

Embodied phantasm

Frantz Fanon, Francesc Tosquelles and psychoanalysis by other means

Elena Vogman

Written during the Algerian War of Independence and its author's terminal illness with leukaemia, in the famous first chapter of *The Wretched of the Earth*, 'On violence', Frantz Fanon speaks of 'muscular dreams'. The nights of those living under colonial rule are marked by 'dreams of action, dreams of aggressive vitality':

I dream I am jumping, swimming, running, and climbing. I dream I burst out laughing, I am leaping across a river and chased by a pack of cars that never catches up with me. During colonization the colonized subject frees himself night after night between nine in the evening and six in the morning.¹

Fanon's shift into the first-person heightens the immediacy of these dreams, offering a paradoxical testimony in the present tense. The muscular dreams (*rêves musculaires*) introduce an argument about the somatic causality between bodies and land. The physiology of these dreams is conditioned by what Fanon calls 'a Manichaean and petrified colonial world', a world of segregation and fragmentation where 'apartheid is but one method of compartmentalizing' space, of dividing up both built and destroyed environments. Reading Fanon's lines today, it is difficult not to think of Palestine and the ongoing and relentless genocide of its people.²

Colonial history is written into the environment: the extraction of natural resources, the laying of infrastructure, the erection of monuments, and the negation of 'the political and economic existence of the native population' are, according to Fanon, 'one and the same thing'.³ He subtly relates these regimes of colonial subjugation – in their symbolic and geographical manifestations – to the concrete bodily effects that emerge within such environments. The complex relation between bodies and land is anything but metaphorical. Rather, *The Wretched of the Earth* presents a cartography of the various modalities

through which colonised culture – 'the women dressed in haiks, the palm groves, and the camels' – comes to 'form a landscape, the natural backdrop for the French presence'.⁴ However, these dehumanising environmental projections do not remain unanswered. Fanon reads psychosomatic responses to such violent geographies not as mere symptoms, but as – often unconscious – modes of resistance to the colonial situation.

What is at stake in Fanon's 'muscular dreams', understood not merely as symptoms of the colonised and fragmented environment, but as bodily effort and time invested in liberation? Already in his 1952 *Black Skin, White Masks*, the student of medicine in Lyon dismantles the mythological and evolutionary narratives of psychoanalysis. Fanon's notion of 'real fantasies' (*phantasmes réels*), as formulated in the book, seeks to restore dream-work to its historical, economic, and collective realms marked by colonial alienation.⁵

The Wretched of the Earth radicalises this approach by critically unsettling the psychoanalytic topology of the psyche – its mechanisms of repression, conversion, and the unconscious – along three interrelated lines. First, Fanon reconceptualises the *body* as a situated site and medium of conflict, shaped by colonial history rather than by universal, personal, or mythological coordinates. Within the racialised colonial matrix, the body epidermalises conflict: it becomes a membrane exposed to the outside world. Its affectivity 'is kept on edge like a running sore flinching from a caustic agent'. In Fanon's words, the 'psyche retracts'; it is obliterated and 'finds an outlet through muscular spasms that have caused many an expert to classify the colonized as hysterical'.⁶

Second, it is real *geography* – what Fanon calls 'geographical configuration and classification' – rather than psychoanalytic topology, that provides the framework for

a decolonised social order.⁷ His acute attention to space – from colonial geography and architecture to therapeutic institutions and experimental milieus of cure – testifies to this reversal.

Third, Fanon's notions of real fantasy and muscular dreams articulate a *collective* framework of unconscious processes, a sociogenesis situated within these geo-somatic coordinates. The introduction of this socially, environmentally, and collectively knotted unconscious marks a decisive break with the Freudian model.⁸ As Matt Ffytche has shown, the latter is aligned with the modern imperative to theorise individual autonomy – inherited from German Romanticism and post-Enlightenment thought. Responding to Europe's profound political crisis, Freud anchored the psychic structure of the person in the metaphysical depths of a primordial bio-history.⁹

These three vectors – body, geography, and collectivity – inform my text, which maps Fanon's rearticulation of the psychoanalytic unconscious into a materialist index of how colonial space is written into bodies, where segregation, infrastructure, and extraction translate into specific psychosomatic formations. Moving beyond the universalist and primitivist foundations of the Freudian model, I propose to conceptualise the causality exposed by Fanon as a geo-somatic unconscious.¹⁰ Here, *geo* refers not only to the earth as land, territory, or material for labour, but also to entangled environments in their symbolic and social dimensions, with their existential and world-building potential. Throughout this essay, Fanon's real phantasm (*phantasme réel*) and embodied phantasm (*phantasme incarné*) – a notion¹¹ developed by Fanon and his erstwhile collaborator the Catalan psychiatrist Francesc Tosquelles – are analysed as the operative forms through which this unconscious takes shape: forms in which unconscious processes are enacted across bodies, milieus, and institutions rather than confined to an interior psychic space.¹²

