

Fanon: Politics And Psychiatry

Nigel Gibson

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Paulo Freire Project of the Centre for Adult Education, UKZN, &
Church Land Programme (CLP)

There are two popular notions of Fanon's thought; each has their own long history.

The first which most certainly goes back to Fanon's life (and the threats of the anti-Semitic director of Razi/Manouba psychiatric hospital Ben Soltan in Tunis) and then famously rearticulated by to Albert Memmi and later Pierre Bourdieu is that neither Muslim nor Arab and not speaking Arabic, he could not understand Algerian or more generally Arab culture. Of course there is a truth to this since he was only in Algeria for 3 years and then in Tunisia for another two. But this "fact" should be read against his untranslated psychiatry writings such as "Sociotherapy on a Ward for Muslim Men" coauthored with Jacques Azoulay; "The Conduct of Confession in North Africa," cosigned with Lacaton; "The TAT and Muslim Women," written with Charles Geronimi; "The Phenomenon of Agitation in Psychiatry," "The Maghrebian Attitude to Madness", the notes toward the article "An Introduction to Sexual Disorders Amongst North Africans," co-written with Azoulay and Sanchez, as well as his book, *A Dying Colonialism*.

Fanon worked with Francois Tosquelles in 1951-2 at St Alban in France and was firmly committed to the idea of sociotherapy or Institutional therapy—it did not have a name at the time—that was being undertaken by Tosquelles. Tosquelles was a Marxist who had fought with POUM (the Workers' Party of Marxist Unification [Partido Obrero de Unificación Marxista]) and became the head of psychiatric services for the Republican Army. Escaping over the Pyrenees with apparently a suitcase contain two books, one being Lacan's thesis, he was interned and then with help took over the directorship of the psychiatric hospital at St Alban. Institutional (sociotherapy) therapy set up to democratize the institution and the practice of psychiatry including the hospital and staff in the problematic of therapy, critical of the controlling environment, it encouraged open doors, open meetings, and programs which encouraged communication and action. It was at the time on the radical wing of psychiatry in France in the early 1950s and Fanon, who is often dismissed as "traditionally trained," was part of it, working with its leading practitioners, such as Tosquelles, before he left for Algeria in early 1953. "Sociotherapy on a Ward for Muslim Men" was an article reflecting on a sociotherapy program he began almost immediately on arrival, and its the success on the "European women's ward" and the failure on the "Muslim men's ward" [the wards were segregated). It concerns the cultural assumptions of sociotherapy and the superficiality of the author's knowledge." Fanon would use this experience as part of the development of a day psychiatric hospital in Tunis at the end of the decade, pushing the idea of sociotherapy outside the institution. The same critique of ethnocentrism is made in a paper on the use of the Thematic Aptitude Test. The female Muslim patients' blank response to the cards contrasted to the engaged response to blank cards. The images, in other words had nothing to do with their lives. This empirical work was tied to Fanon's critique of ethnopsychiatry promoted by Antoine Porot of the "Algiers school" about the essential characteristics of the Arab mind, character and so on. And in addition, Fanon and his colleagues began fieldwork in the surrounding area of Kabylia which resulted in the article on North African attitude to Madness and also in the fascinating anthropological notes *Sexual Disorders among North Africans*. All this, though was cut short by his resignation from Blida-Joinville hospital in late 1956.

The second popular critique goes back to the publication of *The Wretched of the Earth* in France, especially Sartre's introduction, with its references to Sorel and Engels (without a word about his knowledge of mental alienation and the mechanisms of the human psyche). It is usually dated to the popularization and indeed first mass readership to Fanon in the Black radical movements in the US in the 1960s became what Aristide Zolberg called the "Americanization of Fanon" which Martin Luther King found concerning, namely that young Black Americans read Fanon not Gandhi, believing that violence is "psychologically healthy and tactically sound" (1968 : 56). Hannah Arendt underscored this popularization of Fanon as a prophet or even philosopher of violence in her 1969 work, "On Violence". And this view still dominates as Adam Shatz titled his book review of David Macey's biography of Fanon in New York Times "The Doctor Prescribed Violence" suggests.

