Commenting on Fanon’s writings on the psychopathology induced by colonisation, critics sometimes mention his psychiatric publications, but these texts – which he wrote from 1951 to 1960, throughout his professional career – are rarely studied for themselves and in their evolution. This may be due to their technical nature, or to Fanon’s interest in thérapies de choc such as electroshocks and insulin-induced comas, which he practised and wrote about, or to his experiments with the first-generation neuroleptics. There may also be some unease at his subsuming of psychoanalysis under a more general neuropsychiatric approach, at least when he considered it from a clinical point of view. Nevertheless, it is clear that Fanon always saw himself above all as a psychiatrist and rarely stopped practising, whether in France, Algeria or Tunisia. Had it just been a job running in parallel to his main interests, he would probably have developed a private practice. But instead he pursued original research, published it, presented it at professional congresses, directed doctoral dissertations and had a considerable impact on the vocation and careers of those who worked with him. His psychiatric texts refer to the most interesting contemporary debates in the field and appear, retrospectively, as essential elements of the ecology of his thought. Like his published books, they reveal his remarkable creativity and deserve to be studied in their own right.

Fanon started with a reflection on the specificity of psychiatry as opposed to neurology. He then published papers on his experiments with neuropsychiatric treatment and their limits, moved towards a sociotherapeutical approach, which led him to consider the essential role of culture in mental illness, and finally created an institution of psychiatric care outside of the asylum which he saw as a blueprint for mental health care in the future. I shall
follow this trajectory here. But first I shall indicate briefly why it seems important to pay
careful attention to all of Fanon’s psychiatric work.

The first text that needs to be considered is the dissertation in psychiatry that Fanon
defended in Lyon in November 1951 in order to qualify as a doctor of medicine. This
dissertation is usually presented as a technical work produced in haste to obtain his
qualification instead of Peau noire, masques blancs, which his supervisor deemed too
subjective. However, there are several reasons to take it seriously in itself and in relation to
Fanon’s other works. First, the medical case at the heart of the dissertation – a hereditary
neurological disturbance often accompanied by psychiatric symptoms – is that of a patient he
observed over a considerable period of time. So this is not a rushed piece of work: Fanon
studied in a department specialising in neurology and, developing an interest in this topic, he
considered recent cases in the literature and in nearby clinics. He had the resources he needed
in order to clarify the distinction between the neurological and the psychiatric, a point that
was to prove essential both to several of his papers, which focus on the impact of social and
cultural factors on the development of mental illness, and more generally to his later works on
alienation.

Secondly, Fanon makes some important points in his dissertation that look forward to
his own future professional and intellectual career. On the nature of neuropsychiatry and the
respective functions of the neurologist and the psychiatrist, for instance, he declares: ‘Loin de
proposer ici une solution, nous croyons nécessaire une vie d’études et d’observations.’
Moreover, in a section on Gestalt Theory’s refusal of atomism and brain localisation and on
Von Monakow’s insistence on time (not just spatially located lesions) as a crucial factor in the
development of mental illness, the dissertation makes an explicit link with other aspects of
Fanon’s thought: ‘Nous aurons l’occasion, dans un ouvrage auquel nous travaillons depuis
longtemps, d’aborder le problème de l’histoire sous l’angle psychanalytique et ontologique.
Nous montrerons alors que l’Histoire n’est que la valorisation systématique des complexes collectifs. In a later section Fanon focuses on Jacques Lacan’s theory of the psychogenesis of madness in its relationship to the social constitution of personality. He deemed this idea essential in Lacan’s work, which he had read closely, probably under the influence of Maurice Merleau-Ponty whose lectures he followed. He writes, in an interesting praeteritio: ‘Nous aurions aimé consacrer de longues pages à la théorie lacanienne du langage. Mais nous risquerions de nous éloigner davantage de notre propos. Pourtant, à la réflexion, nous devons reconnaître que tout phénomène délirant est en définitive un phénomène exprimé, c’est-à-dire parlé.’ It is clear, then, that Fanon invested serious thought in this work and that he saw no hiatus between his scientific research and what he intended to do later, even in other areas.

Thirdly, Fanon’s interest in the biological aspects of psychiatry should not be underestimated. Maurice Despinoy, under whom Fanon did his internship at Saint-Alban hospital, notes that Fanon showed a great interest in his own pioneering experiments with lithium salts and suggests that, had he remained at Saint-Alban, ‘il [Fanon] aurait fait une thèse de biochimie’. Fourthly, we know that Fanon was a fast worker, dictating his books, not using any notes and rarely correcting himself. So, far from being a hasty work, this dissertation may have taken him as much time to write as his published books: the historical review of relevant documented cases and the bibliography are extensive, the references are enlightening, his quotations (which are generally accurate) reflect a careful reading of the literature and his analyses go to the heart of the problems that were at stake at the time.

And finally, it is by no means clear that it would have been impossible to submit a dissertation mixing first- and third-person analysis of the disalienation of the black man, such as that contained in *Peau noire, masques blancs*. This is especially the case given that such phenomenological questions were at the heart of contemporary psychiatric debates in France, under the influence of, among others, Henri Ey and Merleau-Ponty, both
of whom were readers of Jaspers. David Macey is right to note that *Peau noire, masques blancs*, which Fanon started writing before embarking on his psychiatric studies, was not initially intended as a doctoral thesis, but Fanon might well have thought of rewriting and submitting the two ‘psychological’ chapters, one subjective, ‘L’Expérience vécue du noir’, the other objective, ‘Le Nègre et la psychopathologie’. However, the functions of the works are very different: the thesis establishes the ontological ground on which the book stands by showing that, even if related initially to neurological troubles, a mental illness unfolds only within a social space that in turn explains its form. Conversely, a dissertation on the psychopathology of the black man separated from the socio-cultural and historical dimensions added in *Peau noire, masques blancs* would have risked pandering to the essentialism typical of the colonial psychiatry Fanon denounced elsewhere, for instance in ‘Le Syndrome nord-africain’, written at the same time and published in *Esprit* in February 1952. That mental illnesses are not natural ‘entities’ is an important thesis in medical debates in this period; Fanon defended it forcefully.

