

Saint-Alban's contested legacy

Fanon, Tosquelles and the politics of psychiatry in post-war France

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[W]e were all children of Tosquelles.

— Jean Ayme

A portrait

Francesc Tosquelles, who was so captivated by the language of others, enjoyed pointing to the shortcomings of his own. For the occasion of the first re-issue of Fanon's psychiatric works in 1975, Tosquelles composed a singular portrait of Fanon titled 'Fanon in Saint-Alban', which appears here in English for the first time.¹ The sixty-three-year-old Catalan psychiatrist reflects on his encounter, in 1952, with a twenty-seven-year-old Fanon at the provincial Lozère hospital in southern France. What remains most vividly is Fanon's theatrical and subliminal *parlêtre*: his being-in-motion, his speech. This portrait is not hagiographic. As a psychiatrist, Fanon hadn't appeared particularly progressive to Tosquelles at the outset.² He was too strongly bound to the demand for objectivity and to the seriousness of the profession. Cutting comments about Fanon's own personality abound: 'normopath' (neglectful of his own mental pathologies), impatient, slightly paranoid. Fanon, who had failed to enter training analysis then, is now subjected to a post-mortem analysis by his former mentor. But the Catalan psychiatrist also places himself at a distance from his own observations, for the art of memory, he notes, is a collective one: 'He's been hanging around, speaking and acting from that hiding place that is our memory of him.'³ The Fanon he depicts would sometimes 'give the impression of violence'⁴ and would make mistakes, but his work as a polisher of concepts would nonetheless resonate far and wide. Addressing Fanon's relationship to language, Tosquelles points to what brought them close as friends, and to what set them apart as psychotherapists. Both

were travellers and outsiders. But Fanon, whose French was perfectly mastered into a set of sharpened instruments, offered a striking counterpoint to Tosquelles's heavy-accented, nonsensical '*déconniatrie*'. In retrospect, if Fanon undoubtedly belonged in the Saint-Alban adventure, it was not as a disciple but as a fellow traveller. Tosquelles's praise for the Martinican psychiatrist is as prudent as it is elliptical.

Fanon's specific role in the history of institutional psychotherapy has only recently aroused growing scholarly interest. Apart from a few notable exceptions,⁵ Fanon's works in psychiatry and psychology had hitherto been the object of a skewed reception, which was not solely due to the primary texts' lack of availability. In France, Fanon's psychiatric works were initially 'repressed', as French psychiatrist Jacques Postel explained in 1975, as those of a 'narcissistic neuropath who should have "normally" resolved his problems after five or six years of a good training analysis'.⁶ At that time the French psychiatric milieu considered Fanon a 'good revolutionary, but a bad psychiatrist'.⁷ In the English-speaking context, where monographs on Fanon were quicker to emerge, the lack of familiarity with the psychiatric context in which Fanon was immersed, and especially with the nature and status of psychoanalysis in France at that time, have been the source of extensive misunderstanding. While some have described Fanon as a psychoanalyst though he never trained to become one, others have attempted to square Fanon's theories within a genre of Lacanianism that did not exist as such in Fanon's time.⁸

Some of these oversights have been corrected by the long-awaited publication, in 2015, of Fanon's psychiatric papers, which shed light on Fanon's intellectual project and ambition qua psychiatrist and allow us to reconsider

the many connections between the psychic and the political across and throughout his works.⁹ Recent readings have striven to clarify the conceptual hinges of Fanon's singular 'translations' of the psychiatric into the political. His discussion of depersonalisation under colonialism, his conception of decolonisation as a form of delirium and 'disenclosure', his analogy between shock therapy and anticolonial violence have been revealed to constitute nodal elements in Fanon's theories.¹⁰ Simultaneously, Tosquelles's singular oeuvre, and Saint-Alban's tremendous impact on French radical psychiatry, are also being rediscovered, opening richer perspectives on Fanon's works. Most depictions articulate the Tosquelles-Fanon relationship as one of legacy and transformative expansion. Adam Shatz presents Fanon as a disciple of Tosquelles who applied social therapy in Blida-Joinville, and 'went beyond' his mentor by putting the latter's dream of 'geo-psychiatry' into practice in Tunis.¹¹ For Camille Robcis, Fanon did not simply 'apply or adapt', but 'revised the very foundations' of Western social therapy 'to promote what he considered a truly disalienated and disaliening psychiatry, a psychiatry close to the notion of "national culture" that [he] theorized in ... *The Wretched of the Earth*'.¹² In spite of their pertinence, such readings however fail to address Fanon's own evolving relationship with Tosquelles's movement and its legacy, and consequently his strategic positioning within the landscape of postwar French psychiatry.

My inquiry investigates this relationship, suggesting that it may not have been as straightforward as it retrospectively appears, and that some important debates of the time are being smoothed over. It was Tosquelles's caution, his half-veiled criticisms of Fanon, mixed with admiration, that sparked my interest in exploring this further. Indeed, Fanon's contemporaries have also channelled mixed perceptions of his relationship to so-called 'institutional psychotherapy'. While acknowledging Fanon as a fellow traveler, Tosquelles himself characterised the latter's endeavour as 'nothing more, nothing else than a commitment to sector psychiatry'.¹³ To interpret this elliptical statement, I propose a detour through the history of post-war psychiatry in France, in which several histories are interwoven: Cold-War politics, psychological and neurological sciences, phenomenology and Marxism. I surmise that we cannot adequately grasp Fanon's specific trajectory in psychiatry,

from Saint-Alban to Blida-Joinville, from Blida-Joinville to Tunis, without a clearer picture of this backdrop.

Désaliénisme and Resistance

The facts are well known. Fanon arrived in Saint-Alban in the spring of 1952 as an intern to complete his specialisation in psychiatry. He had just obtained his medical degree in Lyon, for which he had defended his PhD thesis under Jean Dechaume, in the winter of 1951. Thanks to a fellow student, Nicole Guillet, whose father was a bursar at Saint-Alban, Fanon had been acquainted with Paul Balvet, ex-director of Saint-Alban, with whom he had discussed psychiatry and surrealism.¹⁴ During his studies, Fanon was already a keen reader of *l'Évolution psychiatrique* and *l'Information psychiatrique*, two journals which fostered interdisciplinary and vanguard psychiatric knowledge, gathering articles on neurobiology and neurosurgery, psychopathology, phenomenology, Gestalt psychology and psychoanalysis, but also studies in social psychopathology, social- and group therapeutics. Whilst it is very likely, as Jean Khalfa has argued, that Fanon tapped into Merleau-Ponty's course on child psychology for many references discussed in *Black Skin, White Masks*,¹⁵ we only get a sense of the complexity of the intellectual landscape in which Fanon strived to locate himself by looking at these journals, which Fanon eagerly read and referred to throughout his life.

In the early 1950s, the choice of Saint-Alban for an internship was obvious for anyone interested in the desaliénist movement [*mouvement désaliéniste*] which had been set in motion during the war in the crucible of the French Resistance. The rural hospital in Lozère had become the 'Mecca of psychiatry',¹⁶ an experimental ground for pioneering socio-therapeutic and psychoanalytical approaches to the clinic and a rallying banner for psychiatrists on the Left. The slow 'extermination' of over 40,000 patients in French mental asylums during the war had publicised the cause of reformist and disalienist psychiatrists who decried the overpopulation and abandonment of patients in inhuman conditions. It was Paul Balvet's unforeseeable appointment of the Catalan psychiatrist Francesc Tosquelles (also known as François Tosquelles), who was then working in Stepfonds, a camp for Spanish refugees, that initiated this revolution.¹⁷ To this isolated hospital, Tosquelles brought his political and psychiatric

experience from the Spanish Civil War and as a member of the Spanish Communist party POUM (*Partido Obrero de Unificación Marxista*),¹⁸ his extensive theoretical knowledge of psychiatry (German psychiatry in particular), psychoanalysis, existentialism and Marxism, as well as his curiosity about madness in all its forms, including in connection with artistic and poetic creativity.