II

Martin Luther King is right, of course, for Fanon, as a member of the FLN, violence was tactically sound and psychologically necessary to strike a blow and break also with those groups that wanted to do a deal with colonialism. One of the important elements of Fanon's political writing is the question of organizing the bottled up violence which is often turned inwards, channeling it, he argues, toward its source. Political organization is essential, drawing together the scattered and often spontaneous revolt and channeling it almost in a Leninist sense toward revolutionary violence. Yet Fanon insists that violence is not a political program and if goes unchallenged leads to brutality. The "opportunism," his word, lack of a liberatory ideology and the administrative attitude toward the people who are quickly regarded as backward or uncritically praised is one of the fundamental pitfalls that he is concerned with. We must hold onto this tension and not get overwhelmed by, so to speak violence, but stay with the dualities, tragedies and subtleties that Fanon is trying to detail.

So from the absolutes of violence in chapter one we get to the weaknesses of spontaneity which can quickly dissipate and also fragment and be bought off in chapter 2 and the pitfalls of national consciousness, such as chauvinism and military rule, in chapter 3.

Critical of the political parties which proclaim abstract principles the dialectics of national consciousness are spelled out as the guarantee of an international dimension in a quote that also expressed a notion of Black consciousness for Biko: "The consciousness of self is not the closing of a door to communication. Philosophic thought teaches us, on the contrary, that it is its guarantee." But National liberation alone is not the guarantee of the end of exploitation and dehumanization. There is no automatism. The work is also philosophical-practical in as much as if it not made explicit, "if it is not enriched and deepened by a very rapid transformation into a consciousness of social and political needs, in other words into humanism," he writes, "it leads up a blind alley." So national consciousness must be political, by political I mean must be practical in the sense that it is intentional about deciding what to do and it is social in the sense of including everybody from the bottom up in such discussions. [And also note, Fanon argues that it must be decentralized, so it begins from needs of people in their locales]. In all this you can see that it is far away from a politics that fetishizes the state. It is about human needs. Dismissing European humanism, its hypocrisy and cynicism, Fanon argued, "European civilization and its best representatives are responsible for colonial racism." (66) And today we know the price "suffering humanity has paid for every one of their triumph of the mind" He thus looks for another element but at the same time does not dismiss universals.

In a sense what we are talking about is the dual character of liberation, the destruction of the old and the creation of the new society which is also not automatic. The necessity of organized violence, that is violence mediated by politics, productive counter violence —connected with the idea of taking action, standing up to on two feet, reclaiming dignity, making history—is only the beginning of a new consciousness necessary to build a new society. So we can already parse violence—the colonial regime based on violence and its reproduction; reactive violence. The politics of violence, namely organized, or channeled as Fanon puts it toward the “real” source of violence, namely the colonial regime. What we might call symbolic violence, suggested by Fanon on the first page of *The Wretched* when he writes of decolonization always being a violent phenomena he includes the naming of sports club. And then if we think of violence as a political strategy that opens up a series of further questions and also concerns about the militarization of the struggle. For example, Fanon writes when he argues that violence is not a political program, he decries the brutalization that can occur among some and indeed includes some of the stories in the case studies in *The Wretched*.

We must in other words be careful and by careful I mean an understanding which neither dismisses violence nor simply vindicates it but holds onto the contradiction through a consciousness of their mutual, internal, and contradictory contact. How to build a new society?

Perhaps one way to think about this particularization or better concretization is through his psychiatry writings since colonialism is not a thinking machine but “violence in its natural” creates an agitated existence and also psychiatry hospitals.

III

In the space of less than ten years (1952 to 1961) Frantz Fanon defended his medical thesis in France, took up his post as a psychiatrist at Blida-Joinville Hospital (Algeria), wrote three books, and produced the articles published in *Esprit*, *Consciences Maghribines*, *L'information psychiatrique*, *La Tunisie Médicale*, *Maroc Médicale*, and *El Moudjahid* (the organ of the National Liberation Front). Like his political articles written for *El Moudjahid*, many of his psychiatry articles are specific, situational and concrete in an immediate sense and often 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.

