class consciousness, see Edward Said’s “Travelling Theory Reconsidered” (1999). Theory, Said remarks, travels and moves beyond its confines, emigrates, and is in exile. It is quite possible that Fanon, who had Lukács’s *Existentialisme ou marxisme* in his library (CNRPAH 2013), also came across Lukács’s *History and Class Consciousness* through Merleau-Ponty, with whom he studied in Lyon. In addition, Fanon had two books by Henri Lefebvre in his library, including *Problèmes actuels du marxisme*, a book that contained Lefebvre’s insistence that Marx’s notion of alienation was integral to Marxism and led to his break with what he called the dogmatism of the French Communist Party.

11. Interestingly, earlier in *The Wretched of the Earth* Fanon remarked that “men and women, young and old, enthusiastically commit themselves to what amounts to forced labor and proclaim themselves slaves of the nation” (2004: 56). Rather than a pathology, this is an expression of a “spirit of self-sacrifice ... restores confidence in the destiny of the world,” but, he notes, such effort cannot be sustained for long and instead everything needs to be rethought and begun anew.

12. Such practices continue and the participation of medical and psychological staff in interrogation remains controversial; see <http://ethicalpsychology.org>.

13. Fanon's brother has argued, however, that "Frantz's engagement with the Algerians ... began well before the date agreed on by his biographers" (Joby Fanon 2014: 75).

14. A short-lived journal published by a group called Association de la Jeunesse Algérienne pour l'Action Sociale, a discussion group at the University of Algiers whose membership included André Mandouze. A lecturer in Classics at the university, Mandouze had been active in the Christian resistance movement during World War II that had actively saved Jewish children from deportation. When the Algerian struggle began, Mandouze immediately supported it. For him, there was a direct connection between anticolonialism and the French resistance against Nazism.

15. Fanon remained close to his political comrades Slimane Deilès (Colonel Sadek) and Rabah Zerrari (Commandant Azzedine), self-identified Marxists who were part of the military command in the Blida area. The main intermediary between the FLN and Fanon was Mustpha Bencherchali, who apparently drove through French roadblocks in his American convertible under the pretext of studying psychotherapy at Blida (Macey 2000: 262–63).

16. His response can be seen as an example of him living out his axiom that middle-class intellectuals need to be at the service of the revolution by donating the resources they have "snatched from the colonial universities" (see 2004: 99, 1968: 150).

17. Fanon referred to the case as "A European policeman suffering from depression while at hospital meets one of his victims, an Algerian patriot suffering from stupor" (Fanon 2004: 194). For more on these issues, see chapter 9.

18. Slimane Asselah was born in January 1924 in a little village called Ighil Imoula. The village later became known as the place from where the FLN proclaimed the start of the Algerian Revolution on November 1, 1954. Asselah studied at Sarraouy College, and then entered the Ecole Normale des Instituteurs of Bouzaréah. He was a member of the Algerian Muslim Scouts and joined the Algerian Peoples Party founded by Messaly Hadj in 1937. While working as a medical auxiliary at the hospital of Msila, he was able to begin his medical studies at the University of Algiers. It was during this time that worked as an intern in Blida and got to know Fanon, coauthoring an article with him (Fanon and Asselah 1957). Less than two weeks after the Battle of Algiers began, when Yacef Saâdi, Djamilia Bouhired, Zohra Drif, and Samia Lakhdari carried out bomb attacks at the Milk Bar on Place Bugeaud and at a café on Rue Michelet in the European quarter of the city, Asselah wrote to his wife, Baya, informing her that he had become a substitute doctor in Algiers, replacing a Dr. Kerbouche. Kerbouche, he told her, had been arrested some months before and Asselah was unsure of how long his appointment would last. In the meantime, he was staying at Kerbouche's medical rooms at 15 Marengo Road, Algiers, and leaving them as infrequently as possible because of the dangers in the quarter. By January 1957, the French paratroopers had taken the lead in "maintaining order" in Algiers; mass arrests, torture, and disappearances became the nightly norm. Asselah was in the fifth year of his medical degree but because of the students' strike he was unable to complete the degree. At the same time, as a member of the FLN, he was asked to treat some wounded fighters not far from Blida. On the road back to Algiers, he was

stopped at a checkpoint. Even if he had been able to avoid the checkpoint, the police would have been able to identify him from the car's registration (Khiati 2011: 136). According to his wife, Asselah was then arrested at his rooms on March 4, 1957. For the next two years she petitioned the authorities for information about her husband. There was no response. At the end of 1959, Baya wrote to Jacques Vergès, a lawyer and supporter of the anticolonial struggle who had become well known for defending Djamil Bouherid. Vergès responded to Baya's pleas for help, asking her to send him all the civil, juridical, and military documents she had received concerning her husband. Vergès wrote back to Baya on December 24, 1959, thanking her for the documents and informing her that despite "difficulties made by the authors of tortures and disappearances," the Red Cross had begun to make some information available. Vergès and his colleague Michel Zavria promised to continue to take action. It is unclear whether Vergès was able to find out anything further about Asselah's disappearance. On October 27, 1960, Baya wrote to Eugene Thomas, National President of UNADIF (Union des Associations de Déportés, Internés et Familles de Disparus) asking him to intervene to find "any trace of my missing husband." Her situation, she told him, was desperate. She and her children were living with her seventy-two-year-old father who was finding it difficult to cope with "twelve mouths to feed." Having not heard back from Thomas, Baya wrote another letter ten months later, imploring him to help find any information about her missing husband and wondered when, more than four years after his abduction, "the dark presages" in which she lived would end. Her situation had deteriorated further as her father had contracted tuberculosis.

19. As the Algerian author Kateb Yacine put it, "This country is an enormous hospital," a "site of literal imprisonment and surveillance, a tool for the policing of deviance" (quoted in Keller 2007a: 184). On the similarities between Yacine and Fanon, see Keller (2007a: 161–90).

20. Framed by Césaire's quote that the European bourgeoisie did not forgive Hitler (not for the crime itself but for inflicting on Europe what had been reserved only for the colonies), Fanon advised in the 1959 article "Racist Fury in France" (1967: 163–66) that blacks should "jump ship" and leave Europe. On October 17, 1961, the police attacked a demonstration in support of Algerian liberation in Paris, killing up to two hundred people (many drowning after being thrown off the bridges into the Seine) and arresting up to eleven thousand people. The police chief who ordered the attack, Maurice Papon, had overseen the torture of prisoners in Constantinople. The instruction of the day: "For every Parisian officer that had been assassinated by the FLN throughout the fall of 1961, the police would take the lives of ten FLN" (Feldman 2014: 160). In practice, the differentiation between the FLN and the Algerian population in Paris was null and void. The strategy is described in Fanon's *The Wretched of the Earth*: "The colonist asks every representative of the oppressor minority to take out 30 or 100 or 200 natives, he realizes there is no outcry of indignation and that at the most the issue boils down to whether it can be done in one step or in stages" (2004: 43). In other words, the colonial war had come to the metropole, and its viciousness against the Algerian population in France had become acceptable. It was not until 1998 that any accounting of this event took place. This is the context in

which Fanon advises us to “leave Europe.” See also Kirstin Ross (2002) on the connections between October 1961 and May 1968.

21. Guérin wrote *Où va le peuple américain?* after visiting the United States in 1946. It is likely that Fanon read *Où va le peuple américain?* as the book is in the collection of Fanon’s books donated by Olivier Fanon to the Centre National de Recherche Préhistorique, Anthropologique et Historique in Algiers (CNRPAH 2013; Gibson 2013). The book was published in the United States as *Negroes on the March* in 1956.

22. Guérin had written to Fanon in late 1955 asking him to speak at a meeting on colonialism in the Caribbean that Guérin was organizing in Paris. Fanon responded that he was sorry he could not be there that night, because the next day he was due to speak in a debate about “fear in Algeria,” which was “very much an issue of the moment” (quoted in Macey 2000: 272). In early 1956, Fanon wrote to Guérin: “Every passing hour is an indication of the gravity and imminence of the catastrophe . . . For the European civilians, there is obviously only one solution: transforming themselves into soldiers. They have sworn that, once they are mobilized and armed, they will teach Paris what energy means. If the general mobilization in Algeria demanded by the Comité de coordination is decreed, Algerian territory will run with blood. Armed with their knowledge of the natives, the Europeans are planning to punish suspects and sympathizers at once . . . We are receiving information about summary executions from many regions. The days to come will be terrible days for this country. European civilians and Muslim civilians are really going to take up the gun. And the bloodbath no one wants to see will spread across Algeria” (quoted in Macey 2000: 272).

23. Fanon had met Ayme earlier in 1956, when he went to Paris for the First International Congress of Black Writers and Artists that took place from September 19 to 22, 1956.

24. In early 1957, while Fanon was in Paris, the Parisian left was full of discussion about the Hungarian revolution and its decentralized councils that had raised the question of the possibility of a socialist humanism before being crushed by Russian tanks in October 1956. Yet their heralding of the Hungarian resistance and their mass resignations from the French Communist Party did not translate into a shift in attitudes toward the Algerian question and liberation struggle, and the French Communist Party continued to support French colonialism in Algeria. Even with the emergence of “new left” non-vanguard communist organizations such as Cornelius Castoriadis and Jean-François Lyotard’s group, “Socialism or Barbarism,” which loudly praised the activity and organization of the Budapest resistance but were ambivalent whether to support the Algerian war of independence (Lyotard 1993), most French people remained silent on Algeria. Fanon, on the other hand, made clear in *The Wretched of the Earth* that his sympathies lay with the Budapest revolutionaries (2004: 38), while rejecting the Parisian left and committing himself to decolonizing Algeria.

Chapter Seven

Psychiatry, Violence, and Revolution

Body and Mind in Context

Fanon's departure from Paris for Tunis in early 1957 marked a break with France. He would never return. As Macey (2000: 305) opined,

In his own eyes, he was no longer French. Even in the professional domain, he had turned his back on France. He never again published in the French medical press and his clinical papers now appeared in Tunisian and Moroccan journals.

Fanon had become a full-time revolutionary and began working for the FLN as part of the editorial collective that produced *El Moudjahid*. At the same time, he continued to work as a psychiatrist, first for Razi Hospital in Manouba (just west of Tunis) and later for Charles-Nicolle Hospital in Tunis itself.

Treating both Tunisian patients and a large number of Algerian refugees, many of whom were suffering serious traumas from the colonial war,¹ Fanon's team at Razi Hospital included Lucien Lévy, a communist who had been involved in the Tunisian independence struggle, as well as his former colleagues, Pierre Chaulet and Alice Cherki. "Not one real Arab or Muslim in the lot," remarked Cherki (2006: 113).

Fanon and his team attempted to introduce sociotherapy programs and other innovations at Razi Hospital but the programs were less than successful. Razi Hospital had a significant number of long-term patients who were resistant to change, and Ben Soltan, the hospital's director, was a conservative who opposed Fanon's initiatives. An anti-Semite and racist, Ben Soltan "referred to Fanon as a nègre," and questioned his professional competence, claiming that Fanon "couldn't understand Arabs" (see Cherki 2006: 113–14 and Macey 2000: 316–17).

Ironically, Ben Soltan considered himself a socialist (Geismar 1971: 129), but this meant he believed in the nationalization and state control

of health care by French-educated administrators like himself, who would have “absolute authority.” For Fanon, Ben Soltan was the kind of person characterized in *The Wretched of the Earth* as part of the national bourgeoisie who mimic Europeans in order to take their place. It quickly became clear that Ben Soltan was simply an authoritarian and had no interest in any of Fanon’s reform initiatives. In response to his intransigence, Fanon went over his head, receiving full support from Tunisia’s minister of health, but deepening the tensions between himself and his director.

Yet, Fanon (who was then known for security reasons as Dr. Fares) stayed on at Razi Hospital and was responsible for the mental health of the entire émigré Algerian population, with the number of fighters and refugees displaying a range of traumatic symptoms growing larger every day (Cherki 2006: 114). However, in 1959, Ben Soltan succeeded in getting rid of Fanon by accusing him and his interns of being involved in a Zionist plot. Anti-Semitism was rife at the time, and, as we know from Fanon’s comments in *Black Skin, White Masks*, it was intimately connected with racism (2008: 101). In addition, given Israel’s recent invasion of Egypt and its role in initiating the 1956 Suez Crisis, and the fact that Fanon’s patients included FLN leaders, Ben Soltan’s accusation was a serious one. It was totally fallacious, of course, and nothing came of it but it ended Fanon’s time at Razi Hospital.

While he was still working at Razi Hospital, Fanon began his association with Charles-Nicolle Hospital and, in early 1959, he established a new neuropsychiatric team there. Lucien Lévy moved with him, and they were joined by Charles Géronimi, Fanon’s former intern who had arrived in Tunis in 1958.² Fanon’s brother, Joby (2014: 91), recalled Charles-Nicolle as run down and “less well ventilated” than Blida-Joinville Hospital, and with similar problems. It was here that Fanon developed a psychiatric day center and wrote two articles on the subject, the second coauthored with Géronimi.

While working at Razi Hospital and also full time on *El Moudjahid*, Fanon wrote *A Dying Colonialism (L’An V de la Révolution Algérienne)*. The book was published in 1959, two years after Fanon’s move to Tunis, and was addressed in part to the French left, which “has done nothing for a long time in France. Yet by its action, its denunciations, and its analyses, it has prevented a certain number of things” (1965: 149). In addition, Fanon took aim at sociologists, Orientalists, and French liberals, as he reflected on the radical social and cultural changes occurring as a result of Algeria’s liberation struggle.³ For Fanon, the beginning of the liberation struggle on November 1, 1954, marked a turning point—a clear before and after:

Before the rebellion there was the life, the movement, the existence of the settler, and on the other side the continued agony of the colonized. Since 1954, the European has discovered that another life parallel to his own has begun to stir,

and that in Algerian society, it seems, things no longer repeat themselves as they did before. (1965: 78)

Although Fanon's views were later dismissed by critics as unrealistic, utopian, and romantic, it is worth noting that the radical changes taking place in Algeria were remarked upon by others as well. For example, the Algerian writer and schoolteacher Mouloud Feraoun, who was critical of FLN and pessimistic about the progressive character of social change, nevertheless noted in a diary entry in 1956 that "among the Kabyles, there is a sustained enthusiasm, an essential stubbornness, an absolute belief in a better future. The thought of dying for this kind of future no longer frightens anybody" (Feraoun 2000: 118).

COLONIALISM AND THE COMPLEXITIES OF PSYCHIC LIFE

In *A Dying Colonialism*, Fanon was highly critical of colonial discourses and practices, and his chapter on colonial medicine remains one of the most insightful analyses of the mystification that underlies the use of European medicine in colonial countries. His analysis profoundly changed views of the relations between the colonizer and the colonized and the very idea of what treatment means.

Fanon understood that for an Algerian to seek help from a colonial hospital, amid the arbitrary violence, physical horror, and torture of the colonial war, was often a highly ambivalent act. Symbolizing an admission of the superiority of aspects of western medicine, it had the potential to create a sense of guilt and betrayal of one's own culture. It also exposed the most atrocious of all the paradoxes of colonialism: with one hand it treated, with the other it tortured.⁴

By playing an active role in this system, medical practitioners became another source of subtle forms of alienation and scission. "The colonized perceives the doctor, the engineer, the schoolteacher, the policeman, the rural constable, through the haze of an almost *organic confusion*" (Fanon 1965: 121; our emphasis). Nothing could restore the original meaning to such terms as "treatment," "hospitalization," or "remedy." By accepting the advantages and advances of European medicine, the colonized realized that they were simultaneously accepting an entire system of domination (or, worse, putting themselves at risk of becoming an accomplice to it). Afflicted by such ambivalence, and uncertain about what decision to make, the sick and injured were caught between conflicting values, practices, and models of treatment as well as between dominant and subjugated forms of knowledge.

Hitherto, locals' fatalistic attitudes or beliefs had often been invoked when discussing their propensity to delay seeking medical care at a hospital. In his account, Fanon looked beyond these approaches that were content with so-called analyses of cultural representation or systems of thought. He pointed out that such hesitancy was a sign of scarcely concealed recalcitrance, and of the confusion resulting from colonial rule. Pointing to the tension and uneasiness, which the presence of doctors caused patients in colonial hospitals, Fanon explained: "For the native the visit is always an ordeal . . . The end of the visit put an end to the confrontation. The medicines, the advice, are but the sequels of the ordeal" (Fanon 1965: 128).

One of the passages that is most effective in helping us understand this issue is where Fanon referred to patients who take both kinds of medicine (European and "traditional") or who visit a hospital and then immediately seek sanctuary elsewhere as well. "Psychologically, the colonized has difficulty, even here in the presence of illness, in rejecting the habits of their group and the reactions of their culture. Accepting the medicine, even once, is admitting, to a limited extent perhaps but nonetheless ambiguously, the validity of the western technique . . . Sometimes the patient gives evidence of the fear of *being the battleground for different and opposed forces*" (Fanon 1965: 131; our emphasis, translation altered).

Suspect bodies, divided bodies: Fanon's analysis laid the groundwork for an anthropology that takes local circumstances into account for interpretations of behavior, symptoms, and desires that remain firmly anchored in a *specific time and place*. What remained fundamental during the anticolonial war was the dynamic and agonistic role of culture that can transform even tradition, ancestry, and shrines into weapons. Perhaps reflecting on his fieldwork in Kabylia when drafting his essay "Racism and Culture," Fanon wrote: "The customs, traditions, beliefs, formerly denied and passed over in silence are violently valorized and affirmed . . . The sense of the past is rediscovered, the worship of ancestors resumed" (1956: 130, see 1967: 43). According to Fanon, "Reclaiming the past does not only rehabilitate or justify the promise of a national culture. It triggers a change of fundamental importance in the colonized's psycho-affective equilibrium. (2004: 148–49). Yet, he continued—and this he emphasized throughout *A Dying Colonialism*—there is a "dialectical progression" (Fanon 1965: 90n) such that "the liberation struggle does not restore to national culture its former values and configurations" (2004: 178). Aiming for fundamentally human relations between people, he argued that the struggle "cannot leave intact either the form or substance of the people's culture" (2004: 178).

Other chapters in *A Dying Colonialism*, "Algeria Unveils Itself" and "This Is the Voice of Algeria," are equally original in the ways in which they explore the complexities of psychic life in colonial society (Oliver 2004: 73–75).

Fanon's discussion of the veil is a masterly account that has rightly attracted the attention of scholars interested in analyzing the *giddiness* of identification and subjugation. The original French title, *L'Algérie se dévoile*, plays on a possible metonymy in the noun to allow for two interpretations: that is, of Algerian women removing their veils and of the country unveiling itself to reveal the political will of a people fighting for their independence and national sovereignty.⁵ Fanon's play on words had denser implications, however, because Algeria unveiled itself as an independent political entity even as women boldly adopted the haik, making the significance of the veil difficult to pin down. Indeed, Fanon foresaw the veil becoming the terrain of a "grandiose battle" (Fanon 1965: 38):

The dominant administration solemnly undertook to defend this woman, pictured as humiliated, sequestered, cloistered ... It described the immense possibilities of [the Algerian] woman, unfortunately transformed by the Algerian man into an inert, demonetized, indeed dehumanized object. The behavior of the Algerian was very firmly denounced and described as medieval and barbaric. With infinite science, a blanket indictment against the "sadistic and vampirish" Algerian attitude toward women was prepared and drawn up. Around the family life of the Algerian, the occupier piled up a whole mass of judgments, appraisals, reasons, accumulated anecdotes and edifying examples, thus attempting to confine the Algerian within a circle of guilt. (Fanon 1965: 38)

Transformed by colonizers into what might be seen as the symbol of a humanitarian campaign, the veil contained other notions too. Standing for an exemplary evocation of

romantic exoticism, strongly tinged with sensuality ... Unveiling this woman is revealing her beauty; it is baring her secret, breaking her resistance, making her available for adventure ... There is in it the will to bring this woman within reach, to make her a possible object of possession ... The freedom given to the sadism of the conqueror [creates] fertile gaps through which dreamlike forms of behavior and, on certain occasions, criminal acts can emerge. (Fanon 1965: 42–44)

Highlighting Europeans' dreams and their unconscious, Fanon cited Sartre's *Reflections on the Jewish Question* (a point he also made in *Black Skin, White Masks*): "The Jewish woman almost always has an aura of rape about her ... Thus the rape of the Algerian woman in the dream of the European is always preceded by a rending of the veil. We witness here a double deflowering" (1965: 45).

Fanon's analysis of dreams of conquest and the sexual violence inflicted on Algerian women reveal a desire for total (political and sexual) possession, with the veil becoming a veritable fetish for colonists.⁶ However, the

intentions of those who actually wear veils remain inscrutable, hence ongoing attempts to discourage its use, with France proudly exhibiting women who have abandoned its use. This is when, in response to the colonialist offensive against the veil, “the colonized oppose the cult of the veil. What was an undifferentiated element in a homogeneous whole acquires a taboo character” (Fanon 1965: 47). “The *cult* of the veil”! Here, again, the symbol of tradition and difference is cast out against the colonizer.⁷

Fanon does not view support for the veil as arising from a defense of tradition but rather from a simple reaction: there is no mere defense of values here because, caught up in a labyrinth of ambiguous meanings, the veil possesses significance only *in relation* to specific goals and specific situations. What is strikingly original about Fanon’s discussion is his analysis of the subjectivity of the veil whose meaning is “manipulated” according to circumstances, and “transformed into a technique of camouflage, into a means of struggle” (Fanon 1965: 61).

This is not only a question of the garment being used to conceal guns, bombs, or other heavy articles. Fanon implicitly echoed Marcel Mauss’s concept of “body techniques” (Mauss 1992),⁸ explaining that what is involved here is the learning of a “new dimension” for the body. First, women had to learn how to combine a veil and a nonchalant gait, to assume “the face of Fatima” to mislead colonial troops and *colonial tropes*. In other words, the commonplace in representations of Muslim women had to be exploited to the full, but for quite opposite purposes. When this technique was exposed, a new form of “camouflage,” a new type of mimesis, was adopted: Algerian women learned to move in public without a veil, to wear make-up, to cut their hair and dress like European women. During the course of these changes, the corporeal schema of the Algerian woman underwent a radical and, to a certain extent, unexpected transformation:

Without the veil she has an impression of her body being cut up into bits, put adrift; the limbs seem to lengthen indefinitely . . . The unveiled body seems to escape, to dissolve. She has an impression of being improperly dressed, even of being naked. She experiences a sense of incompleteness with great intensity. She has the anxious feeling that something is unfinished, and along with this a frightful sensation of disintegrating. The absence of the veil distorts the Algerian woman’s corporal pattern. She quickly has to invent new dimensions for her body, new means of muscular control. She has to create for herself an attitude of unveiled-woman outside. She must overcome all timidity, all awkwardness (for she must pass for a European), and at the same time be careful not to overdo it, not to attract notice to herself. (Fanon 1965: 59)

The unveiled body seems to dissolve, and the woman has the impression of being underdressed or even undressed; there is a painful sense of

disintegration. Nevertheless, the woman must move confidently, overcoming all residual timidity and awkwardness. She has to pass for a real European and must make her body mirror multiple and misleading reflections—"the face of Fatima" with bombs, a European woman, and a fighter of Europeans.

Fanon was not concerned solely with the effects these strategies had on the enemy. Talking to Algerian women in the FLN, he recognized all the secret nuances of what was also a private experience, suggesting that during their unveiling, these women experienced what it was to inhabit a new body, unknown sensations, and what he called "a sense of incompleteness" (Fanon 1965: 59). After all, the veil was a part of their social skin.

What Fanon was exploring was a phenomenology of ambivalent behaviors and desires among the colonized, the ambivalence that permeates the body, and runs through sensations, even through the muscles used when walking. This is not simple mimesis or parody, not imitation or identification; it is all of these and more. For Fanon, this heralded "new dialectic of the body and of the world" (1965: 59), a new time in history.⁹ In this way, he suggested women can take their full place in the "revolutionary machine," the radical mutation through which the colonized "make history" (2004: 30). The drama of negotiating the forbidden spaces of the European quarters was intimately connected to challenging patriarchal certainties within "traditional" Algeria. Strange body experiences, a sense of incompleteness and of freedom take place even as new arrangements emerge in family relationships. In this context, unveiling was seen as a powerful machine of political, social, and psychological change.¹⁰

As mentioned, the English translation of *L'Algérie se dévoile* as "Algeria Unveiled" loses some of the meaning Fanon saw in the issue of the veil. The French title uses the active voice for the verb (*se dévoile*), highlighting a gesture of bodily sovereignty reconquered, and evoking the idea of a political subject adopting a precise and carefully chosen "tactic," in the sense that de Certeau (1984) understood this term. Hitherto considered an expression of male domination and tradition, the veil was transformed into a weapon with uses the colonists cannot grasp. As Fanon put it, "There is thus a historic dynamism of the veil that is very concretely perceptible in the development of colonization in Algeria . . . The colonialists are incapable of grasping the motivations of the colonized" (Fanon 1965: 63–64).

This tactical capacity to reinvent the social meaning of the veil, along with continual readaptations of experience and the body, has since been taken up by Rey Chow. Chow raised a range of valuable points about the dynamics of "competition between the sexes for the birthing of a new community," but offered a critique of Fanon that is also open to criticism. She argued that

by portraying the "native" and the "people" in this ambivalent light—now totally deprived, now possessed of resistive energy; now entirely at the mercy

of colonial domination, now definitely the source of rebellion against the colonizer—Fanon retains them as empty, mobile figures, figures of convenience onto which he, like other revolutionary male thinkers, can write his own script. (Chow 1999: 50)

Attacked for his machismo, censured for envisaging colonial society as homogeneous, Fanon is here accused of acting “like other revolutionary male thinkers,” wishing to impose his own ambivalent scripts.¹¹ Nonetheless, Fanon did not force “his own script” on these bodies; he charted the phenomenology of an experience that is *structurally* ambivalent because it is dominated by the “power of falsehood.”¹² As Fanon put it, “every contact between the occupied and the occupier is a falsehood” (1965: 65). What is colonial society if not a veritable labyrinth of mimetic desires and fierce oppositions, of identification and splitting (Bhabha 1986: xviii), of complicity and dissimulated resistance?

“This Is the Voice of Algeria” is the title of another chapter in *A Dying Colonialism* that reveals the highly original manner in which Fanon explored the complexities of psychic life in colonial society. Before the anticolonial war, radio broadcasts reflected a world of signs in which Algerians could not participate, and from which they felt excluded. However, as the struggle continued, the resistance movement itself began to use radio to communicate news and information, opening up another gap in the lies and falsehoods propagated by the occupying forces.

It was within this framework of shifting signs and behaviors that Fanon discussed a very specific phenomenon, which he called “real ‘running amok’” (1965: 78). As Beneduce pointed out, jurists and healers have described this phenomenon in various societies for centuries (2007a: 67–68).¹³ Fanon described it as follows:

Individuals in a fit of aberration would lose control of themselves. They would be seen dashing down a street or into an isolated farm, unarmed, or waving a miserable jagged knife, shouting, “Long live independent Algeria! We’ve won!” This aggressive kind of behavior, which assumed violent forms, would usually end in a burst of machine-gun bullets fired by a patrol. (Fanon 1965: 78–79)

This passage was of key importance in the construction of what we have described as Fanon’s critical ethnopsychiatry. Long before the critiques of the 1980s that questioned the status of “culture-bound syndromes” (Simons and Hughes 1985), and saw in these expositions of murderous fury a further expression of the dispossession felt by the colonized, Fanon interpreted cases of “running amuck” in relation to the painful alienation that underlies anticolonial struggles. The certainty of imminent victory transforms

into “visionaries” those whose “hysterical” behavior is far from incomprehensible. What is interesting was Fanon’s ability to expose the “politics of diagnosis.”¹⁴

These hysterical cases were sometimes merely wounded and were given over to the police for questioning. The pathological nature of their behavior would not be recognized, and the accused would be tortured for days until the press reported that they had been shot trying to escape while being transferred to another prison, or that they had died of a recurring ailment. In the dominant group, likewise, there were cases of mental hysteria; people would be seized with a collective fear and panicky settlers were seen to seek an outlet in criminal acts. What made the two cases different was that, unlike the colonized, the colonizer always translated subjective states into acts, real and multiple murders. We propose to deal with these different problems, arising out of the struggle for liberation, in a study directly based on psychopathology, its forms, its original features, its description. (1965: 79)

In other words, if Fanon took seriously the psychopathologies determined by war (fear, anxiety, suspicion, aggressive behaviors, etc.), he also refused both the cultural interpretations and the trivial pathologization of violence made by colonial psychiatrists.¹⁵ But where does the radio come into all this?

Before 1954, in the psychopathological realm, *the radio was an evil object, anxiogenic and accursed*. After 1954, the radio assumed totally new meanings. The phenomena of the wireless and the receiver set lost their coefficient of hostility, were stripped of their character of extraneousness, and became part of the coherent order of the nation in battle. In hallucinatory psychoses, after 1956, the radio voices became protective, friendly . . . In psychopathology, sentences in French *lose their automatic character of insult and malediction*. (Fanon 1965: 88–90; our emphasis)

In the space of just a few years, changing relations of force and the increasing use of radios had broken down the view of this instrument as an implement of persecution. At the same time, the view of the colonist’s language as hostile also disappeared. The “evil object” and the voice—language—used in broadcasts could even begin to be interpreted as protective.¹⁶ In “This Is the Voice of Algeria,” Fanon not only spoke of the changes that took place in people’s attitudes toward the radio, but also saw a radical change in how French was perceived as a language. The linguistic hierarchy between French and Arabic, which had previously been impermeable, began to crumble. When French was spoken during the liberation movement’s radio broadcasts, the language acquired new value and began to lose its “accursed character” as the language of order.

A real shift occurred in psychopathology as “sentences in French lost their automatic character of insult” (1965: 89–90). For Fanon, this was a genuine development; it could be measured by the use of less aggressive French words by those who hallucinated or heard voices in French (1965: 90).¹⁷ A new divide began to develop between the French used by the movement, and the French used by the settlers and the authorities in their continued efforts to resist Arabization (Lazali 2011). The psychopathology outlined here is immersed in the real time of events; in direct contact with the struggle it discussed, it reflected every tremor and shift. Fanon’s psychopathology charted the symptoms of the “psychic life of history,” and the ways in which experience, language, and suffering embodied historical events (Beneduce 2012a, 2013; Kleinman and Kleinman 1994).

A NOTE ON BOURDIEU’S ABHORRENCE OF FANON

What Fanon says corresponds to nothing.

—Bourdieu, interview with James Le Sueur

In October 1955, as a punishment for criticism he had directed toward the French government, sociologist Pierre Bourdieu was sent to Algeria to do his military service.¹⁸ Bourdieu later secured a position at the University of Algiers and undertook ethnographic research on the changes in rural and urban Algeria.¹⁹ His essays, such as “War and Social Mutation” published in *Études méditerranéennes* in 1960 and “Revolution in the Revolution” published in *Esprit* in 1961, echo the themes and issues Fanon investigated in *A Dying Colonialism*. “Revolution in the Revolution,” for example, explains colonial war and interprets anticolonial struggle in terms starting and concluding with statements that closely align with Fanon’s, and even echo Fanon’s vocabulary:

The war brings into the full light of day the real basis of the colonial order, in other words the relation of force by which the dominant caste keeps the dominated caste under its sway ... Without the exercise of force, nothing could counterbalance the force directed against the very roots of this order, that is, the revolt against a situation of inferiority ... A society so thoroughly overturned will force the intervention of revolutionary solutions, and mobilize the masses ... by offering them a new way of living, based no longer on undisputed submission to the rules of custom ... but on active participation in a common task—before all else, that is, the building of a harmonious social order. (Bourdieu 2013: 93, 103)²⁰

Bourdieu's analysis of Algeria's colonial war offers a remarkable portrait of social and family disintegration:

The misery and insecurity have been made even worse by the distress resulting from the loss of the group ties on which the individual's psychological and social stability was based in the old communities. One can imagine how precarious family unity must be in such a context, undermined as it is by a great many factors. (1962: 141)

However, his analysis of the role of the peasantry in the revolutionary struggle remained ambivalent, and Bourdieu later moved away from these views and also expressed an immense dislike for Fanon.²¹

Among the grievous effects of colonization can be mentioned the complicity of certain left-wing French intellectuals toward Algerian intellectuals, a complicity that led them to close their eyes to the ignorance of the latter about their own society. I am thinking particularly of Sartre and Fanon ... This complicity had very serious effect when these intellectuals came to power after independence and showed their incompetence. (Bourdieu 2013: 290)

Besides Bourdieu's odd classification of Fanon among "left-wing French intellectuals," and among "intellectuals [who] came to power," he patently misread Fanon's analysis of the Algerian bourgeoisie and elite, and seemed to ignore what Fanon actually said about their complicity and desire to take the place of the colonizers. It is enough to recall the following from *The Wretched of the Earth*:

The characteristic, virtually endemic weakness of the underdeveloped countries' national consciousness is not only the consequence of the colonized subject's mutilation by the colonial regime. It can also be attributed to the apathy of the national bourgeoisie, its mediocrity, and its deeply cosmopolitan mentality ... The current behavior of the intellectuals, who on the eve of independence had rallied around the party, is proof that such a rally at the time served no other purpose than to have their share the independence cake. (Fanon 2004: 98, 116)

Azzedine Haddour has argued that a "number of textual echoes in *Algeria 1960* suggest that Bourdieu read *A Dying Colonialism*" (Haddour 2010: 77). For example, in his book *Algeria 1960: The Disenchantment of the World*, Bourdieu wrote,

Feeling that they were constantly exposed to the critical eye of the Europeans, anxious not to give them any pretext or reason for their unfavorable judgments, the Algerians, by their behavior, their clothing and their whole way of life, created a language of refusal. Such a refusal, to be sure, could only be expressed in a symbolic fashion. (Bourdieu 1979: 157)

Bourdieu's analysis of "war as an agent of cultural transformation," as a "social mutation," and of the symbolic struggle and "colonial traditionalism," as well as the relationships Algerians have with French institutions such as hospitals, schools, radio, French language, and so on, are discussed in distinctively Fanonian terms:

The war of liberation presents the first radical challenge to the colonial system and—something essential—the first challenge that is not, as in the past, simply *symbolic* and in a certain sense magical. Attachment to certain details of clothing (the veil or the *chéquia*, for example), to certain types of behavior, certain beliefs and values, could be experienced as a way of expressing, symbolically . . . the refusal to adhere to western civilization, identified with the colonial order, the will to assert the radical and irreducible difference, to deny the negation of self, to defend a besieged personality . . . In the colonial situation, rejection could be expressed only in a symbolic manner. (Bourdieu 2013: 96)

As already noted, in Bourdieu's "Revolution in the Revolution," published in 1961, even the language is close to Fanon's.²² Echoing Fanon, Bourdieu argued that, with a war of liberation, an "overall mutation" takes place and a true war of symbols, social imaginaries, and embodied practices develops.²³ This, he noted, gives people "the opportunity to appear as adult, conscious, and responsible . . . Institutions such as teaching or medical care, which are intuitively grasped as part of the colonial system . . . are no longer invested with the same significance (2013: 97–98).

On the basis of this description, we might expect Bourdieu to assign a different place to Fanon's perspective. Instead, Bourdieu developed an analysis of what he called "agrarian practices," the fatalism of the "proletarianized peasantry and the urban sub-proletariat" that was in almost direct opposition to Fanon's. Nevertheless, his understanding of the weakness of anticolonial struggle clearly refers to Fanon even if Fanon's name is not mentioned:

A force for revolution, the proletarianized peasantry and the urban sub-proletariat do not constitute a *revolutionary force* in the true sense. With permanent employment and regular wages, an open and rational temporal consciousness is able to be formed; actions, judgments, and aspirations can be ordered in relation to a life plan. Then, and then only, does the revolutionary attitude take the place of escape into daydreams or fatalistic resignation. (Bourdieu 1979: 62; emphasis in original)

Fanon had argued in *The Wretched of the Earth* that because of its relative privilege in the colonies the proletariat, a tiny proportion of the population,

had become bourgeoisified and thus “has everything to lose” (2004: 64).²⁴ Again, without mentioning Fanon by name, Bourdieu stated:

This is why we must challenge the thesis that, in the colonized countries, the proletariat is not a true revolutionary force, since, unlike the peasant masses, it has everything to lose, having become an irreplaceable cog in the colonial machine

The historian Allison Drew (2014: 186) has noted that peasants were the bedrock of the FLN’s rural base and that some rural communities had been organized in the decade before the armed struggle. According to her, 78 percent of female FLN members hailed from Algeria’s rural areas. Additionally, positioning himself in a dialogue with the French left, Bourdieu echoed an economistic Marxist critique, completely ignoring the question of national consciousness that was essential to Fanon’s critique of the tiny urban proletariat, while also disavowing his earlier position that the revolution produced a mutation in social relations:

It is true that, in a society haunted by unemployment, those workers who are sure of a permanent job and a regular income are a privileged category. It is true that, always and everywhere, the proletariat is determined, as much as by its material conditions of existence, by the position it occupies in the social structure, not at the very bottom, in the abyss, as a certain eschatological vision of revolution as a reversal would have it, but at the peak of a negative career, the one which leads towards a relapse into the sub-proletariat. More simply, it would be easier to understand practices too readily imputed to the conservatism of proletarians (or of their apparatus) ... are first of all bulwarks raised against the counter-attacks of poverty. (1979: 62–63)

THE MOST HALLUCINATORY WAR

Notes from lectures that Fanon gave at the university of Tunis (discussed in chapter 6) begin with the statement that “The ‘mad’ are ‘strangers’ to society,” they are the “anarchic elements” that society wants to rid itself of. Later he added, “The psychiatrist is the auxiliary of the police, the protector of society” (1984: 14). In *The Wretched of the Earth*, Fanon called the geographical layout that was essential to colonial control “lines of force,” (1968: 38), and in a sense, these lines are mirrored within medical institutions that exclude society and isolate the patients. Visible and invisible threads connect hospital staff and the colonial regime. The staff’s fears of patients “running amok” ensured the reproduction of sadistic, repressive, and rigid hospital regimes, just as the fear of the “natives” reproduced sadism and repression in colonial regimes.

In short, sadism and imprisonment mark both the colonial and the health systems, and the violence perpetrated in asylums and colonies is inextricably linked through mechanisms of control, incarceration, and dehumanization.

The brutal and tragic effects of colonialism are very clear in the introduction to *A Dying Colonialism*, where Fanon cited a Swedish journalist's report about a seven-year-old child. "The boy was marked by deep wounds made by steel wire that had bound him and forcibly kept his eyes open while French soldiers raped and killed his sisters and his parents." Fanon asked, "Does anyone think that this child will forget both the murder of his family and his enormous vengeance?" While Fanon was working with brutalized children, he was painfully aware that their psychological trauma was a consequence of the colonial war, the brutality of which had inflicted indelible wounds. Fanon understood the visceral effects of this kind of historical trauma and was intimately aware of the difficulty or impossibility of treating it.

In the case of the negrophobic white child mentioned in *Black Skin, White Masks*, and that of the traumatized child described above, as well as in the cases analyzed in the last chapter of *The Wretched of the Earth*, Fanon repeated, like a sad lament, his pessimistic prognosis that their futures were compromised.

While we discuss this issue again in chapter 9, we want to return briefly here to the structural links between colonial violence and the epistemological violence of psychiatry—racism, pseudo-diagnostic categories, the medicalization of suffering, and so on. Fanon, as we have seen, severely criticized both types of violence, starting with his paper "The North African Syndrome," published in 1952. At the same time, he consistently attempted to create spaces in which a new decolonial psychiatric practice could take hold.

