



Frantz Fanon, a psychiatrist trapped between anthropology, therapy and revolution: from sociotherapy to anticolonialism

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Título: Frantz Fanon, un psiquiatra atrapado entre la antropología, la terapia y la revolución: de la socioterapia al anticolonialismo.

Resumen: Analizamos las ideas anticolonialistas y el discurso que Frantz Fanon llevó a cabo para tratar de enfocar desde otra óptica la vivencia de la negritud ante el racismo imperante en su época. Fanon (1925-1961) considerado el primer psicoanalista negro, fue un psiquiatra que dotó de la misma importancia, tanto la organicidad e historial del paciente, como la política y cultura en la que este se encontraba inmerso. La negritud será para él un acontecimiento sociopatológico.

La importancia estriba en cómo Fanon, a lo largo de las guerras, los discursos colonialistas y los acontecimientos que conforman su vida, consolida una terapia ideológica donde la psicología colonial es la base fundamental del análisis y tratamiento de los pacientes. La emancipación del colonizador, la revolución social y la construcción de la identidad de la piel serán cuestiones fundamentales para la liberación de la mente.

En su corta trayectoria vital, pasó sus últimos años en Argelia, donde desarrolló una lucha teórica a favor de la revolución mental y anticolonial, erigiéndose como un importante defensor de la libertad de este país. Actualmente, una gran parte de los discursos antirracistas y de empoderamiento en la identidad de la piel se están haciendo eco de sus ideas.

Palabras clave: Frantz Fanon. Negritud. Racismo. Anticolonialismo. Socioterapia.

Abstract: We analyse the anti-colonialist ideas and discourse of Frantz Fanon in an attempt to approach from a different perspective the experience of blackness in the face of the prevailing racism of the time. Fanon (1925-1961), considered the first black psychoanalyst, was a psychiatrist who placed equal importance on the patient's organicity and history, as well as to their politics and culture. He viewed Blackness as a socio-pathological event.

The importance lies in how Fanon, throughout the wars, colonialist discourses and events that shaped his life, consolidates an ideological therapy where colonial psychology is the essential basis of analysis and treatment of patients. The emancipation of the coloniser, social revolution and construction of will be fundamental issues for the liberation of the mind.

He spent the last years of his short life in Algeria, where he developed a theoretical struggle for mental and anti-colonial revolution and became an important advocate of Algerian freedom. Today, much of the anti-racist and the identity of the skin empowerment discourse echoes his ideas.

Keywords: Frantz Fanon. Blackness. Racism. Anti-colonialism. Socioterapy.

Introduction

The stationing of the Vichy French naval forces in Fort-de-France (Martinique) from 1940 onwards forced the Martinican Frantz Fanon (1925-1961), aged just 18, to confront a crucial existential dilemma: either fight against construction of the identity of the skin, or conform. He chose to enlist in Dominica with the French Liberation Forces and later to fight the Nazis in Europe. But the episode of “whitening” in 1944¹, to which the French colonial troops were subjected, made Fanon quite aware of one fact: “blackness”, more than a mere racist *status quo* aimed at the construction of sociocultural and political identities, was an essential, defining and anthropological socio-pathological event able to prefigure, even, the “destiny” of peoples.

Guided by this seminal idea, Fanon decided the best way

to combat a pathology was to understand how it contracted, thrived and functioned. He graduated in Medicine and Psychiatry in 1951 from the University of Lyon. He then specialized as a psychiatrist at the Grange-Blanche hospital – today the Edouard-Herriot Hospital –, associated with the Faculty of Medicine of Lyon, under the direction of the neurologist and neurosurgeon Jean Dechaume (1896-1968) (Robcis, 2020). The latter, whose professionalism Fanon always respected, professed an organicist conception of mental activity, which caused Fanon some theoretical displeasure. Perhaps due to his own biography, Fanon actively sought other tools to approach patients, beyond the strictly medical, (Ciriez & Lamy, 2021). During this period, Fanon was already considering the whole sociocultural and ideological question of “black consciousness”. Thus, he thought of a psychiatry with approaches more closely linked to political action and related to the “liberation of the patient”. He doubted whether mental illness always had obvious organic correlates.

He believed the place a person occupied in the world must have some kind of connection with the formation and development of their possible pathologies. Thus, by modifying that “place”, a general improvement in the patient would occur. In an article published sometime later (Fanon, 1952), he showed a distance from conventional clinical psychiatry while at the same time questioning the effects of phenomena such as immigration on the psyche of the individual. Fanon

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¹ The French provisional authorities decided to gather the colonial military contingents on French territory, strip them of their weapons and uniforms and hand over the material to the continental army. This caused deep resentment which increased even further when, in 1959, with the independence of many colonies, the colonial veterans stopped receiving their pensions. It was only in the 21st century that the French government took steps to correct this historical debt. It must be taken into account, to understand the magnitude of the offense, that in 1944 African soldiers alone accounted for no less than two thirds of the French army (Scheck, 2014).

had already observed among the Maghrebians immigrants in Lyon who were completely uprooted from their original culture and customs, problems of a psychosomatic nature which far exceeded the conventional medical knowledge he had acquired during his student years. He then thought that, in many cases, the problem of these people was not “encephalic”, but directly related to the political and psychosocial effects of immigration.