While detailed biographies of Fanon (Cherki 2006 and Macey 2000) alongside scholarly works (see Bird-Pollan 2014; Bulhan 1985; Hook 2011; Keller 2007; Vergès 1991, 1996) have helped to establish a more nuanced approach to Fanon's psychiatric works, the assumption, remained and is repeated, that Fanon is essentially a theorist of violence. It is found in contemporary works that investigate not only postcolonial politics and culture but also colonial and postcolonial psychiatry. Fanon, it would seem, was at best an “incidental psychiatrist” (Keller 2007b: 825). When Fanon's name is mentioned in psychosocial studies it is often in a one liner. For example, in the only reference to Fanon in a recent volume on sociology and psychoanalysis, Jeffrey Prager repeats a familiar argument, “Psychological emancipation can only occur, Fanon argues, through cathartic violent purging” (2014: 305).

Fanon understands the feeling of alienation and attempt to escape it through somatic or psychic symptoms and sometimes violent impulses. Colonialism is violence and using psychoanalytical terms—a kind of Freudian economy—in chapter one of *The Wretched*, he speaks of how the “accumulated libido,” and “the hampered aggressiveness,” of the colonized is dissolved. One expression are “the dreams of the colonized” which “are always of muscular prowess; their dreams are of action and of aggression” and also expressions of freedom: “I dream I am jumping, swimming, running, climbing.” “There are no limits.”

What often occurs behind the idea that Fanon is a philosopher of violence is a kind of Manichean either/ or thinking which refuses to trouble, lets lone contemplate the unsettling and indeed vertiginous position and internal contradictions of ideas and reality that Fanon was working through. Rather than enter that space we get instead a rather odd pathologization through psychological speculations as Shatz says in his review of Macey, “One has the tragic sense, reading Macey’s ‘Frantz Fanon,’ of an intellectual determined to prove himself among men with guns ... and as a writer he strove to overcome his ‘weaknesses’ and to make himself hard.” An odd choice of words suggesting a crude Freudianism. It is a point made more explicitly by Françoise Vergès writing: “Fanon’s relation to Martinique was ambivalent,” she writes, “He re-created his family, reinvented his filiation, and situated his symbolic ancestry in Algeria. ... [T]he heroic fighters of the national struggle became his fathers and brothers ... [H]e created a theory of masculinity ... suffused with attraction, repulsion, denial, and anxiety” (Vergès 1997: 579–580).

While sympathetic to Françoise Vergès’ argument that “psychiatry was auxiliary to the political struggle for freedom” (2008: 62), one can also see connections and a politics in Fanon’s psychiatry that is linked to his idea of human liberation. For example, Fanon uses a quote from Lacan as the frontis his dissertation in 1951; “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...” which is echoed his letter of resignation to the governor general of Algeria, Lacoste in November 1956 where he writes: “Madness is one of the means by which the human being can lose their freedom” and “psychiatry is the medical technique that proposes to help the human being no longer be a stranger to their environment.”

But Fanon does not makes the jejune argument, that trauma is simply cured by political action (see Vergès 1991: 139, our emphasis). Additionally, Fanon’s psychiatric writings and work in North Africa, trouble the view that he had a “singular therapy” linked with “a sudden and no doubt painful encounter with the real” (Macey 2005: 25–26). If the end of colonialism is necessary for mental health, Fanon’s psychiatric writings and work in the field challenge the idea that violence alone becomes the therapy, functioning, Robert Young writes, “as a kind of psychotherapy of the oppressed” (Young 2001: 295) or as Eli Zaretsky puts it that “only violence could remediate the psychical damage done by colonialism” (Zaretsky 2005: 3, our emphasis). All this is from works of the 2000s.

And yet, at the same time, the real work of healing trauma and mental disorders can only truly begin as a result of political action based in self-determination, based on bringing an end to the colonial regime and its violence. But it is real work.

