

The meeting between society and psychiatry

FRANTZ FANON'S COURSE ON SOCIAL PSYCHOPATHOLOGY AT
THE INSTITUT DES HAUTES ÉTUDES IN TUNIS. NOTES TAKEN BY
LILIA BEN SALEM, TUNIS, 1959–1960¹

Introduction

By Lilia Ben Salem

This course of lectures was given by Doctor Frantz Fanon for students enrolled in the bachelor programme in sociology and psychology as part of a social psychology diploma during the academic year 1959–1960. At the time I was a first-year student doing a bachelor of sociology. Keenly interested in Fanon's work and this course, I kept the notes that I had taken without rereading them. Years later, as a homage to Fanon was being prepared which I could not attend, I spoke

¹[A first edition of this text was published by the University of Oran, as part of a series titled 'Études et recherches sur la psychologie en Algérie', CRIDSSH (undertaken with the cooperation of the ONRS and APW in Oran), 1984. It was revised in September 2013 by Lilia Ben Salem, professor of sociology at the University of Tunis, who kindly offered to write a new introduction to her notes, for which we are very grateful (she unfortunately passed away on 28 January 2015). Prof. Frej Stambouli, who also attended Fanon's lectures and knew Prof. Ben Salem very well, confirmed the accuracy of these notes. He remarked, as several other witnesses did, that in addition to the students enrolled in the course, the whole of Tunis came to listen to Fanon, including some well-known Algerian militants who were in Tunis at the time (correspondence of February 2016).]

of this text to a colleague and friend from the University of Oran, Abdelkader Djeghloul, and sent him my notes after having reread them and typed them up.² I was rather reluctant, no longer knowing whether they were complete, truly faithful to Frantz Fanon's discourse, whether I had missed some lectures ... I nevertheless recalled that I had been very attentive and that Frantz Fanon had expressed himself clearly, making a clear distinction between the course properly speaking, which I had transcribed, and his commentaries; I had not thought that they would be published and did not know that Oran University had already done so. Here I will try to evoke the context in which, in the wake of the country's independence, the Institute of Social Sciences chose to focus on the problems of Tunisia, and to some extent of the Maghreb, in its process of construction.

Tunisia regained its independence in March 1956. During the years 1956 and 1957, it consolidated its sovereignty in a majority of domains: it set up a Constituent Assembly; formed a government led by Habib Bourguiba; Tunisified the interior and exterior security apparatus (18 April 1956); reinstated the Foreign Affairs Ministry (3 May 1956); created a new administrative apparatus with fourteen appointed regional governors; Tunisified the administration; instituted a Tunisian army (1 July 1956); reformed the judiciary system around the principles of secularization, unification and Tunisification (3 August, 17 August and 25 September 1956); and handed over radio transmission to the Tunisian, civil status code (18 July 1957) ... A vast educational reform was begun in 1958 (Law of 4 November 1958), concerning middle and upper school.

²[Here is the foreword to the 1984 edition, by Abdelkader Djeghloul:

The publication of these notes from Frantz Fanon's lectures, which Mrs Lilia Ben Salem was so kind to entrust to us, presents a threefold interest. (1) It constitutes a modest contribution by the CRIDSSH to the 'homages' and 'rereadings' of Fanon which accompanied the twentieth anniversary of his death. (2) On the documentary level, this text is useful insofar as it reveals an aspect of Fanon's social practice, one that is often unsung: his teaching. If Fanon was a psychiatrist, a political man, a journalist and an essayist, he was also a teacher. During his Tunisian period, and in parallel with his other activities, he lectured at the University of Tunis. (3) At the level of Fanonian thought, embryos of analysis are naturally to be found that were to be developed in *Les Damnés de la terre*. But its interest resides above all in the explicit definition, probably made necessary by pedagogical practice, of his relationship to the categories of psychiatry, sociotherapy and psychoanalysis, categories that fully determine, if implicitly, the writing of his central work.]

Tunis University was born later, with the decree of 31 March 1960. An *École normale supérieure* had been created to train secondary teachers in October 1956. But higher education, or rather an embryo of higher education, was still carried out by the Institut des hautes études, which depended on the French universities. Students would begin their studies at the Institut des hautes études, and complete them at a French university. This was the context in which a bachelor degree in sociology was established in 1959. Students in the humanities prepared their general literary studies in Tunis (foundation year); some first bachelor degrees were created after 1956, notably in Arabic, history and geography. In 1958, the first diploma for a philosophy bachelor was set up, the ethics and sociology diploma. This initiative corresponded less to a desire to give students the chance to do a bachelor of philosophy in Tunis than to the availability of teaching fellows who, for several years, had taught this discipline in upper school and at the Institut des hautes études. Two of them had begun a doctoral dissertation, Jean Cuisenier³ and Carmel Camilleri.⁴ Georges Granai, who was a former student of Georges Gurvitch, was appointed to teach sociology.

