

# Frantz Fanon in the Time of Mad Studies

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## Abstract

Amidst renewed interest in the psychiatric writings of Frantz Fanon, this article reads his work against the background of contemporary mental health advocacy and scholarship. Epitomized in the emergent field of Mad Studies, whose origins lie in anti-psychiatry and psychiatric user/survivor movements, this body of scholarship espouses a discourse of madness as identity and culture. While Fanon continues to be disassociated from or (occasionally) associated with anti-psychiatry, this article elaborates elements in his work that animate such ambiguity. It proposes that Fanon and Mad studies be put in a relation of mutual critique.

**Keywords:** Frantz Fanon; freedom; Mad Studies; madness; psychiatry

## Introduction

In the penultimate sentence of Nigel C. Gibson and Roberto Beneduce's book, *Frantz Fanon, Psychiatry and Politics*, the authors draw attention to the resonances between Frantz Fanon's work and that of the French philosopher and historian, Michel Foucault. This similarity is again hinted in the forward to the Wits University Press edition by Garth Stevens. The authors clearly refer to slightly different aspects of Fanon's and Foucault's work – Stevens concerned with the specific critique of psychiatry, and Gibson and Beneduce with the general excavation of the role of knowledge and seemingly universal categories in the production of subalternity. The reference to Foucault intimates some affinity between Fanon and recent discourses of madness. Foucault's *Madness and Civilization* is considered a seminal text in the counter-discourse of psychiatry (Menziés, LeFrancois, & Reaume, 2013; Sedgwick, 2015). Not only this; his thinking on the nature of knowledge, power, and of psychiatric power in particular, continues to be of relevance in conversations about psychiatry and the management of madness (Bracken, 1995; Thomas & Bracken, 2008). China Mills's (2014a) examination of the violence of psychiatrization, for example, cultivates "a space where the language of Foucault and Fanon interweaves..." (p. 85).

This comparison and linking also signal a certain ambiguity in Fanon's work. Gibson and Beneduce (2017, p. 3) express much doubt that he would have endorsed the anti-psychiatric movement that became the rave in the 1960s and 1970s, and by extension, of course, certain strands of mental health advocacy that have survived it. Alice Cherki, one of Fanon's biographers, is unequivocal in her assertion that he disagreed with the anti-psychiatric trend

of his days, “to which he ascribed no revolutionary value whatsoever” (2006, p. 72). Garth Stevens on the other hand observes that Fanon’s writings bear “strong resonances with the works of Michel Foucault and the anti-psychiatry movement epitomized in the writings of R.D Laing, Thomas Szasz and David Cooper” (2017, p. xi)<sup>1</sup>. Herein lies the question that preoccupies this paper. How is it that Fanon’s work can be simultaneously redolent of counter discourses to psychiatry and yet be incompatible with the objectives of movements that subscribe to same? It is a puzzle that can be heard in Mills’s realization, while mobilizing Fanon in exploring the coloniality of psychiatric practices: “Fanon has been key to this project of rethinking violence, and yet he practised one of the techniques of this violence” (2014a, p. 136)<sup>2</sup>. To situate Fanon properly, I begin by tracing echoes of his work in critical notions about psychiatry that have become quite commonplace, and then proceed to explore his understanding of subjectivity and freedom and how this accounts for the contradiction that surfaces in his writing. I conclude by placing his reflections on madness<sup>3</sup> alongside contemporary forms of mental health advocacy theorized in the corresponding academic field of Mad Studies, noting how they may be understood as critique of each other.

## **Fanon and the Critique of Psychiatry**

The last few decades have witnessed the increasing visibility of scholarship proposing alternative and positive approaches to madness, outside of the definitions of psychiatry. Having their origins in psychiatric user and survivor movements in Euro-America, these bodies of work have undergone several iterations over the years. In the incarnation as Mad Studies, madness is approached not as an illness or disorder, but a source of creativity and identity (Rashed, 2019). Peter Beresford, in the forward to *Mad Matters*, proclaimed the first ever reader in the field, proposes Mad Studies as a counter-discourse which, like the social model of disability, “does not seek accommodation or understanding from dominant traditional medicalised understandings, but instead seeks to confront them head-on and provide alternatives that offer positive promise of the future.” (2013, p. x). A crucial part in this endeavor is the interrogation of what has been named sanism or mentalism (Chamberlin, 1978); that is, the particular modes of thinking which understand humanity as epitomized by rationality and stigmatizes those perceived to be below the mark.