It seems probable, therefore, that, within the framework of a neurologically-oriented research environment, Fanon saw in his studies an opportunity to reflect on the philosophical issue that the dissertation in effect tackles: the space for freedom and history that a clear distinction between the neurological and the psychiatric reveals. It is to this point that I shall turn next, before considering the various papers in which he presented his research on clinical treatments.

**Organogenesis and psychogenesis**

Fanon’s dissertation uses a hereditary neuro-degenerative disease, Friedreich’s ataxia, in order to test the reducibility of the mental to the neurological. It ends up showing experimentally the relational – and by extension social – dimension of the development of mental illness and
of the forms it takes: in most serious cases there is an organic, neurological trouble, which requires whatever medical treatment is available at a given time, but this will not be enough to sort out the mental disorder, which has its own dynamic and which will require a specific cure. That said, if there is no pure organogenesis of mental illness, there is no pure psychogenesis either. Fanon deems the opposition obsolete because the forms mental illness takes are determined by the structure of relations in which the individual is able or unable to participate and therefore by ‘external’ institutional and social forces. The neurological trouble can be considered a cause only inasmuch as by dissolving some higher functions (for instance, controlling learning or motion) it alters the possibility of social relations. Over time the mind will react by reconstructing the personality with what has been left after the mental dissolution and in a variety of patterns we classify as different types of mental illnesses.

The dissertation’s preamble states the purpose of the work: between 1861 and 1931 a number of sets of clinical symptoms clustered, so to speak, under a family of hereditary neurological degenerations, so as to ‘parvenir à la dignité d’entité’. However, Fanon contends, this long, complex history shows that here neurological symptom and psychiatric symptom ‘obéissaient à un polymorphisme absolu’. It was possible and indeed necessary to unify the neurological diseases, but this task proved impossible for their psychiatric correlates. The well-known ‘Paralysie générale’, described by Antoine Laurent Bayle in 1822, had seemed so clearly linked to a specific mental syndrome – megalomaniac delirium and progressive dementia – that it had been used by Moreau de Tours and then by nineteenth-century medical positivism in general to support the idea of an organic substratum to all mental illness, an organogenesis of madness. By contrast, in the family of hereditary neurological degenerations linked to Friedreich’s ataxia, if a proportion of cases were accompanied by mental disorders, these alterations were rarely the same. So these diseases seemed to question the simplicity of ‘explications causales et mécanistes’:
À une époque où neurologues et psychiatres s’acharnent à délimiter une science pure, c’est-à-dire une neurologie pure et une psychiatrie pure, il est bon de lâcher dans le débat un groupe de maladies neurologiques s’accompagnant de troubles psychiques, et de se poser la question légitime de l’essence de ces troubles.16

And in a section of ‘considérations générales’ Fanon states:

Nous ne croyons pas qu’un trouble neurologique, même inscrit dans le plasma germinatif d’un individu, puisse engendrer un ensemble psychiatrique déterminé. Mais nous voulons montrer que toute atteinte neurologique entame en quelque sorte la personnalité. Et cette faille ouverte au sein de l’Ego sera d’autant plus sensible que le trouble neurologique empruntera une séméiologie rigoureuse et irréversible. […] Nous pensons organes et lésions focales quand il faudrait penser fonctions et désintégrations. Notre optique médicale est spatiale alors qu’elle devrait de plus en plus se temporaliser.17

Such epistemological and disciplinary caution is present throughout Fanon’s work: denomination is not ontology and we should always think in terms of processes rather than entities. He probably inherited it first from phenomenology and from the debates at the heart of French psychiatry during the previous decade, in particular those which opposed Ey, Lacan and the neurologists Julian de Ajuriaguerra and Henri Hécaen.18 But this scepticism is also essential to the works of Gaston Bachelard, Georges Canguilhem and the early Foucault,19 and we shall see that Fanon used it in a more directly political way to expose the vacuity of colonial ethnopsychiatric concepts.20 Within the scope of the dissertation itself it leads to a structural approach to mental illness.

It has been said that the university in Lyon was a psychiatric desert in this period.21 A student’s decision to pursue such research would therefore show both remarkable ambition and an astonishing ability to engage immediately with the most interesting discussions of the time. In fact, it is likely that these debates, which Ey had amply documented, were available to Fanon through Merleau-Ponty’s lectures and his published works, with which he was very familiar. Also, as David Macey notes, while living in Lyon, Fanon came into contact with the most progressive current within French psychiatry.22 In particular, he was introduced by mutual friends to Paul Balvet, a distinguished psychiatrist at Le Vinatier hospital, close to Lyon, who had published in the September 1947 issue of Esprit an important article on ‘La
Valuer humaine de la folie’. He had been a director of the clinic in Saint-Alban where Fanon was later to do his internship under François Tosquelles (who had been recruited by Balvet) and Maurice Despinoy. In March 1950 Balvet contributed to the special issue of Esprit devoted to ‘L’Intervention psychologique et l’“intégrité” de la personne’, an issue with articles on neuro-surgery, shock therapies, narco-analysis, psychoanalysis and truth serum. It is likely that their discussions would have drawn on these debates, which were at the forefront of intellectual life at the time. A young writer interested in philosophy and psychiatry would naturally have been eager to take a position and make his mark in this field.