It pays to recall that sociology aroused interest in Tunisia in the context of a policy aimed at development. Since the Spring of 1951, the Institut des hautes études had initiated a sociological, ethnological and geographical study group, of which the aim was to undertake several specific studies. In October 1955, the Institut had organized a colloquium on living standards in Tunisia in which Paul Sebag, who was teaching at the Lycée Carnot at the time, participated. Shortly thereafter he was appointed research fellow at the Institut des hautes études. With some colleagues he began work on some monographs on wage earners from the Tunis region and on the outlying districts of the capital.⁵

In this context, a decision was made with the backing of Jacques Berque to establish a bachelor of sociology, at the same time as that established at the

³Jean Cuisenier, *Économie et Parenté. Essai sur les affinités de structure entre système économique et système de parenté*, Paris: Mouton, 1971.

⁴Carmel Camilleri, *Jeunesse, famille et développement. Essai sur le changement socioculturel dans un pays du tiers monde*, Aix-en-Provence: CRESM/CNRS, 1973.

⁵Paul Sebag (1919–2004) published a monograph on Tunisia with Éditions sociales [the French Communist Party's publishing house], in 1951, right in the midst of the national struggle. This was the first work to cast a critical gaze on colonization.

Sorbonne in 1959 and to create the Centre d'études sociales under Georges Granai. During the first year, the students were few. During the first year, these students were few, and included students who had first taken an ethics and sociology diploma as part of a degree of philosophy but then withdrew from philosophy, as well as some new bachelor students of Tunisian, Algerian, French and other nationalities, who, for the most part, had already entered active life. This was the time of the Algerian war and Tunis welcomed refugees and many militants of the Algerian cause. The majority of these students considered that knowledge of our societies, notably those of Tunisia and Algeria, was essential to the shared project of ours to contribute with solid scientific analyses to their independence and their development. Did Jacques Berque not endlessly reiterate that 'there are no underdeveloped countries, there are only under-analyzed countries'?

The bachelor of sociology included four diplomas, one in general sociology, one in social psychology, one in social and political economy; the student was given a choice for the fourth; those who remained at Tunis had to complete the diploma of human geography (part of the bachelor of geography); others left to France where they notably enrolled in a diploma of ethnology.

In the context of the social psychology diploma, which bachelor of psychology students also took, Frantz Fanon, a psychiatrist in Tunis since 1957, after having left Algeria from where he had been expelled,⁶ offered – probably at the suggestion of Claudine Chaulet, who was also a refugee with her husband, doctor Chaulet, in Tunis and researcher at the Institut des hautes études – to teach a semester course on social psychopathology. This course, which took place in the late afternoon, was attended not just by the few students of both bachelors, but also by a composite audience made up of medical doctors, academics, Algerian militants, politicians ... To the point that it assumed a social character unusual within the Tunisian university milieu.

The course properly speaking was the core of his interventions, but the digressions were just as important and enthralling to us. He talked about his

⁶Frantz Fanon resigned from his functions as a psychiatrist at the Blida Hospital and addressed an open letter to Robert Lacoste (see above, p. 433) saying that it was not possible for him to want at any price to disalienate individuals, 'to put them back in their place in a country in which non-right, inequality and murder are erected into legislative principles, where the native, who is permanently alienated in his own country, lives in a state of absolute depersonalization'. In reply to this resignation letter, Fanon received an expulsion order.

experience as a psychiatrist at the hospital in Blida, about his conflicts with his colleagues over the methods of psychiatric intervention; he defended the new methods that he advocated, social therapy and institutional psychotherapy, which were revolutionary in this domain at the time. He also evoked relations between Blacks and Whites – in 1952 he had published *Peau noire, masques blancs*. He also told us about colonial oppression and violence, about the racism he had experienced from his youth on, notably in the French Army, which he joined toward the end of the Second World War,⁷ or again at the university in Lyon where he was ‘*dévisagé, remarqué, isolé*’,⁸ about racism against Blacks, against colonized peoples, and more particularly the Algerians whose cause he had identified with,⁹ about the racism that was ingrained in the culture of the society that produced it.¹⁰ He mentioned the Algiers schools of psychiatry, as characterized by its medical body’s racist attitude toward north-African patients, which it took to be ‘*primitive men whose cerebral evolution is anatomically defective*’.¹¹ His was a project to combat all forms of alienation. His analyses and the passion that drove him impressed us. He was in the process of writing *L’An V de la révolution algérienne*. We admired in him the militant of decolonization and of Algerian independence, his refusal of all forms of subjugation and inequality. He taught us a lot. It corresponded to our questioning at the time.

He invited some of us CES students in social psychology to come and attend his consultations on Thursday mornings at the psychiatry day centre at Charles-Nicolle Hospital in Tunis. Upon his arrival in Tunis, he was first appointed to the psychiatric hospital of La Manouba; but, confronted with the reluctance

⁷Upon liberation, Fanon and his West Indian comrades were demobilized and repatriated on a boat set up as a slave ship, with the feeling of having believed they’d engaged in war for the equality of races and human fraternity, whereas in fact, given the behaviour of the crowds toward the French soldiers, both the allies and them, they found themselves alone, ignored and sometimes even scorned; (interview with Mahmoud Maamouri, former ambassador and friend of Fanon, reported during a lecture he gave in 2008).

