

FANON, EDUCATION, AND “THE QUESTION OF RESPONSIBILITY WITHIN A REVOLUTIONARY FRAMEWORK”¹

FANON, EDUCAÇÃO E “A QUESTÃO DA RESPONSABILIDADE DENTRO DE UM QUADRO REVOLUCIONÁRIO”

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Abstract: This paper discusses the contemporary “new stage” of Fanon studies focusing on the interconnections between Fanon’s clinical writings and politics. Fanon’s idea that the anticolonial revolution has to affirm a “limitless humanity” while at the same time insisting psychiatry has to be political is considered through his engagement with François Tosquelles and sociotherapy. Erica Burman’s *Fanon, Education, Action: Child as Method* and David Marriott’s *Whither Fanon* and Nigel Gibson and Roberto Beneduce’s *Frantz Fanon, Psychiatry and Politics* help enlighten the myriad levels of Fanon’s discussion of trauma and mental disorders produced by colonial war and question of responsibility “within a revolutionary framework.”

Keywords: decolonizing psychiatry; sociotherapy; day hospitalization; war trauma

Resumo: Este artigo discute o "novo estágio" contemporâneo dos estudos de Fanon com foco nas interconexões entre os escritos clínicos de Fanon e a política. A ideia de Fanon de que a revolução anticolonial deve afirmar uma "humanidade ilimitada" e, ao mesmo tempo, insistir que a psiquiatria política é considerada por meio de seu envolvimento com François Tosquelles e a socioterapia. Erica Burman’s *Fanon, Education, Action: Child as Method* and David Marriott’s *Whither Fanon* and Nigel Gibson and Roberto Beneduce’s *Frantz Fanon, Psychiatry and Politics* ajudam esclarecer os diversos níveis de discussão de Fanon sobre trauma e transtornos mentais produzidos pela guerra colonial e a questão de responsabilidade "dentro de uma estrutura revolucionária".

Palavras-chave: psiquiatria descolonizante; socioterapia; internação diurna; trauma de guerra

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Introduction

I first met Fanon in London in 1980 through Lou Turner and John Alan’s pamphlet “Frantz Fanon, Soweto and American Black Thought.” I was interested in the anti-apartheid movement, the unfolding South African civil war and, in particular, the Black consciousness movement—members of which I first met at their external headquarters in London. The Soweto rebellion of 1976 had opened a new moment of Black consciousness as mass movements, boycotts and strikes across the country became part of daily life. In my mind, these were connected with the revolts in London and elsewhere in Britain against the fascists and police “special patrol groups,” led by Black youth, culminating in the nationwide urban uprisings of 1981. It was the year of the hunger strike in the North of Ireland and there was no mistaking that colonial policing and policies of systemic criminalization had come inarguably home. I was caught up in this scene with its police violence and terror, reading Fanon and listening to Linton Kwesi Johnson. Later, after the brutal suppression of the national Miners’ strike in Britain, I escaped Babylon for New York City. Drawn to the South Africa divestment movement at Columbia University, which chained the doors of Hamilton Hall and renamed it for Mandela, I got a job as a secretary.

The initial project of my 1999 collection *Rethinking Fanon: The Continuing Legacy* (published in 1999) was a political one connected to the question of the veracity of Fanon as a revolutionary. My critique was directed at the depoliticization and decontextualization of Fanon brought on by the new interest within literary postcolonialism of forgetting—or at best dismissing—earlier Africana engagements with Fanon. In the context of poststructuralist discourse analysis, the charge of depoliticization was often dismissed as essentialist. But by the 1990s, these readings of Fanon became more divorced from history and context. Even if Homi Bhabha had contextualized his 1986 foreword to the British edition of *Black Skin White Masks* in “activist traditions,” it was his critique of “mythical” memories of Fanon as a revolutionary (1986: viii) that stood out in the discursive turn. I viewed the poststructuralist Fanon as a provocation against what

Fanon had said and done.³ *Rethinking Fanon* reprinted Bhabha's 1986 foreword⁴ not only because its Lacanian emphasis on ambivalence and splitting had helped generate new interest which along with as helped open up new areas of investigation, bringing Fanon into a wider discussion in the emergent field of postcolonial studies. *Rethinking Fanon* captures some of the important discussions about Fanon and cultural and gender studies as well as disagreements of the time. In addition, one project of *Rethinking Fanon* was to remind these new readers of a previous generation of African and African-American intellectual work and included, among others, the Somali psychiatrist and political theorist Hussein Bulhan, the author of the excellent but under-read *Frantz Fanon and the Psychology of Oppression* (1986).⁵

Many African intellectuals of the 1960s and 1970s found chapter three of *The Wretched of the Earth*, the misadventures or "Pitfalls of National Consciousness," to resonate with their situations. This identification has been continuous, as if the chapter is a script that is continuously played out.⁶ Kenyan author Ngũgĩ Wa Th'iongo, who read Fanon at Leeds University in 1966/1967, summed up the literature about postcolonial Africa as a "series of imaginative footnotes" to Fanon's chapter (WA TH'IONGO, 1993, p. 66). Others like Alumin Mazuri (2017) have underscored the importance of Fanon to radical African intellectuals in East Africa, exemplified by the Swahili translation of *Les damnés de la terre* in the late 1970s. Fanon's

³ One example of this provocation can be seen in the interviews with Stuart Hall and Françoise Vergès in Isaac Julien's *Black Skin White Masks*. The former argues that Fanon romantically constructs the "new man" emerging out of the violent struggle, wishing away the traumas of the past. Fanon, he adds, doesn't see how religion will impact the revolution. I remember the same point being made by Edward Said in an event at Columbia University that I had organized in 1999 to celebrate the 40th anniversary of *A Dying Colonialism*. Said claimed that Fanon did not understand Arabs because he did not understand Arabic. In addition, Françoise Vergès characterizes Fanon's action in the joining the FLN as playing out the Oedipus complex joining with the mythical "real man" (the Algerian who Said said did not really know) who had the courage to attack the castrating master. Fanon's writings on the Algerian woman, attitudes to the veil, and changes in gender relations are also summarily dismissed as mythic, articulated by Hall's as the power of conservative culture as a "return of the repressed." For more on this see the discussion in my *Rethinking Fanon*.