Throughout his life, Fanon's aim was to seek other explanatory contexts for mental illness, linking it to the idiosyncrasy of the patient, their family and culture. He would turn mental illness into a political and economic object, shifting the responsibility of the colonized patient toward a struggle for awareness of being and identity of the skin. Fanon wished for the bases that support current societies, such as economy, politics/geopolitics and power, be made responsible for the mental life of the individuals that compose it. Likewise, that psychotherapy and where it proceeds from, echo these factors. And it is this nuance we wish to highlight in order to promote, from this work, a deep reflection on the approach that is made from psychotherapy and psychology toward diverse groups of people who are only allowed to exist in certain margins. In addition, from the current social complexity, there is an evident need to rethink how certain concepts have been developed through social discourses and the passage of time, such as mental illness, racism, immigration or society. This study is also motivated by filling an obvious gap in the research and development of existing thinking on Fanon, racism and forced otherness.

Methodology

For this descriptive study, a systematic reading was conducted of all available and relevant original works by Fanon, as these are primary documentary sources necessary for a critical historiography (Klappenbach, 2014). To search for these through historical literature, several catalogues of works from various French libraries were used. In addition, a search for all important and influential events in Fanon's life was performed through a qualitative analysis. Research and assessments on Fanon by other authors were also taken into account, extracted through a complete search in Web of Science (WoS) of all scientific articles referring to Fanon and his thoughts in the WoS categories of Psychology and Psychiatry. To provide meaning and form to our arguments, we will try to inquire further into his thoughts by commenting on some selections of his texts we consider necessary and appropriate.

Development of theoretical content

Following his stay with Dechaume, Frantz Fanon continued his training at the end of 1950 as an intern at the Saint-Ylie Hospital in Dole (Burgundy) – today the Centre Hospitalier Spécialisé Saint-Ylie Jura– of which he always held bad memories, as he had a conflictive relationship with the head

physician, Madeleine Humbert (n.d.) (Razanajao & Postel, 2007). According to Fanon, she was too authoritarian and tried to place him in a position of servitude he was unwilling to accept. Dr. Humbert did not have the same perception, as in a letter dated July 1973, she claimed not to remember “Fanon stooping to make observations. He left the most unpleasant memory possible of his stay, treating the nurses like... a colonialist. [She did acknowledge however, that] at that time he was the only intern catering for more than five hundred patients” (Humbert, cit. in Razanajao & Postel, 2007, p. 149).

Indeed, the psychiatric facilities at the centre were overcrowded with few staff available, meaning a succession of exhausting days for Fanon offering few practical results, which may have disturbed his spirit. Nevertheless, he did learn one thing, because his famous case dates back to this period, paradigmatic of the “fear of the black man”, involving the daughter of a veteran soldier of the colonial army whom he called *Miss B*. She suffered complex, terrifying hallucinations, in which she heard “tam-tam” drums and sensual, genitalized black men appeared to her in a hostile attitude (Fanon, 2009, p. 171 et seq.)

Fanon returned to Lyon in early 1951 to present his doctoral thesis, which was basically a first version of what would later become his famous work *Black Skin, White Masks*. He tried to promote it as a contribution to the study of the psychological mechanisms likely to prevent a healthy understanding between the different components of French society, which illustrates he already held clear ideas on what he would later develop. However, this project would be rejected for being “too political” (Robcis, 2020; Ciriez & Lamy, 2021). Neither Dechaume nor the Faculty of Medicine were willing to compromise, not so much due to ideological dislike, but because of the possibility it would generate complex controversies at a particularly difficult political and colonial moment for France. Consequently, Fanon decided to put it aside in order to focus on a strictly medical subject: *Friedreich's Disease (Troubles mentaux et syndromes psychiatriques dans l'héredo-dégénération-spino-cerebelleuse. Un cas de maladie de Friedreich avec délire de possession)*, which he read in 1951. Fanon himself later referred to this in the introduction to *Black Skin, White Masks*:

This book should have been written three years ago. ... But these truths were a fire in me then. Now, I can tell them without being burned. These truths do not have to be hurled in men's faces. They are not intended to ignite fervor. I do not trust fervor. Every time it has burst out somewhere, it has brought fire, famine, misery And contempt for man. Fervor is the weapon of choice of the impotent. Of those who heat the iron in order to shape it at once. I should prefer to warm man's body and leave him. We might reach this result: mankind retaining this fire through self-combustion. (Fanon, 2009, p. 43).

By being interested in mental pathology observed from the perspective of socio-political alienation and its influence on psychic health, Fanon was not only inevitably greatly influenced by Marxist thought, and by the readings of G.W.F. Hegel (1770-1831), but also by the work of those psychiatrists, neurologists and psychoanalysts who had introduced these elements into their psychopathological reflection, such as Henry Ey (1900-1977), Kurt Goldstein (1878-1965) or Jacques Lacan (1901-1981), who was intellectually very close to Ey. Moreover, irrevocably led towards phenomenology, Fanon became deeply interested in the thoughts of Maurice Merleau-Ponty (1908-1961), of whom he had been a student at university in Lyon (Razanajao & Postel, 2007; Robcis, 2020). Thus, his favourite psychopathological subject, linked to the idea of the human as a social and political being, was, ultimately, that of mental pathology as a pathology of freedom.

After reading his thesis, in 1951, Fanon, in keeping with his complex, reflective and circumspect personality, briefly stayed at the Colson Hospital (Saint Pierre, Lot), where he again felt uneasy. In this case, the problem was the lack of political debate. However, one student whom Fanon encountered at the centre, Nicole Gullet (ed.), with whom he quickly became in tune, was actually the daughter of the superintendent of the Saint-Alban hospital (Lozère). It is a peculiar story: Nicole was apparently staying with a friend of her father, the Lyon-based psychiatrist Paul Balvet (1907-2001), who had been director of Saint-Alban in the 1930s and had “hidden” people in the centre persecuted for their political ideology, such as the poet Paul Éluard (1895-1952) and the psychiatrist Francesc Tosquelles (1912-1994) (Robcis, 2020; Ciriez & Lamy, 2021). It was through this contact, as Fanon and Balvet easily got on well, that the Martinican moved to Saint-Alban.

