

The Psycho-Politics of Frantz Fanon and Michel Foucault: A Critical Dialogue

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In memory of my dear friend and fellow Oxford DPIR student Ahyoung Cho, who, after a long and often lonely battle with both depression and psychiatrisation, took her life in Trinity Term 2019. I miss you with all my heart. I will never forget our long conversations and letters about psychopolitics. I hope someday, when the weight of my grief is not so debilitating, I will somehow do justice to what we learned from each other.

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Introduction: dialogue at a distance

Motivation

Michel Foucault is perhaps the best-known philosopher of the politics of madness and psychiatry in the history of political thought. In *Madness and Unreason: History of Madness in the Classical Age* (1961) [MU], Foucault offers a history of the social construction and control of madness as “mental illness”.¹ In a 1983 interview, Foucault recounts that MU initially failed to make an impression on the French intellectual left, suggesting that the 1968 May Rebellion facilitated a new responsiveness to his psycho-politics:²

‘Studying psychiatry...had no real status in the political field. Nobody was interested in that...before '68.’³

However, in this self-conscious self-styling, Foucault fails to acknowledge that his critique of psychiatry had been prefigured by political radicals working within the profession.⁴ Foucault himself trained under founding institutional psychotherapist, Georges Daumézon, at the Sainte-Anne psychiatric hospital as a psychology student; this experience formed the germ of MU.⁵ Institutional psychotherapists argued that the asylum was itself “ill” – exacerbating patients’ suffering and prolonging their internment in a perpetual cycle of violence – and thus also required “treatment”.⁶ When Foucault wrote MU, institutional psychotherapy was already a major intellectual current in France, with the Saint-Alban hospital emerging as a prominent centre.⁷ Foucault’s own thesis supervisor, Georges Canguilhem, had worked there under leading institutional psychotherapist François Tosquelles.⁸

Renowned theorist of race, racism, European colonialism, and anti-colonial revolution, Frantz Fanon, began his psychiatric career in the radical Saint-Alban milieu under the tutelage of Tosquelles⁹ the same year that he published *Black Skin, White Masks* (1952). Unlike Foucault,

¹ This was prefigured to an extent by *Mental Illness and Personality* (1954) [MIP(1)], which was revised and republished as *Mental Illness and Psychology* (1962) [MIP(2)]; MIP(2) departed from MIP(1) by following MU in calling into question “mental illness” itself.

² I will use the term “psycho-politics” to indicate the dialogic relationship between the psychic and political in both Fanon and Foucault’s thought.

³ MS, 1983/1988: 8. Compare Kelly, 2014: 36-7.

⁴ Taylor, 2010: 55-56.

⁵ MS, 1983/1988: 6.

⁶ Khalfa, 2018: 186-187. Faramelli, 2017: 118.

⁷ Gibson, 2016: 377.

⁸ Gordon, 2013: 94.

⁹ Gibson and Beneduce, 2017: ch. 5.

Fanon is not well-known as a philosopher of madness and psychiatry, better-known amongst political theorists for his writings on violence. However, with the publication of an expansive new collection of Fanon's psychiatric writings, *Alienation and Freedom* [AF], this narrative has begun to shift.¹⁰ These newly-available primary texts have provoked renewed interest in the interplay between Fanon's revolutionary psychiatry and his revolutionary politics.¹¹ After his Saint-Alban training, Fanon moved to French-occupied Algeria in 1953 to work at the Blida-Joinville psychiatric hospital. There, he grew fiercely critical of the supposedly progressive¹² innovations of Antoine Porot and his protégés at the University of Algiers, who were known as the 'Algiers School'.¹³ In his psychiatric research, Fanon foregrounded the socio-historical contexts of supposedly pathological psychological tendencies amongst the colonised, and addressed the unique challenges posed by psychiatric practice within colonial society. Radicalised by his psychiatric work, Fanon joined the National Liberation Front (*FLN*) in 1955. When his position at Blida became untenable, Fanon fled to Tunisia in 1956. There, he opened North Africa's first day clinic in 1958,¹⁴ and taught a highly politicised social psychopathology course at the university – 'The meeting between society and psychiatry' (1959-60) [*MSP*] – exploring the interconnections between madness, normality, work, protest, the criminal justice system, and racism. Shortly before his death (and the same year Foucault published *MU*), Fanon published *The Wretched of the Earth* (1961) [*WE*]. *WE*'s often overlooked final chapter, 'Colonial War and Mental Disorders', featured psycho-political sketches of clinical cases from Blida and Tunis alongside a critique of the Algiers School. As Jacques Derrida puts it, Fanon was 'altogether exceptional and untypical' within French North African psychiatry for having consistently 'raised the question of [his] own practice in its political...dimensions'¹⁵ – precisely the dimensions that Foucault claims "nobody was interested in" pre-'68.

Fanon and Foucault's psycho-politics shared marked similarities and fertile differences. Both rejected orthodox Marxist dogma that prioritised the economic over the psycho-symbolic, and shared a central concern with the relationship between the production of marginalised subjects and systems of power/knowledge. Both temporalised madness within history and power-laden

¹⁰ Khalfa and Young, 2015; trans. Corcoran, 2018.

¹¹ See Gibson and Beneduce (2017) for the most comprehensive offering thus far.

¹² Keller, 2007a: 57, 80.

¹³ Gibson and Beneduce, 2017: ch. 3.

¹⁴ Gibson, 2016: 376.

¹⁵ 1991: 204.

social relations in order to depathologise it, and denaturalise positivist psychiatry. Both interrogated the operations of power/knowledge in putatively humanitarian, progressive psychiatric “reforms”. Foucault explored the sinister underside of modern French psychiatry’s foundational myth – Philippe Pinel’s “liberation” of the insane – whilst Fanon attacked French-occupied North Africa’s very own Pinellian reformers. Both exposed the interconnections between psychiatry and the criminal justice system, especially in the juridico-psychiatric practices of questioning and confession – although Fanon, unlike Foucault, appreciated exactly how violently coercive modern interrogation could be. Both criticised the petrifying effects of psychiatric confinement, although Fanon extended his critique beyond the walls of the asylum to colonial society as a whole. Foucault romanticised madness and rejected psychiatry altogether, whereas Fanon’s experiences as both a psychiatrist and *FLN* militant led him to believe that revolutionary psychiatry, in conjunction with revolutionary struggle, was necessary for psycho-social “recovery”. Foucault could have found a productive interlocutor in Fanon, but the former never even *acknowledged* the latter.¹⁶ Chloë Taylor suggests that Foucault’s neglect of Fanon was due to his rejection of existentialism; yet, as Nigel Gibson points out, Foucault ‘did read Sartre and did write about Sartre’.¹⁷

Foucault’s failure to engage with Fanon’s psycho-politics is noteworthy not just because of the potentially productive philosophical resonances and dissonances between their work, but also because of the overlap between their respective intellectual contexts. As I highlighted above, both were taught by major institutional psychotherapists. Fanon was heavily influenced by Foucault’s rival, Sartre, who wrote *WE*’s notoriously militant preface. In fact, Foucault wrote a preface for Félix Guattari¹⁸ and Giles Deleuze’s *Anti-Oedipus* (1972), in which they comment at length on one of the psychiatric cases in *WE*. Most strikingly, Foucault and Fanon both lectured on psycho-politics at the University of Tunis, only six years apart.¹⁹ Foucault strongly supported the 1968 Tunisian student strike; Macey argues that Foucault’s ‘Tunisian experience’ had a profound effect on him, suggesting that it ‘allowed a much more vocally

¹⁶ Taylor, 2010: 70.

¹⁷ *Ibid.* Gibson, 2016: 377.

¹⁸ Guattari was also an institutional psychotherapist; he worked closely with Jean Oury, who had trained with Fanon under Tosquelles (Khalfa, 2018: 188).

¹⁹ Gibson, 2016: 379. See Foucault, 1967/1989.

militant Foucault to emerge'.²⁰ Indeed, a decade later, Foucault himself clarified *which* '68 had most impacted his personal and political trajectory:

‘It wasn’t May of ’68 in France that changed me; it was March of ’68, in a third world country.’

The ‘hyper-theorizing’ he had encountered in the French academe paled in comparison with the Tunisian students’ vitalistic spirit of resistance, which, Foucault argued, arose as a matter of necessity from ‘the intolerable nature of certain conditions produced by capitalism, colonialism, and neo-colonialism.’²¹ For them, Foucault claimed, Marxism was less a theoretical discourse than ‘an existential act that left one stupefied.’²² Tunis’ ’68 inspired him to ‘accomplish a series of actions that...posed problems in concrete...terms, within a determinate situation’. He found this ‘total experience’ in his Prison Information Group [*GIP*], which allowed him ‘to stitch together the loose ends’ of his early psycho-politics ‘with what I had been able to experience and know in Tunisia.’²³ In spite of the autobiographical significance that Foucault retrospectively attributed to his turbulent time in postcolonial Tunisia, the influence of the Tunisian student movement is, as Kathryn Medien argues, ‘reduced to silence in Foucault’s subsequent philosophy’.²⁴ What’s more, in spite of his evident awareness of the intolerability of French (neo-)colonialism in North Africa, the themes of race, racism and colonialism remain, at best, highly peripheral to his thought.²⁵ Ann Stoler highlights this ‘stark discrepancy between [Foucault’s] knowledge of the postcolonial in Tunis and the absence of the colonial in his work’.²⁶

In a 2002 interview, Fanon’s publisher, François Maspero, wonders what might have become of Fanon amidst the 1960s anti-psychiatry movement, had it not been for his premature death in 1961.²⁷ I am inclined to ask instead what might have become of the conspicuous silences and misdiagnoses in *Foucault’s* anti-psychiatric work had he seen fit to engage with Tunis’ very own “Third-World” theorist and practitioner of psycho-politics: Fanon. I hope to contribute to a small but growing literature exploring this ‘missed encounter’ by bringing Fanon and

²⁰ Macey, 2019: 206.

²¹ *RM*, 1978/1991: 135-7.

²² *Ibid.*: 145, 135. Compare Foucault’s letter to Defert (2013: 35).

²³ *RM*, 1978/1991: 139.

²⁴ 2019: 10.

²⁵ Legg, 2007: 265. Young, 1995: 57. Spivak, 1988/1993: 85-6.

²⁶ 2010: 143.

²⁷ Keller, 2007b: 837.

Foucault's psycho-politics into a historically-informed, critical and creative 'dialogue at a distance'.²⁸

Chapter Outline

The research question guiding my inquiry is: *What are the resonances and dissonances between the psycho-politics of Frantz Fanon and Michel Foucault?* In chapter 1, I will offer a critical account of Foucault's psycho-politics structured around key points of resonance and dissonance with Fanon's psycho-politics. I will argue that Fanon's neglect of the lived experience of madness leads him to romanticise its silence. In chapter 2, I will motivate the dialogue by showing that Foucault's temporalisation of madness is truncated by his silence on its intersection with race and colonial racism, whereas Fanon foregrounds this intersection. In chapter 3, I will offer a critical account of Fanon's psycho-politics, bringing him into dialogue with Foucault on the themes I introduced in chapter 1. I will compare their temporalisation and depathologisation of madness from perspectives internal and external to psychiatry, arguing that Fanon empathetically understands the experience of madness *from the inside*, whereas Foucault narrates the third-person perception of madness *from the outside*. I will argue that both thinkers unmask the power dynamics underlying psychiatry's putative value-neutrality and humanitarianism. Finally, I will oppose Foucault's romanticisation of madness' unintelligibility with Fanon's understanding of madness as freedom-inhibiting, and intersubjective meaning-making as vital for "recovery". In chapters 4 and 5, I will compare Fanon and Foucault on collaboration between psychiatry and the criminal justice system. In chapter 4, I will offer a Fanonian critique of Foucault's theorisation of torture as a premodern, corporeal practice, arguing that he neglects medically-assisted colonial torture in Algeria. However, I will also use Foucault to critique Fanon's construal of psychiatric-judicial collaboration as unique to the colonial situation. In chapter 5, I will expand upon Foucault's understanding of the perpetual movement between psychiatric and juridical power by reconstructing his account of confession, using Fanon to show how this psychiatric-judicial practice was qualitatively different in the colony. I will argue that Fanon not only offers a more compelling account of psycho-political resistance to the confession imperative, but also seeks to liberate confession where Foucault rejects it as essentially oppressive.

²⁸ Lorenzini and Tazzioli, 2018: 71-2. See also Tazzioli (2020), Faramelli (2017), Gibson (2016), Renault (2015), Taylor (2010).

Method

Whilst my textual exegesis is influenced by the contextualist method,²⁹ my “dialogue at a distance” is not intended as a work of intellectual history, but rather a historically-informed work of political theory. Even though they shared psycho-political preoccupations, Foucault never engaged with Fanon, nor would it be historically literate to claim that Fanon “anticipated” or somehow pre-emptively critiqued Foucault.³⁰ Nonetheless, whilst the dialogue I set up here is imagined, it is not viciously anachronistic.³¹ Because Fanon and Foucault were responding to overlapping linguistic, socio-political, and even geographical contexts, I can bring them into meaningful, albeit ‘imaginative’, dialogue *ex post facto*.³² My research thus reaches beyond the contextualist paradigm, drawing on the burgeoning methodology of comparative political theory (CPT). CPT aspires to provide a ‘discursive gathering place, where theorists might look up from one set of particular sources and contexts’ and trace productive ‘patterns or disconnections across thinkers not normally brought together’, including – indeed, especially – thinkers who never spoke to one another.³³ It thereby contributes to decentring the Euro-American liberal canon, foregrounding marginalised political thought, critiquing the (post)colonial, racialised relations of domination underlying the production of political thought, and challenging contemporary hegemonic assumptions about what constitutes properly *political* thought.³⁴ More recently, CPT has drawn attention to the need for self-reflexivity in any comparison between “Western” and “non-Western”, or colonial and anti-/post-colonial, thought.³⁵ I have been careful not to appropriate Fanon’s psycho-politics as a mere resource for enriching Foucault’s; if anything, I have primarily interpreted and critiqued Foucault through a Fanonian lens, rather than vice versa, explicitly incorporating my knowledge of their asymmetrical positionality into my comparative dialogue.

²⁹ Skinner, 2002: ch. 4.

³⁰ *Ibid.*: 78.

³¹ Compare Stuurman, 2000: 157, 163.

³² Jenco et al., 2020: 9.

³³ *Ibid.*: 12.

³⁴ *Ibid.*: 2, 4-5.

³⁵ Idris, 2016.

Chapter 1. *Foucault's psycho-politics*

In this chapter, I will offer a critical account of Foucault's psycho-politics. I will argue that Foucault temporalises and depathologises madness by historicising and denaturalising it. I will consider the role of experience in Foucault's history of madness, providing a brief overview of the latter. I will offer a close textual analysis of how Foucault thinks madness comes to be socially constructed and controlled by psychiatry as "mental illness". Finally, I will critique Foucault's often-romanticising construal of mad people as necessarily silent, and his related obscuration of their lived experience of madness.

My account will focus on Foucault's most influential psycho-political text, *Madness and Civilisation: A History of Insanity in the Age of Reason*³⁶ (1965) [MC], but I will draw additional detail and alternative translation from *History of Madness in the Classical Age*³⁷ (1972) [HM], and supplement my analysis with *MU*'s 1961 preface. I will use the abbreviation *Madness* when making a point applicable to all three versions. I will also employ Foucault's less philosophically-rich *MIP*(2) to bolster my interpretation.

Temporalising and depathologising madness

Foucault's historicisation of madness

Foucault's *Madness* charts changes in societal approaches to madness across the Renaissance, classical and modern historical epochs. It temporalises madness by historicising it, narrating the socio-historical processes by which it was excluded from and mastered by Enlightenment reason. Even though Foucault had not yet formulated his influential genealogical method,³⁸ and was still borrowing heavily, albeit disobediently, from the phenomenological paradigm, in *Madness*, he had already begun 'writing the history of the present'.³⁹ Foucault aims to show that

³⁶ Foucault's heavily-abridged version of *MU*, which he produced for English translation.

³⁷ Virtually-unmodified second edition of *MU*. Its influence was limited because it remained untranslated until 2006.

³⁸ See *NGH*, 1971/1984. In *MU* (1961/2006), Foucault was already influenced by Nietzsche's critique of dialectical history: 'The following study will..., beneath the sun of the great Nietzschean quest,...confront the dialectics of history' (xxx).

³⁹ *DP*, 1975/1995: 31. My reading of *Madness* as proto-genealogical is controversial; it is standardly read as an early instance of Foucault's archaeological method (Gutting, 1989; Gutting and Oksala, 2019). I disagree with this reading because: (1) Foucault understands each epoch's "experience" of madness as involving discursive *and* non-

the contemporary hegemonic approach to madness is not the only or even the most humane or enlightened way of “experiencing” it. He denaturalises positivist psychiatry’s pathologisation of madness as mental illness – the psychic analogue of physical disease, inhering within the individual, similarly in need of expert medical investigation and treatment – by showing that society did not always “experience” madness in this way. By showing it to be socio-historically contingent, Foucault destabilises psychiatry’s *entire* monopoly on the “truth” of madness as “mental illness”. He argues that the modern psychiatric “experience” of madness has sedimented itself so successfully in our society that we tend to forget that madness even *has* a history beyond its current ‘slender status of pathological accident’.⁴⁰ These pre-modern “experiences” of madness have ‘remained silent in the composure of a knowledge which, knowing too much about madness,’ (or rather, *thinking* it does) ‘forgets it.’⁴¹

This forgetfulness is no accident. It follows from intrinsic features of the modern positivist episteme. One of the reasons that positivist psychiatry has so successfully naturalised *itself* (“naturalised” in the sense of, made to seem necessary, or, less strongly, obvious or common-sensical) is that it has naturalised *madness* (“naturalised” in the sense of, made into a natural object). In constructing madness as a natural object of scientific inquiry, psychiatry petrified it – taking it out of time and fixing it in space. Because ‘positive science’ views madness as a naturally-determined, ‘organic’ pathology located in the individual maddened body, it “experiences” madness as ‘a sort of atemporal caesura, sectioning not time but space’.⁴² Madness as mental illness is thus presumptively ‘shielded from history, locked into its own truth’.⁴³ Foucault temporalises our “experience” of madness to break through this positivist “shield” of atemporality and depathologise madness.

Foucault’s backward-looking thesis that the positivist psychiatric gaze is just *one* historical mode of perceiving madness among many has the forward-looking, politically provocative implication that madness need not be perceived the way it is now. But Foucault does not just

discursive elements; (2) he offers causal explanations for epochal shifts that, again, refer to both material and socio-cultural mechanisms; (3) he does not view each epoch’s “experience” of madness as rigidly self-contained, divided by sudden and total ruptures (“epistemic breaks”), but rather traces both the discontinuities *and* continuities between each epoch’s “experience”, and (in *HM* especially) emphasises the ambiguity of transitional periods.

⁴⁰ *MU*, 1961/2006: xxxii.

⁴¹ *MC*, 1965/1988: xii.

⁴² *HM*, 1972/2006: 79, 520.

⁴³ *Ibid.*: 79.

want to demonstrate modern psychiatry's contingency; while this would establish that the dominant perception of madness *could* change, it would not give us any reason for *wanting* to change it.⁴⁴ One conclusion we might draw from the contingency and mutability of modern psychiatry is the *reactionary* one that we must do all we can to defend it from change or challenge, on the grounds that it, unlike all previous perceptions of madness, is correct. To the extent that psychiatry *does* admit to having a history, it reads its past through the anachronistic prism of the presumed superiority of its own conclusive and complete understanding of madness. *This* kind of "history" is more like a mythos that further naturalises the present. Foucault seeks to challenge triumphalist histories of madness that tell a seamless story of gradual scientific and humanitarian progress culminating in the victory of positivist psychiatry.⁴⁵ He contests the Whiggish 'positivist history' of a supposed 'progressive realisation of the pathological reality of madness' through an 'objective process of erosion' gradually unearthing its 'essence and secret truth'.⁴⁶ Foucault also debunks psychiatry's founding myth of Pinel's "liberation" of the insane, which construes classical confinement as a kind of moral mistake, finally corrected by the modern discovery of madness as a medical object needing care instead of cruelty. Foucault argues that this supposedly philanthropic "liberation" of the mad actually made way for even more insidious ways of controlling them.⁴⁷ On both counts – epistemic and moral – Foucault declares that 'we must liberate ourselves precisely from the idea of progress'.⁴⁸

Temporalising "experience"

In his later, more structuralist work, *The Archaeology of Knowledge* (1969) [*AK*], Foucault distances himself from the strong phenomenological inflections of *Madness*, which, he claims, 'accorded far too great a place, and a very enigmatic one too, to what I called an "experience"'.⁴⁹ This could be read as a conclusive confession of guilt vis-à-vis Derrida's famous public attack on Foucault's attempt to 'write a history of madness *itself*...', that is, madness speaking on the basis of its own experience'.⁵⁰ However, in the very 1961 preface on which Derrida focuses his critique, Foucault explicitly argues that it would be '*impossible*' for him to articulate the experience of 'madness itself, in all its vivacity, before it is captured by knowledge' – madness

⁴⁴ Compare Finlayson's (2016) discussion of "nature" and "necessity" (28).

⁴⁵ Compare Gutting, 1989: 103.

⁴⁶ *HM*, 1972/2006: 155. Compare Gutting, 1989: 87.

⁴⁷ Compare McNay, 1994: 23.

⁴⁸ *HM*, 1972/2006: 425.

⁴⁹ Gordon's (1992) amended translation (37); compare *AK*, 1969/2013: 18.

⁵⁰ 1963/2001: 39.

as pure ‘undifferentiated experience’ – because ‘any perception that aims to apprehend’ madness in its ‘wild state necessarily belongs to a world that has captured [it] already.’⁵¹ Foucault argues that “madness itself” has long been silenced by psychiatry’s ‘monologue of reason *about* madness’.⁵² He worries that if he were to adopt a hermeneutics of suspicion⁵³ and try to decipher the meaning hidden beneath madness’ muffled ‘murmuring’, he would inevitably ventriloquise it – performing his *own* monologue about madness.⁵⁴ Foucault opts instead to investigate how madness came to be silenced over time – to ‘draw up the archaeology of that silence’.⁵⁵ He explains that this “archaeology” will take the form of ‘a *structural* study of the *historical* ensemble – notions, institutions, judicial and police measures, scientific concepts – which hold [madness] captive’.⁵⁶ Foucault aims to trace the successive historical reconfigurations of the constellation of attitudes, socio-cultural practices and institutions by which reason’s relationship to madness has been (re)constituted over time.

Foucault’s is a *temporalised* phenomenology of madness. He does not, for the most part, purport to uncover some mysterious pre-historical, pre-social essence. When he promises an inquiry into ‘the structure of the experience of madness’, Foucault does not propose to excavate a single transcendental subject underlying madness’ shifting socio-historical guises. He argues that the “experience” of madness ‘is history through and through’.⁵⁷ Foucault’s temporalised phenomenological subject is not madness itself, but ‘the anonymous consciousness of an age’.⁵⁸ He narrates the third-person perception of madness *from the outside* – from the dominantly-situated perspective of reason – because he deems the marginally-situated first-person experience of madness *from the inside* necessarily out of reach. Foucault resolves not to step beyond the bounds of the phenomenal (reason’s varying socio-historical modes of perceiving madness) into ungrounded speculation about the deeper nature of its unknowable noumenal horizon (the experience of *madness itself*). He implicitly assumes that it is impossible to theorise the first-person experience of madness without detemporalising it and positing an “enigmatic”

⁵¹ *MU*, 1961/2006: xxvii, xxxii, emphasis mine. Compare Gordon, 1992.

⁵² *MC*, 1965/1988: xi-xii.

⁵³ As Dreyfus and Rabinow (1983/2002) suggest he does (xxii, 11).

⁵⁴ *MU*, 1961/2006: xxxii.

⁵⁵ *Ibid.*: xxviii.

⁵⁶ *Ibid.*: xxxiii, emphasis mine.

⁵⁷ *Ibid.*: xxxii.

⁵⁸ Gutting, 2005: 66.

transcendental subject as its origin.⁵⁹ At the end of this chapter, I will show that this leads Foucault to romanticise and even essentialise madness itself as necessarily silent.

Overview of Foucault's history of madness

I will now reconstruct Foucault's overarching proto-genealogical narrative; in the next section I will consider some elements of this story in more detail to the end of reconstructing Foucault's account of the social construction and control of madness.