As the hospital's directorship passed on from Balfvet to the Communist psychiatrist Lucien Bonnafé in 1943, Saint-Alban turned into a refuge for members of the Resistance and Communist intellectuals and artists, sheltering philosophers such as Georges Canguilhem, and poets such as Tristan Tzara and Paul Éluard, who would transform Saint-Alban into an incubator of underground publications. Drawing on this social and intellectual effervescence, Tosquelles created a scientific society, the 'Société du Gévaudan', with the aim of harnessing intellectual exchanges within the motley Saint-Alban community. Alongside existentialism, psychoanalysis, Surrealism, Marxism and phenomenology, Hermann Simon's works on active psychotherapy constituted a crucial reference for Tosquelles. The Catalan psychiatrist strived to restructure life in Saint-Alban on entirely new, experimental grounds, directed by the principle of humanisation of the patients, by implementing horizontal and collective practices across the various layers of the hospital's structure. Nurses and nursing sisters were integrated into medical teams, which held meetings almost every day to discuss the patients' cases. The originality of Tosquelles' *active* therapeutic model was to go beyond *occupational* therapy – considered to be merely distracting – to activities oriented towards collective goals. To do so, he anchored group psychotherapy and social therapy within the activities of a 'Club', that functioned as their 'neuralgic centre'.¹⁹ The Club was organised by an assembly of patients who acted as representatives for their wards, and functioned as a democratic structure of collective management.²⁰ It was allocated a specific room in the hospital, communicated through two journals, and had a budget. Tosquelles insisted on the importance of seeking external funding to finance the Club's activities, which warranted greater autonomy vis-à-vis the hospital's general direction.²¹

According to Bonnafé, this rapid revolution would not have happened without the peculiar social and political ferment of the war: '[t]he occupation ... played an ex-

tremely important role in this mutation of the I to the We of the medical team'.²² In Jean Oury's words, the history of Saint-Alban, with 'its mix of communists, surrealists, progressist Christians, and Tosquelles himself, who was a refugee, constituted an "ultra-privileged" conjuncture, a spirit of "permanent theorisation".²³ While the idea of active therapy through work or movement became increasingly widespread across Europe, Saint-Alban's pioneering move sprang from three commitments: firstly, the therapeutic value of participation and collective self-organisation inspired by political militancy; secondly, the valorisation of the patients' subjectivity and expression, thereby questioning the traditional definitions of art;²⁴ and thirdly, reflection on the institution's role in therapeutics, searching for ways of thematising the relationship between the hospital, the patient and the surrounding milieu.



Like his contemporary Jacques Lacan, Tosquelles was profoundly influenced by Surrealism, which had irreversibly transformed the way madness was approached from a theoretical, philosophical, and even scientific, standpoint.²⁵ Instead of conceiving mental illnesses from a purely nosological perspective, Tosquelles strived to think of madness as a singular experience of the world, one that was potentially *revealing* of fundamental aspects of the 'drama' of human existence. 'There is no struggle against the illness, but rather a struggle by the ill person to affirm their human condition. This is, moreover, the essence of the human drama. Through this effort, the ill person stands before their destiny, shapes it, observes it, and judges it.'²⁶ Tosquelles's dissertation '*Le vécu de la fin du monde dans la folie*' [The lived experience of the end of the world in madness] which he defended in 1948 but only published in 1986, sought to capture the lived

experience [*yécu*] of the collapse of the world in psychosis, both through clinical cases and through an analysis of Gérard de Nerval's writings, in order to demonstrate the proximity between creative and pathological delirium:

Pathological events place the person who becomes mad before a collapse of the world, where, for them, the primary issue is to save their own existence. The mad person will make whatever effort they can, on the aesthetic, ethical, or religious level. What 'psychological' symptomatology observes and captures in the mad person is above all this effort. And it is also in this process that we, in our capacity as caregivers, must follow them and help them.²⁷

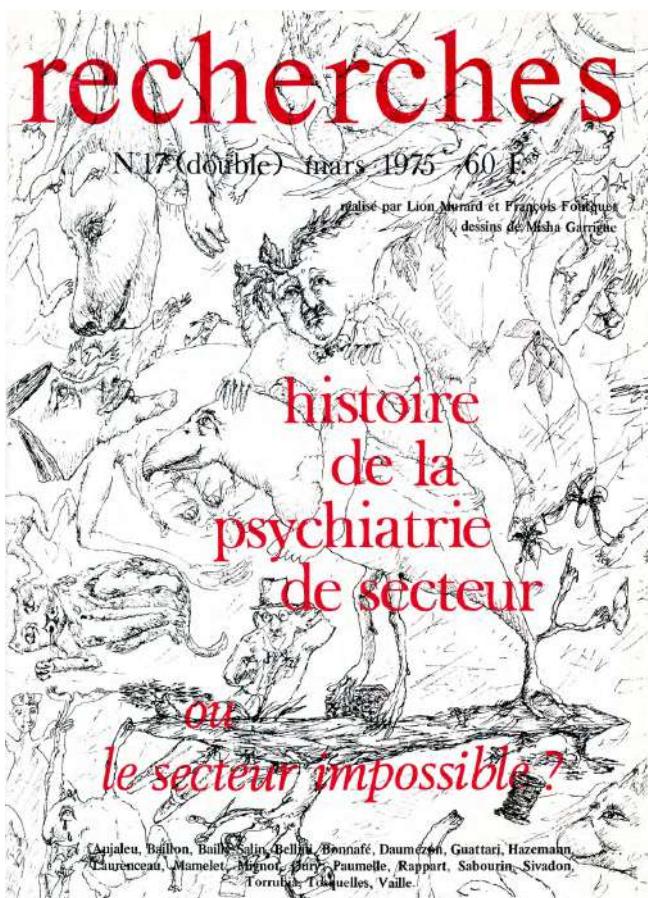
Through a critical subversion of the normal and the pathological, madness becomes the human universal. As Tosquelles went on repeating: 'the mad is the one who misses their own madness' (*le fou est celui qui rate sa propre folie*), suggesting that one usually 'succeeds' in one's own madness. In this approach to the experience of madness, Tosquelles differed from other contemporary conceptions of the 'human value of madness' such as that of Paul Balvet. While Tosquelles universalises madness through the existential, phenomenological lens of a lived experience of the end of the world, Balvet interprets the latter as the resurgence of prelogical or primitive mentality.²⁸ Like Lacan, Tosquelles interprets madness as a phenomenon situated within the register of meaning, while Balvet approaches madness as chaos or as the ineffable as such.²⁹ While this entire generation shared a strong commitment to the humanisation of patients and resisted the hospital's carceral logic, key divergences would emerge in the 1950s, especially with regard to the place of psychoanalysis within psychiatric institutions, and to the relationships between the clinical and the social.

Institution, Sector, Extension

Although the terms 'institutional psychotherapy', 'sector psychiatry' and 'extension psychiatry' emerged from a single disalienist movement, they harbour quite distinct connotations. Tosquelles and his colleagues initially designated ongoing practices in Saint-Alban through different expressions: 'collective psychotherapy', 'social therapy' (*social-thérapie* or *sociothérapie*), as well as 'geo-' and 'extension' psychiatry. Whilst 'social-' or 'collective'

psychotherapy highlighted the social, intersubjective, or group component of the new therapeutic practice, 'geo-psychiatry' and 'extension psychiatry' put the accent on place: the territory in which a hospital such as Saint-Alban was situated, its social composition and the potential for exchanges between the 'inside' and 'outside' of the hospital, an ensemble of pioneering 'out-of-the-hospital' initiatives that Saint-Alban initiated.³⁰ However, it is only from 1952 onwards that the term '*institutional* psychotherapy', coined by Georges Daumézon and Philippe Koechlin, came to crystallise, retroactively, the Saint-Alban experiment.³¹ This terminological shift is noteworthy. In French, as Jean Ayme would later note, 'institution' does not have the pejorative connotation it has in other languages, as it retains its primary meaning of the 'action by which one insitutes', and may thus be interpreted dynamically. This new expression served to place the accent both on the idea of working with and within institutions in the plural (what Tosquelles would describe as the 'process of insititutionalisation')³², and to emphasise their endorsement of psychoanalysis – albeit a collective-inflected and self-critical psychoanalysis.³³ Importantly, 'intitutional psychotherapy' would be used increasingly as a counterpoint to another term: 'sector psychiatry'.

A 1975 special issue of *Recherches* (the journal of the CERFI³⁴) entitled 'History of sector psychiatry or the impossible sector ?' and edited by historian Lion Murard and psychiatrist François Fourquet, is a helpful document for understanding what lay beneath such terminological shifts. Fourquet and Murard delved into the living archive of the previous thirty years of radical psychiatry in France by conducting interviews with all the major protagonists involved, including Tosquelles, Bonnafé, Daumézon, Oury, Guattari, Paumelle, Sivadon and several others. This document is a treasure trove of detail as it restages not only the various historical, social, political, and cultural 'matrices' that gave rise to the psychiatric revolutions of postwar France, but also the standpoint of its actors. As we proceed through this collective, almost choral, account, the precise stakes and definitions of 'sector psychiatry' and 'institutional psychotherapy' are revealed to be more contentious than they initially appear.