Fanon and Tosquelles were perfectly suited, as the latter's sociotherapeutic approach fitted the former's ideas like a glove. The idea of sociotherapy² was that patients and hospital staff –medical or not – would coexist, working together to create a human institution (Murard, 2008). Unlike conventional hospital-based asylum practice, Saint-Alban proposed breaking away from the exercise of medical power, while breaking down hierarchies between all actors. Thus, the patient was placed in a new social and humanitarian environment that operated both as a source of comfort and as an opportunity for personal restructuring. Tosquelles believed the patient's recovery required taking their sociocultural worldview of reference into account: the mental institution had to recreate the links, put symbolic exchanges into circulation, generate a context equivalent to that experienced outside the hospital. Therefore, the institution was no longer a mere mental health centre, but a micro-society (Masó, 2022). Along the lines described, Tosquelles had started a newspaper, a film club, musical evenings, etc.

This is what Fanon found, assimilated and developed at Saint-Alban: the idea of a mental institution designed as a social ecosystem, like a family, and, ultimately, understood as a way of establishing acceptable relationships – in the sense of politically fair – between therapeutic activity and the patient, as well as between medical-health personnel and the sick. Thus, the fifteen months he spent as an intern at Tosquelles would be a breath of fresh air enabling him to leave organicist psychiatric orthodoxy, with which he found himself increasingly at odds, as well as to deepen his psychotherapeutic approaches that linked mental health to sociopolitical health. However, he never went through the experience of psychoanalysis, despite being tempted at some point, because, driven by essentially medical interests, his field of interest was palliative therapy.

Fanon's reflections and comments on this subject are worth reading in the fifth section of his work *The Wretched of the Earth*, graphically entitled “Colonial War and Mental Problems”, which brings together some working notes prepared between 1954 and 1959 (Fanon, 2022a, p. 195 et seq.). On the other hand, the decision not to avoid psychoanalysis, despite the unquestionable influence of Tosquelles, again points to a constant in Fanon's biography: rather than being a frontal opponent of the established order, he had a marked tendency to place himself on the margins, in heterodoxy.

On completing his stay in Saint-Alban in February 1952, Fanon returned to his hometown of Fort-de-France (Martinique), but the experience was fleeting and disappointing, as he found himself out of place. One might say, using his own terminology, “whitened.” In fact, this period must have been quite productive for him as regards the final writing of *Black Skin, White Masks*. Especially regarding the toxic relationships with other Antilleans, tainted by the stereotype of “blackness” that, upon returning to the colony, establishes the black person who has travelled to the mother country. For example:

After everything that has just been said, it is easy to understand why the first reaction of the black man is to say no to those who endeavour to define him. It is understandable that the black man's first action is a reaction, and since he is assessed with regard to his degree of assimilation, it is understandable too why the returning Antillean speaks only French: because he is striving to underscore the rift that has occurred. He embodies a new type of man whom he imposes on his colleagues and family. His old mother no longer understands when he speaks of her pj's, her ramshackle dump, and her lousy joint. All that embellished with the appropriate accent.

In every country in the world there are social climbers, those who think they've arrived. And opposite them there are those who keep the notion of their origins. The Antillean returning from the métropole speaks in Creole if he wants to signify that nothing has changed. It can be sensed on the docks where friends and relatives are waiting for him—waiting for him not only in the literal sense, but in the sense of waiting to catch him out. They need

² Also called “social therapy” and, from the 1950s, after its revision from the Foucaultian prism, “institutional psychotherapy”.

only one minute to make their diagnosis. If he says: “I am so happy to be back among you. Good Lord, it’s so hot in this place; I’m not sure I can put up with it for long,” they have been forewarned—it’s a European who’s come back. (Fanon, 2009, p. 61).

Back in France in July of that same year, Tosquelles helped Fanon to prepare for the exam to become head of service and, later, to access the *Medicato*³. Thus he obtained his first post as interim head of service at the Pontorsan hospital, Normandy. A bad experience due to the strong institutional resistance he was once again to encounter. Some staff members did not feel comfortable under the orders of a black person and there was also no intellectual environment conducive to the therapeutic innovations he was trying to implement (Robcis, 2020). The truth is that Fanon never understood the failure of Pontorsan as an episode of genuine racism but, rather, as a mixture of mediocrity, lack of respect, institutionalism and immobility all of which led to his resignation (Ciriez & Lamy, 2021). In October 1952, the French health authorities, lacking another destination, placed Fanon at the disposal of the then Governor General of Algeria, Marcel-Edmond Naegelen (1892-1978).

It was during this period when he met Tosquelles, completed publication of *Black Skin, White Masks*, and experienced the failure of Pontorsan, that Fanon's psychiatric thought and attitude towards therapeutic practice, already heavily influenced by Marxism, slid decisively to the genesis of new forms of political action exercised from psychiatry. Not in vain, Fanon had already made contact with the then popular work of Dominique-Octave Manonni (1899-1989), as the first major outline of "colonial psychology". Having returned to France after more than twenty years in Madagascar, and greatly influenced by Lacan, Manonni constructed his contribution as a description of the respective psychological positions of the colonizer and the colonized, as well as a synthetic, tentative elaboration of a grand psychological theory of racism (Manonni, 1950)⁴.