Foucault argues that the Renaissance “fool” was imprisoned within ‘the *threshold* itself’, ‘placed on the inside of the outside’ of civilisation. Subject to ‘constant circulation’, the mad were always in the restless state of being *in between* places; this was encapsulated in the literary motif of ‘the Ship of Fools’.⁶⁰ Foucault differentiates between two main cultural experiences of madness in the Renaissance epoch: in artworks, madness was represented as a dangerous, tragic figure of temptation, offering forbidden spiritual knowledge; in literary and philosophical texts, however, madness was reduced to vice and instrumentalised for ironic moral criticism. Foucault argues that whilst these ‘two threads’ were for some time in ‘constant exchange’, the latter had won by the 16th century.⁶¹ Reason had pacified madness’ ‘great tragic threat’, rendering it ‘docile’.⁶² Madness was no longer ‘disturbing’, but ‘disturbed’, pitiful – even laughable.⁶³ It was ‘moored now’; the transition from Renaissance ‘*embarkation*’ to classical ‘*confinement*’ had begun.⁶⁴

The classical epoch, Foucault argues, perceived madness as a negation of reason, confining and constraining it, *qua* unreason, within repressive “corrective” institutions. Madness’ asymmetrical dialogue with reason was broken off: it was silenced, segregated, and immobilised. No longer perceived as a dangerous tendency *within* reason to which *everyone* was vulnerable, it was now seen as a form of *unreason*, and attached to a marginalised subgroup. In the face of an economic and moral crisis of “idleness”, the mad, criminal, unemployed, poor, and debauched were thrown together, subsumed under the category of “unreason”, and cordoned

⁵⁹ In ch. 3, I will challenge this assumption with Fanon's temporalised phenomenology.

⁶⁰ *HM*, 1972/2006: 7, 10-11.

⁶¹ *Ibid.*: 26-7.

⁶² *Ibid.*: 43. *MC*, 1965/1988: 35.

⁶³ *HM*, 1972/2006: 37.

⁶⁴ *MC*, 1965/1988: 35-6.

off from “reasonable” society as an ‘undifferentiated mass’.⁶⁵ Houses of confinement sprang up as ‘semijudicial structures’ for the “correction” of public disorder that did not warrant the intervention of criminal law, but could not be left up to private penance either.⁶⁶ Hidden at the margins of the putatively voluntary, mutually-advantageous ‘moral city’ of bourgeois dreams, the houses of confinement functioned as repositories of the bourgeois social contract’s rejects and rebels.⁶⁷ They set the ‘socially useless’ to work, whilst keeping them at a safe distance from the “socially useful”.⁶⁸

However, even in the classical era, Foucault argues, the mad were somewhat differentiated from the rest of unreason, perceived as uniquely resistant ‘to work and...the rhythms of collective life’.⁶⁹ At the margins of the margin itself, the mad were subjected to severe physical constraints to contain their ‘frenzy’ even deeper within these spaces of containment.⁷⁰ This was not perceived as “inhumane” because the mad were not seen as human. Brutalised and animalised, they were exhibited to the public in chains and cages, treated as ‘monsters – that is, etymologically, beings or things *to be shown*’.⁷¹ Madness was thereby constructed as a natural object of observation; this would find new meaning in positivist psychiatry.

Classical confinement declined in the 18th century, and a period of great ambiguity and confusion ensued. Somewhere in between sickness and criminality, it was no longer clear where madness belonged in a society undergoing upheaval. The modern epoch emerged with an answer: the asylum. Fusing confinement with medical treatment, the asylum merged seemingly conflicting perceptions of madness as both public disorder and private sickness. Madness was pathologised as a mental disease that alienated the madman from himself and necessitated his social exclusion. Confinement was reconceived as *curative*: ‘the essential medication’ for psychological disalienation.⁷² Foucault argues that Tuke and Pinel, the best-known psychiatric innovators at the turn of the 19th century, “liberated” the mad from *old* forms of constraint only to institute *new*, more efficient techniques of control, in the guise of philanthropic medical care.

⁶⁵ *HM*, 1972/2006: 118.

⁶⁶ *MC*, 1965/1988: 40.

⁶⁷ *Ibid.*: 61.

⁶⁸ *Ibid.*: 58.

⁶⁹ *Ibid.*

⁷⁰ *MC*, 1965/1988: 72.

⁷¹ *Ibid.*: 70, emphasis mine.

⁷² *HM*, 1972/2006: 434.

Their modernisation of madness thus involved a ‘double movement of liberation and enslavement’.⁷³ By ‘confining madness in mental illness’, modern psychiatry ‘grasped madness as something both known and mastered at a stroke’.⁷⁴

Social construction and control of madness

Foucault sees the history of madness as one of the ‘division’ and ‘limits’ of society, rather than that of epistemic and moral advancement.⁷⁵ It is a history not of natural scientific discovery, but of social construction; not of humanitarian care, but of social control. Foucault shows how psychiatry’s social construction and control of madness are interlinked.

Even as they were divided, Foucault argues, madness and reason remained ‘confusedly implicated..., existing...in relation to each other’.⁷⁶ Classical madness was a negative construct of Enlightenment reason. Where Renaissance madness had been interpreted as a supernatural ‘sign of another world’, classical madness was ‘stigmatized as non-being’: ‘the empty negativity of reason’.⁷⁷ Mad people were only mad in a negative relation to “reasonable” people. Foucault, however, sees a perverse kind of freedom in this reviled but indeterminate “non-being”. Modern reason supposedly ‘freed’ madness ‘by capturing it in the gaols of his gaze’, stripping madness of the invisibility afforded by classical confinement’s zone of non-being.⁷⁸ Confinement’s ‘negative gesture of exclusion’ now ‘opened onto the positive world of the cure’, and psychiatrised madness ‘took its place in the positivity of known things’.⁷⁹

Foucault depathologises madness by showing it consists not in a neurophysiological lesion (à la positivist psychiatry), but in a historical incision made in the *social* body; not an ‘organic pathology’, but a social ‘relation, historically situated’.⁸⁰ The mad were not interned in asylums *in response to* new scientific knowledge about “mental illness”; this retelling is upside down,

⁷³ *Ibid.*: 460.

⁷⁴ *MU*, 1961/2006: xxxiii. *HM*, 1972/2006: 458-60.

⁷⁵ *MU*, 1961/2006: xxix.

⁷⁶ *MU*, 1961/2006: xxviii.

⁷⁷ *MC*, 1965/1988: 115-6.

⁷⁸ *Ibid.*

⁷⁹ *HM*, 1972/2006: 434, 443.

⁸⁰ *MIP*(2), 1962/1987: 2. The implication that ‘being mad...has nothing to do with any natural phenomenon’ is what led prominent psychiatrist Henry Ey to charge Foucault with ‘psychiatricide’ (translation from Macey, 1969/2019: 213).

confusing effect with cause. Madness was ‘produced by the gesture of segregation itself’,⁸¹ but this *social* alienation was ‘interiorised’ within the individual madman as ‘*mental* alienation’.⁸² Psychiatry naturalised madness’ socio-historically contingent unfreedom as its deterministic “truth”: ‘*the manner in which the mad were alienated*’ was forgotten, only to reappear as the *nature of their alienation*’.⁸³ The foundations of the naturalisation of madness had been laid by the classical animalisation and exhibition of the mad, but modern psychiatry promised a ‘deeper’ reach, beyond ‘visible animality’, treating patient’s ‘appearances’ as windows to their inner lives. The modern asylum was a ‘realm of observation’ that demoted madness ‘to the level of things’. The “objective” positivistic psychiatric gaze ushered in by Pinel reduced madness not just to nature, but ‘objectified’ nature, rendering patients’ maddened interiority exterior, observable, knowable, and thus *masterable*.⁸⁴

The 19th-century positivist psychiatric gaze claimed to be “objective”, viz. value-neutral, but it was anything but. Psychiatry simultaneously naturalised the mad’s socio-historical alienation whilst declaring their “liberation”. Although the mad were no longer brutalised by physical constraints, Foucault argues that they were nonetheless continually vulnerable to exposure to the panoptic psychiatric gaze, disciplined into becoming their own gaolers; this rendered their newfound “liberty” empty.⁸⁵ The process of objectifying observation and internalisation was exemplified by Pinel’s humiliating “recognition by mirror” cure, in which he encouraged patients to denounce madness in others, and thereby brought them to recognise it in themselves. He taught each patient to ‘internalize’ the psychiatric gaze and ‘objectify himself’, trapping them within ‘infinitely self-referring observation’.⁸⁶ Pinel thereby made docile, “curable” mental patients out of disorderly, “disordered” madmen. In spite of its pretensions to value-neutrality, Pinel’s asylum was a ‘juridical microcosm’ that reinstated the homogenising rule of bourgeois morality over those who had previously escaped it (albeit at the cost of non-being).⁸⁷ In fact, it was the late-18th-century innovation of immobilising the mad within this quasi-juridical/quasi-medical regime of observation that facilitated 19th-century psychiatry’s

⁸¹ *HM*, 1972/2006: 79. Compare Gordon, 2013: 96.

⁸² *Ibid.*: 131, 431, emphasis mine.

⁸³ *Ibid.*

⁸⁴ *HM*, 1972/2006: 523-4.

⁸⁵ Foucault’s conceptualisation of the psychiatric hospital as a disciplinary ‘panoptic machine’ would only be explicitly introduced in *PP*, 1973/2006: 102.

⁸⁶ *MC*, 1965/1988: 265, 267.

⁸⁷ *Ibid.*: 265.

proliferation of ever-more specific and rigorous taxonomies. These in turn immobilised madness within atemporal diagnostic categories. If patients' "symptoms" ever evaded classification, or cures did not work as expected, positivist psychiatry dismissed these as 'false illnesses.'⁸⁸ Foucault concludes that it was neither "objective" scientific knowledge, nor "humanitarian" medical care, but rather 'domination' that enabled psychiatric "diagnosis" and "cure"; in fact, psychiatry *remains* primarily a 'moral tactic', 'overlaid by the myths of positivism.'⁸⁹

Silence, speech, and "recovery"

For Foucault, the history of madness is a history of silencing. Whilst the classical era broke off even the unequal dialogue that the Renaissance had tolerated between madness and reason, it was modernity that filled the silent void left by this rupture with psychiatry's monologue about madness. Modernity perceived madness as meaningless matter – an essentially speechless natural object to be known and mastered by scientific psychiatric reason. For the psychiatric gaze, madness existed only to be seen, not heard. Psychiatry's apparently conclusive silencing of madness was epitomised by Pinel's *literal* silent treatment. Foucault points to Pinel's "curing" a patient who believed himself to be Christ of "delirium" by instructing his fellow inmates to refuse to speak to him. Whilst the patient was not forcibly restrained from speaking, Pinel ensured he would not be heard, and thus *effectively* silenced him. Silent treatment was terminated when the patient finally abandoned his delusions of grandeur, confessed the falsity of his subjective experience, and submitted to the "truth" of Pinel's "objective" perception of his madness.⁹⁰ Foucault contrasts positivist psychiatry's reduction of madness to a silent object of medical observation with Freudian psychoanalysis' understanding of madness as *meaningful*. Only superficially resembling reciprocal dialogue, however, the psychoanalytic confessional exchange was 'non-symmetrical', comprising painstakingly observed and interpreted 'language without response'.⁹¹ When psychiatry *does* allow madness to speak, Foucault concludes, it prohibits it from speaking in its own voice. It must adopt, or be translated into, a language, that psychiatry can understand: that of "mental illness".

⁸⁸ *Ibid.*: 276. See my ch. 5 discussion of Foucault on hysterical simulation.

⁸⁹ *Ibid.*: 272, 276.

⁹⁰ *Ibid.*: 260-2.

⁹¹ *Ibid.*: 251.

Foucault neither wants the mad to recover from their madness, nor thinks it possible, or even desirable, to recover the lost dialogue between madness and reason. As I argued in ‘Temporalising “experience”’, Foucault is wary of *any* attempt to understand madness’ first-person experience of itself. He does not even acknowledge the possibility that the mad might be able to speak for themselves and communicate their lived experience. At the same time, however, he intermittently essentialises and romanticises madness in high-flown literary paeans, portraying “madness itself”, in its pure, primordial form, as a conceptually-unmediated, vitalistic spirit of transgression that ultimately eludes reason’s attempts to name it.⁹² The only form of “recovery” that Foucault deems acceptable for mad people is “depsychologisation”: ‘the destruction of psychology itself’.⁹³ In a 1981 dialogue, Foucault elaborates on what ‘killing psychology’ would require: ‘creating *unnameable* individualities’ that ‘never say’ what they are. For Foucault, the aim is precisely *not* to speak and be heard, but rather to cultivate intense experiences that occur in the silent space ‘between ideas’, and are thus ‘impossible to...name’ – either from the outside *or* the inside.⁹⁴

Both paradoxical tendencies in *Madness* – (i) Foucault’s refusal to speculate on the first-person experiences of “madness itself” on the grounds that it has been irreversibly silenced and (ii) his spasmodic romanticisation of “madness itself” as essentially unnameable – risk negating mad people’s capacities for self-representation and obscuring the (often woefully mundane) suffering and vulnerability they experience. Foucault closes his 1961 preface by thanking his supervisor, Canguilhem, for having ‘showed me the value of being heard’, but, in his portrayal of madness as necessarily, even *heroically* silent, he underestimates “the value of being heard” for marginalised mad people.⁹⁵ Foucault ‘betrays’ mad people not because he professes to be the ‘spokesman’ of ‘their silence *itself*’, as Derrida claims, but precisely because he does not try to understand and articulate their lived experience of madness.⁹⁶

⁹² Compare Dreyfus and Rabinow (1983/2002: 4), Gutting (1989: 263-4), McNay (1994: 14), Evangelou (2017: 149-53).

⁹³ *MIP*(2), 1962/1987: 74. Compare *PP*, 1973/2006: 57.

⁹⁴ *WS*, 1981/2018: 185, emphasis mine.

⁹⁵ *MU*, 1961/2006: xxxv-vi.

⁹⁶ 1963/2001: 42.

Chapter 2. *Race, racism and colonialism: bringing Fanon into dialogue with Foucault*

At the intersection of two dividing-lines

In *MU*'s preface, Foucault notes that madness is not European modernity's only, or even definitive, 'limit', highlighting the 'great divide' in 'the universality of the Western *ratio*' between 'the Orient' and 'the Occident'. Just as madness exists in a negative relation to reason, Foucault claims that 'the Orient is for the Occident everything that it is not'. However, Foucault fails to pursue this observation, and his psycho-politics ignores the intersection⁹⁷ of these two 'limit-experiences' of Western reason.⁹⁸ Foucault does not consider how madness has been racialised and race psychiatrised. Because the phenomenological subject of *Madness* is decidedly Western European, and his psycho-politics as a whole Eurocentric, Foucault fails to attend to the 'boomerang' between racialised systems of psychiatric and colonial power/knowledge.⁹⁹ Foucault does briefly posit one historical interaction between racism and psychiatry toward the end of his 1974-5 lecture series, *Abnormal* [AB], suggesting that psychiatry provided the prototype for modern racism.¹⁰⁰ But, in treating psychiatry and racism as separate terms in a chronological sequence, Foucault precludes an analysis of their *intersection* as co-existing and co-constituting systems of power/knowledge. Because Foucault fails to theorise the intersection between white (colonial) racism and psychiatry, his project of temporalising madness is truncated. In fact, he is virtually silent about race, racism, and colonialism in general. What he *did* say was coloured by an essentialising romanticisation of the "Orient", and riddled with gaps and misdiagnoses. I will thus argue that we cannot deracialise¹⁰¹ Foucault's psycho-politics by bringing it into dialogue with his independent race politics. We should look instead to Fanon's psycho-politics to theorise the intersection of the social construction and control of race and madness, and white (colonial) racism and psychiatry.

⁹⁷ Crenshaw, 1991.

⁹⁸ *HM*, 1961/2006: xxix-xxx.

⁹⁹ Césaire, 1950/2000: 41.

¹⁰⁰ 1975/2016: 317.

¹⁰¹ I borrow this term from Mills, 2017: 234.

Foucault's unspeakable "Orient"

Colin Gordon interprets Foucault's passage on the negative relational identity of the "Orient" and "Occident" at the start of *MU* as *critical* of European Orientalism.¹⁰² He even speculates that 'this passage could...have part-inspired Edward Said's *Orientalism*',¹⁰³ which opens by asserting that 'the Orient is...one of [Europe's] deepest and most recurring images of the Other' and 'has helped to define Europe (or the West) as its contrasting...experience'.¹⁰⁴ However, Foucault's claim that 'the Orient is...the place in which [the Occident's] primitive truth must be sought' – a noumenal horizon that remains 'indefinitely inaccessible', always eluding the phenomenal "Occident's" 'colonising reason' – reads more like an unwitting *instance* of Orientalist discourse than a self-reflexive critique of it.¹⁰⁵ Indeed, Foucault goes on to uncritically employ an Orientalist semantic field in his misguided romanticisation of "madness itself" and its "original" division from reason: 'primitive debate', 'primitive decision', 'wild state', 'primitive vivacity', 'primitively tangled words', 'essential savagery', 'primitive dawn', 'the most savagely free of all forces', 'primitive savagery', 'primitive complicity'.¹⁰⁶

Beyond these questionable rhetorical flourishes in *Madness*, Foucault's occasional more concrete remarks about non-Western cultures cast further doubt on Gordon's generous suggestion that Foucault conceptualises the "Orient" as a Western colonial construct. Foucault tends to romanticise and essentialise non-Western cultures as statically premodern and incommensurable with Western reason, even if only to hold them up as a foil to the shortcomings of the latter. Perhaps most notorious is Foucault's exoticising account of the Iranian revolution, which he covered as a journalist.¹⁰⁷ He portrays the Iranian people as an undifferentiated mass,¹⁰⁸ the 'revolutionary event' as a spontaneous, vitalistic, theoretically-

¹⁰² I am here following Said's (1978/2003) second definition of "Orientalism": 'a style of thought based on an ontological and epistemological distinction between "the Orient"..."the Occident."' (2)

¹⁰³ Gordon, 2013: 89. Schaub (1989) goes even further, arguing that where Said's *Orientalism* erroneously portrayed expansionist Western reason as totalising and uncontested, Foucault's corpus is underpinned by an 'antiexpansionist' "Oriental Subtext" that 'oppos[es]...Western strategies of control.' (308)

¹⁰⁴ Said, 1978/2003: 1-2.

¹⁰⁵ *MU*, 1961/2006: xxx.

¹⁰⁶ *MU*, 1961/2006: xxviii, xxx-xxxi, xxxiii, xxxv. *HM*, 1972/2006: 476, 521, 531-2. *MC*, 1965/1988: 245.

¹⁰⁷ My critical reading here is influenced by Afary and Anderson's (2005, esp. 121-7) and Lazreg's (2017: ch. 5).

¹⁰⁸ Compare Fanon on the colonial "experience" of indigenous Algerians as 'an indistinct mass' (*WE*, 1961/2001). Whilst Foucault reverses the normative valence of this colonial stereotype, he still instantiates it.

unmediated, subject-annihilating limit-experience of a ‘unitary’, ‘absolutely collective will’,¹⁰⁹ and Islam – the enigmatic ‘spirit of a world without spirit’ – as defiantly embracing premodern communal, mystical forms of life, and rejecting Western hyper-individualism and rationalism.¹¹⁰ Even though Foucault here clearly means to praise rather than inferiorise the Iranian revolutionaries’ “political spirituality”, he risks reducing them to what Fanon calls ‘an insurance policy on humanness’.¹¹¹ He comes uncomfortably close to depicting the “Oriental” other he is trying to valorise as ‘the innocent,...the spontaneous’ – and, most importantly, the ‘real’ (as opposed to over-cultivated and artificial) – ‘childhood of the world’.¹¹²

Foucault also argues that the revolution cannot be understood through “Occidental” political categories because ‘they [Iranians] don’t have the same regime of truth as ours’.¹¹³ This apparently progressive stance of cultural relativism risks further reifying rather than temporalising ethnonational difference by positing the complete incommensurability of “Occidental” and “Oriental” epistemes, which Foucault sees as self-contained and causally unrelated. In his 1966 preface to *The Order of Things* [OT], Foucault offers an extended philosophical meditation on the particularity of the “Occidental” regime of truth, citing a bizarre taxonomy from ‘a “certain Chinese encyclopaedia”’ to show how ‘the exotic charm of another system of thought’ can denaturalise ‘our own’.¹¹⁴ Though he later admits that the encyclopaedia is Borges’ satirical literary invention, Foucault nonetheless presumes it ‘typical’ of the irreducibly “Oriental” otherness of Chinese culture.¹¹⁵ As was unfortunately common amongst his white Western countercultural contemporaries,¹¹⁶ Foucault appropriates and instrumentalises the “Orient” as a heuristic “limit” for contesting the seeming universality of the “Occident”. His imagined “Orient”, much like his imagined “madness itself”, serves as an

¹⁰⁹ Compare Fanon on the colonial stereotyping of North African Muslims as impulsive, hysterical, and ‘impervious to concepts’ (*WE*, 1961/2001: 242). Compare also to Fanon’s discussion of the racially-essentialising association of blackness with emotional intensity in European culture, as well as his (sympathetic) critique of Négritude’s reclamation of this association (*BS*, 1952/2017: 101-10).

¹¹⁰ *IS*, 1979/1988: 214-5, 218, 224.

¹¹¹ *BS*, 1952/2017: 107.

¹¹² *BS*, 1952/2017: 107, 110. The shape of my critique here mirrors Said’s (1978/2003) critique of Islamicist Massignon (265, 270-1), whom Foucault had studied prior to his trip to Iran (Lazreg, 2017: 129, 148).

¹¹³ *IS*, 1979/1988: 223.

¹¹⁴ *OT*, 1966/2002: xvi.

¹¹⁵ Compare Lazreg, 2017: 22.

¹¹⁶ Schaub, 1989: 308-15.

‘unthinkable space’, an unspeakable liminal position from which to critique Western reason – offering a third alternative to immanent and transcendent critique.¹¹⁷

Because he framed the “Orient” as the unreachable noumenal horizon of the phenomenal “Occident”, and treated their epistemes as incommensurable, Foucault was also virtually silent about the history of ‘the colonial construction of European modernity and the mutual constitution of “metropole” and “periphery”’.¹¹⁸ He obscures the historical interaction between the “Orient” and “Occident’s” “experiences” of madness.¹¹⁹ In *Madness*, his otherwise “anonymous” phenomenological subject is decidedly European. Foucault’s Eurocentrism prevents him from exploring the ways in which modern European psychiatric power/knowledge techniques were transposed to, further developed, and transformed within Europe’s “Oriental” colonies, and then exported back to its “Occidental” metropolises.¹²⁰ In fact, in Foucault’s written corpus, there is *no* sustained engagement with colonialism, race, or racism, despite their great relevance to his lifelong concern with the limitations of Western reason and its entwinement with power, the struggles of subjugated groups marginalised by Western civilisation, and ‘the insurrection of subjugated knowledges’.¹²¹

However, if we turn to what Kathryn Medien calls Foucault’s ‘scholar-activist archive’, we learn that Foucault fought the intolerability of white European racism and colonialism at the level of political *practice*. He offered his home as a safe organising space for the Tunisian anti-colonial student group Perspectives, hiding their printing press in his garden. After the violent repression of their 1968 strike, Foucault met with the Tunisian President and French ambassador, demanding they release imprisoned activists. He compiled evidence for their legal defence, and petitioned to speak at the trial of his student, Ahmed Othmani; even after Foucault prematurely returned to France on account of violent police harassment, he persistently agitated for Othmani’s freedom.¹²² Even Foucault’s better-known participation in the French

¹¹⁷ *OT*, 1966/2002: xviii.

¹¹⁸ Legg, 2007: 265.

¹¹⁹ There are some highly peripheral exceptions: for instance, Foucault speculates in passing that the (minor) presence of ‘medical humanism’ in the renaissance experience of madness was ‘perhaps as a result of Oriental and Arab thought.’ (*HM*, 1972/2006: 117)

¹²⁰ This is true even of *PP* and *AB*, which extend well into the 20th century. Keller (2007a) documents this process in North Africa and France respectively, with an emphasis on the Algiers School of colonial ethnopsychiatry (one of Fanon’s primary objects of psycho-political critique).

¹²¹ *PK*, 1976/1980: 81.

¹²² Medien 2019: 3-5, 9. Macey, 2019: 205.

prison struggle was inflected with an awareness of its racial dimensions. In 1971, in response to the racist murder of Algerian teenager Djellali Ben Ali, Foucault and other GIP members established the Djellali Committee to ‘lead the inquiry into the existence of a politically organized racism’.¹²³ The GIP’s final ‘Intolerable’ pamphlet documented Algerian teenager Said Bleid’s suicide in a French prison upon being threatened with deportation.¹²⁴ The following year, Foucault helped organise a protest against the murder of Algerian Mohammed Diab in police custody. The police responded violently; Foucault himself was beaten and arrested when he tried to snatch back arrested North African protestors.¹²⁵ He explained to a reporter:

‘We were hit more so that the Arabs would be hit less. We have to shout for the Arabs who cannot make themselves heard’.¹²⁶

Even though Foucault clearly saw white racism against migrants from France’s former colonies as “thinkable” and “speaking” at the level of practice, the themes of racism and colonialism were almost nowhere to be found in his *theory*.¹²⁷

Foucault on race, racism, and colonialism

If we look to the margins of Foucault’s work, especially to his lesser-known lectures, we find some scattered admissions that European power/knowledge techniques in the colonies and metropole were interlinked, as well as a more noteworthy extended discussion of racism.¹²⁸ I will assess each in turn.