On 6 June 1944, Lucien Bonnafé, then Saint-Alban's director, left the hospital to enrol as an officer in the French Interior Forces (FFI) army, where he was tasked with reforming the military health service. After the German capitulation, in the October 1945 elections, the Communist Party became the largest French party with 160 seats in the Chamber of Deputies, and Bonnafé was immediately invited to work for the Communist François Billoux, the newly-appointed Minister of Public Health. It was in the context of a National Symposium on psychiatry in 1945 that Bonnafé coined the term 'sector psychiatry' for the first time: 'And I remember that at that moment I picked up the chalk and, like you do in modern mathematics, I traced a set in the department, a zone – a sector of population [...].'³⁵ While psychiatrists were traditionally attached to a hospital, Bonnafé sought to shift their responsibility from hospital management to the organisation of mental health in a given territory or sector.³⁶ Bonnafé's ruling idea was that 'the psychiatrist must be present where need emerges', at the disposal of the population.³⁷ Fueled by the optimism of the *Libération*, a theoretical group was created under the name

'Batea',³⁸ including the most prominent voices of the disalienist movement who united in spite of their diverging political commitments (Ey, Ajuriaguerra, Daumézon, Bonnafé, Le Guillant, Follin, Duchêne, Hecaen, Rouart, Lebovici, Lacan and Tosquelles). The first union of doctors of psychiatric hospitals was also created in these years, gathering together Communists and Left-wing Christians (Daumézon, Bonnafé, Le Guillant, Fouquet, Duchêne, and Ey).³⁹

For a brief period the 'Quai d'Orsay became the crucible of the "psychiatric revolution".⁴⁰ Many of these radical psychiatrists, suddenly in power, sought to reactivate Popular Front (*Front Populaire*) proposals from the 1930s to democratise health and develop social insurance.⁴¹ Together with the development of social therapies and psychoanalysis, they also hailed the introduction of shock therapies across French hospitals. All the protagonists in our history – including Tosquelles and Fanon, who wrote together on these techniques – all those who decried the 'misery' and 'asylum rot'⁴² [*pourriture d'asile*] of psychiatric hospitals placed their hope in the development of these new 'biological therapeutics', which offered the promise of treatment to seemingly hopeless cases: electroconvulsive therapy (or Bini method), insulin shock therapy (or Sakel cure), and other chemically-induced shocks (cardiazol). Although the lack of clarity around patient consent today appears to be a glaring expression of medical violence and psychiatric power, shock therapies were seen as 'humanising', offering a possibility of remission to those otherwise cast out into collective oblivion.

For Bonnafé, sector-psychiatry entailed the pursual of practices of geo- or extension- psychiatry through other means. As he would explain, 'ontogenesis reproduces phylogenesis, and psychiatry outside of the asylum is the daughter of psychiatry in the asylum'.⁴³ Tosquelles, however, would always view this development with skepticism, decrying its reduction of disalienist psychotherapy to a 'mere administrative dimension'.⁴⁴ As Tosquelles stated in the 1975 issue of *Recherches*:

In France, there has been a craze for the word *sector* – a kind of shared conspiracy between the administration of institutions and quite a few psychiatrists who are terrified of the problem of madness. Madness, for them, cannot be what it truly is: something that plays out at the very limit of the human condition, within the process of human

singularization, to use Lacan's expression.

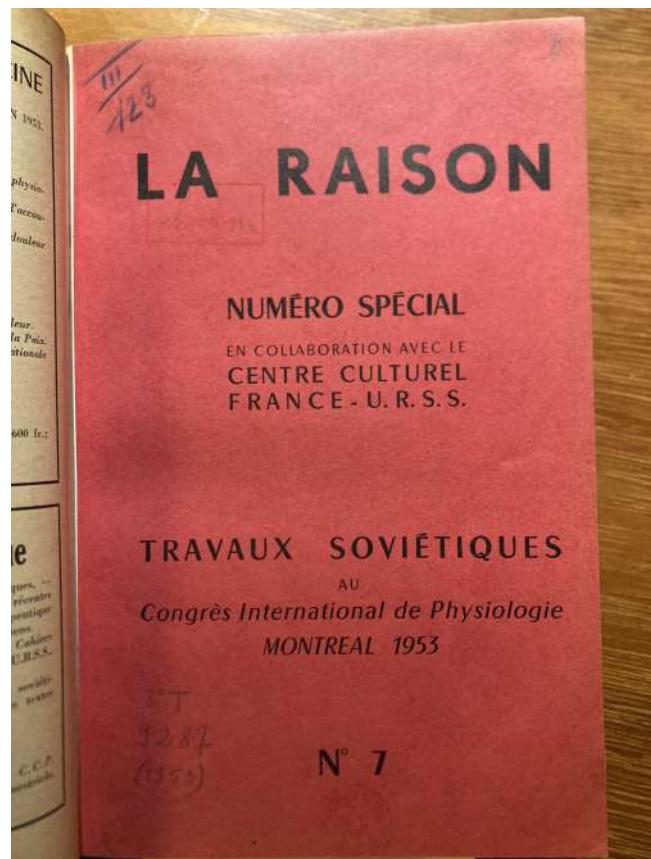
This, of course, does not mean that all men are stark raving mad or should be institutionalized, but rather that madness is constitutive of the human being. Those we call mad, those we label as ill, are people who, for various reasons, do not 'succeed' in their madness. Without this prior analysis of madness, the *sector policy* – or, to use the Anglo-Saxon jargon, *community psychiatry* – pushes aside the problem of madness, treating it as a mere mechanism of inside versus outside. That seems to me hardly effective, even dangerous; to me, it's downright absurd that anyone could have spoken of *institutional psychotherapy* as an attempt to 'keep' the mad 'inside'!⁴⁵

French Psychiatry's Cold War

While anti-fascism and the French Resistance had laid the groundwork for a unique conjunction between psychiatric and political revolutions, the increasingly rigid positioning of the USSR, and particularly the suppression of psychoanalysis under Stalin,⁴⁶ became a matter over which increasing tensions developed within the milieu of progressive psychiatry in France from 1947 onwards. An article published under the title 'Psychoanalysis, a Reactionary Ideology' co-signed by Bonnafé, Lebovici, Follin and Le Guillant among others, became emblematic of the uneasy position of French psychiatrists on the Left following the Zhdanov Report and the creation of 'ideological circles' within the French Communist Party, which officially condemned psychoanalysis.⁴⁷ The article sought to straddle the divide by arguing that the matter was not to be 'for' or 'against' psychoanalysis but rather to 'critique its ideological movement',⁴⁸ arguing that psychoanalysis could not be dissociated from its political uses in the class struggle.⁴⁹ It developed a critique of the bourgeois family model,⁵⁰ the 'myth of an unconscious existing in itself as a real thing' and the psychoanalytical reification of instincts: 'Instincts', they claimed 'refer in reality to behaviours that depend as much on the development of the organism as to the conditions of the milieu'.⁵¹ Instead of a complete dismissal of psychoanalysis, they defended a sociogenetic approach to unconscious conflicts, tracing them back 'directly or indirectly, from the myths prevailing in a given society'.⁵² This also led them to underscore the indistinguishability between social and biological factors:

The dialectical movement that can be observed when

studying psychic phenomena is, in reality, the development of the individual over the course of their history: the different crises of childhood, or stages of development, express different periods of biological maturation, as well as transformations in psychological capacities and social relations. At each stage, the new phase constitutes a dialectical overcoming of the previous one, and there is no reason to seek an essential distinction between the biological or social modalities of these transformations.⁵³



In French psychiatric circles affiliated with the Communist party, the rediscovery of Ivan Pavlov's early twentieth-century theories became the key reference through which to articulate a materialist conception of psychic phenomena against the so-called reactionary character of Freudian psychoanalysis.⁵⁴ In 1948, the Batea group imploded under the pressure of politics, propelling Lacan (in Jean Oury's words) to seek refuge in his 'theoretico-autistic work of sector',⁵⁵ and isolating Tosquelles in Saint-Alban. It is in the wake of these debates that Communist hardliners Henri Wallon and Louis le Guillant founded *La Raison*, a new review of 'scientific psychopathology'. Lasting until 1958, the review would translate and comment on many of Pavlov's works, along-

side those of other Soviet psychiatrists, and foreground research in emergent fields such as social psychiatry, social psychology and psychopathology.

This conflictual landscape forms the important but so far little discussed background of Fanon's *Black Skin, White Masks* (1952). Exactly at the same time as his contemporary Jean Oury – whom he would succeed in Saint-Alban as Maurice Despinoy's intern – Fanon sought to grasp, not the reduction of mental alienation to social alienation, or the simple supervention of the former upon the latter, but how both were co-articulated.⁵⁶ As he had argued in his medical thesis, organic and social aspects of mental illnesses were always to be thought together. *Black Skin, White Masks* develops a Freud-Marxist approach to mental illness from the perspective of the colonies, thus putting forward an entirely original analysis of the concept of 'alienation'. Whilst Fanon takes Mannoni, Adler and colonial 'racialist' psychiatry as his direct interlocutors and targets, his critique of psychoanalysis expanded upon a theoretical reflection running from Georges Politzer and Henri Wallon, through Pierre Naville and Tosquelles himself, who all sought to rethink psychology from a materialist point of view.⁵⁷ In psychopathology, this expansive reflection on alienation was not new: on the contrary, it was a recurring topic of conversation amongst psychiatrists such as Bonnafé, Lacan or Le Guillant. However, Fanon did not only approach the alienation of the Black/colonised subject from the perspective of sociogenetic psychopathology, that is in terms of causal connections or dialectical relationships between the milieu and the individual. He also and more profoundly drew on the analogy of colonial and mental alienation – using, in Khalfa's term, the 'neurological dissolution in the genesis of mental illness' as an analogy to the 'colonial dissolution' of the Black individual.⁵⁸ Viewed from this angle, Fanon's originality lay not so much in his *synthesis* of psychiatry and politics, which was a red thread running throughout the French disalienist movement, as in his expansion of politics to colonial (and decolonising) societies. This led not only to a redefinition of the object of psychiatry itself, at the crossroads of sociology and psychopathology, but also to the thorough questioning of the precise character of the 'social' in social therapy, which Fanon would unpack, in Blida, through a reconceptualisation of 'culture' and ethnopsychiatric research.