IV

For the psychiatrist, sensitive to the socio-genesis of mental diseases, interested in exploring the religious and cultural profiles of healing, active in subverting colonial psychiatric portraits of North Africans and diagnostic labeling of political suffering, truth constitutes a challenge and a source of anxiety. This is a caveat that needs to be carefully considered when thinking of the work involved in a liberated nation. Colonization is not just domination. It erases the humanity of human beings, and transforms them into things. So that in the period of “triumphant colonization” when oppression is accompanied by the lack of opposition, “the colonized’s defenses collapse, and many of them end up in psychiatric institutions” (2004: 181), he writes. In this portrait, the world of the colonized becomes a daily apocalypse. “The colonized’s affectivity is kept on edge like a running sore” (2004: 19) meaning that the colonized don’t have defenses, or barriers against external agents.

Colonization fragments. Along with expropriation and pauperization it feeds frustration and shame, and breaks down common memory, sociality, and the ties of solidarity.

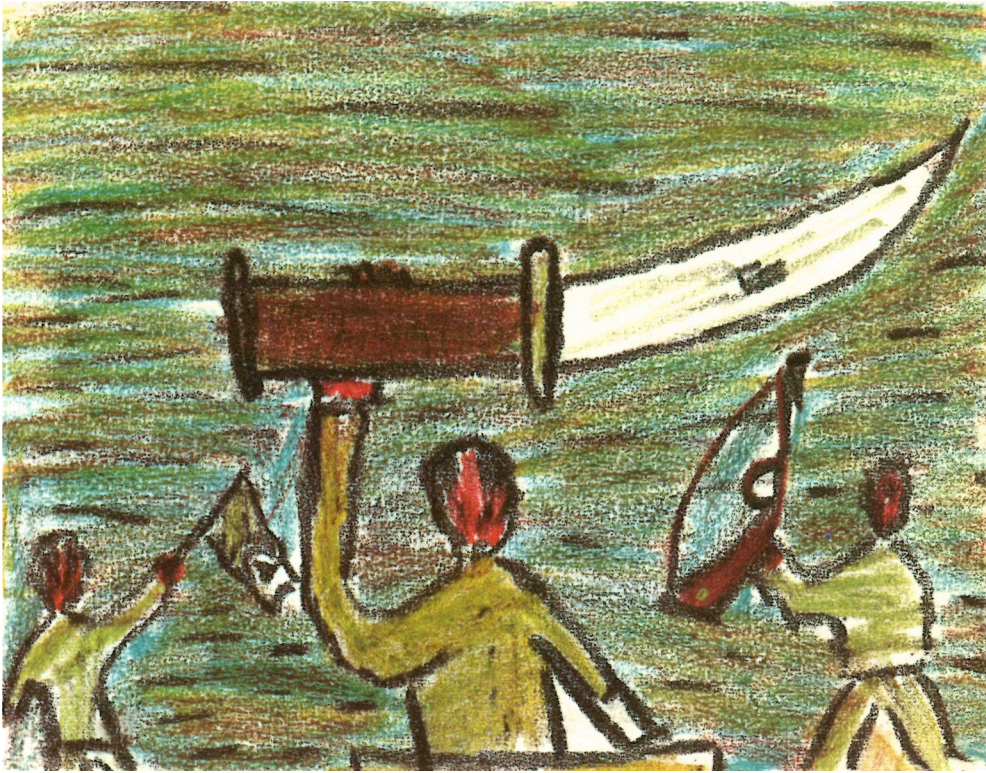
Dress, language, religion, in short culture, as well as sense of space and bodily schema are all under attack. And all become a field of psychic struggle where anxiety, obsession and self-destructive behavior and violence flourish. Fanon concluded the 1956 presentation at the conference of black writers in Paris arguing that the colonized is reduced to a mere object and “broken in the very depth of their substance”: “Exploitation, tortures, raids, racism, collective liquidations, rational oppression take turns at different levels in order literally to make of the colonized an object in the hands of the occupying nation. This object, without means of existing, without a *raison d'être*” (Fanon 1967: 35, translation altered). Which is why Fanon begins chapter five of *Colonial Wars and Mental disorders of The Wretched* with the question, “Who am I really?” This chapter destabilizes the apparent clarity of the proclamations for violence in the first chapter. Here Fanon does not assume “a moral equivalence between anticolonial and colonial violence” (see Turner 2011: 124).