Fanon's attitude remained consistent from "the North African Syndrome" onward, while the consequences of colonial domination for the minds and bodies, society and land became more and more brutal. What became clear to Fanon was that revolutionary work consists of channeling this violence and aggression away from self-destruction and redirecting it toward its source. Here the objective of the psychiatrist and the revolutionary converged (Fanon 2004: 223–24). As already mentioned, he had said as much in *Black Skin, White Masks*: "As a psychoanalyst, I must help my patient 'consciousnessize' the unconscious, to no longer be tempted by a hallucinatory lactification, but also to act along the lines of a change in social structure . . . to *choose* action (or passivity) with respect to the real source of the conflict, i.e., the social structure" (2008: 80).

Fanon characterized the Algerian Revolution as the most violent and "the most hallucinatory war that any people has ever waged to smash colonial aggression" (Fanon 1965: 23). Again this echoes his analysis of agitation

discussed earlier, which he described as the “flight of ideas prepar[ing] the way for hallucination,” which in turn “coincides with the annihilation of reality” (1965: 23). Just as confinement and isolation create conditions for hallucinatory activity in an asylum, conditions for hallucinatory activity become more pronounced in a society as it becomes more and more totalitarian (1965: 22). And just as criminality and violence are consequences of the systematic exploitation and dehumanization that are central to colonialism, colonialism creates a living death for the colonized. Consequently, in *The Wretched of the Earth* he declared that, in this context, life can emerge only from the destruction of colonialism. Framed by the former master, reactions against colonial Manicheanism must undergo a dialectical change or be doomed to repetition. The struggle must become, he warned in *Black Skin, White Masks*, about a new way of life, not simply a new life. His analysis turned not only on struggle but the values of the struggle. This is the singular dialectic espoused from *Black Skin, White Masks* to *The Wretched of the Earth*. And for all of his optimism that the struggle will create new men and new women, he warned that this is never guaranteed, and we must not expect people to “change imperceptibly as the revolution constantly innovates. It is true both processes are important, but it is the consciousness that needs help” (2004: 229).

While *The Wretched of the Earth* was a summation of Fanon’s work, it also seemed to mark a shift in his thinking. Rather than focusing on the actions of a hysterical individual running down the street shouting, “Long live independent Algeria” (Fanon 1965: 78), he emphasized the real as social action, the ability to act in history—even if that action means sitting with a group around a radio trying to decipher a radio broadcast being jammed by the French (Gibson 1996). The battle for the airwaves remains a real one, and the choppy, broken of the Voice of Algeria was “like the voices of the torture victims,” and necessitated “finding new conceptualizations of speaking and listening” (Waller 2008: 63).

Broken by torture, the process of creating new reciprocities and a new reality, which Fanon imagined developing out of a collective social struggle, will be long and hard. Yet, “the silence of the torture chamber,” argued Waller (2008: 63), was “overcome by the communal rendering of *The Voice*.” The “talking cure” (as in groups of people listening to the Voice of Algeria), signified a moment of “new reality” for the nation so that through speaking and listening we both affirm and claim a “limitless humanity” as the basis for a new beginning (Fanon 1968: 295).

For Fanon, figuring out a radical humanist politics of who constitutes “us” and who belongs to “us,” and how to create a new society open to everyone and to everyone’s voice, was what the challenge of the new nation as “infinite humanity” was about.

NOTES

1. Fanon noted that many of the female patients, and most of their husbands, were unemployed.

2. Géronimi was one of the few Algerian-born French people to regard themselves as Algerian (Macey 2000: 259). Like Fanon, he left Blida-Joinville for Paris in December 1956. Disgusted by French liberalism, which spoke of liberty but did nothing to stop colonial violence in Algeria, Géronimi had rejected the French and joined the FLN and the struggle for independence. Fanon included Géronimi's personal testimony as an appendix to the chapter "Algeria's European Minority" in *A Dying Colonialism*, under the title "An Algerian European's Awakening to a Consciousness of His Algerian Nationality." An Algerian policeman, Yves Bresson, who passed information on to the FLN, wrote the other appendix.

3. On the importance of *A Dying Colonialism* to Fanon's oeuvre, see Gibson (2003).

4. French doctors carried out experiments on Algerians and Senegalese Tirailleurs (foot soldiers) to measure whether ethnic differences affected their resistance to electric shocks, and did not hesitate to deceive patients by subjecting them to fake radiotherapy or radioscopies, or to administer fake "antibiotics" that were merely distilled water. Fanon is to be credited with highlighting how colonial medicine brought together all the paradoxes of the colony. The body that is vaccinated is the very same one that might be subjected to violence and torture the next day; the person who performed curative surgery or handed out pain-killing medication was the same one who tomorrow might be advising torturers or administering truth serum. On similar issues, see Bayart (2005), Kelly (2016), and Mbembe (2007a and 2007b).

5. For feminist critiques of Fanon's apparent reinscription of the gendered nation and women's agency see, for example, Chow (1999), Cornell (2001), Dubey (1998), Fuss (1994), McClintock (1999), Sharpley-Whiting (1999b).

6. This aspect also interested Fuss, who argued, "The wearer of the veil becomes a veil, the inscrutable face of a nation struggling to maintain its cultural inviolability" (1995: 150). In addition, Fuss made the same criticism of the colonists that Fanon had made: "A fetishistic logic of displacement operates in Fanon's own text, as the veiled Algerian woman comes to bear the burden of representing national identity in the absence of nation. Fanon extends this logic of fetishization to include the unveiled Algerian woman as well. If the veil becomes a fetish object, one should remember that this was a role it already had in the colonial imaginary; Fanon limits himself to recording an existing state of affairs. Colonialism and racism work through a regime of systematic misrecognition, disavowal, of the Other." (Fuss 1994: 305). See also Bhabha (1983) and Marriott (2010).

7. "The colonized, in the face of the emphasis given by the colonialist to this or that aspect of their traditions, reacts very violently. The attention devoted to modifying this aspect, the emotion the conquerors put into their pedagogical work, their prayers, their threats, weave a whole universe of resistances around this particular element of the culture" (Fanon 1965: 47; translation altered).

8. Mauss gave this lecture on May 7, 1934, at a meeting of the Société de Psychologie. It was first published in 1935 in the *Journal de psychologie normale et pathologique*, (32): 271–93, and in 1950, it was reprinted in Mauss's *Sociologie et Anthropologie* (which featured an introduction by Claude Lévi-Strauss).

9. In contrast to the erotic sadism of the colonist, Matthieu Renault suggested that Fanon offered a “new and now productive entanglement of aggressive and sexual drives” in a “dialectic of love.” Though Renault disavowed Hegelian reciprocity, the resonance with Hegel's notion of love and mutual recognition emerging out of struggle (and thus certainly not between colonized and colonizer but out of the struggle against the latter) is remarkable. Renault wrote, “Love energies must be retained in the (de)colonized community and Fanon provides the better example of such a new love in *A Dying Colonialism* by thematizing the new revolutionary couple formed in the very struggle” (2011c: 53).

10. Fanon wrote: “The old fear of dishonor was swept away by a new fear, fresh and cold—that of death in battle or of torture of the girl. Behind the girl, the whole family—even the Algerian father, the authority for all things, the founder of every value—following in her footsteps, becomes committed to the new Algeria” (Fanon 1965: 60).

11. Like Chow, Anne McClintock viewed Fanon's thoughts on women's agency as proceeding “through a series of contradictions” that resort “to a mechanistic determinism.” Fanon, she argued, “masculinizes the female militant, turning her into a phallic substitute” (1999: 290–92).

12. Here we are borrowing Gilles Deleuze's famous definition: “Falsity isn't a mistake or confusion, but a power that makes truth undecidable. The imaginary isn't the unreal; it is the indiscernibility of real and unreal” (Deleuze 1995: 65–66; see also Beneduce 2012b).

13. We are using the 1965 translation of the word in Fanon's text, which today would probably be translated as “amok.” The words amok and amuck were first used in English in the 1670s and are derived from the Malay word amuk. Before this, the Portuguese form, *amouco* or *amuco*, referred to “a frenzied Malay.”

14. A similar problem arose during the First World War among German soldiers suffering from trauma caused by trench warfare. The diagnosis of depression or neurasthenia was reserved for officers, while lower-ranking soldiers often received a diagnosis of hysteria or mere dissembling (Young 1995).

15. Presumably referring to what would become *The Wretched of the Earth*, Fanon “propose[s] to deal with these different problems, arising out of the struggle for liberation, in a study directly based on psychopathology, its forms, its original features, its description” (1965: 79).

16. On the shifting role of the veil as cultural capital and of the radio as a “mobile site both of domination and resistance,” see Oliver (2004: 71–82).

17. It should be noted that the “dialectical progression” Fanon saw in these radical mutations is not guaranteed. In contemporary postcolonial Algeria, the use of French continues to carry a definite class signification.

18. Goodman and Silverstein (2009: 8) write, “Sent ... to serve with the Army Psychological Services in Versailles, he soon found himself at odds with his superiors

over the Algerian question ... ‘heated arguments’ over whether Algeria should remain French or be granted independence led to his deployment to the French colony in October 1955.”

19. On the “cleavages” between his ethnography and his theoretical perspectives, see Goodman and Silverstein (2009).

20. The excerpts from “Révolution dans la révolution” in *The Algerians* diverge from the translation in *Algerian Sketches*. On other analogies between Bourdieu and Fanon, see Kravagna (2007).

21. In a 1994 interview, Bourdieu said that Fanon and Sartre “are frightening for their irresponsibility.” He went on to assert that “what Fanon says corresponds to nothing” but added, nevertheless, that Fanon “contributed to what Algeria became because they told stories to Algerians who often did not know their own country.” Bourdieu concluded venomously that “you would have to be a megalomaniac to think you could say just such nonsense” (quoted in Le Sueur 2005: 252).

22. “The fact is that the colonial system as such can only be destroyed by a radical challenge ... Members of the dominated society ... understand that they should expect nothing from reforms or transformations undertaken from within the system, given that measures tend in reality to reinforce the system, or at least preserve and protect it under the appearance of working for its destruction. It must be admitted, too, that the first and only radical challenge to the system is that which the system itself has generated, that is, the revolution against its underlying principles” (Bourdieu 2013: 93).

23. On this war of symbols and its related practices, Bourdieu’s observations on the veil have some resonance with Fanon: “The veil and the chechia, for example, had been in the traditional context mere vestimentary details endowed with an almost forgotten significance, simple elements of an unconsciously devised system of symbols. In the colonial situation, however, they take on the function of signs that are being consciously utilized to express resistance to the foreign order and to foreign values as well as to pledge fidelity to their own system of values. The colonial situation favors the emergence of a new traditionalism. All those forms of behavior which, in a society that constituted its own frame of reference, were felt to be quite natural ... are now being purposely adopted and chosen in opposition to a whole series of other possible choices that the dominant society proposes and whose adoption it often imposes by the mere fact of its existence and by the compulsion inherent in the colonial order ... This total change in attitude reveals itself in different spheres ... Like the chechia (a distinctive cap worn by men), the veil has the role of a symbol that expresses both an alliance and an exclusion; it is primarily a defense of the inner self and a protection against any intrusion from without. *But in addition to this, by the wearing of the veil, the Algerian woman is also creating a situation of non-reciprocity; like a cheating gambler, she can see without being observed; and it is through her that the whole of this dominated society is symbolically refusing to establish any reciprocal relations, is looking on without letting itself be observed.* The veil is the most obvious symbol of this closing in upon oneself, and the Europeans have always obscurely felt it to be such. In this way it becomes evident why all attempts at assimilation have taken the

discarding of the veil to be their primary objective. The demonstrations of May 13, 1958, in the course of which several Algerian women removed their veils or ‘burnt them symbolically’ (as the newspapers reported), amid the applause of the crowd of Europeans present, was tantamount to a ceremonial magic rite by which the whole of Algerian society was offering itself, naked and willing, to the embrace of the European society” (1962: 156–59; our emphasis).

24. To quote Fanon in more detail: “It has been said many times that in colonial territories the proletariat is the kernel of the colonized people most pampered by the colonial regime. The embryonic urban proletariat is relatively privileged. In the capitalist countries, the proletariat has nothing to lose and possibly everything to gain. In the colonized countries, the proletariat has everything to lose. It represents in fact that fraction of the colonized who are indispensable for running the colonial machine: tram drivers, taxi drivers, miners, dockers, interpreters, and nurses, etc. These elements make up the most loyal clientele of the nationalist parties and by the privileged position they occupy in the colonial system represent the ‘bourgeois’ fraction of the colonized population.” (Fanon 2004: 64).

Chapter Eight

The Tunis Psychiatric Day Hospital

One of the most significant pieces Fanon wrote after leaving Blida-Joinville Hospital was an article on the value and limits of day hospitalization in psychiatry for *Tunisie Médicale* in 1959. The article was the first to be written on this subject about an institution outside Europe, and it was written in two parts. The first was by Fanon alone and second by Fanon with his colleague Charles Geronimi. Both doctors were affiliated with the Neuropsychiatric Day Center in Tunis, which they founded, and which was attached to Charles-Nicolle Hospital.

The first ten pages provide a general introduction to the idea of day hospitalization for psychiatric patients. Fanon noted that while there were then twenty such centers in the world, none had been established in a “less developed country.”¹ He set out to question whether this form of hospitalization is effective in “less developed” nations and answered in the affirmative. Day hospitalization responds to two needs, he argued. The first relates to “preventative diagnosis and the treatment of behavioral problems” (Fanon 1959a: 690) and the second is maintaining contact between the patient and the outside world. As he explained,

Psychiatric symptoms do not disappear with internment, since the elements of conflict (the conflictual configuration) remain present and very much alive in familial, social, and professional contexts ... The asylum extended a protective mantle over the patient, yet its protection was false as it merely provoked lethargy—a state of “waking sleep” in which the patient would lead a vegetative life. (Fanon 1959a: 690)

This point relates to Fanon’s critique of the pseudo-protection created by hospitalization and his concern to dismantle the securitization that asylums perpetuate. Thus, “it is not a matter of extracting the patient from social life but, rather, of instigating therapeutic work within that context” (Fanon 1959a: 690).

Today, day hospitalization is no longer considered innovative and, shorn of innovation, it is often seen alongside incarceration,² as part of the neoliberal alternative to the old model of psychiatric internment. This was not Fanon's approach. The case for the day center at Tunis implied a critique of the standard psychiatric treatments for the management of stress among patients and of institutional attempts to create a "neo-society" inside hospitals. The day hospital aimed instead to make sure that patients' ties with society continued in ways that meant that neurotic behavior and conflictual situations could be addressed. Fanon's interest was not administrative; he viewed day hospitalization as part of developing a critical ethnopsychiatry and also as a critique of sociotherapy.

As noted in his article on agitation (Fanon and Asselah 1957), one of Fanon's first priorities was to shift the repressive (even sadistic) attitudes staff tended to adopt with patients. Before the day center was established, for example, patients in the psychiatric ward at Charles-Nicolle Hospital were considered an annoyance:

There was a serious personnel problem however. The existing staff had developed certain habits where repression dominated. Like in a good number of asylums to date, patients were considered a source of annoyance and unpleasantness. And as usual, the professional adage that would have patients be the end all of the hospital was inverted. Instead, they were made into enemies of the staff's peace and quiet. This critique is certainly not specific to the Charles-Nicolle staff since one of the main criticisms leveled at the very concept of the asylum over the past twenty years has precisely to do with the sadomasochistic relations that progressively take root between nurses and patients. (Fanon 1959a: 692–93)

STARTING FROM THE PATIENT'S EXPERIENCE

Fanon's analysis took into consideration all the minute aspects of a day hospital, from patients' arrival times to the ways in which nurses gathered information about family relationships and so on. Specific suggestions were given to staff:

Nurses are asked to adopt a benevolent attitude toward patients, especially when their dream content was particularly distressing the night before ... As a general rule, nurses should avoid questioning family in the presence of the patient, especially regarding the patient's behavior, in order to avoid any awkwardness. (Fanon 1959a: 693)

The day hospital was not seen as cure-all but as an "effective tool," and while acknowledging that many illnesses escaped its purview, the authors insisted

that those patients who cannot be treated in day hospitals must not be left to rot in the carceral and coercive environment of psychiatric hospitals. Instead, they argued, “very strict legislation should be passed guaranteeing the patient’s freedom to the maximum” in psychiatric hospitals (Fanon and Géronimi 1959: 732). Fanon then provided basic data on issues such as patients’ average length of stay, the age range of patients, and the material hardships that were adding instability to patients’ lives, observing that “these figures point to a constant in the problematic of mental illness: uncertainty about the future and material hardship favor the onset of disequilibrium in individuals, thereby hindering harmonious integration into the group” (Fanon 1959a: 700).

The second part of the article, written by both Fanon and Géronimi, is subtitled “Doctrinal Considerations.” It includes an important critical assessment of sociotherapy, which they acknowledged to be a false solution, tending to result in the creation of conditions of life that become frozen, stereotyped, and stagnant—places that ultimately allow no space for invention, crisis, or innovation—in effect, giving rise to what Fanon called a “pseudo-society.”

Discussing hospitalization “from below”—that is, from the “point of view of the patient’s lived experience” (Fanon and Géronimi 1959: 717), they noted that, at most psychiatric institutions, the often over-medicated patients are left to themselves as soon as daily therapeutic activities end and medications have been distributed. Patients can feel a “sense of abandonment,” while life goes on outside. “Life from the outside, infiltrates the hospital through the plans of the staff: movie nights, evenings with friends, café rendezvous, taking on accrued depth for patients who remain confined to the silence and boredom of hospital common rooms.” This can be distressing for patients in any hospital but, “for psychiatric patients who literally feel like the coercion of the establishment is the sole reason for their confinement, it occasions contestation and revolt several times a day” (Fanon and Géronimi 1959: 717).

In this context, Fanon and Géronimi described how they again turned to sociotherapy in an effort to “lessen these kinds of stress factors and to maintain a certain degree of sociability for the patient” (1959: 717), encouraging patients to become actional and take on different roles and responsibilities. They maintained that when patients are asked, “to verbalize, explain things, explain themselves, and take a stance . . . sociotherapy thus wrenches them from their fantasies and forces a confrontation with reality on a new register,” even if, they added, the confrontation remains pathological as it occurs mostly “on an imaginary or symbolic plane.”

Thus, they proposed, sociotherapy had its uses, especially in large psychiatric hospitals where it “helps combat the progressive disaggregation of the personality known to take place in such settings.” They argued that sociotherapy “is especially indispensable in the asylum as it keeps patients socialized, hence actively working against chronic recurrence, leaving patients rotting

away within decaying asylum walls.” However, they also noted, sociotherapy rarely cures. “Sociotherapy reactivates delusional and hallucinatory processes, provoking new dramatizations so that doctors can better understand ‘what happened outside’” (Fanon and Géronimi 1959: 718). As Fanon had realized at Blida-Joinville, this was where sociotherapy reached its limit:

Our understanding of madness took a decisive turn with the creation of a neo-society within the psychiatric hospital, transforming it into a social milieu in its own right by multiplying relations, duties and opportunities for patients to take on various roles and responsibilities. We put this method into effect in Blida with particular zeal.³ Within this new society, we observed firsthand the transformation of the old symptomatology regularly associated with asylums: complete desocialization, gradual decline of the motor sphere in the form of stereotypes, hallucinatory agitation, catatonia, and the likes. Whereas patients require the reverse to heal: they need to be able to verbalize, explain things, explain themselves, and take a stance. Patients continue to invest in an objective world that has acquired a new degree of consistency. Sociotherapy thus wrenches them from their fantasies and forces a confrontation with reality on a new register. (Fanon and Géronimi 1959: 718)

Their criticism (and this was echoed in Cooper and Laing [1964]) is that the institutionalization of any therapy creates “fixed structures with strict, rigid, boundaries, and rapidly stereotyped schemata.” In such a situation, “*there is no space for invention or innovative dynamics*; nor any real jolts or crises that take place within this neo-society. The institution remains the ‘ossifying cement’ that Marcel Mauss spoke of.” Thus, in Mauss’s terms, the hospital is inhospitable to solidarity between the therapists, staff, and patient. As Fanon and Géronimi put it,

The inert character of this pseudo society, *its strict spatial confines*, the restricted number of structures available, and, why hide it, the patient’s lived experience of internment–imprisonment, considerably limit the curative and disalienating value of sociotherapy. *Thus, we have come to believe that the only true socio-therapeutic milieu is, and remains, material society itself.* (1959: 718–19; our emphasis)

This is, in fact the logical conclusion of sociotherapy, as Fanon had already stated in his letter of resignation from Blida-Joinville: sociotherapy is impossible in any institution and in any society that is set up to systematically dehumanize and decerebralize people. In Tunis, the day hospital opened up new horizons. What had to be avoided was what Fanon called the “*chosification du conflit*” (the thingification of conflict) and the thingification of patients. This kind of reification is typical of asylums, where staff focus on signs and symptoms but lose sight of real life, with its conflicts and secrets. In a day

hospital, patients are less cut off from their families or community contexts, and their psychiatric symptoms are not artificially stifled by internment. The organization of a day hospital allows for an open therapeutic approach to symptoms, and to underlying conflicts, thus avoiding their reification. In other words, rather than neurotic behavior and conflictual situations magically disappearing, the patients are given support to continue their relationships, even conflictual ones, in and outside of the therapeutic environment. Of course, for Fanon, the material basis of “avoiding anxiety” included encouraging the liberation of the mind and the freedom of the body in space, as well as in the noninstitutionalized (and noninvasive) “secret” portions of the day. This phenomenological attitude remained essential to his approach.⁴

Rather than *internment*, day hospitals offer “temporary support and momentary personality reinforcement” helping to normalize “patient–therapist relations” and to create a radically new situation. The “simple dialectic of master and slave, the prisoner and jailer constructed by internment *or the threat thereof* is radically severed,” with the “doctor–patient encounter [becoming] . . . one of *two free wills*.” This, Fanon said, is “necessary for *any form of therapy* but more so for psychiatry” (Fanon and Géronimi 1959: 715; our emphasis). Echoing remarks made in his medical thesis and in his letter of resignation from Blida-Joinville, Fanon continued his critique of “classical hospitalization”:

If we phenomenologically bracket out gross alterations of consciousness, mental illness actually presents itself as *a pathology of freedom*. Illness situates patients in a world where their freedom, will, and desires are constantly fractured by obsessions, inhibitions, contraindications and anxiety. Classical hospitalization considerably limits what patients can act upon, forbidding any compensation or displacement as they are kept within the bounds of the hospital and condemned to exercise their freedom in the unreal realm of their fantasies. It is not surprising then that patients feel free only in opposition to the physicians restraining them. (Fanon and Géronimi 1959: 717; our emphasis)

Fanon’s phenomenology was always anchored to history in ways that radically challenged the value of clinical attitudes, questions, and inquiries. He assumed that action both “upon the real and upon the patient” were decisive in the healing process.⁵

The day hospital in Tunis opened in May 1958, and one assumes that the article, published in *Tunisie Médicale* in 1959, was written quite quickly. The data in the article covers the period from May 1958 through 1959. This was the same period in which Fanon was writing *A Dying Colonialism* (in his office at the hospital), preparing and presenting a paper on national culture for the Second International Conference of Black Writers and Artists in Rome (in late March 1959), as well as giving a series of lectures at the University of Tunis on psychiatry and society.

The data collected about the day hospital is shown in thirteen tables, which contain information about the age, gender, occupation, and economic situation, as well as living situation, diagnosis, and the duration of stay for 345 patients in 1958 and 690 patients in 1959. The data set was thus fairly small, but large enough for Fanon and G eronimi to make some initial findings. They noted that the duration of hospital stays was declining and that, in 1959, the large number of Algerian refugees admitted meant that Tunisian patients from areas outside of Tunis were outnumbered (Fanon 1959a: 700, 706). The pathology of refugees, they argued, “is polyvalent and always very serious,” and Fanon planned to address this in a forthcoming work (1959a: 704).

That work was *The Wretched of the Earth*, in which he described the precarious conditions in the refugee camps in Tunisia and Morocco, as well as the high risk of postpartum psychosis among women: “These refugees live in an atmosphere of permanent insecurity,” he wrote. “In truth, there are few Algerian women refugees who do not suffer from mental disorders following childbirth” (Fanon 2004: 207). Fran ois Tosquelles, who had witnessed the effects of massive dislocation during the Spanish Civil War and was later a refugee himself, had emphasized the importance of place, migration, and exile on the body and the psyche. Similarly, the case studies Fanon mentioned in *The Wretched of the Earth* (in the chapter titled “Colonial Wars and Mental Disorders,” which we discuss in the next chapter) are described sociodiagnostically, beginning with the violence done to people’s bodies as the source of the lasting traumatic effects of brutality in postcolonial society.⁶

PSYCHOTHERAPY

Psychoanalysis is not an impartial scientific investigation but a therapeutic measure.

—Freud, “Analysis of Phobia in a Five-Year-Old Boy”

In practice, Fanon was always eclectic in his use of therapeutic techniques. It is worth noting that even within the avant-garde milieu of La Borde Clinic in France, F elix Guattari administered insulin-shock therapy, and electro-shock therapy was used, just as it was at Blida-Joinville Hospital in Algeria, under Fanon’s direction. While he was violently opposed to lobotomies, Cherki noted that at Blida-Joinville, Fanon treated patients with the most advanced available pharmaceutical treatments including the first anti-psychotic tranquilizer (known as Largactil in Britain and Thorazine in the United States), which had just become available. These treatments were always administered in combination with “some psychotherapeutic components” (Cherki 2006: 73) and, in their article, Fanon and Slimane Asselah (1957: 24) criticized doctors’ tendencies to simply prescribe tranquilizers over the telephone

as reflecting “a complete lack of understanding of pathological mechanisms.” At that time, these tranquilizers were often used to reduce the hallucinations and delusions associated with schizophrenia, and soon became associated with the “Thorazine shuffle” of overmedicated and pacified patients.

Fanon’s increasing interest in psychoanalysis is underappreciated and even dismissed. Indeed, his interest might seem almost counterintuitive, since Fanon connected mental illness so strongly to the colonial war and thus saw the ending of that conflict as critical to restoring mental health. In addition, the assertion he made in *The Wretched of the Earth*, that dreams of muscular activity—running, jumping, and so on—are reactions to the duress of physical oppression and the demands made by colonial authorities for the colonized to “remain in place” (2004: 15), is hardly merely a Freudian interpretation. Similarly, in his sociotherapy-related work, Fanon considered basic forms of resistance in terms of their social and cultural frame rather than in terms of an internal or intra-psychoic one, although these are surely connected. As Fanon and Geronimi put it, “The guiding principle for our psychotherapeutic interventions” at the day hospital, “is to avoid, as far as possible, assaulting the patient’s consciousness.” For this reason, alongside individual psychotherapy, group therapy, including drama, was employed to reinforce the ego and self-awareness. They explained that, in group therapy, priority was given to biographical narratives, where an individual patient spoke and the rest of the group was invited to respond: “During the course of the narration, patients demonstrate, comment on, and gain awareness of their own responses to conflict, *provoking the listeners to take a position*, offer criticism and express reservations” (1959: 711; our emphasis), or “to consciousnessize,” as Fanon put it in *Black Skin, White Masks*. Taking and defending a position is one expression of becoming thoughtfully actional: “Reciprocally, patients attempt to justify their behavior to others, thereby prioritizing the use of reason over phantasmatic and imaginary attitudes” (1959: 711).

While Fanon never retracted the critique of the Oedipus complex that he offered in *Black Skin, White Masks*,⁷ by the mid-1950s he had begun to reconsider psychoanalytic treatment, and the importance of transference and countertransference in therapeutic relationships.⁸ In Blida and in Tunis, Fanon continued to engage certain psychoanalytic concepts and practices; and he began to read Sandor Ferenczi, Melanie Klein, and others,⁹ as part of what Alice Cherki called his return to Freud (2006: 121). Referring to a twenty-seven-year-old patient, who was in therapy with Fanon five times a week,¹⁰ Cherki wrote that transference made Fanon “extremely uncomfortable,” despite the “incredible progress” that was happening. Perhaps as an existentialist, Fanon was reluctant to engage with the classical notion of transference insofar as Freud’s theory takes the patient’s inevitably distorted view of the analyst as its basic premise.¹¹

Expanding on what were considered minor differences between psychiatric hospitals and the type of day hospital he was trying to establish, Fanon and G eronimi argued that the day hospital had no “power over the patient’s freedom, appearance, or possessions.” They pointed out that this is a significant difference since in a day clinic “the initial confrontation with the institution does not bring into question ways of being but rather encourages a progressive questioning of modes of existence and existential content” (1959: 723). Interestingly, here they invoked Melanie Klein and Sandor Ferenczi (who emphasized both countertransference and intersubjectivity in psychoanalysis, and strongly influenced the development of interpersonal, relational, and object-relations theory) in relation to the work of establishing questioning modes of existence and “cultivating the body.” By this they seem to mean “taking care of the self through one’s dress, haircut and, above all, holding on to the *secret portion of the day spent outside the hospital*.” (Fanon and G eronimi 1959: 723; our emphasis). However, since there is little specificity about how Fanon interpreted Klein and Ferenczi and others in terms of “the importance of cultivating the body as a means of avoiding anxiety” (1959: 723), it is difficult not to speculate. Certainly the citing of their work seems to indicate a continued interest in psychoanalytic theory and practice, although we need to be clear that while Fanon never undertook psychoanalytic training or analysis, he was sensitive to the importance of language and the performative power of words in the therapeutic setting and did treat some patients psychoanalytically. Cherki, who had the opportunity to study Fanon’s “entire unpublished case notes on two talking cures that were conducted in 1959 and 1960s,” remarked,

I came to the surprised realization that Fanon possessed a tremendous intuition about the unconscious and a great erudition in psychoanalytic theory. The innovative boldness he brought to the identification of signifiers and the pertinence of his interpretive leaps are no less amazing in a person who never underwent analysis. (Cherki 2006: 2)

It appears that by the time he was working in Tunis, and as he began moving toward a more interactive stance with patients, Fanon’s discomfort with transference diminished.¹² In their article, Fanon and G eronimi expressed a desire to encourage transference as part of daily psychoanalytic therapy, arguing: “The Center seeks to have its patients regain self-awareness through verbalization, explanation, and ego reinforcement . . . Since patients do not pay their analyst, transference neuroses are particularly rare, therefore we often intervene to activate counter-transferential dynamics” (Fanon 1959a: 711).¹³ It would, of course, be interesting to know more about how they intervened to “activate counter-transferential dynamics.” Since countertransference also refers to the analyst’s feelings in the dynamic, perhaps Fanon was suggesting that he activated his own feelings?¹⁴

The last section of Fanon and Géronimi's article includes a description of therapies used at the day hospital. As noted, their guiding principle was "to avoid, as far as possible, assaulting the patient's consciousness." Their preferred therapies encouraged patients to "regain self-awareness through verbalization, explanation, and ego reinforcement." The goal of therapy, as they understood it, was to rebuild conscious and actional human beings. But how does one build free will, which, they argued, is necessary for any form of therapy? Their answer was as follows: "Our psychoanalytic practice is one in which we encourage the *reconstruction of fantasies* and generally adopt an *active attitude* in the Ferenczian sense" (1959: 731; our emphasis).

This statement is important as it emphasizes that the attitude they adopted involved "listening, giving patients the opportunity to regain self-awareness through verbalization, explanation, and ego reinforcement" (1959a: 711). And what is this "Ferenczian sense"? Ferenczi's research on the neurosis of war and on trauma was important and may have inspired Fanon's analysis of the psychic consequences of colonial war¹⁵ where "stress, exhaustion, war neuroses and psychoses all took their toll" (Macey 2000: 316–17). Ferenczi explained that shell shock, a "varying mixture of tremor, rigidity, and weakness, occasions quite peculiar gaits, possibly only to be reproduced by cinematography" and can become a "generalized spasm of the entire body musculature" (Ferenczi 1927: 126), leading to an almost complete dissociation from the self.¹⁶ Ferenczi argued that the symptoms observed and described were "powerful arguments against an organic, even if only a 'molecular' or 'micro-organic' change in the nervous reticulum," noting that he had gained, above all, an impression of the "peculiar-ity and oddness" of war-related neurosis (1927: 126). Based on his experience as director of a "war neurosis" clinic in Budapest in 1916 and 1917, Ferenczi argued that lengthy analysis was impossible. With thousands of patients waiting for treatment, it was necessary to shorten the treatment period and create an environment "of active tenderness so that [shell shock victims] could relax enough for the analyst to communicate with their psychotic or split-off parts" (Stanton 1991: 144). This was the beginning of what Ferenczi called an "active attitude" in clinical practice.

In discussions with Freud in 1918 about "psychotherapy for the people" (a project to make psychotherapy available for all after World War I), Ferenczi argued that issues of transference and countertransference would be critical and therapists would have to be aware of taking on the role of a parental figure. The techniques they discussed would encourage patients to

gradually expose themselves to their phobia-inducing or anxiety-provoking objects within and outside the session ... [and also] cease self-soothing or compulsive behaviors in order to experience the defended-against anxiety without incurring the feared catastrophe ... These techniques were to serve

as supplements to an interpretive method, as they allowed repressed thoughts, affects, wishes, and memories to emerge into consciousness in order to be worked through psychoanalytically. (Gaztambide 2012: 146)

One can imagine how difficult and how guarded this kind of work must be, and how highly dependent it is on the two free wills in the patient–therapist bond that Fanon spoke about. It was the work of reciprocity, creating an almost sacred space within which the feared situation could be enacted, without the expected traumatic result. Clinical work had to be filled with empathy and mutuality, while staying especially attuned to patients’ moment-to-moment responses to the therapist.

The focus of Ferenczi’s active technique was, Fanon appreciated, a recognition and openness to “the Other in the treatment process” (Rachman 1993: 84).¹⁷ This was essential for Fanon as it made psychoanalysis a relational therapy grounded in empathy. This acknowledgment of the Other in a treatment context resonated with what Fanon understood as a first principle of Tosquellian sociotherapy; that is, to break down the hierarchies inherent in doctor–patient relationships. This also echoed Fanon’s critique of doctors who actively disliked their patients in his article on “North African syndrome.”

Fanon discovered Ferenczi’s work in a Tunis bookshop where, Cherki remembered, he once sent an assistant to “purchase every book on Freud” (2006: 116). According to Cherki, Fanon was not only “captivated by Ferenczi’s discussion of the neuroses of war and by his ideas on trauma” but was also “on the look out for people who could translate Ferenczi’s other works.” One can also imagine that Fanon would have found Ferenczi’s critique of the doctor–patient hierarchy and his discussions of psychoanalytical technique useful. Ferenczi’s paper, “Confusion of Tongues between Adults and the Child: The Languages of Tenderness and Passion,”¹⁸ translated at the time, contained descriptions of techniques that may have resonated with Fanon for several reasons.¹⁹ First, Ferenczi wrote from the patient’s perspective, criticizing, “the analytical situation” as too often characterized by “restrained coolness . . . professional hypocrisy and—hidden behind it but never revealed—a dislike of the patient which, nevertheless, [the patient] felt in all [their] being—such a situation was not essentially different from that which in childhood had led to the illness.” In contrast, Ferenczi summed up the work of therapy as being to set free the patient’s “critical feelings.” Second, Ferenczi argued that analysts’ willingness “to admit our mistakes and the honest endeavor to avoid them in future” were essential if patients were to have confidence in the analyst (Ferenczi 1988: 198–200).

Third, Ferenczi “came to the conclusion that clinical observation and [lived] experience (*Erlebnis*) were inseparable” (Bokanowski 1996: 127). Here again that important word “*Erlebnis*” translated into French by Merleau-Ponty as *L’expérience vécue*.²⁰ With its emphasis on empathy, kindness, and

tenderness in an active, creative, flexible, and respectful practice, Ferenczi's approach was helpful to Fanon's work in the day hospital because it led back to the lived experience and subjectivity of the patients; and thus, for Fanon, to the foundations of therapeutic practice.²¹

Fourth, Ferenczi insisted that a friendly and sympathetic objectivity was necessary in part as a response to traumatic experiences created by what he called "the confusion of tongues."²² Like Ferenczi and his attitude of *active interference*,²³ Fanon was sensitive to language and its use in therapy. Cherki remembered, "He also had a great insight of using language to invoke the great tyrannical figures so that"—and here one can imagine the influence of Ferenczi—"through the intervention of a third voice, these figures could be made to retreat or take on another aspect" (Cherki 2006: 121; our emphasis).

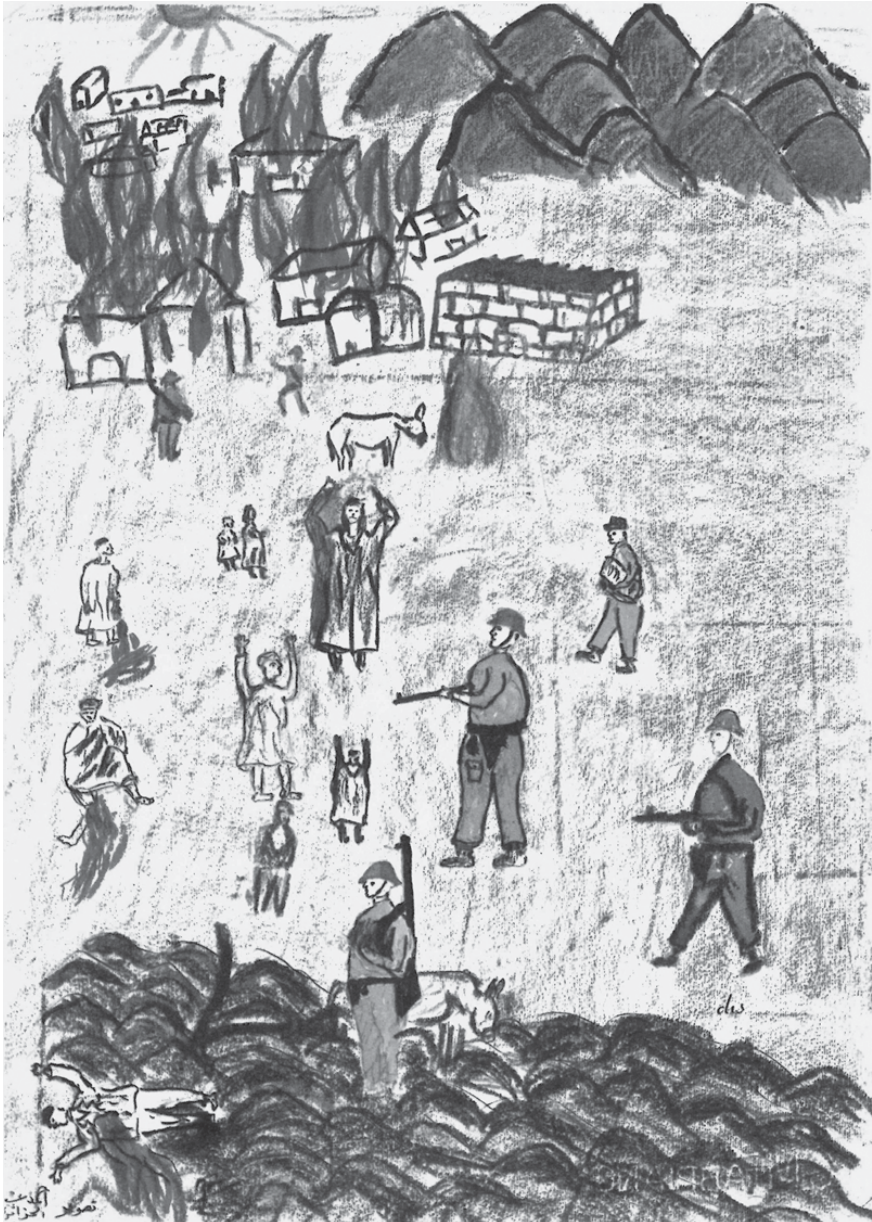
Finally, as an active and critical practitioner, Fanon probably valued Ferenczi's conclusion, that the task was not to apply a clinical technique but to discover an appropriate technique by "offering the analysands unconditional understanding and a right to find their own path to cure" (Bergmann 1996). Indeed, Bergmann has argued that in Ferenczi's final reflections, he began to reject "the concept of transference altogether," or perhaps to contextualize it in a different way, reducing "the analytic relationship to an everyday relationship, in which only the therapeutic alliance remains intact" (Bergmann 1996: 232). This notion of *Erlebnis*, and of overcoming the distinctions between analytical, medical, and everyday relationships, can also be considered a goal of Fanon's praxis.