Fanon's tangent

Fanon stayed in Saint-Alban for about fifteen months until the summer of 1953, when he passed his examination to obtain the degree of Doctor of Psychiatric Hospitals (*Médicat des hôpitaux psychiatriques*). After graduating he took up a temporary post in Pontorson, northwestern France, in September 1953, before joining Blida-Joinville in Algeria in November 1953. Fanon never wrote directly about his experience in Saint-Alban, but we know from the two texts that Tosquelles devoted to Fanon's psychiatric legacy, that he was an enthusiastic participant in the various social activities of the hospital. He helped to set up plays, musical productions, and ergotherapy stations, and he wrote several pieces for the hospital's journal *Trait d'union*. Yet from its inception, Fanon appears to have positioned himself at a tangent to the movement instigated by Tosquelles. He came to Saint-Alban to work as Maurice Despinoy's intern, before the latter took up a post in Martinique at the end of 1952, partly inspired by Fanon.⁵⁹ Despinoy was a particularly close interlocutor of Fanon during his time in Saint-Alban. Tosquelles emphasises Fanon's broad curiosity and his special interest in biochemistry, evident in their co-written article on Lithium salts, and later in Fanon's work on the first neuroleptics.⁶⁰ Most likely it was only when Despinoy left for Martinique that Fanon became Tosquelles's intern and started to work more closely with him at the level of research, a collaboration that resulted in three presentations at a week-long Congress in Pau (southwest France) in July 1953. Alice Cherki, who was Fanon's friend and colleague (in Blida-Joinville), remembers that while 'Fanon unhesitatingly acknowledged Tosquelles as his mentor, he stressed that theirs was a relationship of difference not consensus'.⁶¹ From Tosquelles's portrait of him, Fanon seems to have immediately had some reservations vis-à-vis the Catalan psychiatrist at the theoretical level, reservations that would eventually mutate into a more frontal opposition. Jean Ayme, a Trotskyist, anticolonial psychiatrist who would later participate in the GTPSI (*Groupe de travail de psychothérapie et socio-thérapie institutionnelle*)⁶² and who would meet Fanon in 1956 through Georges Daumézon, asserted: 'In terms of psychiatry, we never really put much focus on institutional psychotherapy in our discussions. I even believe

he wasn't much of an advocate for what's known as the institutional psychotherapy movement.⁶³ Rather than a mere choice of words, the fact that Fanon almost never used the term 'institutional psychotherapy'⁶⁴ also raises some questions concerning his own positioning in this movement, especially after 1954.

One may overlook these reservations if we reconstruct this relationship by drawing solely on Jacques Azoulay's thesis and the synthetic article he co-authored with Fanon, 'Social therapy in a ward of Muslim men: Methodological difficulties'. This article allows a precise reconstitution of the conditions in which Fanon developed 'social therapy' at the Blida-Joinville Hospital, between November 1953 and the summer of 1954. As they explained, the two wards under Fanon's responsibility provided an 'experimental milieu' in which to put sociotherapy to the test, a largely unsuccessful experiment that led Fanon to inquire into its socially and culturally specific coordinates. This led Fanon and his interns to conduct further sociological and ethnographic research into Muslim representations of madness, and specifically into the importance of djinns and exorcism therein.⁶⁵ However, given Fanon's earlier and ongoing concern with cultural assimilation, we may wonder whether the mere 'application' of Tosquelle's model of social therapy was ever at issue, or whether this idea of applying sociotherapy was geared towards the demonstration of its shortcomings from the start. In any case, these experimentations constituted a concrete departure for Fanon's theoretical repositioning vis-à-vis Tosquelle and the institutional-psychotherapeutic model.

Besides Fanon's explicit criticism of Tosquelle, which will be examined in detail in the following sections, a letter dated from January 1956 may be taken as a clear sign of Fanon's increasingly conflictual relationship with the Catalan psychiatrist. In this letter to his friend Despinoy, Fanon states rather enigmatically: 'What you say about [Tosq?] is spot on. [Tosq] must be fought.'⁶⁶ In the same letter, Fanon announced that Georges Daumézon, Louis Le Guillant and Philippe Koechlin would soon arrive in Blida to lead a training workshop with the hospital's nurses.⁶⁷ The reference to the Communist psychiatrist, Le Guillant, then director of *La Raison*, and a central figure in the sector psychiatry movement is meaningful in itself. In 1951, in the course of a Symposium on 'Collective Psychotherapy'

which sought to clarify more rigorously the practices that had emerged in Saint-Alban and elsewhere, Le Guillant had launched a forthright critique of Tosquelle's ideas and their clinical applications. He had pointed out a fundamental lack of clarity around the idea that psychoanalysis could be applied to a group, and underscored the difficulties of grounding such a therapeutic approach scientifically.⁶⁸ For Le Guillant, it was not the hospital itself, but the separation from the milieu, that was the actual instrument of cure. This fundamentally questioned the idea, so pivotal to Tosquelle's social therapy, that participation in a group could be therapeutic *per se*:

The new dogma of the group and its beneficial effects does not personally seem to me solid enough for me to feel justified in using it to force my patients to take part in groups organised according to views that are so systematic and so speculative. After all, it is quite legitimate not to want to take part in a gathering of madwomen [*une réunion de folles*]. I find it a very good sign when convalescent or lucid patients keep their distance from their more disturbed companions, and I try to give them the means to do so.⁶⁹

In the remainder of this article, I will show that Fanon adopted a critical stance against Tosquelle on two matters: firstly, the definition of 'agitation' within the psychiatric institution, and secondly, the institution as 'milieu' of cure. We will see that in adopting antagonistic positions to Tosquelle, Fanon followed, at least in part, Le Guillant's line of criticism.

Interpreting agitation

Fanon's first intervention against Tosquelle can be found in an article titled 'The phenomenon of agitation in the psychiatric milieu: General considerations, psychopathological meaning', which he wrote with his intern Slimane Asselah at the end of 1956,⁷⁰ shortly before fleeing to Tunisia and before the murder of Asselah by the French.⁷¹ The problem of agitation was a core concern in the reflections conducted at Saint-Alban and across other psychiatric hospitals since the 1940s. As in all asylums, Saint-Alban's architecture had been designed to separate patients by gender and by the severeness of their mental pathologies. Like other mental hospitals, it contained its own so-called 'disturbed ward' (*quartiers d'agités*), a section designated for especially difficult, chronic or violent

patients where straitjackets, isolation cells and punitive measures such as prolonged baths were commonly used, and therapeutic attempts reduced to a bare minimum.

In 1952, Philippe Paumelle (1923-1974), who, alongside Philippe Koechlin, was Georges Daumézon's intern in the Parisian hospital Maison-Blanche, had defended a doctoral thesis entitled 'Essais de traitement collectif du quartier d'agités', where he observed and analysed the transformations of such wards across three French hospitals (among them Saint-Alban) around 1950. The thesis took up Tosquelles' and Bonnafé's reflections on the alienating effect of the institution to investigate concrete cases:

[T]he traditional atmosphere of the ward for agitated patients appears not only as a reflection of society's repressive attitude toward the mentally ill, a structure that excludes any meaningful therapeutic approach and any normal doctor-patient relationship; it is clearly a factor of aggravation. Is it merely an acceleration of the social maladaptation that would have occurred in the longer term, or could we speak of an alienating environment, an alienating human group, an alienating structure?⁷²

Through an almost ethnographic method, Paumelle sought to register the rapid transformation of carceral wards into services oriented to biological treatments (shock therapies) on the one hand, and collective socialisation on the other. At the vanguard of this evolution, the old 'pavillon Morel' of agitated women at Saint-Alban had become, he claimed, entirely useless: 'the period between 1949 and 1951 marks the end of the fight against agitation; it has no object anymore'.⁷³

In his 'Introduction to the semiology of agitation', Tosquelles elaborated a surprisingly critical response to Paumelle, arguing that while agitation often developed in reaction to a given environment, the latter had to remain subjected to clinical and medical investigation. Against the deconstruction of agitation as a mere 'myth', he strove to re-establish a 'semiology' of agitation, not as illness but as essentially a 'state', distinguishing between two types: (i) spontaneous (though it may be triggered by external factors), and (ii) occasional and conflictual.⁷⁴ Here, we see Tosquelles grappling with the consequences of the radical social critique of clinical psychopathology. Reacting against what he perceived as a reductive sociologising tendency, Tosquelles, as a tutelar figure of radical psychiatry, found himself in the position of warn-

ing younger colleagues against a complete reduction of 'agitation' to its social, contextual or conflictual source, and of displaying caution regarding the outright suppression of this state's organic component.