⁴ The translation of the "English" edition remained the same. As of 2008 the US edition has a new translation by Richard Philcox. The British edition published by Pluto continues with the older Markmann translation, which was first published by MacGibbon and Kee in 1968. Penguin (UK) is republishing the book as a classic in 2020, but it is unclear whether there will be a reprint of the Markmann translation. The reason for the two editions, the US and the UK, and of translations is one of property rights.

⁵ Bulhan now serves as the President of Frantz Fanon University in Somaliland while continuing to treat patients suffering from psychological and psychiatric disorders.

⁶ See for example Imraan Buccus' piece in the *Sunday Times* South Africa August 4, 2019, "Ace and the gang are precisely the people Fanon warned us about. Decolonisation's leading thinker called it: a new elite adopts nationalist and racist language to try to keep the masses onside. But Fanon gives hope, too." Buccus concludes, "if there is one book you read this year, make it Frantz Fanon's *The Wretched of the Earth*."

<https://www.timeslive.co.za/sunday-times/opinion-and-analysis/2019-08-04-ace-and-the-gang-are-precisely-the-people-fanon-warned-us-about/>

prescriptive resonance and sharp analysis (if often also suppressed) echoed across the continent, as one can see in Olufemi Taiwo's piece in *Fanon: A Critical Reader*, "On the Misadventures of National Consciousness: A Retrospect on Frantz Fanon's Gift of Prophecy." This gift was brilliantly described to me when I first went to South Africa in 1999 in the midst of hope for the future, five years after the first fully franchised election. I talked to students who, while reading Fanon's chapter, "The Pitfalls of National Consciousness," were simply changing the names of Fanon's examples—the leader, the party, the ethnic leaders, party hucksterers, and so on—to their local situation. I would return to this in *Fanonian Practices in South Africa: From Steve Biko to Abahlali baseMjondolo*, published in South Africa in 2011.⁷

However, even at that moment in the late 1990s, the dominant perspective on Fanon among Western intellectuals still remained the one-liner; Fanon was seen as a figure from another time and place, a simplistic theorist of violence as therapeutic. This perspective was hegemonic in the global academy and remains hegemonic in bourgeois media.⁸ It was made famous, in one sense, by Hannah's Arendt's *On Violence*, which fairly crudely dismisses Fanon along with Black Power movements in the US. It was in this context that the final chapter of *The Wretched of the Earth*, "Colonial Wars and Mental Disorders"—a chapter Fanon feared might seem "out of place in a book like this"—was rarely referenced. Violence as therapy, in other words, occluded an analysis of mental disorders emerging from racism, colonialism and war. Interestingly, when apartheid South Africa first banned *The Wretched of the Earth* in 1965, there was in fact not a word in the censor's report about violence. Rather, they found the final chapter on the colonial war and mental disorders "far-fetched." But when it was re-banned in 1977, things were different. The 1976 Soweto revolt had shaken the country and Steve Biko's interest in Fanon was well-known. But Biko's interest in

⁷ *Fanonian Practices in South Africa* was a good title for South Africa but in a sense this was not a good title because the point was that Fanonian practices could be located anywhere, and South Africa was the case study. It should have been simply called Fanonian Practices. Speaking of titles, I had a great title for a collection of Fanon's untranslated psychiatric papers, *Decolonizing Madness*, which was due to be published by Palgrave in 2014. After two years' work it was killed off before it went into production. But out of that event came my and Roberto Beneduce *Frantz Fanon, Psychiatry and Politics*. Traumatized by the death of *Decolonizing Madness*, I couldn't imagine reusing that title, another mistake. Perhaps the title should have been *Decolonizing Madness: Frantz Fanon, Psychiatry and Politics*. One learns after the fact, which makes Fanon's political incision, his practicing dialectics, in *The Wretched* so impressive.

⁸ This is marvelously expressed in film reviews of the "Luce" (2019), a film about war trauma and racism. Luce is a child from an Eritrean war zone, now a soft-spoken high school student, scholar and athlete. In a class assignment he is asked to write about a historical figure and speak in their voice. He chooses Frantz Fanon, which totally freaks the teacher out. Film reviewers have not questioned this at all; Fanon is simply an advocate of violence.

Fanon did not interest the censor's report; rather, the focus was entirely on mainstream views from the US, which were captured particularly in an article in the then-influential *TIME* magazine about Fanon as the philosopher of violence.

In short, problems of human liberation that Fanon was addressing in *Les damnés* were reduced to an automatism. What Fanon actually wrote and thought was reduced to the idea of a decolonized person growing automatically out of the death of the colonizer. David Macey's authoritative 1999 biography, unfortunately, did very little to subvert this view. Indeed, for him, Fanon was neither an original thinker nor a psychoanalyst: the latter he insisted with a strict orthodoxy, because Fanon didn't undergo psychoanalysis. Adam Schatz summed up Macey's view with the title of his review in *The New York Times*: "The doctor prescribed violence."

Since the 2000s, there has been a Fanon renaissance, an eruption of Fanon into new fields, in social movements and in the academy. A graduate seminar on Fanon was once a rare, indeed an underground event, now undergraduate seminars reading Fanon are commonplace. And Fanon is being discussed and used in activist and movement groups around the world. In the US, Fanon's words from *Black Skin White Masks*, "we revolt quite simply because we cannot breathe in more than one sense of the word," spread like wildfire across social media and on posters after Eric Garner's murder in 2014. In South Africa, Fanon's prominence was seen in a 2018 constitutional court case as his name was invoked in the justification for the victory of Grace Maledu and 36 others against Itereleng Bakgatla Mineral Resources (Pty). Ten years ago, I could count on one hand the number of courses engaging Fanon in South Africa; now, especially after the Fallist movements⁹, universities are rushing to promote such courses. Even if some of this change is managerial and produces new challenges, these are marked shifts.