⁸See *L’Action*, Tunis, December 1963 (on the occasion of the second anniversary of Fanon’s death).

⁹In the resignation letter he wrote when quitting the hospital of Blida, he said: ‘If psychiatry is the medical technique that endeavours to enable individuals to cease being foreign to their environment, I owe it to myself to state that the Arab, permanently alienated in his own country, lives in a state of absolute depersonalization.’

¹⁰Alice Cherki, *Frantz Fanon: A Portrait*.

¹¹Fanon, ‘The North African Syndrome’, *Esprit*, February 1952.

of his colleagues to accept his 'sociological' interpretation of mental illness, he obtained a transfer from the Deputy Minister for Health and Social Affairs to the neuropsychiatric clinic at Charles-Nicolle Hospital, where he was freer to adhere to his principles. Once there he had the good fortune to be able to create a neuropsychiatric day centre, 'Fanon's place in Tunis', according to Alice Cherki, with a young team.

During his medical studies, Fanon simultaneously took courses in philosophy at the Faculty of Letters in Lyon (he was a student of Merleau-Ponty, among others), as well as of sociology, ethnology and psychology. During an internship at Saint-Alban Hospital in Lozère, he also had the occasion to work with Doctor François Tosquelles, a psychiatrist of Spanish origin and an anti-Franco militant who pioneered institutional psychotherapy.¹² His collaboration with Tosquelles, writes Alice Cherki in her introduction to *Les Damnés de la terre*, was for him a decisive training, both in terms of psychiatry and of his future militancy.

Appointed head-doctor at Blida Hospital in November 1953, he endeavoured to practice social therapy with his colleagues. Thrown by the stance of many psychiatrists, who tended to consider illness only in its outward signs, he paid special attention to the patients' social milieu. He was drawn to rejecting the carceral milieu of the psychiatric hospital.

The Neuropsychiatry Day Centre had the particular feature of being part of a general hospital; the mental patient there was a patient like any other, less stigmatized than in a psychiatric hospital; the psychiatric doctor there had the material infrastructure of the general hospital at his disposal and was in daily contact with his internist and surgeon colleagues. But what is most important is that the patient there has total freedom; he spends the day at the hospital but returns home after 6 pm, just as any other worker would, going back to civilian life every evening, taking public transport, going to the café, frequenting the mosque, enjoying a family life Recourse to social therapy entails that the patient should not be a passive being, but must 'verbalize, explain, explain himself, take a stance': 'Social therapy wrests the patient from his fantasies and obliges him to confront reality'.¹³

¹²Alice Cherki, *Frantz Fanon: A Portrait*.

¹³Frantz Fanon and Charles Geronimi, 'Day hospitalization in psychiatry. Part two: doctrinal considerations). The Neuropsychiatric Day Center in Tunis (CNPJ)' (see above, p. 495).

Among the psychiatric therapies practised, Fanon emphasized individual and psychoanalytic psychotherapies, but above all group psychotherapies: patients, in groups of between six to ten, each introduced their problems, which became topics of discussion, and, an exchange of experiences – he was clear that this therapy cannot be applied to really serious pathologies.

During the sessions I attended, Doctor Fanon received many patients. He found it difficult to tolerate the rhythm imposed on him by the hospital: there was always friction with the orderlies, who simultaneously played the role of interpreters; he often realized that he had receive only a brief summary of what the patient had said, though he considered that all the patient's words assumed an importance; he often took the time to inquire among the members of their families and had home surveys done by a young social assistant who worked with him. His consultations began between 8:30 and 9 am and never finished before 1:30, 2 or sometimes 3 o'clock in the afternoon. He commented at length with his team on the cases that he had been presented with, inquiring always less into the symptoms of the illness than into the patient's social and familial milieu.

Many of the patients were Algerian – some from the maquis. He also received former Tunisian fellaghas. He liked to talk about these cases of militants who had been confronted with violence and who turned out to be unable to readapt to a normal civilian and family life. Far from making an apology for violence, he adjudged it unavoidable as a response to the violence of colonization, of domination, of man's exploitation of man. Some of his remarks appeared to us too cynical I confess that his personage fascinated us. He was imperious all the while being ready to listen to others, distant, passionate and fascinating; we asked him questions; but he rather tended to give monologues, to reflect on things out loud. His expressions were not only those of the doctor, but above all the philosopher, the psychologist, the sociologist ...