As Beneduce notes, Tosquelles's unreflexive mention, at the outset of his article, of Antoine Porot (founder of the Algiers School which developed primitivist and racialist theories of psychiatry) probably ignited the ire of Fanon and Asselah.⁷⁵ But the fact that there is, aside from this reference, nothing outlandish in Tosquelles's position forces us to interpret their defence of Paumelle as an attempt to position themselves critically with regard to Fanon's former mentor. Paumelle, on the other hand, had just created, in 1954, a mental hygiene dispensary in the thirteenth *arrondissement* of Paris.⁷⁶ In their article, Fanon and Asselah argue that Tosquelles's position, 'which is heuristically interesting from a didactic viewpoint', 'seems [...] unacceptable from a doctrinal viewpoint.' The title of their piece provides a helpful starting point to grasp what 'doctrinal' means in this context: Fanon and Asselah sought to address agitation not as 'fact', but as 'phenomenon', as something that evades any purely causal description. This lexical shift also serves to underscore that there cannot be any neutral observer in a hospital setting. In a 'village-hospital'⁷⁷ striving to reflect the outside world or to replicate the 'outside milieu', the psychiatrist cannot articulate an *objective* semiology. 'It remains that the pathological reality, the primary symptoms, collide with the institution.'⁷⁸ The psychiatrist had no privileged viewpoint from which to analyse an expression that was conditioned by the

hospital's milieu, however 'open' or progressive it was. Against the idea of a semiology of agitated behaviours, they defend an existential approach to the agitated subject: through their disorganised activity, the latter is, above all, striving to *know* what they are doing.

Agitation is not merely an excrescence, a 'psycho-motor' cancer. It is also and above all a modality of existence, a type of actualisation, an expressive style. Agitation disarms, since it is what reunites the structures. It can appear at all levels of dissolution. Any such ambiguity is indeed apt to provoke catastrophic reactions. This is why the 'madman-who-knows-what-he-is-doing' meets in the isolation unit with 'the madman-who-does-not-know-what-he-is-doing'. In actual fact, the agitated individual at once does and does not know what he is doing. Or if you will, he does not know what he is doing but he is trying to find out. These are the attempts that clarify here and there the scene, leaving the observer with the disagreeable impression of being fooled. Thus, even at the bottom of these disordered, anarchic behaviours, which are stamped with the seal of nonsense, the fundamental ambiguity of existence is integrally assumed.⁷⁹

In their critique, Fanon and Asselah refer admiringly to Le Guillant's article, 'Introduction à une psychopathologie sociale' (1954). In the latter, Le Guillant defended a dialectical-materialist approach to the 'indissoluble unity between the individual and its milieu',⁸⁰ and put forward a radical critique of hospitalisation as such. Instead of improving the patient's milieu in the hospital, he argued that patients' release from the hospital often proved to function as an effective therapy of psychoses.⁸¹ Transposing Mao's concepts of primary and secondary contradictions in the war against imperialism, he argued that if mental pathologies (such as suicides) had decreased during World War II, this was to be explained by the temporary subordination of those secondary contradictions to the primary contradiction, i.e. the national war against Nazism: '[h]ow many personal conflicts were both "absorbed" by the world conflict and, in a way, "worked through" by participating in the struggle for the liberation of the country?⁸² In seeking to re-conceptualise the role of the 'milieu' in the development of mental pathologies, Le Guillant spearheaded the use of statistical and sociological approaches, with particular focus on the situations of social contradictions (poverty, work conditions, migration) encountered by patients. Of Breton origin, Le Guillant had conducted research on

migrant Breton domestic workers in Paris, and was particularly interested in geographical 'transplantation' (as in the case of colonial populations) as a factor increasing the risks of mental pathologies. Drawing on Pavlov and Politzer, he advocated a study of the 'historical development of personality', focusing particularly on the formation of stereotypes and the pathologies triggered by the contradictions between such stereotypes⁸³ – another key concern of Fanon since writing *Black Skin, White Masks*. For Le Guillant, social therapy in a psychiatric hospital could only be a 'symptomatic treatment', an 'orthopedics' serving to fit, in an 'adequate, that is above all tolerant milieu', a subject who 'present[s] a number of insufficiencies or embarrassing particularities'.⁸⁴ Instead of an action on the deep personality of the patient in an institutional context, he advocated an 'action on the milieu itself', concluding with a provocation: 'The real – a "good real", if I may put it that way – its awareness and its teachings, will always be the best psychotherapists'.⁸⁵

Against 'institutional-therapy'



Fanon unleashed a second attack against Tosquelle in a later article, co-authored with his intern Charles Geronimi and published in 1959 in *La Tunisie médicale*, entitled 'Day hospitalisation in psychiatry: Value and limits.' This two-part article places itself in the continuity of 'The phenomenon of agitation', but now from a perspective grounded in Fanon's open-door clinical trials conducted at the Charles-Nicolle day hospital in Tunis. In the second part of the study, subtitled 'doctrinal considerations', Fanon and Geronimi reflect on their own experiment in *socialthérapie* in Blida, which

they acknowledge was ‘a decisive turn in our understanding of madness’.⁸⁶ But such a form of therapy, they now argue, preserves patients in a ‘neo-society’, inducing an ‘imaginary or symbolic confrontation with the world’.⁸⁷

It is necessary [...] to acknowledge that with institutional-therapy [sic], we create fixed institutions, strict and rigid settings, and schemes that are rapidly stereotyped. In the neo-society, there are no inventions; there is no creative, innovative dynamic. There is no veritable shake-up, no crises. The institution remains that ‘corpse-like cement’ of which Mauss speaks.⁸⁸

Using the term ‘institutional-therapy’ in English in their own article, Fanon and Asselah underscore the irony contained in this expression: for them the institution, in itself, *cannot* cure. By contrast, the day-hospital model has the advantage of ‘normalising’ the relationships between medical staff and patients, preventing what Tosquelles had himself described as the ‘sado-masochistic’ tendencies that grow in the enclosed arena of the hospital:

The patient no longer experiences his possible discharge as the product of the doctor’s benevolence. The *a minima* master/slave, prisoner/gaoler dialectic created in internment, or in the threat thereof, is radically broken. In the setting of the day hospital, the doctor-patient encounter forever remains an encounter between two freedoms. That condition is necessary for all therapy, but especially in psychiatry.⁸⁹

By preserving the patient’s fundamental freedom – freedom of movement, but also of dress and care for oneself more generally – it allows for an effective social therapy to take place (in their own milieu), while enabling the psychiatric team to grasp more fully the pathogenic character of the actual ‘situation’ in which the patient is embedded and where their illness develops.

Symptomatology presents itself dialectically and the psychiatrist acts and thinks only dialectically. Descriptive semiology, so crucial in the asylum period, moves into the background, thus fostering an existential and no longer nosological approach. We see the patient live through his illness, develop reactional formations, inhibitions, and identifications in his natural setting. And on the basis of these ego conducts we can come to a dynamic understanding of the structure involved, the indigence of the ego, the assaults it has to contend with; in short, on the basis of this pathological existence we can decide on the

place and the type of our action. But what we decide dialectically includes all the elements of the situation. There is no pointillist approach to different symptoms, but a global tackling of a form of existence, a structure, a personality engaged in current conflicts.⁹⁰

Whilst Tosquelles would perhaps have agreed with some aspect of Fanon’s critique, and while Fanon recognised the heuristic significance of Tosquelles’s interventions, the decisive *doctrinal* point that Fanon wanted to make was philosophical, and returns to questions regarding madness and the object of psychiatry that Fanon had engaged with in his medical thesis. Whilst a dialectical approach is totalising and processual, Tosquelles’s nosology appears pointillist, losing focus on the existential dimension. Instead of a merely causal, ‘thingifying’⁹¹ approach to psychic phenomena, Fanon and Geronimi advocate a case by case inquiry into the situation of each patient, in which a given personality is engaged in conflicts. Ironically perhaps, this argument about the possibility of objective nosology draws on a critique of psychiatric ‘science’ that Tosquelles had himself largely contributed to. Fanon contends that following this logic through entails addressing the patient’s freedom, the freedom that constitutes the fundamental existence of the patient, their human reality. Fanon’s return to a Sartrean, quasi-axiomatic conception of human freedom is interesting, for it shows that while he was following the lead of communist psychiatrists in these years regarding his approach to the clinic, this did not entail the disavowal of his existential and phenomenological commitments. Like Tosquelles and Lacan (and contra Ey), Fanon strove to humanise the mad person, to understand the patient as someone who potentially ‘knows and doesn’t know’ and whose behaviour, even delirious or erratic, was to be approached on the ground of their motivation, desires, and intentionality, rather than from the viewpoint of a lack or deprivation. Yet, against Tosquelles and Lacan’s surrealism-inspired inversion of madness, against the ‘irrationalist’ universalisation of madness as an ‘essential’ virtuality of human existence, Fanon reinstates a conception of madness as a ‘pathology of freedom’, as a privative, pathological limitation of freedom, rather than a constitutive limit of all human beings.⁹² This constituted the ‘doctrinal’ pivot of Fanon’s disagreement with Tosquelles: even if they were mentally ill, even if they were patients in a psychiatric

institution, these human beings were to be seen as temporarily alienated, but essentially free.⁹³

‘Day hospitalisation’ thus flows from the previous critique of Tosquelles’s ‘semiological’ outlook in his critical response to Paumelle, reasserting the importance of shifting from the level of being to the level of existence, whereby the illness, and particularly the ‘conflictual situation’ at the kernel of the pathology, is to be grasped as an ‘uninterrupted dialectic of the subject and the world’.⁹⁴ In returning to the essentially temporal character of existence, Fanon reasserts the perspective developed in his medical thesis and in *Black Skin, White Masks*, while also striving to integrate the subject’s becoming within a dialectical-material conception of psychology and a form of ‘social psychiatry’ such as the one developed by Le Guillant and the *La Raison* team.