1. The question of revolutionary responsibility

What I want to present here is a part of a larger ongoing discussion of the importance of Frantz Fanon's work as a decolonizing psychiatrist to his revolutionary thought in the wake of the

⁹ The #Rhodesmustfall and #FeesmustFall student movements emerged in 2015. The former focused on the removal of the statue of Cecil Rhodes at the University of Cape Town, which opened up a discussion about decolonization. The latter emerged at the University of the Witwatersrand in late 2015 and became a national movement demanding the reduction in student fees, focusing attention on economic inequality.

translation of his psychiatric writings into English in the new collection of Fanon's writings *Alienation and Freedom*. For many years Fanon's psychiatry writings were understudied, but new research emphasizing the connectedness of his thought, whether political, philosophic, or psychiatric, is helping to uncover a "new Fanon" (TURNER; NEVILLE, 2020). In addition to academic conferences and articles, new books alongside *Alienation and Freedom* — such as Roberto Beneduce's and my *Frantz Fanon, Psychiatry and Politics* (2017), Erica Burman's *Fanon, Education, Action* (2018), and David Marriott's *Whither Fanon* (2018) — have highlighted the importance of Fanon's clinical work and will be discussed here.

The publication of Fanon's psychiatry writings in *Alienation and Freedom* is helping us think about Fanon's insistence on connections between mental health and the relevance of social liberation. Some of the new reconsiderations of Fanon have refocused attention on *The Wretched of the Earth*, with appreciations of the importance of its concluding chapter "Colonial War and Mental Disorders." We are, in short, returning to Fanon's concern about the dialectical depth of decolonization and the questions of independence and freedom in recognition of the trauma and mental disorders that emerge out of the systematic depersonalization of colonialism and racism. In other words, in the conclusion to *Black Skin White Masks*, Fanon again turns to a critique of reactive action, underscoring the importance of thought to becoming actional. This point is as essential to his notion of what radical psychiatry is as it is to his idea of radical politics. It is this question that concerns Fanon in the final chapter of *The Wretched of the Earth*, as he worries about the psychological toll of colonial war and the time and space required for rehumanization¹⁰ⁱ — recreating self-actional human beings — as the real measure of independence and freedom.

What is also of particular interest in this chapter is the inclusion of what Fanon calls "borderline cases," and he gives an example of a militant who suffers from anxiety attacks and suicidal ideation around the anniversary of the day he had been ordered to place a bomb. Though he does not draw further attention to borderline cases, he adds: "such cases pose the question of responsibility within the revolutionary framework" (2004, p. 185). What can he possibly mean by "the question of responsibility within the revolutionary framework"?

¹⁰ "Though it may appear unscientific," he argues in "Colonial Wars and Mental Disorders," in our opinion *time alone* can bring some improvement to the disrupted personality" (FANON, 1968, p. 263, my emphasis).

At one level we could simply translate “the revolutionary framework” (*le cadre révolutionnaire*) as the FLN militant’s responsibility to that organization. But on another level “the revolutionary framework” could be considered in the context of the conclusion of *The Wretched of the Earth*: the necessity to start a new history and to develop new ways of thinking intimately connected with the creation of a new humanity. This is, in part, the larger question that the revolution has to ask itself: But how can this possibly be done in the context of the brutal colonial war?

In the introduction to *Whither Fanon? Studies in the Blackness of Being* (2018), David Marriott argues that the questions Fanon asks in “Colonial War and Mental Disorders” gesture to his concern about the creation of independence on the backs of those who have been systematically dehumanized by the colonial war. Marriott importantly adds, “Fanon’s concern is with how anti-colonial revolution, far from producing emancipated subjects, can also produce subjects who are radically dispossessed.” (2018, p. 23) It “forces him,” Marriott emphasizes, “*in spite of himself*, to rethink the distinctions between ethics and politics, or, in his own words, ‘the question of responsibility within the revolutionary framework’” (2018, p. 23). Marriott doesn’t say more about “the question of responsibility within the revolutionary framework,” and when he does return to it 157 pages later, he notes “Fanon explores this question in several case histories covering the period from 1954 to 1959, in hospital centers and private clinics or the health divisions of the FLN” (2018, p.180). Nevertheless, Marriott doesn’t explicate this nor explain how “responsibility in a revolutionary framework” interpolates these case histories. In addition, while Marriott’s focus importantly highlights the under-read “Colonial War and Mental Disorders” chapter, there is little mention, let alone analysis (see pp. 187, 374, note 2 and pp. 376 note 3), of Fanon’s clinical articles. This is disappointing especially since the blurb on the back of *Whither Fanon* says that the book investigates and foregrounds “Fanon’s clinical system,” re-reading his “clinical and political work together.”¹¹ I don’t want to be hung up on marketing and blurbs but I do think that it is suggestive to consider Fanon’s articles in the context of “the question of responsibility within the revolutionary framework.” I certainly think it could be fruitful to consider, for example, Fanon’s respective 1954 and 1959 studies of institutional therapy at Blida-Joinville in colonial Algeria and of day hospitalization at Charles Nicolle Hospital in postcolonial Tunis.

¹¹ See <https://www.sup.org/books/title/?id=27225>

Before I turn to this I want to consider Fanon's relationship to François Tosquelles, who was the director of Saint Alban hospital (located in Saint-Alban-sur-Limagnole in Lozère and now called The François-Tosquelles Hospital Center), where Fanon interned and is considered a founder of Institutional therapy or sociotherapy.

2. François Tosquelles

Tosquelles is a fascinating figure. A revolutionary anti-fascist in Spain, he escaped over the Pyrenees to France in 1939. After a campaign to release him from internment, Tosquelles transformed Saint Alban hospital into a refuge for traumatized resistance fighters. There was an intimate connection between the political struggle against Nazism and Fascism and the struggle against authoritarianism inside the psychiatric hospital. What became institutional therapy was a product of these experiences.