A clue to what is at stake in the dissertation could be said to lie in the two apparently contradictory epigraphs with which it begins. The first is from Nietzsche: ‘Je ne parle que de choses vécues et je ne représente pas de processus cérébraux.’ The second is from a presentation to the Société Médico-Psychologique on 8 February 1934 by Paul Guiraud and Julian de Ajuriaguerra: ‘La fréquence et l’importance des troubles mentaux dans les maladies nerveuses familiales ne permet pas de les considérer comme des accidents fortuits.’ Guiraud was a very senior neurologist at the time, working on the link between neurological lesions and psychological disorders. At the same meeting of the Société Médico-Psychologique he also presented, with Madeleine Derombies, the study of ‘Un cas de maladie familiale de Roussy-Lévy avec troubles mentaux’. The mental disorder manifested itself in depression, irritability, disorders of muscular sensitivity paired with breakdown of the synthesis of the self (when walking the patient felt he was walked rather than walking, or transported, as in a car) and childish delusions of grandeur. In parallel, the young man displayed all the muscular and physiological symptoms of Roussy-Lévy disease confirmed by his heredity. So the authors conclude that a special mental syndrome is coexisting with a neurological syndrome, and they infer, in a text which may have inspired Fanon’s dissertation topic (since it points towards a counter-example to a strict neuropsychiatric correlation):
Nous estimons que, dans notre cas, la lésion encore inconnue (puisque la maladie de Roussy-Lévy attend encore son anatomie pathologique) ne se confine pas à la moelle, mais vient atteindre les voies ou les centres terminaux de la proprioceptivité dans ces régions mêmes où le neurologique devient psychique. Il est en effet amplement démontré que la privation simple d’impressions kinesthésiques, ou de tout autre ordre, ne suffit pas pour provoquer des troubles tels que le défaut d’appropriation au moi et le sentiment de passivité des actes moteurs. A plus forte raison, il faut autre chose pour expliquer les troubles du caractère l’impulsivité, l’état dépressif, etc…

Par contre, dans la maladie de Friedreich, les troubles mentaux sont bien connus. Mollaret les a soigneusement étudiés dans sa thèse. Il note, assez fréquemment associés à la débilité mentale, les troubles de l’humeur et du caractère, l’impulsivité, l’instabilité. Mais dans aucune de ses observations, on ne trouve une liaison aussi étroite que dans la nôtre entre le syndrome neurologique et le syndrome mental.25

These considerations on the neuropsychiatric differences between these diseases are crucial to understand Fanon’s thought. What is at stake here is the nature of the psychical: Friedreich’s ataxia seems to imply the need to develop a theory of its independence from the neurological within a scientific framework, i.e. without recourse to a dualist spiritualism. The second case presented by Guiraud on that day, this time with de Ajuriaguerra, displayed ‘aréflexie, pieds creux, amyotrophie accentuée, signe d’Argyll et troubles mentaux’. Again we find a list of neurological disorders linked to mental ones within a neurological syndrome not yet fully identified though undeniable and also quite similar to Friedreich’s disease. The authors’ conclusion includes the sentence which Fanon will quote as the second epigraph at the beginning of his dissertation: the mental disturbances in evidence in these hereditary nervous diseases are so frequent and so significant that they cannot be considered as merely fortuitous.

However, do these coincidences alone explain the form and content of the mental troubles themselves? Should we just speak of ‘processus cérébraux’ or should ‘choses vécues’ – forms or states of consciousness – be studied in their own right? The careful, detailed analysis of the literature on Friedreich’s ataxia, together with the specific case on which Fanon focused (‘cas de délire de possession à structure hystérique’, with symptoms such as ‘agitation, attitudes extatiques, propos sur des thèmes mystiques ou érotiques’26) show in fact that these forms are too varied to warrant simple reductionism.
The solution comes in a long section of the dissertation comparing the ideas of Ey, Goldstein (and von Monakow) and Lacan. Even though Fanon remained, it seems, closer to Ey’s *organodynamisme* on the understanding of the nature of mental illness as a pathological personality-reconstruction – the work of a consciousness affected in the first place by unrelated underlying neurological troubles – he showed considerable interest in Lacan’s insistence on the social dimension of the complex and its impact on the development of mental illness. In the specific medical case on which Fanon focused, the cerebellar degeneration produced dementia and mental immaturity, but the delirium, hysterical manifestations and mysticism (*délire de possession*) had to be explained as the reactional behaviour of an ego deprived of social relationships. The original, unrelated neurological disorder had inhibited its cognitive and affective development by impeding motricity (an idea which may reflect the influence of Henri Wallon, perhaps through Merleau-Ponty): ‘Les délires systématisés, les manifestations hystériques, les comportements névrotiques, doivent être considérés comme des conduites réactionnelles d’un moi en rupture de relations intersociales.’ Ey famously called ‘écart organo-clinique’ the space of the ‘trajectoire psychique’ of self-reconstruction by consciousness following a neurological dissolution which results in what we see as mental illness. For Fanon, this space was structured by a multiplicity of social as well as cultural factors. So his subsequent professional articles and manuscripts first study the use and limits of available neuropsychiatric treatments and then, especially when he was directly faced with the social divisions proper to the colonial setting, the role of society and culture in relation to mental illness and the consequent uses and limits of social therapy and psychotherapy as treatments when kept within the context of the asylum.

**Value and limits of neuropsychiatric treatments**
Fanon’s dissertation made it possible to imagine a neuropsychiatric approach to the treatment of mental illness. In all the subsequent texts he published in this domain, this cure is in two steps: first an initial organic treatment, consisting usually of sleep therapy (cure de sommeil) or shock therapies – electroshocks (thérapeutique de Bini), insulin comas (cure de Sakel) – aimed at wiping the slate clean of previous reactive constructions, and then a long phase of psychotherapeutical work to reconstruct personality and bring the patient back to some normal social existence. Mental illness is never seen as an extreme form of freedom but rather as ‘pathologie de la liberté’, a phrase Fanon used in several texts, referring to Ey, who himself had borrowed it from an eponymous paper by Günther Anders. Such a conception of madness as a pathology of freedom was opposed to that of Lacan, who saw in the possibility of madness an essential dimension of human existence, hence his closeness to the Surrealists.