While in Tunis, Fanon was involved in the production of a film, *J'ai Huit Ans*, which Nicholas Mirzoeff (2012; see also 2011: 246–51) described as "the product of a new therapeutic strategy that Fanon was experimenting with in his clinical work with Algerian refugees." In a therapeutic effort to present the children's voices, including their apocalyptic experiences of terror, violence, and flight, their narratives and drawings were gathered in refugee camps, with assistance from the Provisional Government of the Algerian Republic.²⁴ The narratives were also included in a book published in 1962, from which the extracts follow:

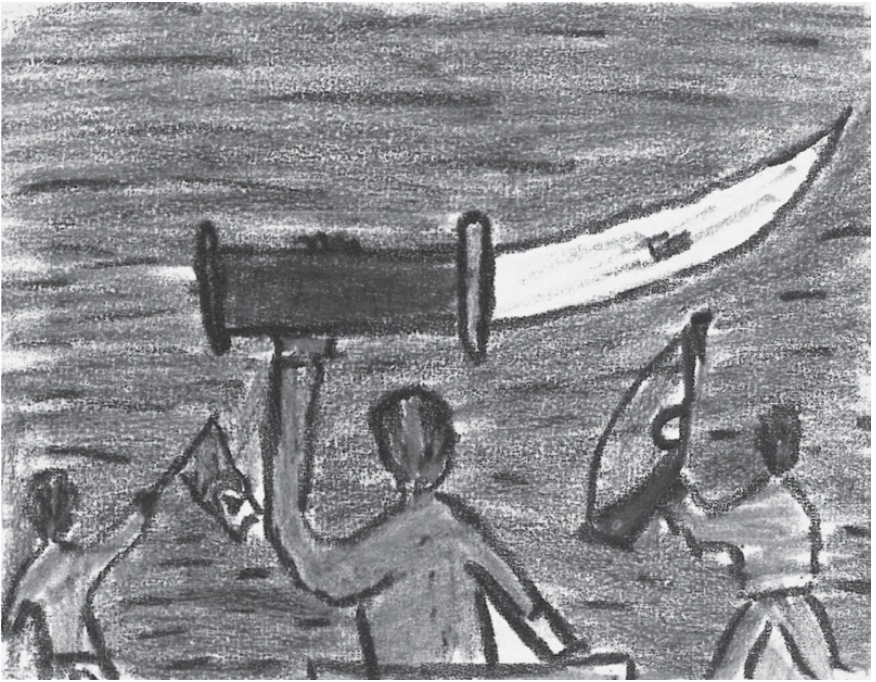
Mostefa Bellaid, Ten years old, from Tebessa. Recorded in Arabic at Yasmina Children's House

Father and mother died. My mother prepared tea, and the soldiers arrived, they killed her with bullets, and my father, who was making his ablutions, returned to the house and they killed him. I was next to my mother. The French came and picked grain. I ran away with my brother, who was eight years old, I was only seven, I think. As we ran, they killed my brother. A bullet struck me in the left leg behind the knee. I fell, and became a prisoner. Three soldiers came and arrested me, there were two big ones and one was small. They took me and led me to where the others were sitting. They placed my arm and my hand on a kerosene stove and burned me. They left me alone. I felt a lot of pain. I cried a lot because I felt a lot of pain . . . The French have done this to me because they

saw me run away. I ran away because I was afraid of them. I was afraid that they would kill me ... They burned me. I just sat down for an hour after they left. The French soldier, the small one, took care of the bullet in my leg. He did nothing for my arm.



Drawn by Ahmed Achiri, eleven years old. Source: Reproduced by kind permission of Francesco Pirelli. The drawings were first published in "Racconti di bambini d'Algeria" (Giulio Einaudi Editore in 1962.)



Anonymous. *Source:* Reproduced by kind permission of Francesco Pirelli. The drawings were first published in "Racconti di bambini d'Algeria" (Giulio Einaudi Editore in 1962.)



Drawn by Baya Thameur, eleven years old (originally from Béni Amar). *Source:* Reproduced by kind permission of Francesco Pirelli. The drawings were first published in "Racconti di bambini d'Algeria" (Giulio Einaudi Editore in 1962.)



Drawn by Hebila Abidi, ten years old (originally from Chiabna). Source: Reproduced by kind permission of Francesco Pirelli. The drawings were first published in "Racconti di bambini d'Algeria" (Giulio Einaudi Editore in 1962.)

Fatiha Abdallah, Eight years old, from Bona. Recorded in Arabic at Djamila Bouhired Children's House

It's been a long time since I left my mother and father in Bona. I do not know what happened to them. I came across the mountain alone. I walked across the mountain for ten days. Here's how I did it: I took a turn [on the path] and the soldiers began shooting at me. Then I went up the mountain and slept under trees. There were jackals, and I covered myself with my clothes. When it rained, I drank rainwater. Birds flew over my head. And the soldiers were shooting at me. One day here I met my paternal uncle. [The soldiers] had taken away his eyelashes and ears, from here to here. It is the French soldiers who have done this.

One day the French soldiers came to our house. They questioned everyone ... my father died. He died because of electricity and all the beatings that France had given him.

We escaped because the enemy was burning everything.

(Charby and Pirelli 1962: 72, 78, 118, 129)

Such stories of death and sadistic violence overlapped with a stupor produced by terror and the memory of flight. In addition, these children were often orphaned, and bore the inexorable traces of political trauma and colonial violence. Fanon

foresaw the diagnostic value of what now might be considered standard practice—inquiring into the suffering and traumatic consequences of war and violence for refugee children. To the book, Charby and Pirelli added firsthand accounts of the Algerian conflict (mainly written by prisoners and those in internment camps) and included these alongside the children’s accounts and drawings.

Apparently, Fanon initially had doubts about the whole project but changed his mind early on in the process and was “deeply upset” by some of the stories (Cherki 2006: 195). *J’ai Huit Ans* and *Racconti di bambini d’Algeria* also made clear the importance Fanon placed on visualization (and art therapy) in child therapy and emphasized that sociotherapy must continue after liberation, although in a new way. After all, insofar as a struggle for liberation is successful, it opens up new spaces for treatment, new sensitivities to trauma, and new avenues for sociotherapy.²⁵ Indeed, Fanon envisioned taking part in these developments after Algeria had won its independence, with patients saying that they would see him again in Algiers after independence (Fanon 2004: 189) but breaking out of cycles of violence takes us back to the heart of the drama.

NOTES

1. Thomas Adeoye Lambo graduated from the Institute of Psychiatry at King’s College London in 1954 and started an innovative day hospital at Aro Hospital in Abeokuta, Nigeria. For more about Lambo’s work, see also Heaton (2013).

2. It should be noted that the prison system has in many ways taken the place of the psychiatric hospital in the United States. Of the more than two million individuals incarcerated in the country, more than half have a mental health diagnosis.

3. See also Jacques Azoulay’s thesis: *La socialtherapie en milieu nord-africain* (Sociotherapy in a North African context), submitted to the University of Algiers in 1956; Azoulay dedicated the thesis to Fanon.

4. For example, in the essay “Algeria Unveiled” in *A Dying Colonialism*, discussed in chapter 7, Fanon wrote about all of these spatial scales, arguing that the transformation of the colonized’s awareness of the self and the body is intimately tied to the transformation of colonial urban space. He described how, by entering the European city of Algiers, the Algerian woman transgresses boundaries and “relearns her body” in a phenomenological sense. She takes on a different attitude that has a profound social and psychological meaning. For a discussion of Fanon’s claims, see Hélie-Lucas (1999), McClintock (1999), and Sharpley-Whiting (1999b).

5. To quote the article in more detail: “In erecting the wall of the asylum between patient and outside world, we magically negate one of the most essential factors in the genesis of a personality that postulates sameness between conflict and self. One cannot scotomize for long the fact that a conflict situation is the outcome of an uninterrupted dialectic between subject and world . . . This is not merely a matter of biography or anamnesis but of the history of the subject in all that it contains of successive integrations of both conflict and elements key to overcoming it . . . The patient hospitalized in a psychiatric establishment sees symptoms attenuate if not disappear but they remain

foreign, misunderstood, even scandalous. They are not appropriated or thematically organized, and the whole experience therefore takes place solely in the realm of magic” (Fanon and Geronimi 1959: 727). In a note to this text, the authors insisted on the importance of inserting “the family constellation into the healing process.”

6. Indeed, while we can debate whether, in the context of postcolonialism, Fanon’s thought can be considered a “postcolonialism of war” as Matthieu Renault suggested (2011b: 116) (while also questioning the “post” in postcolonialism and postwar), what is certain is that war colored Fanon’s adult experience and his thinking about psychiatry and liberation.

7. In contrast to Fanon’s self-congratulation that the Oedipus complex did not exist in the Antilles (2008: 130), Bird-Pollan has emphasized the importance of Fanon’s use of the Oedipus model in *Black Skin, White Masks* in terms of its “inadequate articulation in colonial society” (2014: 117). Viewing the Oedipus complex in terms of the movement from consciousness to self-consciousness, he argued that, akin to Fanon’s critique of Hegel, “there is a racial dimension to the Oedipus complex . . . which means that within the colonial complex, where race plays a decisive role, the Oedipus relation is inflected by the dimension of race that was not the case in Freud’s Vienna . . . What is needed in the colonial context, then, is a sociogenic analysis.” Accepting that, at a sociogenic level, too, the Oedipus complex fails to describe the experience of the individual black child or adolescent, he explains that there is nevertheless, “no better proof of Fanon’s use of the Oedipus complex as a theoretical model than the way he employs it to diagnose the widespread colonial psychopathology” (2014: 117–18).

8. Transference is an essential element of Freudian psychoanalysis and is understood as the work of the unconscious revealing itself (for a discussion of transference and countertransference, see Oelsner 2013).

9. Cherki also noted Fanon’s interest in Wilhelm Reich but recorded that he wondered about Reich’s later work, asking: “What did the United States do to that man to drive him to orgone theory?” (2006: 35).

10. Cherki recalled that, around this time, Fanon met with two patients five days a week (Cherki 2006: 2).

11. We are grateful to Miraj Desai (pers. comm.) for reminding us that transference has undergone constant revision and broadening and that Freud also changed his view on the concept, from seeing it initially as an impediment to later acknowledging it as a source of therapeutic change.

12. Perhaps the “weakness” he mentioned in the dedication to his thesis (see chapter 1, note 21) was something he was now able to think about.

13. While connecting transference to the payment for therapy and the exchange of money between the analysand and analyst might indicate a rather narrow notion of the concept, Fanon’s recognition of the importance of transference and countertransference is clear. Interestingly, although it is clear that Fanon was grappling with these kinds of psychoanalytical questions in the day-hospital setting, Macey confined his discussion of this issue to one of training, noting that Fanon was not trained as an analyst and “did not have the requisite technique” (2006: 323).

14. It is also possible that Fanon had an interest in mutual analysis, which, according to Martin Stanton, (1991: 198) is “the final development of the ‘active’ technique, which involves exchanging places between analyst and patient where this seems fruitful.”

15. For an overview of Ferenczi's trauma theory, see Jay B. Frankel "Ferenczi's Trauma Theory," <http://www.alsf-chile.org/Indepsi/Articulos/Trauma-Abuso/Ferenczis-Trauma-Theory.pdf>.

16. In "Colonial and Mental Disorders," in *The Wretched of the Earth*, Fanon wrote about those who are constantly tense and "on hold, between life and death. As one of them told us: 'You see, I'm as stiff as a corpse.'" Fanon also noted that "this particular form of pathology (systemic muscular contraction) already caught our attention before the revolution began." The doctors, of course, "turned it into a congenital stigma of the 'native,' an original feature of their nervous system, manifest proof of a predominant extrapyramidal system in the colonized." Fanon, by contrast, viewed the symptoms as "evidence in the colonized's muscles of their rigidity, their reticence and refusal in the face of the colonial authorities" (2004: 217). For Fanon, muscular tension and rigidity is characteristic of life under colonialism where "affectivity is kept on edge like a running sore flinching from a caustic ... The psyche retracts, is obliterated, and finds an outlet through muscular spasms that have caused many an expert to classify the colonized as hysterical." The trauma of colonization is akin to the trauma of war. Refusal is manifested in the colonized's "muscular tonus" and the release of muscular tension occurs through "bloody fighting" and "very real collective self-destruction" (2004: 17), where relaxation takes the form of a "muscular orgy" (2004: 19) and even dreams "are muscular" (2004: 15).

17. Significantly, Ferenczi also saw parallels between anti-Semitism and racism. Writing to Freud, he observed that "the persecution of blacks in America [is because] blacks represent the unconscious of [white] Americans ... The hate ... against one's own vices ... could also be the basis for anti-Semitism. It is only since my analysis that I have understood the widespread Hungarian saying: 'I hate him like my sins'" (quoted in Gaztambide 2012: 146).

18. Presented at the 12th International Psychoanalytic Conference at Wiesbaden in 1932, the paper earned Freud's strong disapproval. Indeed he considered it heretical and Ferenczi was banned from the psychoanalytic community. The break with Freud, who had been a longtime friend and collaborator as well as Ferenczi's analyst, was devastating for Ferenczi and he died the following year.

19. It is also possible that Fanon was introduced to Ferenczi by way of Lacan who cited Ferenczi's "Confusion of Tongues" in his report to the Rome Congress in 1953 and at length in his 1955 "*Variantes de la cure-type*" (Variations on the standard treatment) (Lacan 2006: 269–302) as well as in "Situation de la psychanalyse en 1956" (The situation of psychoanalysis) (2006: 384–411). It is also worth noting that Fanon (critically) mentioned Otto Rank's ideas about the "trauma of birth" in his lectures on society and psychiatry at the University of Tunis in 1959 and 1960. In 1924, Ferenczi and Rank had taken a similar direction vis-à-vis active techniques and published *The Development of Psychoanalysis*, emphasizing that feeling and lived experience (*Erlebnis*) should and would precede remembering and understanding. On Ferenczi's influence in France, see Dupont (2005).

20. Fanon also used this phrase in title of the fifth chapter of *Black Skin, White Masks*: "The Lived Experience of the Black." Interestingly, that the title of the second volume of de Beauvoir's *Second Sex* is *L'expérience vécue*. Fanon, therefore, not only recalled Merleau-Ponty but also revealed his debt to de Beauvoir. On Fanon and de Beauvoir, see Renault (2014) and Gordon (2015a). Among other things, de Beauvoir mentions in

her book the conflicts of the young black analysed by Richard Wright in *Native Son* and *Black Boy*, and considers the psychoanalytical, ethnological, and materialistic as in her analysis as Fanon would do some years later in *Black Skin, White Masks*.

21. It is worth noting that, like Tosquelles, Ferenczi had experience of treating trauma during wartime. Ferenczi was appointed director of a neurology clinic in Budapest in 1916, where he treated shell-shock victims and wrote about the psychoanalytic treatment of war-related neuroses. On the question of war and Fanon's thought, see "Frantz Fanon's War" in Marriott (2000).

22. For Ferenczi, the language of tenderness belongs to the child and/or to childhood innocence, in contrast to the language of passion (and suffering) of the adult and to genital sexuality. The point is that the "premature imposition on a child of the adult language of passion shatters the child's innocence" (Rentoul 2011: 38).

23. On the reasons, rules, and advantages of his "active interference" technique, Ferenczi wrote: "Like almost every innovation, 'activity' on closer inspection is found to be an old acquaintance. Not only has it played an important part already in the early history of psychoanalysis; it has in a certain sense never ceased to exist . . . The doctor should not fix attention rigidly on any particular intention (for instance on the desire to cure or to understand), but should also yield passively to the play of phantasy with the patient's ideas. Of course, if a doctor is to influence the patient's further ideas, this phantasizing cannot continue indefinitely; as I have explained elsewhere, as soon as certain really valid opinions crystallize, the doctor must direct attention to them and on mature reflection must decide upon an *interpretation*. Communicating such an interpretation is, however, in itself an active interference with the patient's psychic activity; it turns the thoughts in a given direction and facilitates the appearance of ideas that otherwise would have been prevented by the resistance from becoming conscious . . . Little of general applicability can be said about the indications for activity; here, if anywhere, one must proceed on individual lines. The main thing about this technical auxiliary is, and remains, the utmost economy of its employment; it is only a makeshift, a pedagogic supplement, to the real analysis whose place it must never pretend to take. On another occasion I have compared such measures to obstetric forceps that also should only be used in extreme need and whose unnecessary employment is rightly condemned by medical art . . . I take this opportunity to mention Simmel's analyses of traumatic war hysterias in which the duration of treatment was appreciably shortened by active interference" (1994: 198–211; translation altered).

24. The film was released in 1961. Produced by the Maurice Audin Committee, directed by René Vautier, with filmmakers Olga Bařdar-Poliakoff and Yann Le Masson, it includes drawings and stories of children collected by Jacques Charby and Frantz Fanon. The film credits read: "Prepared by Frantz Fanon and R. Vautier." A year later, the book was published in Italy (by Einaudi) and in France (by Maspero).

25. In discussing the relationship between psychology/psychiatry and politics, Miraj Desai (2014: 71) has argued that radical mental health is wary of new forms of psychologism: "Fanonian investigations call for an applied 'mental health' that is not merely applied psychology but is one that also addresses the traumatizing social structures, racist narratives, and humiliating practices that suffocate human experience. This expanded concept of mental health dates back to scholar-practitioners like Erich Fromm (1956), who articulated the possibility of moving toward a loving society, that is, a mentally healthy one."

Chapter Nine

Bitter Orange

The Consequences of Colonial War

In the important collection *Le peuple algérien et la guerre: Lettres et témoignages* (The Algerian people and the war: Letters and testimonies) first published in 1962, Patrick Kessel and Giovanni Pirelli wrote about repression in Algeria, including the extensive use of torture during the war years, from 1954 to 1962. They noted that the Guillaume Report of 1955 found that torture—euphemistically renamed “procedures” or “*sérvices*” (ill treatment)—was useful and that the police should be free to use it when necessary. The report was based on an investigation, authorized by the then French interior minister François Mitterrand in January 1955, and conducted by the inspector-general for administration, Roger Guillaume.¹ Guillaume was tasked with investigating allegations of the “ill treatment” of people under arrest, as well as “the authority of these methods . . . and the extent to which [they] . . . produced the desired effect” (Andreopolous 1997: 205).

In his report, Guillaume conceded that ill treatment occurred, but he mentioned the word torture in one concluding sentence only: “Certain [forms of ill-treatment] are very serious and have the character of true torture” (quoted in Andreopolous 1997: 205). For the rest, he acknowledged that beatings and water-boarding (referred to as “the bathtub”) were used, and he went on to *recommend* the “water-pipe” (*tuyau*) (which dates back to the inquisition and involves a prisoner being trussed with their nose blocked, while water is pumped into their mouth), and electric shock as the most effective techniques, adding that “they leave little trace” (Kessel and Pirelli, 2003: 11). Guillaume cynically concluded that such procedures, “if used moderately, were not more inhumane than food, drink or sleep deprivation”

(Andreopolous 1997: 206). The Algerian police subsequently urged that these methods continue to be used, even if this meant an inspector or chief of police had to be present. Darius Rejali has since pointed out that “the water pipe produces the most intense pain visceral tissue can experience” but concurred that, unlike electric-shock torture, it was unlikely to kill a victim. The “absence of scars,” Rejali continued, seems to have been what convinced Wuillaume that the experience was similar to being deprived of a cigarette. “I am inclined to think that these procedures can be accepted and that, if used in the controlled manner described to me, they are no more brutal than deprivation of food, drink and tobacco, which are however accepted” (quoted in Rejali 2009: 161).

Wuillaume offered four justifications for his recommendations. First, he said the usual beatings (*passage à tabac*) had no effect because Algerians already had extraordinarily difficult lives. Second, these techniques were far more civilized than “sweating” (interrogating suspects for hours under bright lamps). Third, invoking the spirit of Christian Masuy,² a torturer who perfected his craft during World War II and who declared his methods to have been “humane,” Wuillaume argued that, if properly used, these techniques “produce a shock which is more psychological than physical and therefore do not constitute excessive cruelty” (quoted in Rejali 2009: 160). Lastly, he noted that the Algerian police had admitted that they would inevitably resort to these techniques, whether or not they were legally permitted to do so. Wuillaume therefore argued that prohibiting these acts would simply drive them underground, and that it would be better to legalize and regulate them than to deny their occurrence (Rejali 2009).

Extensive use of torture and generalized violence against civilians followed, with politicians and government officials in France complicit at every point. The colonial government’s sanction of such “acceptable illegality” gave senior officers the scope to use torture arbitrarily. Sanctions against those responsible for such acts were purely administrative, usually requiring nothing more than their transfer back to France.

As noted, Wuillaume carefully avoided using the word torture to describe the techniques he recommended. Had he done so, he would have violated France’s penal code as well as the country’s ratification of the Geneva Convention in 1949. Nevertheless, in reality, torture became one of the main instruments of counterinsurgency warfare in Algeria, and was used extensively to undermine support for the FLN, and the Wuillaume Report “marked a turning point in governmental perceptions of torture” (Andreopolous 1997: 206).

TORTURE, VIOLENCE, AND THE ALGERIAN EXPERIENCE

Cruelty, like every other thing, has its fashion according to time and place.

—Marx, “The Indian Revolt”

Officially, Algeria’s war of independence began when the FLN declared the start of the war of liberation on November 1, 1954. This took place just months before Mitterrand authorized Wullaume’s report, but in the hearts and minds of those supporting armed struggle, the revolution began on May 8, 1945, the day on which the Sétif massacre took place (Drew 2014).

On that day, Nazi Germany surrendered and France celebrated the Allied victory, while anticolonial forces in Algeria gathered to protest and demand their own independence. General Duval, commander of the division in Constantine (and later known as the “butcher of Sétif”) gave the order to fire on the largely unarmed crowds. Bouzid Sâal, an adolescent carrying the Algerian flag, was killed. The reaction was unexpected and violent. Up to a hundred French settlers were killed, more than half of whom were children and women. The French reprisal was cruel and indiscriminate. Thousands were killed in a combination of aerial bombardment, lynching, and killing, with the most violent actions carried out at Sétif and Guelma involving Senegalese troops.³ The use of Senegalese troops was nothing new. As Fanon noted in his discussion of a thirteen-year-old Madagascan boy’s frightening dream in *Black Skin, White Masks*: “Every time there was a rebellion, the military authorities sent only the colored soldiers . . . It is the ‘peoples of color’ who annihilated the attempts at liberation by other ‘peoples of color’ (2008: 83).

Postwar Europe was polarized. The French and British colonial regimes viewed the colonies as an essential part of the postwar metropolitan reconstruction, so they were completely unwilling to entertain the idea of independence. Increasingly militant calls for independence from the colonies were initially met with complete silence and intransigence and then finally with violent suppression.

In June 1945, France became a signatory to the United Nations Charter of Universal Human Rights and Justice and, in 1948, the Universal Declaration of Human Rights was adopted by the United Nations General Assembly in Paris. There would be neither human rights nor justice in the colonies. The universal declaration was somehow expected not to extend to such people.

Whatever international agreements they signed on justice and human rights, French policy and practice in response to counterinsurgency warfare—violence, terror, and torture—were, in part, a result of their traumatic defeat

at Dien Bien Phu in Indochina. That defeat colored attitudes toward Algeria, with veterans of Dien Bien Phu playing a key role in framing the danger of a “second Indochina.”

From November 1954, an “atmosphere of fire and brimstone,” the “oneiric storm” that Fanon described in *The Wretched of the Earth*, intensified dramatically. France brought to Algeria all the tactics and techniques it had learnt in Indochina (including internment camps and torture, and especially torture by electricity).⁴ In short, torture became an essential element of the French government’s strategy to hold on to power in Algeria.

By December 1954, just a month after the insurgency began, the French government launched a countrywide military counterinsurgency operation called “Bitter Orange” targeting suspected nationalists and anyone else thought to be supporting resistance to the colonial administration. By the end of the month, two thousand people, many of whom were not FLN supporters, had been arrested.⁵

Torture and violence became systematic and euphemism triumphed. On March 31, 1955, by a vote of 379 to 219, the French Parliament approved the declaration of a state of emergency in Algeria. “Administrative internment” and house arrest (*assignation à résidence*) made arbitrary isolation or imprisonment common. The summary execution of anyone who tried to escape was routine and became known as “*corvée de bois*” (chopping wood). Both women and men were targeted.⁶ Within months of the state of emergency being declared, over four thousand people had been interned.

In a report dated December 1955, the director-general of the security forces, Jean Mairey, declared that the “police and gendarmerie’s investigation methods are reminiscent of the Gestapo’s rather than those of a democratic state” (quoted in Kessel 2002: 21 see also Klose 2013: 182). Women and men were tortured in the name of “gathering information” and the goal of conquering the “native population” became “predicated on ‘the conquest of reams of information,’” with the collection of data becoming an end in itself (Lazreg 2008: 115). Although consistently denied by the authorities, torture was openly discussed using a “coded grammar” (Lazreg 2008: 116). Testifying at the trial of a member of the infamous underground right-wing paramilitary organization, the Organisation Armée Secrète (OAS), in 1962, Captain Joseph Estoup explained, “In military language it is called ‘gathering information,’ in ordinary language we call it ‘plying with questions,’ in French it is called ‘to torture’” (Vidal-Naquet 2001: 6).⁷

To further impede the guerilla movement and stop the FLN recruiting in the rural areas, the French launched a policy of forced internment in camps. A million people were forced out of their homes, their villages were declared “forbidden zones,” and they were confined to internment camps (*camps de*

regroupement) that were surrounded by barbed wire. Forced to abandon their livestock and with no land to cultivate, these Algerians were condemned to misery and hunger (Vidal-Naquet 2001: 10). The bleak and traumatizing camps were described by Simone de Beauvoir as “death camps, serving on the side as brothels for elite troops” (quoted in Drew 2014: 188). While resettlement did isolate the so-called regrouped from the FLN members, conditions in the camps also helped channel nationalist consciousness and helped to strengthen support for the resistance movement.

As the revolution progressed, state repression became increasingly arbitrary and vigilante-led. In April 1955, using powers devolved via the state of emergency, the scope accorded to military courts was extended and the governor-general was given powers of internment. On August 20, 1955, ten years after the Sétif massacre, another massacre took place at Aïn-Abid in northeastern Algeria. In a reprisal for an FLN attack in the nearby port of Philippeville, Constantine (where about a hundred Europeans, including women and children, were brutally murdered), the French indiscriminately massacred thousands of Algerians at Aïn-Abid:

Once the colonized have opted for counter-violence, police reprisals automatically call for reprisals ... The outcome, however, is profoundly unequal, for machine-gunning by planes or bombardments from naval vessels outweigh in horror and scope the response from the colonized. The most alienated of the colonized are once and for all demystified by this pendulum motion of terror and counter-terror ... Terror, counter-terror, violence, counter-violence. (Fanon 2004: 47)

Fanon’s resignation from Blida-Joinville Hospital in 1956 coincided with a decisive shift in French tactics. The defeat of the FLN in Algiers under the leadership of General Massu was considered a great success and became the “model for further French warfare in Algeria” (Klose 2013: 117). Alongside the propaganda and psychological warfare (including torture) that were used to distance the population from the FLN, the increasing militarization of society and the scope given to the intelligence services meant that people were physically removed from their homes, and then “re-educated” through resettlement, internment, or detention. Propaganda and psychological warfare were considered central to counterinsurgency, and aimed to “win hearts and minds.”

According to Fanon, the “demystification” and disalienation of colonized appeared to be directly connected with, and made possible by, the tragic asymmetry of death and terror. The struggle reached a “point of no return” within a hellish cycle of executions, FLN attacks, asymmetrical military reprisals, and OAS terror attacks.⁸

In 1957 the Algerian governor, Lacoste, authorized the creation of urban and rural militias by distributing weapons to civilian populations. With this,

official “racial profiling” (*chasse aux faciés*) began. At the same time, rather than calling members of the FLN and other opposition groups prisoners of war, the French government coined a new phrase to criminalize them, using the acronym “PAM” which stood for “pris les armes à la main” (captured while carrying arms).

Despite obstacles created by French government—which did not recognize the Algerian conflict as a war—the Red Cross collected information during its 1959 mission in Algeria that reflected the totality of the violence. They documented the horrific conditions in the camps and prisons, and more particularly in the so-called *camps d’hebergements* (hosting camps), and the *centres de tri et de transit* (sorting and transit centers). The latter were administered by the military. Here, torture had become routine. The Red Cross were not permitted to freely meet or treat detainees but they were allowed to investigate the conditions under which such captives on were kept provided that they did not make their findings public.⁹ Nevertheless, some excerpts from their report were published in *Le Monde* on November 18, 1959, and then in *Témoignages et Documents*, a book edited by Pierre Vidal-Naquet (Vidal-Naquet 2002). The Algerian authorities seized all copies of these publications.

A deposition made by Gisèle Amiach, a student from the city of Oran, was included in *Le peuple Algérien et la guerre* and offers just one example of what daily life was like during this time:

I was arrested on the beach, at Cap Falcon, on September 10 [1956], by two policemen in civilian clothes. I didn’t want go with them because they didn’t have an arrest warrant ... They led me to an office, which I discovered later was a DST office (Direction de la Surveillance des Territoires). I waited there for some time while they searched my bag. Later some policemen started asking me questions but I refused to answer, saying that I would speak only in the presence of the investigating judge and my lawyer. My answer amused them and they began to threaten me: “We will soon see if you won’t answer our questions!” ... They put me on a table, stretched my arms and legs ... [and] put electrical wires on my toes. One of them said: “When you decide to speak, you can raise a finger.” I heard his voice all the time, and it has continued to cause me distress. The electric shocks started. It was hellish and intolerable. I felt compelled to speak, to say anything to stop the suffering. If I raised my finger and then I didn’t speak, the electric shocks became stronger. I emitted a shill cry, and they punched my mouth. Fearful of what all this would do to my baby, I told them I was pregnant ... They hesitated a little ... [but] were reassured when I told them that the pregnancy had just begun ... In vain I called for a doctor, but it was useless. The electric shocks started again, and were stronger and longer than before. It lasted some hours ... I could not get off of table. (Kessel and Pirelli 2003: 50–53)

The images that emerge from this narrative are not very different from those told decades later on the shores of the Mediterranean by those who have survived torture in Assad's Syria.

According to Fanon, the "demystification" and disalienation of the colonized appeared to be directly connected with, and made possible by, the tragic asymmetry of death and terror. The struggle reached a "point of no return" within a hellish cycle of executions, FLN attacks, asymmetrical military reprisals, and OAS terror attacks.

Fanon's depiction of colonialism as totalitarian was not rhetorical. In a study of the British and French violence in Kenya and Algeria, Fabian Klose revealed that to control the population, officers "did not shy away from deploying totalitarian measures," and justified these on the basis of protecting the population from terrorists (Klose 2013: 115). As one French colonel put it, "Call me a fascist if you want . . . but we have to bring the population to heel. Each step a person takes has to be controlled" (quoted in Klose 2013: 115). In *A Dying Colonialism*, Fanon (1965: 65) characterized colonialism as occupied breathing, with every breath monitored by the intelligence services. In such contexts, taking care of the body as a means of avoiding anxiety becomes paramount.

Fanon did not mention the Sétif massacre in *Black Skin, White Masks*, but he did write about another colonial massacre carried out by the French in response to anticolonial revolt in Madagascar in 1947. In a long footnote to his chapter on Mannoni titled "The So-Called Dependency Complex of the Colonized," he quoted testimony given at a trial in Antananarivo by a young man named Rakotavao who had been sentenced to death. In his testimony Rakotavao described being waterboarded, burned, whipped, kicked, punched, hung upside down, and subjected to a number of other techniques designed to make him admit what his torturers told him to admit (2008: 84).

As Lou Turner explained (2011: 118–19), Fanon's reference to torture in Madagascar was specific "to his project of deconstructing the psychoanalytical conception of the so-called dependency complex postulated by Octave Mannoni in his ethnopsychological work, *Prospero and Caliban: The Psychology of Colonization*." Mannoni's advocacy of the reform of French colonialism was based on paternalistic notions of the colonized's dependency complex. Although more liberal than Porot and the like, Mannoni never saw through primitivism.¹⁰ As a number of studies have made clear—see, for example, Mahone and Vaughan (2007) as well as Anderson, Jenson, and Keller (2011)—psychiatry played an important ideological role in helping to justify colonialism and substantiating its claims to humanism. Psychiatrists also played an important role in buttressing the ideological edifice that legitimized brutal wars against liberation movements and some

actively participated in refining techniques used to torture activists and others involved in anticolonial struggles.

As Marnia Lazreg (2008: 123) pointed out, in Algeria, a “séance” began with the prisoner stripping before fully clothed interrogators in “the first step toward weakening the prisoner’s psychological defense” (Lazreg 2008: 123). (In Algeria, a prisoner’s first interrogation session was evocatively called a *séance*, a term that, in French, is associated with psychoanalysis, and specifically with techniques that lead patients to talk about their lives and reveal secrets locked in their unconscious.)

That psychiatry justified torture, which is itself a logical outcome of dehumanization, was clearly articulated by Fanon in *A Dying Colonialism*. With the encounter between medicine and colonial rule, he argued, “we come to one of the most tragic features of the colonial situation” (1965: 121). That is, in the colonial situation, a practice that is designed to heal becomes intrinsically complicit with the work of dehumanizing, controlling, and breaking human beings.

To say that doctors were part of the same system as the police was no fantasy. Indeed, the truth of this statement includes not only the medical staff involved in torture, but also all those whose silence was consent. Hospitals, as Keller has argued (2007a: 157), became “important as tools of pacification.” Psychiatrists willingly administered shock treatments, and “truth serums,” and all medical personnel were spokespeople for colonial power. In short, every medical encounter was experienced as a “repetition of the torturer–tortured relationship” (Fanon 1965: 137, 138). It can be argued that the work of the medical technicians who staffed the torture chambers, where medicine was openly weaponized, encapsulated the essence of colonial medicine (Keller 2007a: 151).

TOWARD A HEALING CULTURE AND A REVOLUTIONARY PHARMACY

As a psychiatrist who was sensitive to the sociogenesis of mental diseases, interested in exploring the religious and cultural aspects of healing, active in subverting colonial portraits of North Africans and the labeling of psychic and political suffering as pathological, Fanon acknowledged that truth could constitute a source of challenge and anxiety. This caveat needs to be carefully considered when thinking of the work involved in building a future nation.

Colonization is not just about domination. It erases people’s humanity, and transforms them into things. It reduces the colonized to fauna and flora, to part of the wilds that have to be kept at bay with guns, repellants, and pesticides. In the first phase of colonization, after pacification, when the

oppressor is triumphant and encounters little opposition, Fanon observed that “the colonized’s defenses collapse, and many of them end up in psychiatric institutions” (2004: 181). Gradually, the day-to-day world of the colonized turns into a social and psychopathological apocalypse. As Fanon put it, the colonized’s affectivity is “kept on edge” like an open wound (2004: 19), and they have few defenses or barriers against the incursion of external agents. Colonization feeds frustration and shame; it breaks down shared memory and ties of solidarity. Dress, language, and religion as well as the sense of space and bodily schema all come under attack. And all become a field of psychic struggle where anxiety, obsession, and self-destructive behavior flourish. As Oliver (2004: 52) argued, “The idea that forces itself on the colonized is the idea of their own inferiority” and the colonizer’s superiority.

The affects associated with these ideas are a complex of anger and shame. The self-reproach typical of obsessional neurosis is the result of the internalization of—or, more accurately, the infection with—the particularly cruel superego of the colonized, a superego that abjects the colonized as racialized Others. (Oliver 2004: 52)

Fanon had reached similar conclusions when he spoke about torture and colonial domination at the 1956 Conference of Black Writers and Artists in Paris, arguing that the colonized are reduced to mere objects and “shattered at the very heart of [their] being” (Fanon 1956: 125). He explained that exploitation, torture, raids, racism, mass murder, and systematic oppression work at different levels to literally turn the colonized into objects at the mercy of the occupying nation, deprived of both the means of existence and a *raison d’être*.

When the liberation struggle starts, a second historical and psychic phase begins.¹¹ Fanon’s analysis of this new phase was critical of post–World War II psychiatric literature, with its emphasis on the “reactive” character of symptoms. He saw the different “value” attributed to anticolonial violence as a further indictment of colonial domination (maybe of all domination), in that a sort of paradoxical injunction is issued to the subaltern to be more “human” and more reasonable than the colonizers and to “engage in fair play” in face of terror and vastly asymmetrical power relations. As Fanon remarked,

The European nation that practices torture is a blighted nation, unfaithful to its history. The underdeveloped nation that practices torture thereby confirms its nature, plays the role of an underdeveloped people. If it does not wish to be morally condemned by the “western nations,” an underdeveloped nation¹² is obligated to practice fair play, even while its adversary ventures, with a clear conscience, into the unlimited exploration of new means of terror. (Fanon 1965: 24)

What Fanon pointed to was not a “psychotic” reaction to trauma but the tragic consequence of a “bloody, pitiless atmosphere, the generalization of inhumane practices” (Fanon 2004: 183). Fanon also pointed to another factor that makes the psychic effects of colonial war unique and pushed him to distance himself from the “well-established notion” that psychotic reactions have a benign evolution in a war context. As Fanon put it: “We believe on the contrary that the pathological process tends as a rule to be *frequently malignant*,” leaving “a vulnerability virtually *visible to the naked eye* . . . the future of these patients is *compromised (l’avenir ce des maladies est hypothéqué)*” (Fanon 2004: 184; our emphasis). Fanon pointed out that the basic logic of torture involves the thingification of human beings. Whereas Ferenczi emphasized the unique character of war neurosis in terms of the “peculiarity and oddness” of its symptoms, Fanon stressed the uniquely malignant nature of mental suffering experienced by victims of colonial violence.

Perhaps the most significant psychiatric text Fanon wrote during his time in Tunis was the final chapter of *The Wretched of the Earth*, which includes some of the case notes he made while at Blida-Joinville Hospital. Fanon warned his readers that the violence of pacification, as a central theme for the study of psychiatric disorders among a “pacified” population, might seem “out of place or untimely” (2004: 181) but, since he included them in the book, he clearly thought they were essential. Reflecting on his work in Blida and Tunis, he stated, “Since 1954 we have drawn the attention of French and international psychiatrists in scientific works to the difficulty of ‘curing’ a colonized subject correctly,” that is to say, to fit into the “social environment of the colonial type” (2004: 181–82). But when compared with some of Fanon’s other writing on psychiatry, “Colonial War and Mental Disorders” appears to be of a different order because of its singular focus on the traumatic effects of colonial violence. Indeed, Fanon made a conscious and perhaps underappreciated decision to make this the concluding chapter to a work that begins with “On Violence.” Fanon’s apparent shift in perspective has to be seen in the context of the anticolonial war.¹³

In *The Wretched of the Earth*, after discussing the role of intellectuals in building a new nation, Fanon radically changed his line of analysis and his conceptual horizons:

But the war goes on. And for many years to come we shall be bandaging the countless and *sometimes indelible wounds* inflicted on our people by the colonialist onslaught. We shall deal here with the problem of mental disorders born out of the national war of liberation waged by the Algerian people. (2004: 181)

It seems that the more Fanon the political revolutionary advanced in imagining the new society, the more Fanon the psychiatrist could not forget the wounded society on which the new nation would be built.