The colonial “boomerang”

In ‘Psychiatric Power’ (1973-4) [PP], Foucault briefly addresses the connection between ‘external and internal colonization’.¹²⁹ According to Foucault, the earliest form of colonisation was not external but *internal* to Europe. He argues that the first victims of colonisation were 16th century European ‘unruly...youth’, who were subjected to secluded ascetic pedagogical disciplinary regimes. These domestic ‘disciplinary schemas’, Foucault argues, were ‘applied and

¹²³ Defert, 2013: 49. Compare Medien, 2019: 8.

¹²⁴ See Medien, 2019: 9.

¹²⁵ See Medien, 2019: 9.

¹²⁶ Quoted in Defert, 2013: 52.

¹²⁷ This is part of a broader, much discussed discrepancy between Foucault’s theory and practice.

¹²⁸ See Legg, 2007: 266-8.

¹²⁹ 1973/2006: 71.

refined' in non-European colonies 'as a counterpoint to slavery.'¹³⁰ Appealing to the Spanish Jesuit colonisation of South America, and specifically 17th-century Paraguay, Foucault argues that external colonisation relied not on violence or brute force ("sovereign power"), but on disciplinary power. There are many problems with this account, not least that Foucault gets the chronology wrong (external colonisation came first). Most egregious, however, is the false equivalence he draws between "colonisation" and "disciplinarisation", which leads Foucault to neglect the coercive dimensions of external colonisation; he counterposes "humane" colonisation to brutal slavery, erasing the central role of the enslavement of Africans in the European colonisation of the Americas.¹³¹ Later in *PP*, Foucault admits that external colonisation *initially* proceeded via violent 'conquest by arms', but argues that it established itself non-violently through 'in-depth colonization' (disciplinarisation).¹³² However, as Fanon argues in his 1960 Accra address, 'Why We Use Violence' [*WV*], European colonial regimes were not only 'instituted by violence', but were also continually reproduced through the 'very concrete and very painful violence' perpetrated by agents of colonial government, and manifested in the hateful and abusive 'daily behaviour' of white settlers more generally.¹³³ Even though Fanon is himself well-attuned to "in-depth colonisation", he, unlike Foucault, centres white supremacist colonial violence in his analysis.

Whilst Foucault's *Society Must Be Defended* (1975-6) [*SD*] maintains that the colonial 'boomerang effect' originated *within* Europe, it also, *contra PP*, acknowledges that colonial models were 'brought back to the West'.¹³⁴ Here, Foucault, perhaps unintentionally,¹³⁵ evokes the language of Aimé Césaire's *Discourse on Colonialism* (1950), which argues that the Holocaust was a 'boomerang effect of colonisation'.¹³⁶ Unlike Césaire, however, Foucault concerns himself only with premodern colonialism, here referring specifically to the Norman Conquest and Charles V's colonisation of the West Indies. By way of omission, Foucault's comments on European colonialism in both *PP* and *SD* give the impression that it was a thing of the distant past, an anachronism, rather than an ongoing reality in *Françafrique*. Even though Foucault had himself

¹³⁰ *Ibid.*: 68-9.

¹³¹ Arneil, 2017: 162-4.

¹³² *PP*, 1973/2006: 108.

¹³³ *WV*, 1960/2018: 654, emphasis mine.

¹³⁴ *SD*, 1976/2003: 103.

¹³⁵ Foucault may have also encountered the concept as relayed by Sartre in his preface to *WE* (as Gibson [2016] suggests [380]), or by Arendt in *The Origins of Totalitarianism* (1951).

¹³⁶ 1950/2000: 41. Fanon cites his teacher's argument at length in *BS* (1952/2017: 71-2).

been confronted by its repercussions in his activism, he ‘does not consider his own country’s recent and ruthlessly bloody colonisation of Algeria’, despite its being well within his living memory.¹³⁷ This regime maintained itself not just, or even *primarily*, through non-violent disciplinary apparatuses, but rather, as Fanon argues in *WE*, ‘the language of pure force’ – culminating in France’s notoriously brutal tactics in the Algerian War.¹³⁸

Modern racism

For Foucault, as for Fanon, race, like madness, is socially constructed:

“‘Race’...is not pinned to a stable biological meaning... It designates a certain historico-political divide’.¹³⁹

Foucault theorises modern racism as internal to the nation-state. He argues that this “internal” racism is not a ‘mentality’ or ‘ideology’, but a mechanism of biopolitical governmentality.¹⁴⁰ It divides up a pre-existing “race” (national population) into two hierarchically-ordered ‘subspecies’.¹⁴¹ The supposed biological “degeneracy” of the ‘subrace’ is thought to threaten the integrity of the ‘superrace’.¹⁴² This modern scientific racism is a rationalised repurposing of the premodern aristocratic preoccupation with purity of blood to address a quandary faced by 19th-century biopolitics: how to continue to exercise ‘the power of sovereignty’ (‘the power to take life’) long after the state has ‘cut off the King’s head’.¹⁴³ Racism makes the “superrace” live and lets the “subrace” die, ensuring the constant protection and improvement of the former’s lives by allowing the latter to disappear.

Whilst Foucault, like Fanon, is right to treat race (like madness) as socially constructed rather than biological, his account of the socio-historical processes by which it was constructed is insufficient. Foucault clarifies (somewhat confusedly)¹⁴⁴ that he is not interested in theorising racism ‘in the general and traditional sense of the term’,¹⁴⁵ but only insofar as it sheds light on

¹³⁷ Taylor, 2010: 57.

¹³⁸ 1961/2001: 29.

¹³⁹ *SD*, 1976/2003: 77.

¹⁴⁰ *Ibid.*: 258.

¹⁴¹ *Ibid.*: 256.

¹⁴² *Ibid.*: 61.

¹⁴³ *Ibid.*: 247. *PK*, 1977/1980: 121.

¹⁴⁴ The term “racism” was a 20th-century invention (Frederickson, 2002: 5).

¹⁴⁵ In *AB* (1975/2016), Foucault defines ‘traditional...racism’ as “‘ethnic racism’”: the ‘traditional Western, essentially anti-Semitic racism’ predating 20th-century Nazism (316-7).

‘the problems of State and sovereignty’ in Europe in the modern biopolitical era.¹⁴⁶ He consequently circumscribes racism within the supposedly self-contained European nation-state, neglecting the crucial role of European colonialism in the emergence of Manichean racial categories.¹⁴⁷ Foucault takes Nazism as paradigmatic of modern racism, and, *contra* Césaire and Arendt, claims it originated *within* the German state. There is little room in his account for white settler colonial racism,¹⁴⁸ which Fanon theorises from both his “post”-colonial¹⁴⁹ perspective as a black Martinican educated in France and his anti-colonial perspective as a doctor-militant in French-occupied Algeria.

Foucault’s non-“traditional” conception of racism as ‘racism against the abnormal’ is so ‘idiosyncratically generic’ as to be devoid of any analysis of whiteness, white supremacy, or its colonial underpinnings.¹⁵⁰ He seems to confuse racism with eugenics.¹⁵¹ According to Foucault, racism targets *all* “degenerate” rejects of the modern biopolitical nation-state – not just, or even primarily, people of colour, but also the mad, the sick, the criminal, the sexually deviant, the “class enemy”: *all* of society’s ‘anomalies’.¹⁵² Foucault’s idiosyncratic conception of racism is not recognisable as racism at all, even for his contemporaries (including his audience at the Collège).¹⁵³ He fails to heed his own caution that “race”, and, by implication, “racism”, are not ‘free-floating’ terms,¹⁵⁴ emptying “racism” of its determinate “historico-political” content, of which the global political system of white supremacy and its colonial origins are definitive parts. Furthermore, his definition renders the intersection of racism and psychiatry trivial: the psychiatric marginalisation of the mad becomes just another form of racism.¹⁵⁵ Even Brad Stone, who defends Foucault’s account, admits that it will likely ‘seem foreign to the race-based struggle faced by many in their everyday experience’.¹⁵⁶ This “foreignness” stems not only from

¹⁴⁶ *SD*, 1976/2003: 87.

¹⁴⁷ See Frederickson, 2002. See also: Mills (1997: 19-31); Pateman (2007: 136-141); Mills (2016: sect. 2).

¹⁴⁸ Compare Stoler, 2010: 149.

¹⁴⁹ Fanon saw colonialism as an ongoing reality in Martinique, which was still an “overseas department” of France, with most of the land still owned by the white creole elite (Nayar, 2013: 15).

¹⁵⁰ *AB*, 1975/2016: 316. Mills, 2016: 718.

¹⁵¹ This explains why he presents Stalinism as the other major 20th century racism.

¹⁵² *SD*, 1976/2003: 258.

¹⁵³ *Ibid.*: 87-8.

¹⁵⁴ *Ibid.*: 77.

¹⁵⁵ This is especially problematic in the context of colonial psychiatry, which theorised madness as the “normal” state of the colonised, but “abnormal” for the coloniser (Keller, 2007a: 124-9, 132-43).

¹⁵⁶ 2013: 353, 367.

the absence of whiteness in Foucault's temporalisation of race, but also from his confinement of racism to the level of population regulation. Fanon's critical psychology of race and colonialism, in contrast, prioritises the concrete, lived experience of individual racialised embodied subjects, whilst simultaneously situating these experiences within the socio-historical processes and structures that shaped them.

Conclusion

I have shown that Foucault did not theorise the intersection of race and madness, and that what little he *did* say about race, racism, and colonialism is insufficient for deracialising his psycho-politics. Fanon, unlike Foucault, foregrounds the intersection of white colonial racism and psychiatry in his temporalising critiques of the psychiatric pathologisation and inferiorisation of the racialised colonised psyche. He shows that colonised, maddened people of colour suffered this colonial psychiatric violence not just *qua* maddened, but also *qua colonised* and *racialised*. It is to Fanon's psycho-politics that I will now turn.

Chapter 3. *Fanon's psycho-politics*

In this chapter, I will offer a critical account of Fanon's psycho-politics, and establish its major resonances and dissonances with Foucault's psycho-politics. I will reconstruct Fanon's "sociodiagnostic" method of temporalising madness, race, and their intersection, using both familiar and more recently uncovered primary texts – including Fanon's university dissertation, professional psychiatric research, and his editorials for psychiatric hospital newspapers. In particular, I will foreground a historically largely overlooked aspect of Fanon's intellectual context that motivates much of his psycho-political thought whilst working in Blida in the 1950s: the Algiers School of colonial ethnopsychiatry. I will thus show that Fanon's sociodiagnostic critique of colonial psychiatry extended to both psychoanalytic *and* biologically-reductionist approaches to colonial madness, even though Fanon studies has historically focused more on his engagement with the former in *BS*. I will then bring Fanon's psycho-politics into dialogue with Foucault's (which I laid out in chapter 1) across a series of shared themes. First, I will argue that whilst phenomenology is central to both, Fanon and Foucault have very different understandings of the "experience" of madness. Second, I will develop my suggestion at the end of chapter 2 that Fanon offers a fuller temporalisation of madness than Foucault because he illuminates the intersection of (colonial) racism and psychiatry. I will then explore the parallels between Foucault's account of the social construction of madness and Fanon's account of the social construction of race. Third, I will argue that both Fanon and Foucault unmask the power relations behind psychiatry's pretensions to value-neutrality, as well as the control and even (for Fanon) violent coercion on which its supposedly benevolent care is premised. They show how psychiatry's "objective" and "humane" self-presentation aid its pacification of political critique and resistance. Finally, I will contrast Foucault's romanticisation and essentialisation of madness with Fanon's understanding of madness as unfreedom. Fanon does not, like Foucault, wish to "kill psychology" and embrace silent unintelligibility, but to disalienate both psychiatry and madness. Fanon sought to empathetically understand mad people, amplify their voices, and facilitate their psycho-social recovery on both the "subjective" psychological level and the "objective" level of social structures.

Temporalising and depathologising madness

“Our medical view ought to become temporal”: Fanon’s “sociodiagnostic” approach to psychiatry

In *BS*, Fanon credits Freudian psychoanalysis with ‘substitut[ing] for a phylogenetic theory the ontogenetic perspective’ by situating madness within the maddened subject’s development over time, as opposed to naturalising it as spatial ‘biochemical processes’.¹⁵⁷ But Fanon argues that psychoanalysis’ ontogenetic approach is still inadequate, because it individualises madness, and thus falsely abstracts away from pathogenic social relations.¹⁵⁸ For Fanon, the black man’s alienation is not an *individual* question, but a “sociodiagnostic” one.¹⁵⁹ Fanon confesses to have initially ‘thought of presenting [*BS*] as my thesis’ for his medical degree at the University of Lyon.¹⁶⁰ Instead, he submitted ‘Mental alterations, character modifications, psychic disorders and intellectual deficit in spinocerebellar heredodegeneration: A case of Friedreich’s ataxia¹⁶¹ with delusions of possession’ (1951) [*MA*]. *MA* was not, as some have suggested,¹⁶² merely a reluctant attempt to pacify an organicist department dominated by neuropsychiatry, hurriedly thrown together after *BS* was vetoed by his scandalised neurologist supervisor. Firstly, *MA* was *not* rushed.¹⁶³ Its key case study was the product of Fanon’s prolonged observation of a patient at the local Le Vinatier asylum,¹⁶⁴ contextualised through a thorough investigation of her life experiences and socio-cultural milieu pre-internment. Secondly, *MA* does not acquiesce to Lyon’s neuropsychiatric hegemony, but builds the ontological foundation for *BS*’s central premise that ‘beside phylogeny and ontogeny stands sociogeny’.¹⁶⁵ It grounds sociodiagnosis and illuminates Fanon’s claim that ‘the architecture of [*BS*] is rooted in the temporal’.¹⁶⁶

MA explores the relationship between Friedreich’s ataxia’s uniform neurological symptoms and their widely-varying accompanying psychiatric symptoms.¹⁶⁷ Even if ‘every neurological

¹⁵⁷ *BS*, 1952/2017: 4.

¹⁵⁸ Fanon here goes beyond what Foucault calls ‘the great debate between psychogenesis and organogenesis’ (*MIP*(2), 1962/1987: 1).

¹⁵⁹ *BS*, 1952/2017: 4, emphasis added.

¹⁶⁰ *Ibid.*: 35.

¹⁶¹ A rare hereditary spinocerebellar degenerative illness.

¹⁶² Macey, 2012: 136. Cherki, 2006: 18.

¹⁶³ Khalfa, 2015: 53-55.

¹⁶⁴ One of France’s first centres of institutional psychotherapy.

¹⁶⁵ *BS*, 1952/2017: 4. Compare Khalfa, 2018: 173.

¹⁶⁶ *BS*, 1952/2017: 6.

¹⁶⁷ *MA*, 1951/2018: 206.

symptom cluster *permits* the emergence of a particular mental state’, Fanon argues, the psychiatric symptoms are underdetermined by these organic preconditions.¹⁶⁸ Whilst ‘neurological impairment’ creates an ‘open crack in the self’,¹⁶⁹ Fanon argues this “crack” is shaped by the *social*.¹⁷⁰ ‘At a time when...psychiatrists are striving to define their discipline[e] as [a] pure science’, Fanon contends that the ‘essence’ of ‘psychiatric disorders’, *even* when they are most clearly triggered by a neurological disorder, is not organic, but constituted by ‘intersocial relations’.¹⁷¹ Fanon exhorts psychiatry to ‘liberate itself from the anatomo-clinical’ paradigm, which reduces madness to lifeless, meaningless spatial entities like ‘organs and focal lesions’, and instead view madness as *lived* meaningfully in history and with others. He laments that ‘our medical view is spatial, where it ought to become more and more temporal.’¹⁷² A human is not ‘mechanistic’, but ‘always exists in the process of...’ – in *movement*. Most importantly for sociodiagnosis, ‘she is here with other humans’. Temporality and sociality are inseparable for Fanon: a human exists in movement ‘from the moment that he or she encounters the other’s face.’¹⁷³ For psychiatric diagnosis to become “more temporal”, then, it must become more social. Even though his professors thingified madness, confining it within the individual’s brain, Fanon understood madness as a robustly *social* form of alienation: ‘ultimately, the mad person is someone who can no longer find his place among people’.¹⁷⁴ When viewed from this ‘intersubjectivist perspective’, madness becomes meaningful.¹⁷⁵

To concretise Fanon’s sociodiagnostic method for temporalising madness, I will show how he uses it to depathologise “agitation”¹⁷⁶ in a paper co-authored with his Blida intern, Slimane Asselah, ‘The phenomenon of agitation in the psychiatric milieu’ (1957) [*PA*]. *PA* temporalises agitation within asylum social relations. Fanon and Asselah argue that agitation should not be thingified and immobilised as a spatial ‘entity,...as something incomprehensible’, but temporalised within the ‘knot of social relations’ that constitute its ‘hospital setting’; agitated

¹⁶⁸ *Ibid.*: 217.

¹⁶⁹ Fanon is in conversation with Henri Ey’s concept of the “organo-clinical gap”.

¹⁷⁰ *MA*, 1951/2018: 214. Compare Khalfa, 2015, 6.

¹⁷¹ *MA*, 1951/2018: 206.

¹⁷² *Ibid.*: 215.

¹⁷³ *Ibid.*: 218, ellipsis in original.

¹⁷⁴ *Ibid.*: 224. Compare: ‘the mad person is one who is “foreign” to society.’ (*MSP*, 1959-60/2018: 517)

¹⁷⁵ *MA*, 1951/2018: 267.

¹⁷⁶ “Agitation” is *still* pathologised as constitutive of a variety of mental disorders (DSM-5, 2013), although there remains little psychiatric consensus as to its proper definition and treatment (Garriga et al., 2016).

behaviours can thereby be ‘restored to their value as *significations*’.¹⁷⁷ When ‘understood not mechanically’ but temporally, what *appear* to be no more than ‘disordered, anarchic behaviours,...stamped with the seal of nonsense’ are appreciated as ‘an expressive style.’¹⁷⁸ Isolation “treatment” for agitation is ‘a second internment’, a second ‘rejection’ by and ‘dislocation’ from a social milieu that promised to “understand at last”.¹⁷⁹ Fanon and Asselah sociodiagnose agitation as intelligible resistance to the hospital’s ‘essentially repressive’ ‘concentration-camp structure’.¹⁸⁰ Isolation does not ease but *exacerbates* patients’ agitation, they argue, whilst creating *new* “pathologies”. Instead of facilitating ‘de-alienating encounters’ – which, they argue, are already hindered by the alienating act of confinement – this repressive “treatment”, justified using ‘falsely psychotherapeutic humanitarian concerns’, ‘*prints the conditions of existence* for hallucinatory activity.’¹⁸¹ The latter is ‘not a fact of nature’ – ‘not the product of cerebral excitation’ – but also an expression of resistance.¹⁸² The supposed ‘pathological reality’ of both agitation and hallucination ‘collides with the institution’: they are iatrogenic – *produced*, not healed, by asylum “treatment”.¹⁸³

Fanon rejected the institutional-psychotherapeutic practice of ‘internment-imprisonment’ in favour of day hospitalisation on the grounds that ‘the veritable social-therapeutic milieu is and remains concrete society itself’.¹⁸⁴ In his own professional context at Blida, however, it was especially clear that sociogenesis was not exhausted by iatrogenesis: madness was socially overdetermined by the pathogenic “concentration-camp structure” of both the asylum and the colonial situation at large – which, as Fanon writes in his 1956 resignation letter, constitutes ‘a systematic dehumanization’ that ‘permanently alienates’ the colonised.¹⁸⁵ Yet colonial psychoanalysis and ethnopsychiatry chalked up the psychic harms caused by this situation to innate racial inferiority. Fanon thus applied sociodiagnosis to racialised colonial madness.

¹⁷⁷ *PA*, 1957/2018: 445, emphasis added.

¹⁷⁸ *Ibid.*: 444, 447.

¹⁷⁹ *Ibid.*: 440, 443, 439.

¹⁸⁰ *Ibid.*: 439. Note how provocative the evocation of Nazi concentration camps would have been in post-Vichy France, given that the occupation had pursued a *de facto* policy of exterminating asylum inmates (Gordon, 2013: 95).

¹⁸¹ *PA*, 1957/2018: 439, 442, emphasis mine.

¹⁸² *Ibid.*: 443.

¹⁸³ *Ibid.*: 446.

¹⁸⁴ *DH*(2), 1959/2018: 500.

¹⁸⁵ *LRM*, 1956/2018: 434.

“From the standpoint of time”: Fanon’s temporalisation of race

In order to debunk racially-essentialist psychiatric diagnoses of madness in the (formerly) colonised, Fanon first had to temporalise race itself as a construct of the white colonial gaze. He shows that race is not a natural fact, but the product of the socio-historical process of European colonisation. In *WE*, Fanon asserts that ‘it is the settler who has brought the native into existence and who perpetuates his existence’; as Foucault might have put it, the colonial regime at once represses and *produces* the “natives” it claims to ‘know’.¹⁸⁶ Fanon had already argued this at length in *BS*, albeit focusing on “blackness” in “post”-colonial Martinique rather than “Arabness” in colonial Algeria.¹⁸⁷ By approaching the so-called ‘black problem’ from ‘the standpoint of time’, *BS* shows that ‘what is often called the black soul is a white man’s artifact.’¹⁸⁸

In ‘The Lived Experience of Blackness’,¹⁸⁹ Fanon offers a temporalised phenomenology of blackness from the first-person perspective of the socio-historically situated black subject. Repurposing Sartre’s relational view of identity in ‘Anti-Semite and Jew’ (1946), Fanon argues that the black Martinican is ‘black in relation to the white man’.¹⁹⁰ The colonial gaze reduces blackness to the negation of whiteness, confining the black man within an ‘arid’ ‘zone of nonbeing’.¹⁹¹ On encountering the white European, Fanon’s black phenomenological subject becomes ‘fixed’ by ‘the movements, the attitudes, the glances of the [white] other’, ‘sealed into...crushing objecthood’.¹⁹² The white gaze animalises him, reducing him to mere body. The black man feels himself ‘overdetermined from without’ by inferiorising stereotypes from colonial society’s Manichean cultural “collective unconscious” inscribed upon his skin.¹⁹³ All his endeavours, however faithfully they emulate whiteness, are perceived through the prism of a ‘uniform’ he cannot remove; he is ‘the eternal victim’ of a fictive racial ‘essence’ reflexively attached to ‘an *appearance* for which he is not responsible.’¹⁹⁴ Unable to ‘turn white’, all that is

¹⁸⁶ 1961/2001: 38.

¹⁸⁷ But Fanon sees his insights as ‘including every colonized man.’ (*BS*, 1952/2017: 9) Compare Nayar, 2013: 130.

¹⁸⁸ 1952/2017: 3, 6-7.

¹⁸⁹ Translation from Gordon, 2006: 28n21.

¹⁹⁰ *BS*, 1952/2017: 90. Compare Nayar, 2013: 33.

¹⁹¹ *BS*, 1952/2017: 113.

¹⁹² *Ibid.*: 89.

¹⁹³ *Ibid.*: 91.

¹⁹⁴ *Ibid.*: 93, 23.

left for the black man is to ‘disappear’.¹⁹⁵ At once hyper-visible and invisible to the white gaze, he experiences not so much ‘a feeling of inferiority’ as one of ‘nonexistence’.¹⁹⁶

Fanon’s intersectional sociodiagnoses of racialised colonial madness

Fanon combines his temporalisation of both race and madness in his intersectional sociodiagnostic critiques of colonial psychiatry. He argues that both ontogenetic and phylogenetic approaches to colonial madness neglect its sociogeny, in part because they ignore the lived experience of the maddened colonised subject; the pathologisation of the racialised colonised psyche cuts across these intradisciplinary divides.

Sociodiagnostic critique of the ontogenetic approach to racialised colonial madness

In *BS*, Fanon temporalises black people’s problems in living, showing they derive not from deep-seated pathologies inhering in “the black personality”, but instead from pathogenic white supremacist (post)colonial society. This is particularly clear in his sociodiagnostic critique of Octave Mannoni’s psychoanalytic “psychology of colonization”. Mannoni claims that the Malagasy’s “inferiority complex” predates colonisation, and was in fact “latent in him from childhood”. If the Malagasy does not “assuage” his insecurity, his constant self-comparison with the white coloniser, by embracing a harmonious dependency relationship with “his superiors”, “he suffers a crisis” and “becomes clamorous”, “demanding *equality* in a way he had never before found necessary”.¹⁹⁷ For Mannoni, the 1947 anti-colonial uprising was no more than the Malagasy’s ‘childish rage’¹⁹⁸ at feeling “abandoned” by his rightful guardians.¹⁹⁹

Here, Fanon ‘feels something turn upside down’.²⁰⁰ Because Mannoni removes his observations from their ‘*proper time*’, supposing he can deduce essence from appearance, he confuses effect with cause, mistaking ‘a taint’ in the colonial ‘environment’ for one ‘in the “soul” of the [colonised] individual’.²⁰¹ Fanon argues that whatever complexes emerged from the fragmented psychic remains left by the original trauma of European conquest can only be

¹⁹⁵ *Ibid.*: 81.

¹⁹⁶ *Ibid.*: 117.

¹⁹⁷ *Ibid.*: 67.

¹⁹⁸ Mannoni, translation from Nayar, 1950/2013: 38.

¹⁹⁹ Mannoni quotes direct from *BS*, 1950/2017: 75, 79.

²⁰⁰ *BS*, 1952/2017: 68.