After his studies in Lyon and a short stay in Pontorson, Fanon went to Saint-Alban to work with the revolutionary psychiatrist François Tosquelles, advocate of socialthérapie (subsequently psychothérapie institutionnelle), and published with him and a number of other colleagues a series of texts which all centered on shock therapies. What is interesting here is that these treatments are never considered as cures in themselves but as preparations for the psychotherapeutical work proper. The papers describe cases of patients who presented serious psychotic disorders. Fanon and Tosquelles recall at length the various debates on the risks and ethics of shock therapies and note that one of the reasons for the reluctance to use them is a belief in the permanence of personality: ‘N’y a-t-il pas derrière cette attitude une méconnaissance du dynamisme de la personnalité tel que la psychanalyse nous le montre?’ The personality that the shocks will decompose is not a fixed essence but one that has been built pathologically as a reaction to the initial disturbance and dissolution. These shocks (which Fanon kept on using extensively in Blida and in Tunis) were seen in turn as
dissolutions of pathological reconstructions. But that implied that special conditions should be set up to help the patient reconstruct his or her personality; this is where psychotherapy (mostly group therapy) and institutional therapy came in, the latter consisting in the construction of a microcosm of the ‘real’ world where the patient was made to assume throughout the day an active role through work and the organisation of various other activities. The reconstructed social structure was therefore a crucial factor in the reconstruction of personality:

Nous insistons sur le fait que, pour traiter les maladies dans cette perspective, il faut, à la fois, accorder la plus grande importance au dispositif hospitalier, au classement et au groupement des maladies, à l’établissement concomitant des thérapeutiques de groupe. La coexistence de l’atelier des quartiers et de la vie sociale de l’ensemble de l’hôpital est aussi indispensable que l’étape d’analyse active, interventionniste, qui précède la cure. La cure de Bini, hors de cette possibilité d’enchaînement thérapeutique, nous semble un non-sens.\(^{35}\)

*Thérapie institutionnelle* rested on the idea that the institution of the asylum – not just its patients – needed a cure. The first neuroleptics came into use in the mid-1950s; Fanon was among the first to experiment with them, in particular in Tunis.\(^{36}\) Prior to these treatments the asylum remained a place of internment: patients who may not have had serious problems in the first place reacted to its conditions in a cycle of violence that in turn condemned them to perpetual confinement. The Second World War, with its combination of slow extermination through hunger in French asylums and its legacy of images from concentration camps,\(^{37}\) made the model of the asylum untenable. In itself, the diagnosis that patients developed mental diseases largely unrelated to their initial illness because of the structure of the institution was not new; it had already been made in the mid-nineteenth century by Maximien Parchappe, *inspecteur général des asiles pour aliénés*, who oversaw the second wave of asylum construction in France and wrote that most mental diseases were produced by internment. Fanon knew of him via Philippe Paumelle, a contemporary from his medical studies, who himself became a pioneer of institutional therapy in Paris and created ‘psychiatrie de secteur’.\(^{38}\) In France the innovation was the solution developed by Tosquelles in Saint-Alban,
who aimed to abolish all the structural constraints linked to internment – not just the instruments of restraint but also forced idleness and routine – and to recreate within the hospital and under medical supervision the structures of external society, paying great attention to the texture of daily life as opposed to the traditional routine of the morning visit followed by an inactive day. The hospital was to be run in all its material and social dimensions jointly by the patients and the nurses, the latter needing complete retraining. Slowly, in a controlled way, most patients recovered at least to the extent of being able to interact with each other. Thérapie institutionnelle was at the origin of the ‘antipsychiatry’ movement of the 1960s, in particular the experiments of Félix Guattari and Jean Oury in La Borde clinic; Oury had also been an intern under Tosquelles in Saint Alban and knew Fanon well.

Socialtherapy and culture

When Fanon arrived in Blida in November 1953, equipped with his organo-dynamic and non-essentialist conception of mental illness and his experience of institutional therapy, he found himself thrown into a situation which was to have a remarkable impact on the evolution of his thought. Blida-Joinville was a deuxième ligne hospital, after Mustapha in Algiers. This meant that patients there were likely to be considered incurable. As soon as he arrived, Fanon set out to reform the wards under his responsibility. He was offered a unique experimental situation in so far as the wards were segregated along ethnic lines between Européens and Indigènes; he was given two wards, one of European women, the other of Algerian men. It turned out that while socialthérapie worked wonders with the European women, it was a complete failure with the Algerian men. Fanon wrote a paper on this failure with his intern, Jacques Azoulay, whose dissertation he supervised. Going beyond the specific colonial experience, they took the opportunity to reflect in greater depth on the process of social therapy. For
instance, if the film club, the music society and the hospital journal (all of which were run by patients) worked, it was not just because of the films, the music or the texts in themselves, but because they were instruments through which the patients could re-learn to impart meaning to elements constitutive of an environment:

Le cinéma ne doit pas rester une succession d’images avec un accompagnement sonore: il faut qu’il devienne le déroulement d’une vie, d’une histoire. Aussi la commission du cinéma, en choisissant les films, en les commentant dans le journal dans une chronique spéciale, donne-t-elle au fait cinématographique son véritable sens.41