The mad person is one who is 'foreign' to society. And society decides to rid itself of this anarchic element. Internment is the rejection, the side-lining of the patient. Society asks the psychiatrist to render the patient able again to reintegrate into society. The psychiatrist is the auxiliary of the police, the protector of society against ... The social group decides to protect itself and shuts the patient away. When the patient leaves the psychiatric establishment

without the doctor's consent, a whole series of consequences ensues. Psychiatrists have reacted violently against this role; they have asked the authorities to allow a certain margin of spontaneity with respect to the family to the family and to the patient. This new way of seeing has borne fruit. We will see below how by practicing self-placement, the mental patient can be conscious of his illness.

The problem of the awareness of the illness has raised dilemmas. There is no method for observing whether whether a mental illness has disappeared; from what moment can we say that the patient is cured? As of 1930, sociologists supplied psychiatry with some interesting data. Since the patient has effectively lost the sense of the social, he must be resocialized; for some, the socialized being is one who lives without giving anyone else cause for concern. Only, which group does one adapt to? It has been seen that some people could be received into the family group and had troubles being received into the work group and vice versa. We see sexual perverts who have succeeded at the social level. In catatonia, the schizophrenic evidences a withdrawal. There are moral masochists: are they abnormal? Is the aim of a human being never to present a group with problems?

The normal individual, it is also said, is someone who does not make a fuss. But, then, the trade unionists who protests and make demands, are they not normal? What are the criteria of normality? For some, *the* criterion is work. But a prostitute works! Well, she can nonetheless be a neurotic. Similarly, is an unemployed person ill? Many unemployed people become ill, but is that because they are unemployed? The doctor occupies a position between society and patient. For example, concerning correspondence, the doctor reads the letters sent in from the society to the patient. And society strives to control the psychiatrist's work practice. The patient often seems cured and relapses the moment he leaves, sometimes in a serious way (suicide attempts, for example). Whence the effort to create a society inside the hospital itself, or what we call sociotherapy.

Previously, life at the hospital was disorganized: divisions into wards, into rooms, into isolation units; the essential instrument was the key. Certain principles lie at the basis of sociotherapy:

- 1) *Madness is prohibited at the hospital.* Up to now, when a patient began to cry out, it was said that he was fulfilling his function as a mad person. Every pathological manifestation must be tackled; reason must be set against the unreason of the patient. This is an extremely rich experience for the person engaged in this practice. One cannot be sick with a healthy brain, with clear neuronal connections; through the connexions, there is a sort of open pathway through which the doctor has to *introduce himself with innovative principles, so madness is permitted.*
- 2) *Modification of the daily rhythm.* The privileged itineraries of the patient were arranged by category up to now. A rhythm has been imposed. Dining rooms were created, forks and serviettes, and patients were asked to have normal attitudes. The patient must work and earn some pay. Competitions were organized, as were meetings which the patient had to attend in the doctor's presence. The problem of the group's tolerance toward the patient is very important.

Difficulties of Sociotherapy: tolerance toward the patient can be at the origin of important material damage; Anglo-Saxon doctors created the police room with a village police officer.

It is said that sociotherapy creates a false society. Can the social milieu be domesticated or harnessed like the natural milieu?

Socialization as a function of cerebral matter

We shall leave aside the classical sociological perspective for neurophysiology. The upright posture straightened up the body, swung up the head, shaped the face, increased the capacity of the cranial box: this hominization deserves our attention:

- growing complexity of the nervous system, of the brain, which reaches its terminal phase in the brain of humankind, with the exaggerated development of the hemispheres;
- two sorts of integration: subcortical integration (in many animals, the cortex is poorly developed): with humankind, sort of development of a cerebral cloak. The subcortical integrations give way to the cerebral

cloak. The human brain is not only larger, but also more complicated. A maximum of neurons are accompanied by a maximum of faculties. There is a large number of bundles of associations; there is no point of the brain that is not linked to all the others.

How does the brain function? It behaves just like the protoplasm of the most ordinary animal (phenomenon of depolarization and repolarization). Is the human brain given once and for all? Is the infant born with a brain that develops along an endogenous phenomenon (Cuvier's thesis)? Or is the brain a social product (at the origin there is nothing) as Lamarck would suggest we see it?

There is a hemispherical dominance: the language centre is found in the left hemisphere; children with a right hemiplegia speak. When the left hemisphere is impaired, there is an inversion and the right brain takes the place of the left brain. The deaf are not born mute: since they do not hear themselves, the originary speech movements are gradually abandoned: one becomes mute because one is deaf.

The human brain has enormous potentialities, but these potentialities must be able to develop in a coherent milieu. The messages sent to the brain must be able to be received.

Being able to be socialized is first about having a normally constituted brain. But if this is a necessary condition, other elements intervene. Piaget grants language a major importance, but, before language, there is a preliminary stage.

At the level of the brain, there is a consubstantiality of the we and the I: it cannot be said that the child is egocentric and does not see the outside world. Otto Rank has described his 'famous' trauma of birth. In the practice of painless childbirth, it is noticeable that childbirth is a physiological act and not a pathological one.