Heightened at the inception of the Cold War, the conflict between ‘institutional psychotherapy’ and ‘sectorisation’ and between the various conceptions of the role of psychoanalysis in psychiatry would later wane alongside the concrete transformations of psychiatric assistance in France. Some of those who had condemned psychoanalysis on political grounds or uncritically followed the party line, such as Le Guillant, Sven Follin or Serges Lebovici, would regretfully recant.⁹⁵ Facing the drifts of the ‘externalisation’ model he had advocated for, Le Guillant would confess, in a long posthumous essay, to defending the importance of hospitalisation in psychiatric services, as an irreplaceable ‘instrument of cure’.⁹⁶ Retrospectively, these ideological battles appear to have been partly circumstantial, keeping the core social nexus of the disalienist movement relatively united through time. With hindsight, Tosquelles’s in-depth understanding of Marxism, his generous personality and capacity to sustain friendships over long periods played a key role: in spite of his critique of the state and anti-Stalinism, Tosquelles never ceased to seek to form alliances with communist militants. As he would declare in 1975:

Relations with the communist movement in psychiatry pose the same problem as in general politics. They will do whatever they want, but they have a large number of serious, committed activists. As for me, I think – and have always thought – that nothing can be done without them.⁹⁷

Neither institution, nor sector?

If Fanon is now generally hailed as a major actor and continuator of institutional psychotherapy and an important theorist of sector psychiatry, how are we to understand the absence of any mention of him in earlier historical narratives, such as the one published in *Recherches* in 1975, the same year as ‘Fanon at Saint-Alban’? Fanon, after all, had not merely passed through Saint-Alban; he was of the same generation in the sense that he had also fought Nazism in the Liberation army and was an active militant for the disalienist cause. His subsequent publications demonstrate his ambition to intervene in the most topical debates of this time concerning psychopathology and therapeutics. Like his French counterparts, Fanon was a very young, very well-read doctor, entrusted with the direction of entire wards before the age of thirty. Like them, he was profoundly influenced by Tosquelles. However, a few exceptions aside, the major actors of this revolution, drawn from the ranks of the Resistance elite, were ‘French from France’. Lucien Bonnafé, Georges Daumézon, or Louis Le Guillant’s analytical frameworks, however Marxist and revolutionary, were geared to the reconstruction and improvement of the French postwar state. Fanon had fought for France, yet he was not part of this elite circle; he harboured an outsider’s perspective. At the moment when these radical psychiatrists were taking control of France’s major mental health institutions, Fanon decided to leave France for ‘the colony’. Paradoxically, he initially occupied there the role of a colonial elite, with an official residence and garden. But during his years of experimentation and politicisation in Blida, Fanon kept reading voraciously and began following a ‘sector-psychiatry’ offshoot, then embodied in France by Communist psychiatrists. His articles of the second half of the 1950s reveal the extent of his unabating ambition as an intellectual-psychiatrist within the French disalienist sphere, evolving in tandem with his militant work for the FLN. After having probed the possibilities of transposing the Saint-Alban experiment to Algeria, he would ponder the difficulties of sectorisation in Tunisia. Instead of locating himself in the orbit of ‘institutional psychotherapy’, we see Fanon attacking Tosquelles on his own terrain, by radicalising the latter’s own critique of the institution, and reactivating

the idea of an extension psychiatry to other ends.

In his portrait of Fanon, Tosquelles would embrace the Martinican psychiatrist's perspective within the larger trajectory of institutional psychotherapy – while acknowledging their irreducible differences of tone, style and engagement. But the foregoing analysis shows how they held, for some time, almost antagonistic positions on the spectrum of French radical psychiatry, a rift that may explain Tosquelles's ambivalence. Indeed by 1952, when Daumézon and Koechlin coined the expression 'institutional therapy', this term was already the name of a schism between the proponents of sector psychiatry, who wanted to adopt a position of service oriented outside the hospital, and those who would continue to nurture what we would call, with Deleuze and Guattari, 'minor' institutions.⁹⁸ It is I think meaningful to observe that at this historical juncture, Fanon placed himself in the lineage of those who defended sector psychiatry rather than the multiplication of Saint-Alban-like experiments – a line that would run through Laborde and the GT-Psy, which would further develop, notoriously through Oury's and Guattari's work, ideas of 'institutional *analysis*' and of 'schizoanalysis'.⁹⁹ While Fanon acknowledged the importance of Tosquelles's project, he would probably have agreed with Bonnafé's biting observation that 'the inner drama of institutionalism is the institutional fascination with the place in which one is master' (*la dramatique intérieure de l'institutionnalisme, c'est la fascination institutionnelle du lieu dans lequel on est maître*).¹⁰⁰

It is on this key divergence that Murard and Fourquet conclude their study: sector and institutional attempts to forego psychiatric power held symmetrical dangers. While the latter tends to recreate the hospital as a pseudo-society, an illusory islet, the former, by advocating insertion in the *real* social milieu as cure, entailed a lack of clear dissociation between the pathogenic and the therapeutic effects of the social milieu.¹⁰¹ Whilst Saint-Alban had undeniably shaped postwar French psychiatry, the lessons to be drawn from it were far from evident, raising a variety of questions for its successors: would Saint-Alban become a generalisable model, or was it too place-specific to be repeated elsewhere? Was Tosquelles's model of 'extensive psychiatry' only valid in the countryside, where several generations coexisted?¹⁰² How was a militant, 'sector psychiatry' to be practiced in large cities?¹⁰³

To some extent, Tosquelles had himself assumed the non-repeatability of his experiment, considering that 'active sociotherapy must only develop through an internal revolution, by referring to autochthonous realities [*réalités autochtones*]',¹⁰⁴ and warning against the reification of its structures. But for Fanon, engaging with so-called 'autochthonous realities' had the effect of entirely upending the project by questioning its most essential presuppositions concerning the meaning of madness and the role of politics in therapeutics. An extensive psychiatry in sync with 'autochthonous realities' in Algeria could not adapt to its 'mad' reality; it could only strive to transform it, to disalienate itself through decolonisation. In the mid 1950s, Fanon drew inspiration from those who advocated sectorisation, but he immediately subverted their state-centred conceptions to other ends: the colonial 'milieu' was not to be adapted to, but radically transformed, transfigured (i.e. decolonised). Fanon also recognised the importance of Tosquelles's teachings, but enacting them fully also meant being able to take leave of the institutions where one always risked exerting one's own mastery. Reactivating Tosquelles's faith in the therapeutic effect of socialisation and political praxis by reframing social therapy within the context of anticolonial war, Fanon would develop what Hannah Proctor aptly names 'anti-adaptive' healing: an ensemble of healing processes which, instead of adapting to pre-existing social structures, would merge with revolutionary action itself.¹⁰⁵

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Notes

1. This dossier of Fanon's psychiatric works was published in *L'Information psychiatrique* 51:10 (1975). I am greatly indebted to Hannah Proctor, Marie Louise Krogh and Rahul Rao for editing this piece so carefully, and to Hannah for her long-standing commitment to bringing this dossier to life.

2. As Tosquelles remarked elsewhere, 'I must say that Frantz Fanon had, in good faith, chosen to obey almost blindly the gospel preached by the psychiatric clinic – that is, by the psychiatrists pursuing the constant objectives of mental illness.' François Tosquelles, *Soigner les institutions*, ed. Joana Maso (Paris and Barcelona: L'arachnéen/Arcàdia, 2021), 304, trans. mine.

3. Francesc Tosquelles, 'Frantz Fanon in Saint-Alban', trans. Giovanni Menegalle, in this issue, 33.

4. Tosquelles, 'Frantz Fanon in Saint-Alban', 35.

5. Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (Chicago and London: The University of Chicago Press, 2021) is a crucial intervention because it situates Fanon's trajectory within the broader theoretical, social and political constellation of Saint-Alban, offering a very different perspective on his oeuvre than what had hitherto prevailed. Earlier accounts had analysed Fanon's relationship with Tosquelles's sociotherapy in detail, with less emphasis on Saint-Alban specifically: Hussein Abdilahi Bulhan, *Frantz Fanon and the Psychology of Oppression* (New York and London: Plenum Press, 1985); Nigel C. Gibson and Roberto Beneduce, *Frantz Fanon, Psychiatry and Politics* (London and New York: Rowman and Littlefield, 2017); Jean Khalfa, 'Soigner les pathologies de la liberté. Fanon psychiatre', *Les Temps Modernes* 683:2 (2015), 229–255 and Jean Khalfa, 'Fanon, revolutionary psychiatrist' in Frantz Fanon, *Alienation and Freedom*, ed. Jean Khalfa and Robert J. C. Young, trans. Steven Corcoran (London and New York: Bloomsbury Academic, 2018), 167–202. In French, the 2007 dossier on Fanon in the journal *Sud/Nord* 22:1, which includes both of Tosquelles's texts on Fanon, as well as an interview of Maurice Despinoy by Jacques Tosquelles, constituted another important landmark in the rediscovery of the significance of Fanon's presence in Saint-Alban.

6. Jacques Postel, 'Éditorial', *l'Information psychiatrique* 51:10 (1975), 1049, trans. mine. Unless explicitly indicated, all subsequent translations from French are mine.