The genealogy of Mad Studies is often traced not just to mental patient liberation movements from the ‘60s, but also to thinkers now commonly grouped as the anti-psychiatry movement, most prominently Ervin Goffman, Thomas Szasz, R.D Laing, David Cooper, and (sometimes) Michel Foucault. Though initially regarded with suspicion by mental health activists<sup>4</sup>, seeing as they were for the most part academic elites and celebrated psychiatrists, their works have become useful theorizing tools for the mad movement. Fanon rarely makes it on this list. When his work is considered in contemporary counter discourse to psychiatry, it is usually the anti-colonial and anti-racist dimensions that are foregrounded (e.g Mills, 2014a, 2014b; Burstow & LeFrancois, 2014). One of the things I point out in this paper is that a careful engagement with his writing exposes Fanon as a precursor to some of the ideas which now constitute staples in the literature of contemporary mental health advocacy. Fanon’s interest in the relationship between madness, politics and psychiatry goes in many directions. In very broad outlines, his work not only exposes colonialism as a creator of mental disorders, it emphasizes the complicity of psychiatry in the colonial enterprise. It is just as concerned with the power dynamic between the physician and patient as it is about the colonizer and the colonized, the national elite and the masses. Trenchantly, Fanon refers to the doctor-patient relationship in internment as “*a minima* master/slave, prisoner/gaoler dialectic” (Fanon & Geronimi, 2018, p. 497). This paper will focus less on the “high profile”

topics his writings have come to be associated with, such as decolonization and violence, and deal specifically with his psychiatric writings.

Fanon's work as a psychiatrist spanned several spaces (France, Algeria, Martinique, and Tunisia) and his experience in all of them shaped his critique of psychiatry and his approach to making the profession more relevant to ameliorating human misery. Sometimes published in specialist journals, these writings situate Fanon in the psychiatric discourse of his days. In "The North African Syndrome" written in France and first published in 1952, he critiques the supposed objectivity of the medical practice and the manner in which it is shot through with racial stereotypes. The patient is not only "thingified," s/he is fixed onto a particular frame even before diagnosis. Using the North African as an example, s/he is seen as "a simulator, a liar, a malingerer, a sluggard, a thief" (1967, p. 7). Diagnosis therefore becomes less a search for what is wrong with the patient, than a confirmation of what s/he is, a confirmation of their inferiority. Such thinking is bolstered by the mechanistic approach of medical practice to illness. Fanon illustrates:

I am called in to visit a patient on an emergency. It is two o'clock in the morning. The room is dirty, the patient is dirty. His parents are dirty. Everyone weeps. Everyone screams. One has the strange impression that death is hovering nearby. The young doctor does not let himself be perturbed. He 'objectively' examines the belly... (1967, p. 7).

With characteristic irony, Fanon vividly displays the shortcomings of a mode of diagnosis that must shut out all else in search of operable lesions in the body. This attitude is most evident in relation to mental distress, where nonwhite populations are pathologized based on preconceived notions and without thought for the particular circumstances which condition their behavior. This is a theme that recurs throughout Fanon's writings.

In *Black Skin, White Masks*, Fanon proposes a situational or sociogenic analysis, a method which, in addition to ontogeny or phylogeny (2008, p. xv), takes into account the economic, political, and socio-cultural reality of his subjects. While in that text he focuses specifically on the problem of alienation, he would come to direct the same method to other issues such as sexual disorder among the Algerian Muslim population (Azoulay, Sanchez, & Fanon, 2018)<sup>5</sup>. Additionally his sociodiagnostics allows him, in "The North African Syndrome," to show the blindness of racist claims perpetuated by psychiatrists like Antoine Porot and his colleagues at the Algiers school of psychiatry, and Dr. J.C. Carothers, practising in Kenya around that time, about the (North) African as innately defective intellectually and prone to criminality and violence. Fanon points out that these theories ignore the violence of colonial and racist relations, only to turn around and pronounce such qualities inherent in the colonized. "The Algerian's criminality," Fanon writes in *The Wretched of the Earth*, "his impulsivity and the violence of his murders are therefore not the consequence of the organisation of his nervous system nor of a peculiar trait in his character, but the direct product of the colonial situation" (2001, p. 250).

Fanon's call for sociogeny directs attention from the body of the patient to how social processes shape and inscribe it with meanings. In his emphasis on what he calls "the social category of human reality" in understanding mental illness (2018a, p. 266), we can see resonances with what would become a crucial argument for both the contemporary disability studies and Mad Studies. These two "sibling" academic fields often adopt a strategy better known (in disability studies)<sup>6</sup> as the social model, which not only accentuates the social and

cultural underpinnings of what the society regards as disability and/or impairment, but also critiques cultural forms as sites where such categories are produced and reified. Fanon's attempts to merge the social and the medical (individual) in his practice went in both directions: accounting for the social in terms of diagnosis, and injecting the social into the cloistered space of the hospital through sociotherapy (Fanon & Azoulay, 2018)<sup>7</sup>. Toward the end of his career, in Tunis, he would opt for a day hospital instead, expressing deep disillusionment with the traditional psychiatric system, which he describes as a "monster," emphasizing the need to "[guarantee] the patient a maximum of freedom by removing all the carceral and coercive aspects of internment" (Fanon & Geronimi, 2018, pp. 508–509).

"The Meeting between Society and Psychiatry," notes taken by Lilian Den Salem of Fanon's lectures between 1959 and 1960, begins with the image of madness and psychiatry that would become popularized shortly afterwards through Foucault and the anti-psychiatrists: "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... The social group decides to protect itself and shuts the patient away" (2018b, p. 517). The connection between psychiatric power and social formations is limned here. The former's capacity to act as a wall is made possible through the prior rejection of the mad as anarchic, as "foreign" to the rules of society. Psychiatry is therefore more than just a therapeutic practice but a system of social control as well, one akin to the police in function. In Foucault's *Madness and Civilization* (1965), the author explores psychiatry's complicity in the denigration and exclusion of madness, and would proceed in later works to propose the diffuse nature of its power. The use of psychiatric diagnosis and therapy as means of social and state control preoccupies much of Thomas Szasz's writing, and reverberates across many Mad activist texts including the early and seminal *On Our Own* by Judi Chamberlin.