Let's ground ourselves in some facts: 1) a six-month old baby cannot sleep without light: he has always slept with the light on, there is a sort of intoxication of the cerebral cells; 2) a three-month old baby suffers a dermatosis resistant to all treatment: the mother breastfed the child as though an object of repulsion; 3) a two-and-a-half month old baby does not sleep, does not eat, then comes

around to eating but loses weight: the parents did not sleep either; then, placed in the care of the grandmother, the child took to eating food again and started sleeping again; 4) a baby of fourteen months does not sleep, is aggressive: the father, who was unemployed, beats his wife; 5) a baby of fourteen months has uncontrollable vomiting; it proves to be due to the parents' attitude toward the infant: the father doubts his paternity; 6) a child does not smile: the mother has a double facial paralysis.

Stereotypes exist from the first weeks of life. The social milieu is a constant presence; from the first minutes of its life, the infant is taken in hand by the social milieu. If some children speak late, it is generally because they have to overcome inhibitions that were established in early infancy. Cases of dyslexia can be treated.

Ego formation

The neurological point of view converges with the psychoanalytic point of view, which has it that, during the latency stage, everything is put in order. Lacan says that the child, when it is born, is 'divided up' (associations are not yet established). At six months of age, a mutation occurs which is the child's recognition of the mother's image and the child's acquired certainty that the other is equal to the 'ego'; Lacan calls this stage the mirror stage: if a child is placed in front of a mirror at the age of four months, nothing happens; at seven months, there is extraordinary jubilation: recognition that it ties to the maternal image. The fact that I am me is haunted by the existence of the other. For human beings, the mirror stage is a common stage; the child reacts to the human face from very early on; this is a matter of a conditioned reflex.

The child is very sensitive to modifications to the atmosphere. The brain is not constitutionally weak. To be socializable is to be able to maintain a constant tension between the ego and society. With language, this get complicated: the word becomes the signal of a signal. If the milieu does not authorize me to reply, I will clearly atrophy, I will be halted, clamped down on, I will not be able to have a normal rhythm; if the milieu grabs me tightly, a conflict occurs; there is no perspective open to the brain's fractional complexity. To be socialized is to respond to the social milieu, to accept that the social milieu influences me.

Control and surveillance

Modern times, it has been said, are characterized by the individual's being put on file. The psychiatrist intervenes when the individual is part of a work scheme, of a technique; the individual working in a team, on the assembly line, needs to be controlled.

Up to now, what was controlled was an object, the work put into a material object; control was qualitative. Now, with the development of the market, a certain quantification has been brought in. The question became one of the number of working hours, of the number of active hours on a production line. This was at the origin of the system of clocking in and out.

The time clock has its nicknames, the 'bargainer', the 'grand-father'. The boss calls it the 'antitheft device'. Being a good worker means you have had no trouble with the time clock. The workers' relations with the apparatus are strict, timed. For the worker, to be on time means being at peace with the time clock. The moral notion of guilt is introduced here. The time clock prevents and limits the endemic guilt of the worker. For the boss, the time clock is indispensable. As the time clock is continually present, it introduces a number of specific conducts into the worker. It represents the overall apparatus that employs the worker. Before the time clock, the worker had the possibility to apologize; from now on, the worker is constantly rejected in the solitude with the impossibility of persuading the employer about his good faith.

Hence the pathological conducts observed: nervous tensions, explosive angers, dreams of these workers/nightmares: a train that departs and leaves me, a gate that shuts, a door that does not open, a game that I am not allowed to play, the boss has vanished, leaving the time clock in his place ...

But the relation is not the only thing that has reified, the employee has, too. Whence:

- absenteeism: one arrives late, but does not go in for fear of admonition. Instead the worker goes to the doctor and takes a sick day. But there is an inspection. However, the factory worker does not know what lazing

around means. He experiences boredom; he has the feeling of being excluded from the group, of being displaced.

- reinforcement of obsessional attitudes: time is no longer [a] thing in which I make my way in an ordered fashion, but something that I must constantly take into account;
- accidents: there are 50% more accidents before work than on the way home, when the worker is nevertheless more tired;
- loss of control of reflexes.

Are there any ways to anticipate these disorders? It would be necessary for bosses and the collective to start taking an interest in it.

Telephonists' neuroses

The milieu studied is the Paris long-distance call service. On the basis of many cases, Le Guillant¹⁴ observed the following phenomena among telephonists: empty-head sensations, impossibility of intellectual work; impossibility to go to bed without pain: loss of control of reflexes; obsessional phenomena; mood disorders that affect the husband and the family milieu; employees are unable to tolerate noise; insomnia; somatic problems: patients do not eat, or are constantly ill. All that takes its toll on conjugal life.

Where do these problems emerge from? Too many calls; the headset must be kept on. Le Guillant also talks about the wiretapping equipment controlled by the supervisor: the employee feels as though she is constantly being spied upon, she must control herself constantly; the body insofar as it is manifest is persecuted with hallucinations by auditory perception. The employee's role consists in putting into communication, in inserting phone plugs, in abstracting herself.