7. Postel, 'Éditorial'.

8. For a commentary on these misunderstandings, see Derek Hook, 'Fanon via Lacan, or: Decolonization by Psychoanalytic Means?', *Journal of the British Society of Phenomenology* 51:4 (2020), 1–15.

9. Frantz Fanon, *Écrits sur la désaliénation et la liberté*, eds. Jean Khalfa and Robert J. C. Young (Paris: La Découverte, 2015); Frantz Fanon, *Alienation and Freedom*, eds. Jean Khalfa and Robert J. C. Young, trans. Steve Corcoran (London and New York: Bloomsbury Academic, 2018).

10. I refer here, in particular, to Matthieu Renault, *Frantz Fanon, de l'anticolonialisme à la critique postcoloniale* (Paris: Amsterdam, 2011); Gavin Arnall, *Subterranean Fanon: An Underground Theory of Radical Change* (New York: Columbia University Press, 2020); Guillaume Sibertin-Blanc, 'Décolonisation du sujet et résistance du symptôme. Clinique et politique dans Les Damnés de la terre', *Cahiers philosophiques* 138:3 (2014), 47–66; Sinan Richards, 'Triggering the End of the Colonial World: Tosquelles and Fanon', *Journal of Humanistic Psychology*, Special Issue on Fanon, Online First (2025), 1–26, <https://journals.sagepub.com/doi/reader/10.1177/00221678251384544>.

11. Adam Shatz, *The Rebel's Clinic: The Revolutionary Lives of Frantz Fanon* (New York: Apollo, 2024), 203.

12. Robcis, *Disalienation*, 50.

13. Tosquelles, 'Frantz Fanon in Saint-Alban', 33.

14. David Macey, *Frantz Fanon: A Biography* (London and New York: Verso, 2000), 147–8.

15. See Khalfa's introduction to *Alienation and Freedom*, 171.

16. Philippe Paumelle, *Essais de traitement collectif du quartier d'agités* (Rennes: éditions ENSP, 1999), 111.

17. Balvet heard about Tosquelles through his friend André Chaurand, who was interested in Catalan psychiatry (Tosquelles, *Soigner les institutions*, 152). The association between Balvet and Tosquelles seems surprising since Balvet was, at the beginning of the war, a sympathiser of Maréchal Pétain's government. Balvet entered the Resistance in 1942. When Tosquelles started to work in Saint-Alban he worked as a nurse as his medical credentials were not recognised in France. He only became 'head-doctor' (*chef de service*) after obtaining his medical degree, in 1953 (Tosquelles, *Soigner les institutions*, 35).

18. The POUM (Worker's Party of Marxist Unification) was an independent, anti-Stalinist communist party founded in Spain in 1935. Influenced by Trotskyism, it was especially active in Catalonia and fought on the side of the Spanish Republic against the army of General Franco during the Spanish Civil War (1936–1939). The party was later suppressed by Stalinist forces within the Republican camp, and several of its leaders were arrested or killed.

19. While this traditional English term originally designated a form of participation in public affairs, the term had been decisively inflected by the French Revolution, where it had become at once an instrument of education and democratisation of politics. Given its radically democratic political objectives, it may seem ironic that this Club was named after Saint-Alban's former director as the 'Club Paul Balvet'.

20. François Tosquelles, 'Intervention de Tosquelles', Symposium sur la psychothérapie collective, *L'évolution psychiatrique* 3 (July–Sept 1952), 542.

21. Tosquelles, 'Intervention de Tosquelles', 540.

22. Lion Murard and François Fourquet, eds., 'Histoire de la psychiatrie de secteur ou le secteur impossible?', *Recherches* 17 (March 1975), 88.

23. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 94.

24. See Charles Guerra and Joana Maso, eds., *La Déconiairie – Art, exil et psychiatrie autour de François Tosquelles* (Paris: Les Abattoirs/Arcàdia, 2021).

25. See in particular, Paolo Scopelliti, *L'influence du surréalisme sur la psychanalyse* (Paris: l'Âge d'homme, 2002), 74.

26. François Tosquelles, *Le vécu de la fin du monde dans la folie. Le témoignage de Gérard de Nerval* (Nantes: Éditions de l'AREFPI, 1986), 45.

27. Tosquelles, *Le vécu de la fin du monde dans la folie*, 230.

28. 'Madness is a blossoming, a new birth. Between the madman and the child or the primitive there are enough affinities to affirm this. Madness is the monstrous and disturbing resurgence, in a civilised adult – amid so many constraints, amid everything that seemed to be life – of the life of the ancestors.' Paul Balvet, 'La valeur humaine de la folie', *Esprit* 137:9 (1947), 300.

29. '...since "pure" madness is nothing but chaos, it cannot be described; it can only be felt' (Balvet, 'La valeur humaine de la folie', 302). In his psychiatry dissertation, Fanon would side with Lacan's idea that madness is 'lived within the register of meaning', and write that 'every delusional phenomenon is ultimately expressed, that is to say, spoken' (Fanon, *Alienation and Freedom*, 267–8).

30. On 'geo-psychiatry' see in particular, Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 88–90, and Elena Vogman's article in this issue.

31. Georges Daumézon et Philippe Koechlin, 'La Psychothérapie institutionnelle française contemporaine', *Anais portugueses de psiquiatria* 4:4 (Dec. 1952). Georges Daumézon (1912–1979) and Philippe Koechlin (1938–2010) did not work directly with Tosquelles, but were friends with him. Daumézon was appointed director of the hospital of Fleury-les-Aubrais in 1938, from where he frequently visited Saint-Alban. Koechlin was Daumézon's intern in the Hôpital de Maison-Blanche, where he wrote a medical thesis on the question of work in psychiatric therapeutics.

32. François Tosquelles, 'Que faut-il entendre par psychothérapie institutionnelle?', cited in Tosquelles, *Soigner les institutions*, 264.

33. Jean Ayme, 'Histoire et actualité du courant français de la psychothérapie institutionnelle', *Raison présente* 144 (2002), 69–80. See also Jean Oury, Félix Guattari, François Tosquelles, *Pratique de l'institutionnel et politique* (entretiens), (Vigneux: Matrice éditions, 1985).

34. Linked to the Laborde clinic, the *Centre d'études, de recherches et de formation institutionnelles* (Centre for institutional study, research and formation) was created in 1967 by Félix Guattari to finance the *Fédération des groupes d'études et de recherche institutionnelles* (FGERI) (Federation of institutional study and research groups), and lasted until 1987.

35. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 106.

36. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 106.

37. Bonnafé in Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 307.

38. In Basque language, 'Batea' means 'ensemble'. The group drew its inspiration from Bourbaki, a collective of mathematicians which, publishing under this invented name, had created a new, totalising approach to mathematics grounded in the notion of structure, and became the symbol of 'modern mathematics' in France and beyond.

39. Paul Sivadon in Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 104.

40. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 102.

41. As Bonnafé explains, this was also the programme of the self-governing Catalan Republic in the 1930s. He underscores the importance of a synergy between Catalonia and French-communist influences in the genealogy of sector psychiatry.

42. The expression 'pourriture d'asile', which is a play on 'pourriture d'hôpital' (hospital rot), a former way of referring to Hospital-Acquired Infections, was coined in an influential article for the journal *Esprit* by Lucien Bonnafé and Louis Le Guillant: 'La condition du malade à l'hôpital psychiatrique', *Esprit* 197 (Dec. 1952), 849.

43. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 88.

44. The Tosquelles-Bonnafé rift clearly appears from the following statement by Tosquelles: 'When Bonnafé left, he became the paladin of the sector. We had already spoken about geo-demography, and about the sector, but in my view there was a risk that this would be understood as a merely administrative dimension, or even used – I am not afraid to say so – by psychiatrists as a way to flee from the problems of madness. Tosquelles in Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 90.

45. Tosquelles in Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 87.

46. Elisabeth Roudinesco, *Histoire de la psychanalyse en France*, vol. 2: 1925–1985 (Paris: Fayard, 1994), 191.

47. Importantly, the title of the article had not been chosen by the contributors, but imposed by the editorial team of *La Nouvelle Critique*, which was a journal of the French Communist Party. The article has often been cited without being read and routinely decried as a blatant example of obtuse Stalinism, when it is in fact trying to mediate the divide then drawn between psychoanalysis on the one hand and dialectical materialism on the other. For an analysis of this article and its reception, see Martine Garrigou, 'Commentaires sur La psychanalyse, idéologie réaction-

naire', *Les cahiers de santé publique et de protection sociale* 48 (March 2024), <https://cahiersdesante.fr/editions/la-psychanalyse-ideologie-reactionnaire-2/>

48. Lucien Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', *La Nouvelle Critique* 7 (1949), 59.

49. Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', 61. On the details surrounding the writing of this collective article, see Roudinesco, *Histoire de la psychanalyse en France*, 196.

50. Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', 71.

51. Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', 64.

52. Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', 65.

53. Bonnafé et al., 'La psychanalyse, idéologie réactionnaire', 68–9.

54. Roudinesco, *Histoire de la psychanalyse en France*, 194.

55. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 116.