The social dimension to the definition of madness inevitably leads Fanon to question the basis of normality:

We see sexual perverts who have succeeded at the social level. In catatonia, the schizophrenic evidences a withdrawal. There are moral masochists: are they normal? 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 protest and make demands, are they not normal? What are the criteria of normality? (2018b, p. 518)

But Fanon only offers such provocations without pursuing their implications. This partly accounts for his invisibility relative to others in the psychiatric counter-discursive tradition. Foucault's or Szasz's account of the way madness is pathologized by psychiatry, for example, is highly amenable to discourses that emphasize difference and claims of madness as a negotiation of spiritual or "dangerous gifts" (Farber, 2012; Dubrul, 2014). Conversely Fanon is hardly able to conceive of madness as anything but a source of pain and human misery. This is not surprising, seeing as he had, through colonial wars and racism, "firsthand knowledge of the direct interaction with the suffering body and alienated self of another human being" (Cherki, 2006, p. 35).

It is possible to conscript Fanon's sociogenic approach into a social constructionist idea of madness; after all, if society and its culture are subject to human agency (Fanon, 2008, p. xv),

so are the categories that exist therein, including madness. This is, however, not entirely borne out in his work. While Fanon emphasizes the impact of political, economic, and social factors in the development and understanding of madness, he is never in doubt that what he is dealing with are mental disorders, palpable aberrations in human functioning. In the article on day hospitalization in Tunis, he and Geronimi propose that attaching the psychiatric ward to a general hospital would not only change the ominous way the psychiatrist is perceived, but “strongly [correct] deeply ingrained prejudices in public opinion and [transform] the mad into a patient” (p. 496). His interventions at Blida Joinville in Algeria and in Tunisia were built on the conviction that madness had to be seen as equivalent to physical ailments.

The above perception is inevitable for the larger argument Fanon sought to make about colonialism and racism. To articulate normative mental conditions as a construct – as the anti-psychiatrists would later do – would undermine his position that racism, colonialism and the wars they foster are direct sources of harm to both the colonized and the colonizer. Maintaining his position does not leave his work without its gaps either. Psychopathology across Fanon’s oeuvre is a phenomenon with fuzzy boundaries: it is at once an individual (clinical) condition and a collective configuration, a source of suffering and pertaining to the structure of subjectivity itself. Articulating these positions, as we would see, possesses consequences for the kind of political action which may be mobilized.

Fanon’s prominence as anti-colonial/decolonial theorist rather than a proponent of critical approaches to psychiatry is predicated on his investigation into colonial psychopathology. While in practice, he attended to individual patients, in his theoretical engagements, he tended to focus on the ways that colonialism and racism rendered subjectivity a pathology amongst the dominated. Fanon’s critique of Octave Mannoni’s (1990) *Prospero and Caliban* about the inferiority complex of the Malagasy is not to deny the existence of such, but to show how it is generated in the first place by the encounter with whiteness. “inferioritization is the native correlative to the European’s feeling of superiority... *It is the racist who creates the inferioritized*” (Fanon, 2008, p. 73; original emphasis). Across *Black Skin, White Masks*, the psychic effects of racist stereotypes on the Antillean is visible in the intra and intersubjective relations, sexual and familial relations, and, ultimately, social formations.

Apart from the widespread pathological tendencies whiteness engenders in whole populations, there are also specific individual psychological abnormalities. These are mostly the cases that appear in Fanon’s psychiatric writings. By placing some at the end of *The Wretched of the Earth* (“Colonial Wars and Mental Disorders”), he implies a connection between collective pathology and that of the individual. The relationship between them is however unclear. Do the individual cases constitute extreme manifestations of the collective psychopathology? To respond in the affirmative is to dismiss the possibility of madness in the population before the onset of colonial/racist relations. It is also to assert that the faulty subjective development in response to colonization invariably graduates into phenomena such as delusions, psychosis, and other forms of clinical disorders treated by the psychiatrist. If the response is in the negative, then those who find themselves in the hospital are doubly abnormal – first, in response to white presence; second, to specific triggers such as wars, neurological conditions, or racist encounters. Stefan Bird-Pollan, in *Hegel, Freud, Fanon: The Dialectic of Emancipation*, agrees with the former (p. 133). While cautioning against assuming that all psychopathology in the colonized population may be attributed to colonialism, he argues that the individual disorders are severe cases of the collective. Even when they are not, the experience of mental illness is necessarily mediated by the conditions of colonialism. Clearly, his response leaves unanswered the question of the place, in Fanon’s

thought, of these other forms of madness not directly traceable to colonialism. Moreover, to put individual disorders on the far end of a spectrum of psychopathology traceable to colonialism and racism would mean that Fanon sees the psychiatrist as capable of alleviating the collective effects of racism through clinical practice. Fanon evidently believes in the power of the psychiatrist to help the mentally ill, but he does not credit him/her with the ability to undo the effects of racist structures. The connection between the work of the psychiatrist and that of the activist for socio-political change – one which Bird-Pollan also points out – lies in the conception of freedom. It is in their capacity to ensure the freedom of the human that the psychiatrist becomes comparable to the revolutionary.