¹⁴[Fanon began following the works of communist psychiatrist Louis Le Guillant early. He cites Le Guillant in an article written with S. Asselah on agitation (see above, p. 446). See in particular: 'La psychologie du travail', *La Raison*, no 4, 1952, pp. 75–103; 'La névrose des téléphonistes', *La Presse médicale*, no 13, 1956, pp. 274–7. Le Guillant's essays on the psychology of work were republished under the title *Le Drame humain du travail: Essais de psychopathologie du travail* (edition by Yves Clot), Toulouse: Érès, 2010 (first edition, 2006).]

In the public services, the telephonist is not monitored and so disorders are due only to the mechanized character of the profession and not to wiretapping or to listeners. This is an example of what in psychiatry is called ‘the external action syndrome’, which deforms and is often at the origin of suicides.¹⁵

Employees of large stores

Particularly in the United States, cameras function in the large stores without the employee being forewarned about it; perpetual surveillance. This is obviously not only for employees, but above all for thieves; notwithstanding, the employee knows he is constantly being spied upon. Hence the appearance of the same type of syndromes as those of telephonists monitored through wiretapping sets. Within the technological milieu, the tendency is to reduce communications and transform the human being into an automaton.

Problem of racism (United States of America)

In divided societies, a behaviour can be observed characterized by a predominant nervous tension leading quite quickly to exhaustion. Among American Blacks [*les Noirs américains*], control of the self is permanent and at all levels, emotional, affective ... This division, which is called the *colour bar*, is a rigid thing, its ongoing presence has something nagging about it. When reading Chester Himes’ detective novels (*The Five Cornered Square*, *The Crazy Kill*,¹⁶ etc.), the dominant feature of Harlem is seen clearly to be aggression. By a sort of introjection, the Black mans aggression turns back upon the Black man; the condemnation is adopted; the black individual ‘assumes’ his own condemnation. Note the importance of feelings of guilt with the Black as with the Jew.

¹⁵[At the XXXth Congrès des aliénistes et neurologistes de France et des pays de langue française (Blois-Tours, 25–30 July 1927), discussing the reports that had been presented on ‘mental automatism’, the psychiatrist Henri Claude (1869–1945), insisted on ‘the affective mechanism, which he described as “the external action syndrome”, on the role of hidden psychological conflicts in these patients, on the interest in studying them from a psychoanalytical point of view and on the possible role of psychotherapy in treating them.’ *Revue Neurologique*, 1927, vol. 2, p. 383, <http://ur1.ca/qs3np>]

¹⁶[*The Five Cornered Square or, A Rage in Harlem*, New York, NY: Dell, 1957, published in French as *La Reine des pommes* (Paris: Gallimard, 1959); *The Crazy Kill*, New York: Berkeley Medallion, 1959, published in French as *Couché dans le pain* (Paris: Gallimard, 1959).]

The ‘negro’ [*le nègre*] understandably wants to leave Harlem; but it is to want to be white. Religion is often conceived as a way of ‘becoming-white’ (*se blanchifier*). Sometimes, other tendencies are also observable, such as: that which consists in showing that paradise is black, that Jesus Christ is black (see *Green Pastures*¹⁷); the theme of evasion, of leaving, of flight in the *negro spirituals*;¹⁸ the desire to become grand, to be a champion somewhere – thus, the historical revenge of the American Black on the occasion of sporting events such as the Olympic Games.

Obsession with suicide: see the blues and Black American music. In some blues music the aggression is pronounced: ‘I pray to God that this east-bound train crashes, that the mechanic dies ...’ The Blacks often have only one resource: killing. When a Black kills a Black, nothing happens; when a Black kills a White, the entire police force is mobilized.

Problem of the encounter

In a society that is as divided as American society, to what extent can a Black encounter a White? When a Black American is face to face with a White, stereotypes immediately intervene; it is necessary for him not to be ‘true’ with the White because the value systems are not the same; at bottom, there is a lie which is the lie of the situation. To confess is to confess that one is part of

¹⁷[In his critique of Mayotte Capécia’s novel *Je suis Martiniquaise* (Paris: Corrêa, 1943), Fanon also refers to the film of the Americans Marc Connelly and William Keighley, *Green Pastures* (1936), released in France the same year as *Les Verts paturages*: “The withdrawal of the ego as a successful defense mechanism is impossible for the black man [or for the Black]. He needs white approval.

In full mystical ecstasy, carried away to another world by the hymns, Mayotte Capécia imagines herself a “pink-cheeked” angel and that she soars away “all pink and white”. But there is the film *Green Pastures*, where God and the angels are black, that gave the author a terrible shock: “How can God be conceived with Negro features? That’s not my idea of paradise. But, after all, it’s only an American film.”

How could the good and merciful Lord be black? He is a white man with bright pink cheeks. From black to white that is the way to go. One is white as one is rich, as one is beautiful, as one is intelligent. Meanwhile, André has moved onto other climes, carrying with him the *white message* to other Mayottes: delightful little blue-eyed genes, pedaling down the corridor of chromosomes.’ (*Black Skin, White Masks*, p. 34).]