After Fanon's dissertation, a draft of what would become *Black Skin White Masks*—with an academic title, “a contribution to the study of psychological mechanisms which might generate a healthy understanding between the different members of the French Community”—was rejected by the head of the committee Professor Jean Dechaume, for political reasons. A strictly scientific work, it was thought, should reinforce the French Union. Fanon submitted another work, “Mental Disturbances, Changes in Character, Psychic Disturbances and Intellectual Deficiency in Hereditary Spinocerebellar Degeneracy: A Case of Friedrich's Disease with Delusions of Possession.” While not rejecting neuropathological explanations for mental disorders, the thesis linked three expressions of alienation that were also part of the *Black Skin White Masks* project on “disalienation.” These three expressions were subjective, cultural, and political, where “the human being, as an object of study, demands a multi-dimensional investigation,” and where the subject “loses its mechanistic character. It is no longer passively moved. It discovers itself as actor” (FANON, 2018, p. 218). During his time at Saint-Alban Hospital, Fanon co-authored three articles in July 1953 with François Tosquelles—“On some cases treated with the Bini method,” “Indications of electroconvulsive therapy within institutional therapies” and a case study, “On an attempt to rehabilitate a patient suffering from morpheic epilepsy and serious character disorders.” The articles indicate Fanon's critique of the indiscriminate use of antipsychotic drugs, lobotomies and electroconvulsive therapy (ECT). In contrast to David Macey's opinion that Fanon was using

the techniques and technology of the day “as good pragmatists” (MACEY, 2000, p. 211), the articles note that they are really a last resort because ECT provokes “irreversible lesions and death”—warning that it must be used with a “level of vigilant prudence and self-criticism” and “can be legitimated only in terms of efficacy” in chronic cases where all other methods have failed. We should also note that the language here is similar to what we might read about the use of ECT today, over 60 years later. But efficacy for Tosquelles and Fanon is also connected with the context of use. The case study from 1953, in effect, indicates the importance of Institutional therapy as a framework, which they describe as “the social life of the entire hospital ... as the stage of active, interventionist analysis *preceding* the treatment.” In other words, it is a relational and personal context that favors, as Alice Cherki puts it, “the emergence of speech and the retrieval of fragments of histories suffered, silenced, forgotten, and especially censored” (CHERKI in GIBSON and BENEDUCE, 2018, p. xiv). Any notion of pragmatics about the use of shock therapies has to be taken in this context, and it underlies Tosquelles’ and Fanon’s approach to the case of the young women who were transferred to Saint-Alban in 1952 (discussed in “On an attempt to rehabilitate a patient suffering from morpheic epilepsy and serious character disorders” (FANON, 2018, p. 299-305)). She had been taken to Vinatier Hospital in 1944 after “the deaths of her mother and father in her presence during an aerial bombardment [and] then given a series of electroshocks” (FANON, 2018, p. 299). Underscoring the brutality of the institution as well as shock therapy, Tosquelles and Fanon write that for a period of eight years, “she had had to be kept almost permanently confined in a cell and straightjacketed. She had become the privileged object and most enterprising subject of playing out the sado-masochistic myths so often incarnated in our psychiatric establishments” (FANON 2018, p. 301). In other words, for both Fanon and Tosquelles the dialectic of structure and agency is essential to understanding the brutality of the institution and its methods as well as the brutalization of the interned.

3. Why must Tosquelles be fought?

The relationship between Tosquelles and Fanon is described glowingly by his biographers. “In Tosquelles,” opines Macey, “Fanon found his true mentor” (2000, p. 145). Cherki agrees and calls Fanon a disciple (2006, p. 20), though we should note that Cherki adds that theirs was a

relationship of difference not consensus. In addition, Tosquelles' memory of Fanon at Saint-Alban is equally powerful: "He never really left us," he said of Fanon in 1975. "He continued to be present in our memory in the same way he filled the space around him. He questioned his interlocutors with body and voice" (CHERKI, 2006, p. 20).

One important expression of their relationship of this difference, indeed more than a difference, is suggested in the letters between Maurice Despinoy¹² and Fanon suggesting that each had similar concerns about Tosquelles that went back to earlier discussions. At Blida-Joinville Fanon's pioneering of critical sociotherapy, or more widely known as institutional therapy, was far from linear or singular. Even before the French counter-insurgency in Algeria and Fanon's formal public alliance with the Algerian revolution, he was already reflecting on the cultural assumptions associated with sociotherapy. Indeed, the "North African Syndrome," published after his Saint-Alban internship and before *Black Skin White Masks*, confirms that he had been thinking along these lines for a while. So when reporting on the failure of sociotherapy at Blida-Joinville Hospital, we should not be surprised that Fanon argues that a revolutionary attitude to psychiatry was essential. This conclusion, nevertheless, had to be put to the test. It was only later that Fanon told his intern, Jacques Azoulay, the co-author with Fanon of "Sociotherapy in a Ward of Muslim Men: Methodological Difficulties," that sociotherapy was not simply about applying a method, but rather owning the process that is implicitly political: "It is not simply a matter of imposing imported methods," he said; "*I had to demonstrate a number of things in the process*: [namely the difference between the values of Algerian culture and colonial culture]; [and] that these structuring values had to be embraced without any complexes by those to whom they pertained—the Algerian medical staff as well as Algerian patients" (CHERKI, 2006, p. 71, my emphasis). The "experiment" at Blida, in other words, was a teaching moment that needed to be experienced by all the staff, especially by the European staff who echoed typical racist attitudes toward the North Africans that Fanon had analyzed in the "North African Syndrome." It was a collective educational experience for all including Fanon, and for the staff, the outcome would be a practical critique of what Fanon called the North African syndrome experienced "in the gut." For Fanon, the Algerian staff was essential because he "needed to have the support of the Algerian staff in order to incite them to

¹² Fanon interned under Despinoy at Saint-Alban and remained in touch with Despinoy. In 1952 Despinoy took up a position as head of the "Centre Hospitalier de Colson," the psychiatric Hospital of Martinique.

rebel against the prevailing method” (CHERKI, 2006, p.72). How could the goals of sociotherapy, rehumanizing the patient and creating new institutions and practices in the hospital have been done when, Fanon asked, “we forgot that every attempt of that kind must be preceded by a persistent, concrete, real inquiry into the organic foundations of the indigenous society” (FANON; AZOULAY, 1975, p. 1099, quoted in GIBSON; BENEDUCE, 2017, p. 158)? Aware of cultural specificity, he did not lose sight of the pedagogical moment, concluding in “Sociotherapy in a Ward of Muslim Men: Methodological Difficulties” that “We had to move from the biological to the institutional, from natural to cultural life” (FANON; AZOULAY, 1975, p. 1102, quoted in GIBSON; BENEDUCE, 2017, p. 59). For Fanon, this re-education not only meant constant questioning of Algerian nurses, but also constant discussions and field trips with his interns to Kabyle villages, engaging a type of “critical ethnopsychiatry” (GIBSON; BENEDUCE 2017, p. 131-164) which would result in the drafts “Introduction to sexuality disorders among North Africans” and “Daily life in the douars,” as well as an article published in 1956, “Maghrebi Muslims and their attitude to madness” (all of which are included in *Alienation and Freedom*). As Alice Cherki argues, “his cultural anthropology was remarkably advanced, especially when compared to the recent regressive return of ethnopsychiatry to the very same culturalism that Fanon was so wary of” (CHERKI, 2017, p. xvi).

