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Frantz Fanon, Institutional Psychotherapy, and the Decolonization of Psychiatry

Camille Robcis

In December 1956, Frantz Fanon resigned from his position as medical director of the psychiatric hospital of Blida-Joinville in Algeria. In a letter addressed to the Resident Minister and Governor General Robert Lacoste, Fanon explained that after three years of arduous work to improve the mental health of the local population, the reality of colonialism, its “tissue of lies, cowardice, [and] contempt for man” had finally convinced him to leave:

Madness is one of the means man has of losing his freedom. And I can say, on the basis of what I have been able to observe from this point of vantage, that the degree of alienation of the inhabitants of this country appears to me frightening. If psychiatry is the medical technique that aims to enable man no longer to be a stranger to his environment, I owe it to myself to affirm that the Arab, permanently alien [*aliéné*] in his own country, lives in a state of absolute depersonalization.¹

By choosing the adjective *aliéné* to describe the colonized Algerians, Fanon was playing with the double meaning of the term in French: estranged and foreign—even in their own land—but also mentally unstable, crazy, insane.

¹ Frantz Fanon, *Toward the African Revolution: Political Essays*, trans. Haakon Chevalier (New York: Grove Press, 1967), 53.

More broadly, Fanon was articulating a point that he reiterated throughout his life: colonialism had a direct psychic effect. It could literally render someone mad by hijacking their person, their being, and their sense of self. The confiscation of freedom and the alienation brought about by colonialism and by racism were always simultaneously political and psychic.

By the time Fanon wrote this letter in 1956, the war in Algeria had turned increasingly violent. Like many other partisans of decolonization, Fanon had welcomed the return of the Left in the French legislative elections earlier that year. This hope, however, was short-lived, as the new prime minister Guy Mollet was greeted by tomatoes and furious crowds in Algiers in February 1956. The following month, the French legislature voted to grant the government “special powers,” giving the army free rein to reestablish order in Algeria. Fanon had followed the intensification of the war closely, and by 1956 he was already involved with the Front de Libération Nationale (FLN) which had reached out to him in his capacity as a doctor to provide drugs and medical advice—including psychiatric help—for the combatants. As Fanon explained in his letter to Lacoste, he had finally come to realize that his “absurd gamble” to promote progressive psychiatric reforms while serving the French State was hopeless. As he put it, it had become increasingly obvious that “the social structure existing in Algeria was hostile to any attempt to put the individual back to where he belonged. . . . The events in Algeria are the logical consequence of an abortive attempt to decerebralize a people.”² In other words, violence—political, social, and psychic—was constitutive of colonialism. It was the structure of the land, a structure that had come to condition individuals in their very psyche.

Fanon’s letter gives us a particularly good entry point into his conception of the psychiatric. In this article, I highlight two of the hypotheses that Fanon formulates in his letter: first, that the political and the psychic are intimately tied; and second, that the social space and physical environment of the colony, the enclosure and the segregation on which they are premised, fundamentally shape the psyche of the inhabitants. Fanon had intuited these theses in his earliest work, especially in *Black Skin, White Masks* and “The North African Syndrome,” both published in 1952. However, as I argue here, it was his residency at the hospital of Saint-Alban from 1952 to 1953, his encounter with François Tosquelles and with institutional psychotherapy that ultimately confirmed for him, on an empirical level, how alienation was always at once social and psychic.

² Fanon, *Toward the African Revolution*, 53.

Institutional psychotherapy played a key role in Fanon's thought and medical practice, giving him the tools to diagnose what Tosquelles called the "concentrationist logic" of asylums (and, as Fanon would suggest, of the colonial world). It also offered Fanon an example of what disalienation, freedom, and emancipation could look like in the hospital but also in society at large. After leaving Saint-Alban, Fanon tried to enact these "freedom improvisations" inspired by institutional psychotherapy, both in his clinical work in Algeria and Tunisia and in his political writings. As I show, Fanon neither applied nor adapted a model of Western psychiatry to the colonial settings of Algeria and Tunisia. Rather, he revised the very foundations of this framework in order to set up what he considered a truly disalienated and disalienating psychiatry, a psychiatry close to the notion of "national culture" that Fanon theorized in his last and best-known book, *The Wretched of the Earth*.

To be sure, the fact that Fanon practiced psychiatry throughout his life is not new. Several rich biographies have highlighted his medical background and many of his unpublished works, including his psychiatric writings, are now available in an excellent collection titled *Alienation and Freedom*.³ Still, most scholarship on Fanon tends to consider his commitment to institutional psychotherapy as a biographical detail. In other words, we know that Fanon was a psychiatrist, a theorist, and an activist at the same time. We know much less about the extent to which Fanon's psychiatric work shaped his theoretical writing. My aim in this article is thus not to merely underscore once again the importance of psychiatry in Fanon's work. Rather, I will argue that the evolution of Fanon's thought across institutional and political-decolonial contexts explains as much as much about the history, promise, and achievements of institutional psychotherapy as it does about his political thinking. My point is thus not to restate the centrality of the psyche for Fanon but rather to highlight the

³ In addition to the introductory essays by Jean Khalifa and Robert Young in Fanon, *Alienation and Freedom*, trans. Steven Corcoran (London: Bloomsbury, 2018), see Alice Cherki, *Frantz Fanon: A Portrait* (Paris: Seuil, 2000); Richard C. Keller, "Clinician and Revolutionary: Frantz Fanon, Biography, and the History of Colonial Medicine," *Bulletin of the History of Medicine* 81 (2007): 823–41; David Macey, *Frantz Fanon: A Biography* (London; New York: Verso Books, 2012); Hussein Abdilahi Bulhan, *Frantz Fanon and the Psychology of Oppression* (New York: Plenum Press, 1985); Claudine Ranzanajao and Jacques Postel, "La vie et l'œuvre psychiatrique de Frantz Fanon," *Sud/Nord* 22, no. 1 (2007): 147–74; Achille Mbembe, *Politiques de l'inimitié* (Paris: La Découverte, 2016); Khalifa, "Fanon and Psychiatry," *Nottingham French Studies* 54, no. 1 (2015): 52–71; Françoise Vergès, "Creole Skin, Black Mask: Fanon and Disavowal," *Critical Inquiry* 23, no. 3 (1997): 578–95.

significance of Fanon in the genealogy of what is generally called “Western radical psychiatry.”⁴