¹⁸[In Lyon Fanon met Louis T. Achille, a major French specialist of *negro spirituals*, on which Achille had published an article in the May 1951 special issue of *Esprit*, titled ‘La plainte du Noir’. This issue also contains an article by Fanon, ‘L’expérience vécue du Noir’, itself later to become a chapter of *Peau noire, masques blancs*.]

one's own social group;¹⁹ if the Black is dominated, he cannot be required to engage in human behaviour. When a Black addresses a White, first he has a particular voice, as well as particular demeanour and style. When the white element intervenes in Harlem, racial solidarity is immediately manifest.

Problems of psychopathology

Society intervenes in the development of the personality starting in childhood. In the 'nouns' romances, the theme of negritude: 'Sleep, sleep, my negro, take your good time, because afterwards it's not funny'. This is a sort of conditioning through absurdity. There is a reserved space, with all the prohibition that it implies. There are intense psychological and muscular tensions that will give rise to headaches, to organic ulcers. The anxiety is considerable. Rejection entails inferiority complexes. The difficulty in defending one's self-love devalues that self-love. There is simultaneously a susceptibility, a raw sensitivity.

'Colonized' society

In territories under foreign domination, we see the same attitudes. Algerians enlist in the German Army, hoping that Germany will liberate their country. The *Manifesto* of 31 May 1943 demanded the right for Algerians to self-determination.²⁰ There was enormous reluctance from Algerians to get involved in the war. It was said: 'The enemies of our enemies are our friends'. In 1939, the conviction of the Algerian people was that the Germans would be victorious; Hitler was referred to as 'Hadj Belgacem'. In 1942, territorial militias were established. But politicians aware of Nazi ideology made clear that there must be no illusions about it. The pro-Nazi movements in Iran and in Iraq were above all anti-English or anti-French.

There is a repositioning of values; when independence is acquired, no longer is there any glory for the former combatant.²¹ Aimé Césaire said that if

¹⁹[See above, 'Conducts of confession in North Africa', p. 409.]

²⁰[Ferhat Abbas, *Le Manifeste du peuple algérien*, republished with a Preface by Jean Lacouture, Paris: Orient Éditions, 2014.]

²¹['When they have used violence to achieve national liberation, the masses allow nobody to come forward as "liberator" (*The Wretched of the Earth*, p. 51).]

the Europeans are anti-Hitler, it is because Hitler tried to do to them what they did to the peoples that they had colonized.²²

Ethnopsychiatric considerations

Descriptions have been given of the Madagascan's dependency, the Hindu's indolence. In 1918, a neuropsychiatry professor, Professor Porot of the Algiers Faculty,²³ published a treaty on 'Muslim psychiatry' in which he characterized the Muslim as follows: absence or near absence of emotivity; credulity; tenacious stubbornness; propensity to have accidents and have crises of hysteria. However, in 1932 (*Annales médico-psychologiques*), he would say that the Kabyle, who is intelligent, escapes the mental debility observed among other Algerians. In 1935, Porot,²⁴ during the discussion of a psychiatric report, said that the Algerian is just a big mental retard; a primitive being whose life is essentially vegetative and instinctive; at the slightest psychic shock, he has diencephalic reactions rather than psychomotor ones.

Professor Sutter revisited the question: 'Primitivism is not a lack of maturity, it is a social condition at the end of its evolution';²⁵ therefore, primitivism cannot be explained by domination; this primitivism is applied in a logical fashion to a life that differs from ours, it has far more deeply-rooted bases.

These works by the Algiers School did not remain isolated. Remarks of the same sort were made in Marseille by doctor Gallais about Senegalese

²²[Aimé Césaire, *Discourse on Colonialism*, trans. Joan Pinkham, New York, NY, and London: Monthly Review Press, 1972, p. 3. *Discours sur le colonialisme*, Éditions Présence Africaine, 1955. (The first version was published in the review *Réclame*, 1950). See *Œuvres*, Paris: CNRS Éditions/Présence africaine, 2013, pp. 1443–76]

²³[On Porot and Carothers, see above 'Ethnopsychiatric considerations' p. 406.]

²⁴[See above, 'Ethnopsychiatric considerations', p. 405. The original discussion is available at <http://ur1.ca/qs6la>.]

²⁵[For primitivism is not a lack of maturity, a marked arrest in the development of the individual psyche; it is a social condition at the end of its evolution and adapted in a logical fashion to a different life from our own' ('Le "primitivisme" des indigènes Nord-Africains. Ses incidences en pathologie mentale'. By Professor A. Porot and Doctor J. Sutter (of Algiers), Marseille: extract from 'Sud Médical et Chirurgical' of 15 April 1939).]

infantrymen. In Kenya doctor Carothers did a study on the Mau-Mau revolt and introduced the notion of jealousy (the English had marked their preference for specific tribes): role of the frustration of love for the father as symbolized by the English colonizer. Carothers affirms that the African, with his total lack of aptitude for synthesis, is akin to a lobotomized European. According to him, the African is constitutively lobotomized (see *The African Mind in Health and Disease: A Study in Ethnopsychiatry*, 1954). These works then allowed him to enter into the WHO.