This worked and soon, as in Saint-Alban, Fanon was able to discard straightjackets and other instruments of restraint in the European ward. But why did these reforms fail with the Algerian men, who remained within the old cycle of indifference, withdrawal and agitation? The answer was to be found not in some racial features but in the fact that attributions of meaning can only be made within certain frames of reference and that these are not universal but culturally determined: ‘À la faveur de quel trouble du jugement avions-nous cru possible une sociothérapie d’inspiration occidentale dans un service d’aliénés musulmans? Comment une analyse structurale était-elle possible si on mettait entre parenthèses les cadres géographiques, historiques, culturels et sociaux?’42 So Blida presented Fanon with the ideal experimental situation in which to address the problems that had been haunting him since his dissertation and Peau noire, masques blancs, namely those of the connection of the neurological with the psychiatric and of the psychiatric with the social. With his interns (in particular Jacques Azoulay and François Sanchez), he set out to study, in local cultures, the ways in which diseases were conceptualised.43 They studied and wrote papers on marabouts’ exorcisms, which were based on the belief in Djinns (forces deemed to have taken over the personality of mental patients), as well as on the impact of colonisation on these cultures. As far as treatment in Blida was concerned, the solution became obvious and a complete reorganisation of the socialtherapeutical activities followed – the opening of a café maure, the celebration of traditional festivals, regular evenings with story tellers and local music groups
— all of which soon involved more and more patients. A keen footballer, Fanon also had patients build a football pitch of which he was very proud and which is still in use. The principle established by Fanon and Azoulay, then, was in effect a complete reversal of the prevalent ethnopsychiatric gaze.44

The psychiatric works that Fanon went on to publish, especially those on mental illness in North Africa, explore the major theoretical issue revealed by this experience and attack pre-war colonial psychiatry as fallacious in that it naturalised mental disorders which now clearly appeared as determined by features of a social and cultural environment. It is true that neurological problems are often at the origin of mental illness, but the psychiatric syndromes in themselves are irreducible to them: reductionism joined with racial prejudice had served only to ground racism in pseudo-science. Speaking at the Congrès des médécins aliénistes et neurologues de France et des pays de langue française in Nice in September 1955, Fanon and his colleague Raymond Lacaton addressed the subject of mental illness in North Africa by tackling a legal problem: in North Africa, while most ‘European’ criminals confess once the evidence against them has been presented to them, ‘indigenous’ North Africans rarely do so even when faced with irrefutable evidence — and they do not try to prove their innocence either. The reaction of the police and public opinion is to naturalise this behaviour by saying that the North African is a liar by constitution. ‘Primitivist’ psychiatrists such as Antoine Porot, who shaped psychiatry in Algeria before the war and founded the so-called école d’Alger, explained it in a more subtle way, citing a racial inability to integrate the data of experience into a common objectivity, such as when very young children deny misdeeds they have seen their parents observe: it is as if these people had remained at an earlier, ‘primitive’, phylogenetic stage. Fanon, for his part, offered a philosophical reflection on the cultural conditions and legal history of confession, citing Sartre, Bergson, Nabert, Dostoyevsky and, importantly, Hobbes:
Il y a un pôle moral de l’aveu: ce que l’on nommerait sincérité. Mais il y a aussi un pôle civique et l’on sait qu’une telle position était chère à Hobbes et aux philosophes du contrat social.

J’avoue en tant qu’homme et je suis sincère. J’avoue aussi en tant que citoyen et j’autentifie le contrat social. Certes une telle duplicité est noyée dans l’existence quotidienne mais dans des circonstances déterminées il faut savoir la retourner.

A confession can make sense only within a homogeneous group which is recognised by the individual and which recognises the individual. Its role is minimal in modern judicial procedures since it does not have the status of proof. The acceptance of culpability is therefore better understood as a way of initiating a reintegration within the social group, but this implies that there was one group in the first place and that the individual belonged to it at some point. The published article picks up from this point: there cannot be reinsertion within a group in a case where there was no belonging to it in the first place. Because the indigenous North Africans are part of a different group, with its own ethical-social norms, including a different code of honour, they simply cannot legitimise the foreign system through a confession. They may well submit fully to the judgement, but as a decision of God, and,

Fanon contends, submitting to a power is not the same as accepting it:

Pour le criminel, reconnaître son acte devant le juge c’est désapprouver cet acte, c’est légitimer l’irruption du public dans le privé. Le Nord-Africain, en niant, en se rétractant, ne se refuse-t-il pas à cela ? Sans doute voyons-nous ainsi concrétisée la séparation totale entre deux groupes sociaux coexistants, tragiquement, hélas! mais dont l’intégration de l’un par l’autre n’a pas été amorcée.

Ce refus de l’inculpé musulman d’autentifier par l’aveu de son acte le contrat social qu’on lui propose signifie que sa soumission souvent profonde, que nous avons notée en face du pouvoir (judiciaire en l’occurrence), ne peut être confondue avec une acceptation de ce pouvoir.

In the end this question of ‘legal medicine’ reveals that, in the colonial society, there is no shared social contract. The legal system shows an irreconcilable contradiction between colonialism and the contractual understanding of the social, which was one of its justifications; the idea of a corresponding mental disorder that would naturally be specific to a race is just a mask for this contradiction. Under the guise of science, the naturalisation of
mental illness along racial lines advocated by the école d’Alger was in reality a failed attempt to naturalise a European system of culture.⁴⁷

The problem raised by applying socialthérapie to the Algerian men on the ward in Blida was, therefore, that ‘le biologique, le psychologique, le sociologique n’avaient été séparés que par une aberration de l’esprit’.⁴⁸ In order to explore the real links between these dimensions, Fanon went back to his books. He read sociologists and anthropologists like Marcel Mauss, André Leroi-Gourhan and George Gursdorf to understand the relationship of individual members of a group to a social whole and he adopted Mauss’s concept of fait social total.⁴⁹ Among the crucial practices which define a society at the intersection of economics, law, religion, magic and art, attitudes to madness played a significant role for Fanon. In a paper co-written with François Sanchez in 1956, Fanon focuses on popular attitudes to mental illness, studied by observing marabouts’ therapeutic procedures and commissioning translations of the treatises of demonology to which they refer. What is striking, according to Fanon and Sanchez, is that in Europe, even though madness is now conceptualised in terms of illness and not of evil, social attitudes outside as well as within the hospital are still very reliant on a moral as opposed to a medical mental framework. Even trained psychiatric nurses tend to ‘punish’ the patients who create trouble, and members of their families feel personally hurt by their attitude, therefore assigning to them some moral responsibility:

L’occidental croit en général que la folie aliène l’homme, qu’on ne saurait comprendre le comportement du malade sans tenir compte de la maladie. Cependant cette croyance n’entraîne pas toujours en pratique une attitude logique, tout se passe comme si l’occidental oubliait souvent la maladie: l’aliéné lui paraît montrer quelque complaisance dans le morbide et tendre à en profiter plus ou moins pour abuser son entourage.⁵⁰

The North African vision, by contrast, is very different:

S’il est une certitude bien établie c’est celle que le maghrébin possède au sujet de la folie et de son déterminisme. Le malade mental est absolument aliéné, il est irresponsable de ses troubles; seuls, les génies en supportent l’entièreme responsabilité.⁵¹
If you truly believe that the mad are ill because they are ruled by external forces, you will not adopt an intentional stance, let alone a moral one, towards the mentally ill:

La mère insultée ou battue par son fils malade, ne songera jamais à l’accuser d’irrespect ou de désirs meurtriers, elle sait que son fils ne saurait en toute liberté lui vouloir du mal. Il n’est jamais question de lui attribuer des actes qui ne relèvent pas de sa volonté qui est de part en part soumise à l’emprise des génies. 52

Fanon thus implies that these societies are more advanced in terms of hygiène mentale than European ones, but not because of some religious fascination with madness itself: ‘Ce n’est pas la folie qui suscite respect, patience, indulgence, c’est l’homme atteint par la folie, par les génies; c’est l’homme en tant que tel.’ 53 Europe has to learn from these attitudes if it is to develop different systems of mental assistance, but this in no way implies, for Fanon, abandoning European psychiatry, as the statement at the end of the paper makes clear: ‘Si l’Europe a reçu des pays musulmans les premiers rudiments d’une assistance aux aliénés, elle leur a apporté en retour une compréhension rationnelle des affections mentales!’ 54

**Beyond the institution**

Fanon’s experience in Blida showed that cultural and not just social aspects had to be considered to make the institutional therapy model work. He went further still, asking whether it was possible to dispose of the institution itself. In a paper co-authored with Sliman Asselah, Fanon questioned the idea that the hospital could ever be the exterior milieu, adding that if it were so, then external relations of power would also be transposed into it. 55

This is why, during his final years in Tunis, Fanon spent a substantial amount of time building up a day-care centre, attached to a general hospital, which would replace the psychiatric hospital. The last of his published psychiatric papers, dating from 1959, is a long report on this experiment, covering almost two years of activity. Fanon was extremely proud of this achievement and saw it as a very advanced model of psychiatric care to be developed everywhere in the world but especially in future decolonised countries because of its low cost
and much superior psychiatric efficiency.\textsuperscript{56} The advantage of a day-care centre rather than an institution of internment is that socialtherapy could take place within the normal social environment of the patients who went back home every evening, having undergone a suitable course of treatments during the day, including, if necessary, an initial course of shock therapy or hypnotherapy, together with a variety of psychotherapies, individually or in groups. In his paper Fanon reiterates several times the view inherited from Ey that madness is a pathology of freedom:

La maladie mentale, dans une phénoménologie qui laisserait de côté les grosses altérations de la conscience, se présente comme une véritable pathologie de la liberté. La maladie situe le malade dans un monde où sa liberté, sa volonté, ses désirs sont constamment brisés par des obsessions, des inhibitions, des contre-ordres, des angoisses. L’hospitalisation classique limite considérablement le champ d’action du malade, lui interdit toute compensation, tout déplacement, le restreint au champ clos de l’Hôpital et le condamne à exercer sa liberté dans le monde irréel des phantasmes. Il n’est donc pas étonnant que le malade ne se sente libre que dans son opposition au médecin qui le retient. […] À l’Hôpital de Jour […] l’institution en fait, n’a aucune prise sur la liberté du malade, sur son apparaître immédiat. […] Le fait pour le malade de se tenir en mains à travers l’habillement, la coupe de cheveux et surtout le secret de toute une partie de la journée passée en dehors du milieu hospitalier renforce et en tout cas maintient sa personnalité à l’opposé de l’intégration dissolvante dans un Hôpital psychiatrique qui ouvre la voie aux fantasmes de morcellement corporel ou d’effritement du moi.\textsuperscript{57}

Corporeal fragmentation, crumbling of the self under the medical gaze and the psychiatric institution: these are notions that Fanon had already used in \textit{Peau noire, masques blancs} to describe the effect of the racist gaze and the colonial institution on the lived experience of the black man.\textsuperscript{58} But in North Africa the context has changed. Reading like the blueprint for a public mental health programme for a new country, Fanon’s paper about a day-care centre in Tunis lays the groundwork for what was to be, under the guise of \textit{psychiatrie de secteur}, a considerable transformation in France too. There is no doubt that Fanon enjoyed the life of the revolutionary, the ambassador and the journalist, but it is clear too that he now intended to dedicate his life to the organisation, within his own expertise, of the social institutions best able to tackle pathologies of freedom.\textsuperscript{59}
Notes

1 Charles Geronimi, one of Fanon’s interns, made this point in conversation with me on 24 May 2013.


Fanon, ‘Altérations mentales’, p. 50.

Ibid., p. 59.