FANON’S THEORY OF THE SUBJECT

Fanon left his native island of Martinique to study medicine in Lyon in 1946. He chose to specialize in psychiatry in 1949 under the supervision of Jean Dechaume, an expert in psychosurgery, neuropsychiatry, and neurology. At the time, French university training in the domain of psychiatry was dominated by an organicist and neuropsychiatric approach to mental illness, and this was especially true of Lyon. Fanon admired Dechaume’s scientific rigor and he retained a certain inclination toward this type of empiricism throughout his life. However, he quickly felt constrained by the theoretical narrowness of psychiatry and turned to other fields, including literature, anthropology, philosophy, and psychoanalysis. While at Lyon, he attended the lectures of the anthropologist André Leroi-Gourhan and of the philosopher Maurice Merleau-Ponty. He read extensively and engaged the main intellectuals of his period: Claude Lévi-Strauss, Marcel Mauss, Karl Marx, Vladimir Lenin, G. W. F. Hegel (mediated by Alexandre Kojève and Jean Hyppolite), Martin Heidegger, and Jean-Paul Sartre. During these years, Fanon also immersed himself in psychoanalysis through Freud and Lacan, and in Gestalt theory through Kurt Goldstein. Finally, he wrestled with the theses of Henri Ey and other French psychiatrists associated with the journal *Évolution Psychiatrique* who had been trying to reconcile psychiatry and psychoanalysis since 1925. From existentialism and anthropology, Fanon learned the importance of relationality in the construction of the self. Through Marxism, he came to appreciate the decisive effect of politics on the human condition. Psychoanalysis and phenomenology

⁴ There is, of course, no single definition of radical psychiatry but in general terms, I would characterize it as a psychiatric current that developed in the postwar period and that sought to treat the asylum as a microcosm for society at large in the hope of promoting non-hierarchical and non-authoritarian political and social structures. Some of the names most often associated with this radical psychiatric tradition include (but are not limited to) Franco Basaglia in Italy, David Cooper and R.D. Laing in the UK, Thomas Szasz in the US, François Tosquelles, Jean Oury, and Félix Guattari in France. I prefer the term “radical psychiatry” to anti-psychiatry since anti-psychiatry in its Italian and British versions was explicitly committed to the destruction of the asylum whereas Tosquelles and Oury were deeply invested in the retaining and relying on the medical potential of psychiatry. Furthermore, both adamantly refused the idea that mental illness was a mere “social construction.”

offered him a theory of embodiment that complemented social construction. Bringing together these different currents and disciplines, Fanon spent much of his time in medical school thinking about the problem of psychic causation, trying to untangle the biological from the psychological, and separating the roles of phylogeny, ontogeny, and sociogeny in the constitution of the self.

Fanon's medical thesis centered on Friedreich's ataxia, a hereditary disease that caused progressive damage to the nervous system. As he explained in his introduction, this illness was of particular interest to him because despite the fact that the state of general paralysis was "eminently neurological," it was usually accompanied by "a certain psychiatric symptom cluster."⁵ The close study of Friedreich's ataxia was thus for Fanon a way to ponder a fundamental medical—but also philosophical—quandary: "At what point can a neurological disease be suspected of triggering psychic alterations? At what point can it be said that the thought processes are disturbed?"⁶ This was also a way to delimit neurology and psychiatry, to reflect on the issue of specialization and disciplinary borders.⁷ In order to think through these questions, Fanon turned to the works of Henri Ey, Jacques Lacan, and Kurt Goldstein—three of his contemporaries who were also crucial for the doctors at Saint-Alban. In his thesis, Fanon mapped out the substantial differences between their respective approaches before suggesting that the three figures were linked by their desire to undercut the dichotomy between the neurological and the physiological. Ey, Fanon wrote, remained committed to a neurological framework even though he underscored the psychic nature of pathogenesis.⁸ For Goldstein, "every organic manifestation . . . is the fruit of global mechanisms. For him, the organism acts as a whole."⁹ In both cases, Fanon observed, neurological and psychiatric troubles went hand-in-hand.

Significantly, Fanon ended his thesis with an extended discussion of Lacan's theory of subject formation which appeared closest to his own position. Referring to him as an "eminently controversial figure," Fanon highlighted two concepts in Lacan's early work that he found especially

⁵ Fanon, *Alienation and Freedom*, 206 [*Écrits sur l'aliénation et la liberté* (Paris: La Découverte, 2015), 170].

⁶ Fanon, *Alienation and Freedom*, 224 [187].

⁷ Fanon, *Alienation and Freedom*, 247 [206].

⁸ Fanon, *Alienation and Freedom*, 255 [213].

⁹ Fanon, *Alienation and Freedom*, 255 [216]. For more on Goldstein's holism, see Stefanos Geroulanos and Todd Meyers, *The Human Body in the Age of Catastrophe* (Chicago: University of Chicago Press, 2018).

helpful.¹⁰ The first was his understanding of desire, which provided a link between, on the one hand, the biographical development of the subject and, on the other, his lived experience (his *Erlebnis*—a term that Fanon would take up in *Black Skin, White Masks*), his ego ideal, and his relationships (and tensions) with others.¹¹ The second was Lacan's notion of personality, especially important in his 1932 thesis on paranoia, which Lacan had defined phenomenologically, as both grounded in genetics and able to integrate human relations of the social order.¹² According to Fanon, through his concepts of desire and of personality, Lacan stressed that madness always had something to do with the social.

Fanon's wish to complicate the classic (but by then much-contested) medical dictate that "every symptom requires a lesion" was not, however, simply motivated by his wide range of readings. It was also inspired by his first experiences in the medical field even before he chose to specialize in psychiatry. Indeed, throughout medical school, Fanon regularly accompanied doctors attending to emergencies in a predominantly Muslim neighborhood of Lyon. Fanon described finding patients in dirty beds, in sordid rooms, with friends and family weeping and screaming because they were convinced that the patient was on the brink of death. Fanon and the supervising doctors would proceed with an examination that would generally reveal no significant illness. Eventually, and in response to further complaints by the patient, the doctor would recommend further testing. Three days later, the same person would show up completely cured and the French doctors would conclude that "the North African's pain, for which we can find no lesional basis, is judged to have no consistency, no reality."¹³ This verdict confirmed what colonial psychiatry, especially the Algiers School, had argued for years and what much of French racism corroborated: "When you come down to it, the North African is a simulator, a liar, a malingeringer, a sluggard, a thief."¹⁴ For Fanon, however, the pain described by these patients was not imaginary but all too real. As he contended, this illness did have symptoms but they were not necessarily physiological. He called it "the North African syndrome."

Fanon's essay on "The North African Syndrome" provides yet another

¹⁰ Fanon, *Alienation and Freedom*, 262 [220].

¹¹ Fanon, *Alienation and Freedom*, 264 [221–22].

¹² Fanon, *Alienation and Freedom*, 265 [222]. On Lacan's relationship to psychiatry in the context of his thesis, see Jacques Sédat, "Lacan et la psychiatrie," *Topique* 88, no. 3 (2004): 37–46 and Elisabeth Roudinesco, *Jacques Lacan: Outline of a Life, History of a System of Thought*, trans. Barbara Bray (New York: Columbia University Press, 1999).