Relations between the colonized and work in a colonized society

Examining the relations of collaboration between the colonizer, the autochthonous colonist and the colonized means showing that there is no relation.

The colonized worker and the state: the state presents itself firstly as foreign. The rubber-plantation worker from Indochina or the South-West African miner are not comparable to the metropolitan peasant. The colonist, the boss, has asserted himself through force; the metropolitan flag raised on his territory amounts to a violation. Among miners in the north of France homogeneity exists; even if there are demands, it remains in the circle of the nation, of the national universe. The colonized people cannot conceive any struggle except by foregrounding the radical contestation of the domination of his country by another country.

Before the arrival of foreigners, the colonial country did not exist, at the least it existed in the state of a thing, in the natural state. The action of the metropole is exerted on nature itself and on beings insofar as they are still in the state of nature. Work, insofar as it fecundates man, is the privilege of the colonist; only the settler works both on nature and on beings. Natives and brush, Mitidja and lazy stubbornness are the same thing. Just as tracks must be created, so too must one fight against leprosy and malaria, against the natives; nature must be changed in spite of itself, violence must be wrought on it; the native must be brutalized, have good done to him despite himself. When the gold of Transvaal is spoken of, the settler's stubbornness comes to mind. But

is there any real hostility from the native? Instead there is inertia, avolition, a desire to perpetuate the actual state of things, whence the difficulty of obtaining any action; there is idleness. To study work in the colonies is in some way to study idleness (refer to the article on this topic in *Présence africaine*, 1952, titled 'Terre'²⁶).

This notion of non-effort, of the colonized's non-collaboration, is a constant given in relations between the metropole and the colony. If works are to be created, if nature is to be humanized, it is necessary to force things, to have forced labour. Forced labour is the colonist's reply to the idleness of the native; the native is forced to work; he will be fetched at home. Forced labour is a logical consequence of colonial society. Since the native can be forced, the understanding is that he can be hit.

This idleness contends with the rapaciousness of the settler, with his alacrity to earn money. This idleness is lived in the colonial context as a will not to make raising profit easy; this is the behaviour of a pilferer; the colonist does not work as a function of eternity; he works for his own life. This is why, when positioned from the viewpoint of the colonial state, investments are nonsensical; since to invest is to be on one level with the future of that region. In the colonies, private industry can scarcely invest. The settlers are not settled in the colonies in view of a determinate economic development, but instead to amass the biggest possible profit in the shortest possible time.

If we consider the *trade-union problem*, we will see that it arises in very particular terms. First of all, the trade unionism of the metropole was implanted using the same directives as in the metropole; likewise, with the political parties. The problem is not posed in heterogeneous fashion, but in homogeneous fashion. The trade unionist directives were the same in the metropole and in the colonies. Colonized and unionized workers were already specialized workers or civil servants; there was no question of unionizing agricultural workers. Unionized workers were already, on the economic level,

²⁶[This probably refers to the section 'Terre africaine' in issue 12 of *Présence africaine* (1952), which was devoted to 'Le Travail en Afrique noire'. This section contains the translation of an article by Rosa Luxemburg, 'L'expropriation des terres et la pénétration capitaliste en Afrique'.]

'assimilated' and were not to be expected to acquire a national consciousness, but the 87% of non-unionized workers could not pose the problem in the same terms. But the national consciousness of workers and employees will come.

The notion of the unemployed: in the colonies, these are not workers without work; they are natives whose energy has not yet been claimed by the colonial society. They form a reserve in case the other workers fail to appear: according to Professor Porot, the North African is quick to become senile (thirty-five/forty years of age). Unemployment is not a human problem; it is an everlasting reserve; first, for replacing cases of early senility, or else it is a reserve of blackmail to maintain wages at a paltry level in cases of protest from indigenous employees. The mass of the unemployed does not bother the settlers.

If in a colony, there is no unemployment, if there is schooling, if the universities are open, then it is not a colony. Unemployment must be as endemic as yellow fever or malaria. Statistics show that tropical diseases have considerably diminished in many regions. This involves introducing new relations in a society and introducing new relations means negating the colonial system.

Is the colonized an idler? The colonized's idleness is a protection, a measure of self-defence, foremost on the physiological level. Labour was conceived as forced labour in the colonies, and even if there is no whipping, the colonial situation itself is a whipping; that the colonized does nothing is normal, since labour, for him, leads to nothing.

Labour must be recovered as a humanization of man. Man, when he throws himself into work, fecundates nature, but he fecundates himself also. Fecundating relations of generosity must exist; there is a reform of nature, a modification of nature, but because man shapes himself.

The colonized who resists is right.

Part III

Political Writings