The didactic and educational program (see BURMAN, 2018) that the staff had to understand and experience, he said, meant “understand[ing] with your gut” (CHERKI, 2006, p. 71). And this was an essential part of Fanon’s approach, practice and theory, allied to study groups, lectures, and discussions. It was all part of Fanon’s plan to develop and hire his own psychiatric staff. Cherki reports him saying, “give me nurses and I will create psychiatrists” as well as putting into motion a nursing program specializing in psychiatry as he “began working on developing a curriculum for a degree in psychiatric nursing” (CHERKI, 2006, p. 75). Fanon’s energy during this period was remarkable especially as he was drawn further and further into the Algerian struggle.¹³ This was also the time that he created an open clinic, which was almost autonomous

¹³ Fanon began the work of socializing the Institution and humanizing its “borders” immediately on arrival at Blida-Joinville. The work included basket-weaving and pottery, a film club and sports events, including creating a soccer field built by the borders and organizing matches, as well the celebration of Muslim and Christian religious and traditional festivals, and the opening of a Moorish cafe. Of particular importance is Notre Journal (Our Journal) as a means of communication. The editorials of “Our Journal,” written by Fanon (December 1953 to December 1956) are included in *Alienation and Freedom*.

from the hospital structure and became used as a secret safe house for clandestine visits of FLN militants.

Later, Fanon put on hold the project of reforming the psychiatric hospital and the practical creation of a neo-society within Blida-Joinville hospital. Given that he had dedicated his time in Algeria to this project, it was quite a shift. Politics trumped psychiatry even if he had seen their intimate connections and attempted to do both. Given this shift, which becomes more apparent with the new availability of his psychiatry writings, it is worth further reflection on his letter of resignation:

There comes a time when silence becomes dishonesty... 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 an alien in his own country, lives in a state of absolute depersonalization ... A society that drives its members to desperate solutions is a non-viable society, a society to be replaced (FANON, 1967, p. 53-54).

Fanon was fully committed to the Algerian revolution, and yet he was only away from practicing psychiatry for a few months. As well as working full-time with the FLN in Tunis, Fanon was soon also working full-time as a psychiatrist and creating the first day hospital in North Africa (CHERKI notes that he functioned on three hours sleep [2006, p. 93]). Certainly Fanon's reasons for resigning from Blida did not come out of the blue; he was already critical of colonial psychiatry and damning of its leading figures. His January 1956 letter to his Saint-Alban colleague, Maurice Despinoy, which is included in *Alienation and Freedom*, prefigures the claim that he would repeat in his resignation letter at the end of the year: "colonialist psychiatry as a whole has to be disalienated" (FANON, 2018, p. 417). But what is of particular interest in this same letter is that he speaks of François Tosquelles, who is referred to as "Tosq." He writes to Despinoy, "you and no one but you had finally situated the problem. What you say about [Tosq?] is spot on. [Tosq] must be fought" (FANON, 2018, p. 418 my emphasis).¹⁴

But why must Tosquelles be fought? That same year, 1956, Fanon co-authored a critique of Tosquelles, "The Phenomenon of Agitation," with Slimane Asselah¹⁵ (published in 1957 but written in 1956), which directly criticized Tosquelles' paper "Introduction to a semiology of

¹⁴ In the letter Fanon speaks of a dissertation he had supervised on "the structure of delusions among Arabs" which is "likely to be useful to us for an analysis of how that mind-numbing perspective called ethno-psychiatry conceives schizophrenics."

¹⁵ Slimane Asselah, was arrested by paratroopers in March 1957 after taking up a position in Algiers and became one of the disappeared. (See GIBSON; BENEDUCE, 2017, p. 181, n.18).

agitation” (*Evolution psychiatrique*, no.1, 1954). It is a paper where Tosquelles uncritically references the head of the colonial Algiers school of Psychiatry Antoine Porot, though Fanon and Asselah do not mention this. Rather, their critique of Tosquelles makes two related points emphasizing the dialectic of structure and agency. First, considering the structural nature of the problem and a refusal to blame the issue of repressive measures primarily on sadistic attitudes among staff, they argue, “The fact is that the hospital itself is sadistic, repressive, rigid, nonsocialized, and castrating” (FANON; ASSELAH, 1957, p. 22, quoted in GIBSON; BENEDUCE, 2017, p. 140, see FANON, 2018, p. 441). Second, they argue that coercive strategies have effects that “generate a complex symptomatology (disadaptation, more and more agitation, delusions, hallucinations, regression).” Agitation is not a mere symptom but a product of reciprocity, “triggered and sustained by human relationships” (GIBSON; BENEDUCE, 2017, p. 140). Moreover, agitation is interpreted as a response to institutional violence. The language is clear: “The destructive aggressiveness, and what the staff interpret as ‘intentional wickedness’ from patients, are obviously responses to the concentration-camp-like structure, primarily repressive” (FANON; ASSELAH, 1957, p. 21, quoted in GIBSON; BENEDUCE, 2017, p. 142).