¹³ Fanon, *Toward the African Revolution*, 6.

¹⁴ Fanon, *Toward the African Revolution*, 7.

confirmation of the interdependence of psyche and soma, of medicine and politics. As Fanon put it: “It so happens that there is a connection” between “the North African on the threshold of the French Nation” and “the North African in a hospital setting”:

Threatened in his affectivity, threatened in his social activity, threatened in his membership in the community [*appartenance à la cité*—the North African combines all the conditions that make a sick man. Without a family, without love, without human relations, without communion with the group [*sans communion avec la collectivité*], the first encounter with himself will occur in a neurotic mode, in a pathological mode; he will feel himself emptied, without life, in a bodily struggle with death, a death on this side of death, a death in life [*une mort en deçà de la mort, une mort dans la vie*].¹⁵

As this passage makes clear, the existence of these real-yet-imaginary illnesses displayed by North African immigrants confirmed with striking clarity the structural effects of racism and discrimination on the psyche.

“The North African Syndrome” first appeared in 1952 in the left-leaning Social-Catholic journal *Esprit* where Fanon had published a few months earlier another essay, “The Lived Experience of the Black Man,” which eventually became the fifth chapter of *Black Skin, White Masks*. These two *Esprit* articles gave Fanon wide exposure as they brought his ideas out of the world of psychiatry into the mainstream French intellectual scene and into a broader conversation around racism, colonialism, and psychiatry. Indeed, *Esprit* had been critical not only of French colonial policy but also of mainstream psychiatry, as evidenced by its December 1952 issue titled “The Misery of Psychiatry” to which Lucien Bonnafé, François Tosquelles, Georges Daumézon, Louis Le Guillant, and other “radical psychiatrists” associated with Saint-Alban had contributed. It was through *Esprit* that Fanon eventually found a publisher for *Black Skin, White Masks* (originally titled “Essay for the Disalienation of the Black Man”), which Jean-Marie Domenach, the journal’s editor-in-chief, passed on to Francis Jeanson at the Éditions du Seuil and which appeared in French bookstores in the spring of 1952.

Fanon wrote *Black Skin, White Masks* while he was finishing medical school. As he indicates in one of his early chapters, his original idea was to

¹⁵ Fanon, *Toward the African Revolution*, 13.

submit the manuscript as his medical thesis but Dechaume was quick to reject it on the predictable grounds that it defied all existing academic and scientific norms.¹⁶ It is in this context that Fanon turned to the more conventional topic of Friedreich's disease, somewhat reluctantly and hastily, so that he could graduate. As his initial title suggests, the question of "disalienation"—with its double meaning in French as a political and psychic process—was at the heart of *Black Skin, White Masks*. Indeed, in the introduction, Fanon noted that even though his analysis was primarily psychological, "it remains, nevertheless, evident that . . . the true disalienation of the black man implies a brutal awareness of the social and economic realities."¹⁷ If racism did indeed produce an inferiority complex, Fanon continued, it began as an economic process that was later internalized, "epidermalized"—inscribed in the body and in the skin.

In *Black Skin, White Masks*, as in his medical thesis and in his article on "The North African Syndrome," Fanon turned to a wide array of texts and disciplines to study the phenomenon of racial alienation. He referred to his book as a "clinical study," and in that sense, we can read it in line with these two other works, as a complementary text—one of three attempts to explore the question of causality in mental illness and to elaborate a theory of subjectivity that drew on psychiatry, psychoanalysis, phenomenology, and politics. Fanon's subject was defined by a structure of conscious and unconscious relations rather than by biological essentialism or brain chemistry. This structural analysis allowed Fanon to highlight the importance of the social, the permeation of structural racism, and also of foundational role of alterity, of others, in the construction of the self.

FANON'S ENCOUNTER WITH INSTITUTIONAL PSYCHOTHERAPY: SAINT-ALBAN

Fanon first heard about Saint-Alban in medical school, through one of his fellow students, a family friend of Paul Balvet who had directed the hospital since 1937.¹⁸ At the end of his medical studies, Fanon accepted a short internship in the psychiatric hospital of Saint-Ylie of Dole in the Jura where, as the only intern for a hundred and fifty patients, he was exposed to the

¹⁶ Macey, *Frantz Fanon*, 136–37.

¹⁷ Fanon, *Black Skin, White Masks*, trans. Richard Philcox (New York: Grove Press, 2008), xiv.

¹⁸ Macey, *Frantz Fanon*, 139.

dire conditions of French psychiatric hospitals.¹⁹ After a brief—and equally demoralizing—return to Martinique as a temporary locum at the Colson hospital, Fanon arrived at Saint-Alban in April 1952, in the midst of the psychiatric revolution that came to be known as institutional psychotherapy—but which Fanon more frequently referred to as *socialthérapie*.²⁰

Institutional psychotherapy was very much a product of the Second World War and the particular set of circumstances that fostered the diverse community of Saint-Alban: physicians frustrated with the biological essentialism of mainstream psychiatry, communist and anarchist refugees fleeing fascism, artists and intellectuals (especially Surrealists) who had long been fascinated with madness, and local inhabitants. Despite their various backgrounds, the residents of Saint-Alban shared a vision of psychiatry as a deeply political practice. Indeed, institutional psychotherapy was first and foremost a reaction against the massive mortality rate in psychiatric hospitals during the war, in Germany but also in France. As is by now well documented, eugenics and the forced euthanasia of the “incurably sick” were integral to the Third Reich’s program of racial purification. “Action T4,” as this policy was later called, resulted in seventy thousand official deaths. According to some historians, the number was closer to two hundred thousand.²¹ Although the Vichy regime never had an explicit policy of extermination, roughly forty thousand patients died in French psychiatric hospitals between 1940 and 1945. Many of these deaths were due to food shortage, the rationing system, and the harsh living conditions that all of France experienced during these years, but several historians maintain that the Vichy regime silently endorsed the Nazi State’s policies by encouraging a “soft extermination” of the mentally ill.²² At Saint-Alban, hospital administrators hoarded extra food with the help of the local population in order to feed the patients. More generally, the war and fascism made them realize the extent to which the political and the psychic were linked. From the experience of Occupation, they had learned that psychiatry needed to fight

¹⁹ Ranzanajao and Postel, “La vie et l’œuvre psychiatrique de Frantz Fanon,” 149.

²⁰ On Fanon’s relationship to psychiatry in Martinique, see Didier Tristram, “Frantz Fanon, le ‘chaînon manquant’ de la psychiatrie martiniquaise,” *Sud/Nord* 22, no. 1 (2007): 39–43.

²¹ Alice Ricardi von Platen, *L’Extermination des malades mentaux dans l’Allemagne nazie* (Toulouse: Erès, 2001); Robert Proctor, *Racial Hygiene: Medicine Under the Nazis* (Cambridge, MA: Harvard University Press, 1988).