From his experiences in Algeria, including the Battle of Algiers, Fanon came to understand that violence is simply the truth of colonialism—colonialism is absolute brutalization that leads to daily repression practiced so routinely and on such a wide scale by the colonizer on the colonized that it becomes banal. The result, Fanon predicted, was that “an entire generation of Algerians, steeped in collective, gratuitous homicide with all the psychosomatic consequences this entails, would be France’s human legacy in Algeria” (2004: 183n22). As Homi Bhabha (2004: xxxvi) put it, Fanon’s discussion of anticolonial violence should be understood as “part of a struggle for psycho-affective survival and a search for human agency in the midst of the agony of oppression.”

“Our actions never cease to haunt us,” wrote Fanon in a footnote regarding a militant who had become anxious about who he might have killed by placing a bomb in a busy café. Each year, on the anniversary of the event, symptoms of anxiety would break out. “Who dares claim that vertigo does not prey on every life?” Fanon asked, observing that this militant paid “the price . . . in his person for national independence” (2004: 184–85n23).

Faced with this vertiginous situation, Fanon expanded the notion of nation building far beyond the narrow scope of organizational politics by suggesting that “such borderline cases pose the question of responsibility in the context of the revolution” (2004: 185). Decolonization has to be an ongoing and continual process, bandaging “sometimes indelible wounds.” This justified for Fanon the inclusion in *The Wretched of the Earth* of “notes on psychiatry [that might otherwise seem] out of place or untimely in a book like this.”¹⁴ It is remarkable that he felt he had to justify his notes on psychiatry, but then, for the majority of the life of *The Wretched of the Earth*, they have remained understudied.

In the chapter “Colonial Wars and Mental Disorders,” Fanon prophesized and underlined the long-term effects of colonial violence, suggesting that it often prompts a negative evolution. In illustrating the peculiar temporality of this form of psychic suffering, he conceived a sort of nosography to frame the different cases of mental disorders he treated between 1954 and 1959. Although he declared that he was not interested in “semiological, nosological, or therapeutic discussion” (2004: 183), he nevertheless engaged in a deep dialogue with each of these dimensions, starting from the prognosis that colonial wars constituted a “veritable apocalypse . . . a new phenomenon even in the pathology it produces” (2004: 183–84).

In the first set of five patients whose history Fanon discussed, one was a man affected by impotence after discovering the rape of his wife, one was a survivor of a massacre, the third was a young Algerian student who unnecessarily killed a French woman during a guerrilla action, and the last two were French policemen who were involved in torture. Fanon framed the discussion of all five cases by the one mentioned above, of the militant haunted by the

question of whether the bomb he had lain had killed innocent people. In all of the cases, Fanon anchored the problem of suffering to the fundamental issue of *individual* and moral responsibility in the context of, but never fully justified by, the laws of war. In other words, in this chapter, Fanon investigated the existential and ethical issues of violence, the very issues that are often expunged by contemporary biological and cognitivist models of trauma, such as those epitomized by PTSD.

In the first case outlined by Fanon, the patient suffered from insomnia, impotence, and other symptoms following the rape of his wife. The patient recalled their arranged marriage, “She was nice, but I didn’t love her,” and “with the war, we moved even further apart.” He was, however, guilt-ridden by his wife’s rape, which occurred, he said, because “they had been looking for me.” His wife was, he believed, “a tenacious woman who was prepared to accept anything rather than give up her husband. And that husband *was me*.” In a conversation with Fanon, the man asked him what he would do, “Would you take your wife back?”

Ultimately, the man rebuilt his relationship with his wife, acknowledged her heroism, and accepted that other men married (and remained married to) women who had been raped by the French. His therapy developed hand in hand with a moral questioning that was both individual and collective. Interestingly, Fanon chose to begin his analysis of “severe reactive disorders” with this case in which the therapeutic process overlapped with ways in which the revolution had contributed to a redefinition of social and gender attitudes.

The second case was that of a survivor of a massacre who had wounded eight other patients since being hospitalized. The patient continued to declare in a fragmented and paranoid way that “there are some French among us . . . They’re disguised as Arabs . . . All these so-called Algerians are French . . . I’ll kill them all.” Fanon pointed out that the impossibility of discerning friends from enemies was a tragic symptom of the man’s confusion, but more than this, it was an eloquent metaphor for what the colonial war had wrought: the collapse of any trust and feeling of a common belonging. The impossibility of knowing who was who was forcing the man to answer another famous question: “Who I am in reality?” (2004: 182).

The third case is important for a number of reasons. The patient, an insomniac who had attempted suicide twice, reported auditory hallucinations. He was a nineteen-year-old member of the FLN’s National Liberation Army. Fanon noted that the man talked “of his blood being spilled, his arteries drained . . . [and] begged us to stop the hemorrhage,” claiming that “they” came to the hospital to suck his blood from him. The patient also had a recurring dream of a woman persecuting him. Knowing of the recent murder of his mother, Fanon explored the possibility that the patient was facing an unconscious guilt complex similar to that described by Freud in his essay

“Mourning and Melancholia.” But the issue was different. During a military operation that took place after his mother had been murdered and his sisters raped, the man had gone to the estate of a colonial settler who had killed two civilians. Finding that the settler was not there but that his wife was alone at home, the patient had killed the woman in an act of rage. This was the woman who haunted his dreams.

Again, we see symptoms arising from an ethical conflict following violent acts perpetrated during colonial war, when divisions between enemies and friends, the guilty and the innocent become increasingly opaque and haunted by ambiguity. In addition, the reference to “blood sucking” offered a powerful metaphor of how the supposedly “safe space” of the hospital was experienced by the colonized. Even more troubling was Fanon’s resigned conclusion: “As unscientific as it may seem, we believe only time may heal the dislocated personality of this young man” (2004: 194); time, just time and, implicitly, the indeterminacy of the long process of social rebuilding and humanization.

In his article “Confession in North Africa” (discussed in chapter 6), Fanon had described Algerians who refused to attest to confessions they had made after being arrested because they had no sense of belonging to the society represented by the judge, the court, or the colonial system. In the cases discussed in *The Wretched of the Earth*, the problem was not an external but an *internalized judge*. What Fanon pointed to was that the internal (and infernal) judge continues to haunt (and question) our conscience, reason, and sense of personal responsibility.

In a brief discussion of the last two of the five cases, Fanon revealed more of his unique approach to violence and alienation. The cases concerned a police officer and a police inspector, both actively involved in torture. The first declared his willingness to stop doing this intolerable “job,” and he asked for a transfer to France. The second, who had also begun to violently assault his own children, asked for help so that he could continue to carry out his duties, including torture, but without this spilling over into his life after hours. Fanon’s case descriptions can be read as part of his analysis of the moral and political issues affecting both victims and perpetrators of the colonial war. What he did first, however, was to turn the diagnosis and treatment into a political issue, thus moving well beyond any simple nosographic schema.

Fanon linked the nature of the patients’ symptoms to the specific context of the violence witnessed or perpetrated. That is, he focused on the specificity of the torture,¹⁵ and did not attempt to contain each event under the general label of a traumatic event “outside the range of usual human experience” as the APA does (APA 1987: 250). By connecting mental disorders to the particular atmosphere of the colonial situation, and not to a vague notion of war-related violence,¹⁶ Fanon built a *political nosography* of traumatic disorders that is structurally linked to people’s social role and agency. In this way,

he anticipated many of the crucial ideas expressed by Allan Young in *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder* (1995).¹⁷

In exploring the logic of torture and its perversion, Fanon revealed that, apart from the effort of masking the somatic consequences of trauma, the paradoxical injunction of not forgetting is among the most psychically ruinous and long-lasting effects of this specific form of violence. Fanon invoked the words one French soldier said to the woman he had raped: “If you ever see that bastard your husband again, *don't you forget* to tell him what we did to you” (Fanon 2004: 186; our emphasis). This injunction to remember the scene of violence, to remember what the victim would like to forget, introduces a block in the tension between forgetting and remembering, rendering the victim literally *possessed* by their memories (Beneduce 2010a). This is the key epistemological issue in what Cathy Caruth called the “crisis of the truth” (1995: 8).¹⁸

For on the one hand, the dreams, hallucinations and thoughts are absolutely literal, unassimilable to associative chains of meaning. It is this literality . . . that possesses the receiver and resists psychoanalytic interpretation and cure. Yet the fact that this scene or thought is not a possessed knowledge, but itself possesses, at will, the one it inhabits, often produces a deep uncertainty as to its very truth. (Caruth 1995: 5–6)

No less significant is that Fanon scrutinized these problems from both sides—the victims’ as well as the perpetrators’. He wrote,

We had no control over the fact that the psychiatric phenomena, the mental and behavioral disorders emerging from this war, have loomed so large among the perpetrators of “pacification” and the “pacified” population. (2004: 181)¹⁹

As well as being a privileged witness to this “pendulum motion of terror and counter-terror,” Fanon was directly affected by it. On the one hand, the French government made at least two attempts to assassinate him, and on the other hand, being considered suspect by factions in the FLN was a constant possibility. As Fanon continued to remind us, the Algerian war was not only an anticolonial war, it was also a civil war—an internecine struggle that nurtured “intimate enemies”²⁰ and compromised the future of all sectors of Algerian society.

The cases that Fanon outlined in the final chapter of *The Wretched of the Earth* seem almost like aspects of a research program, with each one portraying a specific aspect of colonial war: the consequences of rape, of witnessing murder, of feeling vengeance and hatred—describing the infinite cycle of violence and counterviolence amidst the disintegration of a society poisoned by suspicion and an “atmosphere of outright war.”

Fanon also included the case of two adolescents who had murdered one of their European playmates and seemed surprisingly unperturbed about having done so. Their village had been attacked in retaliation for a liberation army ambush and, as was typical in these retaliatory attacks, no distinction was made between fighters and noncombatants. Villages and resettlement camps alike were burned down and the colonial army arbitrarily destroyed entire settlements, terrorizing the inhabitants.²¹ Areas were deliberately depopulated, and anyone who managed to avoid being herded away was considered an enemy combatant and shot on sight. To avoid leaving incriminating evidence, many who were taken prisoner or tortured were shot and disappeared rather than imprisoned. In the process, thousands of Europeans were involved in the torture and murder of thousands of Algerians. In a sense, the context tells us everything we need to know about the two adolescents. “Why did you do it?” Fanon asked them. “I’ll tell you why,” replied the fourteen-year-old, whose answer is less a confession than a statement of fact.

Fourteen-year-old: Have you heard about the Rivet business? . . . Two of my family were killed that day . . . Has any Frenchman been arrested for all those Algerians that were killed?

Fanon: I don’t know.

Fourteen-year-old: Well, no one has. (Fanon 2004: 200–1).

Thus, the fourteen-year-old questioned the tragic asymmetry of juridical and moral judgment regarding the behavior of the dominant and the dominated, succinctly emphasizing the age-old problem that “definitions belong to definers—not the defined” (Morrison 1987: 125).

Fanon had heard of “the Rivet business,” and explained that, in 1956, the village of Rivet, near Algiers, was invaded; forty men were dragged from their beds and murdered. Fanon was still working at Blida-Joinville Hospital when he treated the two adolescents. This was in 1956, when panic was widespread, particularly among the colonists and French troops. Writing about Rivet, the French counterinsurgency officer David Galula reported, “Since it was hard to tell the difference between a *fellaghas* (bandit) from a peaceful Arab, they fired on whoever ran.” Considering the attack on Rivet to have been a success, “high-ranking military and civilian officers came from Algiers to congratulate the battalion.” Journalists followed and took pictures. *Paris-Match*, a leading weekly magazine, printed a color picture of the battalion on its cover (Galula 2006: 50–51).

“Well, no one has been arrested,” the fourteen-year-old said. The tragedy is clear, and we are at the heart of the drama. As Fanon warned, “No revolution can, with finality, and without repercussion, make a clean sweep of well-nigh instinctive modes of behavior” (1965: 113).

In considering the case of the two French police officers discussed earlier, Fanon also made clear the difficulty, or, in fact, the impossibility of healing someone who will not yield to self-reflection. Of the one policeman, Fanon remarked, "He asked me to help him torture Algerian patriots without having a guilty conscience" (Fanon 2004: 199). By adopting a sort of "political prognosis," Fanon looked at these patients' symptoms within the particular framework of their different moral attitudes toward their own behavior. Only the policeman who made a definitive break with any involvement in violence and its daily administration could hope for a real reduction of symptoms. Here, recovery parallels the development of political consciousness and the assumption of moral responsibility.

The symptomatology described in yet another case concerned a man experiencing "paranoid delusions" and "suicidal behavior" presenting under the mask of a "terrorist act." The case offered an eloquent image of the psychopathological apocalypse described by Ernesto de Martino. The drama started soon after the revolution began. Focusing on his own work, the young man showed no interest in politics but he began to worry that his parents considered him a traitor. Withdrawal and mutism followed. Finally, he heard voices accusing him of being a "traitor." In this altered state of consciousness, he walked toward the European sector of the town in which he lived. Not being noticed or stopped confirmed in his mind that everyone knew he was on the French side. He then tried to prove his identity by grabbing a French soldier's gun and crying, "I am an Algerian!"²²

As Fanon observed, in this sociohistorical tragedy, "the very structure of society has been *depersonalized* on a collective level" (2004: 219; our emphasis) and the psychopathological apocalypse meet and overlap. War and colonization provide the most vivid demonstrations of this psychic law. It is not insignificant that Fanon considered revolutionary struggle to be a form of partial reintegration.

A defensive hardening is a common reaction to traumatic experience, and an awareness of this drove Fanon's insistence on uncovering the human, not only in the tortured but also in the torturer. The police inspector who simply wanted to torture more efficiently, and keep his ability to torture separate from his home life, was a lost cause. His goal was to be a more efficient cog in the torture machine.²³ In relation to other cases, Fanon described torture as a coherent system of alienation and dehumanization that leaves nothing intact.²⁴ In his article "Algeria Face to Face with French Torturers" (1967), Fanon wrote about the French "philosophy of torture" (1967: 68), which, as Waller argued, "attests to the breakdown of any regular form of communication between the colonizer and the colonized" (2008: 63). In examining this philosophy (based on reports such as the Wullaume Report described earlier, and the work of similar "theoreticians of torture") (Fanon 1965: 68–69),

Fanon noted that different methods were used not to gather information but to terrorize people. In short, he argued that torture had become an end in itself, and had begun to serve as *the* mode of contact between the colonizer and the colonized. In this context, Fanon concluded, “in which the excuse of the end tends more and more to become detached from the means, it is normal for *torture to become its own justification*” (1967: 69; our emphasis).

For Fanon, psychological health was intimately connected with what he called the second struggle for liberation. He acknowledged that trauma bleeds into and is repeatedly reproduced in the postcolonial period.²⁵ As Partha Chatterjee argued, the legacy of colonialism is social, political, economic, and psychological, and just as psychological legacies are seldom critically addressed, so too are systems of policing, governance, and economy, often uncritically “expanded and not transformed” (1993: 15). What rises to the surface then is the ambivalence of nationalist elites whose “will to smash colonialism works hand in hand with another quite different will: that of coming to friendly agreement with it” (Fanon 2004: 76; translation altered).

All too often, this ambivalence leads society back to the beginning, and into a new cycle of damnation or what Paul Gilroy (2006: 52) called “postcolonial melancholia,”²⁶ and Kelly Oliver (2009) termed “social melancholy.”²⁷ Rather than thinking critically about radical decolonization, postcolonial societies get waylaid by the notions of “authenticity, nativism, or originality that we often see in the language of mourning, or of trauma, or in the reification of cultural difference” (Khanna 2011: 257).

NOTES

1. A certain Judge Faberon was given the charge of overseeing the inquiry into complaints of torture and violence but he failed to obtain any real information from the police and other security officials. Roger Wuillaume, however, who was sent from France to gather information, was taken into the officers’ confidence. Nevertheless, the evidence he collected was considered useless because of the *private* and man-to-man (“*d’homme à homme*”) nature of the communication. Jacques Soustelle, the governor-general of Algeria at the time, persuaded the judge to discount Wuillaume’s findings, who then limited his conclusion to the cynical suggestion that an inspector or commissioner of the judiciary or the police oversee torture “procedures.”

2. Christian Masuy was a pseudonym used by George Delfanne who “began his political career on the Allied side, smuggling refugees out of Germany into Belgium. Captured by the Abwehr, German military intelligence, he entered its service as a spy. Around 1942, the Abwehr assigned Masuy to one of its ‘purchasing bureaux’ in Paris ... Masuy’s bureau was among ‘the most important and most dangerous.’ At his headquarters, Masuy set about devising as many possible tortures as he could. He mentions electronic equipment, finger presses, and special pliers to remove

nails. He was proudest of his distinctive approach to water torture, the bathtub. ‘The baignoire, whether you like it or not, was still more humane [than other tortures].’ Masuy’s henchmen would hold the head under water and then Masuy would question them. ‘It was not rare to obtain confessions after one or two immersions’” (Rejali 2007: 109).

3. The number of victims remains controversial with figures oscillating between fifteen hundred (according to French authorities) and forty-five thousand people (according to Egyptian radio reports at the time and later the Algerian government). Azziz Izzet put the number of fatalities at fifteen thousand (Izzet 1962: 13). More recent historical research indicates that that the number of people killed was probably between five and ten thousand.

4. “After 1931, torture became standardized at the police station of Binh Dong (Cholon, Indochina) . . . Years go by. In 1949, in Indochina, an officer meets a journalist and says him: ‘my office is here, with my desk, my writing-machine, the lavabo, and there, in the corner is the machine to make one speak.’ To the [journalist’s] expression of perplexity, he adds: ‘yes, the dynamo, you know? It’s very easy to interrogate prisoners: the contact, the positive pole, the negative pole, you have just to swing [the dynamo] round, and the prisoner spills his guts’” (from *Témoignage Chrétien*, quoted in Kessel 2002: 20).

5. Although the armed struggle was launched by the FLN, “Bitter Orange” (undertaken by the Police des Renseignements Généraux or Police Intelligence Service) targeted the older Mouvement pour le Triomphe des Libertés Democratiques (MTLD). The MTLD was banned and a significant number of its supporters were arrested and tortured. As Kessel and Pirelli pointed out, “From the Mendès-France government to the Edgar Faure government, the politics of political repression was continuous” (2003: 2).

6. For example, Hamida Zabana’s death by guillotine was reported in *Consciences Maghribines* (1956: 7).

7. On this issue see also Alleg (2006; originally published in 1958), Branche (2001), and Vidal-Naquet (1962).

8. A powerful reenactment of these events can be seen in Gillo Pontecorvo’s film, *The Battle of Algiers (La battaglia di Algeri)*, 1966.

9. See Perret (2004), who recounted how the French government, while authorizing a mission in 1956, imposed the condition that it should be strictly “humanitarian,” thus allowing no attention to be given to the issue of detainees’ legal status.

10. Ranjana Khanna remarked that Mannoni’s work was more psychoanalytical in approach and “remarkably different from the ethnopsychiatrists of the day” (2011: 150). There is no doubt that Fanon took his work more seriously while having little or no time for Porot or Carothers. Yet, in terms of reflecting colonial ideology about the African primitivism and lack of individuation, Mannoni came to remarkably similar conclusions.

11. In *A Dying Colonialism*, Fanon noted several times that this dividing line for Algeria was November 1954, when the liberation struggle was formally launched.

12. Fanon used the word “*nation*” here, but in three other places he used the word “*peuple*” (people).

13. Mass murder, rape, torture on an enormous scale, executions, arbitrary detention, forced removals, constant acts of psychological terror, and small acts of daily violence was the reality of life in Indochina and Algeria in the wake of France's liberation and the defeat of Nazi Germany in 1945. This was clearly manifested in the stark asymmetry of Algeria's anticolonial war, which was perhaps the most violent in history. On the French side, up to twenty-five thousand soldiers were killed (according to the French). On the Algerian side, over 20 percent of the population (one million people) was killed (according to the FLN) and two million people were forcibly removed from their homes.

14. Here, Fanon also noted, "there is absolutely nothing we can do about that" (2004: 181). On the meaning of his paradoxical apology, see Aching (2013).

15. Fanon wrote, "We have classified them into sub-groups because we realized that their characteristic symptoms of morbidity corresponded to different methods of torture irrespective of the superficial or profound effects on the personality" (2004: 207–8). Even the way one cries can depend on the torture technique used: "People don't cry in the same way after electricity, bath-tub or suffering from a bottle pushed into their anus," observed Gabrielle Benichou Gimenez, a woman who was imprisoned and tortured in Oran in 1956. Her statement is among those gathered by Kessel and Pirelli (2003: 54).

16. "Here we have collected cases or groups of cases where the triggering factor is first and foremost the atmosphere of outright war that reigns in Algeria" (Fanon 2004: 199).

17. Young pointed out a change in the literature on the trauma of war, which has moved away from a focus on fear to a focus on guilt (Young 1995: 104). In the latter, suffering is directly linked to the guilt originating from a "strange" experience, that of inflicting unnecessary (from a military point of view) and unjustified (from a cultural point of view) violence: "The interpretive process operates the same way in both of these cases. The content of the patient's current distress, either their expressed emotion (grief, guilt, etc.) or their embodied distress, is projected back, over time, to the traumatic moment. In this way, the projected distress infuses and connects the morally and experientially heterogeneous events . . . with a new and homogeneous meaning" (Young 1995: 126). Thus, the political context and those responsible for violence and war are made invisible. Violence becomes "trauma," and the moral reasons for suffering—that is, guilt and its social relevance—are renamed PTSD so that they can be naturalized and transformed into a symptom.

18. "Freud's late insight into this inextricable and paradoxical relation between history and trauma can tell us something about the challenge it presently poses for psychoanalysis; for it suggests that what trauma has to tell us—the historical and personal truth it transmits—is intricately bound up with its refusal of historical boundaries; that its truth is bound up with its crisis of truth" (Caruth 1995: 8).

19. Pacification was another tragic euphemism adopted to name a wide range of operations aimed to break anticolonial resistance in Algeria. As Kessel and Pirelli observed, "Pacification is a colonial expression used in 19th century. During the government of Guy Mollet and the resident minister Robert Lacoste, it became a doctrine. It is essentially used at the level of public opinion as a weapon of 'psychological

action” (Kessel and Pirelli 2003: 36). Psychological action (first mentioned by the socialist minister Mollet in a speech on February 16, 1956) was one of the main counterinsurgency strategies. Directed at both the French and the Algerian population, it aimed to divide the Algerian people and feed the conflict (Keller 2007; Klose 2013). A typical expression of this doctrine of pacification is David Galula’s book, *Pacification in Algeria, 1956–1958*, which was written in 1963. Galula, then a captain of the French colonial infantry, went to Algeria in 1956 after the defeat of the French at Dien Bien Phu in 1954. He made available all his skills he had learnt to “pacify” the Kabylia region. His memoir was translated into English in 2003 and has since been read by many American defense theorists as a manual on counterinsurgency.

20. We borrowed the expression “intimate enemy” from Nandy (1983) and Theidon (2013). On this issue, see also Oliver (2004: 59).

21. Alongside psychological warfare, the regime used other methods, including chemical weapons and phosphorous, which became widely used by the United States in Vietnam, as well as crop poisoning, and even the use of atomic waste (Klose 2013: 149–52). And just as General Bugeaud had done in the “pacification” of Algeria a hundred years earlier, this scorched earth policy was followed by the order to “smoke out” those who fled into hiding, using incendiary bombs. The resulting asphyxiation included the mass gassing of women and children (Klose 2013: 151).

22. A Palestinian psychologist in Ramallah reported an analogous case history to Roberto Beneduce of a young Palestinian who once surprised his neighbors by offering tea to a young Israeli soldier. He soon started to suspect that his family and his neighbors were convinced he was a spy and a collaborator. His story mirrored Fanon’s case as he experienced increasing isolation and fear, heard voices accusing him of being a traitor, developed other “paranoid” ideas, and then refused to attend school, and finally sought psychiatric treatment.

23. At the same time, as noted earlier, Fanon was seeing another European police officer. The difference between the two was that one took Fanon’s advice and was willing to resign. For Fanon there was a choice: stay and be involved in torture, or leave. Fanon quite simply believed that one cannot be a torturer from 9 a.m. to 5 p.m. and a human being the rest of the time.

24. For example, in his lectures on society and psychiatry at the University of Tunis, Fanon mentioned the neuroses experienced by telephone operators and suggested that torture is not necessarily confined to situations of open conflict.

25. European attitudes and systems of thought, as well as the narcissism of *comparaison* (Fanon uses the Creole term, 2008: 185) within a colonial frame, are unconsciously reproduced and reimagined. It is thus not surprising that in *Black Skin, White Masks*, when speaking of Mayotte Capecia’s desire to turn white and be rich, Fanon referred to the dialectic of “being and having” (2008: 27). This dialectic reappears in *The Wretched of the Earth* among the cynical and acquisitive national bourgeoisie. Here again, Fanon’s work has a resonance with that of Erich Fromm, who also engaged this dialectic in his book, *To Have or To Be*.

26. This is why McCulloch has suggested that *The Wretched of the Earth* is colored by an “ontological pessimism,” which perhaps can be considered a form of melancholia with the loss of faith in the creation of new society. But while

The Wretched of the Earth expresses a foreboding, it also expresses an optimism of the will in Gramsci's sense—that tragedy does not mean that one gives up the struggle for a more human world. It should be noted that the focus of Gilroy's "melancholia" is postcolonial Britain.

27. "Unlike classic melancholy, as described in psychoanalytic theory, which is the incorporation of a lost loved Other to avoid losing her or him, what I call *social melancholy* is the loss of a positive or lovable image of oneself and the incorporation of abject or denigrated self-images widely circulating in mainstream culture. With social melancholy, it is not the loss of a loved Other but the loss of a loved self that causes melancholy; and it is not the incorporation of the loved Other but the incorporation of the denigrated self that leads to self-abnegation. It is not only the lack of positive self-images that leads to social melancholy but also the absence of social acceptance. Social acceptance and support are necessary for psychic life, specifically sublimation, which is essential not only for creativity but also for meaning, both the meaning of language and the meaning of life" (Oliver 2004: 89).

Chapter Ten

From Colonial to Postcolonial Disorders, or the Psychic Life of History

In other words, our actions never cease to haunt us. The way they are ordered, organized, and reasoned can be *a posteriori* radically transformed. It is by no means the least of the traps history and its many determinations set for us.

—Fanon, *The Wretched of the Earth*

One of our aims in the previous chapters has been to show how Fanon's focus on a critique of colonial psychiatry and its diagnostic categories, and on the exploration of the social imaginary and the historical roots of alienation, justifies the claim that Fanon's writing marks the beginning of critical ethnopsychiatry. Like George Devereux, who is often considered the founder of ethnopsychiatry, Fanon explored the "objects" of psychiatry (the neuroses of black people in Martinique, representations of madness in the Maghreb, the impact of colonialism on family structures, the psychic consequences of colonial violence, etc.). However, aware of the power exercised by psychological-psychiatric knowledge in shaping experience and forging self-representation, Fanon also examined the "discourses" and categories used to name and interpret such phenomena.

For Fanon, the situation of black people and the persistence of racism and colonialism spurred social and political reflection, casting light on the specificity of suffering that most contemporary writers on psychiatry were ignoring. This threw into sharp relief the shadows within sexual relationships between black and white people in the Antilles and in France, revealing that such relations formed part of a very different "family romance"—a romance that was *always already public*.¹ Thus, what was at stake in Fanon's deconstruction of psychological and psychiatric knowledge was rather more complex than Devereux's in that it was simultaneously epistemological *and* political

(Beneduce 2007, 2011b; Renault 2011b; Taliani 2016). The reason for this is clear: Fanon explored the cruces of madness and mental illness in an almost archeological way, uncovering alienation at the very moment of its “production.” He traced out the secret genealogies at work within the mechanisms of *ostranenie* that pervert our sense of the past and limit the scope of our future:

Perhaps it has not been sufficiently demonstrated that colonialism is not content merely to impose its law on the colonized country’s present and future. Colonialism is not satisfied with snaring the people in its net or of draining the colonized brain of any form or substance. With a kind of perverted logic, it turns its attention to the past of the colonized people and distorts it, disfigures it, and destroys it. *This effort to demean history prior to colonization today takes on a dialectical significance.* (Fanon 2004: 148–49; our emphasis)

In reiterating the racist models implicit in such notions as the “African mind,” the “Arab-Berber soul,” and the “innate criminality” of the North African, colonial ethnopsychiatry was nothing less than an extension of colonization by other means.² Fanon exposed the divided worldview underpinning the work of the psychiatrists and psychologists of his day, revealing how their writings were engaged in a veritable war of representation, clearly striving to maintain distance, prejudice, and a kind of psychic apartheid. Psychiatry was political and intimately connected with the colonial status quo. Equally important was their imposition of a cultural or, alternatively, a pathological interpretation of hostile behaviors and revolt. That is, anticolonial aggression in Algeria was dismissed as an expression of “their” love of combat (*amour du baroud*), while anticolonial struggles in Kenya were interpreted as merely a consequence of frustration (Fanon 2004: 225–26). Certainly, the ambivalences and desires between these two supposedly distinct worlds occasionally exposed fault lines that allowed their magma to flow into one another. However, the more open the conflict between the worlds became, the further apart they moved, until even the fault lines closed in.

The ways in which psychiatrists became involved in the use of torture marked a further turning point, ending any distinction between psychiatry and politics (Gibson 2003; McCulloch 1995). In reflecting on the tragic consequences of the complicity of military doctors and psychiatrists in administering the “truth serum” or practicing “role play,” for example, Fanon (2004: 211–13) never abandoned the possibility of the authentic practice of psychiatry, which attempts to treat and liberate humankind (even if it too was clearly in need of treatment and liberation).³ A perfect example of this concern appears in the last chapter of *The Wretched of the Earth*.

Throughout his writings, Fanon reflected on lies disguised as scientific objectivity, as well as on the politics of truth and falsehood in the colonies, and colonized subjects' supposed inability to discern the difference between the two. Here, the metaphor of the colonial "mother" protecting the colonized from themselves, their bodies, their desires, and their corporeal essence takes us to the colonial unconscious itself:

At the level of the unconscious, therefore, colonialism was not seeking to be perceived by the indigenous population as a sweet, kind-hearted mother who protects her child from a hostile environment, but rather a mother who constantly prevents her basically perverse child from committing suicide or giving free rein to its malevolent instincts. The colonial mother is protecting the child from itself, from its ego, its physiology, its biology, and its ontological misfortune. (2004: 149)

A particular example of this is the stereotype of the mendacious North African who willfully conceals the truth. This is one of the most common—and most blatant—expressions of colonial (and postcolonial) ideology, and has made it possible for ambivalence (and the stereotype that is the main "discursive strategy" of such ambivalence) to exercise its powers of subjectivization to the full (Bhabha 1983, 1987).

Fanon was particularly attentive to the politics of truth and falsehood, to ambivalence and stereotypes, and to the role this played in encounters between judges and colonized subjects. That is, Fanon was fully aware that what was at stake was the very construction of the colonial subject as an expression of Manicheanism, with truth being the preserve of colonizers. Hence the meticulousness with which he registered even the slightest signs of indocility—the situations in which the colonized showed that, although they might be subject to domination, they were not entirely subservient. "Confused by the myriad signs of the colonial world," they are constantly on guard, never knowing whether they are out of line:

Confronted with a world configured by the colonizer, the colonized subject is always presumed guilty. The colonized does not accept this guilt, but rather considers it a kind of curse, a sword of Damocles. But deep down the colonized subject acknowledges no authority. The colonized are dominated but not domesticated . . . made to feel inferior, but by no means convinced of their inferiority. (Fanon 2004: 16; translation altered)

Fanon and Lacaton's examination of this issue in "Confession in North Africa" (discussed in chapter 6) helped elucidate Fanon's concept of Manicheanism outlined in *The Wretched of the Earth*. In their paper, Fanon and Lacaton focused on an enigma that, as court-appointed experts, they had been called

upon to resolve. Caught red-handed, many defendants at first confessed their crimes to police investigators. But, when questioned by psychiatrists and asked to confirm their statements, they protested their innocence and denied all knowledge of having committed a crime, adding that they did not understand why they were being held. This incident gave Fanon and his colleague an opportunity to reflect on the “particular complexity of confession” in the context of colonial rule (1955: 1115). Ordinarily, confession is the price an individual pays to be readmitted to society. However, Fanon and Lacaton wondered what sense confession and an application for readmission could possibly make in the colonies where there is no “pre-existing reciprocal recognition of the group by the individual and vice versa?” (1955: 1115). Thus, in drawing up an expert assessment for the courts, the issue of recognition arose again.

Fanon and Lacaton subverted their court-sanctioned mandate, and undermined all attempts to medicalize what they realized was a *political symptom*. They explained that, in a colonized country, the notion of confession loses all value, leaving the expert unable to “uncover the truth of the criminal” (1955: 1116). Their task instead was to recover “the criminal’s truth.” This meant asking whether these human beings, these criminals, these colonized subjects had ever “engaged in a contractual agreement with the social group” that was now exerting power over them. They then explained that the very idea that there is a group with shared rules is false. In other words, even when not obviously coercive, relations within a colony always remain relations of domination.

Fanon thus turned the question on its head, showing that it was impossible to talk about a group, or a commitment to the truth, when “any evocation of ‘former ties’ or of unreal ‘communities’ is a lie and a ruse.” He went on to argue that “the Algerian people have proved for nearly four years that this lie and this ruse are now being replaced by its truth and by its will” (Fanon 1967: 105). In this situation, the Algiers School would have had no difficulty in concluding that North Africans are, by nature or by culture, criminal, inveterate liars and slaves to impulse. For Fanon and Lacaton, the problem was much more complex, and the real lie was elsewhere:

Thus, to affirm that a race suffers a propensity for lying and voluntarily dissimulating the truth, or that it is incapable of discerning true from false and integrating the results of experience because of a supposed phylogenetic deficiency, is merely to dispense with the problem without resolving it. (1955: 1116)

Algerians were considered by colonial psychiatrists to be incapable of discerning truth from falsehood. This did not reflect the nature of the imaginary or the power of falsity, but, as Deleuze remarked, held “a power that makes truth

undecidable” (1995: 65–66). However, isn’t this uncertainty about truth and falsehood characteristic of the everyday experience of the colonized, of their world of ambivalent relations and mixed signals? Aware of living between conflicting moral horizons, obliged to accept a truth that rests on deception and death, the colonized subject does not feel guilty. In retracting a confession, in denying responsibility, the colonized is not lying but simply refusing to authenticate the proposed social contract and drafting another script. In refusing to submit to a sub/objectivization that was judicial, administrative and—in some cases—psychiatric, the colonized demonstrated once and for all that an “often profound submission in the face of power . . . is not to be confused with the acceptance of that power” (Fanon and Lacaton, 1955: 1116).

If here and elsewhere Fanon presented an alternative to the image of North Africans as liars, revealing the political (not cultural or pathological) value of their silences, in *The Wretched of the Earth* he tackled the assumption that Arabs and Africans are lazy. As discussed in an earlier chapter, Fanon considered laziness to be a kind of passive resistance, reflecting an organic, anticolonial consciousness. First, he suggested a different viewpoint: “Put yourself in their shoes and stop reasoning and claiming that the ‘nigger’ is a hard worker and the ‘towelhead’ great at clearing land.” By adopting the perspective of the colonized, he grounded the rationality of incipient resistance and noncooperation: “In a colonial regime the reality of the ‘towelhead,’ the reality of the ‘nigger,’ is not to lift a finger, not to help the oppressor sink his claws into his prey.” And this, even if passive and pre-political, becomes an ethical imperative:

The duty of the colonized subject, who has not yet arrived at a political consciousness or a decision to reject the oppressor, is to have the slightest effort literally dragged out of them. This is where non-cooperation or at least minimal cooperation clearly materializes. (Fanon 2004: 220)

Each part of this discussion deserves examination, offering an analysis of the psychological and political echoes generated by colonialism, and an example of Fanon’s uniquely critical epistemology. That is, colonial psychiatry, with its racial diagnostic categories, gave him a basis from which to understand how colonial epistemologies dehumanized the colonized while the colonial machine exploited them and used their bodies, as epitomized by the deployment of Senegalese Tirailleurs and North African soldiers during both the world wars.

After all, in his articles on the characteristics of the Arab mind, Antoine Porot described North African soldiers in battle as revealing themselves as a “shapeless bloc of primitives fully ignorant and patsy . . . without any moral concern,” engaging as a “native mass” whose instincts remained dominant,

and whose intellectual fragility was revealed in all its elements. We can easily imagine Fanon reading these pages and remembering his own experience as a volunteer in the French Army in the struggle against Nazis, risking his life but remaining black and not fully French.

It is not surprising, then, that in the last lines of the last chapter of *The Wretched*, he again demolished the thesis of the Algiers School that Algerians were indolent, criminal, and lazy and portrayed them instead as militant, historically aware, and conscious of other anticolonial movements worldwide. In so doing, Fanon pointed to two main issues. First, the function of colonial knowledge in dehumanizing and criminalizing the colonized. Second, the specific role of colonial psychiatry as a conveyor belt for colonial hegemony, developing diagnostic categories that entrenched ideologies among both the colonized and, more particularly, among the Algerian elite:

The main research work on the questions conducted by psychiatric school of the Faculty of Algiers will be the basis for our conclusions. Research findings conducted over more than a twenty-year period were the subject, we recall, of lectures given by the chair of psychiatry. Consequently the Algerian doctors who graduated from the Faculty of Algiers were forced to hear and to learn that the Algerian is a born criminal. *Moreover I remember one of us in all seriousness expounding these theories he had learned and adding: "It's hard to swallow, but it's been scientifically proven."* (Fanon 2004: 223; our emphasis)

However, what we want to focus on here is the fact that these stereotypes of aggressiveness, laziness, and unreliability continue to haunt us in this postcolonial period, in which the colonized of yesteryear are among today's immigrants, refugees, and asylum seekers. While the former were seen as having a propensity to lie, their descendants continue to be seen as "not what they appear," and their stories as lacking in credibility (Beneduce and Taliani 2013; Beneduce 2012b, 2015a).⁴ This effort to demean their histories "takes on a dialectical significance."

EVERY DATE GROWN IS A VICTORY

The people were not content merely to celebrate their victory. They asked theoretical questions. For example, why did certain regions never see an orange before the war of liberation?

—Fanon, *The Wretched of the Earth*

In his psychiatric writings, and of course in *The Wretched*, Fanon's clinical practice, his reflection on the politics of truth and falsehood and, above all,

his discussion of the psychical catastrophe suffered by the victims of violence and torture, result in a detailed engagement with the dilemmas of postcolonialism. These dilemmas he had already glimpsed in countries that had won independence, and in the symptoms presented by his own patients. Fanon foresaw various aspects of postcolonialism—the upheavals and fratricidal conflicts, the hypocrisies of national elites, the sufferings of entire generations who have been indelibly marked by the violence to which they have been subjected, and whose very future is compromised and “mortgaged” (2004: 184).⁵

From this point of view, what Fanon wrote on the relationship between colonial war and mental disturbances remains unsurpassed. Writing the last pages of *The Wretched of the Earth* amid the fierceness of anticolonial struggle, Fanon returned to the question of the difference between the dominated and the colonized. Understood against the background of difference, Fanon argued that the personality of the latter is hypersensitive and their defensiveness (ideas regarding persecution) and violent reactions (“gratuitous” murders), are comprehensible only when one remembers the depths of the wounds that colonization has inflicted.