Insisting on a dialectical understanding of agitation, they undermine Tosquelles’ “well grounded semiology” emphasizing an institutional critique:

Agitation appears within the human context, which is the hospital, meaning it must be understood dialectically not mechanistically. When the hospital becomes a nexus of social relations and ambiguous encounters, agitation loses its sense of seclusion, irresponsibility, and incomprehensibility . . . From a dialectical perspective, agitation then reenters the primordial cycle of mirror reflection: you give; I receive, assimilate, transform, and give back. Although destructive reactions such as agitation do not just disappear, the signifying value of the organism’s attempts at explanation is restored and a second internment or isolation is rejected once and for all. (FANON; ASSELAH, 1957, p.24 quoted in GIBSON; BENEDUCE 141, see FANON, 2018, p. 445)

They then go on to discuss agitation’s disarming capacity to reunite structures, anticipating, as Khalfa and Young argue (FANON, 2018, p. 440, n. 18), “some antipsychiatry themes of the following decade”:

The “agitated-who-knows-what-they-do” are put in the same cell as the “agitated-who-knows-not-what-they-do.” In reality, the agitated simultaneously know and do not know what they do; or better, they do not know but try to find out. These attempts at finding out shed light on certain aspects of the situation while keeping others in the dark, leaving the observer with the uncomfortable feeling of being mystified. Thus the fundamental ambiguity of human existence is integrally lived and expressed, even through the most disordered and anarchic of behaviors, too easily stamped as nonsense. (FANON; ASSELAH, 1957, p.24 quoted in GIBSON; BENEDEUCE 141, see FANON, 2018, p. 445, 447)

Here, the limits of institutional psychotherapy are clear. In a colonial context, all the benefits of this model lose their conceptual strength. What is the use of reforming the hospital in a society which is set up to “decerebralize a people” (FANON, 1967, p. 53)? What becomes clear, instead, is violence: in this case the violence of the hospital could easily be translated outside of the institution. All resistance, all agitation, whether the agitated know what they do or not, is arbitrarily designated as nonsense while the agitated, in this context of “absolute violence” (Fanon 1968: 37), desperately tries to find the meaning of what they do.

4. Revolutionary responsibility, the clinic and the new society

Let me return to the “question of responsibility within the revolutionary framework,” considering Fanon’s continued critical engagement with institutional therapy as part of day hospitalization in postcolonial Tunis. According to a note by Fanon and Azoulay in their two-part 1959 article on Day Hospitalization, Fanon was already operating a day clinic at Blida-Joinville Hospital five years earlier: “One of the authors opened the only open service in Algeria and headed it for two years” (FANON, 2018, p. 496, note 2).

In the context of the war, this day clinic, alongside Fanon’s demands to demilitarize Blida-Joinville in 1955-56 and his successful disarming of the police on its grounds—essential for treating FLN fighters for serious mental ailments—could be considered one expression of the question of “responsibility within the revolutionary framework.” In addition to harboring militants and providing medicine, he also educated them practically in the art of war and the necessity of thought and self-reflection to taking action.

Simone de Beauvoir described an element of Fanon’s work for the FLN at the time:

Eight assassination attempts out of ten were failing because the "terrorists," completely terrorized, were either getting discovered straight off or else bungling the actual attack. "This just can't go on." They would have to train the Fidayines. With the consent of the leaders, he took the job on; he taught them to control their reactions when they were setting a bomb or throwing a grenade; and also what psychological and physical attitudes would enable them to resist torture. He would then leave these lessons to attend to a French police commissioner suffering from nervous exhaustion brought on by too many "interrogations." (FANON, 1965, p. 593)

In part two of Fanon and Geronimi's article "Day Hospitalization in Psychiatry," Fanon takes us back to the problem of how to create a new society. The new society is not an abstraction but literally a necessity for life itself. It is created by people who learn together and "enrich their consciousness." It is not created by orders from above through the party/state or their local representatives, as he puts it in *The Wretched of the Earth*, where he discusses the example of building a bridge:

The bridge must not be pitchforked or foisted upon the social landscape by a *deus ex machina*, but, on the contrary, must be the product of the citizens' brains and muscles. And there is no doubt architects and engineers, foreigners for the most part, will probably be needed, but the local party leaders must see to it that the techniques seep into the desert of the citizen's brain so that the bridge in its entirety and in every detail can be integrated, redesigned, and reappropriated. The citizen must appropriate the bridge. Then, and only then, is everything possible (FANON, 2004, p. 141).

In the same way, one practical goal of day hospitalization is to restore the freedom of the patient by liberating them from institutionalized confinement. The real context for sociotherapy, Bulhan reminds us, "is the dynamic and living society itself" (BULHAN, 1985, p. 247). But in "Day Hospitalization in Psychiatry," though still viewing sociotherapy as useful, Fanon is critical of the structural limitation of its attempt to create a new society *within* the institution. "In the neo-society, there is no invention, no creative dynamism, no newness," argue Fanon and Geronimi, "There seem to be no veritable dislocation, no crises." The "inert character of this pseudo society" within the hospital, they continue, "its strict spatial confines, the restricted number of structures available, and, why hide it, the patient's lived experience of internment-imprisonment considerably limit the curative and disalienating value of sociotherapy. Thus, we have come to believe that the only true socio-therapeutic milieu is, and *remains, material society itself*" (FANON, 1959, pp. 718–19; my emphasis, quoted in GIBSON; BENEDEUCE, 2017, p. 208, see FANON, 2018, p. 500). The patient, in short, brings their lived experience, all their social interactions, at work, at home, on the bus and

so on, into the therapeutic session. What had to be avoided—and this refers also to political work—was what Fanon called the “*chosification du conflit*” (the thingification of conflict) and the thingification of patients. We might add to this the thingification of the new society within the hospital. “This kind of reification is typical of asylums, where staff focus on signs and symptoms but lose sight of real life” (GIBSON; BENEDUCE, 2017, p. 208). The limitation of sociotherapy is clear, the clinic as refuge is important, but real life needs to flow throughout it. It is in this context of thinking about psychotherapies—and how the patient’s taking care of the self outside the hospital reinforces the patient’s personality—that Fanon references Sandor Ferenczi. Marginalized at the end of his life, Ferenczi has experienced new recognition since the turn of the 21st century as a pioneer of the “psychoanalytic treatment of complex trauma” (GAZTAMBIDE, 2012, p. 143) and someone who laid “the foundation for a relational perspective in psychoanalysis” (RACHMAN, 2007, p. 76). Like Tosquelles, who had been the director of psychological services for the Republican army during the Spanish civil war, Ferenczi treated traumatized soldiers during World War One and developed an etiology of war trauma that became foundation to its treatment. Emphasizing that trauma is based on real events, and like Tosquelles a socialist and reformer, Ferenczi argued for the importance of social factors in human suffering, as he put it to Freud in a letter dated March 22, 1910: “We investigate the real conditions in the various levels of society, cleansed of all hypocrisy and conventionalism, just as they are mirrored in the individual.”¹⁶