In his resignation letter Fanon considers madness one of the ways through which freedom may be lost (Fanon 2018c, p. 434). Mental illness, he would later explain, “is presented as a pathology of freedom. Illness situates the patient in a world where his or her freedom, will, and desires are constantly broken by obsessions, inhibitions, countermands, anxieties” (Fanon & Geronimi, 2018, p. 497). As an experience capable of inhibiting human freedom, madness is likened to a colonial or master-slave situation. Whereas the former may be cured through individual therapy, the latter yields to political action. Since oppression generates and exacerbates psychic disturbances, the psychiatrist working within such an atmosphere will find their work constantly frustrated, seeing as the cured patients simply return to the same situations responsible for their conditions. To truly be effective then, the socio-political first needs to be dealt with.

## **Fanon, Hegel and Freedom**

Fanon’s criticism of colonialism is that it is essentially a violation of the human. This category of the human draws from Hegel’s account in *The Phenomenology of Mind*, of the subject’s struggle toward freedom. In the section “The Black Man and Hegel,” Fanon (2008) summarizes: “Man is only human to the extent to which he tries to impose himself on another man in order to be recognized by him. As long as he has not been effectively recognized by the other, it is this other who remains the focus of his actions, His human worth and reality depend on this other and on his recognition by the other” (p. 191). The importance of recognition for subject constitution is maintained here, one which is more elaborately engaged in Hegel’s work. Because it is also a crucial concept in the political demands of the mad activists, I will dwell on recognition a little more.

Hegel’s explication of recognition is embedded in his account of the subject’s striving toward self-consciousness and freedom. Freedom is understood as independence from external or internal influences, the state of being self-determining. A free agent is one who understands its actions as deriving from its own principles, principles it takes to be central to how it defines itself. However, these principles or norms must also take account of a social world, seeing as the subject does not exist in a vacuum; it necessarily lives in a world with other agents possessing their own sets of principles. It must therefore find a way to conform to social practices and/or conform social practices to its own principles. This process is what Hegel calls ethical life (Rashed, 2019, p. 58).

The problem of knowledge becomes significant here. For how can consciousness know that its principles and projects are truly its own without a basis for what constitutes true knowledge? In Western philosophy until Hegel, this issue had been tackled through a representational approach which emphasized the subject as apprehending a reality outside itself, whether through the senses or rational faculty. The question was how to assess

knowledge-claims to see if they matched up with objects in the world as they really are. The problem with this approach is that it installs an intermediary (idea) between the subject and the world (object), an intermediary that is supposedly independent of social practices. Because such thinking sets out to interrogate the validity of representations, nothing can really be known in itself. Hegel's philosophy presents how consciousness comes to knowledge of itself without retreat from the world into a rational realm or retreat from rational operations into the realm of the senses. For him, an object can only be known in the process of experiencing it. He therefore presents a stage by stage account of the process through which consciousness experiences the world in its attempt to know it. The movement from one stage to the next is animated by "negativity" – the capacity for an account of knowledge to "generate a self-undermining Skepticism about itself when it is reflected upon within the terms that it sets for itself" (Pinkard, 1996, p. 7).

The first phase is called sense certainty. Here, consciousness takes the natural world as it is, devoid of concepts or categories. But it soon finds that this is impossible, as certain universals always interrupt the apprehension of objects. It then proceeds to the next level, perception. This also fails, and consciousness comes to realize at some point that its capacity to know what is external to it will always be deferred. It realizes that its essence really lies in the activity of knowing, in the desire to know and the impossibility of ever doing so. This is the stage of self-consciousness. Here, consciousness begins to relate to itself in two ways: as that which is attempting to know, and as that which it strives to know – as subject and object. The subject possesses a certain conception of what it takes itself to be, but which it cannot accept as truth unless confirmed by an "other", unless affirmed in the realm of social practices. This presents a quandary: how does the subject reconcile the understanding of itself as free of all influences, with the realization that its truth must necessarily be affirmed by an "other" outside of itself? The subject moves to fix this by making the "other" conform to its truth, by subduing the "other". This fight for recognition is one that must end in death, meaning that if the subject must triumph, it has to lose the very thing capable of affirming its truth. The "other" could, however, choose to live instead of fighting to the death, resulting in the master-slave dialectic, where the "other" becomes merely an extension of the subject, recognizing but never receiving recognition. The subject (master) gets trapped here, simply reflecting back on itself and never attaining full recognition because it has rendered inferior that which is capable of granting such recognition.

According to Hegel, "self-consciousness achieves its satisfaction only in another self-consciousness" (1977, p. 110). In other words, the independence/truth/norms of the subject must be validated by another subject (not object) whose independence must in turn be affirmed and maintained. The subject cannot be self-determining (free) without the acknowledgement of another free agent as being so. This acknowledgement cannot itself be forced, it must emanate from an "other" who understands itself to be free. This ideal of mutual dependency is what Hegel calls "spirit," a situation where "there is mutual recognition among self-conscious subjects that is mediated by such a shared self-conscious understanding of what for them counts in general as an authoritative reason for belief and action – that is, mediated by *whom* they take themselves to be in light of what they count as being generally authoritative for themselves and why they take themselves to count those things as authoritative" (Pinkard, 1996, p. 8).