²⁰¹ *Ibid.*: 85, 182.

understood in terms of the latter's violent assault on precolonial socio-cultural forms. The colonised black man tries to make himself white because the white European coloniser has equated whiteness with humanity and blackness with bestiality, socialising the colonised to internalise this 'manicheism delirium' through 'cultural imposition'.²⁰² The Malagasy's "inferiority complex" is the product of his inferiorisation by the white colonial gaze: '*it is the racist who creates his inferior*'.²⁰³ The Malagasy should not, then, 'keep his place', as Mannoni prescribes; 'choosing action...with respect to the real source of the conflict – that is, toward the social structures' – is not pathological, but, if anything, the only truly *healthy* response to the social pathology of *colonialism*.²⁰⁴ Unlike Mannoni, Fanon refuses to naturalise the colonial 'present' or its attendant psychic harms, but shows it to be socio-historically contingent, systemically alienating, and thus that it can and should be 'exceeded'.²⁰⁵

Fanon suggests that it is Mannoni's "objectivity", viz. affective detachment, that 'leads [him] into error'; 'he has not tried to feel himself into the despair of the man of color confronting the white man'.²⁰⁶ In the name of 'scientific objectivity', Mannoni ignores the Malagasy's lived experience of colonial madness, and thus misdiagnoses it.²⁰⁷ Fanon's sociodiagnostic method disavows this detachment, 'interpreting the facts by clarifying them *from the inside*'.²⁰⁸ For Fanon, understanding the *meaning* of "the facts" requires an empathetic understanding of the first-person perspective of the maddened, racialised, colonised subject herself.

Sociodiagnostic critique of the phylogenetic approach to racialised colonial madness

In 'The "North African Syndrome"' (1952) [*NAS*], his *L'Esprit* article of the same year, Fanon turns to the intersection of the white gaze with the *phylogenetic* clinical gaze. *NAS* addresses white metropolitan doctors' belief that their North African migrant patients pretended to be ill to get off work. The white doctor complains that he can 'find no lesional basis' for his North African patient's reported symptoms; this violates a central, 'inflexible' medical tenet – 'any symptom presupposes a lesion'.²⁰⁹ The doctor's mistrust of this illness-without-phylogeny is compounded

²⁰² *Ibid.*: 155, 162.

²⁰³ *Ibid.*: 75.

²⁰⁴ *Ibid.*: 81.

²⁰⁵ *Ibid.*: 6.

²⁰⁶ *Ibid.*: 67, 69.

²⁰⁷ *Ibid.*: 195.

²⁰⁸ *MM*, 1956/2018: 421, emphasis mine.

²⁰⁹ *NAS*, 1952/1967: 6, 8.

by racially-essentialising assumptions about the supposedly pathological North African psychological type; ‘old medical tradition testifies’ that the North African is a ‘liar’ and a ‘sluggard’.²¹⁰ Like the black man, the North African patient is the victim of a pathological “essence” attached to his racialised “appearance”, against which all his utterances are assessed. Fanon argues that there is no organic ‘substratum common to [the] race’ that grounds the so-called “North African syndrome”: the dishonest, idle North African patient is a racist construction of French medicine.²¹¹ The doctor’s racial essentialism and biological reductionism obscure the North African’s lived experience of white racism in the metropole and his displacement from home and family in the colony. Fanon’s temporalising sociodiagnosis shows the patient’s reported pain is intelligible and authentic. Only when we consider his pain *from the inside*, Fanon argues, do we realise that the North African is *sincere* when he ‘tells us...’, “Doctor, I’m going to die”; he is suffering ‘a death in life’, a living psycho-social death wrought by French colonialism and racism.²¹²

When Fanon took up his post at Blida, he discovered the colonial source of this fabricated “North African syndrome”: the Algiers School of colonial ethnopsychiatry, founded by Antoine Porot.²¹³ Whilst postcolonial literary and cultural theorists have historically focused on Fanon’s critique of colonial psychoanalysis,²¹⁴ colonial ethnopsychiatry played an even more crucial role in the development of Fanon’s psycho-politics. The Algiers School saw themselves as ‘medical pioneers’, reviving psychiatry through experimentation in the colonies.²¹⁵ Rationalising a long Orientalist literary tradition that constructed North Africa as a wild space of untamed madness, Porot constructed the colony as a psychiatric *terra nullius* ripe for Pinellian modernization, and psychiatry as a central part of *mise en valeur* (the coloniser’s self-professed obligation to renew “decadent” terrain).²¹⁶ Just as Pinel was supposed to have “liberated” and then “tamed” Bicetre’s and Salpêtrière’s wild insane inmates, Porot promised to “liberate” the North African insane from the shackles of “barbaric” premodernity and “tame” their “primitive” natures. Approaching the colonised as a psychologically-undifferentiated mass, the School’s research was dedicated to theorising the “primitive mentality” of the North African

²¹⁰ *Ibid.*: 9, 7.

²¹¹ *Ibid.*: 7.

²¹² *Ibid.*: 13.

²¹³ *Ibid.*: 10

²¹⁴ Bhabha, 1989. Fuss, 1994. Bergner 1995, 1999. Lebeau, 1998.

²¹⁵ Keller, 2007a: 7.

²¹⁶ *Ibid.*: 1-3, 23-4. Compare Conklin (1997: ch. 7), Aldrich (2002).

“native”.²¹⁷ In spite of its benevolent pretensions, the School naturalised and legitimised the Manichean divide between “civilised man” and “primitive man” *forged* by violent colonial domination as having a neuropsychological basis, whilst pathologising and delegitimising anti-colonial resistance. Fanon realised these theories had become reified as medical common sense via authoritative dissemination and uncritical adoption by students in both colonial and metropolitan universities.²¹⁸

In a 1956 letter to former Saint-Alban colleague, Maurice Despinoy, Fanon condemns ‘that mind-numbing perspective called ethno-psychiatry’, declaring that ‘colonialist psychiatry as a whole has to be disalienated’.²¹⁹ Across a series of comprehensive attacks on the School in ‘Ethnopsychiatric considerations’ in *Maghrebini Consciousness* (1955) [*EC*], *MSP*, and ‘Colonial War and Mental Disorders’ in *WE*, Fanon targets three major ethnopsychiatric works in particular (two of which were published in prestigious metropolitan journals): Porot’s ‘Notes on Muslim Psychiatry’ (1918) [*NMP*]; Porot and his student Don Côme Arrii’s ‘The Criminal Impulsivity of the Indigenous Algerian’ (1932) [*CI*]; Porot and his student Jean Sutter’s ‘The primitivism of North African natives’ (1939) [*PNA*].

NMP and *PNA* draw up a profile of the supposedly “normal” Muslim North African psychological type, purporting to demonstrate its natural cognitive and moral inferiority to the “normal” European one. In *EC*, Fanon critically reconstructs Porot’s understanding of “Muslim mentality” as a *constitutionally* pathological generic unity, suffering from ‘credul[ity]’, ‘obstinacy’, inertia, ‘mental puerilism’, and aggressive, ‘pithiatic reactions’.²²⁰ Indeed, Porot describes Muslims as a ‘a shapeless mass of primitives, most of whom are deeply ignorant and credulous’ and ‘have never experienced even the smallest part of our moral concerns’.²²¹ *PNA* argues that whilst these psychological traits can be explained in part by the inferiority of Muslim culture, they actually have ‘much deeper roots’ in the “dynamic” hierarchization of the nervous centers’ of the North African brain. Porot and Sutter posit an essential, incommensurable, and immutable neuropsychological difference between the “primitive” and

²¹⁷ “North African” was used interchangeably with “Arab”, “Algerian”, and “Muslim”.

²¹⁸ *WE*, 1961/2001: 241.

²¹⁹ *MD*, 1956/2018: 417-8.

²²⁰ *EC*, 1955/2018: 406.

²²¹ *NMP*, translation from Gibson and Beneduce, 1918/2017: 99.

the “civilised” European that cannot be overcome via assimilation.²²² Fanon bluntly summarises their “findings” thus: ‘the native [is] a big mental retard’ – essentially (just as J. C. Carothers had theorised “the African mind”) ‘a lobotomized European’.²²³ In *WE*, Fanon sarcastically notes ‘the importance of this discovery of Professor Porot’s’, given the uniqueness of the human cortex; for Porot, North Africans were a different species altogether.²²⁴

Fanon’s *WE* account emphasises the power-effects of ethnopsychiatric knowledge-production, pointing out that Porot and Sutter appeal to their “objective” ‘scientific evaluation of the biologically limited capacities of the colonized’ to defend ‘the colonists’ reluctance to entrust the native with responsibilities’ against charges of ‘racism or paternalism’.²²⁵ *PNA* also cites the supposedly neurologically-determined aggressivity of North Africans to justify their disproportionate isolation in colonial asylums; Fanon does not mention this in *WE*, but *PA*’s less overtly politicised sociodiagnostic challenge to isolation “treatment” could be read in this light.²²⁶ He argues that the psychiatric construction of an inferior North African psychological essence legitimised the colonial regime’s techniques of ‘discipline, training, mastering and...pacifying’ the colonized (“...We must tame nature, not convince it.”).²²⁷ This is most explicit in *CI*, which began life as Arrii’s 1926 thesis. Arrii portrays the indigenous Algerian as a ‘monster of amorality’, pathologically criminal, indolent, and insincere. He tellingly construes ‘Arab impulsivity’ as a ‘medicolegal problem’, hoping to issue a ‘new cry of alarm’ regarding its threat to public safety.²²⁸ This implicitly supported Porot’s lobbying for the construction of the Blida asylum.²²⁹ *CI* also stresses the necessity of intensifying colonial police measures.

In *MSP*, Fanon argues that colonial ethnopsychiatry’s racialising biological-reductionism detemporalises the so-called “primitive mentality” as a fixed, meaningless neuropsychological

²²² Translation from Keller, 1939/2007a: 142. Fanon quotes this passage in *EC* (1955/2018: 407).

²²³ *Ibid.*: 406-7. *MSP*, 1959-60/2018: 528.

²²⁴ *WE*, 1961/2001: 243.

²²⁵ *PNA*, translation from Beneduce and Gibson, 1939/2017: 101. Fanon paraphrases this passage in *WE* (1961/2001: 244).

²²⁶ Note that *PA* was written in response to a 1954 paper by Tosquelles that approvingly cited Porot’s discussion of agitation in his acclaimed 1952 *Alphabetic Handbook of Psychiatry*, which contained dedicated entries on “primitive mentality”, and included casual references to North African “primitivism” throughout. Tosquelles’ uncritical use of Porot likely angered Fanon (Gibson and Beneduce [2017: 139]; Keller [2007a: 147]).

²²⁷ *WE*, 1961/2001: 245. Compare *MSP*

²²⁸ Translation from Keller, 1926/2007a: 45.

²²⁹ Keller, 2007a: 44-5.

entity so it ‘cannot be explained by domination’ under colonial rule. In fact, it *explains away* the necessity of colonial domination by appeal to the colonised’s supposed psychological inferiority. Fanon once again “feels something turn upside down” and sets it the right way up. In *MSP* and *WE*, he counters the phylogenetic objectification of North African criminality, indolence, and inertia with sociogenetic explanations that ‘place the problem on the level of colonial history’.²³⁰ First, Fanon ‘reinterprets...Algerian criminality’ as ‘the direct product of the colonial situation’, which forced Algerians into a degrading daily struggle against one other for survival. Indeed, the socio-historical contingency of Algerian “criminality” was evidenced by its sharp decline once Algerians had redirected their much-imputed “aggressivity” towards “the real source of the conflict” in *revolutionary* struggle against death-in-life.²³¹ Second, Fanon depathologises the ‘inertia, avolition’ and ‘idleness’ of colonised workers as a meaningful form of ‘non-collaboration’ with the colonial regime; indeed, Algerian work-refusal as political rebellion reached its height in the 1956 strike, over which Fanon, in his own act of non-collaboration, resigned from his Blida post.²³² Even though some psychiatrists view work as *the* criterion of “normality”, Fanon argues that ‘the colonised doing nothing is normal, since labour, for him, leads to nothing’.²³³ To ‘sabotage...the colonial machine’ is positively *healthy* for the colonised – ‘a remarkable system of auto-protection’ against colonial exploitation.²³⁴

Dialogue at a distance: Fanon and Foucault’s temporalisation and depathologisation of madness
 Whilst Fanon and Foucault were both influenced by Merleau-Ponty’s phenomenology,²³⁵ they temporalise and depathologise madness in very different idioms, from perspectives internal and external to psychiatry respectively. They nonetheless both understand madness as *in movement* within society and history, rather than as a meaningless, static, organic spatial entity located within each maddened individual. They denaturalise the pathologisation of madness in phylogenetic and ontogenetic approaches to psychiatry, and recast alienation as a socio-historical process *acting upon* rather than *inhering within* maddened individuals. Foucault’s proto-genealogy and Fanon’s sociodiagnosis of madness differ most significantly with regard to the

²³⁰ *WE*, 1961/2001: 246.

²³¹ *Ibid.*: 247, 250.

²³² *MSP*, 1959-60/2018: 529. Fanon reiterates his solidarity with the strikers in *LRM*, again framing work-refusal as a refusal to ‘collaborate with the social phenomenon’ of the colonial order (1956/2018: 435).

²³³ *MSP*, 1959-60/2018: 518.

²³⁴ *WE*, 1961/2001: 238.

²³⁵ Fanon attended Merleau-Ponty’s lectures at the University of Lyon (Khalfa, 2018: 178). Compare Macey (1999), Gordon (2015: ch. 3).

role they give to *experience*. Where Foucault narrates the third-person perception of madness from the outside, Fanon attempts to empathetically inhabit the first-person experience of madness from the inside. This does not lead Fanon to detemporalise madness as noumenal essence; unlike Foucault, Fanon treats it as phenomenal. This enables him to understand its interaction with and resistance against the third-person perception of madness.

Both thinkers theorise madness as socially-constructed. Fanon, unlike Foucault, theorises the social construction of psychiatrised race and racialised madness across both metropole and colony. By illuminating the intersection of racism and psychiatry, Fanon offers a fuller temporalisation of madness than Foucault. There are, however, strong resonances between Foucault's account of the social construction of madness and Fanon's account of the social construction of race. Foucault theorises the construction of madness as the negation of reason; Fanon theories the white construction of blackness as the negation of whiteness, whilst also denaturalising the construction of reason as white and unreason as black. Fanon describes the process by which blackness, like madness in Foucault's proto-genealogy, is animalised and objectified by the white gaze. Just as, for Foucault, the psychiatric gaze produces the "natural" object it claims to know ("mental illness"), so too does the colonial white gaze produce "blackness" for Fanon. They both theorise the maddened and/or black subject's internalisation of the white colonial and/or psychiatric gaze; whilst Foucault focuses on the controlling interpersonal encounter between psychiatrist and patient, Fanon considers the role of colonial cultural and linguistic imposition in disciplining the black man to experience himself through white eyes – to objectify *himself*. However, whilst Foucault periodises disciplinary subjectification as modern, and the animalisation and coercive physical restraint of the mad as classical, Fanon shows that the treatment of mad people as wild animals that need to be tamed persists well into modernity within the colonial context. Both theorise modern psychiatry's insidious disciplinary control of the mad, but Fanon is alive to colonial psychiatry's continued use of more explicitly punitive techniques.

Fanon and Foucault similarly expose the power dynamics of supposedly value-neutral "objective" psychiatric science²³⁶ and humanitarian psychiatric "care", undermining psychiatry's teleological self-narrative of scientific and moral advancement. In his sociodiagnostic critiques of French-occupied North Africa's self-styled Pinellian pioneers,

²³⁶ Compare Taylor, 2010: 59-64.

Fanon, unlike Foucault, shows how this Enlightenment progressivism potently combined with the ideology of *mise en valeur* to legitimise violent colonial domination. Both thinkers show how positivist psychiatry's biological reductionism ideologically precludes the temporalisation of madness, reifying it as a purely natural pathology and thereby emptying it of political meaning, and how psychiatric science's pretensions to "objectivity" as value-neutrality facilitate its monopolisation of "truth" and "reality", pre-emptively shielding it from value-laden political critique. Fanon, unlike Foucault, argues that scientific "objectivity" as emotional detachment limits the psychiatrist's ability to understand his patient's lived experience of madness in relation to its socio-historical bases, thus also contributing to its pathologisation. Both show how psychiatry's benevolent self-conception as "care" performs a parallel depoliticising function that masks its power-effects, foreclosing critique of its *control* of madness; political opposition to psychiatry becomes misanthropic opposition to the alleviation of human suffering. For Foucault, psychiatric "care" extends the normalising rule of bourgeois morality; for Fanon, it strengthens the colonial occupation by neutralising non-collaborators. Either way, psychiatry's role in legitimising, perpetrating, and masking political control and (for Fanon) even violent coercion becomes most apparent in Fanon and Foucault's theorisation of its collaboration with the criminal justice system; this will be the subject of my next two chapters.

Silence, speech, and "recovery"

Fanon, unlike Foucault, was forced daily to confront the psychic fall-out of violent colonial domination and warfare in Algeria; *contra* Foucault, Fanon viewed madness as a 'pathology of freedom', rather than its noble companion. The maddened subject's will is 'constantly broken by obsessions, inhibitions, countermands, anxieties'; she is petrified, struggling to imagine herself exceeding the limits of her past and present.²³⁷ Alienating her from temporality itself, madness inhibits her ability to act spontaneously with others, within history to create a future in which she and they can breathe.²³⁸ Fanon neither pathologises nor idealises madness. Whereas Foucault romanticises madness as essentially unintelligible, and celebrates its silence as ensuring its ultimate evasion from reason's mastery, Fanon sees mad people as capable of meaningful, even liberating self-expression. Even though he foregrounds the ways in which madness can be silenced and misunderstood, especially in the deeply asymmetrical colonial-

²³⁷ *DH*(2), 1959/2018: 497.

²³⁸ Compare *BS*, 1952/2017: 194-7.

clinical encounter, Fanon seeks to *genuinely* understand mad people's first-person articulations of psychic pain through empathetic, reciprocal psychotherapeutic dialogue.

Indeed, Fanon's belief that 'madness is lived within the register of meaning' and 'ultimately expressed, that is to say, spoken', as well as his appreciation of the therapeutic need for mutual understanding, are persistent themes in his editorials for patient-run psychiatric hospital newspapers – both in the pre-existing '*Trait d'Union*' [*TU*] in Saint-Alban, and 'Our Journal' [*OJ*], which Fanon established in Blida.²³⁹ In *TU*, Fanon argues that 'communication' is the main difference between how we interact with other human subjects as opposed to inanimate, necessarily silent objects, advising his staff to listen carefully to 'a patient's every word', rather than dismissing ejarring and confusing speech as evidence of an 'irksome, disagreeable' character requiring discipline.²⁴⁰ In *OJ*, Fanon repeatedly stresses that the psychiatrist's primary 'obligation [is] to *understand*...the people with whom we come face-to-face'.²⁴¹ Instead of approaching Algerian patients as 'an anonymous population' (as colonial ethnopsychiatry encourages), Fanon insists that staff must treat them as 'very determinate persons' and try to 'understand' them 'in totality'.²⁴² Fanon's very establishment of *OJ*, meanwhile, indicates his belief not only in the expressivity and intelligibility of madness, but also that intersubjective meaning-making is vital for recovery. An *OJ* article by a patient delegate from the Blida Journal Committee confirms Fanon's vision, arguing that the newspaper provides 'a powerful link between us all', and 'a vehicle of understanding'.²⁴³

However, even though Fanon maintains the value of speaking and being heard within the reciprocal psychotherapeutic encounter, he recognises that madness is only '*one* of the ways that humans have of losing their freedom', and that psychiatric care is on its own insufficient for disalienation.²⁴⁴ Whilst the primary source of the colonised's psycho-social alienation – the colonial regime – remained intact, it would continue to function as 'a fertile purveyor of psychiatric hospitals', however much the latter were reformed.²⁴⁵ Disalienating both psychiatry and madness meant waging decolonial war on both the 'subjective' psychological level and the

²³⁹ These primary sources were recently discovered by Khalfa and Young (2018: 2).

²⁴⁰ 1953/2018: 282-4.

²⁴¹ 1956/2018: 338, emphasis mine.

²⁴² 1956/2018: 347-348, emphasis mine.

²⁴³ 1954/2018: 328.

²⁴⁴ *LRM*, 1956/2018: 434.

²⁴⁵ *WE*, 1961/2001: 200.

‘objective’ level of violent revolutionary struggle for national liberation.²⁴⁶ These two levels were, for Fanon, intertwined. When the colonised initiates the “subjective” process of dislodging the inferiorising white colonial gaze implanted in her psyche, and realises that her life is worth just as much as the coloniser’s, she becomes more ready to defy his rule; active “objective” anti-colonial rebellion further feeds her newfound self-respect and will to *live* rather than simply survive. Fighting on both fronts was necessary for a full psycho-social recovery.

²⁴⁶ *BS*, 1952/2017: 5.

Chapter 4. *Psychiatric-juridical collaboration: treatment and torture*

Both Fanon and Foucault draw attention to the interconnections between psychiatric and juridical power in order to problematise the assumption that the former is purely benevolent and apolitical. In the next two chapters, I will draw out the resonances and dissonances in their theorisation of these interconnections, whilst contextualising the concrete psycho-political issues they address – from the psychiatrist’s complicity in violent colonial torture to the pathologisation of criminality and silence. In this first chapter, I introduce Fanon’s account of the close collaboration between medicine and colonialism – epitomised by the colonial doctor’s collaboration in juridical torture – before offering a Fanonian critique of Foucault’s periodisation of torture as pre-modern. Foucault ignores the practice of torture in the *decidedly modern* revolutionary Algerian War, and the modern colonial criminal justice system more broadly. Foucault’s opposition between pre-modern corporeal punishment and the modern psychiatrised punishment of the soul, meanwhile, ignores the ways that torturers in French Algeria combined the two with the assistance of psychiatric expertise. However, while Fanon helps us to address these oversights, he tends to paint far too rosy a picture of *metropolitan* psychiatric medicine – and here, Foucault can serve to correct Fanon, pointing to the *perpetual* movement between the psychiatric and the juridical in the metropole as well as the colony.

Do no harm? Fanon on medicine and colonialism

In his written corpus, Fanon explores the ways in which psychiatrists explicitly collude with the police within the colonial context, perhaps due to the urgency with which the decolonial struggle in which he was implicated as both psychiatrist and militant weighed upon him. In ‘Medicine and Colonialism’ in *A Dying Colonialism* (1959) [DC], Fanon argues that when the colonised Algerian patient visits a white European doctor, he ‘faces both a technician a colonizer’.²⁴⁷ In fact, the doctor’s respective medical and police functions are mutually reinforcing: ‘an integral part of colonization’, the white European doctor is a technician of colonial violence.²⁴⁸ Whilst the colonisation of Algeria was initially ‘built on military conquest and the police system’, it ‘sought a justification for its existence and the legitimization of its persistence’; it found this partly in ‘Western medical science’, which, regardless of its efficacy in fighting illness and ‘easing pain’ in the *metropole*, Fanon argues, must be understood in ‘the

²⁴⁷ 1959/1994: 127.

²⁴⁸ *Ibid.*: 134.

colonial situation’ as ‘being part of the oppressive system’.²⁴⁹ This blurring of the violent coercion of the French military and police with the “improvement” or “advancement”²⁵⁰ supposedly altruistically offered by French health, education, and economic policy meant that the colonised ‘perceives the doctor,...the schoolteacher, the policeman,...through the haze of an almost organic confusion.’²⁵¹ Whatever the purported aims of their respective disciplines – be they overtly repressive or couched in benevolent and/or scientific language – from the perspective of the colonised, these social technicians are all first and foremost functionaries of the colonial order, and ought thus to be approached with wariness and mistrust. Any ‘good faith’ on the part of the colonised patient, any acknowledgement of some tangible benefit of European medical science, ‘is immediately taken advantage of by the occupier and transformed into a justification of the occupation’ and ‘an invitation to perpetuate the oppression’.²⁵² For Fanon, the primary problem is *not* the arrogance, contempt, brutality, or cynical profiteering of individual colonial doctors.²⁵³ Even in exceptional cases where colonial doctors show genuine compassion towards their colonised patients, their work nonetheless functions to uphold and reproduce an oppressive regime. Even with pure intent, the white European doctor is still a vital part of ‘the colonial constellation’.²⁵⁴ It should come as no surprise, then, that the colonised patient is incapable of ‘relaxing’ when faced with the colonial doctor.²⁵⁵

The language of pure force: colonial medical-judicial collaboration in the Algerian War

Fanon argues that the colonial doctor’s “peace-time” complicity in his regime’s ‘language of pure force’ was distilled during the Algerian War.²⁵⁶ In the French counter-insurgency, the collusion between the medical profession and the colonial occupation became transparent: some psychiatrists experimented upon Algerian and Senegalese patients against their will in order to investigate whether ethnic differences impacted resistance to electric shocks; doctors passed the personal details of any Algerian patients with suspicious wounds onto the authorities to facilitate police surveillance; pharmacists did the same, as well as blocking Algerian customers’ access to essential medical supplies; some doctors provided false medico-legal

²⁴⁹ *Ibid.*: 121, emphasis mine.