From a psychoanalytic perspective, Manonni saw the colonizer as suffering from what he called the “Prospero Complex,”⁵ that is, a constant regressive flight from his complex towards the father who uses the colonized as a scapegoat, through whom he channels his personal problems. The colonized, for his part, resentful of the treatment

he receives from this colonizer-father, hides such resentment behind an ever-increasing feeling of dependence. Manonni believed that this established a tremendous vicious circle because, the more dominant the colonizer, the more dependent the colonized, and vice versa, such submissive dependence of the colonized increasingly incited the colonizer towards domination. An approach that Fanon, from his closeness to Marxism, could only reject as short-sighted. Ultimately, Manonni had forgotten a central element of the process, namely: the perverse sociocultural and economic relations – materialist and exploitative – that underlie the very dynamics of colonialism (Boni, 2019). In fact, for Frantz Fanon, what was most criticizable was not the thesis of a supposed Prospero Complex, but the fact that Manonni had not been able to understand the place of the Malagasy in the equation, since he granted them a subsidiary and static position completely alien to the dynamism of sociocultural relations: society and culture were seen as already given and immutable events, which prevented him from seeing the structural violence inherent in colonial societies which, in their internal, material and instrumental dynamics, inevitably perverted relations between whites and blacks. A perversion which, in the case of the latter, even extended to the relationship maintained with other blacks and with himself. Fanon would refer to this error in the analysis of authors such as Manonni in an article published in 1957 in *Résistance Algérienne*.

It is a consistent fact that colonialist intellectuals transform the colonial system into a ‘sociological case’. This country, it is claimed, demanded, requested conquest. Thus, to invoke a famous example, a supposed dependency complex has been described in Madagascar. (Fanon, 2022b, p. 56).

Fanon concluded that, in colonial praxis, the political domination the colonizer over the colonized was not –at least not exclusively – the result of hidden psychological drives manifested in daily life as forms of submission and/or dependence, whether in public or private transcription, but, rather, the very foundation of *blackness*: the civilizing white “knew” himself superior to a “primitive” black who needed him to manage his inherent limitations. Meanwhile, the black, humiliated in his assumed inferiority, entered into a conflict with himself of impossible resolution, since it was not only that he ended up despising himself for being black, nor that he tried by all means to “whiten” himself, but also that his existence was pathologized to the extent that all efforts were useless, as he would never be recognized as “a white” no matter how much he tried. Consequently, the neurosis of the black man – the famous “*negritude*” (blackness) – was this perpetual need to recycle himself into white, with which his existence – in a phenomenological sense – was destined to an irresolvable self-denial. And this was, of course, the central argument of *Black Skin, White Mask*:

³ Degree qualification for the management of a psychiatric service

⁴ The work has been republished on different occasions and under other names: Prospero et Caliban. Psychologie de la colonisation (Editions Universitaires, 1984) and Le racisme revisité: Madagascar, 1947 (Éditions Denoël, 1997).

⁵ In *The Tempest* by William Shakespeare (1564-1616), Prospero was the legitimate Duke of Milan. Together with his daughter Miranda, he was abandoned in a boat by his usurping brother Antonio, who intended for him to die at sea with his daughter. But Prospero and Miranda survived by finding shelter on a small, remote island. Since Prospero had learned to practice magic, he used it to control the other characters in the story. On the island, as a white – and wise – settler who appropriates that space in order to “civilize” it, he becomes the master of Caliban – the rude and primitive savage – and Ariel – a sylph who helps him with his spells.

At risk of arousing the resentment of my colored brothers, I will say that the black is not a man. There is a zone of nonbeing, an extraordinary sterile and arid region, an utterly naked declivity where an authentic upheaval can be born. In most cases, the black man lacks the advantage of being able to accomplish this descent into real hell.

[...]

The Black is a black man; that is to say that as the result of a series of aberrations of affect, [the black man] is established at the core of a universe from which he must be extricated... We propose nothing less than the liberation of the man of color from himself. We shall go very slowly, because there are two camps: the white and the black. (Fanon, 2009, p. 42).

Along the same lines, Fanon also openly rejected the supposedly rebellious and/or vindictive black Martinican writers, such as René Maran (1887-1960), the first black author to win the famous Prix Goncourt. He viewed them as active contributors to the falsification of reality implied by the idea of “blackness”. Their novels were a perfect example of the clichés of colonial greatness that blacks accepted, or tried to integrate into themselves, with the intention of “whitening” themselves. The characters designed by these novelists, who at least in theory tried to give blacks their “own voice,” Fanon believed, were nothing more than fake rebels. False blacks constructed not by and for themselves, but by and for the white perspective:

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 Rene 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 (Fanon, 2009, p. 161).

Fanon arrived in Algeria in 1953 as a doctor in French psychiatric hospitals, and was assigned to the Blida-Joinville Psychiatric Hospital, founded in 1933 but officially opened in 1938, which was, as was common, in a quite rundown condition (it is currently the Hôpital Psychiatrique Frantz-Fanon). Originally designed for a functional limit of 800 patients, it accommodated around 2,000. There were five service wards, as patients were divided by ethnic group and sex, as well as a medical chief for each ward. Fanon was put in charge of the ward called De Clérambault. Coming from a centre as functional as Saint-Alban, he understood a difficult task lay ahead, so one of his first initiatives was to establish a daily newsletter— which would soon become weekly⁶, for logical reasons – with the aim of keeping the whole team, including patients, united and informed of the institutional

changes and movements taking place. Fanon himself often wrote the editorial:

On a ship, it is often said that we are between the sky and the water; that we are far from the world; that we are alone. The daily fight is against the possibility of letting go, against this loneliness. Every day a sheet comes out, often poorly printed, without photos and without taste. But every day this sheet gives life to the ship. We learn about the news of what is happening “on board”: entertainment, cinema, concerts, upcoming stops. We also learn, of course, about news from land. The ship, even if it is isolated, maintains contact with the outside, that is, with the world (Fanon, 2018, p. 278).