Fanon's understanding of the human is as a self-consciousness emerging from the above process fully recognized as free. But this is not always the case, as he duly points out. The process of recognition can miscarry. In a racist and colonial society, mutual recognition does

not exist. There are “creatures starving for humanity who stand buttressed against the impalpable frontiers...of complete recognition” (Fanon, 1967, p. 3). The non-European is not conceived to be human, an “other” deserving of recognition because s/he is essentialized in attributes that are supposed to be contingent, like race. Fanon illustrates through a phylogenetic analysis how blackness comes to represent in European subconscious all that is evil and dangerous. The black person is the “phobogenic” object, “locked in thinghood” (2008, pp. 129/193). For Fanon, it is important that the recognition due to him/her is won through struggle, through strife. Otherwise, it simply reifies the black person as an object to be acted upon – granted something – leading to uncertainty and nervousness: “unsure whether the white man considers him as consciousness in-itself-for-itself, he is constantly preoccupied with detecting resistance, opposition, and contestation” (2008, p. 197).

Blackness is not the only attribute that disrupts the process of recognition in Fanon’s work. Being a psychiatrist, mental illness is obviously an important category to his analysis. In his humanistic approach to practice, he understands madness as contingent to the human. This is very well illustrated in his admiration for the Maghrebi understanding of madness that sees the afflicted person as being under the influence of a *djinn*, an evil spirit. As a result, the person is not perceived to be pathogenic in himself. “His credit remains intact. Esteem and social consideration are conserved for a troubled personality. The illness-genie is an accidental illness; more or less long lasting, it remains contingent, affecting only the appearance, never damaging the underlying EGO” (Fanon & Sanchez, 2018, p. 423). When Fanon and Geronimi advocate for a psychiatric ward attached to a general hospital with the aim of turning the “mad” into “patients,” this is the motivation: to enable people see that the condition is an ailment like any other and not attached to the person’s self. It equally reverberates in his critique of the physician’s inability to see the human beneath the sickness, “to call forth the human that is before [them]” so that they become “more than a body, more than a Mohammed” (p. 16). Admittedly, the category of race is all important here, but this interacts significantly with the inscription of madness.

Race and madness in Fanon converge in their relationship to freedom. Race is understood as a category that inhibits the recognition worthy of another human, and mental illness as a restriction emanating from within the individual. Fanon uses psychoanalysis to account for both. Though he has been interpreted by some as disinclined to or incompetent in psychoanalysis because of his observation about its inadequacies in analyzing colonial and black experiences (Fanon, 2008, p. 130), there is evidence that he not only continued to refine and draw on such methods in his therapy sessions, but also considered going into analysis himself (Cherki, 2006, p. 118). Moreover, as Bird-Pollan (2015) argues, asserting the abnormality of the colonial situation requires an underlying idea of a normative structure of the subject, one which Fanon turns to psychoanalysis for. A psychoanalytic explanation of the subject elaborates its structure as the id, ego, and superego. The dialectical relationship between these categories as they respond to internal and external stimuli determines to a large extent, the abnormality or otherwise of the subject. A properly resolved Oedipus complex results in a subjectivity understood by society as “normal.” The fact that the relationship is dialectical equally means that it can miscarry, fail, or even regress, such that a subject who has successfully attained a higher level of consciousness, as a result of an assault too traumatic for the psychic barriers to handle, may return to a previous stage, a phase before self-consciousness. The failure or regression translates into the subject being unable to engage experientially with the world. This, for Fanon, is quintessentially a lack of freedom, since the social world is where freedom is exercised, where the identity of the subject can be affirmed.



What the above points to is the dependence of intersubjective relation on intrasubjective integration, and vice versa. An intersubjective relation requires a subject capable of reflecting upon itself, of seeing itself. “The mind must be both active and receptive just as the body is active and receptive. In other words, in order for the subject to be a subject among others, it must understand itself to be a ‘subject’ to other subjects – that is, passive” (Bird-Pollan, 2015, pp. 107–108). As Fanon explicates, the lack of recognition as and from an “other” – that is, the inability of the black person to find her/himself reflected back in the other as a human – can initiate processes that disrupt the already achieved psychic integration; hence, the subject becomes abnormal upon entrance into the white world (Fanon, 2008, p. 122). Since the failure of intrasubjective integration is not always dependent on the racial encounter that assaults the ego (though Fanon sometimes tends to imply that it is), the inability to be recognized or find one’s place in the social world can equally emanate from the subject’s inability to see itself in the first place, perhaps due to neurological degeneration such as the Friedrich’s ataxia Fanon researches for his doctoral thesis (Fanon, 2018a).