See Maurice Merleau-Ponty, *Psychologie et pédagogie de l’enfant. Cours de Sorbonne, 1949–1952* (Paris: Éditions Verdier, 2001), in particular the lecture on Lacan, entitled ‘Les Stades du développement enfantin’ (pp. 108–16). It seems likely that Merleau-Ponty gave in Lyon, where he held a chair in psychology, at least some of the lectures he gave on child psychology and pedagogy at the Sorbonne between 1949 and 1952. This is suggested by various aspects of Fanon’s thesis: the same references to Lacan are given in these lectures and are explained in the same way, and Fanon takes as given ideas on which Merleau-Ponty focuses, such as the importance of the complex, not just as pathological but as the form that social relations give to personality. In addition, several less well-known authors referred to in *Peau noire, masques blancs* and in Fanon’s later psychiatric texts – such as Germaine Guex, Jacob Moreno and Kurt Lewin – are also studied in the lectures. Fanon’s library – which is housed in the Centre National de Recherches Préhistoriques, Anthropologiques et Historiques (CNRPAH) in Algiers (see <http://www.cnrpah.org/index.php/fonds-et-catalogues> [accessed 15 August 2014]) – includes copies of Merleau-Ponty’s *Sens et non-sens* (Paris: Nagel, 1948).

8 Fanon, ‘Altérations mentales’, p. 68.

9 Jacques Tosquellas, ‘Entretien avec Maurice Despinoy’, *Sud/Nord*, 22 (2007), 105–14 (p. 107). In 1952 Despinoy left Saint-Alban to run the Hôpital Colson, the psychiatric hospital in Martinique; he and Fanon remained in correspondence. Fanon also continued experimenting with lithium salts much later on, as Charles Geronimi notes: ‘Plus intéressants furent les essais thérapeutiques des sels de lithium pour lesquels Fanon montra un réel enthousiasme; curieusement il les utilisait comme traitement de l’agitation et non pas comme c’est devenu classique dans la dépression. Leur utilisation impliquant un contrôle strict de la lithémie, Fanon avait obtenu du pharmacien de l’hôpital l’acquisition d’un photomètre’ (‘Fanon à Blida’, unpublished manuscript, n. p.).

10 Marie-Jeanne Manuellan, to whom Fanon dictated *L’An V* and *Les Damnés de la terre* and who typed them, described in great detail Fanon’s way of working during several conversations with me in 2013 and 2014. I am very grateful to her for her time and generosity.

11 Macey, *Frantz Fanon*, p. 136.


14 Ibid., p. 2.


16 Fanon, ‘Altérations mentales’, p. 3.

17 Ibid., pp. 11–12.

Fanon’s library includes a copy of the first two volumes of Ey’s *Études psychiatriques*: *Études psychiatriques, 1: historique, méthodologie, psychopathologie générale*, 2nd ed. (Paris: Desclée de Brouwer, 1952); *Études psychiatriques, 2: aspects séméiologiques* (Paris: Desclée de Brouwer, 1950). In these Fanon read closely the studies that related to the somatogenesis of mental illness, in particular the third étude, in which Ey observes: ‘Ne serait-il pas possible cependant de se demander si la notion de “Psychose” n’est pas précisément contradictoire avec l’idée d’“entité” et cela en analysant simplement la pathologie de la Paralysie Générale’ (I, p. 44). In a footnote in his dissertation, Fanon refers to the significant title of the planned (but never published) fourth volume of the *Études psychiatriques*: ‘Les processus somatiques générateurs’ (‘Altérations mentales’, p. 57, n. 1).


Fanon’s library includes a copy of Gaston Bachelard’s *Le Nouvel esprit scientifique* (1934; Paris: Presses universitaires de France, 1949), which defends a non-substantialist epistemology. Several of the sections on the importance of building in temporal parameters in research are marked in Fanon’s copy, including this passage: ‘L’énigme métaphysique la plus obscure réside à l’intersection des propriétés spatiales et des propriétés temporelles. Cette énigme est difficile à énoncer, précisément parce que notre langage est matérialiste, parce qu’on croit pouvoir par exemple enracer la nature d’une substance dans une matière placide, indifférente à la durée. Sans doute le langage de l’espace-temps est mieux approprié à l’étude de la synthèse *nature-loi*, mais ce langage n’a pas encore trouvé assez d’images pour attirer
les philosophes’ (pp. 64–5). I am grateful to Professor Slimane Hachi, Director of the CNRPAH, for giving me access to Fanon’s books.

21 See Razanajao and Postel, ‘La Vie et l’œuvre psychiatrique de Frantz Fanon’, p. 148.

22 See Macey, Frantz Fanon, p. 139.

23 Fanon, ‘Altérations mentales’, unpaginated dedication section. Fanon suggests that the quotation is from Nietzsche’s Zarathustra, but it is in fact from an early draft (autumn 1884) of Ecce Homo: ‘Ich will das höchste Mißtrauen gegen mich erwecken: ich rede nur von erlebten Dingen und präsentire nicht nur Kopf-Vorgänge.’ No French edition of Ecce Homo included this variant when Fanon wrote, but it is translated in two works to which Fanon must have had access: in Bernard Groethuysen, Introduction à la pensée philosophique allemande depuis Nietzsche (Paris: Librairie Stock, 1926), a copy of which figures in Fanon’s library and in which it is translated as ‘je ne parle que de choses vécues, et je ne me borne pas à dire ce qui s’est passé dans ma tête’ (p. 28; reprinted in B. Groethuysen, Philosophie et histoire, ed. by Bernard Dandois (Paris: Éditions Albin Michel, 1995), p. 100); and in Karl Jaspers, Nietzsche: introduction à sa philosophie, trans. by Henri Niel, preface by Jean Wahl (Paris: Gallimard, 1950) – one of the first volumes published in the ‘Bibliothèque de philosophie’ list, created by Merleau-Ponty and Sartre – where it is translated as ‘Je parle seulement de choses vécues et n’expose pas uniquement des événements de tête’ (p. 387). My thanks to Mark Chinca and David Midgley for helping me track down the German source of this quotation.


25 Paul Guiraud and Madeleine Derombies, ‘Un Cas de maladie familiale de Roussy-Lévy avec troubles mentaux’, Annales médico-psychologiques, 92:1 (1934), 224–9 (pp. 228–9).
26 Fanon, ‘Altérations mentales’, p. 44.