²⁵⁰ Compare my discussion of Porot’s psychiatric *mise en valeur* in ch. 3.

²⁵¹ *DC*, 1959/1964: 121; see also 139.

²⁵² *Ibid.*: 122.

²⁵³ *Ibid.*: 134.

²⁵⁴ *Ibid.*: 126.

²⁵⁵ *Ibid.*: 127.

²⁵⁶ *WE*, 1961/2001: 29.

examinations that cleared colonial police of torture allegations; physicians and psychiatrists themselves *participated* in such torture.²⁵⁷ These medical-juridical practices merely ‘confirmed [the Algerian people’s] certainty that the colonizers were in complete agreement to fight against them’, regardless of the scientific neutrality and humanitarian ethics to which colonial medicine laid claim.²⁵⁸

Fanon focuses on the transformation of doctors from agents of welfare into ‘agents of torture’;²⁵⁹ this most plainly exposed the symbiotic relationship between medicine and the criminal justice system under colonial rule. During the war, the colonial doctor became ‘the torturer who happens to be a doctor’.²⁶⁰ Doctors sometimes only participated indirectly; Fanon explains how they would patch up the victim between torture sessions to ensure that the latter did not die before the police could extract a confession. Fanon highlights the perversity of mending wounds only so they can be reopened:

‘Ten times the doctor intervenes, ten times he gives the prisoner back to the pack of torturers.’²⁶¹

The colonial doctor preserves life only to perpetuate a living death. Fanon’s stark analysis here is suggestive of his deeply ambivalent attitude towards his own history as a radical practitioner of colonial medicine in Algeria. It recalls his resignation letter’s judgement that, in spite of his tireless efforts to reform psychiatry in Algeria, it remained impossible to truly disalienate his patients in the dehumanising colonial context. Fanon nursed colonised psyches back to health, only to have his ‘enthusiasm and care’ frustrated by the ‘daily reality’ to which they were subjected once they were discharged from the psychiatric hospital Fanon had tried so hard to humanise: an indefinite colonial state of exception in which ‘lawlessness, inequality, and multiple daily murder of humanness were erected as legislative principles.’²⁶² Fanon recognised that there was a sense in which he, as a psychiatrist employed by the French state, had been “intervening” in the psychic lives of colonised Algerians only to throw them “back to the pack of torturers” – the daily psychological torture of living under a colonial regime.

²⁵⁷ Gibson and Beneduce, 2017: 200n4. *DC*, 1959/1994: 124n1, 135-7, 139nT. Keller, 2007a: 151-2.

²⁵⁸ *DC*, 1959/1994: 136.

²⁵⁹ Keller, 2007a: 151.

²⁶⁰ *DC*, 1959/1994: 135.

²⁶¹ *Ibid*: 138.

²⁶² *LRM*, 1956/2018: 434. Compare Mbembe, 2019: 77-8.

We have scientific ways to make you talk: the psychiatrist-torturer

Some colonial doctors, moreover, participated directly in torture; Fanon draws particular ‘attention...to the habit formed by certain *psychiatrists* of flying to the aid of the police.’²⁶³ He points to the use of so-called “truth serum” to forcibly extract confession from suspected militants, even though ‘many psychiatrists’ from the metropole ‘have long ago abandoned this technique’.²⁶⁴ Fanon notes that this interrogative “treatment” had already been exposed by communist journalist Henri Alleg in his famous autobiographical account of torture at the El Biar detention centre at the hands of both the police and their medical collaborators in *The Question*²⁶⁵ (1958). Alleg’s recollection of his treatment in the centre’s “infirmary” appears to have been especially influential in Fanon’s analysis. Alleg recounts realising that the doctors were tending to his wounds only so he would be able to survive more torture.²⁶⁶ In addition to experiencing this *indirect* form of medical-juridical collaboration, Alleg also narrates being *directly* tortured by a military doctor ‘with “truth drugs”’ whilst paratroopers and police officers observed.²⁶⁷ Exuding faux-friendliness, the doctor at first reassures him, knowing full well the horrors to which Alleg has already been subjected,

“I shall not beat you and I promise not to do you any harm.”²⁶⁸

The brutish officers had warned him that, in remaining silent throughout their water torture, shocks, and physical beatings, Alleg was only “...preparing new troubles for yourself...”, boasting, “...We have *scientific* ways to make you talk.”²⁶⁹ Injecting him with pentothal, the doctor begins ‘a lunatic dialogue’, trying to coax Alleg into revealing his hiding place and the whereabouts of his comrades.²⁷⁰ Fanon promises to ‘study elsewhere the grave consequences of these practices’, briefly noting here that ‘the most important consequence’ was an ‘inability to distinguish the true from the false, and an almost obsessive fear of saying what should remain

²⁶³ *DC*, 1959/1994: 138, emphasis mine.

²⁶⁴ *Ibid.*: 137. “Truth serum” is used to refer to a variety of barbiturates thought to engender uninhibited truth-telling, including ‘pentothal’ – the French counter-insurgency’s drug of choice for interrogations (*WE*, 2001: 228). Fanon slightly overstates the extent to which psychiatric narcotherapy had been conclusively discredited, but it *was* in decline – increasingly displaced by tranquilisers and tricyclic antidepressants. (Naples and Hackett, 1978: 99, 103. Shale and Gelenberg, 1980: 825. Patrick and Howells, 1990: 763-4. Shorter, 2005: 37)

²⁶⁵ Direct translation of “*la question*”, which referred to interrogation accompanied by torture (Reid, 2007: 573).

²⁶⁶ Alleg, 1958/2006: 83.

²⁶⁷ *Ibid.*: 73.

²⁶⁸ *Ibid.*: 72.

²⁶⁹ *Ibid.*: 70.

²⁷⁰ *Ibid.*: 76.

hidden', experiencing 'every question...as a repetition of the torturer-tortured relationship.'²⁷¹ As promised, in 'Colonial War and Mental Disorders' in *WE*, Fanon lays out the psychiatric symptoms he has observed in survivors: frantically repeated assertions that they had not confessed; 'a fundamental inability to distinguish between true and false'; a 'phobia of all private conversations', fearing that 'at any moment a fresh interrogation may take place'; 'inhibition' in speech to the point of complete inarticulacy. Fanon emphasises the way in which the psychiatrist-torturer is able to manipulate his medical status to reassure the victim that he, in contrast to the policeman, will "do no harm":

"I am a doctor, I am not a policeman. I am here to help you..."²⁷²

The psychiatrist seeks thereby to win the suspected militant's trust and secure his compliance, only to go on to directly collaborate with the colonial police effort to make the suspect talk.

Fanon also discusses how colonial psychiatrists forcibly administered 'electric shock treatments' to detainees and 'questioned them during the waking phase, which is characterized by...a relaxation of resistance'.²⁷³ Fanon had himself expressed support for shock therapies early on in his psychiatric career,²⁷⁴ despite later disputing 'the curative value of dissolutions of consciousness'.²⁷⁵ But even in his early research, Fanon always stresses that shock-induced dissolution can only be justified as a precursor to social therapy. He regarded it as a creative kind of psychic destruction – annihilating the personality in order to rebuild it within a thoroughly *disalienated* psychiatric institution.²⁷⁶ In war-time Algeria, on the other hand, Fanon saw that colonial psychiatrists' non-consensual use of ECT for interrogation was plainly harmful and medically irresponsible. It was not creative psychic destruction with the intention of (and necessary social infrastructure required for) psychic *reconstruction*, but reckless psychic destruction cynically performed in the service of the counter-insurgency. Fanon reports that 'rehabilitating' survivors of this psychiatric-juridical torture practice is 'extremely difficult': 'what is brought to us is a personality in shreds.'²⁷⁷

²⁷¹ *DC*, 1959/1994: 138.

²⁷² *WE*, 1961/2001: 229-30.

²⁷³ *DC*, 1959/1994: 138.

²⁷⁴ *AF*, 1953/2018: 285-310. See also Keller, 2007b: 833, Gibson and Beneduce, 2017: 210.

²⁷⁵ *DH(I)*, 1959/2018: 493.

²⁷⁶ Whilst many contemporary readers will flinch at Fanon's even strictly qualified advocacy for ECT, his stance would not have seemed especially shocking at the time, especially given ECT's novelty (Bulhan [1985: 209] and Macey [2012: 209]).

²⁷⁷ *DC*, 1959/1994: 138.

Finally, whilst Fanon does not mention colonial psychiatry's contribution to "psychological warfare"²⁷⁸ in 'Medicine and Colonialism', in the following chapter, he makes passing reference to how the French tactic of 'brain-washing' helped give the war 'its hallucinatory character'.²⁷⁹ In 'Colonial War and Mental Disorders', Fanon discusses the 'psychiatric consequences' of 'torture by brain-washing' in detail. According to Fanon, the psychological warfare deployed against anti-colonial intellectuals required the greatest psychiatric expertise to both execute and treat. As with "truth serum" and ECT, one of the key aims of brainwashing was to get its victims to *talk*: 'silence is...forbidden; thinking must be done aloud.' This led to survivors' 'mistrust and reticence' to express themselves, and their inability to 'explain or defend any given position' without immediately contradicting it.²⁸⁰ Fanon again observed a breakdown in survivors' sense of truth and falsity, accompanied by a phobia of speaking.

In sum, because of his involvement in the Algerian anti-colonial revolution as both a psychiatrist and a militant, Fanon was well aware that torture was an ongoing practice; that the colonial doctor was a technician of colonial violence; and that even the seemingly *benevolent* aspects of colonial medicine worked to legitimise a fundamentally oppressive regime. How does this compare to Foucault's account of psychiatric medicine's collaboration with the criminal justice system?

Foucault-the-scholar on juridical torture

Perhaps the starkest difference between the two concerns torture. Foucault is poorly positioned to theorise the implication of psychiatry in torture because, in his academic writings and lectures, he temporally situates torture as a *premodern* juridical practice, *preceding* the emergence of the modern institution of psychiatry. In *Discipline and Punish: The Birth of the Prison* (1975) [DP], Foucault discusses two kinds of torture, '*la supplice*' and '*la question*', that, he argues, were central to the penal system in the *Ancien Régime*.²⁸¹ "*La question*" refers to the private kind of torture that Fanon analyses: torture with interrogation for the purpose of extorting an incriminating confession. "*La supplice*" refers to torture as public spectacle, culminating in the lawbreaker's execution; this second kind is more prominent in DP, which famously opens with a grisly 1757

²⁷⁸ Compare Lazreg, 2008: ch. 3.

²⁷⁹ DC, 1959/1994: 147-8.

²⁸⁰ WE, 1961/2001: 230-3, emphasis mine.

²⁸¹ 'Translator's Note' in DP, 1975/1995: ix. Compare Schrift, 2013: 142.

newspaper report of the public torture and execution of Robert-François Damiens for attempted regicide.²⁸² *La question* was primarily inquisitorial, *la supplice* primarily retributive. They combined to ‘produce the truth’ of a crime, first privately establishing it through the highly-regulated, calculated infliction of pain and extortion of confession (*la question*), and then demonstrating it to the wider populace by forcing the accused to publicly ‘attest to the truth of what he had been charged with’ (*la supplice*).²⁸³ Torture drove the lawbreaker to ‘take part in the ritual of producing penal truth’ and condemn himself.²⁸⁴

Foucault claims that by the beginning of the 19th century, ‘punishment had...ceased to be centred on torture as a technique of pain’; where premodern penal practices ‘seized the *body*’ through excruciating torture, modern ‘techniques of punishment...addressed...the *soul*’.²⁸⁵ The modern criminal justice system concerns itself with the criminalised body only insofar as this allows it to get at – or, more accurately, produce – the criminalised “soul”. Torture ‘worked on the body’s outside’, whereas modern punishment ‘works on the interior mind’.²⁸⁶ No longer ‘a body to be tortured’, the criminal is a pathological soul-object to be known and mastered.²⁸⁷ When torture *does* occasionally reappear in the modern criminal justice system, Foucault insists, this should be interpreted as a residue of or a return to premodern penal logic, rather than as constitutive of modern penal logic.²⁸⁸ Premodern torture was a systematic and rule-bound ‘technique’, Foucault argues, whereas its contemporary use is sporadic and without rules – the ‘irregular’ and ‘extreme expression of lawless rage’.²⁸⁹ In his 1981 *Wrong-Doing, Truth-Telling* [*WD*] lectures at the Louvain School of Criminology, Foucault conversely focuses on *la question*, but similarly claims that torture ‘disappeared from the juridical system’ by ‘the beginning of the nineteenth century.’²⁹⁰ He again contrasts the ‘well-regulated’, ‘well-defined’ nature of premodern torture practices with the ‘untamed’ nature of ‘torture as it may be practiced by our police today’.²⁹¹ When the tortured body re-appears in the contemporary criminal justice system, Foucault reiterates, it is the anachronistic exception that proves the rule. He makes no

²⁸² *DP*, 1975/1995: 3.

²⁸³ *Ibid.*: 37, 43.

²⁸⁴ *Ibid.*: 38.

²⁸⁵ *Ibid.*: 15, 28, emphasis mine.

²⁸⁶ *Ibid.*: 103.

²⁸⁷ Schrift, 2013: 140.

²⁸⁸ Compare Schwan and Shapiro, 2011: 25.

²⁸⁹ *DP*, 1975/1995: 33.

²⁹⁰ *WD*, 1981/2014: 206.

²⁹¹ *Ibid.*: 204.

reference to psychiatric involvement in these supposedly exceptional instances of modern torture in either his *DP* or *WD* account.

Fanonian critique of Foucault's theorisation of juridical torture

Having encountered the psychological trauma suffered by both perpetrators and survivors²⁹² of colonial juridical torture in a professional capacity, Fanon is under no such illusions about the realities of modern torture. Unlike Foucault, he does not represent contemporary torture as an exception to an overall trend of modernisation. In colonial Algeria, torture could not be conceived of as a mere trace from a precolonial, premodern Algerian past that had since been enveloped by a superficially “humane”, but even more efficient and insidious, modern penal power. In fact, it was down to the supposedly modernising force of the French occupation that torture became widely employed as a penal “truth”-production technique in Algeria. Especially (though not exclusively) during France’s undeclared ‘war of colonial re-conquest’²⁹³ – officially only an intensification of pre-existing colonial “police operations” necessary to “maintain order” within French territory²⁹⁴ – torture became an integral component of French Algeria’s colonial juridical-military complex. From 1955 onwards,²⁹⁵ every regiment of the French army had a dedicated interrogation officer, each trained by the Second Bureau to mine information from suspects with maximum efficiency.²⁹⁶ The most reticent, important, or politically-sensitive detainees were passed on to Operational Protection Detachments, a secret service specialising in torture and summary execution.²⁹⁷ All French officers were ‘pressured to view the search for

²⁹² Regarding the *mutually* destructive impact of the “torturer-tortured relationship”, see *WE*, 1961/2001: 212-4.

²⁹³ McDougall, 2017: 217.

²⁹⁴ Cohen, 2001: 84. Branche, 2007: 550-1; 2013: 135.

²⁹⁵ After the Algiers Inspector-General’s February 1955 inquiry into ‘certain acts of violence reported in the press’ resulted in a report concluding that widely-used ‘special methods’ of interrogation with torture were justified by their ‘first-class’ results, the colonial police and army had the French government’s quiet but unequivocal blessing to carry on as they were (translation from Crozier [1963: 598]). Indeed, their torture practices only intensified. Soon after, the French government passed legislation declaring a state of emergency in Algeria, which further extended police and military powers to act with impunity (Branche, 2013: 135).

²⁹⁶ Whilst Cohen (2001) implies that torture methods were taught at the ‘[s]pecial training schools’ established to instruct these special officers (82), Branche (2007) is more cautious, suggesting instead that ‘interrogation techniques appear to have been learned primarily on the spot or via tips exchanged between officers.’ (553) Regardless of how explicit and detailed such training was, violent methods of interrogation were not just institutionally tolerated, but actively encouraged and disseminated organically and often informally throughout the police and army. Though never officially codified, torture was nonetheless systemic and rule-governed.

²⁹⁷ Branche (2004, 140; 2007, 553). Lazreg, 2008: 44-45.

information as their greatest priority'.²⁹⁸ Even though torture was employed in the name of “protecting” the wider population against domestic “terrorists”, officers were encouraged to view *every* indigenous Algerian as a potential source of information.²⁹⁹ Though not openly and explicitly mandated in writing by higher-ups, ‘everything suggests that [torture] was regarded as a legitimate and often necessary’ – even *preferred*³⁰⁰ – means of quickly obtaining urgent information to fight “terrorism”.³⁰¹ Torture was not a ‘last resort’; by 1957, suspects were being *routinely* detained and tortured in dedicated buildings euphemistically called “sorting and transit centres”, and, from 1958, “intelligence and action centres”.³⁰²

Especially from December 1957, under the leadership of General Raoul Salan, (previously commander-in-chief in French Indochina), the Algerian War ‘was perceived as a new type of war’, requiring ‘new tactics and strategies.’³⁰³ Salan understood the Algerian War, like the First Indochina War, as a “revolutionary war”.³⁰⁴ The revolutionary war doctrine reduced decolonisation movements to dominoes in a post-war international communist strategy for world domination.³⁰⁵ It claimed that this communist conspiracy relied heavily on new subversive methods of warfare, including terrorism, executed by guerrillas *within* the population; they could only be defeated through a similarly novel countersubversive response.³⁰⁶ The doctrine was developed by several senior French colonial military officers, most prominently Colonel Roger Trinquier, who served under General Massu during the latter’s brutal exercise of police powers in the Battle of Algiers (September 1956 – October 1957). Trinquier went on to retheorise revolutionary war as “modern warfare” in his 1961 treatise of the same name. According to Trinquier, this distinctively *modern* form of revolutionary attack required a distinctively modern counterrevolutionary response. He thought the latter was exemplified by Massu’s ruthless campaign of repression in Algiers, which had quickly become notorious amongst metropolitan progressives for its ‘systematised roundups and the torture of suspects’.³⁰⁷ In a March 1957 memorandum, Massu justified ‘such

²⁹⁸ Branche, 2004: 140.

²⁹⁹ Lazreg, 2008: 32. Branche, 2007: 548.

³⁰⁰ Lazreg, 2008: 46.

³⁰¹ Branche, 2007: 553n43. Evans, 2012: 206.

³⁰² McDougall, 2017: 215. Lazreg, 2008: 46-50.

³⁰³ Branche, 2007: 548.

³⁰⁴ Lazreg, 2008: 19.

³⁰⁵ Branche, 2007: 549. Lazreg, 2007: 15-6, 22, 25, 32. Craddock and Smith, 2007: 75. Evans, 2012: 134.

³⁰⁶ Lazreg, 2008: 15-6.

³⁰⁷ McDougall, 2017: 214. Compare Lazreg, 2008: 42.

methods’ on the grounds that the anti-colonial militants had ‘forced [the paratroopers] to act as *police officers*’.³⁰⁸ Intelligence gathering,³⁰⁹ including the arrest, indefinite internment, interrogation and torture of those whom Trinquier evocatively calls ‘dangerous individuals’,³¹⁰ continuous clandestine surveillance,³¹¹ and psychological warfare³¹² were all crucial to achieving the fundamental aim of this new, “modern” kind of war: to regain ‘control of the populace’.³¹³ On the question of using torture to aid ‘interrogation’, Trinquier offers the following guidance:

‘If the prisoner...[does] not [give the information requested], specialists must *force* his secret from him. Then...he must face the suffering, and perhaps the death, he has heretofore managed to avoid.’³¹⁴

He argues that such ‘brutality is inevitable’ in the uniquely *modern* form of warfare required to ‘extirpate the terrorist organization’ and protect the wider population.³¹⁵

While the counter-insurgency’s ‘widespread and systematic’ use of torture, often ending in summary execution, is now common knowledge, James McDougall points out that torture and summary execution ‘had in fact been common in Algerian police stations at least since the growing political repression of 1945-50.’³¹⁶ As André Mandouze, leftist University of Algiers professor, put it in 1949, French colonialism amounted to ‘a chronic state of war’, even during nominal “peace-time”.³¹⁷ As early as 1951, Claude Bourdet – militant co-founder of *L’Observateur* – published ‘Is there an Algerian Gestapo?’, which criticised the colonial police’s violent “interrogation” methods.³¹⁸ In modern colonial Algeria, even before the war, torture increasingly became the *rule* rather than the exception in a regime that exerted the supposedly premodern sovereign right to kill over indigenous Algerians not by “making live and letting die”, but by *making die* as well as letting die”.³¹⁹

³⁰⁸ Translation from Branche, 2007: 549.

³⁰⁹ Trinquier, 1961/2006: 31-4, ch. 7, 90.

³¹⁰ *Ibid.*: 29.

³¹¹ *Ibid.*: 29-30, 39. Compare Evans, 2012: 205.

³¹² Trinquier, 1961/2006: 6, 69. Compare Lazreg, 2008:31.

³¹³ Trinquier, 1961/2006: 27.

³¹⁴ *Ibid.*: 19.

³¹⁵ *Ibid.*: 40.

³¹⁶ McDougall, 2017: 214-5; see also 180-3, 192.

³¹⁷ Translation from *Ibid.*: 182.

³¹⁸ Beigbeder, 2006: 110. Bourdet had himself been arrested and detained by the Gestapo.

³¹⁹ Castro (2015) offers this formulation of Mbembe’s account of colonial necropolitics (241).

In addition to viewing juridical torture as *part* of European “modernisation” in Algeria, rather than as an exception to it, Fanon also saw that torture in this modern colonial form could not be understood as a purely corporeal kind of punishment (as Foucault had gone on to claim): it attacked the “soul” as well as the body.³²⁰ This is why the colonial police drafted in psychiatrists as torture-technicians and -advisors. But, of course, according to Foucault, the modern emergence of the *soul* as the primary object of juridical power/knowledge, and the associated rise of psychiatry, came *after* the sharp decline in the juridical use of torture. On Foucault’s account, torture and the interrelated births of both the prison and the asylum lie on opposing sides of this socio-historical rupture. If he had only looked beyond the limits of the French metropole to the living memory of torture in colonial Algeria, Foucault may have thought twice about positing the disappearance of torture as *definitive* of the modernisation of punishment, and dismissing counterexamples to this posited trend as sporadic and anachronistic, as well as theorising torture as a *corporeal* practice. As Fanon showed, punishment of body *and* soul were *inextricable* in colonial juridical torture, with the very *confusion* and *collaboration* between the juridical and the psychiatric serving to break down the defences of the tortured.

Foucault’s intellectual context: metropolitan critics of torture in Algeria

Foucault’s oversight is especially surprising given the extent to which his own intellectual and political milieu in France had mobilised around the issue of torture during the Algerian War. Whilst Fanon was notable for focusing on the *psycho*-politics of colonial torture, his frank and critical discussion of the French counter-insurgency’s use of torture *per se* was nothing new – even for metropolitan readers. In fact, torture was ‘the central issue’ for most metropolitan critics of the French counter-insurgency.³²¹ Sartre, who would become the lightning rod for Foucault’s contempt for the French communist public philosopher-partisan, opens his widely-read preface to Alleg’s *The Question* by stating that ‘in 1958, in Algiers, people are tortured *regularly* and *systematically*’.³²² Critics of torture included those who were opposed to Algerian independence;³²³ it was by no means a fringe issue about which only committed anti-imperialists were vocal. Metropolitan publications such as *L’Express*, *France-observateur*, *Le Monde*,

³²⁰ Compare Lazreg (2008) on the psycho-somatic dimensions of torture in the Algerian War: ‘torture disturbs [the body], dismantles it in order to reach the mind’ (111).

³²¹ Cohen, 2001: 82-3.

³²² 1958/2006: xxvii, emphasis mine.

³²³ For example, the liberal humanist Catholic Pierre-Henri Simon (Evans, 2012: 212).

and *Témoignage chrétien* frequently brought evidence of torture and summary executions to public attention. Whilst the French state insisted that any instances of torture or summary execution were rare, aberrant moral failures of rogue individual officers, this propaganda effort to scapegoat “bad apples” in order to deny the state’s calculated, extensive, and highly technical and specialised deployment of torture was ultimately unsuccessful – in part, because of the clear parallels with Nazi tactics. French cinema and literature from the 1960s onwards endeavoured to establish torture as the defining feature of the war as it lived on in the national memory.³²⁴ In fact, GIP co-founder Pierre Vidal-Naquet, was famous for his early vocal opposition to French juridical torture practices in Algeria, and especially for his work on the Audin Committee.³²⁵ Foucault’s other co-founder, Jean-Marie Domenach, had steered *Espirit* to become one of the key outlets for opposition to the counterinsurgency, publishing its first article on torture in April 1957;³²⁶ he ‘saw the work of the GIP as a continuation of that work of denunciation.’³²⁷ In fact, it was Domenach and Vidal-Naquet’s opposition to the French “police operations” in Algeria, in addition to their experience of the Vichy regime, that ‘had bred in both men a deep distrust of – and even contempt for – [the French] legal system’, priming them for the GIP’s radical rejection of the “intolerability” of the French criminal justice system.³²⁸ Foucault worked with both on the GIP’s “intolerability inquiries” at the same time as he was developing his genealogical account of the death of torture and the birth of the prison for *DP*.³²⁹

Foucault-the-activist on modern psychiatrically-assisted juridical torture

Whilst Foucault never discussed the modern French state’s torture policy in colonial Algeria, nor French officers’ utilisation of psychiatric “treatments” in their enactment of this policy, if one looks to his “scholar-activist archive”, it becomes apparent that Foucault was, in fact, aware of not just the modern persistence of juridical torture, but specifically the peculiarly modern employment of *psychiatrists* as expert-advisors to and technicians of this torture – even if this awareness did not manifest itself in his academic writings or lectures. The militant Foucault of

³²⁴ Cohen, 2001: 82-5.