And this is where the category of madness, again, is ambiguous in Fanon. If subjectivity is attained through the dialectical processes that culminate in both intrasubjective integration and recognition from an “other,” then the failure to achieve this translates to a lack of subjectivity, a lack of humanity<sup>8</sup>. How can this be reconciled with the essential humanity of the mentally ill that Fanon reiterates across his work? The perception of madness as an “excrescence” necessarily relies on the understanding that there is a subjectivity to which the madness is an excrescence of, a human who does the suffering. The idea of a universal structure of subjectivity comes at odds with Fanon’s push for the essential humanity of the mentally distressed. If subjective constitution – a prerequisite for attaining recognition and humanity – is tied to differential responses to psychic assaults, does that not place individuals on different levels of humanity? Therefore, as much as Fanon might idealize the relationship with the patient as “an encounter between two freedoms” (Fanon & Geronimi, 2018, p. 497), isn’t there an ever present hierarchy in which a more human subject reaches down to raise another into freedom and humanity?

Evidently, the contradiction in Fanon emanates from the necessity of a universal structure of subjectivity for the mobilization of his criticism of colonialism and racism. This, however, puts him in a bind. For while asserting the historical and contingent nature of psychopathologies, he is unable to do the same for the healthy subject. There are different ways that a consciousness can fail to reach full subjectivity, but one way of being a successful agent, he seems to say. His historical placement of illness necessarily depends on an ahistorical and transcultural idea of health. One cannot track inhumanity against a map that supposes different ways of being human, of being subject. In order to point out the destruction wrought by racism and colonialism, madness had to be understood as damage, and not in any way a quality the subject would desire to have reflected back at it from an “other.” This is where Fanon parts ways with emancipatory discourses of madness that favor notions of identity and culture.

## **Fanon and Mad Studies**

Recognition is an important concept in the contemporary discourse of mental health. The pride-oriented strand of this body of work, especially, sees madness as an identity worthy of recognition in social practices. The explosion of identity politics since the 1960s also left its mark on how mental health activism and scholarship are carried out. Fashioned along the lines of discourses in race, gender, class, and sexuality, Mad Studies emphasizes the

injustices against Mad people as a collective, querying the construction of madness as deviance and deficit. Madness, it is claimed, constitutes a mode of knowing and living. The use of the capital M signals its understanding as an identity.

Mad Studies embraces a broad range of scholarship often distinguishable by their positions to the medical model. Very broadly, there are those who advocate for better services within the psychiatric system, who push for the inclusion of psychiatric users in administration and decision making processes; and there are those who seek a total change in society's definition of madness. Mad Studies has, however, increasingly come to be associated with the latter group<sup>9</sup>. This group rejects "mental illness" as a label for describing psychic experiences, choosing to distance itself from psychiatry, pharmaceutical companies and the government, in order to prevent co-optation. What it seeks is not better service or treatment, but a total reevaluation of norms, a "reshaping [of] our views of what it means to be normal, to be human and to be free" (Thomas & Bracken, 2008, p. 48). Its conception of madness is captured in the words of Maria Liegghio:

madness refers to a range of experiences – thoughts, moods, behaviour – that are different from and challenge, resist, or do not conform to dominant, psychiatric constructions of "normal" versus "disordered" or "ill" mental health. Rather than adopting dominant psy constructions of mental health as a negative condition to alter ...madness [is] a social category among other categories like race, class, gender, sexuality, age or ability. (2013, p. 122)

Such reclamation of madness has animated Mad Pride events across the world, including countries like the United States, Canada, the United Kingdom, Australia, Germany, South Africa, Ghana, and many more.

Mohammed Rashed's *Madness and the Demand for Recognition* is a detailed philosophical investigation into the claims for identity and demand for recognition articulated by the Mad movement. Situating the discourse within the coordinates of Hegel's dialectic of recognition elaborated above, he affirms the validity of this claim as necessary in the struggle for social justice. As we recall, the subject can only attain true freedom when what it takes to be integral to its identity is reflected back in the social world. But it is not always the case that this happens. Sometimes, certain ways of being a person fall outside society's purview or exist in the society as a denigrated category. Hence the only way the subject can feel at home is to either conform to the social world or attempt to change it, through political action, to accommodate its self-perception.

A major obstacle to the recognition of madness as identity or way of life is the perception that it is not just a pathology but a contingent attribute of the subject. Though this has been and continues to be the foundation for certain strands of mental health advocacy, it stands in opposition to the assertion that madness constitutes a culture. The opposition between both understandings may be made clear in the distinction Appiah (1994) draws between the personal and collective dimensions of identity. The personal includes such characteristics as intelligence, humor, charm etc. and the collective encompasses social identities that the individual considers central to their self-perception. e.g woman, African etc. It is around collective dimensions, and not personal ones, that "culture," certain beliefs and norms of behavior congregate. This dichotomy is a historical one, meaning that categories shift places. Personal dimensions of identity can become social categories to the extent that enough people consider such categories central to their engagement with the world, and discriminatory

practices are directed at them for possessing such. In the case of madness, the conditions for a demand for recognitions rests on its transition from a personal dimension to a collective one as well. For while the society often ascribes madness to certain people or sees them as “unwell,” it fails to apprehend this attribute as anything but a personal dimension shared by many people. It is what tends to render prejudice and discrimination invisible. A change in the perception is also a first step in the acknowledgment of structural injustices, for such are typically committed against social groups. Rashed (2019) seems to understand the potential for political mobilization as derived from a reverse movement: the social identity becoming personal. For example, he notes how the stigma or misrecognition of a social group extends to the individual by virtue of identification (pp. 89–90). This presupposes that the society already understands such category as a collective, as identity, albeit a misrecognized one. Framed as “sickness,” madness is hardly seen as constituting a collective of, say, “the sick” in the way that “woman,” for example, is a social category. It is through “consciousness raising” (see e.g. Chamberlin 1967) that madness is made into a collective category around which political action can be mobilized.