What he observes is not a simple reaction (“psychotic reaction”) to traumatic experiences, but the tragic consequences of a “bloody, pitiless atmosphere, the generalization of inhumane practices.” Moreover, these psychotic reactions do not have a benign evolution: “but tend as a rule to be frequently malignant,” ... In all evidence the future of these patients is compromised” (Fanon 2004: 184, my italics) and he stresses the unique character and malignant prognosis of disorders in victims of colonial violence:

“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).

During this period Fanon was involved with a project of interviewing children in refugee camps, the interviews and children’s drawing were collective by Giovanni Pirelli’s *Racconti di bambini d'Algeria* by Giulio Einaudi Editore in 1962.







Perhaps we can read these pictures alongside the case in the section “young Algerians under ten triggered by the atmosphere of war.” The first case is that of Algerian adolescents kill their European friend.

"Why?" Asks Fanon

"In your opinion what do you think we should have done?"

"I don't know. But you are a child and the things that are going on are for grown-ups."

"But they kill children too."

"But that's no reason for killing your friend."

"Well, I killed him. Now you can do what you like."

"Did this friend do anything to you?"

"No. He didn't do anything."

"Well?"

"That's all there is to it." (2004: 201)

The more Fanon the political revolutionary advances in imagining the postcolonial society, the more Fanon the psychiatrist cannot forget the wounded society on which the new nation would be built. "Our actions never cease to haunt us," Fanon writes in a footnote about a militant who had become anxious about who might have been killed from a bomb he had placed in a café. Can we escape vertigo, Fanon asks, adding a definitive no: "Who dares claim that vertigo does not prey on every life" (2004 184-5 n. 23). There is a price which the militant paid. Faced with this vertiginous situation, Fanon, adds an ethical question that touches on the notion of building the future society far beyond the narrow scope of organizational politics toward a notion of a dialectic of organization, philosophy and revolution: "such borderline cases," he suggests "pose the question of responsibility in the context of the revolution" (2004: 185). What is this responsibility? No one has clean hands. Responsibility is social not individual; we are all together and thus all responsible for sociotherapy.

Decolonization thus is not a magic formula but will have to be an ongoing and constant and self-critical process of action and thinking, **bandaging** the "sometimes indelible wounds." It is the necessity of this rethinking that Fanon feels he needs to justify saying, "these notes on psychiatry out of place or untimely in a book like this," by adding "[t]here is absolutely nothing we can do about that" (2004: 181). There is something quite remarkable about this statement, that he felt he had to justify it. But then for the majority of the book's life this has remained a question whose time has most certainly come.

In “Colonial Wars and Mental Disorders” Fanon prophesizes and underlines the **long-term effects** of violence, and suggests in many cases a negative evolution of the indelible wounds. In drawing the peculiar temporality of these psychic sufferings, he conceives a kind of systematic description of diseases to frame the different cases of mental disorders he treated between 1954-1959, starting from the prognosis that colonial war constitutes “*a new phenomenon even in the pathology it produces*” (2004: 183-184) The different cases portray a specific profile of colonial war—rape, witnessing death, vengeance, hatred, and the infinite cycle of violence and counter-violence in the context of the disintegration of a society poisoned by suspicion and in the “atmosphere of outright war.”

In the first series of five patients whose history Fanon discusses, one is a man affected by impotence after discovering the rape of his wife, one is a survivor of a massacre, the third is a young Algerian student who unnecessarily killed a French woman during a guerrilla action, and the last two are French policemen involved in torture. Fanon’s discussion is framed by the case discussed earlier, the militant haunted by the question, had the bomb he had set killed innocent young people. In all these cases Fanon directly anchors the problem of suffering to the fundamental issue of *individual*, political and moral responsibility in the context of, but never fully justified by, the laws of war. In other words, in this chapter of *The Wretched of the Earth* Fanon is investigating the existential and ethical consequences of violence from the standpoint of a building a new society. In the first case of this series, the patient suffers 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.” He was guilt-ridden by his wife’s rape, raped, he said, because “they had been looking for me.” It was a rape “of a tenacious woman,” he believed, “who was prepared to accept anything rather than give up her husband. And that husband *was me*.” In a conversation with Fanon he asks, what would you do?