“Colonialism in its essence was already taking on the aspect of a fertile purveyor for psychiatric hospitals,” Fanon observed and, with it, its “determination to deny the Other any attribute of humanity” (Fanon 2004: 182). The colonized have been denied the chance to remain human beings, which is why they continually ask: “Who am I in reality?” Colonization, in short, has “altered the conditions of their being,” reducing them to things. In the eyes of the colonizer,

the criminal impulsiveness of North Africans is the transcription of a certain configuration of the nervous system into their patterns of behavior. It is a neurologically comprehensible reaction, written into the nature of things, of *the thing* which is biologically organized. The idleness of their frontal lobes explains their indolence, crimes, thefts, rapes, and lies. And the conclusion was given to me by a *sous-préfet* now *préfet*: “These instinctive beings,” he told me, “who blindly obey the laws of their nature must be strictly and pitilessly regimented. Nature must be tamed, not talked into reason.” Discipline, tame, subdued, and now pacify are the common terms used by the colonialists in the territories occupied. (Fanon 2004: 227–28; translation altered)

We might apply to colonization what Cedric Robinson said about slavery in the Americas:

We now “know” what the master class certainly knew but for so long publicly denied only to be confronted with the truth in its nightmares, its sexual fantasies, and rotting social consciousness: the enslaved were human beings. But the

more authentic question was not whether the slaves (and the ex-slaves and their descendants) were human. It was, rather, just what sort of people they were ... and could be. (2000: 125)

This was the premise that made the descent into the hell of the colonial world and colonial war possible, and careful study enables one to grasp the pathological phenomena that continue to arise from it. Once again, what is evident is the importance of Fanon's critical ethnopsychiatry, which we can define as the fruit of his "clinic of the real" (Mbembe 2007a, 2007b). Fanon dared to venture into these situations of blood and death, cataloging the phobias and deliria of the colonized: their obsessions with being seen as traitors, the "sadism" found among refugee children, the postpartum psychoses of women forced to live with permanent insecurity (Turner 2011). Listening to their ruptured language, to their chopped-up (*haché*), hostile, and suspicious modes of expression, Fanon was able to go beyond the banality of clinical approaches that shunned an engagement with history.

His considerations on the aggressiveness of Algerians (or their tendency to violence) were paradigmatic of his critical ethnopsychiatry. Colonial psychiatry had its litany: the Algerian is a savage, habitual, and senseless killer; the Algerian is a robber with a hereditary violent temperament; the Algerian is impulsive, aggressive, and "generally homicidal"; "Cartesianism is fundamentally foreign to them" (Fanon 2004: 223)⁶; and moderation is against their inner nature (Fanon 2004: 221).

Fanon reversed this analysis with three interconnected moves. First, he asked a sociological question: Where is this behavior observed and who is its target? His answer was that in France "the immigrant's criminality crossed boundaries between communities and social categories" (*criminalité intersociale, intergroupes*), but in Algeria "criminality occurred in a closed circle," and was rarely addressed to the French. Evoking the zoological model of a pecking order, aggression became an internal issue where neighbors, shopkeepers, and the child who cries were the relentless enemies. "To exist means staying alive," Fanon argued and "the sole obsession is the need to fill that ever shrinking stomach, however little it demands" (Fanon 2004: 232). Pauperization forces one to kill for a "few pounds of semolina ... Under a colonial regime, no crime is too petty for a loaf of bread ... Under a colonial regime, the relationship with the physical world and history is connected to food ... Every date grown is a victory" (Fanon 2004: 232). Second, Fanon had to undermine the cultural and biological interpretations of Arab aggressiveness (such as the primacy of the diencephalon).

Illustrating a Gramscian sensitivity, Fanon revealed an awareness of the way domination works through interiorization of the dominant group's

ideology and representation. With a certain amount of irony Fanon argued that there is a well-known relationship “between the Muslim’s psyche and blood” originating from the “fact that Islam forbids eating meat from an animal that has not been drained of its blood” (2004: 222). So how did the Algiers School explain this impulsiveness, the presumed preference for the knife and the taste for blood? Colonial psychiatry interpreted this behavior as a specifically Arab expression of melancholia. According to this paradigm, westerners with melancholia manifest self-accusation and ideas of suicide, whereas melancholic Algerians tend to commit homicide because they lack the introspective attitudes or abilities to examine their own feelings: “Since by definition melancholia is a disorder of the moral conscience it is obvious the Algerian can only develop pseudo-melancholies given the unreliability of their conscience and the fickleness of their moral sense” (2004: 224; translation altered). By depicting Arabs as unable to think in abstract terms or grasp an overall picture because of their pointillist attitude,⁷ to react to “trivialities such as a fig tree, a gesture, or a sheep on their land,”⁸ colonial psychiatry propagated the model of an indigenous psyche dominated by impulsiveness, pure reflex, or poor cortex development. In his final comments, Fanon issued the ultimate challenge to colonial ethnopsychiatry and its shameful falsehoods. In Fanon’s third move, he substituted a trivial cultural or neurological interpretation of Algerians’ criminality, offering instead a context- and history-related phenomenology of colonial experience:

Prior to 1954 magistrates, police, lawyers, journalists, and medical examiners were unanimous that the Algerian’s criminality posed a problem . . . In France, Algerian criminality is diminishing . . . Since 1954, common-law crimes have virtually disappeared . . . The national struggle appears to have channeled all this anger and nationalized every affective and emotional reaction . . . Yes, the Algerian spontaneously acknowledged the magistrates and police offices were right. The narcissistic aspect of Algerian criminality as a manifestation of genuine virility had to be tackled again and reconsidered in the light of colonial history . . . The criminality of the Algerian, the impulsiveness [and] the savagery of murders are not, therefore, the consequence of how the Algerian’s nervous system is organized or specific character traits, but the direct result of the colonial situation. (Fanon 2004: 221–33; translation altered)

Another idea of (Jaspers’) “comprehensive psychiatry” appears here, with the comprehensibility of symptoms, criminality, and violence becoming possible thanks to a reading of context, “situation,” and history, as well as the necessary deconstruction of hegemonic psychiatry itself. And while engaging in this critique, Fanon did not fail to analyze the drama taking place before him, a drama that unfortunately—as he predicted—would be repeated in

years to come. In effect, his critical sociology undercut one commonplace after another.⁹ He dealt with one form of violence, and seemed to foresee the fear, war, violence and “savagery” of our present (see Butler 2009: 42 and Žižek 2008: 40). Fanon was aware of how the long-term effects of violence, humiliation, mystification, and despair “crystallized in the body of the colonized” (2004: 219). And he was fully mindful of the ceaseless struggle against these wounds, calling this “the major theoretical problem . . . [that] must be identified, demystified and hunted down at all times and in all places” (Fanon 2004: 229). Here, again, he seemed to echo Ferenczi, who, when discussing war neurosis, recalled how the revolutionary leaders in Russia were obliged to take the psychic world into account.¹⁰ What Fanon continually repeated was the need to “better identify the notion of individual and social freedom” (Fanon 2004: 228).

It is amazing to us that there has been such insistence on reading the first chapter of *The Wretched of the Earth* (titled “On Violence”) as an apology for violence, and that so much time has been dedicated to discussing Fanon’s supposed theory of violence. Meanwhile, what has been overlooked is his desperate analysis of the violence that the colonized are *condemned to act out and repeat*. This was “the lie of the situation”: the “structural violence” (Bulhan 1985: 155) of hunger and suspicion, of the inhumane conditions imposed upon “occupied territories.” This horizon of destitution and “wretchedness” (Farred 2011) is what Fanon described so viscerally. In the context of subjugation and oppression,

living does not mean embodying a set of values, does not mean integrating oneself into the coherent, constructive development of a world. To live simply means not to die. To exist means staying alive. (2004: 232)

The outbreak of the war of liberation marks a divide. By confronting the structure of violence, it brings about a significant change:

The Algerians rob each other, cut each other up, and kill each other . . . [but] Algerian criminality is diminishing. It is directed especially at the French. (2004: 232, 229–30)

To the contemporary reader, each fragment seems to presage things to come. The implications of Fanon’s diagnosis are inexorable, creating a strange sense of déjà vu. They oblige us to read the conflicts of the present—the murderous aggression of a “mad immigrant” against innocent passers-by in a European street or the violence that continues to drain the lifeblood of postcolonial societies—as painful repetitions of something that has already occurred. We are witnessing a new form of social melancholia originating from the “incorporation of a denigrated self” and an “absence of social acceptance”

(Oliver 2004: 89)—a new expression of the same self-hatred that Fanon saw as characterizing “racial conflicts in segregated societies” (2004: 232). This is the “psychical life of history” itself (Beneduce 2012a), amid which Fanon never ceased to struggle and hope. These are “postcolonial disorders”¹¹ in which the most brutal racist acts and the most tragic forms of “terrorist” violence merge.

Some postcolonial readings of Fanon’s texts have emphasized his call to avoid aping the West. However, such interpretations often say little or nothing about his overall project of scrutinizing the “amnesia” of Euro-American psychological sciences (Bulhan 1985: 37) and the origins of colonial and postcolonial alienation, as well as “treating” the symptoms of history as expressed in each and every present. Fanon’s commitment to the revitalizing nature of the unending praxis of a radical humanism is that liberation is never a single event but a continuous movement and continuous struggle.¹²

A return to the terror of colonialism is both an external and internal threat. Fanon believed that the best way to counter such threats was through conscious self-activity, which is itself a healing practice. This involves the kind of political education described in *The Wretched*, where the people—the damned of the earth, who have been brutalized, objectified, and made to believe that they count for nothing—become aware of their responsibility to one another. This is how we interpret Fanon’s extraordinary exhortation that we break free from the trap of state idolatry and history’s continuum¹³ and turn the page. This exhortation is addressed to each of us, asking us to face our responsibilities and challenging our epistemologies:

Let us try to create the whole [hu]man, whom Europe has been incapable of bringing to triumphant birth . . . So, comrades, let us not pay tribute to Europe by creating states, institutions, and societies which draw their inspiration from Europe. Humanity is waiting for something from us other than such an imitation, which would be almost an obscene caricature. (1968: 313–15)

This exhortation, we suggest, can be interpreted as an effort to break the seduction of European institutions as well as the epistemologies and knowledge styles of colonial and postcolonial regimes as expressed, for example, in many of the diagnostic categories of psychiatry—such as those of Algiers School and the ways in which resistance is pathologized (Cohen 2014). What Fanon suggested, in the last pages of his final book, was a powerful counter-epistemology to address the “disconnect” that continues to haunt the oppressed, and people of color, more particularly (Ogunyemi 2002: 663). What he encouraged was the acknowledgment of the continuum that exists between suffering and its historico-political matrix: a continuum often made invisible by psychiatrists, as epitomized by the case of PTSD.

THE WRITING OF DISASTER AND THE ENDLESS REDEMPTION OF HISTORY

By mentioning PTSD, first introduced in the American Psychiatric Association's *DSM* in 1980, we are evoking a debate that started in the 1990s concerning issues that are at once clinical, epistemological, and political. The debate concerns the legitimacy of PTSD as a diagnostic category, the generalizing of a western concept to other sociocultural contexts, and the increasing use of this single diagnosis for *all* kinds of traumatic events "outside the range of usual human experience." Originally conceived for disorders reported by American veterans of the Vietnam War, PTSD is by now widely used to describe people's responses to many different situations—from divorce to the stress of moving, from surviving an earthquake to rape or torture.

While it has been argued that the classification of PTSD as a psychiatric disorder is important because it offers a form of acknowledgement to victims and "gives survivors, often from disempowered groups in society (such as women, children and impoverished communities) access to proper psychiatric and psychological care," it also has conservative ideological implications, as Kaminer and Eagle (2010: 40–41) argue. "It offers an apolitical and decontextualized understanding of trauma . . . In this way, constructing PTSD as an individual mental disorder ultimately leads to the maintenance of social inequalities."

Defining an event as traumatic, suggesting a specific frame in which certain symptoms become the expression of a syndrome, and offering an interpretation of suffering, is a perfect example of how medicalization and, more particularly, "cultural imperialism" works. Although discussing the classification of trance and possession disorders in the *DSM*, Ian Hacking made the following observation about psychiatry: "The definitions do not cover any trance whatsoever, but only trances not used in religious practices—as if 'religious' were a clean, cross-cultural concept. We see that *cultural imperialism is not dead, even if it is now conducted by psychiatrists rather than missionaries*" (1995: 142–43; our emphasis).

Apart from the difficulties of defining what "usual" human or religious experience is, two issues deserve comment and reveal the urgent need for further analysis of the hegemony of western psychiatry in the postcolonial and neoliberal world. First, the application of PTSD to the contemporary context of the globalization of violence, war, and military conflict, risks making different experiences appear homogenous and flattens all other cultural, ideological, gender, or other profiles. A universal model of suffering is assumed, and the industry of humanitarian aid finds further legitimacy in economies of scale when it comes to knowledge of emergencies and crisis management. Second, by dehistoricizing suffering, the diagnosis of PTSD hides the

differences between affected people. The psychiatric label provides a sort of *diagnostic pacification* of political—individual and collective—conflict, thus offering a kind of absolution to the perpetrator. This effect is clearly evident in the singular list of traumatic events reportedly responsible for PTSD among American veterans of the Vietnam War:

The obvious interpretation of “distress,” that is, an emotion integral to the traumatic event, does not match the range of events that are in practice accepted as traumatic. Take the example of epidemiological and experimental research conducted on [male] Vietnam War veterans. In these studies, seven classes of events are accepted as traumatogenic: (1) the patient was a direct or indirect victim of unusual violence; (2) he perpetrated unusual violence unintentionally; (3) he perpetrated unusual violence intentionally but in a culturally acceptable context (e.g., to survive); (4) he perpetrated unusual violence intentionally as part of his military duties, but his acts were personally or culturally reprehensible (e.g., torturing prisoners to obtain information); (5) he perpetrated unusual violence intentionally because it was pleasurable (e.g., rape, killing prisoners, mutilating bodies); (6) he actively witnessed similar events (e.g., because he found them interesting or satisfying); or (7) he passively witnessed similar events (e.g., he happened to be present on these occasions). (Young 1995: 125)

The fact that acts of unusual violence intentionally perpetrated because they are “pleasurable” stand alongside the dramatic experiences of “direct or indirect” victims of violence helps to blur the differences between the victims and the perpetrators of violence. This provides a form of absolution for both the perpetrator and, at the same time, for society.

Here the question raised by Fanon (2004: 194–199) when discussing the case of two policemen he treated is relevant. For the first man, the activity of torture created insomnia, nightmares, hallucinations. The second man was subject to uncontrollable aggression and irritability. The first patient’s willingness to distance himself from violence made treatment possible. The second patient, in contrast, chose to stay locked into a coherent but totalizing system, and was therefore unable to criticize the violence and sadism in which he was complicit. His treatment was impossible. Where PTSD seems to simply forget the issue of moral and individual responsibility, Fanon suggested that recovery in such situations begins when people begin to consider moral issues and their personal involvement.

This raises a number of issues. First, it questions the role of medical psychiatric knowledge in contexts of violence and domination, where doctors and psychiatrists are directly involved, or simply remain silent when confronted with torture, abuse, and human-rights violations, restricting their actions to the impossible aim of diagnosis or treatment, even when suffering is clearly situation-specific. Second, it reveals the epistemic violence of diagnoses that

omit political contexts. From the pseudoscience of drapetomania and dysaesthesia aethiopica that Cartwright proposed in 1851 to explain the behavior of slaves in the United States—behavior such as the attempt to free captivity—to the more recent diagnosis of “nerves” (*nervios*) applied to inhabitants of South American favelas (Scheper-Hughes 1992), psychiatry has often settled for naming symptoms while hiding racial, political, and gender-based violence. Fanon’s critique and deconstruction of colonial psychiatry highlights these contradictions and calls for psychiatry to struggle instead for disalienation and freedom.

Moreover, when Fanon invited us to reconsider criminal, violent, or lying behaviors among Algerians, he stressed the importance of recognizing this as a specific form of political pathology, and in some cases the beginning of insurgency. This raises a key question connected to the social meaning of individual suffering, which is often dismissed or neglected but was recognized by Gramsci, who noted that “the history of subaltern social groups is necessarily fragmented and episodic” (Gramsci 2001: 164, 1975: 2283). What Gramsci pointed to was the fact that it is possible to see something more in examples of malaise that are often categorized as just “individual, folkloric, pathologic episodes” (Gramsci 2001: 165, 1975: 2280). The pathologization of protest among the oppressed, alongside the medicalization and criminalization of resistance, remains at the core of neoliberal states in which medicine or psychiatry often operates against minorities, migrants, and asylum seekers (Cohen 2014). The research made by Briggs and Mantini-Briggs in Venezuela (2000, 2003) powerfully illustrates how these issues often surface in the field of health and in conflicts related to the definition of motherhood within an economy of race, sex, and gender, where the woman’s body becomes

a site for exerting state control over sexuality and reproduction. The legal construction of *indigena* women in Venezuela and African American women (and other women of color) in the States as “bad mothers” sustains the heightened *medical and legal regulation of motherhood* and, more broadly, economies of race, gender, and class . . . In each case, the “bad mother” rhetoric plays a part in representing inequalities in legal protection, political representation, economic opportunity, and access to health care and education as stemming from individual and collective failures on the part of members of subordinated population. (Briggs and Mantini-Briggs 2000: 301–2; our emphasis)

What is no less important is the internalization of blame as well as negative images, along with the use of notion of “culture” to explain behaviors and strategies tied to social marginality.¹⁴

Fanon’s analysis of alienation’s multiple genealogies and his ceaseless questioning of colonial legacies continues into the “post” that constitutes our

time. Postcolonial disorders speak about a past that continues to haunt the present (on Maghrebi youth imagination, see Pandolfo 2007). This is, of course, not surprising when we try to connect Algerian colonial experience to present postcolonial societies, ripped apart by memories of torture, betrayal, ambivalence, and the screams of suffering (Kessel and Pirelli 2003: 156–59). In this light, the “incomprehensible and traumatic excess,” as in the case analyzed by Aretxaga of post-Franco Basque violence, can be seen as “an eruption within the familiar order that defamiliarizes it.”¹⁵ Aretxaga’s description is particularly productive when we consider the civil war in Algeria in the 1990s (and the silence that surrounded it), the ongoing massacres in the Democratic Republic of Congo (Hunt 2008), or the “spiritual politics” of madness in Morocco (Pandolfo 2017).¹⁶ It is in the same sense that we must continue to explore the long-term impact of colonial experience in molding postcolonial subjectivities and institutions, as well as the structural link between the “political real” (Aretxaga 2008), postcolonial “disorders” (Beneduce 2016a; Del Vecchio Good, Hyde, Pinto, and Good 2008) and the paranoid imaginary linking Islam to terrorism (Asad 2007).

Fanon invited us to scrutinize all profiles of conflict and suffering, and to adopt appropriate methodologies that enable us to recognize the specters of our time and hear their voices. Fanon’s suggestions apply to the troubling facts of the current era, proposing a strategy of theoretical inquiry and clinical practice that doesn’t disdain the uncanny links between experience and politics.¹⁷ Fanon’s condemnation of postcolonial elites’ complicities with European interests is more than a simple prophecy, and his epistemological critique is more subtle. Anticipating what might be considered a Foucauldian perspective, he emphasized the role that knowledge, as well as apparently neutral categories and techniques, plays in the reproduction of racial stereotypes obscuring social conflicts and making invisible forms of subalternity. Struggling against the specters of our time means recognizing and struggling against all forms of alienation, and a strength of Fanon’s thought emerges from an awareness that these struggles are continuous.

NOTES

1. Here we borrow the felicitous phrase “public romance,” used in this context by Joseph Massad (2007).

2. Although Mannoni’s interpretation of the rebellion in Madagascar cannot be accepted (Bloch 1990), he was among the first to try and articulate the link between unconscious and history, between *Innenwelt* and *Umwelt*—concepts also used by Lacan in a conference paper he gave in 1936 on the mirror stage (Lacan 2006). On these issues, see Crewe (2001) and Lane (2002).

3. We are referring here to the approach of Martin Baró and to the need to “liberate psychology” before one can construct an authentic “psychology of liberation”; see also Bulhan (1985).

4. In the context of civil war, the massive refugee population from Syria is seen as a new “threat” to Europe. Stirred up by xenophobia and reflecting the old tropes of the Algiers School, Europeans see Muslim refugees as untrustworthy liars and potentially violent terrorists. On connections between the “refugee question” and the Syrian revolution, see the interview with Yasser Munif, <https://www.jacobinmag.com/2017/01/syria-war-crisis-refugees-assad-dictatorship-arab-spring-intervention-russia/>

5. On these issues, see Cherki 2006: 2011; on “Postcolonial Disorders,” also see Del Vecchio Good, Hyde, Pinto, and Good (2008); Gibson (2011a) and (2011b); Pandolfo (2017); Taliani (2012a) and (2012b).

6. We should recall Mobutu Sese Seko’s answer to a Belgian journalist asking him about democracy and the contradictions of his government in Zaire: “You Europeans, you are too Cartesian!”

7. This issue is analyzed in Fanon and Geronimi (1956).

8. This kind of reaction (imitation of any sort of figure working as a trigger stimulus, tree, animal, etc.) constituted the core symptomatology of *latah*, a culture-bound syndrome first described in Asia.

9. “The colonial context is sufficiently original to afford a reinterpretation of criminality . . . We have demonstrated that in the colonial situation the colonized are confronted with themselves. *They tend to use each other as a screen . . .* In a context of oppression like that of Algeria, for the colonized, *living does not mean embodying a set of values, does not mean integrating oneself into the coherent, constructive development of a world* (Fanon 2004: 230–33; our emphasis).

10. “According to the teachings of the materialistic idea of history they could have set up the new social order immediately after they had got the entire power into their hands . . . Then the leaders of the movement put their heads together in order to find out what had gone wrong in their calculations. Finally, they agreed that perhaps the materialistic idea was after all too one-sided, as it only took into consideration the economic and commercial relations, and had forgotten to take into account one small matter . . . in a word, the psyche” (Ferenczi et al. 1921: 5).

11. Here we have borrowed the title of the book edited by Del Vecchio Good, Hyde, Pinto, and Good (2008) in which they noted, “The theorization of madness and violence of individuals, in the formal languages of psychopathology, and the interpretations of political violence of groups, using similar pathologizing terms, share these historical origins in the pragmatics and imagination of colonial rule and colonial order” (2008: 7–8).

12. “Universality resides in this decision to bear the burden of the reciprocal relativism of differing cultures, provided only that the colonial status is irrevocably excluded,” Fanon writes in the conclusion to his speech “Racism and Culture” (Fanon 1956: 131, see also 1967: 44). Going back to the idea of guilt and confession, in this new situation, it is the colonialist who is the criminal and must make reparation. In other words, in its most basic sense, any true test of remorse begins not with discourses on human rights but with the checkbook.

13. On the concept of history in Benjamin and Fanon, see Beneduce (2012b: 152–55), and Butler (2012: 79) for the analysis of violence in Benjamin. On these issues in the postcolony, see also Mbembe (2011).

14. Indigenous women are represented as “lacking respect for and control over their own sexuality, wantonly (and perhaps promiscuously) having babies one after another. Women who appear to fail so miserably at such a ‘natural’ task as loving their children, nurturing them, and mourning their loss seem less than fully human. The fall from complete humanity can easily be extended to the ‘group’ or ‘race’ as a whole, making *indigenas* in general seem incapable of ever becoming sanitary citizens” (Briggs and Mantini-Briggs, 2003: 316). Concerning the African American women see also Roberts (1997) and Tsing (1990).

15. Aretxaga writes: “The madness of radical nationalists in my country is the manifestation of a profound ambivalence toward the nation-state form they are pursuing so ferociously. I would argue that the crazy violence of these young radicals might be less incomprehensible if we see it as the manifestation of a phantom, the presence of an absence, the presence of a traumatic history that remains not altogether resolved. I am speaking here of the phantom of the dictatorship—recurrently invoked as a permanent present by young radicals who believe the Spanish democracy is fascist at its core” (Aretxaga 2008: 47–48).

16. We find Pandolfo’s criticism of Benslama’s interpretation of Islam (“the Islamic Thing”) as a monster abruptly awakening from its sleep and disrupting *our* world and *our* time, particularly useful (see Benslama 2009 and Pandolfo 2017).

17. Avery Gordon offers this precious example: “These specters or ghosts appear when the trouble they represent and symptomize is no longer being contained or repressed or blocked from view. The ghost, as I understand it, is not the invisible or some ineffable excess. The whole essence, if you can use that word, of a ghost is that it has a real presence and demands its due, your attention. Haunting and the appearance of specters or ghosts is one way, I tried to suggest, we are notified that what’s been concealed is very much alive and present, interfering precisely with those always incomplete forms of containment and repression ceaselessly directed toward us” (Gordon 2008: xvi).

A Note on Translating Frantz Fanon

Lisa Damon

Two points about the process of translation seem to me to flow through this book, even though the translations of Fanon's psychiatric work are not reproduced in full here. The first is the deeply unsatisfactory yet necessary choices and decisions that the act of translation demands. In other words, translating often means having to make choices even when no satisfactory solution presents itself. Taking some time to admit this seems to be part of the work of translation. As Jacques Derrida put it in his essay "What is a 'Relevant' Translation?"

It is necessary either to resign oneself to losing the effect, the economy, the strategy (and this loss can be enormous) or to add a gloss, of the translator's note sort, which always, even in the best of cases, the case of the greatest relevance, confesses the impotence or the failure of the translation. (Derrida 2001: 181)

The second point is looser and is perhaps more of a reading suggestion that came to me as I labored over these translations, and it is to consider reading Fanon (and his collaborators) as engaged in the process of cultural translation. That is, if these psychiatric writings do indeed fall into the category of critical ethnopsychiatry, and work against the cultural and racial reifications of colonial ethnopsychiatry, then one of its inherent methodological underpinnings is a *critical* cultural translation.

AN "ECONOMY OF IN-BETWEENNESS"

The task of translation, of opening up a space between two languages and cultures through which a unique voice can be ushered more or less

successfully from the one to the other, is difficult enough. When that voice is as ubiquitous as Fanon's, the job is all the more daunting. Yet, once in the thick of it, the uniqueness of his voice was clear enough, and it was more the occasional messiness of composition that comes with shared authorship, or the particularities of context, that seemed worth attempting to preserve.

As Fanon's biographer Alice Cherki points out in the foreword to this volume, to read these texts is to plunge into the world of French psychiatry in the 1950s, and to translate them is to realize the extent to which Anglo-Saxon and European schools operated in discrete theoretical realms. Much of the terminology Fanon and his colleagues marshal to describe their practice has no easy equivalent in English. Some of the dissonance stems not only from the foreignness of French psychiatry from sixty years ago but also from the estrangement that existed between the scientific communities. And, of course, their political correctness was not ours.

Overall, I tried to retain some of this strangeness. Terms like *aliéné* that refer to mental patients and *aliénistes* that refer to doctors remain common in French to this day, and do not necessarily hold the political and social connotations of the English word "alienated." The French word *expérience* can mean both "experience" and "experiment," but this indeterminacy is somehow quite fitting given the context of a scientific publication as well as the sociopolitical scope that Fanon and his colleagues saw their work as encompassing. Writing in the second person plural is also common in French academic writing and I chose to retain this convention, as a double reference to both context and coauthorship.

In terms of finding Fanon's distinctive voice in the more technical and descriptive reports of his work in Blida and Tunis, the fact is, we don't actually know who wrote the articles. From what we do know of Fanon's hectic schedule and fondness for dictation, it is probably safe to assume that his interns or colleagues did much of the writing.

At the start of this project, and in light of the kinds of anonymous and collective writing necessary and typical of journals engaged in the struggle for Algerian liberation such as *Consciénces maghrébines* and *El Moudjahid*, I was hoping to find in these pieces another example of perfect collaboration. But on putting this notion to Alice Cherki, who worked with Fanon in both places, she politely brushed it off as fanciful, reminding me that the political writing was done in great haste and with the specific goal of fast and wide dissemination, and the scientific writing was often done similarly fast, in preparation for a conference or publication deadline. Apparently someone held the pen and the others spoke, or notes were collected and circulated as an article was being written, but Fanon was almost always the instigator of the ideas being explored. He was, according to Cherki, involved in everything that went on

and was easily the most formidable and exacting presence in any room where this kind of writing was concerned.

Fanon's familiar anger and disdain, just barely contained by his caustic humor, reappears in his single-authored texts. These include his lecture notes, his article "The North African Syndrome," his letter of resignation, and his 1955 article "Ethnopsychiatric Considerations." "The North African Syndrome" and sections of the lecture notes have a trance-inducing spoken-word quality, reminiscent of passages from *Black Skin, White Masks* and *The Wretched of the Earth*, and punctuation marks the rhythms of speech rather than written text. "Ethnopsychiatric Considerations" seethes with indignation, blatantly disingenuous in its purported aim to give an account of the "solid" fieldwork being done by the Algiers School of psychiatry. It is quite possible that Porot did indeed refer to Algerians as "big mental retards" before a gathering of his peers, but, as a contemporary reader, I hear Fanon's inflected critique first and foremost.

Another difficulty stemmed from the fact that several of the texts are either unfinished articles, drafts for conference papers, or notes taken by a third person of a lecture given by Fanon. This meant mistakes, typos, and incomplete sentences had to be contended with. Where I felt sure enough of the meaning, I attempted to complete thoughts or finesse transitions; where I found inconsistencies, I corrected them. But otherwise, I tried to leave meanings open as much as possible for the reader to puzzle over and interpret as they would have had to if confronted with the texts in French. As for the lecture notes, they clearly represent an exercise in listening rather than reading. While translating, I felt compelled to reconstruct the scene of sitting in an auditorium at the university of Tunis while Fanon paced and preached. Me, with my pen at the ready, but inevitably mishearing words, not catching the end of an argument, getting carried away with listening, and forgetting to write.

What do these texts intimate of Fanon's thinking? In the articles for psychiatric journals, Fanon, a scientist of the 1950s, is who we see at work. The hospital is a closed system in which observation and experimentation takes place. His methods are entirely deductive and the knowledge he acquired as well as the ideas he generated seem to stem from a very concrete day-to-day practice. However, when experiments fail, he and his colleagues turn to the outside world to gather precious facts that might inform their practice and help them in their attempts at establishing a "new society."

"Sociotherapy on a Muslim Men's Ward" is striking for the excitement that comes across at having tested a hypothesis, seen it fail, and then adjusted it to make it work. There is something slightly jarring for the contemporary reader about the ease and confidence with which the authors replace one set of assumptions based on colonial stereotypes about "the Muslim" with another set of generalized cultural characteristics, albeit based on a sincere

attempt at an open engagement. It is hard to imagine that the only thing male Muslim patients needed to start the process of resocialization was a Moorish café and an occasional bowl of couscous, just as it is difficult to see how a little sowing, singing, and movie watching would suffice to please all the European female patients. Nevertheless, the same sense of witnessing a eureka moment accompanied by the easy attribution of thoughts and motivations to the Maghrebi or the Muslim comes through in “An Introduction to Sexual Disorders among North Africans” and “The Maghrebi Muslim Attitude to Madness.” Here the language slips from a modern medical register to a medieval magical one and back again, in ways that are reminiscent of other ethnographic work of the day.

That being said, in the context of colonial Algeria and 1950s psychiatry, these are indeed significant milestones and radical methodological shifts. And there is something quite humbling in the seriousness and scope of the undertaking, and the rigor with which Fanon applied the conclusions he reached within the hospital walls to the world outside. And as the colonial war invades, the lines blur and experimentation in an isolated environment becomes impossible.

FANON, THE CULTURAL TRANSLATOR

As the authors write in the introduction to this book, out of “the challenge of a ‘true’ decolonization has come an appreciation of Fanon’s psychiatric work, as critic and practitioner.”

Translation has something to say to the problem of decolonizing languages just as cultural translation has something to say to the problem of decolonizing the very idea of culture. As this book seeks to establish, this was a problem Fanon was deeply engaged with. Fanon thoroughly analyzed the complicity of ethnology and ethnopsychiatry in the colonial apparatus, and the translation and interpretation of his psychiatric writings gives us the opportunity to look at how he challenged this liaison between power and knowledge. More specifically, it allows us to consider what kind of work Fanon’s critical ethnopsychiatry does and how it engages the process of decolonization and debunking the colonial yoke with its racial and cultural reification.

This is no easy feat as it means situating oneself precisely in that uncomfortable space of in-betweenness that translation demands. In the case of Fanon the psychiatrist, it meant being both for and against a cultural reading of symptoms in order to arrive at a contextual understanding and care for *les aliénés*. As Gibson and Beneduce put it, it meant understanding and exposing the complex and continually evolving relationship between the psychological and the cultural, taking into account socioeconomic and cultural realities

without adhering to an essentialist symptomology as determined by time and place.

One of the ways in which Fanon did this was by retaining an underlying awareness of what is common to human beings and their struggle for psychological well-being. By focusing on what oppression does to both individuals and groups, differently in different contexts, he avoided the trap of cultural relativism. By foregrounding the power relations within which his work as psychiatrist and ethnographer in Blida and later Tunis took place, he was able to practice a kind of cultural translation that distinguishes itself from that prevalent in the social anthropology and ethnopsychiatry of his day. The key here, as Talal Assad put it in his critique of British social anthropology, is to not act the part of the psychoanalyst. In other words, to not assume final authority in determining the subject's meanings and, as such, become the "real author" of those meanings.

If we conceive of the moment of culture as an act of translation rather than an expression of something stable and fixed, what accounts of the human psyche do we get when we imagine creativity and the ground of meaning in terms of moving something from one place, culture, or language to another? I think it is worth reading Fanon as having had this question in mind, to imagine him developing a problematic of cultural translation in his psychiatric practice while drawing on a range of theoretical and practical approaches. His methodological approach, especially in the more ethnographic pieces, might then be interpreted as a dialectical one. That is, translation can be considered as an act that fuses two rhetorical moments. First, there is a forensic moment in which finitude is brought to meanings that are embedded in life, in which the critical ethnopsychiatrist says, "This phenomenon means this, and only this." This forensic moment is laborious, critical, skeptical, and ethical. Second, there is a deliberative moment in which a new event happens, in which an equivalent to the original phenomenon seeks life in its new location. This moment is creative, tentative, hedged by anticipation, socially embedded, and political. The problematic of cultural translation is then developed by moving between an analytic dissociation of these two moments (which offers critical insight into the ongoing transformations of the world and its meanings, into those translations effected by economic, political, and social agents and processes), and their recombination, in which practitioners consider how their thought and work might participate in the world.

This dialectical process of deciphering and creating meaning as an aspect of Fanon's work emerges from a close reading (and translating) of his psychiatric texts alongside his more obviously political ones. I suggest this was one of the methodological underpinnings of the critical ethnopsychiatry he developed, and which is explored in this book.

Bibliography

- Abane, Beläïd. 2011. "Frantz Fanon and Abane Ramdane: Brief Encounter in the Algerian Revolution." In *Living Fanon*, edited by Nigel C. Gibson. New York: Palgrave Macmillan.
- Abraham, Matthew. 2013. "The Fanonian Specter in Palestine: Suicide Bombing and the Last Colonial War." *South Atlantic Quarterly* 112: 99–114.
- . 2014. *Intellectual Resistance and the Struggle for Palestine*. New York: Palgrave Macmillan.
- Aching, Gerard. 2013. "No Need for an Apology: Fanon's Untimely Critique of Political Consciousness." *South Atlantic Quarterly* 112 (1): 23–38.
- Ahad, Badia Sahar. 2010. *Freud Upside Down: African American Literature and Psychoanalytic Culture*. Champaign, IL: University of Illinois Press.
- Ahmed, Sara. 2006. *Queer Phenomenology*. Durham, NC: Duke University Press.
- Alessandrini, C. Anthony. 1999. *Frantz Fanon: Critical Perspectives*. New York: Routledge.
- . 2014. *Frantz Fanon and the Future of Cultural Politics: Finding Something Different*. Lanham, MD: Lexington.
- Alleg, Henri. 2006. *The Question*. Lincoln, NE: University of Nebraska Press.
- Allen, Mazi. 2011. "Frantz Fanon's Clinical Studies." PhD diss., State University of New York at Binghamton.
- Althabe, Gérard. 1969. *Oppression et libération dans l'imaginaire: Les communautés villageoises de la côte orientale de Madagascar*. Paris: Maspéro.
- American Psychiatric Association (APA). 1987. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. revised. Washington, DC: American Psychiatric Association.
- Anders (Stern), Günther. 1956. *Die Antiquiertheit des Menschen*. Reprint 2002 Munich: C. H. Beck.
- . 2009. "The Pathology of Freedom: An Essay on Non-Identification." *Deleuze Studies* 3 (2): 278–310.

- Anderson, Warwick, Deborah Jenson, and Richard C. Keller. 2011. *Unconscious Dominions: Psychoanalysis, Colonial Traumas, and Global Sovereignties*. Durham, NC: Duke University Press.
- Andreopolous, George J. 1997. "The Age of National Liberation Movements." In *The Laws of War: Constraints on Warfare in the Western World*, edited by Michael Howard, George J. Andreopoulos, and Mark R. Shulman. New Haven, CT: Yale University Press.
- André-Bercovici, Samuel. 2014. *Les anciens combattants dans l'Algérie coloniale: Les associations d'anciens combattants et l'Algérie française, 1942–1962*. <https://dumas.ccsd.cnrs.fr/dumas-01123704/document>.
- Anzieu, Didier. 1985. *The Skin Ego*. New Haven, CT: Yale University Press.
- Apuzzo, Matt, Sheri Fink, and James Risen. 2016. "How US Torture Left a Legacy of Damaged Minds." *New York Times*, October 9. <http://www.nytimes.com/2016/10/09/world/cia-torture-guantanamo-bay.html>.
- Aretxaga, Begoña. 2008. "Madness and the Political Real. Reflections on Violence in Postdictatorial Spain." In *Postcolonial Disorders*, edited by Mary-Jo Del Vecchio Good, Teresa S. Hyde, Sarah Pinto, and Byron J. Good. Berkeley, CA: California University Press, pp. 43–61.
- . 2012. *States of Terror*. Reno, NV: University of Nevada Reno, Basque Studies Program.
- Arriz, Abdelmajid. 1994. "Le paradoxe de la construction du fait patrimonial en situation coloniale. Le cas du Maroc." *Revue du monde musulman et de la Méditerranée* 73/74 (3/4): 153–66.
- Asad, Talal. 1986. "The Concept of Cultural Translation in British Social Anthropology." In *Writing Culture: The Poetics and Politics of Ethnography*, edited by James Clifford and George E. Marcus. Berkeley, CA: University of California Press.
- . 2007. *On Suicide Bombing*. New York: Columbia University Press.
- Aubin, Henri. 1952. "Noirs: Psychopathologie des." Dans *Manuel alphabétique de psychiatrie*. Édité par Antoine Porot. Paris: Presses Universitaires de France.
- Azoulay, Jacques. 1956. "La Socialthérapie en milieu nord-africain." PhD diss., University of Algiers.
- Bachelard, Gaston. 1943. *L'air et les songes. Essai sur l'imagination du mouvement*. Paris: Corti.
- Bailkin, Jordanna. 2012. *The Afterlife of Empire*. Berkeley, CA: University of California Press.
- Balandier, Georges. 1951. "La situation coloniale: Approche théorique." *Cahiers internationaux de sociologie* 11: 44–79.
- . 1982. *Sociologie actuelle de l'Afrique noire: Dynamique sociale en Afrique noire*. Paris: Presses Universitaires de France.
- Balvet, Paul. 1947. "La valeur humaine de la folie." *Esprit* 15 (137/9): 289–306.
- Baró, Martin. 1996. *Writings for a Liberation Psychology*, edited by Adrienne Aron and Shawn Corne. Cambridge, MA: Harvard University Press.
- Bastide, R. 1965. *Sociologie des maladies mentales*. Paris: Flammarion.
- Batchelor, Kathryn, and Sue-Ann Harding. 2017. *Translating Frantz Fanon across Continents and Languages*. New York: Routledge.