²² Isabelle von Bueltzingsloewen, *L’hécatombe des fous: La famine dans les hôpitaux psychiatriques français sous l’Occupation* (Paris: Aubier, 2007); Max Lafont, *L’extermination douce: La mort de 40000 malades mentaux dans les hôpitaux psychiatriques en France sous le Régime de Vichy* (Ligné: Editions de l’Arefppi, 1987).

on both fronts—psychic and political—if it wanted to avoid becoming complicit with genocidal practices.²³

Among the most important doctors at Saint-Alban during the war was François Tosquelles who, I would suggest, was also Fanon's most important mentor. Tosquelles was a Catalan-born psychiatrist and one of the founders of the POUM (*Partido Obrero de Unificación Marxista / Partit Obrer d'Unificació Marxista*), the anarchist-inspired and anti-Stalinist leftist movement that flourished in the Republican Spain of the 1930s. After fighting Franco's army during the Spanish Civil War, Tosquelles fled to France where he was placed in a concentration camp before arriving at the hospital of Saint-Alban. Both at the front and in the camp, Tosquelles set up therapeutic communities where, with the help of other soldiers and prisoners, he would treat the combatants and the refugees who had been severely affected psychologically by the violence of the war. These improvised psychiatric experiments convinced Tosquelles that psychiatry could be practiced anywhere.²⁴

Tosquelles liked to repeat that in the course of his life he had been exposed to multiple physical and ideological "occupations": as a Catalan citizen fighting Spanish imperialism; as an activist in the POUM struggling against Stalinist domination; as an opponent to fascism first in Spain and later in the Resistance in Vichy France; as a refugee incarcerated in the deplorable conditions of French internment camps. These various forms of segregation, colonization, or incarceration had rendered him particularly sensitive to the dangers of "concentrationism"—which he also called *le-tout-pouvoir* (the-all-power). "Concentrationism" was the potential of any institution or any group to become authoritarian, oppressive, discriminatory, and exclusionary. As the war had made clear, "concentrationism"

²³ On this early history of institutional psychotherapy, see "Histoire de la psychiatrie de secteur: Le secteur impossible?," *Recherches*, no. 17 (1975); Julian Bourg, *From Revolution to Ethics: May 1968 and Contemporary French Thought* (Montreal: McGill-Queen's University Press, 2007); François Dosse, *Gilles Deleuze and Félix Guattari: Intersecting Lives*, trans. Deborah Glassman (New York: Columbia University Press, 2011); Jean-Marc Dutrenit, *Sociologie, travail social et psychiatrie: Le berceau lozérien de la psychothérapie institutionnelle* (Paris: Études vivantes, 1981); Félix Guattari, *Psychanalyse et transversalité: Essais d'analyse institutionnelle* (Paris: La Découverte, 2013); Jean Oury, Guattari, and François Tosquelles, *Pratique de l'institutionnel et politique* (Paris: Matrice, 1985); Oury, *La psychothérapie institutionnelle de Saint-Alban à La Borde* (Paris: Éditions d'une, 2016); Roudinesco, *La bataille de cent ans: Histoire de la psychanalyse en France*, vol 1 (Paris: Ramsay, 1982), Valentin Shaepelynck, *L'institution renversée: Folie, analyse institutionnelle et champ social* (Paris: Éditions Étérotopia, 2018).

²⁴ Camille Robcis, "François Tosquelles and the Psychiatric Revolution in Postwar France," *Constellations* 23, no. 2 (2016): 212–22. See also the documentary *François Tosquelles: Une politique de la folie* directed by François Pain, Jean-Claude Polack, and Danielle Sivadon (1990) and Patrick Faugeras, *L'ombre portée de François Tosquelles* (Ramonville Saint-Agne: Eres, 2007).

threatened more than our modes of social and political organization: it was also a behavior, a psychic disposition. Alienation was indeed always both social and psychic. It is in this sense that Tosquelles referred to Marx and Freud as the “two legs” of institutional psychotherapy: when one leg walked, the other needed to follow. Both were complementary and inseparable in understanding and fighting against the “voluntary servitude” in which humans lived.

It is at this crossroads of Marxism and psychoanalysis that institutional psychotherapy was born as a tool to diagnose and also to fight against “double alienation.” Because institutional psychotherapy never sought to become a totalizing philosophy, it is difficult to pinpoint a general model or method. However, its practitioners did rely on a couple of key texts and basic principles. Among these was the belief that theory and practice were inextricably linked. As Tosquelles and his colleagues had realized from their medical training, much of the problem with the type of psychiatry that they were encountering stemmed from its misconception and misunderstanding of psychosis. On the one hand, mainstream psychiatry still considered psychosis as an exclusively neurological phenomenon located and locatable on the brain, and the field as a whole remained hostile to any insights from the social and human sciences. On the other hand, most of Freudian psychoanalysis had concluded that psychosis was really outside its realm. As Freud had observed in his famous Schreber case, psychotics had a different relationship to language and to transference (and to what Lacan would later call the Symbolic), and hence they could not be treated by the same principles of the “talking cure.”

As the practitioners of institutional psychotherapy observed, however, psychotics could indeed have various transference relationships but they were not one-on-one, intersubjective, as in the case of neurosis: they were collective. Thus, social relations offered a lens for observing the operations of the psychotic unconscious, for analyzing the projection of desires and fantasies, for studying identifications, and for eventually trying to work therapeutically with them. The point was thus not to choose between psychiatry or psychoanalysis but to anchor psychiatry in a psychoanalytic understanding of the subject, a subject that resulted from conscious and unconscious representations constructed in relation to others. For this purpose, one of the most helpful thinkers was Lacan, who in his early work—especially his 1932 thesis *On Paranoid Psychosis and Its Relations to the Personality*—urged psychiatrists to stop looking for neurological automatisms and to turn instead to psychoanalysis to understand the construction of a “personality.” While Lacan eventually relegated psychiatry in favor of

psychoanalysis, the practitioners of institutional psychotherapy insisted on the specificity of their medical practice, on the materiality of the “medical technique” to use Fanon’s term in the opening quote.

These were some of the theoretical premises that guided Tosquelles and his colleagues at Saint-Alban as they set up a series of concrete practices that would favor this transference constellation and that would complement their medical treatment: group therapies, general meetings, self-managed unions of patients (also known as “the Club”), ergotherapy workshops (such as printing, binding, woodwork, and pottery), libraries, publications, and a wide range of cultural activities (such as movies, concerts, and theater). The idea was to constantly imagine and reimagine institutions that would produce new vectors of transference, different forms of identifications, and alternative social relations. Every hands-on experiment had a therapeutic purpose and every therapeutic intervention was also grounded in the practice, all in the hope of disalienating not only the patients but the collectivity as a whole. As Tosquelles’s colleague Jean Oury put it, the main goal of institutional psychotherapy was to set up “mechanisms to fight, every day, against that which can turn the whole collective towards a concentrationist or segregationist structure.”²⁵ In this sense, institutional psychotherapy was a medical enterprise but also a philosophy and a practice of everyday life that sought to prevent the reappearance of these political and psychic “concentrationisms.” To that end, institutional psychotherapy tried to imagine and to set up structures that could be constantly rethought, reworked, and remapped. In the words of Tosquelles, institutional psychotherapy was more than an attempt to cure the patients and the doctors. It was an “attempt to cure life.”