³²⁵ Evans, 2012: 280.

³²⁶ *Ibid*: 210.

³²⁷ Macey, 2019: 263.

³²⁸ *Ibid*.

³²⁹ Defert (2013: 46) and Schrift (2013: 137) highlight Foucault’s prison activism with Vidal-Naquet and Domenach at the time of writing *DP*.

the 1970s vehemently criticised the use of doctors and psychiatrists as “torture advisors” in modern repressive Latin American states, even if he never addressed the French colonial pedigree of these practices (arguably another instance of the “boomerang effect”).³³⁰ In November 1975, Foucault participated in the historic Semiotext(e) “Schizo-Culture” public forum, which addressed the intersecting themes of “prisons” and “madness”, and was attended by a diverse ensemble of political radicals and activists.³³¹ Foucault joined the forum days after cutting short his lecture tour for social medicine students in Brazil, where the militarised police presence had intensified since his previous trips.³³² He spoke at a panel, ‘On Prison and Psychiatry’ [*OPP*], alongside anti-psychiatrist R. D. Laing, American ex-convict and activist Judy Clark, and American survivor of psychiatric institutionalisation and advocate for the “mentally ill” Howard Geld. Here, Foucault expounded on the widespread and systematic use of torture in Latin America, and specifically the militarised justice system he had just encountered in Brazil. Acknowledging the highly rationalised nature of these distinctively modern torture practices, Foucault describes the Brazilian police’s ‘development and perfection’ of ‘techniques of torture’.³³³

Most significantly, Foucault foregrounds the medical contribution³³⁴ to these new rationalised practices, highlighting the introduction of ‘a new character...now constantly present in the ritual of torture: *the doctor*’.³³⁵ The doctor’s ‘role is...to say what torture will be most effective’, and to tend to the victim’s body ‘so that he can *physically withstand* the tortures and, at the same

³³⁰ The military coup d’état and subsequent dictatorship in Brazil had been strongly influenced by the French revolutionary war doctrine (Filho, 2014: 173). Some of the genealogical links between French colonial and Latin American military juridical torture are more explicit: for example, General Paul Aussaresses, who defended his use of torture in Algeria right up to his death, provided instruction to Latin American officers at Fort Bragg in North Carolina, and at the School of Jungle Warfare in Manaus (*Ibid*: 167), as well as serving as the French military attaché in Brazil 1971-3 (*Ibid*.; Rotman, 2002).

³³¹ Lowenthal, 2013. Morris, Winter 2011-2012.

³³² Macey, 2019: 350-1.

³³³ *OPP*, 1975/1996: 172. ‘Torture became a “scientific method” during the military regime in Brazil, and it was included in training curricula for military personnel.’ (Archdiocese of São Paulo, 1985/1998: 14) A central aim of this “method” was leaving the tortured body unmarked – hence the prevalence of psychological torture (CNV, 2014: ch. 9; 357).

³³⁴ Compare Archdiocese of São Paulo, 1985/1998: ch. 4.

³³⁵ *OPP*, 1975/1996: 172, emphasis mine.

time, *suffer them psychologically in the harshest manner*.³³⁶ Like Fanon six years before, Foucault here draws attention to the transformation of doctors into both indirect and direct “agents of torture”. *Contra DP*, in *OPP*, Foucault, like Fanon, highlights torture’s non-corporeal, psychological effects, and makes specific reference to ‘psychiatrists, and even psychoanalysts’ acting ‘as technical advisors’ to torture, even if he goes into less detail than Fanon about the specificities of the psychiatrist’s role. Foucault also insists that this is not an anomalous Brazilian or even Latin American phenomenon, but ‘just one example of what happens in many other countries’.³³⁷ His analysis nonetheless remains Western-centric, omitting France’s own recent history of medically-assisted torture in its North African colonies, or indeed the continuing legacy of juridical torture in postcolonial North Africa.³³⁸

The “kinship structure” between psychiatry and the modern juridical system across colony and metropole: Foucault’s elision and Fanon’s naivety

Foucault, however, goes beyond Fanon in arguing that ‘the participation of doctors in...judicial affairs’ is not an aberration limited to repressive regimes. He points to ‘the role of psychiatrist-experts in law courts’ in liberal democracies as a less “explicit”, more widely accepted form of psychiatric-judicial collaboration, arguing that ‘medicine functions in some kind of police or judicial capacity in all countries.’³³⁹ In a later dialogue with anti-psychiatrist David Cooper entitled ‘Confinement, Psychiatry, Prison’ (1977) [*CPP*], Foucault again references psychiatric participation in juridical torture in Brazil – adding that ‘there is at least one psychoanalyst in Rio, who is a torture-advisor’³⁴⁰ – although once more neglects the French colonial forerunner of this practice. Indeed, Foucault’s Western-centrism is made explicit when, in response to Cooper’s attempt to drive the conversation towards ‘depsychiatrization in the Third World’ – in ‘Tanzania’ (formerly a British “mandate”) and ‘Nigeria’ (formerly a British colony) – Foucault jarringly interrupts to re-centre Europe: ‘And in Italy, in Belgium – and here

³³⁶ *Ibid.* On the psychological effects of torture in Brazil, see Archdiocese of São Paulo (1985/1998: 186-191) and CNV (2014: ch. 9, p. 386-90; ch. 10, sect. D -E; ch. 11, sect. H). For a detailed treatment of psychological torture, see CNV (2014: ch. 9, sect. 1.2).

³³⁷ *OPP*, 1975/1996: 172-3.

³³⁸ This is especially surprising given that some of Foucault’s own Tunisian students, for whom he vehemently advocated, were ‘tortured and charged with undermining state security’ by the police (Defert, 2013: 39).

³³⁹ *OPP*, 173, 181.

³⁴⁰ *CPP*, 1977/1988: 193. Foucault was probably referring to psychoanalyst Amilcar Lobo, who ‘actively participated in torture’ 1970-4 (Russo, 2012: 176).

[France].³⁴¹ But, even more so than in *OPP*, Foucault, as Taylor reads him, stresses that more nakedly politicised and violent psychiatric-judicial collaborations in repressive regimes should not be treated as ‘abuses of psychiatric power’, but rather as indicators of ‘something structural about psychiatry’.³⁴² Just like the collaboration between the KGB and Soviet psychiatrists to create a new diagnostic category, “torpid schizophrenia”,³⁴³ for the purpose of confining political dissidents in psychiatric hospitals,³⁴⁴ the use of psychiatrists as “torture-advisors” in Brazil’s militarised criminal justice system was ‘simply the intensification, the ossification of a kinship structure’ between psychiatry and the criminal justice system ‘that has never ceased to function’ in modern “liberal” as well as repressive states – albeit more subtly in the former.³⁴⁵

However, Foucault, especially in *CPP*, elides two substantively different kinds of psychiatric-judicial collaboration, obscuring the specificity of what Fanon calls the ‘very concrete and very painful’ experience of ‘violence’ at the hands of a medical professional, whose putative primary function is to ease, not facilitate, suffering.³⁴⁶ It is important to preserve a meaningful distinction between the “abuse” and the “proper” functioning of the psychiatric-judicial complex, even if both overtly repressive and subtly disciplinary modes of psychiatric-judicial power are objectionable and demand critique and resistance. Foucault himself seems to think so in *OPP* when he incites the ex-patients and sympathetic medical professionals in his activist audience to create an organisation dedicated to ‘denouncing....[the] *explicit*...collaboration of doctors with police practices’ like torture.³⁴⁷ Fanon is right to treat the police function of psychiatry under colonialism, and especially the French counter-insurgency in Algeria, as exceptional in its severity and transparency.

At the same time, however, in ‘Medicine and Colonialism’, Fanon borders on naivety about the benevolence of *non*-colonial psychiatric medicine. This reflects a broader reductionist tendency in Fanon’s more polemical writings to treat colonial racism as the only lens through

³⁴¹ *CPP*, 1977/1988: 198.

³⁴² Taylor, 2010: 60.

³⁴³ Often alternatively translated as “sluggish schizophrenia”.

³⁴⁴ Bloch and Reddaway, 1985. Van Voren, 2010: 33. Luty, 2014: 56.

³⁴⁵ *CPP*, 1977/1988: 181. Compare my ch. 2 discussion of Foucault’s downplaying the role of violence and coercion in colonisation, eliding the latter with disciplinarisation.

³⁴⁶ *WV*, 1960/2018: 654.

³⁴⁷ 1975/1996: 173, emphasis mine.

which to understand domination.³⁴⁸ He argues that because non-colonial medicine's 'very principle is to ease pain, it is clear that no negative reaction can be justified' from its beneficiaries. Fanon claims that the non-colonised white European patient willingly and happily 'yields his body to' the doctor, because he trusts that everything the doctor does is for his own good, arguing that it is only circumstances of colonialism and/or war that 'change the doctor-patient relationship'.³⁴⁹ Fanon here accepts outright the superiority of European medical science to the 'old superstitions' and 'magic practices' of the 'traditional medicine' indigenous to Algeria,³⁵⁰ even if he makes it clear that this does not justify colonial domination. In fact, Fanon argues that its being *abused* as a rationalisation of colonial domination is actually *unfaithful* to 'the great French [medical] tradition' and 'the fundamental principles of medicine' more broadly.³⁵¹ Fanon claims that, had it not been weaponised by colonisers, European medicine could have been 'profitable' for the non-European people it had instead been deployed to subjugate.³⁵² In fact, he sees it as *part* of decolonisation that indigenous Algerians become open to and educate themselves about medical knowledge and technologies that they had formerly dismissed as inseparable from colonial violence, so that they are in a position to take their health 'into their own hands'.³⁵³ Fanon here represents (European) medical science as a discipline that *ceteris paribus* tends towards 'objectivity' and 'humanity': these are supposedly its "fundamental principles".³⁵⁴ 'The doctor in Besançon, in Liège, or in Basel', Fanon claims, abides by an upstanding 'professional morality'; 'perpetually in contact with suffering humanity', the metropolitan doctor is committed to a 'medical ethics' centred around 'respect for others'.³⁵⁵ 'In a colonial situation', on the other hand, 'there are *special* realities' that *pervert* the otherwise benign functions of medicine:³⁵⁶ scientific 'truth objectively expressed is constantly vitiated by the lie of the colonial situation.'³⁵⁷ In arguing that medical 'science

³⁴⁸ Taylor, 2010: 69. Verges (1996a: 59-61; 1996b: 95-6).

³⁴⁹ *DC*, 1959/1994: 121, 123.

³⁵⁰ *Ibid.*: 143, 131-2. Elsewhere, Fanon takes a more ecumenical approach to medical "truth"; in *MM* (1956/2018), Fanon and his intern Sanchez document popular North African attitudes towards madness, which, they argue, are less stigmatising than 'the ordinary westerner's attitude', even if they conclude by praising 'Europe' for 'contributing to [Muslim countries] a *rational* understanding of mental affections' (421, 425, emphasis mine).

³⁵¹ *DC*, 1959/1994: 135n5, 137.

³⁵² *Ibid.*: 139.

³⁵³ *Ibid.*: 145.

³⁵⁴ *Ibid.*: 121.

³⁵⁵ *Ibid.*: 134, 138.

³⁵⁶ *Ibid.*: 135, emphasis mine.

³⁵⁷ *Ibid.*: 128.

depoliticised, science in the service of man, is often non-existent *in the colonies*’, Fanon questionably implies that such a science *does* exist in the metropole.³⁵⁸ He positions the deliberately and overtly politicised, violent nature of colonial medicine as an *aberration* from the default – “objective” and “humane” – operations of European medicine, rather than as *consistent* with its originary police function. Even if Fanon is simply trying to heighten the contrast between metropolitan and colonial medicine, perhaps in order to appeal to the conscience of the metropolitan reader, this rhetorical choice has the unfortunate effect of obscuring the politics of psychiatric medicine *beyond* the colonial context.

In his contemporaneous but more obscure *MSP*, however, Fanon extends his critique of psychiatric-juridical collaboration to psychiatric medicine *as a whole*. *MSP* opens with the striking universal claim that the psychiatrist is the ‘auxiliary of the police’ (even if he does go on to note that some psychiatrists, not least himself, reacted ‘violently against this role’). Though Foucault had not yet published *MU*, Fanon’s argument here that psychiatric internment is ‘the rejection, the side-lining of the patient’ from society, which has decided to ‘rid itself of this anarchic element’ strongly resonates with *MU*’s account of the genealogical link between modern psychiatric internment and classical confinement. In *MSP*, Fanon reaches beyond his account of psychiatric-juridical collaboration in ‘Medicine and Colonialism’ by suggesting that the *primary* political function of psychiatry *simpliciter* – across the metropolitan/colonial divide – is to maintain social order. In fact, Fanon observes that for many psychiatrists, the definition of a successfully ‘socialized’, ‘normal individual’ is simply ‘someone who does not make a fuss’: ‘one who lives without giving anyone else cause for concern.’ This is the normalising standard by which the psychiatrist judges ‘whether a mental illness has disappeared’ and ‘the patient is cured’. The social order ‘decides to protect itself and shuts the patient away’, asking the psychiatrist to ‘render the patient able again to reintegrate into society.’³⁵⁹ This is one way of reading Fanon’s opening statement that the psychiatrist is an auxiliary of the police: like the police, psychiatry functions to protect the social order from its ‘problem people’.³⁶⁰ ‘Is the aim of a human being never to present a group with problems?’, Fanon provocatively asks his ‘composite audience made up of medical doctors, academics, Algerian militants, politicians’ (in addition to the lecture series’ intended cohort of psychology and sociology students).³⁶¹

³⁵⁸ *Ibid.*: 140, emphasis mine.

³⁵⁹ *MSP*, 1984/2018: 517-8.

³⁶⁰ Gordon, 2010: 7. Compare Du Bois, 1903/2007: 2.

³⁶¹ *MSP*, 1984/2018: 518. Ben Salem’s introduction, 2018: 514.

Unfortunately, however, these insights are left underdeveloped by Fanon, confined to a mere page's worth of Lilia Ben Salem's³⁶² detailed notes on lectures he gave shortly before his untimely death.

It is thus left to Foucault to show that the “kinship structure” between psychiatry and the criminal justice system has existed in metropolitan Europe from the twin births of the modern asylum and prison in 19th century. In fact, for Foucault, it makes no sense to talk about the criminal justice system and psychiatry as though they are separate and independent institutions, performing their own separate and independent social functions – ‘the medical function of psychiatry, on the one hand, and the strictly repressive function of the police, on the other’. Unwittingly developing Fanon's claim in *MSP* that “the psychiatrist is the auxiliary of the police”, Foucault argues that psychiatry was defined ‘from the outset’ by its ‘police function’: the maintenance of the bourgeois ‘social order’ against what Fanon had called its “anarchic elements”. Its purported ‘medical function’ was a scientific cover or, as Foucault himself puts it in language similar to Fanon's in ‘Medicine and Colonialism’, ‘an operation of justification’ – not for violent colonial domination, as Fanon shows, but for psychiatry's subtler police function in the European metropole.³⁶³ From the 19th century onwards, Foucault argues, there has been ‘a perpetual movement backwards and forwards between the penal and the medical.’³⁶⁴ In the following chapter, I will further explore this movement through the lens of the psychiatric-judicial practices of cross-examination and confession.

³⁶² Then one of Fanon's students, Ben Salem is now a sociologist.

³⁶³ *CPP*, 1977/1988: 180-1

³⁶⁴ *CPP*, 1977/1988: 191. Compare *DI*, 1978/1988: 149.

Chapter 5. *Psychiatric-juridical collaboration: confession, silence, and the social contract*

For Foucault, confession was the psychiatric-juridical practice *par excellence*, lying in the interchange between the psychiatrisation of criminality and the criminalisation of madness. I begin this chapter by reconstructing Foucault's genealogy of confession, further challenging Fanon's idealisation of white metropolitan doctor-patient relations as essentially benign and apolitical. As Foucault's accounts of "homicidal monomania" and "hetero-verediction" show, psychiatric-juridical collaboration is not limited to the colonial state of exception, but goes right back to the overlapping, interrelated emergence of psychiatry and the modern penal system in the metropole. At the same time, however, Foucault's genealogy of confession is limited by its Western-centrism. While the penal and the medical were *not only* interdependent in the colonial setting, Fanon's account of criminal confession and his sociodiagnosis of disavowal shows that there *were* qualitative differences here to the metropole, not least with regard to criminal confession's relation to the social contract – a contract that the colonised criminal *had never signed*. Crucially, I will show that Fanon, unlike Foucault, does not fetishise silent resistance to confession, but holds out hope for the decolonial transformation of the confessional encounter. Finally, I will consider the positivist rejoinder to the silent confessional subject: *visual* hetero-verediction. Both Foucault and Fanon show how one's embodied appearance can resist the imperative to "confess" one's "truth" to the objectifying psychiatric and/or white colonial and/or male gaze.

Foucault's genealogy of confession

In the previous chapter, I argued that Fanon's 'Medicine and Colonialism' represents the structural interconnections between colonial psychiatry and the colonial penal system as deviations from metropolitan Europe's "great" humanist medical tradition (with his little-known opening to *MSP* only briefly and partially gesturing beyond this exceptionalism), whereas Foucault recognises there has *always* been a "perpetual movement" between modern European juridical and psychiatric power. Foucault's understanding of the constant collaboration between psychiatry and the criminal justice system as originally constitutive of both modern institutions is especially evident in his genealogy of confession.

In *WD*, Foucault observes ‘a massive growth’ of confession as a mechanism of truth-production in ‘Western Christian societies’,³⁶⁵ reiterating his claim in the earlier, far more influential *History of Sexuality* (volume 1, 1976) [*HS(1)*] that confession has become ‘one of the West’s most highly-valued techniques for producing truth’.³⁶⁶ By “confession”,³⁶⁷ Foucault means “telling the truth about oneself to someone else”. More than admitting what one has done, confession reveals *who* one *is*. He represents modern confession as a disciplinary psychiatric-juridical practice *par excellence*, arguing that it evolved into its current form at the interstices between the emerging modern institutions of psychiatry and the criminal justice system, and that it is thus key to understanding the symbiotic relationship between the two. Foucault sees modern confession as central not only to the double movement between psychiatry and the criminal justice system, but also to the latter’s distinctively modern promise to “reform” the “dangerous” criminal through “curative” punishment, readying him for re-entry into the social body. For Foucault, confession is an institutionally-unbound psycho-political practice that is confined neither to psychiatry nor to the criminal justice system, straddling both. He argues that we must abandon the modern liberal psycho-political truism that ‘confession frees, but power reduces one to silence’ in both psychiatric and juridical contexts, as well as their intersection.³⁶⁸

Telling the truth of madness

Foucault argues that confession, imported into the “juridical microcosm” of the modern asylum from a penal system that was itself underpinned by confessional Christianity, is vital to the effective exercise of psychiatric power. A patient’s confession of the “truth” of her madness is seen as therapeutic: ‘perceiving the truth drives away the delirium.’ In confessing, the patient also ‘signs the asylum contract’, demonstrating she recognises the necessity of her internment and is willing to be treated.³⁶⁹ As Foucault had argued in *Madness*, the psychiatrist has no interest in hearing his patient confess the truth of his madness ‘at the level of his [the patient’s] actual experience’.³⁷⁰ The truth produced by the patient’s confession ‘is not the truth of madness

³⁶⁵ 1981/2014: 18.

³⁶⁶ *HS(1)*, 1976/1978: 59.

³⁶⁷ The 2014 edition translates “*aveu*” as “avowal”, reserving “confession” for religious contexts. For the sake of simplicity (and in keeping with translations of Foucault’s earlier work), I will use “confession” in the more general sense and treat it as interchangeable with “avowal”.

³⁶⁸ *HS(1)*, 1976/1978: 60.

³⁶⁹ *WD*, 1981/2014: 12-3.

³⁷⁰ *PP*, 1973/2006: 159.

speaking in its own name’, but in the name imposed upon it by psychiatry: “mental illness”.³⁷¹ The patient is pressured into acquiescing to psychiatry’s “monologue of reason *about* madness”. Even though it parades as curative care, the psychiatrist’s ‘cross-examination of identity’ and the patient’s resultant confession actually ‘fixes’ and ‘pins’ the patient to ‘the madness ascribed to him’ – the pathological identity attached to him from the outside – rather than “curing” him of it.³⁷² It is primarily a mechanism of control rather than care. From the overtly coercive “moral treatment” of François Leuret, to the positivist psychiatrist’s assertion of epistemic authority over the scientific truth of madness, and even the deinstitutionalised, seemingly liberating psychoanalytic “dialogue”,³⁷³ Foucault argues that, in metropolitan Europe, psychiatric confessional truth-production has *always* ‘unfolded within’ an asymmetrical ‘power relationship’.³⁷⁴ If psychiatric questioning and confession constitutes a “dialogue”, it is a ‘rigged dialogue that is really a game of order and obedience’.³⁷⁵

“Homicidal monomania” and the truth of mute criminality

Foucault argues that psychiatry was able to establish itself as an autonomous and even prestigious medical discipline partly because it presented itself as maintaining the public’s “mental hygiene”: it claimed to be able to “diagnose” and “treat” the social body in order to “cure” it of its dangerous ‘disorders’ – excluding, confining, and disciplining those individuals it deemed dangerous and disorderly.³⁷⁶ In *WD* and a 1978 address, ‘The Dangerous Individual’ [*DI*], Foucault foregrounds the development of the new diagnostic category of “homicidal monomania” in the mid-19th century as a turning point in the establishment of psychiatry as an indispensable instrument of public hygiene and the psychiatric construction of criminality as a mental pathology.

Foucault argues that the psychiatric construction of “homicidal monomania” offered an easy solution to a problem to which the newly-reformed criminal justice system, with its focus on the *authorship* of the lawbreaking act, gave rise: what to do with lawbreakers who were inarticulate

³⁷¹ *Ibid.*: 161.

³⁷² *Ibid.*: 234.

³⁷³ *HS(1)*, 1976/1978: 59-67. Compare my ch. 1 discussion of Foucault on the psychoanalytic non-reciprocal pseudo-dialogue between reason and madness in *Madness*.

³⁷⁴ *HS(1)*, 1976/1978: 61. Compare *WD*, 1981/2014: 16-7.

³⁷⁵ *PP*, 1973/2006: 151.

³⁷⁶ *DI*, 1978/1988: 134.

about their *reasons* for breaking the law. The category emerged in response to a spate of disturbing criminal cases in which the lawbreaker, whilst readily admitting to having performed the immensely cruel act of which he was accused, was ‘mute in relationship to his crime.’³⁷⁷ These “problem” criminals admitted to having broken the law, but failed to confess the truth of *themselves* as *criminal* subjects. The modern criminal is doggedly posed the same question that Fanon argues torments the colonised: “‘In reality, *who am I?*’”³⁷⁸ Foucault observes that in these “problem” cases,

‘the accused evades a question which is essential in the eyes of a modern tribunal...:

“*Who are you?*”... Beyond admission there must be *confession*’.³⁷⁹

The refusal of these defendants to disclose the truth of their criminality prevented the courts from establishing a meaningful link between author and act, and thus sabotaged modernity’s new mechanism for justifying criminal punishment. The reasons for the act and the punishment were meant to align; if the act was senseless, the punishment became senseless too, and its legitimacy was brought into question: “‘Can one condemn to death a person one does not know?’”³⁸⁰ In order to meaningfully condemn and punish the lawbreaker, the modern penal system had first to expose his inner criminal ‘*nature*’, by reference to ‘his reasons, his motives, his inner will, his tendencies, his instincts’.³⁸¹ Whilst the modern criminal justice system was able to establish the facts of these unusual cases, it was unable, on its own, ‘to establish the truth of the criminal.’³⁸²

Psychiatrists thus ‘held out their hand to the judicial institution’, eager to conquer a new ‘modality of power’, and concocted “homocidal monomania”: ‘a crime which is nothing but insanity, an insanity which is nothing but crime’ – the detection of which conveniently demanded the specialised ‘intervention of a medical eye’.³⁸³ Whilst this almost tautological psychiatric-judicial disorder was eventually deemed unscientific, Foucault argues that the partnership between psychiatry and the criminal justice system only intensified, the former producing ever-more detailed taxonomies of pathological criminality for the latter.

³⁷⁷ *WD*, 1981/2014: 214.

³⁷⁸ *WE*, 1961/2001: 200, emphasis mine.

³⁷⁹ *DI*, 1978/1988: 126, emphasis mine.

³⁸⁰ *Ibid.*: 127.

³⁸¹ *Ibid.*: 137.

³⁸² *WD*, 1981/2014: 215.