- Bayart, Jean-François. 1985. "L'énonciation du politique." *Revue française de science politique* 35 (3): 343–73.
- . 2005. *Le gouvernement du monde: Une critique politique de la globalisation*. Fayard: Paris.
- Bayart, Jean-François, Stephen Ellis, and Béatrice Hibou. 1997. *The Criminalization of the State in Africa*. London: James Currey.
- Bégué Jean-Michel. 1996. "French Psychiatry in Algeria, 1830–1962: From Colonial to Transcultural." *History of Psychiatry* 28 (7): 533–48.
- Beneduce, Roberto. 2007. *Etnopsichiatria: Sofferenza mentale e alterità fra Storia, dominio e cultura*. Roma: Carocci.
- . 2010a. *Archeologie del trauma. Un'antropologia del sottosuolo*. Roma: Laterza.
- . 2010b. "Soigner l'incertitude au Cameroun: Le théâtre épique du nganga face au défis de la professionnalisation et aux économies du miracle." *Dans Le pluralisme médical en Afrique*, sous la dir. de Ludovic Ludo. Paris and Yaoundé: Karthala & Éditions des Presses de l'UCAC.
- , ed. 2011a. *Frantz Fanon. Decolonizzare la follia: Scritti sulla psichiatria coloniale*. Verona: ombre corte.
- . 2011b. "La tormenta onirica." In *Frantz Fanon. Decolonizzare la follia: Scritti sulla psichiatria coloniale*, edited by R. Beneduce. Verona: ombre corte, pp. 7–70.
- . 2011–2012. "Voices from the Past: Rethinking Persecutory Interpretations of Sickness and Misfortune in Africa." *Psychopathologie Africaine* 36 (3): 335–65.
- . 2012a. "La vie psychique de l'Histoire: Fanon et le temps fracturé de la mémoire." *L'Autre* 13 (3): 273–84.
- . 2012b. "La Potenza del falso: Mimesi e alienazione in Frantz Fanon." *Aut aut* 354: 5–45.
- . 2013. "Frantz Fanon, un savoir insoumis: Du Labyrinthe de la colonie à la souffrance postcoloniale." In *Frantz Fanon: Un héritage à partager*, sous la dir. du Cercle Frantz Fanon. Paris: Harmattan.
- . 2015a. "The Moral Economy of Lying: Subjectcraft, Narrative Capital, and Uncertainty in the Politics of Asylum." *Medical Anthropology Cross-Cultural Studies in Health and Illness* 32 (6): 551–71.
- . 2015b. *Un lugar en el mundo. Senderos de la migración entre violencia, memoria y deseo*. Ciudad de Mexico: INAH y UAT.
- . 2015c. "Ernesto De Martino. Un'etnopsichiatria della crisi e del riscatto." *aut aut* 366: 3–14.
- . 2016a. "Traumatic Pasts and the Historical Imagination. Symptoms of Loss, Postcolonial Suffering, and Counter-Memories." *Transcultural Psychiatry* 53 (3): 1–25.
- . 2016b. *L'Histoire au corps: Mémoires indociles et archives du désordre dans les cultes de possession en Afrique*. Fribourg: Academic Press.
- . 2016c. "L'archive Fanon: Clés pour la lecture du présent." *Politique Africaine*, "Mobiliser Fanon," dossier coordonné par Roberto Beneduce, 143: 7–34.

- . 2017. “History as Palimpsest: Notes on Subalternity, Alienation, and Domination in Gramsci, de Martino, and Fanon.” *International Gramsci Journal*, 2 (3), <http://ro.uow.edu.au/gramsci/>.
- Beneduce, Roberto, and Simona Taliani. 2013. “Les archives introuvables: Technologie de la citoyenneté, bureaucratie et migration.” Dans *La Bureaucratie néolibérale*, édité par Béatrice Hibou. Paris: La Découverte.
- Bennani, Jalil. 1980. *Le corps suspect*. Paris: Galilée.
- Benslama, Fethi. 2009. *Psychoanalysis and the Challenge of Islam*. Minneapolis, MN: University of Minnesota Press.
- Bentouhami, Hourya. 2014. “De Gramsci à Fanon, un marxisme décentré.” *Actuel Marx* 1 (55): 99–118.
- Bergmann, Martin S. 1996. “The Tragic Encounter between Freud and Ferenczi and its Impact on the History of Psychoanalysis.” In *Ferenczi’s Turn in Psychoanalysis*, edited by Peter L. Rudnytsky, Antal Bókay, and Patrizia Giampieri-Deutsch. New York: NYU Press.
- Berthelie, Robert. 2007. “À la recherche de l’homme musulman.” *Sud/Nord* (22): 127–46.
- Betts, R. Dwayne. 2009. *A Question of Freedom: A Memoir of Learning, Survival, and Coming of Age in Prison*. New York: Penguin.
- Bhabha, Homi K. 1983. “The Other Question.” *Screen* 24 (6): 18–36.
- . 1986. “Remembering Fanon.” Foreword to *Black Skin, White Masks* by Frantz Fanon. London: Pluto Press. (Reprinted in *Rethinking Fanon: The Continuing Dialogue*, edited by Nigel C. Gibson. New York: Humanity Books, 1999, pp. 179–196.)
- . 1987. “Of Mimicry and Man: The Ambivalence of Colonial Discourse.” In *October: The First Decade, 1976–1986*, edited by A. Michelson, R. Krauss, D. Crimp, and J. Copjec. Cambridge, MA: MIT Press.
- . 1994. *The Location of Culture*. London: Routledge.
- . 2004. “Framing Fanon.” Foreword to *The Wretched of the Earth* by Frantz Fanon. New York: Grove.
- Bird-Pollan, Stefan. 2014. *Hegel, Freud and Fanon: The Dialectic of Emancipation*. London: Rowman & Littlefield International.
- Bloch, Maurice. 1990. New Foreword to *Prospero and Caliban: The Psychology of Colonization* by Otvave Mannoni. Ann Arbor, MI: University of Michigan Press.
- Boigey, Maurice. 1908. “Etudes psychologique de l’islam.” *Annales médico-psychologiques* 8: 5–14.
- Bokanowski, Thierry. 1996. “Sándor Ferenczi: Negative Transference and Transference Depression.” in *Ferenczi’s Turn in Psychoanalysis*, edited by Peter L. Rudnytsky, Antal Bókay, and Patrizia Giampieri-Deutsch. New York: NYU Press.
- Borovečki-Jakovljević, Sanja, and Stanislav Matačić. 2005. “The Oedipus Complex in Contemporary Psychoanalysis.” *Collegium Antropologicum* 29 (1): 351–60.
- Bose, Girindrasekhar. 1952. “Analysis of Wish.” *Samiksha* 6 (1): 1–11.
- Bosteels, Bruno. 2012. *Marx and Freud in Latin America: Politics, Psychoanalysis, and Religion in Times of Terror*. New York: Verso.

- Bourdieu, Pierre. 1962. *The Algerians*. Boston, MA: Beacon Press.
- . 1979. *Algeria 1960*. London and New York: Cambridge University Press.
- . 2013. *Algerian Sketches*. Oxford: Polity.
- Bourg, Julian. 2007. *From Revolution to Ethics: May 1968 and Contemporary French Thought*. Montreal: McGill-Queen's University Press.
- Branche, Raphaëlle. 2001. *La Torture et l'armée pendant la Guerre d'Algérie, 1954–1962*. Paris: Gallimard.
- Braun, Lundy. 2006. "Reifying Human Difference: The Debate on Genetics, Race, and Health." *International Journal of Health Services* 36 (3): 557–73.
- Breggin, Peter R., and Ginger R. Breggin. 1998. *The War against Children of Color: Psychiatry Targets Inner City Youth*. Monroe: Common Courage Press.
- Briggs, Charles, and Clara Mantini-Briggs. 2000. "'Bad Mothers' and the Threat to Civil Society: Race, Cultural Reasoning, and the Institutionalization of Social Inequality in a Venezuelan Infanticide Trial," *Law & Social Inquiry* 25 (2): 299–354.
- . 2003. *Stories in the Time of Cholera: Racial Profiling during a Medical Nightmare*. Berkeley, CA: University of California Press.
- Bulhan, Hussein. A. 1985. *Frantz Fanon and the Psychology of Oppression*. New York: Plenum.
- Bullard, Alice. 2002. "From Vastation to Prozac Nation." *Transcultural Psychiatry* 39 (3): 267–94
- . 2005a. "The Critical Impact of Frantz Fanon and Henri Collomb: Race, Gender, and Personality Testing of North and West Africans." *Journal of the History of Behavioural Sciences* 41 (3): 225–348.
- . 2005b. "L'Oedipe Africain: A Retrospective." *Transcultural Psychiatry* 42 (2): 171–203.
- . 2011–2012. Le déni, la crypte et la magie: Contributions à l'inconscient global à partir de la psychiatrie coloniale en Afrique de l'Ouest." *Psychopathologie Africaine* 36 (1): 59–104.
- Burquet, Déphine. 2014. "Médecins blancs et sorciers en pays colonisé: Politiques de santé, modes d'influence et oppositions." *Health, Culture and Society* 7 (1): 38–53.
- Burleson, W. Blake. 2005. *Jung in Africa*. London and New York: Bloomsbury.
- . 2008. "Jung in Africa: The Historical Record." *Journal of Analytical Psychology* 53: 209–23.
- Burman, Anders. 2009. "Colonialism in Context: An Aymara Reassessment of 'Colonialism,' 'Coloniality' and the 'Postcolonial World.'" *Kult* 6: 117–29.
- Butler, Judith. 2006. "Violence, Non-Violence: Sartre on Fanon." *Graduate Faculty Philosophy Journal* 27 (1): 3–24.
- . 2009. *Frames of Violence: When is Life Grievable?* New York: Verso.
- . 2012. *Parting Ways: Jewishness and the Critique of Zionism*. New York: Columbia University Press.
- Campbell, J. Bradford. 2007. "The Making of 'American': Race and Nation in Neurasthenic Discourse." *History of Psychiatry* 18 (2): 157–78.
- . 2010. "The Schizophrenic Solution: Dialectics of Neurosis and Anti-psychiatric Animus in Ralph Ellison's *Invisible Man*." *Novel* 43 (3): 443–65.

- Carothers, John Colin D. 1951. "Frontal Lobe Function and the African." *Journal of Mental Science* 97: 12–48.
- . 1953. *The African Mind in Health and Disease: A Study in Ethnopsychiatry*. Geneva: World Health Organization.
- . 1954. "The Psychology of the Mau Mau." Nairobi: Government White Paper.
- . 1972. *The Mind of Man in Africa*. London: Tom Stacey.
- Caruth, Cathy, ed. 1995. *Trauma: Explorations in Memory*. Baltimore, MD: Johns Hopkins University Press.
- Centre National de Recherche Préhistorique, Anthropologique et Historique (CNRPAH). 2013. *Fonds Frantz Fanon*. Algiers: Ministère de la Culture.
- Césaire, Aimé. 1972. *Discourse on Colonialism*. New York: Monthly Review Press.
- . 2005. *Nègre je suis, nègre je resterai: Entretiens avec Françoise Vergès*. Paris: Albin Michel.
- Chancelé, Elie. 1949. "La Question coloniale." *Critique* 35: 365–69.
- Charby, Jacques, and Giovanni Pirelli, eds. 1962. *Racconti di bambini d'Algeria: testimonianze e disegni di bambini profughi in Tunisia, Libia e Marocco*. Torino: Einaudi.
- Charles, Monique. 2004. *Ey-Lacan: Du dialogue au débat ou l'homme en question*. Paris: L'Harmattan.
- Charuty Giordana. 1996. "Les belles infidèles." *Journal des anthropologues* 64/65: 169–76.
- Chatterjee, Partha. 1993. *The Nation and Its Fragments*. Princeton, NJ: Princeton University Press.
- Cheng, Ann Anlin. 2001. *The Melancholy of Race: Psychoanalysis, Assimilation and Hidden Grief*. Oxford: Oxford University Press.
- Cherki, Alice. 2006. *Frantz Fanon: A Portrait*. Ithaca, NY: Cornell University Press.
- . 2011. "Fanon Fifty Years Later: Resisting the Air of Our Present Time." In *Living Fanon: Global Perspectives*, edited by Nigel C. Gibson. New York: Palgrave Macmillan.
- Chicago Commission on Race Relations. 1923. *The Negro in Chicago: A Study of Race Relations and a Race Riot*. Chicago, IL: University of Chicago Press.
- Chow, Rey. 1999. "The Politics of Admittance: Female Sexual Agency and Miscegenation and the Formation of Community in Frantz Fanon." *Frantz Fanon: Critical Perspectives*, edited by Anthony C. Alessandrini. New York: Routledge.
- Ciccariello-Maher, George. 2012. "The Dialectics of Standing One's Ground." *Theory & Event* 15 (3): muse.jhu.edu/article/484431.
- Clark, B. Kenneth, and Mamie P. Clark. 1939. "The Development of Consciousness of Self and the Emergence of Racial Identification in Negro Preschool Children." *Journal of Social Psychology* 10: 591–99.
- . 1940. "Skin Colour as a Factor in Racial Identification of Negro Preschool Children." *Journal of Social Psychology* 11: 159–69.
- Cohen, Bruce M. Z. 2014. "Passive-Aggressive: Māori Resistance and the Continuance of Colonial Psychiatry in Aotearoa, New Zealand." *Disability and the Global South* 1 (2): 319–39.
- . 2016. *Psychiatric Hegemony: A Marxist Theory of Mental Illness*. London: Palgrave Macmillan.

- Cohen, Henry. 1953. "Pierre Marie 1853–1940." *Proceedings of the Royal Society of Medicine* 47: 1047–54.
- Collignon, René. 1984. "Les conditions de développement d'une psychiatrie sociale au Sénégal." *Présence Africaine* 129 (1): 3–19.
- Collomb, Henri. 1965. "Les bouffées délirantes en psychiatrie africaine." *Psychopathologie africaine* 1: 167–239.
- . 1966. "Psychiatrie et cultures (Considérations générales)." *Psychopathologie Africaine* 2: 259–73.
- . 1978. "La sorcellerie-anthropophagie: Genèse et fonction." *L'évolution psychiatrique* 43 (3): 499–520.
- Collomb, Henri, et al. 1968. "Psychopathologie et environnement familial en Afrique." *Psychopathologie Africaine* 4 (2): 173–227.
- Comaroff, Jean, and John L. Comaroff, eds. 2006. *Law and Disorder in Postcolony*. Chicago, IL: University of Chicago Press.
- Cornell, Drucilla. 2001. "The Secret behind the Veil: A Reinterpretation of 'Algeria Unveiled.'" *Philosophia Africana* 4 (2): 27–35.
- Cornell, Drucilla, and Stephen D. Seely. 2016. *The Spirit of Revolution: Beyond the Ends of Man*. Oxford: Polity Press.
- Crapanzano, Vincent. 2005. Foreword to *The Land of Remorse: A Study of Southern Italian Tarantism*, by E. de Martino and translated by Dorothy L. Zinn. London: Free Association Books.
- Crewe V. Jonathan. 2001. "Black Hamlet: Psychoanalysis on Trial in South Africa." *Poetics Today* 22 (2): 413–33.
- Cross, William. 1991. *Shades of Black: Diversity in African American Identity*. Philadelphia, PA: Temple University Press.
- Csordas, Thomas J. 1990. "Embodiment as a Paradigm for Anthropology." *Ethos: Journal of the Society for Psychological Anthropology* 18 (1): 5–47.
- Davies, L. David. 1949. "Psychiatric Changes Associated with Friedreich's Ataxia," *Journal of Neurology, Neurosurgery and Psychiatry*, 12: 246–50.
- de Beauvoir, Simone. 1992. *The Force of Circumstance*. New York: Paragon.
- de Certeau, Michel. 1984. *The Practice of Everyday Life*. Berkeley, CA: University of California Press.
- . 1986. *Heterologies: Discourse on the Other*. Minneapolis, MN: University of Minnesota Press.
- de Martino, Ernesto. 2005a. *Storia e metastoria*. Lecce: Argo.
- . 2005b. *The Land of Remorse: A Study of Southern Italian Tarantism*, translated by Dorothy L. Zinn. New York: Free Association Books.
- . 2012. "Crisis of Presence and Religious Reintegration." *HAU: Journal of Ethnographic Theory* 2 (2): 434–50.
- . 2015. *Magic: A Theory from the South*, translated by Dorothy L. Zinn. Chicago, IL: University of Chicago Press.
- de Oto, Alejandro, ed. 2011. *Tiempos de Homenajes, tiempos decoloniales: Frantz Fanon. America Latina*. Buenos Aires: Ediciones del signo.
- Deleuze, Gilles. 1995. *Negotiations. 1972–1990*. New York: Columbia University Press.
- . 1998. *Essays Critical and Clinical*. London: Verso.

- Deleuze, Gilles, and Félix Guattari. 2004. *Anti-Oedipus: Capitalism and Schizophrenia*. London: Continuum.
- . 2005. *A Thousand Plateaus: Capitalism and Schizophrenia*. Minneapolis, MN: University of Minnesota Press.
- Del Vecchio Good, Mary-Jo, Sandra Teresa Hyde, Sarah Pinto, and Byron J Good, eds. 2008. *Postcolonial Disorders*. Berkeley, CA: California University Press.
- Derrida, Jacques. 1991. "Geopsychoanalysis: '... and the rest of the world.'" *American Imago* 48 (2): 199–231.
- . 1994. *Specters of Marx: The State of Debt, the Work of Mourning and the New International*. London: Routledge.
- . 1996. *Archives Fever: A Freudian Impression*. Chicago, IL: University of Chicago Press.
- . 2001. "What is a 'Relevant' Translation?" Translated by Lawrence Venuti, *Critical Inquiry* 27 (2): 174–200.
- Desai, Miraj. 2014. "Psychology, the Psychological, and Critical Praxis: A Phenomenologist Reads Frantz Fanon." *Theory and Society* 24 (1): 58–75.
- Desparmet, Jean. 1932. *Ethnographie traditionnelle de la mettidja: Le mal magique*. Alger: Paul Geuthner.
- Diagne, Souleymane Bachir. 2007. *Léopold Sédar Senghor: L'art africain comme philosophie*. Paris: Riveneuve (African Art as Philosophy: Senghor, Bergson and the Idea of Negritude. Chicago: Seagull, 2012).
- . 2011. *Bergson postcolonial*. Paris: CNRS.
- . 2016. "Négritude." In *The Stanford Encyclopedia of Philosophy*, edited by Edward N. Zalta. <http://plato.stanford.edu/archives/spr2016/entries/negritude/>.
- Djebar, Assia. 1993. *Fantasia: An Algerian Cavalcade*. London: Heinemann.
- Dlova, Ncoza C., Avumile Mankahla, Nomandla Madala, Anneke Grobler, Joyce Tsoka-Gwegweni, and Richard J. Hift. 2014. "The Spectrum of Skin Diseases in a Black Population in Durban, KwaZulu-Natal, South Africa." *International Journal of Dermatology* 54: 279–85.
- Donnadieu, André. 1939. "Psychose de civilisation." *Annales Médico-psychologiques* 97 (1): 30–37.
- Dosse, François. 2011. *Gilles Deleuze & Félix Guattari: Intersecting lives*. New York: Columbia University Press.
- Drew, Alison. 2014. *We Are No Longer in France: Communists in Colonial Algeria*. Manchester: Manchester University Press.
- Dubey, Madhu. 1998. "The 'True Lie' of the Nation: Fanon and Feminism." *Differences: A Journal of Feminist Cultural Studies* 10 (2): 1–29.
- Du Bois, WEB. 1994. *The Souls of Black Folk*. New York: Dover.
- . 1998. *Black Reconstruction*. New York: Free Press.
- Dunayevskaya, Raya. 1961. *Nationalism, Communism, Marxist Humanism and the Afro-Asian Revolutions*. Detroit: News and Letters.
- Dupont, Judith. 2005. "L'introduction de Ferenczi en France." *Le Coq-héron* 180: 105–10.
- Ehlen, Patrick. 2000. *Frantz Fanon: A Spiritual Biography*. New York: Crossroads.
- Elkins, Caroline. 2005. *Imperial Reckoning: The Untold Story of Britain's Gulag in Kenya*. New York: Henry Holt.

- Ellison, Ralph. 1964. "Harlem is Nowhere." Written for *Magazine of the Year*, 1948, and first published in *Shadow and Act*. New York: Random House.
- Eversley, Shelly. 2001. "The Lunatic's Fancy and the Work of Art." *American Literary History* 13 (3): 445–68.
- Fabre, Michael. 1993. *The Unfinished Quest of Richard*. Champaign, IL: University of Illinois Press.
- Fanon, Frantz. 1951. "La plainte du noir: L'expérience vécue du noir." *L'Esprit* 19 (179): 657–79. Translations in this volume by Lisa Damon.
- . 1955. "Considérations ethnopsychiatriques." *Consciences maghribines* 3: 1–2. Translations in this volume by Lisa Damon.
- . 1956. "Racism and Culture." *Présence Africaine* 8–10: 122–32 (Paper presented to the First International Conference of Black Writers and Artists, Paris, September 19–22).
- . 1959a. "L'Hospitalisation de jour en psychiatrie: Première partie, Valeur et limites." [Day Hospitalization in Psychiatry: One, Its Value and Limitations] *La Tunisie Médicale* 38 (10): 689–712. Translations in this volume by Lisa Damon.
- . 1959b. "Écoute homme blanc! de Richard Wright." *El Moudjahid* 47 (3): 5–6.
- . 1965. *A Dying Colonialism*. Translated by Haakon Chevalier. New York: Monthly Review Press.
- . 1967. *Toward the African Revolution*. Translated by Haakon Chevalier. New York: Monthly Review Press.
- . 1968. *The Wretched of the Earth*. Translated by Constance Farrington. New York: Grove Press.
- . 1975. "Le trouble mental et le trouble neurologique." *L'Information Psychiatrique* 51 (10): 1079–90 (excerpts from "Altérations mentales, modifications caractérielles, troubles psychiques et déficit intellectuel dans l'hérodégénération spino-cérébelleuse: A propos d'un cas de maladie de Friedreich avec délire de possession." PhD diss., Faculté mixte de médecine et de pharmacie, Lyon, November 29, 1951). Translations in this volume by Lisa Damon.
- . 1984. "Rencontre de la société et de la psychiatrie" [The Encounter of Psychiatry and Society] (Course presented at the University of Tunis in 1959 and 1960. Transcribed by Lilia Bensalem). *Études et Recherches sur la psychologie en Algérie*. Oran: CRIDSSH. Translations in this volume by Lisa Damon.
- . 2001. *Pour la révolution africaine: Écrits politiques*. Paris: Éditions La Découverte.
- . 2004. *The Wretched of the Earth*. Translated by Richard Philcox. New York: Grove.
- . 2008. *Black Skin, White Masks*. Translated by Richard Philcox. New York: Grove.
- . 2015. *Écrits sur l'aliénation et la liberté*. Edited by Jean Khalfa and Robert J. C. Young. Paris: La Découverte.
- Fanon, Frantz, and Slimane Asselah. 1957. "Le Phénomène de l'agitation en milieu psychiatrique: considérations générales, signification psychopathologique." [The Phenomenon of Agitation in Psychiatry]. *Maroc médical* 36 (380): 21–24. Translations in this volume by Lisa Damon.

- Fanon, Frantz, and Jacques Azoulay. 1954. "Contribution à l'étude de la social-thérapie dans un service d'aliénés musulmans: Difficultés méthodologiques." [Sociotherapy on a Muslim Men's Ward: Methodological Difficulties.] *L'information psychiatrique* 30 (9) (Reprinted in *L'information psychiatrique* 51 (10), 1975). Translations in this volume by Lisa Damon.
- Fanon, Frantz with Jacques Azoulay, and François Sanchez. 1955. "Introduction aux troubles de la sexualité chez le Nord-Africain." [An Introduction to Sexual Disorders among North Africans]. Italian translation by Cesare Bermanni in *alfabeta2* (2011, 15). Translations in this volume by Lisa Damon.
- Fanon, Frantz, and Charles Géronimi. 1956. "Le TAT chez la femme musulmane: Sociologie de la perception et de l'imagination." [The TAT among Muslim Women: The Sociology of Perception and Imagination]. Actes du Congrès des médecins aliénistes et neurologues de France et des pays de langue française, Bordeaux, August 30 to September 4, pp. 364–68. Translations in this volume by Lisa Damon.
- . 1959. "L'Hospitalisation de jour en psychiatrie: Deuxième partie, Considérations doctrinales." [Day Hospitalization in Psychiatry: Part Two, Doctrinal Considerations]. *La Tunisie Médicale* 38 (10): 712–32. Translations in this volume by Lisa Damon.
- Fanon, Frantz with J. Dequeker, R. Lacaton, M. Micucci, and R. Ramée. 1955. "Aspects actuels de l'assistance mentale en Algérie." *L'information psychiatrique* 31 (1): 11–18. Translations in this volume by Lisa Damon.
- Fanon, Frantz, and Raymond Lacaton. 1955. "Conduites d'aveu en Afrique du Nord." [Confession in North Africa]. Presented at the Congrès de Psychiatrie et Neurologie de langue française, Nice, 1955. (Reprinted in *L'Information psychiatrique* 51 (10), 1975). Translations in this volume by Lisa Damon.
- Fanon, Frantz, and François Sanchez. 1956. "Attitude du Musulman Maghrébin devant la Folie." [Maghrebi Muslim Attitudes To Madness]. *Revue pratique et sociologie de la vie sociale et d'hygiène mentale* 1: 24–27. Translations in this volume by Lisa Damon.
- Fanon, Frantz, and François Tosquelles. 1953a. "Sur quelques cas traités par la méthode de Bini." Communication au Congrès des médecins aliénistes et neurologues de France et des pays de langue française, Pau, 1953.
- . 1953b. "Indications de la thérapeutique de Bini dans le cadre des thérapeutiques institutionnelles." Communication au Congrès des médecins aliénistes et neurologues de France et des pays de langue française, Pau, 1953.
- . 1953c. "Sur un essai de réadaptation chez une malade avec épilepsie morphéique et troubles de caractère graves." Communication au Congrès des médecins aliénistes et neurologues de France et des pays de langue française, Pau, 1953. Translations in this volume by Lisa Damon.
- Fanon, Joby. 2004. *Frantz Fanon: De la Martinique à l'Algérie et à l'Afrique*. L'Harmattan: Paris.
- . 2014. *Frantz Fanon, My Brother: Doctor, Playwright, Revolutionary*. Rowman & Littlefield.

- Farred, Grant. 2011. "Wretchedness." In *Living Fanon. Global Perspectives*, edited by Nigel C. Gibson. New York: Palgrave.
- Fassin, Didier. 1999. "L'ethnopsychiatrie et ses réseaux: L'influence qui grandit." *Genèses* 35: 146–171.
- . 2000. "Les politiques de l'ethnopsychiatrie: La psyché africaine, des colonies africaines aux banlieues parisiennes." *L'Homme* 153: 231–50.
- Fassin, Didier, and Richard Rechtman. 2009. *The Empire of Trauma: An Inquiry into the Condition of Victimhood*. Princeton, NJ: Princeton University Press.
- Favret-Saada, Jeanne. 1977. *Les Mots, la Mort, les Sorts. La Sorcellerie dans le Bocage*. Paris: Gallimard.
- Feldman, Hannah. 2014. *From a Nation Torn: Decolonizing Art and Representation in France, 1945–1962*. Durham, NC: Duke University Press.
- Feraoun, Mouloud. 2000. *Journal, 1955–1962: Reflections on the French-Algerian War*. Lincoln, NE: University of Nebraska Press.
- Ferenczi, Sandor. 1927. *Theory and Technique of Psycho-Analysis*. Vol. 2. New York: Boni and Liveright.
- . 1988. "Confusion of Tongues between Adults and the Child: The Language of Tenderness and Passion." *Contemporary Psychoanalysis* 24: 196–206 (originally published in 1949).
- . 1994. *Further Contributions to the Theory and Technique of Psycho-Analysis*. London: Karnac.
- Ferenczi, Sandor, Karl Abraham, Ernst Simmel, and Ernest Jones. 1921. *Psychoanalysis and War Neuroses*. London, Vienna, and New York: International Psycho-Analytical Press.
- Ficek, Douglas. 2011. "Reflection on Fanon and Petrification." In *Living Fanon: Global Perspectives*, edited by Nigel C. Gibson. New York: Palgrave.
- Fontenot, Chester, Jr. 1979a. *Frantz Fanon: Language as God Gone Astray in the Flesh*. Lincoln, NE: University of Nebraska.
- . 1979b. "Frantz Fanon: The Revolutionary as Social Visionary." *First World* 2 (3): 23–28.
- Foot, John. 2015. *The Man Who Closed the Asylums: Franco Basaglia and the Revolution in Mental Health Care*. New York: Verso.
- Foucault, Michel. 1984. "Of Other Spaces: Utopias and Heterotopias." *Architecture/Mouvement/Continuité* 5: 46–49.
- . 2003. *Society Must Be Defended: Lectures at the Collège de France, 1975–1976*. New York: Picador.
- Franklin, J. Anderson, and Nancy Boyd-Franklin. 2000. "Invisibility Syndrome: A Clinical Model of the Effects of Racism on African-American Males." *American Journal of Orthopsychiatry* 70 (1): 33–41.
- Freud, Sigmund. 2010. *The Ego and the Id*. North Charleston: CreateSpace.
- Fromm, Erich. 1956. *The Art of Loving*. New York: Harper & Row.
- Fuss, Diana. 1994. "Interior Colonies: Frantz Fanon and the Politics of Identification." *Diacritics* 24 (2/3): 19–42. (Reprinted in Gibson 1999.)
- . 1995. *Identification Papers*. New York: Routledge.

- Gallini, Clara. 2008. *Introduzione a La terra del rimorso: Contributo a una storia religiosa del Sud, Ernesto de Martino*. Milano: Il Saggiatore.
- Galula, David. 2006. *Pacification in Algeria, 1956–1958*. Santa Monica: Rand Corporation.
- Garcia, Jay. 2012. *Psychology Comes to Harlem: Rethinking the Race Question in Twentieth-Century America*. Baltimore, MD: Johns Hopkins University Press.
- Gaztambide, Daniel. 2012. “A Psychotherapy for the People’: Freud, Ferenczi, and Psychoanalytical Work with the Underprivileged.” *Contemporary Psychoanalysis* 48 (2): 141–65.
- Gates, Henry L., Jr. 1991. “Critical Fanonism.” *Critical Inquiry* 17 (3). (Reprinted in Gibson 1999, pp. 251–68.)
- Geismar, Peter. 1971. *Fanon*. New York: Dial.
- Gendzier, L. Irene. 1973. *Frantz Fanon: A Critical Study*. New York: Vintage/Grove Press.
- Giampieri-Deutsch, Patrizia. 1996. “The Influence of Ferenczi’s Ideas on Contemporary Standard Technique.” In *Ferenczi’s Turn in Psychoanalysis*, edited by Peter L. Rudnytsky, Antal Bókay, and Patrizia Giampieri-Deutsch. New York: NYU Press.
- Gibson, Nigel C. 1996. “Jammin’ the Airwaves and Tuning into the Revolution: The Dialectics of the Radio in *L’An V de la révolution algérienne*.” In *Fanon: A Critical Reader*, edited by Lewis R. Gordon, T. Denean Sharpley-Whiting, and Renée. T. White. Oxford: Blackwell.
- , ed. 1999. *Rethinking Fanon: The Continuing Dialogue*. Amherst, NY: Humanity Books.
- . 2003. *Fanon: The Postcolonial Imagination*. London: Wiley-Blackwell and Cambridge, MA: Polity.
- . 2011a. *Fanonian Practices in South Africa. From Steve Biko to Abahlali Base Mjondolo*. Pietermaritzburg: UKZN Press and New York: Palgrave.
- , ed. 2011b. *Living Fanon: Global Perspectives*. New York: Palgrave.
- . 2013. “Unpacking Fanon’s Books and Putting Them Back Again ...” <http://readingfanon.blogspot.com/2013/06/unpacking-fanons-books-and-putting-them.html>.
- . 2015. “Romanticism reconsidered: Fanon, reciprocity and revolution (on Fanon’s ninetieth birthday)”. *Acta Acaemica* 42 (2): 1–18.
- . 2016a. “Tunis Connections: Concatenations and Missed Opportunities, Bond, Fanon, Foucault.” *Journal of Asian and African Studies* 51 (3): 370–86.
- . 2016b. “Why Frantz Fanon Still Matters: Failure & Reciprocity.” <http://www.thecritique.com/articles/why-frantz-fanon-still-matters/>.
- . 2016c. “The Specter of Fanon: The Student Movements and the Rationality of Revolt in South Africa.” *Social Identities* 76: 1–21. <http://www.tandfonline.com/doi/abs/10.1080/13504630.2016.1219123>.
- Gilroy, Paul. 2006. *Postcolonial Melancholia*. New York: Columbia University Press.
- . 2010. “Fanon and Améry: Theory, Torture and the Prospect of Humanism.” *Theory, Culture & Society* 27 (7–8): 16–32.
- Glissant, Édouard. 2008. *Journée d’études*, Groupe de Cordoue, Association Lacanienne Internationale. http://www.freudlacan.com/articles/article.php?url_article=jwiltord100707.

- Goldstein, Kurt. 1939. *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man*. New York: American Book Company.
- Gonzales V. Beato, and Ramón V. Ulloa. 1953. *Capacidad mental del negro*, Madrid: Consejo Superior de Investigaciones Científicas.
- Goodman, Jane E., and Paul A. Silverstein, eds. 2009. *Bourdieu in Algeria Colonial Politics, Ethnographic Practices, Theoretical Developments*. Lincoln, NE: University of Nebraska Press.
- Gordon, Avery. 2008. *Ghostly Matters: Haunting and the Sociological Imagination*. Minneapolis, MN: University of Minnesota Press.
- Gordon, Jane A. 2013. *Creolizing Political Theory: Reading Rousseau through Fanon*. New York: Fordham University Press.
- Gordon, Lewis R. 1996. "Fanon's Revolutionary Violence." in *The Fanon Critical Reader*, edited by Lewis R. Gordon, T. Denean Sharpley-Whiting, and Renée T. White. Oxford: Blackwell.
- . 1997. *Her Majesty's Other Children: Sketches of Racism from a Neocolonial Age*. Lanham, MD: Rowman & Littlefield.
- . 2000. *Existencia Africana: Understanding Africana Existential Thought*. New York: Routledge.
- . 2005. "Through the Zone of Nonbeing: A Reading of *Black Skin, White Masks* in Celebration of Fanon's Eightieth Birthday." *The C.L.R. James Journal* 11 (1): 1–43.
- . 2011. "Afterword: Living Fanon." *Journal of French and Francophone Philosophy / Revue de la philosophie française et de langue française*. 19 (1): 83–89.
- . 2015a. *What Fanon Said: A Philosophical Introduction to his Life and Thought*. New York: Fordham University Press.
- . 2015b. "Frantz Fanon." In *The International Encyclopedia of Ethics*, edited by Hugh LaFollette. London: John Wiley.
- Gourion, Fabien. 2010. "Le sexe des indigènes. Adolphe Kocher et la médecine légale en Algérie." *Droit et cultures* 60 (5): 9–71.
- Gramsci, Antonio. 1975. *Quaderni dal carcere, Volume terzo. Quaderni 12–29 (1932–1935)*. A cura di Valentino Gerratana. Torino: Einaudi.
- . 2001. *Further Selections from the Prison Notebooks*. Translated and edited by Derek Boothman. London: Electric Book.
- Greedharry, Mrinalini. 2008. *Postcolonial Theory and Psychoanalysis*. New York: Palgrave.
- Grier, William H., and Price M. Cobbs. 1968. *Black Rage*. New York: Basic Books.
- Guha, Ranajit. 1997. *Dominance without Hegemony: History and Power in Colonial India*. Cambridge, MA: Harvard University Press.
- Hacking, Ian. 1995. *Rewriting the Soul. Multiple Personality and the Science of Memory*. Princeton, NJ: Princeton University Press.
- Haddour, Azzedine. 2010. "Torture Unveiled. Rereading Fanon and Bourdieu in the Context of May 1958." *Theory, Culture, and Society* 27 (7/8): 66–90.
- Hage, Ghassan. 2010. "The Affective Politics of Racial Mis-interpellation." *Theory, Culture and Society* 27 (7–8): 112–29.

- Hall, Stuart. 2017. *Familiar Stranger: A Life between Two Islands*, edited by Bill Schwarz. Durham, NC: Duke University Press.
- Hansen, William W., and Umma Aliyu Musa. 2013. "Fanon, the Wretched and Boko Haram." *Journal of Asian and African Studies* 48 (3): 281–96.
- Hartnack, Christiane. 2008. "Colonial Dominions and the Psychoanalytic Couch." In *Unconscious Dominions: Psychoanalysis, Colonial Trauma and Global Sovereignties*, edited by A. Warwick, R. C. Keller, and D. Jenson. Durham, NC: Duke University Press, pp. 97–112.
- Hatch, Anthony R. 2016. *Blood Sugar: Racial Pharmacology and Food Justice in Black America*. Minneapolis, MN: University of Minnesota Press.
- Heaton, Matthew. 2013. *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*. Columbus, OH: Ohio University Press.
- Hélie-Lucas, Marie-Aimée. 1999. "Women, Nationalism, and Religion in the Algerian Liberation Struggle." In *Rethinking Fanon: The Continuing Dialogue*, edited by Nigel C. Gibson. Amherst, NY: Humanity Books, pp. 271–82.
- Hickling, W. Frederick, and Gerard Hutchinson. 1999. "Roast Breadfruit Psychosis: Disturbed Racial Identification in African-Caribbeans." *Psychiatric Bulletin* 23: 132–34.
- Hoffman, Erving. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Anchor Books.
- Hollingshead, B. August, and Frederick C. Redlich. 1958. *Social Class and Mental Illness: A Community Study*. New York: John Wiley.
- Hook, Derek. 2011. *A Critical Psychology of the Post-Colonial: The Mind of Apartheid*. New York: Routledge.
- . 2013. *(Post)Apartheid Conditions: Psychoanalysis and Social Formation*. New York: Routledge.
- Hudis, Peter. 2015. *Frantz Fanon: Philosopher of the Barricades*. New York: Pluto Press.
- Hunt, Nancy Rose. 1999. *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo*. Durham, NC: Duke University Press.
- . 2008. "An Acoustic Register. Tenacious Images, and Congolese Scenes of Rape and Repetition." *Cultural Anthropology* 23 (2): 220–53.
- Izzet, Aziz. 1962. "Presentazione." In *Algeria torturata*. Milano: Lerici, pp. 9–20.
- Jackson, Lynnette. 2005. *Surfacing Up: Psychiatry and Social Order in Colonial Zimbabwe, 1908–1968*. Ithaca, NY: Cornell University Press.
- Jameson, Frederic. 1986. "Third-World Literature in the Era of Multinational Capitalism." *Social Text* 15 (Autumn): 65–88.
- Jan Mohamed, Abdul. 2005. *The Death-Bound-Subject: Richard Wright's Archaeology of Death*. Durham, NC: Duke University Press.
- Julien, Isaac. 1995. *Frantz Fanon: Black Skin, White Masks*. San Francisco, CA: California Newsreel.
- Jung, Carl G. 1982. *Collected Works of C.G. Jung, Vol. 3: The Psychogenesis of Mental Disease*. Princeton, NJ: Princeton University Press.
- . 1989. *Memories, Dreams, Reflections*. New York: Vintage Books.