In the first part, I show how Fanon's move toward a geo-somatic register synthesises theories of Gestalt, neurophysiology, and Marxism. This part reframes symptom formation as an embodied negotiation with a colonial environment, in which 'cure' and 'symptom' can coincide as modes of physiological self-defense and resistance. In the second part, I situate this move within the genealogy and practice of institutional psychotherapy – especially its geo-psychiatric approach articulated

by psychiatrists Tosquelles and Lucien Bonnafé – where the hospital and its human geography are treated as an environment which can assume a therapeutic function. Fanon's collaboration with Tosquelles, and the Freud-Marxist collective of the Saint-Alban psychiatric hospital in the French Lozère between 1952 and 1953 informed his understanding of the institution as an 'experimental milieu': an open social, geographic, and vital structure, capable of cure.¹³ This shift complicates the therapeutic scene itself: rather than locating transference in the dyadic analyst–analysand relation, institutional psychotherapy displaces therapy into the institutional, technical, and collective infrastructures that organise circulation, perception, and sociality. The institution itself becomes a complex medium – a 'mediator' – for the somatic unconscious which, according to Tosquelles and psychoanalyst Ginette Michaud, opened up a 'third term' beyond two-body psychology and the linguistic play of signifiers.¹⁴ What is the relation between phantasm, the bodily 'motor matrix', and institutional processes? How do these processes mediate the relations between bodies and environments? Finally, what is at stake in Fanon's call to give shape – or 'body' – to an institution (*donner corps à l'institution*), as he formulated it in Blida-Joinville's intra-hospital newspaper *Notre Journal*?¹⁵

Psychoanalysis by other means

Fanon's *Black Skin, White Masks* can be read as a paradoxical reversal of Freudian psychoanalysis, an imminent gesture that turns its very foundations upside down, makes them palpable, concrete, literal: 'Then there is the unconscious', reads the chapter on 'The Negro and the Psychopathology':

Since the racial drama is played out in the open, the black man has no time to 'make it unconscious.' ... The Negro's inferiority or superiority complex or his feeling of equality is *conscious*. These feelings forever chill him. They make his drama. In him there is none of the affective amnesia characteristic of the typical neurotic.¹⁶

The temporality of bodily and psychic processes invested in experience constantly resurfaces in Fanon, reminding us that the 'real', or rather, the 'reality, which is our only recourse', is 'complicated': entangled with economic, social, and historical conditions.¹⁷ Racial conflict is enacted in everyday life and across multiple milieus;

repression or oblivion of any kind appears as a luxury available only to the white subject.

However, in examining the problem of racism from a situated, even autotheoretical position, psychoanalysis serves Fanon not only as a target of critique but also as an instrument of his own analysis. As he states in the opening pages of his book: 'I believe that only a psychoanalytical interpretation of the black problem can lay bare the anomalies of affect that are responsible for the structure of the complex.'¹⁸ This critical appropriation of psychoanalysis – its use 'against the grain', as Robert J. C. Young has subtly observed, alluding to Walter Benjamin's approach to historiography – positions Fanon as both analyst and analysand, though he never formally underwent a training analysis. Crucially, his methodology is inseparable from his embodied perspective – something that, according to Young, often eludes his psychoanalytic interpreters.¹⁹

Fanon's reading of psychoanalysis owes a lot to Marxist notions of alienation and to critiques of Freud, undertaken by several of his contemporaries, from Georges Politzer and Pierre Naville to Henri Wallon and Tosquelle himself. Similar to Fanon's later analysis, Politzer's claim for 'concrete psychology' countered Freud's unconscious as an 'abstraction.' Diagnosing a 'crisis of psychoanalysis', he understood the unconscious in terms of the subject's 'concrete drama thus lived' – embodied in situations, conflicts, and relations with the environment.²⁰

Naville, a founding member of the Surrealist movement as well as a Marxist intellectual and sociologist, dismissed both the psychology of interiority and the notion of the unconscious. According to him, Freud overlooks the formative influence of the milieu and its social characteristics, confining himself instead to individual psychological determinations. Insisting on the primacy of the *socius* in relation to the individual, Fanon quotes from Naville's 1948 *Psychologie, Marxisme, Matérialisme* at decisive junctures in *Black Skin, White Masks*:

To speak of society's dreams as one speaks of the dreams of the individual, to discuss collective will to power as one discusses individual sexual drive, is to reverse the natural order of things once more, because, on the contrary, it is the economic and social conditions of class conflicts that explain and determine the real conditions in which individual sexuality expresses itself, and because the content

of a human being's dreams depends also, in the last analysis, on the general conditions of the culture in which he lives.²¹

Naville's materialist critique of psychoanalysis serves Fanon in exposing the sociogenesis of dreams, as opposed to Freud's ontogenetic scheme. Against psychoanalysis's universalist and racist manipulation of cultural stereotypes, Fanon's aim is to restore dreamwork to its proper time and place – the situated social conflicts traversing bodies and their unconscious manifestations.