56. In a seminar titled *L'aliénation*, Jean Oury (1924–2014) discusses his concept of 'double alienation', which he coined in the late 1940s, as a theory of 'double articulation'. Drawing on functional linguistics (André Martinet), he describes psychic and social alienation as two different levels of signification within the same utterance. Jean Oury, *L'aliénation. Séminaire de Ainte Anne 10^e année* (Paris: Galilée, 1992), 20.

57. See in particular, François Tosquelles, 'Psychopathology and Dialectical Materialism' (1947), trans. Steven Corcoran, in *Psychotherapy and Materialism: Essays by François Tosquelles and Jean Oury*, eds. Marlon Miguel and Elena Vogman (Berlin: ICI Berlin Press, 2024), 47–88.

58. Jean Khalfa, 'Fanon, revolutionary psychiatrist', in Frantz Fanon, *Alienation and Freedom*, 201.

59. Maurice Despinoy and Jacques Tosquelles, 'Entretien avec Maurice Despinoy', *Sud/Nord* 22:1 (2007), 106.

60. These articles are: 'On some cases treated with the Bini method', 'Indications of electroconvulsive therapy within institutional therapies', 'On an attempt to rehabilitate a patient suffering from morpheic epilepsy and serious character disorders'. The three papers were published in the proceedings of the *Congrès des médecins aliénistes et neurologues de France et des pays de langue française* (51st session, Pau, 20–26 July 1953).

61. Alice Cherki, *Frantz Fanon: A Portrait*, trans. Nadia Ben-abid (Ithaca and London: Cornell University Press, 2006), 20.

62. The Working group in institutional psychotherapy and sociotherapy was created in 1960. It included François Tosquelles, Jean Oury, Roger Gentis, Horace Torrubia, Jean Ayme, Yves Racine, Jean Colmin, Maurice Paillot, and Hélène Chaigneau, and later Nicole Guillet, Fanon's friend (Robcis, *Disalienation*, 98).

63. Michel Minard and Jacques Tosquelles, 'Entretien avec Jean Ayme', *Sud/Nord* 22:1 (2007), 121.

64. See interview with Alice Cherki in this issue, 75–76.

65. See in particular, Frantz Fanon and François Sanchez, 'Maghrebi Muslims and their attitude to madness', in *Alienation and Freedom*, 421–6.

66. Fanon, *Alienation and Freedom*, 418. Unfortunately – to my knowledge – Despinoy's letter hasn't been retrieved.

67. Georges Daumézon, who had written a thesis on the status of nurses in mental asylums (1935) which earned him a prize in medicine, developed workshops specifically dedicated for nurses of psychiatric hospitals from 1949 onwards, in collaboration with the CEMEA (Training Centres in Active Education Methods), and particularly with his wife Germaine Le Guillant. From Fanon's letter we cannot determine whether it was Louis or Germaine whom Fanon had invited to Blida-Joinville.

68. Louis Le Guillant, 'Intervention de Le Guillant', *Symposium sur la psychothérapie collective*, 560.

69. Le Guillant, 'Intervention au Symposium sur la psychothérapie collective', 561.

70. Asselah would be killed by the French in 1957 (Gibson and Beneduce, *Frantz Fanon, Psychiatry and Politics*, 24).

71. It was published in *Maroc Médical* in 1957.

72. Philippe Paumelle, *Essais de traitement collectif du quartier d'agités* (Rennes: éditions ENSP, 1999), 53.

73. Paumelle, *Essais de traitement collectif du quartier d'agités*, 120.

74. François Tosquelles, 'Introduction à la sémiologie de l'agitation', *l'Évolution psychiatrique* 1 (Janvier-Mars 1954), 86–88.

75. Gibson and Beneduce, *Frantz Fanon: Psychiatry and Politics*, 139.

76. Roudinesco, *Histoire de la psychanalyse en France* vol. 2, 205.

77. The term 'hospital-village' was, in these years, a derogatory term for institutional psychotherapy. The expression chiefly referred to the hospital of Lannemezan, a 'hospital-village' of the Hautes-Pyrénées. In appearance, the latter was similar to Saint-Alban as it was oriented by disalienist precepts (free circulation, social and physical activities for patients). Yet its director, Dr. Henri Ueberschlag (1912–1976), claimed to eliminate all social conflict and offer a 'natural environment' to patients, by creating what could be effectively considered to be 'fixed structures'. For several communist psychiatrists, such 'deviation' required Tosquelles to undertake a more self-critical stance vis-à-vis the Saint-Alban model, as it urgently raised the question of the extendability of so-

cial therapy, and of its risk of veering into reformism – or even fascism. On this topic, see in particular François Tosquelles and Paul Balvet, 'Courriers Tosquelles-Balvet', ed. Jacques Tosquelles, *Sud/Nord 1* (2004), 171–184.

78. Frantz Fanon and Slimane Asselah, 'The phenomenon of agitation in the psychiatric milieu: General considerations, psychopathological meaning', in *Alienation and Freedom*, 445.

79. Fanon and Asselah, 'The phenomenon of agitation in the psychiatric milieu', 447.

80. Louis le Guillant, 'Introduction à une psychopathologie sociale', *l'Évolution psychiatrique* 1 (Jan – March 1954), 19.

81. Le Guillant, 'Introduction à une psychopathologie sociale', 5.

82. Le Guillant, 'Introduction à une psychopathologie sociale', 28.

83. Le Guillant, 'Introduction à une psychopathologie sociale', 51.

84. Le Guillant, 'Introduction à une psychopathologie sociale', 14.

85. Le Guillant, 'Introduction à une psychopathologie sociale', 23.

86. Frantz Fanon and Charles Geronimi, 'Day hospitalisation in psychiatry: Value and limits', in Fanon, *Alienation and Freedom*, 498.

87. Fanon and Geronimi, 'Day hospitalisation', 499.

88. Fanon and Geronimi, 'Day hospitalisation', 499.

89. Fanon and Geronimi, 'Day hospitalisation', 497.

90. Fanon and Geronimi, 'Day hospitalisation', 502.

91. Fanon and Geronimi, 'Day hospitalisation', 504.

92. In his doctoral thesis, Fanon opened his section on Lacan's key sentence from the Bonneval 1942 meeting: 'Not only can man's being not be understood without madness, but it would not be man's being if it did not bear madness within itself as the limit of his freedom' commenting immediately after that 'few men are as contested as Lacan' (Fanon, *Alienation and Freedom*, 262). How far, exactly, did Fanon diverge from, or instead followed the Lacan of *De la psychose paranoïaque dans ses rapports avec la personnalité* (1932) is a contentious matter. See in particular Jean Khalfa, 'Soigner les pathologies de la liberté', 242 and 'Fanon: revolutionary psychiatrist', in Fanon, *Alienation and Freedom*, 184–5. For diverging interpretations of this relationship, see Hook, 'Fanon via Lacan', and Sinan Richards, 'The Logician of Madness: Fanon's Lacan', *Paragraph* 44:2 (2021), 214–237.

93. The following assertion by Tosquelles may be useful to grasp the extent of their disagreement. Indeed, he would later claim that 'all life develops itself within limits or within frameworks that we may call carceral.' Against anti-psychiatry, he would claim that the hospital's virtue is to provide a 'neutral' and 'heterogeneous' milieu, which is 'always facilitating, whichever form we give to the psychotherapeutic approach' (François Tosquelles, 'L'aménagement de la structure de la rencontre psychothérapeutique en milieu hospitalier psychiatrique', quoted in Tosquelles, *Soigner les institutions*, 232).

94. Fanon and Geronimi, 'Day hospitalisation', 504.

95. See Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 115–118. See also Annick Ohayon, *L'impossible rencontre: psychologie et psychanalyse en France 1919–1969* (Paris: La Découverte, 1999), 341.

96. Louis Le Guillant, 'Le service psychiatrique, instrument de guérison' (four-part essay), *Chimères. Revue des schizoanalyses* 33–36 (1998–1999).

97. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 176.

98. Gilles Deleuze and Félix Guattari, *A Thousand Plateaus*, trans. Brian Massumi (Minneapolis & London, University of Minnesota Press, [1987] 2005).

99. On the notion of 'institutional analysis', see in particular, Jean Oury, Felix Guattari, François Tosquelles, *Pratique de l'institutionnel et politique. Entretiens* (Vigneux: Matrice, 1985).

100. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 164.

101. See François Tosquelles, 'Réponse au Dr Le Guillant', *Symposium sur la psychothérapie collective*, 573.

102. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 288.

103. Murard and Fourquet, eds., 'Histoire de la psychiatrie de secteur', 468.

104. Tosquelles, 'Intervention de Tosquelles', *Symposium sur la psychothérapie collective*, 537.

105. Yet Proctor's conception of 'anti-adaptive healing' involves another aspect, which Fanon arguably pointed to in his clinical work without fully thematising at a theoretical level. Proctor's expression refers to 'the contradictory endeavour of striving to heal psychic wounds in a wounded and wounding social reality (without affirming its structures in the process), but [it] also acknowledges the psychic damage that can be incurred by fighting to transform social reality (so as to make it less psychically wounding)'. Hannah Proctor, *Burn Out: The Emotional Experience of Political Defeat* (London and New York: Verso, 2024), 16.