- Kaminer, Debra and Gillian Eagle. 2010. *Traumatic Stress in South Africa*. Johannesburg: Wits University Press.
- Kardiner, Abram, and Abram Ovesey. 1951. *The Mark of Oppression: Explorations in the Personality of the American Negro*. New York: W. W. Norton.
- Keller, Richard C. 2007a. *Colonial Madness: Psychiatry in French North Africa*. Chicago, IL: Chicago University Press.
- . 2007b. "Clinician and Revolutionary: Frantz Fanon, Biography, and the History of Colonial Medicine." *Bulletin of the History of Medicine* 81 (4): 823–41.
- Kessel, Patrick. 2002. *Guerre d'Algérie: Écrits Censurés, saisis, refusés 1956-1960-1961*. Paris: L'Harmattan,
- Kessel, Patrick, and Giovanni Pirelli. 2003. *Le peuple algérien et la guerre: Lettres et témoignages 1954–1962*. Paris: L'Harmattan (First edition published in 1962 by Maspero, Paris, and Einaudi, Turin).
- Kelly, Chau Johnsen. 2016. "Cattle Dip and Shark Liver Oil in a Techno-Chemical Colonial State: The Poisoning at Malangali School, Tanganyika, 1934." *The Journal of African History* 57 (3): 437–63.
- Khalfa, Jean. 2006. "Fanon, Corps perdu." *Les Temps Modernes* 635–636 (1): 97–117.
- . 2015. "Fanon and Psychiatry." *Nottingham French Studies* 54 (1): 52–71.
- Khanna, Ranjana. 2003. *Dark Continents: Psychoanalysis and Colonialism*. Durham, NC: Duke University Press.
- . 2011. "Concluding Remarks: Hope, Demand, and the Perpetual." In *Unconscious Dominions: Psychoanalysis, Colonial Traumas, and Global Sovereignities*, edited by Warwick Anderson, Deborah Jenson, and Richard C. Keller. Durham, NC: Duke University Press.
- Khatibi, Abdelkadir. 1983. *Amour bilingue*. Montpellier: Fata Morgana.
- Khiati, Mostéfa. 2011. *Les blouses blanches de la révolution*. Alger: ANEP.
- Kleinman, Arthur, and Joan Kleinman. 1994. "How Bodies Remember: Social Memory and Bodily Experience of Criticism, Resistance, and Delegitimation Following China's Cultural Revolution." *New Literary History* 25 (3): 707–23.
- Klose, Fabian. 2013. *Human Rights in the Shadow of Colonial Violence: The Wars of Independence in Kenya and Algeria*. Philadelphia, PA: University of Pennsylvania Press.
- Kravagna, Christian. 2007. "Bourdieu's Photography of Coevalness." *Transversal Texts*. http://transversal.at/transversal/0308/kravagna/fr/#_ftn13.
- Lacan, Jacques. 1932. "De la psychose paranoïaque dans ses rapports avec la personnalité." PhD diss., University of Paris.
- . 1936. "Le stade du miroir. Théorie d'un moment structurant et génétique de la constitution de la réalité, conçu en relation avec l'expérience et la doctrine psychanalytique." Communication au 14ème Congrès psychanalytique international, Marienbad, August 2–8. A modified version was published in *Revue française de psychanalyse* 1949: 549–555.
- . 1938. "La famille: le complexe, facteur concret de la psychologie familiale. Les complexes familiaux en pathologie." *Encyclopédie Française* VIII. Paris: Larousse. (Reprinted in J. Lacan, *Autres écrits*, Paris: Le Seuil, 2001.)

- . 1947. "Propos sur la causalité psychique." Conférence at Journées Psychiatriques, Bonneval, 28 septembre 1946, *Évolution psychiatrique*, I, pp. 123–65.
- . 1948, "L'agressivité en psychanalyse." *Revue Française de Psychanalyse* 12 (2): 367–88.
- . 1967. "La logique du phantasme," *Séance*, May 10. <http://www.ecole-lacanienne.net/pictures/mynews/79693392A1FFF0E484AAB35B516C8AF4/1967.05.10.pdf>. "The logic of phantasy." In *Seminar by Jaques Lacan, 1966–1967, Book XIV*, translated by Cormac Gallagher. <http://www.lacanireland.com/web/wp-content/uploads/2010/06/THE-SEMINAR-OF-JACQUES-LACAN-XIV.pdf>.
- . 1980 [1932]. *De la psychose paranoïaque dans ses rapports avec la personnalité*. Paris: Seuil.
- . 2006. *Écrits*. Translated by Bruce Fink. New York: W. W. Norton.
- . 2007. *The Other Side of Psychoanalysis, the Seminar of Jacques Lacan, Book XVII [1969–1970]*. Translated by Russell Grigg. New York: W. W. Norton.
- Laing, Ronald D. 1960. *The Divided Self: An Existential Study in Sanity and Madness*. Harmondsworth: Penguin.
- . 1961. *The Self and Others*. London: Tavistock.
- Laing, Ronald D., and David G. Cooper. 1964. *Reason and Violence: A Decade of Sartre's Philosophy*. 2nd ed. London: Tavistock.
- Lambo, Thomas Adeoye. 1955. "The Role of Cultural Factors in Paranoid Psychosis among the Yoruba Tribe." *Journal of Mental Science* 101: 239–66.
- . 1956. "Neuropsychiatric Observations in the Western Region of Nigeria." *British Medical Journal*, 15: 1388–94.
- . 1971. "The African mind in contemporary conflict: The Jacques Parisot Foundation Lecture." *WHO Chronicles* 25 (8): 343–53.
- Lane, Christopher. 2002. "Psychoanalysis and Colonialism Redux: Why Mannoni's 'Prospero Complex' Still Haunts Us." *Journal of Modern Literature* 25 (3/4): 127–49.
- Laroui, Abdallah. 1975. *L'histoire du Maghreb*, vol. 2. Paris: Maspero.
- Lazali, Karima. 2011. "The Emergence of the Subject in Politics: Some Reflections on the Algerian Situation and on the Work of Frantz Fanon." In *Living Fanon*, edited by Nigel C. Gibson. New York: Palgrave.
- Lazreg, Marnia. 2008. *Torture and the Twilight of Empire*. Princeton, NJ: Princeton University Press.
- Lee, J. Christopher. 2015. *Frantz Fanon: Toward a Revolutionary Humanism*. Athens, OH: Ohio University Press.
- Lefebvre, Henri. 1958. *Problèmes Actuels du Marxisme*. Paris: Presses Universitaires de France.
- Lelong, Pierre. 1928. *Le problème des hallucinations*. Paris: Librairie.
- Le Sueur, James D. 2005. *Uncivil War: Intellectuals and Identity Politics during the Decolonization of Algeria*. Lincoln, NE: University of Nebraska Press.
- Lévy-Bruhl, Lucien. 1923. *Primitive Mentality*. London: George Allen & Unwin.
- Lhermitte, Jean. 1939. *L'image de notre corps*. Paris: Masson.

- Littlewood, Maurice, and Maurice Lipsedge. 1982. *Aliens and Alienists: Ethnic Minorities and Psychiatry*. Harmondsworth: Penguin.
- Lorcin, M. E. Patricia. 1995. *Imperial Identities: Stereotyping, Prejudice and Race in Colonial Algeria*. London: IB Tauris.
- Lucas, H. Rodney, and Robert, J. Barrett. 1995. "Interpreting Culture and Psychopathology: Primitivist Themes in Cross-Cultural Debate." *Culture, Medicine and Psychiatry* 19 (3): 287–326.
- Lyotard, Jean-François. 1993. *Political Writings*. Translated and edited by Bill Readings and Kevin Paul Geiman. London: UCL
- Macey, David. 2000. *Frantz Fanon: A Life*. London: Granta.
- . 2005. "Adieu foulard, Adieu madras." In *Frantz Fanon's Black Skin White Masks*, edited by Max Silverman. Manchester: Manchester University Press.
- . 2012. *Frantz Fanon: A Biography*. London: Verso.
- Mac Ionnrachtaigh, Feargal. 2013. *Language, Resistance and Revival: Republican Prisoners and the Irish Language in the North of Ireland*. London: Pluto.
- Mahone, Sloane. 2006. "The Psychology of Rebellion: Colonial Medical Response to Dissent in British East Africa." *Journal of African History* 47: 241–58.
- Mahone, Sloane, and Megan Vaughan, eds. 2007. *Psychiatry and Empire*. Cambridge, MA: Cambridge University Press.
- Mamdani, Mahmood. 2012. *Define and Rule: Native as Political Identity*. Cambridge, MA: Harvard University Press.
- Mannoni, Octave. 1990. *Prospero and Caliban: The Psychology of Colonization*. Ann Arbor, MI: University of Michigan Press.
- Maran, René. 1947. *Un homme pareil aux autres*. Paris: Albin Michel.
- Marriott, David. 2000. *On Black Men*. New York: Columbia University Press.
- . 2007. *Haunted Life: Visual Culture and Black Modernity*. New Brunswick, NJ: Rutgers University Press.
- . 2010. "On Racial Fetishism." *Qui Parle: Critical Humanities and Social Sciences* 18 (2): 215–48.
- . 2011. "Whither Fanon." *Textual Practice* 25 (1): 33–69.
- Marx, Karl. 1857. "The Indian Revolt." *New York Daily Tribune*, September 16. <https://www.marxists.org/archive/marx/works/1857/09/16.htm>.
- . 1973. *Grundrisse*. Harmondsworth: Penguin.
- Massad, Joseph. 2007. *Desiring Arabs*. Chicago, IL: Chicago University Press.
- Mauss, Marcel. 1992. "The techniques of Body." In *Incorporations*, edited by Jonathan Crary and Sanford Kwinter. New York: Zone 6.
- Mazrui, Alamin. 1992. "Language and the Quest for Liberation in Africa: The Legacy of Frantz Fanon." *Third World Quarterly* 14 (2): 351–63.
- Mbembe, Achille. 2003. "Necropolitics." *Public Culture* 15 (1): 11–40.
- . 2007a. "De la scène postcoloniale chez Frantz Fanon." *Rue Descartes* 58 (4): 37–55.
- . 2007b. "La colonie: Son petit secret et sa part maudite." *Politique Africaine* 102: 101–27.
- . 2011. Préface dans *Frantz Fanon: Œuvres*. Paris: La Découverte.
- . 2016. *Politiques de l'inimitié*. Paris: La Découverte.

- Mbom, Clément. 2004. "Frantz Fanon." In *Multicultural Writers Since 1945: An A-Z Guide*, edited by Alba Amoia and Bettina L. Knapp. Westport, CT: Greenwood Press.
- McClintock, Anne. 1999. "Fanon and Gender Agency." In *Rethinking Fanon: The Continuing Dialogue*, edited by Nigel C. Gibson. Amherst, NY: Humanity Books.
- McCulloch, Jock. 1995. *Colonial Psychiatry and the African Mind*. Cambridge, MA: Cambridge University Press.
- . 2002. *Black Soul, White Artifact: Fanon's Clinical Psychology and Social Theory*. Cambridge, MA: Cambridge University Press.
- Medien, Kathryn. 2016. "Colonial Myths, Border Technologies." *Society and Space*, 28 June. <http://societyandspace.org/2016/06/28/colonial-myths-border-technologies-kathryn-medien/>.
- Meilhon, Abel-Joseph. 1896a. "L'aliénation mentale chez les Arabes: études de nosologie comparée." *Annales médico-psychologiques* 54 (3): 17–32, 177–207, 364–77.
- . 1896b. "L'aliénation mentale chez les Arabes: études de nosologie comparée." *Annales médico-psychologiques* 54 (4): 27–40, 204–20, 344–63.
- Memmi, Albert. 1965. *The Colonizer and the Colonized*. Boston, MA: Beacon Press.
- . 1971. "La vie impossible de Frantz Fanon." *Esprit* 248–73.
- . 1973. "The Impossible Life of Frantz Fanon." *Massachusetts Review* 14 (1): 9–39.
- Mendes, C. Gabriel. 2015. *Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry*. Ithaca, NY: Cornell University Press.
- Merleau-Ponty, Maurice. 1963. *The Structure of Behavior*. Boston, MA: Beacon Press.
- . 1967. *La Structure du comportement*. Paris: Presses Universitaires de France.
- . 2010. *Child Psychology and Pedagogy: The Sorbonne lectures 1949–1952*. Evanston, IL: Northwestern University Press.
- . 2012. *Phenomenology of Perception*. Translated by Donald. A Landes. New York: Routledge.
- Mirzoeff, Nicholas. 2011. *The Right to Look: A Counterhistory of Visuality*. Durham, NC: Duke University Press.
- . 2012. "We Are All Children of Algeria." *Visuality and Countervisuality 1954–2011* <http://scalar.usc.edu/nehvectors/mirzoeff/jai-huit-ans-analysis?path=main-route>.
- Molloy, Luke, and John Grootjans. 2014. "The ideas of Frantz Fanon and culturally safe practices for aboriginal and Torres Strait Islander people in Australia." *Issues in Mental Health Nursing* 35 (3): 207–11.
- Morrison, Toni. 1987. *Beloved*. New York: Vintage.
- More, Mabogo P. 2017. "Locating Frantz Fanon in Post-Apartheid South Africa." *Journal of Asian and African Studies* 52 (2): 127–41.
- Morton, Stephen. 2014. *States of Emergency: Colonialism, Literature and Law*. Liverpool: Liverpool University Press.
- Moten, Fred. 2008. "The Case of Blackness." *Criticism* 50 (2): 177–218.
- . 2013. "Blackness and Nothingness (Mysticism in the Flesh)." *The South Atlantic Quarterly* 112 (4): 737–80.
- Munif, Yasser. 2017. "Syria and the Left." *Jacobin*, September 1. <https://www.jacobinmag.com/2017/01/syria-war-crisis-refugees-assad-dictatorship-arab-spring-intervention-russia/>.

- Murard, Numa. 2008. "Psychothérapie institutionnelle à Blida." *Tumultes* 31 (2): 31–45.
- Murray, Nancy. 2013. "Remembering Dr. Eyad el Sarraj, 1943–2013." *Mondoweiss*. <http://mondoweiss.net/2013/12/remembering-eyad-sarraj.html>.
- Nandy, Ashis. 1983. *The Intimate Enemy: Loss and Recovery of Self under Colonialism*. New Delhi: Oxford University Press.
- . 1995a. "History's Forgotten Doubles." *History and Theory* 34 (2): 44–66.
- . 1995b. *The Savage Freud and Other Essays on Possible and Retrievable Selves*. New Delhi: Oxford University Press.
- Nathan, Tobie. 1994. *L'influence qui guérit*. Paris: Odile Jacob.
- Nayar, Pramod K. 2012. *Frantz Fanon*. New York: Routledge.
- Neligan, Charles Walter. 1911. "Description of Kijesu Ceremony among the Akamba, Tiva River, East Africa." *Man* 11: 49.
- Nelson, S. Eric. 2012. "Against Liberty. Adorno, Levinas and the Pathologies of Freedom." *Theoria* 59 (131): 63–83.
- Neves, Joao Manuel. 2015. "Frantz Fanon and the Struggle for the Independence of Angola." *Interventions* 17 (3): 417–33.
- Oelsner, Robert, ed. 2013. *Transference and Countertransference Today*. New York: Routledge.
- Ogunyemi, Chikwenye Okonjo. 2002. "An Abiku-Ogbanje Atlas: A Pre-Text for Rereading Soyinka's *Aké* and Morrison's *Beloved*." *African American Review* 36 (4): 663–78.
- Oliva, Elena, Lucia Stecher, and Claudia Zapata, eds. 2013. *Frantz Fanon desde America Latina: Lecturas contemporanea de un pensado del siglo XX*. Buenos Aires: Corregidores.
- Oliver, Kelly. 2001. *Witnessing beyond Recognition*. Minneapolis, MN: University of Minnesota Press.
- . 2004. *The Colonization of Psychic Space: A Psychoanalytical Social Theory of Oppression*. Minneapolis, MN: Minnesota University Press.
- Ortigue, Marie-Cécile, and Edmond Ortigue. 1966. *Cédepe africain*. Paris: L'Harmattan.
- Pandolfo, Stefania. 1997. *Impasse of the Angels: Scenes from a Moroccan Space of Memory*. Chicago, IL: University of Chicago Press.
- . 2007. "'The Burning.' Finitude and the political-theological imagination of illegal migration." *Anthropological Theory* 7 (3): 329–63.
- . 2017 (forthcoming). *Knot of the Soul: Madness, Psychoanalysis, Islam*. Chicago, IL: University of Chicago Press.
- Parin, Paul, F. Morgenthaler, and G. Parin-Matthèy. 1963. *Les blancs pensent trop. 13 entretiens psychanalytiques avec les Dogon*. Paris: Payot.
- Paulhan, Frédéric. 1901. *La psychologie de l'invention*, Paris: Alcan.
- Pellegrini, Ann. 1997. *Performance Anxieties: Staging Psychoanalysis, Staging Race*. London and New York: Routledge.
- Perinbam, B. Marie. 1982. *Holy Violence: The Revolutionary Thought of Frantz Fanon*. Washington, DC: Three Continents Press.
- Perret, Françoise. 2004. "L'action du Comité international de la Croix-Rouge pendant la guerre d'Algérie (1954–1962)." *Revue Internationale de la Croix-Rouge* 86 (856): 917–51.

- Porot, Antoine A. 1918. "Notes de psychiatrie musulmane." *Annales médico-psychologiques* 64 (9): 377–84.
- , ed. 1952. *Manuel alphabétique de psychiatrie*. Paris: Presses Universitaires de France.
- Porot, Antoine, and Don Côme Arii. 1932. "L'impulsivité criminelle de l'indigène nord-africain. Ses facteurs." *Annales médico-psychologiques* 90 (2): 588–611.
- Porot, Antoine, and René A. Gutmann. 1918. "Don Quichottisme." *Annales médico-psychologiques* X (64): 108–120.
- Porot, Antoine A., and Jean Sutter. 1939. "Le primitivisme des indigènes nord-africains: ses incidences en pathologie mentale." *Sud médical et chirurgical*. 226–41.
- Poussaint, Alvin F., and Amy Alexander. 2000. *Lay My Burden Down: Suicide and the Mental Health Crisis among African-Americans*. Boston, MA: Beacon Press.
- Prager, Jeffrey. 2014. "Melancholia and the Racial Order: A Psychosocial Analysis of America's Enduring Racism." In *The Unhappy Divorce of Sociology and Psychoanalysis: Diverse Perspectives on the Psychosocial*, edited by Lynn Chancer and John Andrews. New York: Palgrave.
- Prince, Raymond. 1964. "Indigenous Yoruba Psychiatry." In *Magic, Faith and Healing*, edited by Ari Kiev. New York: Free Press.
- Rabaka, Reiland. 2011. *Forms of Fanonism: Frantz Fanon's Critical Theory and the Dialectics of Decolonization*. Lanham, MD: Lexington.
- Rachman, W. Arnold. 1993. Ferenczi and Sexuality. In *The Legacy of Sándor Ferenczi*, edited by L. Aron and S. Harris. Hillsdale, NJ: Analytic Press.
- Raimundo Oda, Ana Maria G., Claudio Eduardo M. Banzato, and Paulo Dalgalarrodo. 2005. "Some Origins of Cross-Cultural Psychiatry." *History of Psychiatry* 16 (2): 155–69.
- Raix, Alain. 1994. "Réflexions sur la sinistrose." *Revue française de psychosomatique* 5: 121–28.
- Rank, Otto. 1994. *The Trauma of Birth*. New York: Dover.
- Ray, David, and Robert M. Fransworth, eds. 1973. *Richard Wright: Impressions and Perspectives*. Ann Arbor, MI: University of Michigan Press.
- Razanajao, Claudine L., and Jacques Postel. 2007. "La vie et l'oeuvre psychiatrique de Frantz Fanon." *Sud/Nord* 1 (22): 147–74.
- Razanajao, Claudine L., Jacques Postel, and David F. Allen. 1996. "The Life and Psychiatric Work of Frantz Fanon." *History of Psychiatry* 7: 499–524.
- Rejali, Darius. 2009. *Torture and Democracy*. Princeton, NJ: Princeton University Press.
- Renault, Matthieu. 2011a. *Frantz Fanon: de l'anticolonialisme à la critique postcoloniale*. Amsterdam: Editions Amsterdam.
- . 2011b. "Rupture and New Beginning in Fanon: Elements for a Genealogy of Postcolonial Critique." In *Living Fanon*, edited by Nigel C. Gibson. New York: Palgrave.
- . 2011c. "'Corps à corps.' Frantz Fanon's Erotics of National Liberation." *Journal of French and Francophone Philosophy - Revue de la philosophie française et de langue française* 19 (1): 49–55.

- . 2014. “Le genre de la race: Fanon, lecteur de Beauvoir.” *Actuel Marx* 55 (1): 36–48.
- Rentoul, Robert W. 2011. *Ferenczi's Language of Tenderness: Working with Disturbances from the Earliest Years*. Lanham, MD: Jason Aronson.
- Riera, Brigitte. 2014. “La reception des Damnés de la terre de Frantz Fanon: Un encryptage de l’histoire de la decolonization.” In *La France et l’Algérie en 1962. De l’Histoire aux représentations textuelles d’une fin de guerre*, sous la dir. de Pierre-Louis Fort et Christiane Chaulet Achour. Paris: Karthala.
- Risen, James. 2015. “Outside Psychologists Shielded U.S. Torture Program, Report Finds.” *New York Times*, July 10.
- Roberts, Dorothy. 1997. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Vintage.
- Robinson, Cedric. 1993. “The Appropriation of Frantz Fanon.” *Race and Class* 35 (1): 79–91.
- . 2000. *Black Marxism: The Making of the Black Radical Tradition*. Chapel Hill, NC: University of North Carolina Press.
- Rosaldo, Renato. 1989. “Imperialist Nostalgia.” *Representations* 26: 107–22.
- Ross, Kirstin. 2002. *May '68 and its Afterlives*. Chicago, IL: University of Chicago Press.
- Roudinesco, Elisabeth. 1990. *Jacques Lacan & Co: A History of Psychoanalysis in France, 1925–1985*. Chicago, IL: University of Chicago Press.
- Rowley, Hazel. 2008. *Richard Wright: The Life and Times*. Chicago IL: University of Chicago Press.
- Russo, Jane A. 2012. “The Social Diffusion of Psychoanalysis during the Brazilian Military Regime: Psychological Awareness in an Age of Political Repression.” In *Psycho-Analysis and Politics: Histories of Psychoanalysis under Conditions of Restricted Political Freedom*, edited by Joy Damousi and Mariano Ben Plotkin. New York: Oxford University Press.
- Saada, Emmanuelle. 2012. *Empire's Children Race, Filiation, and Citizenship in the French Colonies*. Chicago, IL: Chicago University Press.
- Sachs, Wulf. 1937. *Black Hamlet. The Mind of an African Negro Revealed by Psychoanalysis*. London: Geoffrey Bles.
- Sadowsky, Jonathan. 1999. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley, CA: California University Press.
- Said, Edward W. 1999. “Travelling Theory Reconsidered.” In *Rethinking Fanon: The Continuing Dialogue*, edited by Nigel C. Gibson. Amherst, NY: Humanity Books.
- . 2002. “Punishment by Detail.” *Monthly Review* 54 (5): <http://monthlyreview.org/2002/10/01/punishment-by-detail/>.
- Sartre, Jean-Paul. 1949. *Three Plays by Jean-Paul Sartre: Dirty Hands, the Respectful Prostitute, the Victors*. New York: Alfred Knopf.
- Sartre, Jean-Paul. 1976. *Black Orpheus*. Paris: Présence Africaine.
- . 2004. *The Imaginary: A Phenomenological Psychology of the Imagination*. Translated by J. Webber. London: Routledge.
- Saunders, R. George. 1993. “Critical Ethnocentrism and the Ethnology of Ernesto De Martino.” *American Anthropologist* 95 (4): 875–93.

- Sayad, Abdelmalek. 1990. "Les maux-à-mots de l'immigration. Entretien avec Jean Leca." *Politix* 3 (12): 7–24.
- . 2004. *The Suffering of the Immigrant*. Cambridge: Polity Press.
- Scarry, Elaine. 1985. *The Body in Pain. The Making and the Unmaking of the World*. Oxford: Oxford University Press.
- Schilder, F. Paul. 1935 [1923]. *The Image and Appearance of the Human Body*. New York: International Universities Press.
- Scheper-Hughes, Nancy. 1992. *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley, CA: University of California Press.
- Scheper-Hughes, Nancy, and Margaret M. Lock. 1987. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1 (1): 6–41.
- Scott, John Wallace. 2007. *The Politics of Veil*. Princeton, NJ: Princeton University Press.
- Segato, Rita Laura. 2014. *L'œdipe Noir: Des nourrices et des mères*. Paris: Payot.
- Sekyi-Otu, Ato. 1996. *Fanon's Dialectic of Experience*. Cambridge, MA: Harvard University Press.
- Senghor, Léopold Sédar. 1959. *African Socialism: A Report to the Constitutive Congress of the Party of African Federation*. New York: American Society of African Culture.
- Sharpley-Whiting, Tracey, D. 1997. "Sexist, Misogynist or Anti-Racist Humanist? Frantz Fanon and Mayotte Capécia." *International Journal of Francophone Studies* 1: 19–32.
- . 1999a. "Fanon and Capécia." In *Frantz Fanon: Critical Perspectives*, edited by A.C. Alessandrini. New York: Routledge.
- . 1999b. "Fanon's Feminist Consciousness and Algerian Women's Liberation: Colonialism, and Fundamentalism." In *Rethinking Fanon: The Continuing Dialogue*, edited by Nigel C. Gibson. Amherst, NY: Humanity Books.
- Silverman, Hugh. 1973. Translator's preface to *Consciousness and the Acquisition of Language*, by Maurice Merleau-Ponty. Evanston, IL: Northwestern University Press.
- Simons, Ronald C., and Charles C. Hughes, eds. 1985. *The Culture-Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest*. Boston, MA: D. Reidel.
- Soldz, Stephen, and Steven Reisner. 2015. "Opening Comments to the American Psychological Association Board of Directors." *Counterpunch*, July 13. <http://www.counterpunch.org/2015/07/13/opening-comments-to-the-american-psychological-association-apa-board-of-directors/>.
- Sow, Ibrahima. 1977. *Psychiatrie dynamique africaine*. Paris: Payot.
- . 1978. *Les structures anthropologiques de la folie en Afrique Noire*. Paris: Payot.
- Srivastava, Neelam. 2015. "Frantz Fanon in Italy: Or, Historicizing Fanon." *Interventions: International Journal of Postcolonial Studies* 17: 309–28.
- Stanton, Martin. 1991. *Sandor Ferenczi: Reconsidering Active Intervention*. London: Aronson.
- Stern (Anders), Günther. 1934. "Une interprétation de l'a-posteriori." *Recherches Philosophiques* 6 (4): 65–80.
- Stoler, Ann Laura. 1995. *Race and the Education of Desire. Foucault's History of Sexuality and the Colonial Order of Things*. Durham, NC: Duke University Press.

- Storper-Perez, Danielle. 1974. *La folie colonisée*. Paris: Maspero.
- Strachey, James. 1955. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume II (1893–1895): Studies on Hysteria*. London: Hogarth Press.
- Suttie, Ian. 1966. *The Origins of Love and Hate*. New York: Matrix House.
- Taïeb, Suzanne. 1939. Les idées d'influence dans la Pathologie mentale de l'Indigène Nord-Africain. Le Rôle des Superstitions. Thèse pour le Doctorat en Médecine présentée et soutenue publiquement, Juin 24, 1939. Alger: Victor Heintz.
- Taliani, Simona. 2012a. "Intuitions délirantes et désirs hypothéqués: penser la migration avec Fanon." *L'Autre* 13 (3): 285–95.
- . 2012b. "Coercion, Fetishes and Suffering in the Daily Lives of Young Nigerian Women in Italy." *Africa* 82 (4): 579–608.
- . 2012c. "Per una psicanalisi a venire. Politiche di liberazione nei luoghi della cura." *aut aut* 354: 46–64.
- . 2016. "1956 et alentours. Frantz Fanon et le corps à corps avec les cultures." *Politique Africaine* 143: 93–111.
- . 2018. (forthcoming) "Sometimes I Feel Like a Motherless Child. Nigerian Migration, Race Memories, and the Decolonization of Motherhood." In *Migration and the Contemporary Mediterranean Shifting Cultures in 21st-Century Italy and Europe*. Edited by Claudia Gualtieri. Oxford: Peter Lang.
- Tambiah, Stanley Jeveraia. 1981. "A Performative Approach to Ritual." *Proceedings of the British Academy* 65. London: Oxford University Press.
- Taussig, Michael. 1980. *The Devil and Commodity Fetishism in South America*. Chapel Hill, NC: University of North Carolina Press.
- Taylor, Carmen. 2008. *Merleau-Ponty*. New York: Routledge.
- Theidon, Kimberly. 2013. *Intimate Enemies: Violence and Reconciliation in Peru*. Philadelphia, PA: University of Pennsylvania Press.
- Thomas, Greg. 2007. *The Sexual Demon of Colonial Power: Pan-African Embodiment and Erotic Schemes of Empire*. Bloomington, IN: Indiana University Press.
- Tonda, Joseph. 2010. "La mausolée Brazza, corps mystique de l'Etat congolais ou corps du négative?" *Cahiers d'études africaines* 198–200 (2): 799–821.
- . 2016. "Fanon au Gabon: sexe onirique et afrodistopie." *Politique africaine* 3 (143): 113–36.
- Torney, Kathryn. 2014. "Suicide Kills as Many as the Troubles." *The Legacy*, February 10. <http://www.thedetail.tv/issues/304/suicide-1998-2012/suicide-kills-as-many-as-the-troubles>.
- Tosquelles, François. 1954. "Introduction à une sémiologie de l'agitation." *L'Evolution psychiatrique* 1: 75–97.
- Trenga, Victor. 1913. *L'Âme arabo-berbère: étude sociologique sur la société musulmane nord-africaine*. Algiers: Homar.
- Tsing, Anna Lowenhaupt. 1990. "Monster Stories: Women Charged with Perinatal Endangerment." In *Uncertain Terms: Negotiating Gender in American Culture*, edited by Faye Ginsburg and Anna Lowenhaupt Tsing. Boston, MA: Beacon Press.
- Turner, Lou. 2003. "Fanon Reading (W)right, the (W)right Reading of Fanon: Race, Modernity, and the Fate of Humanism." In *Race and Racism in Continental Philosophy*, edited by Robert Bernasconi and Sybil Cook Anderson. Bloomington, IN: Indiana University Press.

- . 2011. "Fanon and the Biopolitics of Torture: Contextualizing Psychological Practices as Tools of War." In *Living Fanon*, edited by Nigel C. Gibson. New York: Palgrave.
- Vaughan, Megan. 1991. *Curing their Ills: Colonial Power and African Illness*. Cambridge: Polity Press.
- Vergès, Françoise. 1991. "Colonial Family Romance and Métissage." In *The Fact of Blackness: Fanon and Representation*, edited by Alan Read. London: ICA.
- . 1996. "To Cure and to Free: The Fanonian Project of 'Decolonized Psychiatry.'" In *Fanon: A Critical Reader*, edited by Lewis R. Gordon, T. Denean Sharpley-Whiting, and Renée T. White. Oxford: Blackwell.
- . 1997. "Creole Skin, Black Mask: Fanon and Disavowal." *Critical Inquiry* 23 (3): 578–95.
- Vidal-Naquet, Pierre. 1958. *L'affaire Audin*. Paris: Minuit.
- . 2001. *Les crimes de l'armée française*. Paris: La Découverte.
- , ed. 2002. *La raison d'état*. Paris: La Découverte (First edition published in 1962 by Minuit, Paris).
- Waller, Nicole. 2008. "The Book of the Dead: Inscribing Torture into the Black Atlantic." In *Recharting the Black Atlantic*, edited by Annalisa Oboe and Anna Scacchi. New York: Routledge.
- Warnier, Richard. 2007. *The Pot-King. The Body and the Technologies of Power*. Leiden: Brill.
- White, Aaronette. 2007. "All the Men Are Fighting for Freedom, All the Women Are Mourning Their Men, but Some of Us Carried Guns: A Raced-Gendered Analysis of Fanon's Psychological Perspectives on War." *Signs: Journal of Women in Culture and Society* 32 (4): 857–84.
- White, Luise. 2000. *Speaking with Vampires. Rumors and History in Colonial Africa*. Berkeley, CA: University of California Press.
- Wright, Richard. 1941. *12 Million Black Voices*. New York: Basic Books.
- . 1946. "Psychiatry Comes to Harlem." *Free World* (September): 49–51.
- . 1949. "Introducing Some American Negro Folksongs." *Présence Africaine* 6: 70.
- Wright, Richard, and Boris Vian. 1947/1948. "Claire étoile du matin." *Présence Africaine* 1: 120–35 and 2: 299–316.
- Young, Allan. 1995. *The Harmony of Illusions: Inventing Post-Traumatic Stress Disorder*. Berkeley, CA: University of California Press.
- Young, Robert J. C. 1995. *Colonial Desire: Hybridity in Theory, Culture, Race*. London: Routledge.
- . 2001. *Postcolonialism: An Historical Introduction*. Malden: Blackwell.
- Zahar, Renate. 1971. *Fanon: Colonialism and Alienation*. New York: Monthly Review Press.
- Zaretsky, Eli. 2005. *Secrets of the Soul: A Social and Cultural History of Psychoanalysis*. New York: Vintage.
- Zeilig, Leo. 2015. *Frantz Fanon: The Militant Philosopher of Third World Liberation*. New York: IB Tauris.
- Zempléni, Andras. 1985. "Introduction." *Psichiatria e psichiatria analitica* 5 (2): 9–19.
- Žižek, Slavoj. 2008. *Violence*. New York: Picador.

Index

- Abane, Beläid, 179
Abane, Ramdane, 178–79
Abraham, Matthew, 20
“active attitude,” in clinical practice, 213
African adult psychology, 104
The African Mind (Carothers), 103, 113, 115n17, 116n21
aggressiveness, stereotypes of, 86, 142, 161n15, 170, 173;
of Algerians, 252;
Arab, 252;
collective, 49;
desexualisation of, 50–51;
See also Algiers School of psychiatry
agitation in psychiatry, 138–43;
expressive, 139;
Fanon and Asselah, 138–43;
as response to institutional violence, 142;
semiotics of, 139;
and Tosquelles, 139, 141;
and violence, 141–42
Ahmed, Sara, 83
Algeria:
anticolonial forces in, 225;
clinical work with refugees, 215;
hallucinatory war, 197–99;
immigrants, 123, 124;
refugees, 185, 210
Algeria 1960: The Disenchantment of the World (Bourdieu), 195
“Algeria Face to Face with French Torturers” (Fanon), 16–17, 238
“Algeria Unveiled” (Fanon), 189, 191, 219n4
Algerian revolution, 4, 6, 10, 26n15, 133, 143, 160, 174, 179, 181n18, 198
Algerian women, 86, 142, 154, 189–91, 203n23, 210;
risk of postpartum psychosis, 210
Algiers School of psychiatry, 11, 52–53, 96–99, 102–4, 111–13, 115n16, 122, 134, 138, 149, 155, 157, 159, 166–67, 174, 248, 250, 253, 255, 260n4, 265;
“Islam’s parasitism,” 99;
See also “North African Syndrome,” “Confessions in North Africa,” “Colonial Wars and Mental Disorders”
Algeria’s war of independence, 183, 225–30
Ali, Ben, 151

- alienation and racism, 14, 32, 34–35, 43–46, 51, 74, 76, 82–84, 92n32, 106, 110, 123, 145, 155, 175, 180n10, 187, 192, 235, 245, 255, 258–59;
 in relation to language, 64–73, 123;
 and Antilleans, 64–67, 70–72, 80, 82, 95–96
See also colonial alienation “North African Syndrome”
- Allen, David F., 31
- American films, 65
- American Psychological Association (APA), 17
- Amiach, Gisèle, 228
- Anders, Günter (Stern) 59n40, 180n7
- Anderson, Warwick, 215 229
- Andreopolous, George J., 223–24
- anti-Semitism, 150, 161n9, 186, 221n17
- Anumonye, Amechi, 61n51
- Arab Spring, Arab Winter, 19–22
- Arabic, 72, 101, 135, 143, 149, 193
- Arendt, Hannah, 127
- Aretxaga, Begoña, 259, 261n15
- Arii, Don Côme, 100, 111, 115n12, 148
- art therapy, 215–219
- “Aspects of Psychiatric Care in Algeria Today,” (Dequeker, Fanon, Lacaton, Micucci and Ramée) 133
- Assad, Talal, 267
- Asselah, Slimane, xi, 2, 7, 14, 24, 25n3, 138–43, 175, 180n8, 181n18, 182, 206, 210
- Asuni, Tolani, 61n51
- attachment theory, 37, 116n21
- Aubin, Henri, 102, 105, 108, 111, 115, 125, 166
- Ayme, Jean, 178
- Azoulay, Jacques, xi, 2, 8, 25n3, 134–38, 143–48, 158–59, 161n9, n14, 162n18, n21, 165, 219n3
- Bailkin, Jordanna, 36–37, 55n18, 127
- Balandier, Georges, 78, 92n30
- Balvet, Paul, 160n5
- Bantu Philosophy* (Tempels), 75, 91n25
- Baruk, Henri, 112
- Barrett, J. Robert, 115
- Basaglia, Franco, 29n41, 161n15, 180n6
- Battle of Algiers, 86, 174, 179, 181n18, 233
- Bégue, Jean-Michel, 118n29, 156–157
- “belatedness of the black,” 81
- Bencherchali, Mustpha, 181n15
- Beneduce, Roberto, 27n15, 115n13, 126, 153, 162n21, 192, 194, 201n12, 236, 242n22, 246, 250, 255, 259, 261n13, 266
- Bergmann, Martin S., 215
- Bergson, Henri, 44, 53n2, 56n26, 74, 91n22, n25
- Bermani, Cesare, 162n18
- Betts, R. Dwayne, 17
- Bhabha, Homi K., 5, 81, 85–86, 192, 200n6, 233, 247
- biomedical psychiatry, 14
- Bird-Pollan, Stefan, 4, 23, 27n16, 48, 60n45, 160n1, 220n7
- birth trauma, notion of, 169
- “Bitter Orange,” counterinsurgency operation 226, 240n5
- “Black and Language, The” (Fanon), 65–66
- Black Skin, White Masks* (Fanon), 1, 8, 11–13, 18–19, 22, 24n1, n2, 26n15, 27n28, 32, 35–36, 37–38, 41, 43, 46–47, 48–49, 51–52, 55n15, 57n29–30, 59n40, 60n46, 61n51, 63–65, 69, 71, 73–75, 77, 79–82, 84, 88n2, 92nn32–33, 102, 118n29, 121, 123, 128n4, 135, 137, 142, 172–173, 186, 189, 198–99, 211, 220n7, 221–222n20, 225, 229, 242n25, 265;
- alienation in, 35, 43, 46, 83–85;