Fanon never wrote directly about his experience at Saint-Alban, but we know from Tosquelles who devoted two essays to Fanon’s psychiatric legacy that he was an enthusiastic participant in the various social activities of the hospital. During his fifteen months there, Fanon helped to set up plays, musical productions, and ergotherapy stations, and he wrote several pieces for the hospital’s newsletter *Trait d’union*.²⁶ During this time, Fanon also co-wrote two medical papers with Tosquelles which they presented at

²⁵ Oury, “La psychothérapie institutionnelle de Saint-Alban à La Borde,” conférence à Poitiers, 1970. Archives La Borde: “La psychothérapie institutionnelle, c’est peut-être la mise en place de moyens de toute espèce pour lutter, chaque jour, contre tout ce qui peut faire reverser l’ensemble du collectif vers une structure concentrationnaire ou ségrégative.”

²⁶ Tosquelles, “Frantz Fanon à Saint-Alban,” *Sud/Nord* 22, no. 1 (2007): 9–14 and Tosquelles, “Frantz Fanon et la psychothérapie institutionnelle,” *Sud/Nord* 22, no. 1 (2007): 75–76.

national congresses on psychiatry and neurology. As Tosquelles put it, Fanon was fully immersed in the Saint-Alban adventure because he welcomed it as an alternative to the dry version of organicist psychiatry that he had encountered in Lyon. Saint-Alban was the site of a “hypothesis” to use Tosquelles’s term, a hypothesis that stipulated that if you could assemble a group of people in an open space, some crazy and some not, and give them the means to articulate and rearticulate who they were and how they were shaped by history, they could, eventually, feel better.²⁷

INSTITUTIONAL PSYCHOTHERAPY IN NORTH AFRICA

Deeply impressed by the Saint-Alban experiment and motivated to revolutionize psychiatric care, Fanon passed his medical exams in 1953 and applied to various positions in psychiatric hospitals throughout France. He eventually accepted a post at the hospital of Blida-Joinville, the largest psychiatric institution in North Africa where he arrived in November 1953. The idea of creating a state-of-the-art facility to treat the mentally ill in Algeria was spearheaded by Antoine Porot, the chair of psychiatry at the medical school of Algiers, the principal architect of French Algeria’s network for psychiatric care, and one of the figures whom Fanon attacked throughout his life as emblematic of the racism of colonial medicine. As Richard Keller has shown, the Blida hospital, which opened in 1938, encapsulated many of the paradoxes inherent in the French project of colonial medicine: modernizing while racializing, reforming while conservative.²⁸ Similarly, Porot was a complex figure, someone who considered himself a

²⁷ Tosquelles, “Frantz Fanon à Saint-Alban,” 11–12.

²⁸ Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007), 48. The literature on psychiatry and colonialism is rich and helpful in situating Fanon in a wider context but also in showing the specificity of his project. See, among others, Jock MacCulloch, *Colonial Psychiatry and “the African Mind”* (Cambridge: Cambridge University Press, 1995); Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991); Matthew M. Heaton, *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry* (Athens: Ohio University Press, 2013); Dagmar Herzog, *Cold War Freud: Psychoanalysis in an Age of Catastrophes* (Cambridge: Cambridge University Press, 2017); Warwick Anderson, Deborah Jenson, and Keller, *Unconscious Dominions: Psychoanalysis, Colonial Trauma, and Global Sovereignties* (Durham NC: Duke University Press, 2011); Erik Linstrum, *Ruling Minds: Psychology in the British Empire* (Cambridge, MA: Harvard University Press, 2016); Sloan Mahone and Vaughan, *Psychiatry and Empire* (Basingstoke: Palgrave Macmillan, 2007); Jonathan Sadowsky, *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria* (Berkeley: University of California Press, 1999).

true reformist, the “Pinel of Algeria” who fought tirelessly to create a health system independent of the metropole while positing at the same time some of the most racist theories about “native” psychology.²⁹

By the time Fanon was recruited at Blida, the hospital was overcrowded with two thousand patients for eight hundred beds, underfunded, and in desperate need of restructuring. Like Saint-Alban before the war, the hospital looked and felt essentially like a prison. As many testimonies—including Fanon’s—confirm, living conditions at Blida were truly dehumanizing. Patients wandered in rags when they were not tied to their beds or to trees in the garden.³⁰ Blida suffered from the set of infrastructural problems common to most French psychiatric institutions in the postwar period. In addition, it also functioned as a microcosm of Algerian colonial society with all of its racial segregation and discrimination. Medicine as a field of study was still mainly restricted to Algeria’s white population, and when Fanon arrived, none of the psychiatrists working at Blida were of Arab descent. The patients were divided into gender-specific pavilions, some reserved for Europeans and the others for Muslims. Upon arrival at Blida, Fanon joined four other supervising doctors (*chefs-de-service*) who were not in the least interested in psychiatric innovation or in anti-colonial activism.

Yet, Fanon was vocal about his objections to colonialism and to the way psychiatry was practiced—which made working with his white colleagues arduous. As he recounted in a letter to his friend Maurice Despinoy, a psychiatrist whom he had met at Saint-Alban and who had moved to Martinique, it was difficult to practice institutional psychotherapy at Blida when people had a completely different “understanding of psychiatry and the mental life of the patients.” As an example, Fanon mentioned that his desire to institute bi-monthly meetings was received with generalized apathy on the part of the patients and the staff: “No overall project, no collaboration, no cooperation; and the worst is that at the start of meetings

²⁹ On Porot and the Algiers School, in addition to Keller, Macey, and Cherki, see Jean-Michel Bégue, “French psychiatry in Algeria (1830–1962): From colonial to transcultural,” *History of Psychiatry* 7 (1996): 533–48, Vergès, “Chains of Madness, Chains of Colonialism,” in *The Fact of Blackness: Fanon and Visual Representation*, ed. Alan Read (London: Institute of Contemporary Arts, 1996): 46–75, Robert Berthelie, *L’homme maghrébin dans la littérature psychiatrique* (Paris: L’Harmattan, 1994).