³⁸³ *Ibid.*: 217, 130, 135.

Auto-verediction, hetero-verediction, and the social contract

Foucault analyses criminal confession's role in producing the truth of criminality, and psychiatry's role in producing the truth of *mute* criminality, in terms of the modern liberal juridical 'fiction' of the "social contract". 'The foundation of the law...is supposed to be the will of all', thanks to the modern liberal-democratic state's elected legislature.³⁸⁴ Breaking the law betrays the social contract on which the law is based and by which it is legitimised. Punishment is not imposed by an external authority, but issued by the social body as a whole, of which the lawbreaker *was* an enfranchised member. When one commits a crime, then, one punishes *oneself*. The lawbreaker's confession of the truth of both his crime and his criminality functions to validate this reigning fiction.

Foucault refers to this act of obediently confessing the truth not just about what one has *done*, but about who one *is* 'auto-verediction'.³⁸⁵ "Auto-verediction" functions not only as a 'reminder of the social contract', but also ensures its 'restoration' after the lawbreaker's breach. Whilst the punishment issued on the basis of this auto-verediction will 'separate him from the social body', depriving him of civil rights usually afforded to the social contract's signatories, the criminal's confessional recognition of his breach of the contract and the danger he has posed to the social body also 'marks the first step of his reintegration'. Foucault theorises modern punishment as *transformative*, at both the individual and the societal level, depriving the criminalised subject of his liberty primarily in order to "cure" him of his criminality – supposedly for his own good, as well as that of the social body as a whole. For this curative transformation to occur, the criminal must '*agree* to participate in the corrective process'.³⁸⁶

Whilst confession is thus 'indispensable to the functioning of the penal machine', it is 'at the same time somehow in excess' of this function. Modern criminal confession, however unequal the conditions in which it is solicited, remains a risky, precarious practice, because it relies on the "free" (uncoerced) compliance of the ultimately unpredictable defendant. In spite of the "rigged" nature of the confessional "game of order and obedience" between judge and defendant, the latter can still disobey and cause the "machine" to malfunction. As Foucault often reminds us, where there is power, there is always also the possibility of resistance.

³⁸⁴ *Ibid.*: 207.

³⁸⁵ *Ibid.*: 211.

³⁸⁶ *WD*, 1981/2014: 207-9.

Criminalised confessional subjects are ‘cumbersome’ because, as we saw with “homicidal monomania”, they are ‘always saying less than what was expected, always saying something other than what would allow the machine to function properly’, opening up a ‘breach in the penal system’.³⁸⁷

Psychiatry gladly offers its hermeneutical resources to the penal system so that the latter can make sense of disobedient confessional subjects and repair such breaches. Where the lawbreaker fails to voluntarily offer up a confession that validates the social contract, the psychiatrist steps in to offer his technical expertise in confessional truth-production. The ‘psychiatric examination’ imposes meaning on otherwise unintelligible utterances and behaviours so that ‘the truth of the criminal that the criminal himself was not capable of formulating’ could be established and the social contract restored. Filling the gaps left by unsuccessful auto-verediction with scientifically “objective” ‘hetero-verediction’, psychiatry collaborated with the juridical system to circumvent criminals’ resistance to the imperative to confess and condemn themselves.³⁸⁸

Dissimulation and disavowal as anti-colonial resistance

Fanon’s psycho-politics of confession has much in common with Foucault’s account; Fanon shares the view, for instance, that the patient/criminal’s refusal to confess himself disrupts the psychiatric-juridical complex. At the same time, however, the colonial situation in Algeria imbued the confessional encounter with qualitatively different characteristics – from the distinctly *anti-colonial* quality of the patient’s dissimulation to the white doctor’s racialised misreading of this behaviour.

North African dissimulation in the colonial clinical encounter

In *NAS*, Fanon argues that the North African patient is perceived to be ‘indocile’ and ‘undisciplined’ by the white French doctor in part because the patient ‘doesn’t know the rules of the game’: the patient is unable to express his suffering in a manner intelligible to the doctor because the former is unaware of the culturally-specific hermeneutic requirements for European clinical confession.³⁸⁹ Fanon thus agrees with Foucault that “the truth is not by

³⁸⁷ *Ibid.*: 200.

³⁸⁸ *Ibid.*: 211.

³⁸⁹ *NAS*, 1952/1967: 7-8.

nature free”. In ‘Medicine and Colonialism’, however, Fanon suggests that the colonised Algerian patient’s unyielding approach to confessional encounters with the white colonial doctor is *intentional*. The colonised patient responds to the colonial doctor’s questioning only ‘in monosyllables’; the doctor ‘gives up the hope of obtaining information from the colonized patient’.³⁹⁰ The issue here is *not* that the patient does not *know* the rules of the clinical-colonial confessional game of order and obedience, but rather that he knows they are *rigged* against him, and so (understandably) refuses to play. He deliberately ‘plays hide-and-seek with his doctor’ because he has *learned* ‘not to expose himself’ to the coloniser, refusing to do anything that could be misinterpreted as legitimating colonial rule – even at the cost of medical care. For the colonised patient, the visit to the doctor is a ‘confrontation’ with ‘the enemy’, from which he must ‘escape’ without giving himself away.³⁹¹ *Contra* Foucault’s account of psychiatric heteroverediction, Fanon here indicates the possibility of resistance to the colonial-clinical injunction to confess.

North African criminal disavowal

In a footnote, Fanon claims that that the colonised patient’s dissimulation before the colonial doctor

‘is related to the overall attitude of the colonized who is hardly ever truthful before the colonizer. The colonized does not let on, *does not confess himself*, in the presence of the colonizer.’³⁹²

To substantiate this claim, Fanon cites his 1955 medical jurisprudence paper, ‘Conducts of confession in North Africa’ [CC],³⁹³ which addresses the then widespread phenomenon of colonised Algerian defendants retracting confessions they had made shortly after their arrests.³⁹⁴ The connection that Fanon draws here between the medical and the juridical confessional encounters indicates that he, like Foucault, sees confession as a psycho-political practice straddling both psychiatry and the criminal justice system.

³⁹⁰ *DC*, 1959/1964: 126.

³⁹¹ *Ibid.*: 128-30.

³⁹² *Ibid.*: 127n3, emphasis mine.

³⁹³ I will refer both to the published paper [CC(1)], which Fanon co-authored with his Blida colleague Lacaton, and to the philosophically-rich transcript of Fanon’s conference talk [CC(2)].

³⁹⁴ Compare Renault (2015: 213).

Fanon's analysis of North African criminal disavowal in this short psychiatric research paper, based on his 'medico-legal experience in Algeria', stands in stark contrast to Foucault's explicit delimitation of his lengthy genealogy of criminal confession in *WD* 'to "our" societies – to Western Christian societies'.³⁹⁵ Whilst here Foucault admits his ignorance regarding confession outside the Christian West, elsewhere he proves more willing to speculate about the absence of confession in "*their*" societies, romanticising "Oriental" silence.³⁹⁶ In a 1983 interview, Foucault bemoans that 'we don't have a culture of silence', venturing that 'the Japanese do, I think', along with Greek and Roman antiquity.³⁹⁷ Note how Foucault here groups together two premodern societies with a contemporary "Oriental" society, as though the latter were somehow temporally out of sync with the contemporary "Occident" – stuck indefinitely in premodernity.³⁹⁸ In *HS(1)*, Foucault claims that, in contrast to Western Christian societies, 'China, Japan, India, Rome, the Arabo-Moslem societies' believe (erotic) 'truth...must remain secret' and unspoken if it is not to lose its intensity.³⁹⁹ As Lorezini and Tazzioli argue, Foucault fails to consider the "Occidental" colonial imposition of the psychiatric-judicial confession imperative on the "Orient", and how it might be 'differently shaped in the space of the colony'.⁴⁰⁰ Fanon, on the other hand, centres his analysis of confession and disavowal on so-called "Arabo-Moslem societies" in French-occupied North Africa, considering how colonial power intersects with psychiatric-judicial power.

The colonised criminalised Algerian's disavowal of his earlier confession poses a problem for the "expert" colonial psychiatrist called in to "examine" him. The facts of the crime have already been established by the police; it is not 'the truth of the act', but the *reason* for the act – namely, 'the truth of the criminal' – that remains to be 'discovered'.⁴⁰¹ But in denying outright the veracity of his initial confession, the defendant 'no longer appropriates the act' as his own.⁴⁰² Not only denying 'responsibility for the act' (in the weak sense that he claims he did not do it), he also blocks any insight into the *meaning* to which he ascribes it – 'the ideas, values and mental

³⁹⁵ *CC(1)*, 1955/2018: 410. *WD*, 1981/2014: 18.

³⁹⁶ Afary and Anderson, 2005: 19.

³⁹⁷ *MS*, 1983/1988: 4.

³⁹⁸ Compare to my ch. 2 argument that Foucault romanticises the "Orient" as statically premodern, criticising the modern "Occident" by way of denaturalising contrast.

³⁹⁹ *HS(1)*, 1976/1978: 57. Note that Foucault again embeds an ancient civilisation within a list of contemporary "Oriental" civilisations.

⁴⁰⁰ 2018: 72.

⁴⁰¹ *CC(2)*, 1955/2018: 413, 416.

⁴⁰² *CC(1)*, 1955/2018: 411.

attitudes on the basis of which that act was decided and carried out'.⁴⁰³ Like Foucault's homicidal monomaniac, the disobedient colonised Algerian defendant refuses to tell the truth of his criminality. Even though he outwardly submits to 'the hands of the law', and whatever punishment 'the powers-that-be' impose upon him, he makes it clear that he does so unwillingly, thereby withholding his 'subjective assent' – which, Fanon notes, is needed to 'found the sanction and give it its value'.⁴⁰⁴ As Foucault had later argued in more detail, for the modern penal machine to function, the defendant must recognise he has breached the social contract, that his criminality is a dangerous pathology that must be removed from the social body, and, finally, show his willingness to be "cured" through punishment; the Algerian defendant refuses to comply on every count. Both Foucault and Fanon's disobedient criminalised confessional subjects remain mute about the meaning of their crimes and the punishment-"cures" proposed for them, thereby wreaking destabilising "breaches" in their respective metropolitan and colonial penal machines.

Fanon's psychiatric "hetero-verediction" of North African criminal disavowal

Fanon, unlike Foucault, gives a *reason* for this seemingly non-sensical muteness. He "diagnoses" it in his professional capacity as a psychiatrist, and thereby renders it meaningful. Fanon here offers an original psychiatric "hetero-verediction" of the colonised criminalised confessional subject where the latter has refused to provide an "auto-verediction".⁴⁰⁵ One might think, following Renault, that Fanon here takes up 'the very theoretical and practical standpoint' that is 'Foucault's object of analysis' and critique.⁴⁰⁶ This, of course, points to a more fundamental difference between the psycho-politics of Fanon and Foucault, which I raised in chapter 3; the former theorises from a perspective internal to psychiatry, whereas the latter theorises from the outside looking in. Is Fanon's psychiatric hetero-verediction merely a "monologue of reason about madness"?

The overlap between Fanon's perspective and Foucault's target of critique is less perfect than Renault suggests; the psychiatrist-expert Foucault describes offers an account of why the defendant broke the law, whereas Fanon offers an account of why the defendant refuses to comply with the juridical process that ensues from his law-breaking. More importantly, Fanon's

⁴⁰³ *Ibid.* CC(2), 1955/2018: 413.

⁴⁰⁴ CC(1), 1955/2018: 411-412.

⁴⁰⁵ CC(2), 1955/2018: 416

⁴⁰⁶ 2015: 218-9.

psychiatric interpretation of the meaning of the defendant's disavowal is a *subversive* one that shifts the presumed burden of responsibility on the defendant to confess onto the psychiatrist-expert to *understand* the disavowal. In fact, Fanon's is a critical *re*interpretation that aims to counter and correct the 'commonly accepted' colonial ethnopsychiatric hetero-verediction of Algerian disavowal (indebted to the work of the Algiers School on the "primitive mentality" and "criminal impulsiveness" of the "native" North African), which claims that

‘the race suffers from a propensity to lie, to deliberate dissimulations of the truth, or that this race is unable to make out true from false, or even that it does not integrate the data of experience owing to a supposed phylogenetic weakness’.

Echoing *NAS*, Fanon argues that to pathologise the North African as ‘a liar’ is ‘a simplification’ that merely ‘dispenses with the problem without resolving it’.⁴⁰⁷ This dominant, biologically-reductionist, racially-essentialising interpretation detemporalises and objectifies the “problem” of disavowal, approaching it *from the outside* and sealing it within the North African brain or psyche.

Fanon uses his revolutionary psychiatric technique of sociodiagnosis to temporalise and thereby depathologise Algerian disavowal, arriving at ‘a more in-depth understanding’ of it as collective anti-colonial resistance.⁴⁰⁸ Fanon's sociodiagnostic hetero-verediction seeks to understand the ‘*lived* meaning’ of the retraction of confession *from the inside*.⁴⁰⁹ By empathetically reconstructing the first-person ‘lived experience of the act..., the facts as seen by the accused,’ and reading it against the backdrop of the accused's socio-historical context, Fanon renders the latter's disavowal a politically intelligible response to the pathogenic intersubjective relations and structures of domination reproduced (and, in wartime, intensified) by colonialism.⁴¹⁰ According to Foucault, the psychiatrist-expert repairs the breach created by missing auto-verediction, getting the penal machine back to operating as normal, but Fanon hopes to *widen* the breach in the deeply *un*just colonial criminal “justice” system. Whereas Foucault sees the psychiatrist-expert as the faithful handmaiden of the criminal justice system, and his hetero-verediction as a mechanism of social defence, Fanon has no desire whatsoever to *defend* colonial society from the anarchic elements that endanger it – he wants to *join* them in *attacking* it! Fanon – who, at

⁴⁰⁷ *CC(1)*, 1955/2018: 412.

⁴⁰⁸ *Ibid.*

⁴⁰⁹ *CC(2)*, 1955/2018: 415.

⁴¹⁰ *Ibid.*: 413.

the time of delivering this presentation, had already made contact with the FLN⁴¹¹ – sought the ‘breaking up’ of the ‘whole material and moral universe’ that was the colonial social order; he fought for unequivocally *total* decolonisation, which, he argued, had to be ‘a programme of complete *disorder*’.⁴¹² As Fanon would go on to argue in *WE*, ‘truth is that which hurries on the break-up of the colonialist regime’; he deployed his “expert” psychiatric authority over truth-production to this end.⁴¹³ Indeed, during the decolonial war, Fanon secretly offered his psychiatric services to the *FLN*, including advising its militants on how to resist confessing under juridical torture. Fanon was not a punishment-advisor, but a revolution-advisor. In *CC*, Fanon seeks not to fix but to *affirm* the colonised defendant’s ‘sabotage of the colonial’ penal ‘machine’ – and, indeed, to weaponise his professional standing in order to engage in some sabotage of his own.⁴¹⁴

Disavowing the colonial contract

Like Foucault, Fanon analyses the “police function” of auto-verediction in terms of the great juridical fiction of the ‘social contract’, but, unlike Foucault, Fanon recognises that the social contract is more *transparently* fictive for some members of the social body than it is for others.⁴¹⁵ Foucault is only able to assert the inherent precarity of the confessional encounter – due to its requiring the participation of two, albeit unequally-positioned, wills – and the mere *possibility* of resistance in the form of disavowal. Fanon, on the other hand, is able to explain why some subjects are *more likely* to disobey the injunction to confess than others. Whereas Foucault celebrates – and, at times, romanticises – sporadic and unpredictable acts of vitalistic transgression by exceptional individuals (the enigmatic perpetrators of ‘great, monstrous, and mysterious crimes’ in the mid-19th century, for example),⁴¹⁶ Fanon offers a structural explanation for why the purported terms of the colonial confessional exchange make sense to the coloniser, but are meaningless to the colonised (whom he approaches as a member of an oppressed *group*, rather than as an exceptionally transgressive *individual*).

⁴¹¹ See Gibson and Beneduce, 2017: 174.

⁴¹² *WE*, 1961/2001: 34, 27.

⁴¹³ *Ibid.*: 39.

⁴¹⁴ *Ibid.*: 238.

⁴¹⁵ *CC*(2), 1955/2018: 415.

⁴¹⁶ *WD*, 1981/2014: 220.

Fanon theorises criminal confession as a bipolar practice, consisting of both ‘a moral pole’ and ‘a civic pole’:

‘I confess as a man and I am sincere. I also confess as a citizen and I validate the social contract.’

These two poles do not usually come apart ‘in everyday existence’, Fanon explains, and so ‘this duplicity is forgotten’, but ‘in specific circumstances’, he argues, ‘it is necessary to know how to lay it bare.’⁴¹⁷ If the defendant disobeys the injunction to confess, it is not necessarily because he is morally insincere;⁴¹⁸ it might be the *civic* pole of confession that the defendant is rejecting. Fanon focuses his analysis on this pole, asking, ‘Does [the Algerian defendant] feel bound by a social contract?’ Fanon’s retelling of the official story is very similar to Foucault’s: when one breaks the law, one violates the social contract; confession is part of the price of this betrayal – in confessing one’s criminality, and accepting the justness of the sanction, one validates the social contract and proves one’s willingness to be reformed. In short, ‘confession becomes for its perpetrator the price of his reinsertion into the group.’⁴¹⁹

But, Fanon asks, how can the defendant begin to make sense of this promised ‘reintegration if there has been no integration’ in the first place?⁴²⁰ “Reintegration” requires ‘prior reciprocal recognition of the group by the individual and of the individual by the group’.⁴²¹ As Fanon had already argued in his critique of the Hegelian master-slave dialectic in *BS*, no such reciprocity exists in the colonial situation (and decolonial war is the only way to break out of this petrifying anti-dialectic).⁴²² The ‘colonial world’, as Fanon would argue in *WE*, is ‘a motionless, Manichaeistic world’ divided in two.⁴²³ Instead of the ‘coherent group’ with a shared ‘ethical universe’ presupposed by the juridical fiction of the social contract, one finds a bifurcated Manichean society, in which ‘concrete and everyday relations’ between the coloniser and the colonised are racist and violent rather than equal and harmonious, underpinned by domination rather than ‘a dialectical foundation’.⁴²⁴ In ‘Medicine and Colonialism’, Fanon had similarly

⁴¹⁷ *CC(2)*, 1955/2018: 415.

⁴¹⁸ Recall the Algiers School’s portrayal of the North African as not just innately criminally impulsive, but congenitally lacking in ‘moral sincerity’ (*CI*, translation from Beneduce and Gibson, 1932/2017: 100).

⁴¹⁹ *CC(1)*, 1955/2018: 410-1.

⁴²⁰ *Ibid.*: 412.

⁴²¹ *Ibid.*: 410.

⁴²² *BS*, 1952/2017: 189.

⁴²³ *WE*, 1961/2001: 40.

⁴²⁴ *CC(1)*, 1955/2018: 412. *CC(2)*, 1955/2018: 414.

argued that ‘it is not possible for the colonized society and the colonizing society to agree to pay tribute...to a single value.’⁴²⁵ These hostile everyday relations had intensified during the repression of 1945-50, and exploded with the outbreak of war in 1954 (the year before Fanon presented *CC*).⁴²⁶

Fanon concludes that the colonial criminal justice system’s promise of reintegration in exchange for confession is meaningless to the colonised defendant, *not* because he is morally underdeveloped or congenitally incapable of telling truth from falsity (as the Algiers School claimed), but because he does not recognise himself (or indeed *any* of his compatriots) in colonial law, nor in the contract supposedly underpinning it. He knows that he was never a signatory to the colonial contract, founded as it was on the violent expropriation of land and the systematic displacement of indigenous socio-cultural forms on white supremacist grounds.⁴²⁷ By retracting his initial confession, the colonised defendant refuses to ‘authenticate the’ illusory ‘social contract’ insincerely ‘proposed to him’ by the colonial penal machine.⁴²⁸ The seemingly deceitful ‘native replies to the living lie of the colonial situation by an equal falsehood.’⁴²⁹ The defendant does not even bother to defend himself; he recognises there would be no point to this charade.⁴³⁰ He is presumed to be a liar and a criminal by nature *in advance* of the confessional confrontation, simply because he is North African; these false stereotypes were not debunked but instead legitimated and reinforced by colonial ethnopsychiatric scientific “expertise”.⁴³¹ Because he knows he ‘is always *presumed* guilty’, the colonised defendant chooses not to lend any further legitimacy to the “truth” jointly produced by the judge and psychiatric ‘subsidiary judges’ (to borrow Foucault’s phrase from *DP*)⁴³² by trying to prove his innocence – even though

⁴²⁵ *DC*, 1959/1965: 125-6.

⁴²⁶ *Ibid.*: 131. Even though Fanon refrains from doing so in *CC*, it is worth reading the disenfranchisement he describes in relation to my earlier discussion the systematic use of juridical torture by the French to extract confessions from colonized suspects. Fanon himself notes that the disavowing Algerian defendant usually ‘claims that he [originally] confessed under coercion’, although he does not comment on the veracity of these accusations here (*CC*[1], 1955/2018: 411).

⁴²⁷ Compare Mills, 1997: 11-2.

⁴²⁸ *CC*(1), 1955/2018: 412.

⁴²⁹ *WE*, 1961/2001: 39.

⁴³⁰ *CC*(2), 1955/2018: 415.

⁴³¹ This is where Lorenzini and Tazzioli (2018) specifically locate the ‘lack of mutual recognition’ between colonised and colonising subjects: the latter assumes that the former is ‘*incapable of truth*’, and so the former’s “conducts of confession” are disqualified from the beginning’ (76-7, emphasis in original).

⁴³² 1975/1995: 21.

‘in his innermost spirit, the native admits no accusation.’⁴³³ He submits to the sanction – ‘if the court decides it, then let it kill him’ – but Fanon maintains that this ‘cannot be confounded with an *acceptance* of this power.’⁴³⁴ The defendant makes it clear that the sanction means nothing to him. What sense is there, after all, in a so-called social contract that *promises* its parties that it will ‘protect their lives’, as Foucault identifies in *SD*,⁴³⁵ if it is *actually* premised on the (living) deaths of the majority of the population? The colonised defendant, like the colonised patient, refuses to play this rigged game, opting to play “hide-and-seek” instead.

One might worry that Fanon’s sociodiagnosis of criminal disavowal, like his critique of the collaboration between medicine and the militarised colonial juridical system, is limited by an exceptionalism about the “specific circumstances” of colonial as opposed to non-colonial society. However, in *MSP*, Fanon applies his thinking in *CC* to race relations in America – which has long fancied itself as *the* exemplar of a modern liberal-democratic state. Even though it was no longer explicitly colonial, Fanon claims that ‘American society’ was still deeply ‘divided’ by anti-black racism, such that confession was similarly fraught in this context:

‘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.’

He similarly sociodiagnoses African American dissimulation in terms of the injustice of the white-supremacist American racial contract: ‘to confess is to confess that one is part of one’s social group; if the Black is dominated’, Fanon argues, he is not an enfranchised part of American society, and so ‘he cannot be required’ to confess to the White.⁴³⁶ Fanon’s analysis here still, however, remains focused on racialised power relations, and, unlike Foucault, does not offer an external critique of psychiatric-juridical confession practices *per se*.

Liberating confession?

Whilst Foucault treats confession as necessarily oppressive,⁴³⁷ following Renault, Fanon ‘seeks to liberate confession from its enmeshment in colonial psychiatric and juridical structures’.⁴³⁸

⁴³³ *WE*, 1961/2001: 41, emphasis mine.

⁴³⁴ *CC(2)*, 1955/2018: 416. *CC(1)*, 1955/2018: 412.

⁴³⁵ 1976/2003: 241.

⁴³⁶ *MSP*, 1959-60/2018: 525-6.

⁴³⁷ Though he does not himself use this overtly normative language.

⁴³⁸ 2015: 219.

For Fanon, *contra* Foucault, there is a substantive difference between mystifying *mis*interpretation and interpretation that is faithful to the “facts as seen by the accused”, “from the inside” – between *mis*understanding and genuine understanding. The problem with the standard ethnopsychiatric hetero-verediction of North African conducts of confession is *not* that the colonial ethnopsychiatrist-expert, in collaboration with the juridical system, “knows” and thereby “masters” the interiority of the colonised defendant. It is that the colonial ethnopsychiatrist’s objectifying, pathologising approach *prevents* him from *genuinely* understanding the interiority of the defendant – instead reducing the latter to his racialised exteriority.⁴³⁹ For Fanon, the problem with confession under colonialism does not lie with confession *per se*, but with the Manichean colonial regime, the basic, binary structure of which makes mutual recognition between the white European settler and the indigenous Algerian impossible.