The psychiatric model applied in the centre was that of the popularly known School of Algiers, whose epicentre was the capital's Mustaphá Hospital, and whose greatest exponent was Antoine Porot (1876-1965), professor of neuropsychiatry at the University of Algiers. When Fanon arrived in Blida, Porot had just retired, but his influence on the French colonial psychiatric profession was very strong.

The proposal of this school which was deeply organicist, was based on an already outdated, pseudoscientific theory, with a eugenic bias, comprising an amalgam of medical, anthropological and political ideas with a racial bias (Murard, 2008). Its particular vision of the Arab was that of a subhuman indigenous person, characterized by a primitive and racialized mentality. Thus, in summary, it was a person suffering from a severe “primitivism” – note the closeness of this idea with others similar such as Lombrosian “atavism” (Pérez-Fernández, 2004) – which reduced both his mental and social and adaptive capacities, so that it could be considered that the “nature” of the Algerian Arab induced him to greed, vagrancy, fanaticism, crime and, if necessary, even murder (Studer, 2022). Porot and his colleagues went so far as to shamelessly defend the idea that the list of Arab defects was as long as it was ancient, that the Arab was even racially inferior to the Berber, and that he had thus had the great fortune of meeting the white settler who had generously offered to tutor him (Porot & Arrii, 1932)⁷:

For Professor Porot, the life of the North African native is dominated by diencephalic instances. This is equivalent to saying that the North African native is, in a certain sense, deprived of the cerebral cortex. Professor Porot does not avoid this contradiction and [...] specifies [...]: "Primitivism is not a lack of maturity or a marked stoppage in the development of the intellectual psychism. It is a social condition which has reached the limit of its evolution; it is logically adopted to a life different from ours." [...]. This primitivism is not merely a way of living which is the result of a special upbringing; it has much deeper roots. We even consider that it must have its substratum in a particular predisposition of the architectonic structure, or at least in the dynamic hierarchization of the

⁶ From January 1954, under the title Interior Weekly of the De Clérambault Pavilion.

nervous centers"⁸ As can be seen, the impulsiveness of the Algerian, the frequency and nature of his murders, his constant tendencies to delinquency, his primitivism are not a coincidence. We are in the presence of a coherent body of comportment and of a coherent life which can be explained scientifically. The Algerian has no cortex: or, more precisely, he is dominated, like the inferior vertebrates, by the diencephalon. The cortical functions, if they exist at all, are very feeble, and are practically un-integrated into the dynamic of existence. There is, therefore, neither mystery nor paradox. The reluctance of the colonizer to entrust a responsibility to the indigenous is neither racism nor paternalism, but simply a scientific appreciation of the biologically limited possibilities of the colonized (Fanon, 2022a, p. 236-237).

In Blida, this message was strongly felt, as there were psychiatrists among the staff sympathetic to Porot's thesis, including one of his disciples, Jean Sutter (1911-1998), who would strongly resist the innovative therapeutic ideas and formats that Fanon brought. Even so, Fanon also found the support of some young doctors, such as Meyer Timsit (1924-1994)⁹, who helped him launch the first sociotherapeutic trials. Since the vast majority of the two hundred patients under Fanon's care were European women, the success of the new model was rapid. Thus, in just one month, patients were already sufficiently integrated so as to organize the Christmas parties themselves. However, things had to move slowly because of the unavoidable material limitations:

Mr. Lempereur [hospital administrator] [...] asked us very politely if the bedside tables were not sufficient. It was then that he noticed that there were none [...]. 'Your patients cannot settle in. They must feel that they are in transit.' And that is rigorously correct. I will go even further: I would say that the patients have the impression of being nowhere. An establishment where they are denied their status as wives and mothers, their marriage being deliberately ignored.

An establishment where they have nothing that belongs to them, not even their faces, since there are no mirrors at De Clérambault. Patients are forced to carry around their little bags containing toothless combs, bits of bread, torn handkerchiefs, sweets left by the last visitor! These bags are the object of the greed of others. It is not a banal greed: 'I want your comb.' This provokes, during attempts at visual intrusion, macular reactions, motor discharges, explosive global behaviours that our nurses will naively call: "agitation".

But no modifications will make the ward a pleasant place. Every corner is used. And the beds are one on top of the other. The patients too, obviously. The truth is that De

Clérambault was planned for ninety beds. We have one hundred and sixty-eight (Fanon, 2018, p. 279-280).

On the other hand, it soon became clear that procedures which worked with European patients did not do so at all with those of Algerian origin. It did not seem enough to replicate Saint-Alban's procedures. One basic foundation of sociotherapy had been forgotten: taking into account the history and cultural and sociopolitical dimensions of patients involved in therapy. Thus, while everything had gone well for the Europeans who were happily preparing for Christmas holidays, Algerian patients viewed all these changes with great distrust, since all they saw was a group of Westerners doing Western things:

The colonized person who distrusts hospitalization does not start from homogeneous values such as fear of the city, fear of distance, fear of feeling helpless when separated from the family home, fear of being sent to die in the hospital, of being thrown away like a burden. The colonized person does not refuse to send the patient to the hospital, but to send him to the hospital of the whites, of the foreigners, of the conqueror. [...] It cannot be considered an aberration, at the level of mental processes, that certain individuals, accustomed to practising certain gestures in the face of an illness, to adopting a certain behaviour in the presence of the illness that is conceived as a disorder, refuse to abandon them because other gestures are imposed on them, that is, because the new technique is forcibly installed and does not tolerate the presence of any traditional element (Fanon, 2022b, p. 123-124).