28 Ibid., p. 73. This conclusion has interesting resonances with Fanon’s analysis elsewhere of the impact of the colonial situation. Also, there is here an interesting reflection on the relationship between the destruction of the corporeal schema and mental illness, in particular when it takes a mystical form. In the case of ‘débilité mentale’ in childhood, linked to a neurological motor disease, Fanon notes: ‘Il est facile d’expliquer la débilité mentale de ces malades. La paralysie consécutive à l’évolution clinique interdit la fréquentation scolaire D’où, naturellement, impossibilité de développement intellectuel. D’ailleurs la liaison débilité motrice-débilité mentale est une tentative extrêmement séduisante. / L’affectivité de ces malades est pareillement atteinte puisqu’ils ne peuvent franchir les différentes étapes de la génétique décrite par la psychanalyse, étapes qui sont comme on le sait, en rapport étroit avec la motricité’ (ibid., p. 12). On the importance of physical movement and the concepts of schéma corporel and its dissolution under the racist gaze in Peau noire, masques blancs and L’An V, see Jean Khalfa, ‘My Body, this Skin, this Fire: Fanon on Flesh’, Wasafiri, 20:44 (2005), 42–50.


30 On electroshocks Fanon refers to Paul Delmas-Marsalet, L’Électro-choc thérapeutique et la dissolution-reconstruction (Paris: J.-B. Baillière et fils, 1943), in particular Chapter VII, ‘La théorie de la dissolution-reconstruction’, which uses an architectural metaphor to describe mental illness as a defective reorganization of the constitutive blocks of mental functions. On insulin coma therapy Fanon refers to the inventor of the method, Manfred Sakel, in particular
his presentation at the 1950 Congrès international de psychiatrie in Paris, entitled
‘Insulinothérapy and Shocktherapies: Ascent of Psychiatry from Scholastic Dialecticism to
Fanon’s papers.

philosophiques, 6 (1936–7), 2–54. Fanon’s library contains a full set of Recherches
philosophiques; in this volume, the pages are cut for this article. Fanon refers to this text
indirectly in Peau noire, masques blancs: ‘Certains hommes veulent enfler le monde de leur
être. Un philosophe allemand avait décrit ce processus sous le nom de pathologie de la liberté’
(p. 203).

32 Fanon observes: ‘Il faut avoir lu “La Psychiatrie devant le surréalisme” de Ey pour
comprendre à quel point cet auteur sait poser le problème des limites de la liberté et de la
folie. La même chute prend valeur différente selon qu’elle est libre ou irréversible. Selon
qu’elle est envol ou conséquence du poids psychique de l’organisme. Dans le premier cas, on
a affaire au Poète, dans le deuxième, au Fou’ (‘Altérations mentales’, p. 55). Ey’s article in
L’Évolution psychiatrique (13:4 (1948), 3–52) was published as a separate volume by the
Centre d’Éditions Psychiatriques in 1948, with a drawing by Frédéric Delanglelade, a friend of
Breton and Ey; the copy in Fanon’s library is annotated throughout. On Ey’s and Lacan’s
differing positions on Surrealism, see Paolo Scopelliti, L’Influence du surréalisme sur la

33 At the Congrès des médecins aliénistes et neurologues de France et des pays de langue
française in Pau in July 1953 Fanon delivered three papers with Tosquelles: ‘Sur quelques cas
traités par la méthode de Bini’, ‘Indications de la thérapeutique de Bini dans le cadre des
thérapeutiques institutionnelles’ and ‘Sur un essai de réadaptation chez une malade avec
épilepsie morphéique et troubles de caractère graves’; and with Maurice Despinoy and W. Zenner, who were also from Saint-Alban, he gave ‘Note sur les techniques de cure de sommeil avec conditionnement et contrôle électro-encéphalographique’.


35 Ibid., p. 549; emphasis in original.


39 Psychiatry in Algeria had been organised by Antoine Porot, who justified the use of segregation thus: ‘Nous ne pouvions prendre la responsabilité de laisser en commun indigènes et européens; la communauté hospitalière, acceptable et réalisée du reste dans des hôpitaux généraux, ne pouvait intervenir ici: dans des esprits troublés, les divergences de conceptions morales ou sociales, les tendances impulsives latentes peuvent à tout instant troubler le calme nécessaire, alimenter des délires, susciter ou créer des réactions dangereuses dans un milieu

40 Frantz Fanon and Jacques Azoulay, ‘La Socialthérapie dans un service d’hommes musulmans: difficultés méthodologiques’, L’Information psychiatrique, 30:9 (1954), 349–61. This article is a slightly modified version of a section of Azoulay’s dissertation.

41 Ibid., p. 350. The therapeutic use of film in psychiatric hospitals was to be the subject of four papers published by André Beley in L’Information psychiatrique between 1955 and 1959.

42 Ibid., p. 355. On the significance of the failure of these reforms, see Alice Cherki, Frantz Fanon, oortrait (Paris: Éditions du Seuil, 2000), p. 106.


44 See ‘Réflexions sur l’ethnopsychiatrie’, Consciences maghribines, 5 (1955), unpaginated (pp. [13]–[14]). This text is usually attributed to Fanon.

45 Frantz Fanon, ‘Conduites d’aveu en Afrique du Nord’, unpublished typescript, p. 3. This text, only signed by Fanon, may be his conference paper or a first draft of the article he subsequently published with Lacaton.


47 Fanon criticised neuropsychiatry in the same way during the Algerian war: ‘Cette forme particulière de pathologie (la contracture musculaire généralisée) avait déjà retenu l’attention


51 Ibid., p. 25.

52 Ibid., p. 25.


54 Ibid., p. 27.


See Fanon, *Peau noire, masques blancs*, p. 113.

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