Unlike Foucault, Fanon sees confession as having the potential to be more than just telling the “truth” about oneself that the colonial judge or psychiatric subsidiary judge *wants to hear* (and has, to varying degrees of extremity, forced or manipulated one into avowing). Fanon believes a decolonial mode of telling the truth about oneself is possible: confession as self-representation, grounded in mutual recognition and conducive to mutual understanding. Even though Fanon asserts in no uncertain terms the impossibility of confession as self-representation within the constraints of the still-intact colonial psychiatric-juridical complex, he never lost sight of this utopian horizon. With his subversive sociodiagnostic hetero-verediction of the colonised defendant’s disavowal, Fanon himself models what a decolonial confessional practice that genuinely listens to, understands, and affirms the lived experience of the colonised might look like. This was reflected in Fanon’s democratising⁴⁴⁰ institutional reforms in Blida, which, as we saw at the end of chapter 3, not only affirmed the maddened subject’s ability to express himself intelligibly, but also centred intersubjective meaning-making between patients as vital to their collective psycho-social “recovery”. Here, Fanon similarly stressed the psychiatrist’s obligation

⁴³⁹ If he really did come to understand it, the only course of action coherent with this knowledge would be to join the revolution and fight for the dissolution of the colonial regime of which he was a functionary.

⁴⁴⁰ Fanon was strongly influenced by the institutional psycho-therapeutic aim of ‘breaking down institutional hierarchies and rigid roles’, and replacing them with more horizontal and organic forms of decision-making and community-organising (Gibson and Beneduce [2017: 132]). For example, in a 1954 research paper co-authored with Jacques Azoulay, Fanon emphasises the importance not just of having a programme of sociocultural activities, but that it is shaped from the bottom up (*ST*).

to understand, and to work towards “objective” social conditions that would make genuinely free (rather than simply uncoerced) confession possible.

Fanon nonetheless recognised towards the end of his psychiatric career that abolishing internment itself was necessary for the disalienation of the psychiatric institution. His Tunis day clinic allowed patients ‘total freedom’ to come and go as they pleased, thus offering them the ‘secrecy’ of a life outside the reach of the psychiatric gaze – unremitting exposure to which, however empathetic and respectful, deepens the patient’s pre-existing ontological insecurity,⁴⁴¹ and cultivates pathogenic relations of dependency and subordination between patient and psychiatrist.⁴⁴² Confinement, even within a reformed institution, set the patient and psychiatrist on an ‘unequal’ footing – answering one ‘pathology of freedom’ (madness itself) with another.⁴⁴³ Abandoning “internment-imprisonment” was necessary for mad people to *really* ‘take things into their own hands’, so that ‘the doctor-patient encounter’ could become ‘an encounter between two freedoms’, rather than one like that between ‘master/slave, prisoner/gaoler’.⁴⁴⁴

As I indicated in chapter 3, Fanon extends his institutional-psychotherapeutic insight that the psychiatric hospital requires “treatment” to colonial society as a whole, which he also understood to be a “pathology of freedom”. This “treatment” necessarily took the form of anti-colonial revolution; it was only by and through struggling for independence that the confessional encounter between doctor and patient could become “an encounter between two freedoms”. Indeed, in ‘Medicine and Colonialism’, Fanon points to the more symmetrical doctor-patient relations that had already begun to emerge from the decolonial struggle. Algerian medical students and professionals were invited to ‘join the combatants’ to form a medical arm of the revolutionary forces.⁴⁴⁵ Where previously the French-educated indigenous Algerian doctor had been regarded with suspicion as a colonial collaborator, he was now ‘reintegrated’ into ‘the Algerian body’, seen as “*our*” doctor’. Where the colonial doctor had been complicit in the colonised’s living death, and distrusted as a consequence, the Algerian doctor-militant and patient-militant faced each other on a more equal footing as comrades, brought together by ‘revolutionary solidarity’ in their *common* ‘fight against death’. This shift

⁴⁴¹ Compare Laing, 1990: 39-42.

⁴⁴² *DH*(2), 1959/2018: 496, 502.

⁴⁴³ *Ibid.*: 497.

⁴⁴⁴ *Ibid.*: 500, 502, 497.

⁴⁴⁵ *DC*, 1959/1964: 139, 145, 141.

from ‘paternalism’, coloured by *mise en valeur*, to self-determination and mutual recognition in Algerian healthcare meant ‘there was no longer that reticence’ to confess and expose oneself so characteristic of colonised patients’ encounters with doctors ‘during the period of unchallenged oppression.’⁴⁴⁶

Whilst Fanon holds out hope for the decolonisation of the confessional encounter and its transformation into emancipatory self-representation met by genuine understanding grounded in mutual recognition, Foucault romanticises the misunderstood, and finds hope only in silent, unintelligible, and unknown forms of subjectivity. As we saw in chapter 1, the later Foucault especially fetishises muteness and unintelligibility as worthy ends in themselves, rather than as temporary, socio-historically situated defensive manoeuvres against a contingent psychiatric-juridical gaze. Foucault cannot, apparently even hypothetically, disentangle knowledge of the subject from mastery of the subject. For Foucault, freedom lies only in exploring ‘different ways of not saying’ the truth about ourselves: the freest subject is the one who remains silent.⁴⁴⁷

Nonetheless, both Fanon and Foucault show an appreciation of disavowal as a form of psychopolitical resistance against psychiatric-juridical power that forces a wedge between the external psychiatric-juridical gaze and the maddened and/or criminalised subject’s interiority.

From verbal to *visual* cross-examination and confession

As Lorenzini and Tazzioli argue, both Fanon and Foucault show that confession ‘is an open battlefield, in which practices of disavowal...force the diagnostic power to reassess its strategies of capture.’⁴⁴⁸ Foucault explores one such strategic reassessment in his 1973-4 *Psychiatric Power* [PP] lectures. As both Foucault and Fanon show, the success of psychiatric ‘questioning’ problematically (for the psychiatrist) ‘depends...on the’ confessional ‘subject’s will’. Foucault construes the shift towards visual examination in the increasingly ‘anatomical-pathological’, and especially neurological, phylogenetic paradigm of 19th-century positivist psychiatry as an attempt to bypass the confessional subject’s unpredictable agency altogether. ‘Keep quiet’, psychiatry now demanded, ‘and your body will answer for you’.⁴⁴⁹ This shift from verbal to visual cross-examination is elegantly encapsulated in Fanon’s narration of the confessional

⁴⁴⁶ *Ibid.*: 141-2.

⁴⁴⁷ *HS(I)*, 1976/1978: 27.

⁴⁴⁸ Lorenzini and Tazzioli, 2018: 87.

⁴⁴⁹ *PP*, 1974/2006: 304.

confrontation between the colonial doctor and his unforthcoming colonised patient: after unsuccessfully attempting to ‘obtain information’ from the patient at the level of voluntary speech, the doctor ‘fell back on the clinical examination, thinking that the body would be more eloquent’; he gave up on treating the patient as a human with agency, and instead approached the patient as mere body – an animal (‘with these people’, the doctor insists, ‘you had to be a veterinarian’).⁴⁵⁰

As in *Madness*,⁴⁵¹ in *PP*, Foucault argues that the positivist psychiatrist seeks to “capture” maddened interiority by turning it inside out, collapsing it into bodily exteriority. The visual examination of the maddened body locates the “truth” of madness in its ‘organic correlatives’, providing its ‘materialist guarantee’.⁴⁵² This new “anatomical-pathological” truth of madness was primarily established via autopsies, in which the maddened bodies under examination had long since been emptied of any agency that might get in the way of scientific observation. For the positivist psychiatrist, the most “truthful” mental patient was a dead one, because its confessional compliance was assured:

‘We can strap you to your armchair, we can refuse to listen to what you say, since we will seek the truth of madness from pathological anatomy, when you are dead.’⁴⁵³

On the basis of the information mined from the perfectly docile bodies of the deceased mad, the psychiatrist was now in a position to extort non-verbal “confession” from his patients’ *living* bodies, without having to rely on their potentially duplicitous or withheld speech. Their bodily symptoms and medically-stimulated responses could now be “read” as “signs” of madness – signs that only a psychiatrist possessed the hermeneutic instruments to decipher. Visual examination can thus be understood as a more secure, reliable form of psychiatric heteroverediction (although Foucault does not yet use this terminology in *PP*). Disavowal at the level of speech is betrayed by the body’s involuntary “confession”: in spite of the patient’s ‘overwhelming silence’, the psychiatrist makes his ‘body cry out’.⁴⁵⁴

⁴⁵⁰ *DC*, 1959/1964: 127.

⁴⁵¹ Compare my ch. 1 analysis of Foucault’s discussion of the psychiatric objectification of madness as an object of positive scientific knowledge.

⁴⁵² *PP*, 1973/2006: 133.

⁴⁵³ *PP*, 1974/2006: 249.

⁴⁵⁴ *WE*, 1961/2001: 239.

Like the “truth” of the Martinican’s blackness in Fanon’s *BS*, Foucault argues that the “truth” of the patient’s madness is ‘overdetermined from without’ by his bodily appearance, regardless of what he does or does not say.⁴⁵⁵ The maddened subject is similarly trapped in a body inscribed with meanings imposed from the outside. Like the black man, he too is ‘laid bare’ by a putatively ‘objective’, objectifying ‘examination’: ‘dissected’ and ‘fixed’ by ‘the only real eyes’ (for the patient, the positivist psychiatrist’s, and for the black man, the white man’s) according to a dehumanising classificatory schema beyond his control (‘Where am I to be classified? Or, if you prefer, tucked away?’).⁴⁵⁶ Post-examination, his ‘body was given back to [him] sprawled out, distorted’ by this diagnostic dissection.⁴⁵⁷ Like Fanon’s black man, Foucault’s mental patient feels *violated* by this forced exposure and classification (‘Where shall I hide?’), and is (understandably) left ‘striving for anonymity, for invisibility’ – losing all hope of self-representation met by genuine understanding.⁴⁵⁸ He struggles to escape his ‘reactional’ relationship to the objectifying psychiatric gaze in order to become the maker of his *own* meanings, teller of his *own* truth.⁴⁵⁹

In *BS*’s phenomenological narration of what we might now call the white “hetero-verediction” of the Martinican man’s blackness, which I initially analysed in chapter 3, Fanon appears to leave the pathologised black man with little room for manoeuvre, “*fixed*” as he is by the meanings inscribed upon his hyper-visible body. Whilst Foucault’s *WD*, unlike Fanon’s *CC*, fails to offer a substantive account of agential psycho-political resistance to *verbal* questioning, Foucault’s celebration of the hysteric’s manipulation of psychiatric *visual* examination in *PP* actually looks more promising on this front than the totalising picture of “overdetermination” that Fanon paints in *BS*. Foucault argues that the retreat of the positivist anatomical-pathological psychiatric paradigm into the apparent safety of the “material” body to establish an “objective” hetero-verediction of madness was ultimately unsuccessful in bypassing the maddened subject’s agency. Using the case of hysteria, Foucault shows that even unspoken, bodily “confessions” of madness can misfire and mislead.⁴⁶⁰ He describes how, with great precision and magnificent spectacle, the hysterical body simulated ‘the visible, plastic edifice of

⁴⁵⁵ *BS*, 1952/2017: 95.

⁴⁵⁶ *Ibid.*: 92-3, 95.

⁴⁵⁷ *Ibid.*: 93.

⁴⁵⁸ *Ibid.*: 95.

⁴⁵⁹ *Ibid.*: 190.

⁴⁶⁰ My interpretation here was informed by Burchell’s (2009: 167).

a whole panoply of symptoms'.⁴⁶¹ Each of the hysteric's symptoms conformed to pre-existing taxonomies and was expected to 'refer to an organic substratum', but the hysteric 'showed that there was no substratum' with which to undergird her supposed pathologies. The hysteric thereby negated the ironclad positivist psychiatric rule that Fanon had much earlier criticised in *NAS* – "any symptom presupposes a lesion" – but, unlike the North African patient's reported symptoms, the hysteric's symptoms were recognisable and classifiable, and so could not be so quickly dismissed as vague, unintelligible and thus "pretended". The hysteric obliged the psychiatric gaze by making herself mad in a manner legible to it – at least at the surface-level of her body – but, lacking the requisite "organic correlatives" within the *depths* of her body, she nonetheless resisted positivist psychiatry's attempt to "objectively" ground the "truth" of her madness in neuro-physiological impairment. Much like Fanon's subversive sociodiagnostic hetero-verediction of North African conducts of confession, Foucault here reinterprets a putatively '*pathological* phenomenon' as a 'phenomenon of *struggle*' against psychiatric power-knowledge. Foucault recasts the 19th-century hysteria "epidemic" as 'a great simulator's insurrection', 'salut[ing] the hysterics as the true militants of antipsychiatry'.⁴⁶² Note that Foucault this time frames resistance to psychiatric hetero-verediction as a *collective* rather than an individual phenomenon, even though he once again neglects to develop a structural explanation for why this *particular* group was driven to psycho-political "insurrection".⁴⁶³

Even though Fanon's account of the lived experience of blackness in *BS* concludes in aporia, he does make room for psycho-political resistance to visual examination elsewhere in his corpus. What's more, he, unlike Foucault, offers *reasons* for this collective psycho-political resistance to the injunction that the body confess. In 'Algeria Unveiled' in *DC*, Fanon analyses the female Algerian militant's resistance to objectifying examination by the white colonial male gaze through dissimulation, and in so doing offers a sophisticated model for escaping the "overdetermination" Fanon described in *BS*. Instead of 'forever [being] in combat with [her] own image', like the black Martinican man, the female Algerian militant takes the gendered 'racial epidermal schema' imposed upon her (un)veiled body and uses it against its colonial

⁴⁶¹ *PP*, 1974/2006: 254.

⁴⁶² *PP*, 1973-4/2006: 137-8, 254, emphasis mine.

⁴⁶³ Showalter (1985), for example, offers a feminist analysis of hysteria as resistance to the patriarchal construction of domesticised femininity, linking it not only to sexuality (as Foucault does briefly in *PP* [1974/2006: 321-2]), but also to women's 'intellectual frustration, lack of mobility' or privacy, and frustrated 'needs for autonomy and control.' (132)

authors in combat with *them*.⁴⁶⁴ Like the hysterical body (on Foucault's account), the female Algerian militant's (un)veiled body resists hetero-verediction by misleading her examiner through duplicitous (non-verbal) "confession". In a nationalistic act of 'counter-assimilation', she 'frustrates' the prying 'eyes of the colonialists', reclaiming and 'transforming' the veil from a signifier of Muslim men's backwardness and Muslim women's submissiveness 'into a technique of camouflage, into a means of struggle'.⁴⁶⁵ In this game of "hide and seek", she plays with both the 'absence' and 'presence' of the veil in order to 'dissemble' before colonial police. Its *absence* is interpreted by the coloniser as a mark of compliance to French culture and heterosexual male desire, and consequently allows her to pass unsuspected into European quarters carrying important messages or explosives. After the latter tactic is discovered via torture, and patrols begin to check all parcels and luggage, she dons the veil once more, using its *presence* to conceal her illicit cargo whilst appearing 'harmless' and 'insignificant'.⁴⁶⁶ The female Algerian militant manipulates her appearance in order to weaponise the white man's racialised, sexualised image of her, turning it against him in the context of collective anti-colonial revolution. Note, however, that Fanon once again views this 'clandestine form of existence' as a necessary but *temporary* counter-manoeuvre within a transitional war, rather than as an end in itself.⁴⁶⁷ Concluding with the assertion that 'the necessities of combat...give rise in Algerian society to new attitudes, to new modes of action, to new ways', Fanon looks forward to a humanising postcolonial society in which indigenous Algerians no longer have need to hide, but can 'encounter the other's face' in conditions of genuine reciprocity.⁴⁶⁸

⁴⁶⁴ *BS*, 1952/2017: 164, 91.

⁴⁶⁵ *DC*, 1959/1964: 41-2, 44, 61.

⁴⁶⁶ *Ibid.*: 43, 65, 61.

⁴⁶⁷ *Ibid.*: 65.

⁴⁶⁸ *Ibid.*: 67. *MA*, 1951/2018: 218.

Conclusion

In chapter 1, I offered a critical account of Foucault's psycho-politics. I showed that he, like Fanon, temporalises and depathologises madness, denaturalising it in the process. Through close textual analyses of *Madness*, I explained how Foucault historicises madness through a proto-genealogical narration of how it came to be socially constructed and controlled by modern psychiatry as "mental illness": the psychic analogue of physical disease. Where contemporary positivist psychiatry reduces madness to an atemporal organic pathology, thereby "shielding it from history", *Madness* contests psychiatry's monopolisation of the "truth" of madness as "mental illness" by showing it to be just one socio-historically contingent mode of perceiving madness among many. However, I criticised Foucault's principled neglect of the often agonising first-person lived experience of madness, and his resultant intermittent romanticisation and essentialisation of maddened subjects as necessarily silent, rather than contingently *silenced*. I argued, *contra* Derrida's famous critique of *Madness*, that Foucault "betrays" mad people *not* because he tries to be the "spokesman" of "their silence", but because he idealises their supposedly *total* silence as impenetrable, thereby negating their capacities for self-representation.

In chapter 2, I argued that Foucault's temporalisation of madness is truncated by his silence on its intersection with race and colonial racism. I investigated the possibility of deracialising Foucault's psycho-politics using conceptual resources from elsewhere in his corpus, but I showed that he was virtually silent about race, racism, and colonialism at the level of theory, despite his engagement with these themes in his political practice both in postcolonial Tunisia and the French metropole. Furthermore, I showed that what little Foucault *did* say about race, racism, and colonialism (almost exclusively in his Collège lectures) was limited by Orientalism and Eurocentrism. Most importantly, I argued that Foucault leaves whiteness, and, specifically, white supremacist *violence*, out of both his scattered remarks on European colonialism (which he portrays as a premodern phenomenon) and (more surprisingly) his more sustained account of modern racism, whereas Fanon centres these themes in his temporalisation of both psychopathologised race and racialised madness. I concluded that, unlike Foucault's psycho-politics, Fanon's psycho-politics foregrounds the intersection of white colonial racism and psychiatry, thereby motivating the dialogue I went on to construct between the two in the remaining chapters.

In chapter 3, I offered a critical account of Fanon’s psycho-politics, indicating how it could fill the gaps and correct the misdiagnoses in Foucault’s psycho-politics. After reconstructing Fanon’s sociodiagnostic method of temporalising madness and race, I showed how he used it to critique ontogenetic and phylogenetic strands of colonial psychiatry, both in his well-known, overtly politicised works, such as *BS*, and his lesser-known psychiatric writings and lectures. I then brought Foucault into dialogue with Fanon, comparing and contrasting their approaches to shared psycho-political themes. I explored their temporalisation and depathologisation of madness from perspectives internal and external to psychiatry, as well as their contrasting understandings of the “experience” of madness. I argued that Fanon’s temporalisation of madness surpasses Foucault’s because it attends to the intersection of colonial racism and psychiatry, whilst at the same time highlighting the resonances between their accounts of the social construction and control of race and madness. Most importantly for the remaining chapters, I argued that both Foucault and Fanon show that putatively “objective” and “humane” psychiatric knowledge and curative care function to extend the rule of bourgeois morality and the colonial regime respectively, neutralising their non-collaborators, whilst simultaneously depoliticising, and thereby hindering critique of and resistance to, this eminently political function. Finally, anticipating chapter 5, I offered a Fanonian critique of Foucault’s romanticisation of “madness itself” as silent and unintelligible, highlighting intersubjective meaning-making as a necessary part of psycho-social recovery from madness (which Fanon understood as psycho-social alienation). I concluded by noting Fanon’s appreciation of the dialectical relationship between revolutionary psychiatry and revolutionary politics in disalienating maddened, racialised, colonised subjects.

Having laid down the motivation for and theoretical foundations of the dialogue in chapters 1-3, I then explored one of the major psycho-political themes in both their works – the relationship between psychiatry and the criminal justice system – drawing out key resonances and dissonances with regard to torture (chapter 4) and confession (chapter 5).

In chapter 4, I reconstructed Fanon’s account of the medical profession’s complicity in the colonial occupation of Algeria. I honed in on Fanon’s discussion of colonial torture’s psycho-political dimensions; he highlights colonial psychiatrists’ *direct* collaboration in torture along with their indirect complicity. I then pursued a Fanonian critique of Foucault’s theorisation of torture in *DP* and *WD* as a premodern and corporeal juridical practice, arguing that Foucault overlooks the living memory of torture in modern colonial Algeria – a psychiatric-juridical

practice that addressed both the bodies *and* souls of the colonised. I argued that Foucault's neglect of torture in Algeria was especially surprising given the extent to which his immediate intellectual and political milieu had spoken out against it. Turning to Foucault's scholar-activist archive, I contrasted Foucault-the-scholar's dismissal of contemporary torture as inconsistent with modern penal logic to Foucault-the-activist's extensive remarks on contemporary psychiatric-judicial collaboration in the systematic and highly rationalised torture of political dissidents in Brazil. Whilst still criticising his Western-centric ignorance of the French colonial pedigree of these practices, I argue that Foucault here exceeds Fanon in showing that modern torture is part of a *perpetual* movement between the psychiatric and juridical. I argued that whilst Foucault tends to elide violently coercive and non-violent forms of psychiatric-judicial collaboration – thereby obscuring the brutality of torture in repressive states such as colonial Algeria or the Brazilian military government – Fanon betrays a naivety about the politics of psychiatry in the liberal-democratic metropole, tending towards an exceptionalism about the colonial situation that prevents him from extending his critique to the psychiatric-judicial complex *simpliciter*.

In chapter 5, I turned to Foucault and Fanon's accounts of the non-violent psychiatric-judicial practice of confession. Furthering chapter 4's critique of Fanon's tendency towards colonial exceptionalism, I reconstructed Foucault's genealogy of modern confession as evolving between modern Europe's emergent power/knowledge systems of psychiatry and the criminal justice system. I argued that Foucault's account of the psychiatric hetero-verediction of mute criminality showed that collaboration between psychiatric and juridical power/knowledge was not confined to the colonial state of exception, as Fanon often suggests, but has always been constitutive of both. However, I then offered a Fanonian critique of the Western-centrism of Foucault's psycho-politics of confession, using Fanon's sociodiagnosis of North African criminal disavowal to show that confession, especially as it relates to the liberal juridical fiction of the social contract, plays out differently in the colony. Furthermore, I argued that Fanon offers an account not only of the *possibility* of resistance to the psychiatric-judicial injunction to confess, but also, unlike Foucault, gives a structural explanation for *why* certain groups resist. Where Foucault romanticises random, unintelligible acts of silent transgression by exceptional individuals, Fanon theorises Algerian disavowal as an intelligible and collective rejection of the colonial psychiatric-judicial complex. Drawing on my earlier comparison of Foucault and Fanon's stances on silence, speech, and "recovery", I then opposed Foucault's treatment of

confession as necessarily oppressive to Fanon's vision of a decolonised, liberated confession as self-representation.

Bibliography

Guide to title abbreviations

Fanon

<i>AF</i>	Alienation and Freedom
<i>BS</i>	Black Skin, White Masks
<i>CC</i>	Conducts of Confession in North Africa
<i>DC</i>	A Dying Colonialism
<i>DH(1)</i>	Day hospitalisation in psychiatry, Value and limits.
<i>DH(2)</i>	Day hospitalisation in psychiatry, Value and limits. Part two: doctrinal considerations
<i>EC</i>	Ethnopsychiatric considerations
<i>LRM</i>	Letter to the Resident Minister
<i>MA</i>	Mental alterations, character modifications, psychic disorders and intellectual deficit in spinocerebellar heredodegeneration: A case of Friedreich's ataxia with delusions of possession
<i>MD</i>	Letter to Maurice Despinoy
<i>MM</i>	Maghrebi Muslims and their attitude to madness
<i>MSP</i>	The meeting between society and psychiatry
<i>NAS</i>	The "North African Syndrome"
<i>OJ</i>	Our Journal
<i>PA</i>	The phenomenon of agitation in the psychiatric milieu: General considerations, psychopathological meaning
<i>ST</i>	Social therapy in a ward of Muslim men: Methodological difficulties
<i>TU</i>	Trait d'Union
<i>WE</i>	The Wretched of the Earth
<i>WV</i>	Why we use violence

The Algiers School

<i>CI</i>	The criminal impulsivity of the indigenous Algerian
<i>NMP</i>	Notes on Muslim psychiatry
<i>PNA</i>	The primitivism of North African natives

Foucault

<i>AB</i>	Abnormal
<i>AK</i>	Archaeology of Knowledge
<i>CPP</i>	Confinement, Psychiatry, Prison
<i>DI</i>	The Dangerous Individual
<i>DP</i>	Discipline and Punish: The Birth of the Prison
<i>HM</i>	History of Madness in the Classical Age
<i>HS(1)</i>	History of Sexuality (volume 1, The Will to Knowledge)
<i>IS</i>	Iran: The Spirit of a World Without Spirit
<i>MC</i>	Madness and Civilization: A History of Insanity in the Age of Reason
<i>MIP(1)</i>	Mental Illness and Personality
<i>MIP(2)</i>	Mental Illness and Psychology
<i>MS</i>	The Minimalist Self
<i>MU</i>	Madness and Unreason: History of Madness in the Classical Age
<i>NGH</i>	Nietzsche, Genealogy, History
<i>OPP</i>	On Prison and Psychiatry
<i>PK</i>	Power/Knowledge
<i>PP</i>	Psychiatric Power
<i>RM</i>	Remarks on Marx
<i>SD</i>	Society Must Be Defended
<i>WD</i>	Wrong-Doing, Truth-Telling: The Function of Confession in Justice
<i>WS</i>	Werner Schroeter and Michel Foucault in Conversation

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