It had been naive to believe that the mere institution of activities would have healthy effects. Nothing could have been further from the truth, since though carrying out tasks was the active element of the socio-therapeutic process, it was the inherent meaning of these tasks for the patient and staff, which facilitated or hindered adherence and effectiveness: if the party was not Arab, if the work proposed had a gender, social, cultural or religious bias for Arab culture, or if the film being shown was European, why would the North African participate? In what sense would they feel compelled to integrate? Fanon's conclusion was that specifically Arab activities were needed - one of his most successful initiatives was to establish a "Moorish café" - where these patients would recover their cultural environment of origin, as well as providing greater scope to the Muslim staff, since they would know the habits of the Algerian patients better than the French. He even decided to learn Arabic, and to explore the consideration of mental illness specific to Arab culture, in order to more effectively access native patients and better comprehend their peculiarities and personal attitudes towards treatment (Ciriez & Lamy, 2021). He also dragged his colleagues and subordinates to towns and villages to understand first-hand the foundations and socio-anthropological functioning of Algerian Arab culture (Murard, 2008). Fanon

⁸ Fanon takes the quote from Porot & Sutter (1939).

⁹ He later became a well-known psychotherapist linked to the application and expansion of projective psychodiagnostic techniques in French-speaking environments (VV.AA., 1994).

understood, therefore, that the hospital was not only a place to heal, but also a space for research and that sociotherapy had little meaning if elements that supported its praxis were not explored in depth (Fanon & Sánchez, 2018).

For the Algerian Arabs, the mentally ill person, rather than being a patient in the strict sense of the word, was someone “possessed” by the *djnounns* –genii, spirits– who was in no way responsible for his illness, and who could be “freed”. Thus, the exclusion of these people from their social group would not be definitive, but, once they had been freed from this possession, they would return to normality and be able to return to social life with complete normality and without suffering any reproach. The “madman”, therefore, was a respected being and not someone stigmatized or objectified:

What we see in the Maghreb is, in short, a harmonious articulation of beliefs that allows the creation and implementation of “mental help.” Of course, this help is rudimentary and cannot claim to solve the problem of madness except in a fragmentary way, through the mere intervention of the goodwill of individuals or families involved in each specific case. At the social level, from the quantitative point of view, one cannot speak of a satisfactory “performance” of the system. Being firmly based on cultural foundations, it has great value at the human level that cannot be limited to the effectiveness of Maghreb therapy. This natural mode of help is imbued with a profoundly holistic spirit that preserves the image of the normal man intact despite the existence of the illness. Whether illness represents divine punishment or divine grace is something that the group does not understand; God’s purposes are foreign to it: its attitude is guided by the concern to respect man. Anyone considered mentally ill is protected, fed and cared for by his family whenever possible. It is not madness that provokes respect, patience, indulgence; it is man affected by madness, by geniuses; it is man as such (Fanon & Sánchez, 2018, p. 289-290).

However, the systematic use of sociotherapy could never exclude the use of psychotropic drugs and other conventional medical applications of the time, such as sleep cures, insulin shocks or electroshocks. Certainly, Fanon always tried to as far as possible avoid the use of organic methods, which he tried to reduce to what was merely essential, but he assumed these measures were also often indispensable as a form of containment and stabilization. For this reason, in Blida, he experimented with combined treatments to reduce neurological symptoms through medical coping as a preliminary step to the systematic application of sociotherapeutic measures (Sourdoire & Fanon, 2018). If it was true that mental illness, based on the approaches proposed by Ey and Tosquelles, was a form of “dissolution” of the organic bases of personality caused by a neurological shock and, of course, by the subsequent pathological reconstruction of such personality, then it made sense to believe the first step of therapy should

be to restart that pathological personality through another organic shock. From there, sociotherapy would have the mission of helping to build in the patient a new personality that was freer, more adapted, more socialized and, in short, more autonomous. Fanon and his team managed to turn the racialized approach of the current colonial psychiatry towards a functional, ethnopsychiatric model that did not dehumanize the Algerian, but rather reintegrated him, assumed him, and redirected him towards a productive therapy:

Fanon relies on Arabic-speaking nurses because nursing professionals are of European origin. First, it will be the maintenance of the garden that will attract the interest of the patients, football, and then the Moorish café, from which one moves on to Arabic music, but also to *Kabyle* music. It is a café forbidden to women, but it offers service in the women's wards. Commissions are then set up based on the principle of parity. Fanon also revives religious practices [...]. The mufti of Blida, initially suspicious, comes to *Ait el Kébir* for the first time, and a second, and then does so regularly. In the meantime, the doctor had failed, wrote Azoulay, the mufti unconsciously carried out a real group psychotherapy by talking to the patients. Then came a traditional storyteller, then several, the hospital became a place for telling stories like others on the itinerant path of the storytellers. The success of the initiative was an oriental evening where the Blida Orchestra performed before a mixed audience of four hundred spectators (Murard, 2008, p. 42-43).