Fanon’s deference to a universal notion of wellness forecloses other ways of being human. Though he concedes that true freedom – as opposed to that which turns in on itself within the walls of the psychiatric hospital (Fanon & Geronimi, 2018, p. 497) – is expressed in the social world, in the “complex game of sociopersonal coordinates, which delimit [the subject’s] insertion in the world” (p. 501), Fanon does not explore the ways that the relationship to the self in the social world is shaped historically. Subjectivity or freedom is not just the capacity to engage with the social realm, it also derives from how people orient themselves to the different categories and collectives that exist there. Because it emanates from a self-consciousness, it is “the relation to a relation” (Bird-Pollan, 2015, p. 108). What it means to be a person, a self, is intertwined with what it means to be a certain sort of person. The “who am I?” is increasingly understood as “what kind of person am I?” – what kind of father, brother, employee, etc. Charles Taylor has reflected extensively on this feature of contemporary times. According to him, the ideal of authenticity undergirds how the subject understands or fashions itself in the world. Emerging in the late eighteenth century, authenticity entails that “each one of us has his/her own way of realizing humanity, and that it is important to find and live out one’s own, as against surrendering to conformity with a model imposed on us from outside, by society, or the previous generation, or religious or political authority” (Taylor, 2007, p. 475). It is on the basis of this conception that madness can constitute a locus of identity. What Fanon and many others see as a pathology or a contingent attribute of the subject is perceived by the latter as constituting an essential part of how it understands itself, how it exists as a unique being in the world. Rather than the epitome of unfreedom, madness becomes the expression of true freedom.

The quest for non-conformity must itself respond with some form of homogenization for political action to be possible. To constitute a politically viable collective, individuals must see themselves as sharing similar experiences which in turn shape the demands they make of society. As such, one form of hegemony is seemingly traded for another. Madness becomes an imaginary nation whose citizens are homogenized across time, cultures and borders through their oppression by psychiatry and society in general. Cautionary and critical observations have been made about this rhetoric of a borderless nationality appropriated by the Mad movement. According to Rachel Gorman (2013), “the appeal to an imaginary historical subject reproduces a particular ontology in the political present, and vice versa,” reproduces “a white, Western subject” (p. 270). In his reading of Gail Hornstein’s *Agnes’s Jacket*, Gavin Miller (2018) observes how the appropriation of transnationality and

decolonization might well be a new form of colonialism. To export the identitarian understanding of madness, he explains, “could be simply to impose an extra layer of (literal) neocolonialism – a Western response to the West’s own problems with biomedical psychiatry, one that overlooks the resources in [low to middle income countries (LMIC)] for dealing with severe mental illness” (p. 314). His evaluation not only intimates that such LMIC (predominantly countries in the global South) possess non-biomedical apprehensions of madness, but that they possibly also have a different relationship to biomedical psychiatry and necessarily their own sets of responses should that relationship be considered contentious. This is where Mad Studies, I believe, could take a leaf from Fanon’s critical impulse.

Despite what may be considered the inadequacies of his work, Fanon never fails to pay attention to the specificity of the contexts of analysis. Indeed, the contradictions pointed out in his writing are a product of his placement in a particular historical nexus and his commitment to situation-specific engagement. Whether dealing with Freud or Hegel, or whomever, Fanon remains conscious of the way that the social, political, and economic life of a place implicates and inflects whatever category he is observing. Hussein Bulhan’s (1985) evaluation of his ethnopsychiatry as radical and pioneering rests on the fact that “[it] was rooted in the very people he studied...[he] fully identified with those he wrote about – learning their language, respecting their person as well as their culture, and risking his life to help restore their human dignity” (p. 233). While many postcolonial or global South nations of the twenty-first century may be different from Fanon’s contexts embroiled in anti-colonial struggle, they remain similar in many ways. The predominant forms of oppression have hardly changed; they have simply rebranded. A Mad Studies that would remain relevant in contexts outside of Euro-American formulations, must itself be conscious of the diverse ways that people interpret their conditions and the limitations or possibilities they generate.