Ferenczi’s work on war neurosis and trauma interested Fanon, who read everything by Ferenczi he could get his hands on (CHERKI, 2006, p. 118- 218). In particular, Ferenczi’s “non-orthodox” emphasis on the practice of empathy and mutuality in therapy and the “confusion of tongues” in trauma is arresting. At Blida-Joinville and at Charles-Nicole in Tunis Fanon advocated group therapy, drama therapy, art therapy, and occupational therapy as well as engaging in individual therapy. Fanon and Géronimi note in “Day Hospitalization in Psychiatry” that in the first year at Charles-Nicole, “the *chef de service*” (namely, Fanon) “assumed all the therapeutic” needs of the 80 patients. And yet we don’t have much detail about Fanon’s practice and method as a

¹⁶ It is worth remembering that after World War 1, Ferenczi and Freud put forward a program of “Psychotherapy for the people” in “institutions or out-patient clinics . . . where treatment shall be free” argued Freud in “Psychotherapy for the people,” in “institutions or out-patient clinics.” See Freud’s “Lines of advance in psychoanalytic therapy” (1918) *Selected Edition* vol. 17. From 1920 until 1938 the activist generation of psychoanalysts built free treatment centers that provided free mental health care in ten cities and seven countries.

psychotherapist.¹⁷ For some evidence, we return to “Colonial Wars and Mental Disorders” from *The Wretched* because it offers us some brief notes. Even if he declared in “Colonial Wars and Mental Disorders” that he was not interested in “therapeutic discussion” (FANON, 2004, p.183), he nevertheless started from the prognosis that colonial wars constituted a “veritable apocalypse . . . a new phenomenon even in the pathology it produces” (FANON, 2004, p.183, my emphasis). In all of the cases, Fanon anchored the problem of suffering to the fundamental issue of the individual in the context of colonial war. In other words, in this chapter, “Fanon investigated the existential and ethical issues of violence, the very issues that are often expunged by contemporary biological and cognitivist models of trauma, such as those epitomized by what we now call PTSD” (GIBSON; BENEDEUCE, 2017, p. 234).

5. Symptoms speak: The case of B and the pedagogy of Fanon’s clinical practice

A practicing psychotherapist and professor of education in England, Erica Burman’s new book *Fanon, Education, Action* (2018) interrogates Fanon by focusing on his myriad references to children and childhood. By doing so, Burman provides a framework that reinforces the inseparability of Fanon’s psychiatric, philosophical and political praxis. Burman develops a pedagogical typology of four distinct forms of child in Fanon’s texts in which she frames “child as method” (her subtitle), highlighting Fanon as educator.

What I want briefly to discuss here is Burman’s analysis of the notes on the case of B, which is included in “Colonial Wars and Mental Disorders” (Series A, Case No. 1), titled “Impotence in an Algerian following the rape of his wife.” Burman’s analysis is original and suggestive of new areas of research. Here, Fanon makes clear his view that the individual patient can only regain agency and self-determination as part of the community. B’s attitudes, his shame, his depression, and his obsessional suicidality are social manifestations not only under the pressure of colonialism but also products of colonial war and torture. They are also the results of growing up in a culture that is undergoing change as a result of the anticolonial struggle. It is in this social and cultural

¹⁷ Cherki reports an “extremely significant case” of a 27-year old he treated five times a week. Fanon’s case, she says, reveals “his command of psychoanalytic theory and his understanding of the workings of the unconscious as well as his intuition” and “owes much to certain findings of Ferenczi” (CHERKI, 2006, p. 120-121).

context that Fanon's therapy with B, formerly a militant committed to social and national liberation but who has withdrawn from politics, turns on his relations with his wife and child. The case concludes with a dialogue between Fanon and B:

He then asked me whether his "sexual failing" in my opinion was caused by his worrying.
Answer: "It's quite likely."
He then sat up in bed.
"What would you do if it happened to you?"
"I don't know . . ."
"Would you take your wife back?"
"I think I would . . ."
"Ah, you see . . . you're not quite sure."
He put his head in his hands and after a few moments left the room.
From that day on, he gradually accepted to listen to political discussions while his migraines and anorexia lessened considerably (FANON, 2004, p. 189).

Rather than diagnostic, the dialogue is important because of Fanon's active role in expressing ambivalence in his answer to B's question, "What would you do if it happened to you?" Fanon's answer, "I don't know . . .," gives B room to allow for ambiguity and space to think about alternatives. For B, Fanon might be considered an ego-ideal whom he asks for advice, which he might follow. What would you do? "Would you take your wife back?" Fanon's answer is not simply a question of truthfulness; it is also importantly empathetic. It is not a question of advising but helping B gain mental space to become actional. "I think I would . . .," Fanon answers "Ah, you see . . . *you're not quite sure*" (my emphasis), says B.

The dialogue indicates some interesting doublings and identifications that go on between B and Fanon, but also perhaps in B's own thinking as well: comparisons between his wife (chosen by parents in an arranged marriage) whom he did not love and his cousin with whom he was in love; and between his wife's rape by the French military and his attitude toward his young child. The idea of rottenness appears twice in the dialogue. First, in reference to his daughter, B says directly, "This girl . . . has something rotten inside her" (FANON, 2004, p. 188). And second, after he makes his decision to take his wife back, his ambivalence is triggered by the picture of his daughter making everything rotten: "I've made up my mind to take her back, but I still don't know how I'll react when I see her. And when I look at the picture of my daughter I often think she was dishonored as well. As if everything that had to do with my wife was rotten" (FANON, 2004, p. 189).

Burman explores B's attitude toward the rape of his wife and suggests that his young daughter "represents something more"—namely, someone whose existence comes into being as a "kind of rape," as an "outcome of his lack of care for his wife," who we are told he does not love but has survived rape and torture by the French *for him* (BURMAN, 2018, p. 136). Debilitating shame overwhelms B: shame that he did not love his wife, who has been raped in the course of protecting him, and shame that his child is a product of a non-loving relationship, a kind of rape.