- and nonbeing, 63, 65, 80–83;
 anti-Semitism, 186;
 black people as victims of white
 “civilization,” 172;
 corporeal schema of lived
 experience, 80–85;
 dependency complex of
 colonized, 51;
 disalienation in, 52, 63, 73–74, 83;
 fears of sexualized Arab or black
 people, 128n4;
 fecund moments of psychosis,
 44, 57n29;
 on Lacan’s mirror stage in, 47,
 49–50;
 language and body
 experience, 64–73;
 négritude, 25n6, 73–80;
 and ontology, 80–83;
 Oedipus complex, 57n30;
 psychoanalysis in, 32, 38;
 purpose of, 64, 82;
See also Fanon, Frantz
- Blida-Joinville Hospital, 1, 4, 8, 10,
 12–15, 21, 133–34, 150, 157, 165,
 175, 177, 208, 227, 232
- Bloch, Maurice, 259n2
- Blondel, 150
- body techniques concept, 190
- Boigey, Maurice, 98–99,
 114n9, 166
- Bokanowski, Thierry, 214
- Bonaparte, Marie, 50
- borderline personality disorder
 (BPD), 15
- Bouherid, Djamila, 182n18
- Bourdieu, Pierre, 194–97,
 202nn20–23;
*Algeria 1960: The Disenchantment of
 the World*, 195;
 “Revolution in the
 Revolution,” 194, 196;
 “War and Social Mutation”, 194
- Bourg, Julian, 132
- Bowlby, John, 37, 55n19, 116n21
- BPD. *See* borderline personality
 disorder (BPD)
- brain fog syndrome, 36, 104
- Branche, Raphaëlle, 240n7
- Breggin, Ginger R., 16
- Breggin, Peter R., 16
- Briggs, Charles, 258, 261n14
- Brissaud, Edouard, 126
- British social anthropology, 267
- Broué, Pierre, 178
- Brown, Michael, 18
- Bulhan, Hussein, 4, 5, 255, 260n3
- Burleson, Blake, 109
- Burrowes, H. P., 36
- Butler, Judith, 254, 261n13
- Cabanne, Claude, 106
- Campbell, J. Bradford, 35, 55n14
- Cannon, Walter, 41
- Capécia, Mayotte, 35, 242n25
- Carothers, John Colin D., 20, 103–12,
 122, 126, 172;
The African Mind, 103, 113, 115n17,
 116n21;
 primitivist model, 109;
 psychology of Africans, 104–5;
Psychology of the Mau Mau, 105;
- cartesianism, 31–32, 252
- Caruth, Cathy, 236, 241n18
- Castoriadis, Cornelius, 183n24
- Centre National de Recherche
 Préhistorique, Anthropologique
 et Historique (CNRPAH), 59n42,
 91, 182n21
- “cerebral paralysis,” 99
- Césaire, Aimé, 3, 31, 74–75, 83,
 91nn21–22, 91nn24–25, 92n29,
 93n37, 94n40, 182n20;
 Bantu philosophy, 75
- Chancelé, Elie, 78
- Charles-Nicolle Hospital, 205–6
- Charuty, G., 145
- Chatterjee, Partha, 239
- Chalet, Pierre, 118n30, 174, 175,
 178, 185

- Cheng, Ann Anlin, 35
- Cherki, Alice, 2–4, 13–14, 53, 131, 138, 158, 161n9, 178, 186, 210–212, 214–15, 219, 220nn9–10, 260n5, 264
- Chicago riots of 1919, 53n5
- Chow, Rey, 191
- “civilization psychosis,” 102
- civilizing language, 66, 67
- Civil Rights Movement, 17
- Clark, Kenneth, 35–36, 55
- Clark, Mamie, 35–36, 55
- Clinton, President William J., 16
- Cohen, Bruce, 14–16, 255, 258
- collective unconscious model (Jung), 49, 50, 60, 96
- Collomb, Henri, 163n28
- colonial alienation, 3, 8, 78, 159, 255;
See also alienation racism
- colonial dehumanization, 10–12, 16, 69, 77, 143, 173, 175, 199, 250
- colonial domination, 5–6, 8, 11, 45, 105, 198, 231, 251
- colonial ethnopsychiatry, 10–11, 16, 20–21, 105, 108, 112, 151, 246
- colonial medicine, discourses and practices, 4, 98, 149, 187–94, 200n4, 230
- colonial oppression, 12, 21, 69–70;
 material life of colonized and, 75;
 psychiatric theory and colonial domination, 5–6, 8, 11, 45, 89n9, 105, 113n3, 198;
 revolt against assimilation and, 85;
 role of magic and irrationality in, 87;
 Wright’s analysis of, 79
- “Colonial War and Mental Disorders” (Fanon), 6–7, 13, 21, 168, 171–72, 232
- colonialism, 5, 11–17, 19, 249, 251, 255;
 and complexities of psychic life, 187–94;
 and violence, 7, 8, 225–30, 232–33, 254
- “colonial madness,” 44, 108
- colonial psychiatry, 3, 22, 34, 87, 95–119, 245, 249, 250, 252–53, 258;
 and dehumanization, 16, 52, 123, 250
- colonial society, 11, 37, 113n3, 165–83, 188, 192, 220n7;
 Fanon lectures at University of Tunis, 169–73;
 mental health in, 165–83
- colonial war, 182n20, 185, 187, 194–95, 198, 211, 213, 223–24, 251–52, 266;
 and children, 198
- “Colonial War and Mental Disorders” (Fanon), 168–69, 171–72;
 criminality of North Africans, 253, 254, 260n9;
See also “Confessions in North Africa”
- colonization, 11, 16, 21, 51, 60, 69, 76, 79, 86, 137, 151, 163, 172, 191, 195, 221n16, 230–231, 238, 246, 251
- Comaroff, Jean and John
 Comaroff, 56n20
- compartmentalized societies, 172–73
- “comprehensive psychiatry,” 253–54
- “Confession in North Africa,” (Fanon and Lacaton), 2, 165–69, 235, 247–49
- Consciences Maghribines*, 111, 118, 174
- Cooper, David G., 208
- Cornell, Drucilla, 51
- corporeal schema, 71, 89n15, 94n39, 140;
 and lived experience, 80–85, 190
- Courbon, Paul, 161n13
- Creole, 66, 72, 88n7, 242n25
- Creole filiation, 25n4
- Crewe, V. Jonathan, 259n2
- critical ethnopsychiatry, 2, 11, 21–22, 95–119, 125, 128, 131–64, 192, 206, 245, 252, 263, 266–67
- critical psychiatry, 157
- critical sociology, 254

- “cultural imperialism,” 256
 “cultural paranoia,” 145
 cultural relativism, 52, 112, 137, 156, 157, 267
 cultural representations, 95–96;
 African culture, 103–5;
 Algerians, 100, 252;
 mental disorders and, 96;
 of Muslims, 98–100;
 North Africans, 102–3, 106, 248–51;
 notions and depictions of Arabs, 98, 100;
 See also Algiers School of Psychiatry, Carothers, John C.
 culturally sensitive psychiatry, 157
 culture-bound syndromes, 192
- Dakar School of ethnopsychiatry, 153
 “Day hospitalization in Psychiatry,” article (Fanon and Géronimi), 205–13
 de Beauvoir, Simone, 174, 221n20, 227
 de Certeau, Michel, 191
 Dechaume, Jean, 31
 decolonization, 6, 8, 9, 11, 12, 25, 233
 deconstructive approach, 142–43
 Deilès, Slimane, 181n15
 Deleuze, Gilles, 1, 55n16, 116n22, 153, 160n1, 164n33, 201n12, 248
 Delfanne, George, 239n2
 “delusional systematization,” 108
 Del Vecchio Good, Mary-Jo, 259, 260n5, n11
 de Martino, E., 10, 145, 162n22, 238
 Derrida, Jacques, 3, 263
 Desai, Miraj, 32, 220n11, 222n25;
 relationship between psychology/psychiatry and politics, 222n25
 Desparmet, Jean, 144, 147, 149, 152, 162n23;
 Le mal magique: Ethnographie traditionnelle de la Mettidja, 149
 destructuralization, critical ethnopsychiatry, 138–43
 Deutsch, Helene, 50
- Devereux, George, 245
 Diagne, Souleymane Bachir, 74, 91n22, n25
 Diop, Alioune, 74–75, 92
 Dien Bien Phu, 226, 242n19
Dirty Hands (Sartre), 168
 disalienation, 52, 73–74, 83, 121, 227, 229, 258
 displaced persons syndrome, 36
Divided Self and Self and Others, The, (Ronald Laing), 3
 Donnadiou, André, 102
 double consciousness, 68, 88n2
 Drew, Allison, 197, 225
 Dubey, Madhu, 200n5
 Du Bois, 68, 88n2
A Dying Colonialism (Fanon), xiii, 4, 6, 11, 13, 17, 20, 24n2, 29n36, 117n24, 144, 149, 168, 179n2, 186–95, 198, 209–10, 219n4, 229–30, 240n11;
 “Algeria unveils itself,” 188–92;
 “Medicine and Colonialism,” 17, 187–88, 230
 “*This is the Voice of Algeria*,” 188, 192–93, 199
- Eagle, Gillian, 256
 “Effectiveness of Symbols, The” (Lévi-Strauss), 162n22
 ego, 71–72, 79, 84, 90n16, 97
 Ehlen, Patrick, 48
 electroconvulsive therapy, x, 150, 163n25
 Eliade, Mircea, 147
 Elkins, Caroline, 108–9, 110
 Ellison, Ralph, 34–35, 54n10, 55n14, n16
 “Encounter of Psychiatry and Society, The” (Fanon), 18, 168, 169
 “epistemological colonialism,” 111
 Estoup, Joseph, 226

- “Ethnopsychiatric Considerations,”
 article (Fanon), 11, 111, 179, 265
- ethnopsychiatry, 10, 15, 16, 192
- ethnosociological theory, 44
- European colonialism, 15
- European slave trade, 122
- Eversley, Shelly, 55n16
- Ey, Henri, 38–41, 43–44, 47,
 56n23, 59n40
- Fanon and the Psychology of
 Oppression* (Hussein Bulhan), 5
- Fanon, Frantz:
- Algerian police intelligence report
 on, 176;
 - Algerian revolution, 5, 10, 198–99;
 - Algiers School of psychiatry, 11,
 96–113, 122;
 - analysis of oppression, 79;
 - Antilleans, 82, 88n7;
 - armed struggle, 6;
 - Asiatic serenity, so-called, 71;
 - Bantu philosophy, 75;
 - biological survival mechanism for
 Algerians, 172;
 - birth of, 31;
 - black Americans, 19, 173;
 - Black Skin, White Masks* (Fanon)
 (See *Black Skin, White Masks*
 (Fanon));
 - at Blida-Joinville Hospital, 133–38,
 174–76, 227, 237;
 - Bourdieu’s abhorrence of, 194–97;
 - case of Odile, 40;
 - cases of survivors of massacre,
 233–34;
 - colonialism and complexities of
 psychic life, 187–94;
 - colonizer’s dreams of conquest and
 sexual violence analysis, 189–90;
 - condemnation of colonized
 elites, 259;
 - “Confession in North Africa” article,
 165–67, 235, 247–49;
 - critical analysis of Ey, 39;
 - critique of colonial ethnopsychiatry,
 11, 121–28, 151, 156–57,
 166–69;
 - critique of institutional
 psychotherapy, See sociotherapy;
 - cultural difference, 22;
 - cultural translator, 266–67;
 - culture, notion of, 78, 95–96,
 156, 188. See also cultural
 representations;
 - culture in terms of power and
 exploitation, 78, 188. See also
 cultural representations;
 - “Day Hospitalization in Psychiatry,”
 article (Fanon and Geronimi),
 205–13;
 - “demystification” and disalienation of
 colonized, 227–29;
 - depiction of colonialism, 229–31;
 - A Dying Colonialism*, xiii, 6, 20,
 186–95, 198, 209;
 - education of, 31–33;
 - “Ethnopsychiatric
 Considerations,” article (Fanon),
 11, 111, 179, 265;
 - European psychoanalysts and, 3;
 - and European psychoanalysts
 working in Africa, 3;
 - evaluation of sociotherapy
 program, 8;
 - “flesh” phenomenology, 71;
 - French army experience, 81;
 - vs French colonialism, 5, 173–77;
 - historico-racial schema, 71, 84;
 - hospitals, critique of, 6–9, 14,
 142, 205–6;
 - as “incidental psychiatrist,” 4;
 - “An Introduction to Sexual
 Disorders among North Africans,”
 article (Azoulay, Sanchez, and
 Fanon) 144–48;
 - institutional psychotherapy, ix, 14,
 132, 141; See also sociotherapy
 - Lacan’s theory, discussion
 on, 42–48;

- lectures at University of Tunis, 169–73;
- Letter of Resignation to the Resident Minister, 175, 177–78, 208–9, 265;
- lived experience of body, 71–73;
- madness, approach to, 3, 47–53;
- “Mental Disturbances, Changes in Character, Psychic Disturbances and Intellectual Deficiency in Hereditary Spinocerebellar Degeneracy: A Case of Friedrich’s Disease with Delusions of Possession.”, thesis, ix 37;
- on methods, 63–64, 73–74, 158–59;
- on *négritude*, 25n6, 74–76, 81, 84–85;
- neurology and psychiatry, 37–42;
- “new person,” idea of, 6;
- North African migrants, 3–5, 122–27
- phenomena of dance and possession, 86;
- phenomenology of body, 72;
- “The Phenomenon of Agitation in Psychiatry,” article (Fanon and Asselah), xi, 138–39;
- political semiotics and phenomenology, 22;
- politics of truth and falsehood, 247–49, 250;
- projective tests, 14;
- psychiatric theory and colonial domination, 5–6, 8, 11;
- psychiatric thinking, approach to, 4;
- psychiatric writings, 1–7;
- psychic effects of colonial war, 232–39;
- “psychic need,” 2, 25n5, 160;
- psychoanalysis, 211–15;
- psychological liberation, 9–10;
- psychopathology, 193–94;
- “Racism and Culture,” article (Fanon) 16, 52, 78, 178, 188, 260n12;
- at Razi Hospital in Manouba, 185–86;
- reflections on alienation of black people (*See Black Skin, White Masks* (Fanon)) ;
- on Sartre, 26n9;
- “situational diagnosis,” 3, 126, 151;
- socialization and psychological development, 169–70;
- sociohistorical tragedy, 238;
- sociotherapy, views on, 8, 10–11, 134, 141, 157, 158, 175, 208;
- study on Friedrich’s ataxia and delusions of possession, 37–40;
- temporalizing body and symptoms, 37–42;
- “TAT among Muslim women: The sociology of perception and imagination” (Fanon and Géronomi), xi, 153–58;
- “true independence” and “pseudo-independence,” 9;
- United States as a compartmentalized society, 172–73;
- urban proletariat, 197, 203n24;
- veil, 189–91;
- violence, 5, 7–8, 82–83, 187, 189, 193, 198–99, 219, 224, 226–27, 231, 232–36;
- working for FLN, 185;
- working in North Africa, 5;
- working with North African migrants, 3–4;
- The Wretched of the Earth*, xiii, 1, 6, 7, 10–13, 19–21, 24n1, 70, 85, 133, 143, 168, 171–72, 186, 195–99, 210, 226, 232, 233, 235–36, 246, 247, 249, 250–55;
- as zone of nonbeing, 80, 83, 145
- Fanon: A Life* (Macey), 18
- Fanon and the Psychology of Oppression* (Bulhan), 5
- Fanon, Joby, 95, 161n8, 181n13, 186
- female sexuality, 50–51

- Ferenczi, Sandor, 211–15, 221n15,
221n17, 221n18–19, 222nn21–23,
232, 254, 260n10;
“active interference” technique,
222n23;
language of tenderness, 222n22;
neurosis of war and on trauma, 213;
parallels between anti-Semitism and
racism, 221n17;
transference and countertransference
issues of, 213
- Five Lectures on Psychoanalysis*
(Freud), 48
- folk medicine and local healing
techniques, 149
- Fontenot, Chester, 66
- Frantz Fanon: Black Skin White Mask*
(Isaac Julien’s film), 26n15
- free association, 116n22, 155
- French colonialism, 5, 174
- French language, 66–68, 72–73, 88n7
- French psychiatry, 133, 264
- Freud, Anna, 84
- Freud, Sigmund, 48, 49, 56n26, 72, 85,
90nn15–16, 211, 213–14, 220n11,
221nn17–18, 234, 300–301;
Five Lectures on Psychoanalysis, 48;
psychoanalysis, 48–49;
on sexuality, 50–51
- Friedreich, Nicolas, 39
- Friedreich’s ataxia, 37–40
- Fuss, Diana, 51, 86, 94n41, 200nn5–6
- Galula, David, 237, 242n19
- Garner, Eric, 18
- Gaztambide, Daniel, 214, 221n17
- Geismar, Peter, 161n8, 185
- Gendzier, Irene, 56n21, 161n8
- Géronimi, Charles, 154–57, 186, 200n2,
205, 207–8, 211–13, 220n5
- Gibson, Nigel C., 27n17, 90n17, 91n24,
103, 160n1, 183n21, 199, 200n3,
246, 260n5, 266
- Gilroy, Paul, 27n21, 239, 243n26
- Goldstein, Kurt, 38, 40–42, 56n23
- Good, Byron J, 259, 260n5, 260n11
- Goodman, Jane E., 201n18, 202n19
- Gordon, Avery, 261n17
- Gordon, Henry L., 51
- Gordon, Lewis R., 27n22, 60n46, 68,
74, 80, 82, 88n4, 90n17, 221n20
- Gramsci, Antonio, 20, 29n40,
54n8, 101, 115n13, 128n3,
243n26, 258
- Guattari, Félix, 55n16, 116n22, 153,
160n1, 164n33, 210
- Guérin, Daniel, 178, 183nn21–22
- Guha, Ranajit, 7
- Gutmann, René A., 101–2
- Haddour, Azzedine, 195
- Hage, Ghassan, 80, 81
- Hall, Stuart, 26n15, 71
- hallucinations, 102, 140–42, 150, 151,
199, 211, 234, 236, 257
- Hanachi, Abdelkader, 175, 176
- Hashmi, Farrukh, 36
- healing, religious and cultural aspects
of, 230–39
- healing process, 138;
in Maghrebi society, 143–53;
overcrowding effects on, 133
- Heaton, Matthew, 219n1
- Hélie-Lucas, Marie-Aimée, 219n4
- Himes, Chester, 28n33, 173
- homosexuality, 51, 122
- Hook, Derek, 4, 23, 26n13
- Hudis, Peter, 23, 76, 91
- Hughes, Charles C., 192
- Hunt, Nancy Rose, 85, 259
- Hyde, Sandra Teresa, 259, 260n5, n11
- The Imaginary. A Phenomenological
Psychology of the Imagination*
(Sartre), 95
- imagination politics, critical
ethnopsychiatry, 153–60
- imitation and identification, processes
of, 85–88
- imperialist nostalgia, 162n23

- infantile regression, 41
 institutional psychotherapy, ix, 131–32,
 141. *See also* sociotherapy
 intercultural psychotherapy, 135–36;
 failure of, 137–38;
 interpreters, role of, 135–37
 International Psychoanalytical
 Association (IPA), 28n30
In The Penal Colony (Franz Kafka), 88n6
 “An Introduction to a Semiology of
 Agitation,” article (Tosquelles), 139
 “An Introduction to Sexual Disorders
 among North Africans,” article
 (Azoulay, Sanchez and Fanon), 25,
 144, 266
 Islamic law, 133
 Izzet, Azziz, 240n3

J'ai Huit Ans, 215
 Jameson, Frederic, 9
 Jaspers, Karl, 3, 26n10, 46, 73, 253
 Jenson, Deborah, 229
 Jung, Carl Gustav, 3, 26n12, 47, 49, 50,
 56n26, 60n49, 96, 109–10, 117n26
 Jungian approach, 47

 Kabylia, 114n8, 143, 144, 175, 178,
 188, 242n19
 Kaminer, Debra, 256
 Kardiner, Abram, 36, 93n36
 Keller, Richard C., 4–5, 97, 102, 104,
 113, 115n16, 118n29, 150, 182n19,
 229–30, 242n19
 Kenya:
 British and French violence in, 229;
 Kikuyu society, pathologization of,
 105–6, 108–9;
 Land and Freedom Movement, 104;
 Mau Mau, 105, 106, 108–10, 172;
 See also Carothers, John Colin D.
 Kessel, Patrick, 223, 226, 228, 240nn4–5,
 241n15, 241–242n19, 259
 Khalfa, Jean, 56nn21–22, 94n39, 160n4
 Khanna, Ranjana, 239, 240n10
 Khiati, Mostéfa, 182n18

 Kikuyu society, pathologization of,
 105–6, 108–9
 Klein, Melanie, 39, 211, 212
 Klose, Fabian, 227, 229, 242n21
 Köhler, Wolfgang, 41
 Kravagna, Christian, 202n20

 Lacan, Jacques, x, 3, 5, 12–13, 22,
 26n11, 31, 38, 42–48, 56n27,
 57nn28–29, 57n31, 58nn32–35,
 59n37, 60n43, 95, 96, 114n5, 139,
 153, 221n19, 259n2;
 approach to psychosis and
 alienation, 45–46;
 attributes of personality, 45;
 “Discourse of the master,” 114n5;
 family complex, 43;
 mirror stage, 26n11, 43, 49, 95;
 model of psychic development, 44;
 The Other Side of Psychoanalysis, 96;
 “On Paranoid Psychosis and its
 Relation to Personality,” thesis, 44;
 phenomenology of personality, 45;
 theory of language, 47–48;
 work on psychic causality, 43;
 writings on paranoia, 43–44, 46
 Lacaton, Raymond, xi, 2, 25n3, 133,
 165, 166, 167, 175, 247–49;
 See also “Confession in North
 Africa”
 Lacoste, Robert, x, 13, 175,
 227, 241n19
 Lafargue, Paul, 32;
 The Right to be Lazy, 53n6
 Lafargue Mental Hygiene Clinic, 18,
 32–34, 35, 54n10, 54n12, 92n27
 Laforgue, René, 3
 Laing, Ronald D., 208
*L'air et les songes: Essai sur
 l'imagination du mouvement*
 (Bachelard), 95
 Lambo, Thomas Adeoye, 37, 55n18,
 55–56n20, 61n51, 107, 119n31,
 153, 219n1
 Land and Freedom Movement, 104

- Lane, Christopher, 259n2
- language:
- alienation and racism, 64–73;
 - body experience and, 64–73;
 - civilizing, 66;
 - interpreters, 135, 136, 142;
 - Lacan's theory of, 47–48;
 - linguistic hierarchy, 66, 193–94;
 - and psychoanalysis, 212, 214
- Lazreg, Marnia, 6, 15, 226, 230
- Leca, Jean, 122
- Lefebvre, Henri, 91n24, 180n10
- Le Guillant, Louis, 139, 171, 180n8
- Le mal magique: Ethnographie traditionnelle de la Mettidja* (Desparmet), 149
- Les idées d'influence dans la pathologie mentale de l'indigène Nord-Africaine* (Taïeb), 149
- Le Sueur, James D., 202n21
- Lévinas, Emmanuel, 59n39, 172
- Lévy-Bruhl, Lucien, 44, 47, 48, 59n41, 74, 106–7, 117n24, 150, 163n26
- Lévy, Lucien, 185, 186
- Lewin, Kurt, 41
- Lhermitte, Jean, 83, 89n14
- lived experience of the black:
- experience, 80–85;
 - nature of, 76
- lobotomies, 150
- Lucas, H. Rodney, 115n13
- Lukács, Georg, 180n10
- Lyotard, Jean-François, 183n24
- Macey, David, ix, 4–5, 18, 21, 27n15, 28n33, 56n23, 58n35, 59n35, 74, 132, 161nn8–9, 162n18, 181n15, 183n22, 185, 200n2, 213, 220n13;
- Fanon: A Life*, 18
- Madagascar, 225, 229
- madness, 13, 42–47, 170;
- in Maghrebi society, 143–53, 245;
 - and mental illness, 246
- “Maghrebi Muslim's Attitude to Madness,” article (Fanon and Azoulay) 143, 151–53, 266
- Mahone, Sloane, 110, 111, 118n28, 229
- Mairey, Jean, 226
- Manicheanism, 6, 20, 72, 102, 108, 110, 113, 143, 173, 177, 199, 247
- Mandouze, André, 181n14
- Mannoni, Octave, 3, 11, 26n8, 51, 91n25, 105–6, 108, 116n22, 129n6, 229, 240n10, 259n2;
- analysis of adolescent dreams, 51;
 - connection between racism and sexual guilt, 51;
- Prospero and Caliban: The Psychology of Colonization*, 51
- Mantini-Briggs, Clara, 258, 261n14
- Maran, René, 35
- Marriott, David, 5, 9, 25n4, 54n7, 71–72, 200n6, 222n21
- Marx, Karl, 31–32, 53–54, 68, 73, 91n24, 132, 171, 180n10, 225
- Massad, Joseph, 128n1, 162n20, 259n1
- Masuy, Christian, 224, 239n2
- Mau Mau rebellion, 105–6, 108–11, 116, 117n26
- Mauss, Marcel, 138, 158, 159, 190, 201n8, 208
- Mazrui, Alumin, 66
- Mbembe, Achille, 23, 27n17, 69, 87, 89n12, 200n4, 252, 261n13
- Mbom, Clément, 113n1, 178
- McClintock, Anne, 200n5, 201n11, 219n4
- McCulloch, Jock, 60n47, 103, 242n26, 246
- medicalization:
- and cultural imperialism, 256;
 - and objectification 131;
 - of political resistance, 258;
 - of suffering, 123, 198;
 - and torture, 230
- medical gaze, 124
- “Medicine and Colonialism” (Fanon), 17, 187–88, 230

- Meilhon, Abel-Joseph, 97–98;
 cerebral inferiority of Arabs, 97;
 madness of Arab, 97
- melancholia, 239, 242–43n26,
 253–54
- Memmi, Albert, 11, 25n5, 89n9
- Mendes, Gabriel, 18, 33, 54
- Mental and neurological disorders
 (“*Le trouble mental et le trouble
 neurologique*”), ix
- “Mental Disturbances, Changes in
 Character, Psychic Disturbances and
 Intellectual Deficiency in Hereditary
 Spinocerebellar Degeneracy: A
 Case of Friedreich’s Disease with
 Delusions of Possession,” thesis
 (Fanon), ix, 37–40
- mental illness, 32, 33, 38–40, 44,
 46, 55, 123, 131, 134, 138, 141,
 152, 153, 159, 207, 209, 211,
 230, 246
- Merleau-Ponty, Maurice, 25n6, 29n40,
 31, 41, 43, 53n2, 56n25, 74, 80, 83,
 89n14, 93n38, 95, 135, 145, 159,
 180n10, 214, 221n20;
Phenomenology of Perception, 95;
schéma corporel (body schema),
 83–84, 93n38
- metaphysical guilt, 26n10
- Mirzoeff, Nicholas, 215
- Mitterrand, François, 223, 225
- Monakow, Constantin von, 42
- Morgan, Christiana, 154
- Morgenthaler, Fritz, 153
- Morrison, Toni, 237
- Morton, Stephen, 8
- Moten, Fred, 65, 80, 93n36
- “Mourning and Melancholia”
 (Freud), 235
- Mugniery, Léon, 121–22,
 125, 128n4
- Murray, Henry, 154
- Nandy, Ashis, 89–90n15, 242n20
- Nathan, Tobie, 54n11, 162n22
- National Liberation Front (FLN), 5, 16,
 21, 25n3, 111, 174–75, 186–87,
 197, 226–28
- Native Son* (Wright), 18, 35, 55n15, 77,
 123, 128n4, 221–22n20
- négritude, 3, 25n6, 74–81, 84–85,
 91n21–22, 91n25, 93n36. *See*
also Césaire, Aimé Fanon, Frantz
 Senghor, Léopold Sédar
- negrophobic self-hatred, 96
- Neligan, Charles, 110–11
- neurophysiological disorder, 37–38
- Neuropsychiatric Day Center in
 Tunis, 205;
 day hospitalization, 205–13;
 doctor–patient encounter, 209;
 patients’ experience, 206–10;
 psychoanalytic concepts and
 practices, 210–17;
 thingification of patients, 208
- North African immigrants,
 124–27, 129n8
- North Africans:
 and criminality, 246, 250–54;
 healing culture and revolutionary
 pharmacy, 230;
 and lying, 126, 166–67, 248–49;
 migrants, 3–5, 10;
 so-called primitivism of,
 163n26;
 sexual disorders among, 144;
See also Algiers School of
 psychiatry, North African
 Syndrome, Confession in
 North Africa
- “North African Syndrome” article
 (Fanon), 11, 22, 52–53, 59n41,
 113, 121–29, 166, 173, 177–78,
 198, 214, 265
- Northside Center for Child
 Development, 35
- Odile’s case, 40
- Oedipus complex, 43–44, 48,
 57n28, n30, 211, 220n7

- Oliver, Kelly, 26n11, 70, 76, 83, 85, 92n34, 188, 201n16, 231, 239, 242n20, 243n27, 255
- Ombredane, André, 154, 164n35
- “On Paranoid Psychosis and its Relation to Personality,” thesis (Lacan), 44
- Organisation Armée Secrète (OAS), 226–27, 229
- organodynamism, theory of, 38, 43, 46
- “the Other,” 26n9, 50, 64–68, 71, 81–83, 86, 93n34, 98, 145, 151, 166, 172, 200n6, 214
- The Other Side of Psychoanalysis* (Lacan), 96
- Oury, Jean, 133, 160n4
- Ovesey, Abram, 36
- pacification, 230, 232, 236, 241–242n19, 242n21
- Pandolfo, Stefania, 23, 114n6, 259, 260n5, 261n16
- Papon, Maurice, 182n20
- paranoid delusions, 36, 107, 150, 238
- paranoid psychosis, 45, 46
- Parin-Matthèy, Goldy, 153
- Parin, Paul, 153, 164n33
- “Pathologie de la Liberté. Essai sur la non-identification,” article (Günther (Stern) Anders), 59n40
- Paulhan, Frédéric, 45, 59n36
- perception politics, critical ethnopsychiatry, 153–60
- Perret, Françoise, 240n9
- personality, phenomenology of, 45
- pharmacology, 14
- “The Phenomenon of Agitation in Psychiatry,” article (Fanon and Asselah), xi, 138–39
- Phenomenology of Perception* (Merleau-Ponty), 41, 89n14, 93n38, 95
- philosophy, 16, 21; Bantu philosophy, 75; French “philosophy of torture,” 238; of humanism, 91n24
- Pinto, Sarah, 259, 260n5, 260n11
- Pirelli, Francesco, 24, 216–18
- Pirelli, Giovanni, 162n18, 218–19, 223, 228, 240n5, 241n15, 241–242n19, 259
- Pirelli, Margherita, 24
- Polack, Jean Claude, 132
- Porot, Antoine A., 11, 20, 52, 99–104, 108, 111–13, 122, 139, 148–50, 156, 166, 229, 249, 265; *Manuel alphabétique de psychiatrie*, 102, 139
- Porot, Maurice, 150
- postcolonial disorders, 255, 259
- Postel, Jacques, 31
- post-traumatic stress disorder (PTSD), 15, 234, 241n17, 256–57
- postwar Britain, psychiatric and psychological theories, 36
- Prager, Jeffrey, 4
- primitivist model (Carothers), 109
- Prince, Raymond, 36–37
- Prospero and Caliban: The Psychology of Colonization* (Mannoni), 51, 106, 229
- “pseudo-society,” 207
- psychiatric care in Algeria, state of: effects of religion and gender relations on women’s discharge rates, 133; interpreters, role of, 135–36; patients’ living conditions, 134
- “Psychiatry Comes to Harlem” (Wright), 33
- psychical suffering, approach to, 14
- psychic need, 25n5
- psychoanalysis, 4, 32, 33, 35, 38, 47, 48, 51, 72, 210–17
- psychoanalytical level, 64
- psychogenesis, 44, 47
- psychological and psychiatric knowledge, 245–46, 257
- psychological theories, 36
- Psychology of the Mau Mau* (Carothers), 105
- psychopathology, 3, 100, 105, 123, 193, 194

- psychotherapy, 5, 18;
 American psychotherapy, 33;
 institutional, 14, 131, 132, 141;
 intercultural, 135;
 sociotherapy, 14;
 Tunis psychiatric day
 hospital, 210–17
- PTSD. *See* post-traumatic stress
 disorder (PTSD)
- racial inferiority, 111;
 on African culture, 105
- “racial mis-interpellation,” 80
- racism, 4, 12, 15–19, 32, 34–36, 51,
 52, 245;
 racialization, 80–88
- “Racism and Culture” (Fanon), 16, 52,
 78, 178, 188, 260n12
- “Racist Fury in France”
 (Fanon), 182n20
- Rank, Otto, 169, 221n19
- Rapaport, David, 104, 116n20
- Red Cross, 182, 228
- Reflections on the Jewish Question*
 (Sartre), 189
- Refugees, 20, 129n6, 210, 215, 260n4;
 children, 215–19, 252
- Rejali, Darius, 224
- Renault, Matthieu, 4, 23, 51,
 90n19, 91n24, 201n9, 220n6,
 221n20, 246
- revolutionary pharmacy, colonial
 war, 230–39
- “Revolution in the Revolution”
 (Bourdieu), 194, 196
- Ritchie, John F., 3, 107–8
- ritual therapy, 147–48
- Roberts, Dorothy, 261n14
- Robinson, Cedric, 24n1, 251
- Rosaldo, Renato, 162n23
- Ross, Kirstin, 183n20
- Russo, Jane, 28n30
- Sabourin, Danielle, 132
- Sachs, Wulf, 3, 60n46, 106
- sadism, 88n2, 143, 189, 197–98, 201n9,
 252, 257
- Said, Edward, 88n6, 180n10
- Sanchez, François, 2, 25n3, 143–48,
 151–53, 162n18, 162n21, 175
- Sartre, Jean-Paul, 3, 26n9, 31, 75–76,
 80–82, 91n22, 92n26, 95, 139, 142,
 156, 164n36, 168, 189, 195, 202n21;
 critique of *négritude*, 81;
 dialectic, notion of, 75–76;
Dirty Hands (1949), 168;
*The Imaginary. A Phenomenological
 Psychology of the Imagination*, 95;
 nature of lived experience in racist
 society, 76;
*Reflections on the Jewish
 Question*, 189
- Sayad, Abdelmalek, 122, 126–27,
 128n2, 161n10
- Scheper-Hughes, Nancy, 22, 29n41, 70,
 124, 126, 258
- Seely, Stephen, 51
- Sekyi-Otu, Ato, 76, 115n13
- self-awareness, 16, 211–213
- Senghor, Léopold Sédar, 74, 75,
 91n24, 91n25
- Sétif massacre, 225, 227, 229
- “severe reactive disorders” analysis, 234
- “Sexual Disorders among North
 Africans,” article (Azoulay,
 Sanchez and Fanon), 144–47;
 incidence of impotence, 145–47
- Sharpley-Whiting, Tracey, D., 27n15,
 200n5, 219n4
- Silverman, Hugh, 53n2
- Silverstein, Paul A., 201n18, 202n19
- Simons, Ronald C., 192
- “situational diagnosis,” 3, 126, 151
- “So-Called Dependency Complex of the
 Colonized, The” (Fanon), 51, 229
- social liberation, 3, 5, 11, 132
- social melancholy, 239, 243n27
- sociotherapy, 8–11, 14, 131–32, 134,
 141, 157–58, 165–66, 170, 175,
 206–8, 219;

- Fanon's critique of, 141, 157–58, 206–8, 211, 214, 219
- “Sociotherapy on a Muslim Men's Ward,” article (Fanon and Azoulay), xi, 134–38, 153, 158, 265
- Sollier, Paul, 161n13
- Soltan, Ben, 185–86
- Soummam Platform, 178–79
- Sow, Ibrahima, 163n28
- Stanton, Martin, 213, 220n14
- Structure of Behavior* (Merleau-Ponty), 41
- Suez Crisis 1956, 186
- suicide rates in the North of Ireland, 27n24
- Sutter, Jean, 101, 149, 156–57, 163
- Taïeb, Suzanne, 144, 149–51, 162n21, 163n26, 163nn29–30; in Blida-Joinville Psychiatric Hospital, 150; ethnography of suffering, 151; *Les idées d'influence dans la pathologie mentale de l'indigène Nord-Africaine*, 149; symptoms and social-historical context link, 151
- Taliani, Simona, 23, 57n29, 250, 260n5
- Tambiah, Stanley Jeveraia, 162n22
- TAT. *See* Thematic Apperception Test (TAT)
- Taussig, Michael, 180n10
- Tempels, Placide, 75
- Theidon, Kimberly, 242n20
- Thematic Apperception Test (TAT), 14, 153–54, 157–58, 164n34, 166, 175; “TAT among Muslim women: The sociology of perception and imagination,” (Fanon and Géronomi), xi, 153–58; failure of, 157–58; reactions of Algerian women, 154–55
- theory of organic (and localized) lesions (Ey), 40
- “This Is the Voice of Algeria” (Fanon), 188, 192–93, 199
- Thorazine (Largactil), 143, 210–11
- torture, 15–17, 28, 223–24, 232–39; and medical profession, 17, 230, 248; and police officers, cases of 235, 238, 257; psychical catastrophe suffered by victims of, 251; violence and Algerian experience, 225–30
- Tosquelles, François, 10, 11, 14, 31–32, 131–33, 139, 141, 178, 210; birth and education of, 132; criticism of psychiatric hospital, 141; “An Introduction to a Semiology of Agitation”, 139; institutional psychotherapy, 131, 132, 160n5
- transference, 211–15, 220n8, n11, n13; countertransference, 211–14
- Tsing, Anna Lowenhaupt, 261n14
- Tunis psychiatric day hospital, 205–6; patient's experience, 206–10; psychotherapy, 210–17
- Turner, Lou, 7, 55n15, 173, 229, 252
- 12 Million Black Voices* (Wright), 17–18, 77
- “An Unconscious Determinant” (Wertham), 54n7
- Under the Strain of Color: Harlem's Lafargue Clinic and the Promise of an Antiracist Psychiatry* (Mendes), 33
- United Nations Charter of Universal Human Rights and Justice, 225
- United States: America, the monstrous, 17–19; government's torture program, 17, 28n31–32; racism and black experience of, 16–19, 33, 77, 172–73; slavery in 77, 251–52, 258; *See also Black Skin White Masks*

- Universal Declaration of Human Rights, 225
- Usman, Yusuf Bala, 63
- Valéry, Paul, 65
- Vaughan, Megan, 160n1, 229
- verbo-motor agitation, 140
- Vergès, Françoise, 2–5, 25n4, 26n15
- Vergès, Jacques, 182n18
- Vidal-Naquet, Pierre, 226–28, 240n7
- Vietnam War, 256, 257
- violence:
- “direct or indirect” victims of, 257;
 - Fanon’s ideas on, 5–8, 11, 13, 15, 16, 19–21, 232–33, 254;
 - of medical institutions, 141–43, 149;
 - psychical catastrophe suffered by victims of, 251;
 - “structural violence,” 254;
 - torture and Algerian experience, 225–30;
 - See also* “Colonial War and Mental Disorders” (Fanon)
- Waller, Nicole, 199, 238
- “War and Social Mutation” (Bourdieu), 194
- Wertham, Fredric, 18, 32–34, 54n7, 54nn12–13, 55n14
- Westermann, 118n29
- Western psychiatry, 36, 256
- “What is a ‘Relevant’ Translation?,” (Derrida), 263
- White, Aaronette, 7
- White, Luise, 89n11
- White Man, Listen!* (Wright), 79
- Wisdom of the Body* (Cannon), 41
- The Wretched of the Earth* (Fanon), xiii, 1, 6, 7, 10–13, 19–21, 24n1, 70, 85, 133, 143, 168, 171–72, 186, 195–99, 210, 226, 232, 233, 235, 236, 246, 247, 249, 250–55
- Wright, Richard, 17–19, 33–35, 54n7, 54n13, 55nn14–16, 74, 76–80, 82; American Negro folksongs, 76–77; engagement in field of psychiatry, 35; on Lafargue Mental Hygiene Clinic, 18, 32; *12 Million Black Voices*, 17–18, 77; *Native Son*, 18, 35, 77, 123, 128n4; poignant social and institutional diagnosis, 33; psychological reactions of oppressed peoples, 79–80; in “Racism and Culture,” 78; slave’s embodied experience, 77; support of psychiatric clinic, 33–34; *White Man, Listen!*, 79;
- Wuillaume, Roger, 223–25, 238; Report of 1955, 223, 238
- “xenopathic syndrome,” 163n27
- xenophobia, 100, 101, 122
- Young, Allan, 201n14, 236, 241n17, 257
- Young, Robert J. C., 5, 56n22, 115n15
- Zaretsky, Eli, 5
- Zerrari, Rabah, 181n15
- Žižek, Slavoj, 254