³⁰ Cherki, *Frantz Fanon*, 93. For patient testimonies, see the film by Abdenour Zahzah and Bachir Ridouh, “Frantz Fanon, mémoire d’asile” (Paris: Centre national de la cinématographie, 2008). See also Idriss Terranti, “Fanon vu de Blida,” *Sud/Nord* 22, no. 1 (2007): 89–95 and Numa Murard, “Psychothérapie institutionnelle à Blida,” *Tumultes* 31, no. 2 (2008): 31–45.

everyone is already tired as if all dialogue was simply in vain.”³¹ As a result, Fanon surrounded himself with group of young interns that included Alice Cherki, Jacques Azoulay, Charles Géronimi, and François Sanchez, all intrepid, politically engaged, and enthusiastic about the possibility of using psychiatry to advance a decolonial revolution.³² With the help of these interns, Fanon applied some of the techniques that he had learned at Saint-Alban in a “fifth division” that he supervised. This division was composed of four pavilions: one of European women and three of Muslim men.

As he had learned from Tosquelles, institutional psychotherapy needed to “cure the hospital” before it could cure its patients. The staff played an essential role in this mission and Fanon insisted on the importance of training his nurses and interns. To that effect, he organized classes and seminars for his employees and he encouraged them to record their daily observations in diaries. He urged them to eat with the patients—something which had been previously forbidden.³³ He insisted on removing all medical uniforms to fight against depersonalization. He set up a café, *Le Café Bon Accueil*, to function as the kind of “club” that he had witnessed in Saint-Alban. As Fanon put it, the café was a “space to re-learn the gestures of the outside” and to “institute the social.”³⁴ He organized daily meetings, built a library, set up ergotherapy stations—weaving, pottery, knitting, gardening—and promoted sports, especially soccer, which, he argued, could play an important role in the re-socialization of patients. He planned field trips to the beach, arranged parties and holiday celebrations, encouraged drama, singing, and other artistic productions, screened a series of movies, and invited professional singers to perform at the hospital.

These various activities, developed to reconstitute “the social architecture of the hospital,” were advertised in the hospital’s newspaper, *Notre journal*, which was printed by the patients in one of the ergotherapy stations.³⁵ Like at Saint-Alban, these newsletters had a double purpose: they advertised the events of the day, but they were also therapeutic. As one editorial put it: “To write means to want to be read. In the same stroke it

³¹ Fanon, *Alienation and Freedom*, 350 [295].

³² Macey, *Frantz Fanon*, 214–15 and Cherki, *Frantz Fanon*, 92. See also Cherki, *Mémoire anachronique: Lettre à moi-même et à quelques autres* (La Tour d’Aigues: Éditions de l’Aube, 2016) as well as her five-part interviews with France Culture, *A Voix Nue*, March 2019, <https://www.franceculture.fr/emissions/a-voix-nue/alice-cherki-25-fanon-et-utopie>.

³³ Testimonies of Mohamed Belgrade and Ahmed Ahmane in Zahzah and Ridouh, “Frantz Fanon, mémoire d’asile.”

³⁴ Fanon, *Alienation and Freedom*, 331 [278].

³⁵ Archives IMEC FNN1.20; FNN1.21; FNN1.22. Some of these newspapers are reprinted in Fanon, *Alienation and Freedom*, 311–48 [260–93].

means to want to be understood. In the act of writing there is an effort being made; muddled and vague [thoughts] are combatted, surpassed.”³⁶ Finally, the newsletters allowed Fanon and his staff to communicate with the patients and to explain the theoretical principles underpinning institutional psychotherapy: “If care is not taken, the hospital establishment which is above all a curative establishment [*établissement thérapeutique*] is gradually transformed into a barracks [*caserne*] in which children-boarders [*enfants-pensionnaires*] tremble before parent-orderlies [*infirmiers-parents*].”³⁷ This was in accordance with Fanon’s reflections in more scholarly publications during this time, including an article on agitation for the journal *Maroc médical*. As he explained, isolating agitated patients in solitary confinement could only aggravate their symptoms: “shutting the patient in a cell, isolating him, fixing him to the bed—this amounts to printing the conditions for hallucinatory activity.”³⁸ Instead, the hospital needed to function as a healing collective, as the knot of social relations, the site of production of “dis-alienating” forces.³⁹

Fanon meticulously documented these practices in a fascinating article that he co-wrote with one of his interns, Jacques Azoulay, in 1954 for *L’Information psychiatrique*. As Fanon and Azoulay observed, institutional psychotherapy was instantly successful within the ward of European women. From the first months, “the very atmosphere of the ward had changed. . . . Not only had asylum life become less distressing for many, but the rhythm of discharges had already markedly increased.”⁴⁰ In the Muslim section, however, things were more complicated. Fanon and Azoulay described their first months as a “total failure.”⁴¹ The meetings designed to plan the parties, the movies, the newsletter—meetings meant to “transform that abstract and impersonal multitude into a coherent group driven by collective concerns”—did not interest the patients in the least.⁴² The sessions were eventually shortened but the patients remained indifferent and the staff resented the meetings as an additional burden. Fanon and Azoulay were also disheartened to realize that the newsletter, the “social cement” of the collective, did not appeal to these male patients who neither cared to read nor to contribute to it. In the first months, only one text had

³⁶ Fanon, *Alienation and Freedom*, 325 [273]. Translation modified.

³⁷ Fanon, *Alienation and Freedom*, 346 [291].

³⁸ Fanon, *Alienation and Freedom*, 442 [373].

³⁹ Fanon, *Alienation and Freedom*, 440 [371].

⁴⁰ Fanon, *Alienation and Freedom*, 357 [300].

⁴¹ Fanon, *Alienation and Freedom*, 357 [300].

⁴² Fanon, *Alienation and Freedom*, 357 [301]. Translation modified.

been written by an Arab patient. In the ergotherapy sessions, the patients remained still, “unoccupied, completely indifferent to the accomplishment of shared work [*travail commun*].”⁴³ Neither the theater nor the movies managed to capture their attention. As Fanon and Azoulay concluded, after three months and despite their sustained efforts, they were unable to get the Muslim patients involved in the collective life that was flourishing in the European pavilion. Instead, the atmosphere in the Arab quarters was “oppressive, stifling [*irrespirable*].”⁴⁴

In the second half of their article, Fanon and Azoulay tried to come to terms with the reasons behind this failure:

We had naively taken our division as a whole and believed we had adapted to this Muslim society the frames of a particular Western society. . . . We had wanted to create institutions and we had forgotten that all such approaches must be preceded with a tenacious, real and concrete interrogation into the organic bases of the indigenous society. How can we have been so misguided as to think that a Western-inspired social therapy could be simply applied to a ward of Muslim patients? How was a structural analysis possible if the geographic, historical, cultural and social frames were bracketed?⁴⁵

As Fanon and Azoulay made clear, their attempt to impose a Western grid in Algeria was a form of violence that was ultimately complicit with imperialism. Instead of “adopting a policy of assimilation,” psychiatry needed to embrace a “revolutionary attitude”—it needed to shift from a “position in which the supremacy of Western culture was evident, to one of cultural relativism.”⁴⁶ As Fanon and Azoulay specified, the “cultural relativism” they were advocating was not the cultural relativism of ethnopsychiatry as practiced by Porot and the Algiers School. Rather, what they had in mind was to consider Algeria as a “total social fact” in Marcel Mauss’s sense, to pass “from the biological level to the institutional one, from the natural existence to cultural existence.”⁴⁷ The point was not to return to a traditional Algerian society untouched in the past but rather to observe, to take into account its irreversible transformation under colonialism, and to promote a new set of institutions.