The account of this work, described in detail by his intern and collaborator, Jacques Azoulay (1927-2011) in his doctoral thesis¹⁰, is that of a success story with which others would have agreed, but Fanon's political fury prevented such a thing, since the socio-political theses he had developed in the pages of *Black Skin, White Masks* had been reconfigured in his close contacts with the sick psychology of colonial reality. It was known that the specialists at the epicentre of French medical officialdom, the Mustaphá Hospital in Algiers, would publicly mock the socio-therapeutic measures introduced by Fanon, whom they used to refer to in a derogatory tone as “the negro of the Moorish café” (Cherki, 2006). This did not prevent him from continuing with his innovations, which one way or another found the support of the management of the medical centre, as well as gaining ground among the younger professionals, who approached these new psychiatric methodologies with curiosity and an open mind.

Fanon was not alone in his medical and political interests. He was also of the same opinion as another head of service, the psychiatrist Raymond Lacaton (n.d.), who together created an open-care psychiatric service in 1955. Patients with mild pathologies were mixed with other chronic patients, which gave rise to the reception of nationalist mili-

¹⁰ *Contribution à l'étude de la Social-thérapie dans un Service d'Aliénés Musulmans*. Thesis for the Doctorate in Medicine, University of Alger. The conclusions of this thesis were published in Fanon & Azoulay (1954).

tants persecuted by the colonial security forces. These patients, mostly subjects with psychological after-effects of torture suffered during interrogations, radicalised Fanon's political discourse by recounting their experiences. Thus, together with Lacaton, he presented a controversial work on the subject at the Congrès de Psychiatrie et de Neurologie de Langue Française, held in Nice that same year (Fanon & Lacaton, 1975). Based on these experiences, Fanon assumed his efforts did not affect the central core of many of the underlying problems that pathologized Algerian society and that, as he understood, shared the same sociocultural and political foundation: a colonial domination that manufactured "white masks" by having installed in Algeria the "shock of blackness" through a series of ideological and material conditions that had to be transformed. Thus, the first contribution by Fanon to the ideology of the Algerian revolution would not be the result of a political action, but the logical conclusion of a psychomedical approach (Ciriez & Lamy, 2021).

Changes introduced by Fanon in Blida drew his attention to the Algerian National Liberation Front (FLN), and to other Algerian rebel movements, with whom he would finally make contact in 1956. That year he began to meet regularly with Colonel Saddek¹¹ and Commander Azzedine¹², as well as with other civilian collaborators of the movement. After a long process of reflection that led him to understand his personal and professional position as totally untenable, in December 1956, Frantz Fanon would present his resignation in writing to the Governor General of Algeria, Robert Lacoste (1898-1989). He would then formally join the rebels after personally meeting Abane Ramdane (1920-1957), a member of the Coordination and Executive Committee of the FLN. The central message of his resignation letter clearly showed his position, divided between the positive and fruitful exercise of his medical-psychiatric activity, the political consequences of his particular way of facing it and his ideological opinion, which induced in him unacceptable personal and moral tensions: "the doctrinal bases [of psychiatric theory and praxis] - he will say - oppose in everyday life an authentic human perspective" (Taliani, 2016).

Fanon's resignation letter caused his immediate expulsion from Algeria. Back in France in March 1957, he was contacted in Paris by the FLN through the pro-Algerian politician and activist Salah Louanchi (1923-1990), and then sent to Tunisia to organize the rebels' medical-political rearguard. He thus ended up at the Manouba Hospital, also known as the Razi Psychiatric Hospital, in northern Tunisia. And, as was already customary for someone as heterodox and active as Fanon, everything was problematic from the start. Beginning with the fact he arrived with his own team which included as his second a person who caused suspicion among the local population, the Tunisian psychoanalyst Alice Cherki (b. 1936), who not only aroused controversy for being a

woman, but also for being of Jewish origin. Fanon was soon accused of "stealing" jobs from local doctors and of being at the centre of a "Zionist conspiracy". The situation became so tense that the Tunisian Secretary of State for Health, Ahmed Ben Salah (1926-2020), had to intervene, taking the decision – a clear message to all involved – to relocate Frantz Fanon, along with his newly arrived team, to the leading medical centre in the country: the Charles-Nicolle Hospital in the capital (Cherki, 2006).

Fanon, who was immediately provided with an assistant and bodyguard by the FLN, joined the medical team that travelled weekly to Kef, a town some 40 kilometres from the Algerian border. There, the rebels had converted a farm into a field hospital-infirmery to treat wounded or sick combatants. Similarly, in the interest of gaining as much insight as possible into the nature of the conflict, he made several trips to the border refugee camps (Robcis, 2020; Ciriez & Lamy, 2021). On one trip, he met the controversial French actor, film director and activist Jacques Charby (1929-2006), a figure publicly committed to the FLN cause. Both founded several homes for orphaned children from the Algerian conflict. Together with the Italian writer Giovanni Pirelli (1918-1973)¹³, they undertook the task of compiling a collection of drawings in which these boys offered their personal perspective on the conflict, which eventually became a book published alternately in French and Italian (Charby, Fanon & Pirelli, 1962). Similarly, Fanon, Charby and Pirelli collaborated on the interview methodology used to create a short film on the same subject, intended to denounce French colonial repression and to raise international awareness of the Algerian cause¹⁴.

Increasingly involved in the political question itself, as evidenced by the fact he devoted himself with great energy to the final draft of *The Wretched of the Earth*, Fanon gradually distanced himself from institutional psychotherapy during these last years of his life. His sociotherapeutic contribution during his stay at the Charles-Nicolle, which he himself saw as an extension of the work begun at Blida-Joinville, was the creation of a day hospital. The centre with a total of 86 patients –50% men and 50% women– was open daily, except Sundays, from 7:00 a.m. to 6:00 p.m. Its mission was to extend the work of sociotherapy outside the hospital walls: not only a matter of imitating or reproducing, with greater or lesser success, the outside world, but of constructing a point of union between the internal and the external that would facilitate the patient in being the subject of his own freedom, both in his relationship with society and in his contacts with the medical institution. Although "a day centre", it no longer aimed to replace the outside world or become an imitation of the home, but to distance the patient as far as possible from the agitation of hospital life, contributing to his integration into public life. Consequently, this type of centre, which

¹¹ Code name for Slimane Dehilés (1920-2011).