The second case is that of a survivor of a massacre who wounded eight patients during his hospitalization. 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.” The impossibility of discerning friends from enemies—the enemies within—is the tragic symptom of his confusion, but above all it is the eloquent metaphor of what the war and colonialism had brought: the collapse of any trust and feeling of a common belonging, the impossibility of knowing who is who (another way to interpret the 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, talked “of his blood being spilled, his arteries drained ... [and] begged us to stop the hemorrhage” and claimed that ‘they’ came to the hospital to suck blood from him. The patient had a recurrent dream of a woman persecuting him at night. 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 “Mourning and Melancholia.” But the issue is different. During a military operation, after his mother was murdered and his sisters raped, he went to the estate of a colonial settler who had killed two civilians. But the man was not there. Finding only the man’s wife was at home, the patient killed her in an act of rage. It was this woman who persecuted him at night.

Again we see symptoms arising from an ethical conflict following violent acts perpetrated during colonial war, when divisions between enemies and friends, between the guilty and the innocent becomes more not less opaque and vertigo haunts. In addition, the reference to “blood sucking” in the hospital is a powerful metaphor of how even the “safe space” of the hospital was experienced by colonized. What is even more troubling is 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 the cases discussed in “Colonial Wars and Mental Disorders” the problem is no longer the external but the *internalized judge* which continues to haunt (and question) the revolutionary’s conscience, reason, and personal responsibility. Finally in the short discussion of the last two cases Fanon reveals more of his unique approach to violence and alienation. These cases concern a police officer and a police inspector, both actively involved in torture. The first declares his will to stop doing this intolerable “job,” and ask for transfer to France, the second, concerned about violently assaulting his children, asks for help so that can continue to torture. One can read Fanon’s description as part of an analysis of moral and political issues affecting both victims and the torturers during the colonial war. But what he is proposing is first and foremost the conversion of diagnosis and treatment into an ethical and political issue.

In exploring the logic of torture and its perversion, Fanon shows in just a few lines how, apart from the effort to mask the somatic consequences of the wounds, the paradoxical injunction of *not forgetting* is among the most psychically ruinous and long-lasting effects of this specific form of violence: “If you ever see that bastard your husband again, *don’t you forget* to tell him what we did to you,” the raped women remember (Fanon 2004:186, our emphasis). Notice here one what Cathy Caruth calls the “crisis of the truth” of trauma’s truth (Caruth 1995:8). The injunction to remember the scene of violence, to remember what the victim would like to forget. As Caruth argued, “The dreams, hallucinations and thoughts are absolutely literal”. “It is this literality,” Caruth continues, “that *possesses the receiver and resists ... 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 2005: 5-6).

The symptomatology described in another case concerns a man with a “paranoid delusion” and “suicidal behavior” presenting under the mask of a “terrorist act.” The dramatic story starts at the beginning of the colonial war. Concentrating on his work, the young man showed no interest in politics but he began to have the impression that his parents considered him a traitor. Withdrawal and mutism, followed. Finally he heard voices that accused him of being a “traitor.” In this mental state--isolation, fear, voices accusing him to be a traitor, “paranoid” ideas—he had a crisis and in an altered state of consciousness walked toward the European sector. Not being noticed or stopped confirmed in his mind that everyone knew he was on the French side. It was in this state that he tried to prove his identity by grabbing a French soldier’s gun and crying, “I am an Algerian!” A socio-historical tragedy where “the very structure of society has been *depersonalized* on a collective level” (2004: 219 our italics) and the psychopathological apocalypse often meet and overlap. War and colonization provide the most vivid demonstrations of this psychic law. And it is not insignificant that Fanon considers revolutionary struggle as a form of partial reintegration.

A defensive hardening is a common reaction to traumatic experience, which illuminates Fanon’s insistence on uncovering the human. Psychological health thus becomes intimately connected with what Fanon calls the second struggle for liberation. Indeed trauma bleeds into and is reproduced repeatedly in the postcolonial period.