⁴³ Fanon, *Alienation and Freedom*, 360 [303].

⁴⁴ Fanon, *Alienation and Freedom*, 361 [304].

⁴⁵ Fanon, *Alienation and Freedom*, 362 [305]. Translation modified.

⁴⁶ Fanon, *Alienation and Freedom*, 362–63 [305].

⁴⁷ Fanon, *Alienation and Freedom*, 363 [306].

In their attempt to discern this “total social fact” and to understand which institutions would support a true “national culture,” Fanon and Azoulay began to travel throughout Algeria. Little by little, they came to understand why this initial form of institutional psychotherapy had failed in Blida. The first obstacle that they mentioned was the language barrier and the fact that none of the doctors—including Fanon—spoke Arabic. Moreover, most of the Muslim patients were illiterate and so reading and writing in the newsletter was simply not an option. For most of the Muslim patients, Fanon and Azoulay observed, social gatherings were primarily religious or familial so it was difficult to get them excited about the abstract idea of a party. A majority of these patients had never been exposed to theater, which only existed in large urban centers. Instead, Fanon and Azoulay noticed that the more pervasive form of entertainment in Algeria were professional storytellers who traveled from village to village and recited epic poems grounded in the local folklore. Similarly, Fanon and Azoulay recognized that the kinds of activities proposed in the ergotherapy stations, weaving for example, were disparaged as intrinsically feminine. Finally, they realized that if the patients seemed uninterested in the movies that they were showing, it was because their plots were too “Western.” If they avoided playing the games that were being proposed (like hide-and-seek), it was because these were not recognizable.

With this new knowledge, Fanon and his interns began to adapt institutional psychotherapy to the Algerian context. They changed their movie selection and privileged action-filled films; they picked games that were familiar to Algerians; they celebrated the traditional Muslim holidays; they invited Muslim singers to perform in the hospital; and they hired a professional storyteller to come speak to the patients. What Muslim men most seemed to enjoy doing after work was gathering in a café where they could play cards or dominos. Thus, Fanon and his team inaugurated a *café maure* which, they claimed, rapidly became a popular socializing space. Each day, the number of patients involved in these activities grew and soon enough, institutional psychotherapy had changed the social fabric of the hospital: it had literally *instituted* the social. As Fanon concluded, this was “only a beginning, but already we believe we have eliminated the methodological errors.”⁴⁸ Unlike the “assimilated psychiatry” that Fanon had arrived with, this was a truly disalienated and disalienating psychiatry.

⁴⁸ Fanon, *Alienation and Freedom*, 363 [313]. On the results of institutional psychotherapy in Blida, see also Cherki, *Frantz Fanon*, 98–109 and Zahzah and Ridouh, “Frantz Fanon, mémoire d’asile.”

DECOLONIZING INTELLECTUAL HISTORY

Fanon was expelled from Algeria in January 1957 soon after sending his letter of resignation to Lacoste. He moved to Tunisia—which had achieved independence in 1956—where he continued to work as a psychiatrist and to experiment with institutional psychotherapy until he died of leukemia in December 1961. During these last years of his life, Fanon also deepened his links with the FLN. Every week, he was part of a convoy of doctors sent to treat Algerian combatants and refugees who were hidden in a farm near the border. Some of these severely traumatized patients eventually became the case studies in the last chapter of Fanon’s *The Wretched of the Earth*.⁴⁹ As Fanon observed, once again stressing the structural link between the psychic and the political, the war had become a “breeding ground for mental disorders.”⁵⁰ It was also during these last years that Fanon wrote most of his political texts, which were published by François Maspero, an editor sympathetic to anti-colonialism and third-worldism but also to psychiatric reform.⁵¹ These included a series of articles for the FLN newspaper *El Moudjahid*, conference papers, and political speeches which were gathered in *Toward the African Revolution*, published posthumously in 1964; *The Year Five of the Algerian Revolution* in 1959; and finally, Fanon’s most famous book, *The Wretched of the Earth*, in 1961.

After a serious accident at the Moroccan border that left his upper body in a cast, Fanon dictated *The Year Five* and *The Wretched of the Earth* to Marie-Jeanne Manuellan, a social worker who was one of his assistants at the Charles-Nicolle day center in Tunis, his last post. Fanon and Manuellan would meet from seven to nine in the morning before Fanon began his consultations of the day. Fanon would speak and Manuellan would type. As Manuellan recalls, Fanon liked to repeat that madness was a “pathology of freedom” and that the goal of psychiatry was to produce free men.⁵² More generally, we could say that Fanon’s political works were

⁴⁹ Cherki, *Frantz Fanon*, 164. See also the account of Youcef Youfi at the IMEC Archives: FNN 7.2, témoignages. For a provocative reading of these case studies in relation to Fanon’s theory of violence, see Emma Kuby, “‘Our Actions Never Cease to Haunt Us’: Frantz Fanon, Jean-Paul Sartre, and the Violence of the Algerian War,” *Historical Reflections* 41, no.3 (2015): 59–78.

⁵⁰ Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 2004), 182–83.

⁵¹ Julien Hage, “François Maspero: Éditeur partisan,” *Contretemps* 13 (2005): 100–107.

⁵² Marie-Jeanne Manuellan has written an account of her collaboration with Fanon at the IMEC Archives: FNN 7.2, témoignages. Some of this is published in Marie-Jeanne Manuellan, *Sous la dictée de Fanon* (Paris: L’Amourier, 2017).

literally intertwined with his psychiatric practice, from a theoretical standpoint but also at the very concrete level of production.