The above is not a proposal for fragmentation, but a reiteration of Gorman’s call for the “uncovering [of] culture – and class – specific relations through which Mad identities emerge; and articulating solidarity with, and recognizing privilege in relation to, people who have complex ongoing, and involved experiences of legislative, institutional, and carceral oppression” (p. 269). Such attention to other contexts may entail the revaluation of key terms in the field. Sanism, mentalism, pride and the like will have to possess more nuance to remain useful across the places they travel. “[W]e must work out new concepts,” enjoins Fanon (2001, p. 255). A Mad pride in Ghana, Nigeria, or any other West African country, for example, will have to be cognizant of the limited reach of psychiatry (Nabbali, 2013); of the forms of government which, whatever they are, are distinct from the liberal democracies that obtain in many Euro-American countries and not necessarily sutured to psy discourses in their agenda<sup>10</sup>; of the ecology of explanatory models consisting of Christian beliefs, Islamic, indigenous, and psychiatric understandings of madness, and the fact that the majority sees no fundamental contradiction in subscribing to most or all of them simultaneously, using them as tools to be picked up or discarded depending on how they serve certain purposes (Akomolafe, 2013; Chukwuemeka, 2009) much closer to Fanon’s concern now, the way that a celebratory understanding of madness may work to occlude more immediate forms of injustices to which such conditions represent an indictment against their perpetrators; and of the way that national, ethnic or other sorts of allegiances are likely have a stronger political hold on individuals than their experience of madness<sup>11</sup>.

## Conclusion

This paper has been concerned to trace echoes of Fanon in counter discourses to psychiatry, focusing on the academic field designated Mad Studies. This endeavor proceeds from the recurrent disassociation or association of Fanon with the antipsychiatry movement and Foucault (major influences on Mad activism), signaling what I understand as a contradiction or ambiguity in Fanon's conception of the relationship between madness, subjectivity and freedom. In exploring the coordinates of his diversion from the arguments that subtend Mad activism, particularly the discourse of pride and identity, I express wariness in projecting Fanon's very insightful observations about psychiatry and the formation of subjectivity merely as precursor or forerunner to contemporary mad discourses. Instead, I propose that he be regarded as a critical interlocutor, as also a critique of the nationalist rhetoric that attaches to much Mad scholarship. Significantly, the interest in Fanon as favorably disposed to the discourse of anti-psychiatry appears to be informed by the increasing influence of emancipatory discourses of madness. (My reading of him stems from the desire to put him in conversation with this exciting body of work). However, rather than a recuperation of Fanon for such ends, as I suspect Garth Stevens's comment seeks to do and Mills does with Fanon's anti-colonial and decolonial contemplations, I propose a critical engagement with Mad discourses undergirded by Fanon's self-reflective impulse, an attitude to scholarship epitomized in the image of a solidly situated, chronically critical embodiment, in the famous last line of *Black Skin, White Masks*: "O my body, always make me a [person] who questions!"

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## Notes

1 Jean Khalifa (2018) locates the connection between Fanon and Foucault in the disposition to "[thinking] in terms of processes rather than in terms of entities" (p. 177) which he attributes to the influence of phenomenology and Henri Ey. This is most visible in Foucault's early writings such as *Mental Illness and Psychology*. With regards to antipsychiatry, Khalifa finds the link in Fanon's training in Saint Alban under Francois Tosquelles: "Institutional therapy was one source of the 'antipsychiatry' movement of the 1960's, in particular the experiments of Felix Guattari and Jean Oury at the La Borde Clinic; Oury was a former intern at Saint Alban and knew Fanon well" (pp. 187-8).

2 Mills refers here to electroconvulsive therapy (ECT). Her focus on Fanon the anti-colonial, decolonial thinker and less on his work on madness and psychopathology means that, to some extent, she sidesteps this contradiction. Admittedly, both aspects of Fanon's work are inextricably entangled, but the point of emphasis obviously yields a different reading.

3 I use the term “madness” for the most part of this paper to escape the reductiveness of “mental illness” and encompass non-medical apprehensions. I use “mental illness” when some faithfulness to the cited author is required.

4 See for example Chamberlin’s (1978, pp. xiii–xiv) criticism of Laing and to a lesser extent, Szasz.

5 Fanon, essentially, was not opposed to alternative ways of thinking about disorders, and his commitment to culture-specific manifestations motivated him to witness marabout ceremonies for treating mental pathologies during his time in Algeria (Khalifa, 2018). As I will note later, Fanon found in local conceptions, resonances with his humanist notion of therapy.

6 The relationship between the two is not always clearly defined, but often seen in terms of evolution. According to Beresford and Russo (2016), “Mad studies is sometimes incorporated in [disability studies] historically, sometimes allied to it and increasingly seeking its dependence” (p. 272).

7 Some of his interventions in this regard appear in “Social Therapy in a Ward of Muslim Men.”

8 The idea of temporality and that madness pertains to subjectivity itself is stated in his doctoral dissertation: “My aim is to show that all neurological impairment damages the personality in some way... We think in terms of organs and focal lesions when we ought to be thinking in terms of functions and disintegrations. Our medical view is spatial where it ought to become more and more temporal” (2018a, pp. 214–215).

9 Rashed opines that the essential elements of this group include Mad identity and culture; madness, creativity, and spirituality; madness, distress, and disability; and madness as a dangerous gift (2019, p. 19).

10 Achille Mbembe (2015) proposes the term *private indirect government* to describe what obtains in most African countries south of the Sahara.

11 Mills (2014a, 2014b) calls for sensitivity to how these allegiances, in form of a nationalist discourse to colonialism, may be weaponised by the psy-disciplines “to defend their own forms of neo-colonial activities from critique” (p. 144).

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