Burman argues: "If Fanon as presenter of this case is also a didact, teaching by such narratives of distress colonialism's crimes, he is also in pedagogical mode offering a working through of the process for an Algerian man to welcome back rather than reject his loyal wife who survived rape and torture for him" (BURMAN, 2018, p. 136). In addition, Burman highlights Fanon's concern with doing therapy with B and notes that unlike the other cases in "Colonial Wars and Mental Disorders," B's case "is also narrated as a history of a *relationship* of consultation, of help-seeking, and receiving"—as seen in the dialogue that closes the case, quoted above. Burman importantly adds that Fanon as "therapist even more than political agitator appears didactic but not explicitly directive." This, she adds, is an instantiation of "working psychoanalytically at the level of 'failure'" (BURMAN, 2018, p. 140).

At the end of the case-notes Fanon quotes B's concluding comment: "If it doesn't work out with my wife, I'll come and see you in Algiers." We are not exactly sure of the date. Perhaps it was 1959, the year that Fanon published *L'an cinq de la révolution algérienne*, mistitled in English as *A Dying Colonialism*. There, he said that colonialism was finished in Algeria and the question was of building a new society on the radical mutations in social relations that the Algerian revolution had created. Fanon was looking forward to life in independent Algeria and there is something optimistic in the conclusion to the case. "On independence, I'll take my wife back. If it doesn't work out," says B, "I'll come and see you again in Algiers" (FANON, 2004, p. 189).

Burman adds that Fanon "appears to be suggesting that liberation from colonial rule will correspondingly promote liberation from his previous compulsions and mentality" (BURMAN, 2018, p. 140). But rather than repeating old left notions that new relationships would have to wait until after the revolution, or the revolution would be a magic salve, B imagines the mention of a future return to Fanon, "if things don't work out," as the social work that needs to be done. The radical mutations in culture, the changing relations between men and women, fathers and daughters,

old and young that Fanon heralds in *A Dying Colonialism* as he views a new Algeria “no longer in future heaven” (FANON, 1965, p. 30) are refocused in this chapter on the trauma of colonial war and its torturing regime. In short, the case concludes with the man’s uncertainty, reflecting Fanon’s uncertain answer to the question, what would you do? It is this uncertainty, however, that appears to give B a sense of openness and hope about the future.

6. The stories of children

In part, the point of “Colonial Wars and Mental Disorders” is an opening to the question of how a new society can be built by a generation of children traumatized by colonial war, torture, and dehumanization. Burman’s idea of “child as method” helps turn Fanon’s references to children into a critical analytical tool. The cases of the two Algerian adolescents who kill their European friend and the case of the “apolitical” young man who begins to believe that everyone around him thinks he is a collaborator reflect a larger aspect of Fanon’s work with children traumatized by colonial war. Some of their stories and drawings are collected in a book anonymously edited by Giovanni Pirelli and Jacques Charby called *Racconti di bambini d’algeria* (“Stories of Algerian Children”) published in France and Italy in 1962.¹⁸ For example, after French aircraft continually bombed the Tunisian frontier around Sakhiet-Sidi-Youssef in late 1957 and early 1958, causing a large number of civilian casualties, Fanon worked with some of the victims, using art therapy with the children. Fanon was also a consultant for the film based on children’s drawings and narratives, *J’ai Huit Ans* (René Vautier, Olga Baïdar-Poliakoff and Yann Le Masson, 1961), and Pirelli spoke with Fanon about developing the drawings and narratives of these children into a book that later became “Stories of Children.”

Additionally Burman helps us reconsider Fanon’s references to children (from *Black Skin White Masks* to *The Wretched of the Earth*), including to the seven-year-old in the introduction to *A Dying Colonialism* who was forced to watch his family being killed “so that he would see and remember this for a long time” (quoted in FANON, 1965, p. 26). The prognosis that colonial wars constitute a “veritable apocalypse . . . a new phenomenon even in the pathology it produces,” as Fanon puts it in “Colonial Wars and Mental Disorders,” is repeated here. “Does anyone think it is easy to make this child of seven forget both the murder of his family and his enormous vengeance?”

¹⁸ We reprint some of these stories and pictures in *Frantz Fanon, Psychiatry and Politics*.

(FANON, 1965, p. 26) Fanon adds, wondering, “is this orphaned *child growing up in an apocalyptic atmosphere* the sole message that French democracy will leave?” (1965: 26, my emphasis). The narrative of trauma “links Fanon the psychiatrist/therapist with Fanon the anticolonial revolutionary and social pedagogue, via this account of a child who has been specifically victimized,” writes Burman. The child “is ‘growing up’ in an ‘apocalyptic atmosphere.’” “What is left open is not only how possible, but also how desirable, it is to make ‘this child of seven forget’” (BURMAN, 2018, p. 48-49).

This question of the desirability of memory and of forgetting is an important one. As Roberto Beneduce and I put it in *Fanon, Psychiatry and Politics*:

In exploring the logic of torture and its perversion, Fanon revealed that [apart from the effort of masking the somatic consequences of trauma], the paradoxical injunction of not forgetting is among the most psychically ruinous and long-lasting effects of this specific form of violence. Fanon invoked the words one French soldier said to B’s wife whom he had raped: “If you ever see that bastard your husband again, don’t you forget to tell him what we did to you” (FANON, 2004, p. 186). This injunction to remember the scene of violence, to remember what the victim would like to forget, introduces a block in the tension between forgetting and remembering, rendering the victim literally possessed by their memories. (GIBSON; BENEDUCE, 2017, p.236)

All this, in short—all this therapy in response to colonial violence and an anticolonial revolution—points to the inadequacy, or downright untruth, of not only the popular claim that Fanon offered violence as therapy but also underscores his innovative approaches in contrast to depoliticizing classification on PTSD, which often fails to consider the existential, ethical issues and indeed historical specificity of violence. In addition, Fanon’s wish to continue psychiatry and psychotherapy in an independent Algeria could not be conceived outside of decolonization, which—for him—also requires thinking about the question of responsibility within a critical revolutionary framework.

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