Unlike *The Year Five of the Algerian Revolution*, which in many ways was still written for a French public, a public that Fanon wanted to make aware of the horrors of colonialism, *The Wretched of the Earth* was primarily directed toward the nascent Third World, the African, Latin American, and Asian populations who were fighting for independence during the Cold War. As Sartre succinctly put it in his famous preface aimed at a European readership, *The Wretched of the Earth* “often talks *about* you, but never *to* you.”⁵³ Throughout his book, Fanon insisted on the structural imbrication of European liberalism and colonialism. Western universalism and humanism had been constituted through colonial and racial violence, through the “pathological dismembering of [man’s] functions and the erosion of his unity,” through systematic “racial hatred, slavery, exploitation, above all . . . bloodless genocide.”⁵⁴ Europe, as such, could not serve as a template for social, political, and cultural reconstruction in the wake of decolonization: “Come, comrades,” Fanon wrote in the last pages of his book,

The European game is finally over, we must look for something else. We can do anything today provided we do not ape Europe, provided we are not obsessed with catching up with Europe. . . . It is all too true, however, that we need a model, schemas, and examples. For many of us the European model is the most elating. But we have seen in the preceding pages how misleading such an imitation can be. European achievements, European technology and European lifestyles must stop tempting us and leading us astray.⁵⁵

“Let us decide not to imitate Europe,” Fanon concluded, “let us not pay tribute to Europe by creating states, institutions, and societies that draw their inspiration from it.”⁵⁶

The task of rethinking and remaking institutions was thus central not only to Fanon’s psychiatric work but also to his political project. Just as Fanon sought to create new institutions within the confines of the hospital, institutions that could turn a segregated and deeply colonial environment into a healing community, he tried to imagine new institutions to uphold

⁵³ Jean-Paul Sartre, preface to *The Wretched of the Earth*, xlv.

⁵⁴ Sartre, preface to *The Wretched of the Earth*, 238.

⁵⁵ Fanon, *Wretched of the Earth*, 236.

⁵⁶ Fanon, *Wretched of the Earth*, 236 and 239.

the rising Third World. In this sense, one way to read *The Wretched of the Earth* is as a quest for the “model, schemas, and examples” that could also help to disalienate and reconstruct the postcolonial social. Fanon never offered a definitive or prescriptive answer to this search, just as institutional psychotherapy never specified the content of its method. It seems, however, that his concept of the nation, of national liberation and national culture, come close.

While Fanon never proposed a precise definition of national culture, much of *The Wretched of the Earth* was devoted to disputing what it should *not* be. As the passage above makes clear, national self-determination could never result from the simple application or projection of the historical Western model of the nation-state at the political nor at the cultural level. Politically, neither liberalism nor Marxism could pave the way and Fanon repeatedly urged the Third World to abandon the fantasy that it needed to “choose between the capitalist system and the socialist system.”⁵⁷ Similarly, Fanon criticized “assimilated intellectuals” trained in the metropole who embraced the Western canon and wished to simply apply it to the postcolonial realm.⁵⁸ Fanon, however, was equally harsh against the many intellectuals and politicians who preached a return to “tradition” and who sought to rehabilitate and revalorize pre-colonial civilizations. As Fanon maintained, reverse essentialism—which, according to him, crucially hindered *négritude*, Arabism, and tribalism—was merely “irresponsible.”⁵⁹ The naïve glorification of a past untainted by colonialism and “increasingly cut off from reality” was as politically dangerous and the cooptation of the European canon.

It is in opposition to these models of political and cultural self-determination that Fanon put forth his notion of “national culture,” which he described as synonymous with combat and with national liberation. Rather than encompassing a particular content, national culture provided a theoretical framework: it was to be grounded in the past and in local tradition while being radically oriented toward the future; it was culturally specific and yet universal; it could serve as an instituting vector for both the subject and popular will. As examples of this national culture, Fanon listed storytellers—also important in his revised version of institutional psychotherapy at Blida. As he put it in *The Wretched of the Earth*, storytellers could mobilize the people by giving them epics geared toward the present

⁵⁷ Fanon, *Wretched of the Earth*, 55.

⁵⁸ Fanon, *Wretched of the Earth*, 158–59.

⁵⁹ Fanon, *Wretched of the Earth*, 151.

and the future, as opposed to tales frozen in time: “The present is no longer turned inward but channeled in every direction.” Other examples of national culture included artisanship, wood carving, ceramics, and pottery—activities that were, again, all central at Blida. As Fanon conceived them, these activities were no longer trapped by “formalist paradigms”; rather, they had succeeded in “bringing faces and bodies to life” and in “inspiring concerted action.”⁶⁰ As Fanon concluded: “In the colonial context, culture, when deprived of the twin supports of the nation and the state, perishes and dies. . . . The nation is not only a precondition for culture, its ebullition, its perpetual renewal and maturation. It is a necessity.”⁶¹

In other words, within Fanon’s political work, the nation played a role similar to that of institutions in the psychiatric practice that emerged in Blida. Institutional psychotherapy, as Fanon revised it after his experience in Algeria, was anchored in the language, customs, and everyday life of the people while remaining open to the future. It could provide the necessary tools to diagnose and combat the political, social, and psychic violence of racism and colonialism. If Fanon insisted on the centrality of institutions to reconstitute the social within the psychiatric hospital, he also advocated the nation as integral to what the political theorist Adom Getachew has recently named “worldmaking after empire.”⁶² Neither institutional psychotherapy nor national self-determination were meant as rigid templates or grids that could be applied indiscriminately and independently of context. Rather, they were to function more as an ethics, as a practice of everyday life that could prevent the appearance of “concentrationisms” and ultimately lead to a freedom that would be collective and personal at once.

In the history of institutional psychotherapy, Fanon’s name is rarely mentioned, especially in comparison to Tosquelles, Jean Oury, or Felix Guattari. Similarly, most of the scholarship on Fanon that mentions his psychiatric training has not examined him in this particular constellation of thinkers influenced by or interested in institutional psychotherapy, which aside from these three figures includes Gilles Deleuze, Georges Canguilhem, and Michel Foucault. Yet, the point of institutional psychotherapy was precisely to scrutinize all social and psychic formations, to unearth remaining traces of authoritarianism, to prevent reification and stagnation—to systematically “defamiliarize, de-oedipalize, decode, and deterritorialize,” to use the vocabulary that Deleuze and Guattari would claim a few years

⁶⁰ Fanon, *Wretched of the Earth*, 175.

⁶¹ Fanon, *Wretched of the Earth*, 177.

⁶² Getachew, Adom, *Worldmaking After Empire: The Rise and Fall of Self-Determination* (Princeton, NJ: Princeton University Press, 2019).

later.⁶³ If this is the case, then Fanon's work in North Africa was perhaps the most perfected example of institutional psychotherapy. Instead of simply applying a model that he had learned in the metropole and that was clearly not working in the colonial context, Fanon "deterritorialized" and transformed the practices and the theories themselves. In this sense, his psychiatric work was radical not necessarily for its content but for forcing us to "decolonize" intellectual history and to rethink the supposedly European parameters of the history of medicine, psychiatry, and what is generally referred to as "French theory."

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⁶³ Gilles Deleuze and Guattari, *Anti-Oedipus: Capitalism and Schizophrenia* (Minneapolis: University of Minnesota Press, 1983), 381.

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