¹² Code name for Rabah Zerari (b. 1934)

¹³ Grandson of Giovanni Battista Pirelli (1848-1932), engineer, politician and founder of the famous tyre factory.

¹⁴ *J'ai huit ans* (René Vautier, Olga Baïdar-Poliakov and Jean le Masson, 1961).

assumed the ideas of other Marxist psychiatrists such as Louis Le Guillant (1900-1968), a pioneer in the social questioning of psychiatric treatment, embodied the coherent theoretical and practical evolution of the sociotherapeutic ideal of Tosquelles (Fanon & Asselah, 1957; Fanon & Geronimi, 1959).

Regarding *The Wretched of the Earth*, a work that could be considered Fanon's intellectual testament, and to which he dedicated his last years of life, it is worth beginning by stating that the title of the book is inspired by verses of a poem entitled "Filthy Negroes" by the Haitian writer Jacques Roumain (1907-1944) and published in his 1945 anthology *Bois-d'ébène: poems* (Roumain, 2017):

And here we are arisen
 all the wretched of the earth
 all the upholders of justice
 marching to attack
 your barracks
 your banks
 Like a forest of funeral torches
 to be done
 once
 and
 for
 all
 with this world
 of negroes,
 niggers,
 of filthy negroes.

Fanon designed the text largely as a theoretical guide for African anti-colonial movements. Thus, while *The Fifth Year of the Algerian Revolution* – published in 1959, confronted the reader with a declaration of socio-political and anti-colonialist principles that attempted to show and argue a state of affairs while justifying the actions of the Algerian revolutionary movement, *The Wretched of the Earth* aimed to go much further. It jumped the barrier of facts, analysis and justifications to enter the territory of revolutionary theory and action itself. Furthermore: it was also intended to reach the widest possible audience. This largely explains his personal wish for Jean-Paul Sartre (1905-1980) to write the prologue, not only because of Frantz Fanon's personal admiration for the writer, but also since he was the most prestigious and widely read French-speaking intellectual of the time.

Fanon and Sartre met in Rome in August 1961. Simone de Beauvoir (1908-1986) and Claude Lanzmann (1925-2018) were also in attendance. At that time, Fanon, already suffering from leukaemia, had just finished writing *The Wretched of the Earth*, considered Sartre the only French intellectual who truly understood the Algerian problem. Both men got along very easily, as they shared countless theoretical references and professed a quick and mutual admiration (Ciriez & Lamy, 2021). The intense Sartre-Fanon meeting must have been especially significant, since the former perfectly understood the latter's ultimate interest, and took up the gauntlet:

Our Machiavellianism has little purchase on this wide-awake world that has run our falsehoods to earth one after the other. The settler has only recourse to one thing: brute force, when he can command it; the native has only one choice, between servitude or supremacy. What does Fanon care whether you read his work or not? It is to his brothers that he denounces our old tricks, and he is sure we have no more up our sleeves. It is to them he says: 'Europe has laid her hands on our continents, and we must slash at her fingers till she lets go (Sartre, 2022, p. 11).

Conclusions

Frantz Fanon is currently experiencing a kind of intellectual "resurrection", being one of the most revisited and read authors in French. This seems difficult to understand when, contextually, his work appears temporary, fixed in a historical period from the past. Perhaps, for some, even "outdated". However, such impressions are in fact judgements of appearances. It is true that colonialism as such does not exist, as a historical phenomenon of physical, material domination of some nations over others, but settlers, colonial enterprises and the colonized continue to exist. Fanon's observations, in this globalized world, without borders, in which the tyranny of States no longer prevails, but rather that of money, ideas and cultures, are as applicable as they were throughout decolonization. As there are still chains to break, slaves who ignore their position and condemned people throughout the whole world. Subjected, to name a few, to the chains of racism, today conveniently camouflaged under well-intentioned parapets such as "illegal immigration"; to those of capitalism, today in permanent expansion under the tyrannical cover of algorithms, misinformation and self-exploitation; or to those of patriarchy, which is remodelled and adjusted without a solution of continuity to survive on the margins of a system that apparently repudiates it.

It is essential to place the most important author in the treatment of the decolonization of the mind and the skin for those who try to recover dimensions, such as cultural and sociopolitical, that may be invisible today. These factors need to be faced head on, for example, by fundamental authors of *Black Feminism* such as Audre Lorde and bell hooks, who try to find a place to be from difference. Lorde, remembering Fanon, argues how it is necessary to devise from another reality that does not yet exist, declaring that "the master's tools will never dismantle the master's house" (Lorde, 2022, p. 133).

Raising a problem is the beginning and the end of all History (Klappenbach, 2014) so very current problems can and should be rethought to answer how the imperialism of yesteryear, now capitalism, manages to colonize our minds through beliefs, needs and ideas that, far from being realistic, lead us to suffering and possible mental illness.

Fanon's thought is revolutionary not because of its context, but its content, since it breaks with hidden sociocultural

scams, like a magician's trick that, although seemingly offered as an expression of freedom, is in essence nothing more than another form of "weak" oppression designed to

support the ever-powerful in these times that Zygmunt Baumann (1925-2017) rightly described as "liquid".

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