He comments on Octave Mannoni's *Psychologie de la colonisation* (1950), written after Mannoni resigned from colonial service in Madagascar and began his analysis with Jacques Lacan in Paris.²² The debate centres on Mannoni's interpretation of a set of Malagasy dreams. The author treats these dreams as representative of those of 'thousands of Malagasies', reading them as expressions of the 'dependency complex' that he identifies as fundamental to the phantasmatic structures sustaining colonial psychology. Fanon rejects Mannoni's reductive reliance on a psychoanalytic hermeneutic that subsumes historical and social events under the framework of the familial, or Oedipal, complex: 'the discoveries of Freud are of no use to us here', Fanon resumes.²³ Rather, he situates the proper time and place of these dreams in the 1947 suppression of the Malagasy Uprising, during which eighty thousand members of its population were massacred by French colonial forces, supported by Senegalese troops. Restoring the facts of this bloody colonial repression – silenced in France, like so many other colonial crimes – Fanon proposes an alternative reading of the dreams cited by Mannoni:

The rifle of the Senegalese soldier is not a penis but a genuine rifle, model Lebel 1916. The black bull and the robber are not *lolos* – 'reincarnated souls' – but actually the irruption of real fantasies [*phantasmes réels*] into sleep.²⁴

This somatic-political articulation of the unconscious radically shifts the orthodox psychoanalytic framework. As in muscular dreams, there is no trace of the Cartesian model of conversion – with its residual Christian anthropology – in which a psychic representation is displaced into a bodily symptom. Nor do these dreams conform to Freud's model of dreamwork as a regression toward a 'phylogenetic childhood', grounded

in the mythological and evolutionary narrative of the *Urphantasien*.²⁵ Against both the metaphysical dualism of conversion and the primitivist temporality of primal fantasy, Fanon's notion of real fantasies (*phantasmes réels*) insists on the literality – and perhaps, paradoxically, the intentionality – of the dream's bodily agency.

Fanon's initial title for *Black Skin, White Masks* was *Essay on the Disalienation of the Black*. In their attentive readings of the book, Vicky Lebeau and David Marriott have shown how Fanon entangles questions of the real and fantasy on the basis of a 'non-oppositional difference between dreamwork and culture'.²⁶ To say fantasy is real, is to acknowledge 'the phantasmatic pressure of the real on culture'. This means, at the same time, to recognise the preemptive power of the cultural stereotype over the unconscious work of phantasm and desire.²⁷

As precise as these analyses may be in accounting for Fanon's reversal between phantasm and the social, this leaves open the question of how the psychoanalytic unconscious sustains and perpetuates racist and colonial stereotypes that Fanon seeks to dismantle. In question is not merely the psychoanalytic abstraction from social and political realities. Fanon's reading of Freud and C. G. Jung is marked by a deep disgust with regard to their primitivist aspirations. When reading Freud's assumption that '[t]he primitive man made work acceptable at the same time that he used it as an equivalent and substitute for sex-activity', Fanon responds in the margin: 'Bastard!' Same exclamations also accompany his reception of Jung's utterly racist account in *Modern Man in Search of a Soul*:

At the start of my stay in Africa, I was astonished by the brutality with which the indigenous were treated, whipping being a common practice; first, it seemed superfluous to me, but I had to come to the conclusion that it was necessary; since that moment I constantly bore my rhinoceros-hide whip at my side. I learned to simulate affects that I did not feel, to give out full-throated cries and to stamp my feet with anger. It is necessary to make up in this way for the deficient will of the indigenous.²⁸

Both Jung and Freud not only accept primitivist models, but actively perform and institute their racist stereotypes, leaving Fanon in sheer dismay: 'Shit', he writes on the margin, 'and when I think that there exists a psychoanalysis based on this psychology'.²⁹

It is important to acknowledge the operative nature

of the racial stereotype here. It not only preempts the unconscious work of phantasm and desire, as Lebeau and Marriott point out, but also legitimates the dispossession of the indigenous population and the exploitation of their labour power. Fanon proposes a materialist analysis relating dehumanisation and value extraction, the naturalisation of colonised land and the violent plundering of the human and ecological resources:

The action of the metropole is exerted on nature itself and on beings insofar as they are still in the state of nature ... Forced labour is the colonist's reply to the idleness of the native; the native is forced to work; he will be fetched at home. Forced labour is a logical consequence of colonial society. Since the native can be forced, the understanding is that he can be hit.³⁰

In his course on social psychology, taught in 1959-1960 in Tunis and transcribed by his student, Lilia Ben Salem, Fanon references the 1952 issue of *Présence Africaine* on 'Terre' (Land) with the translation of Rosa Luxemburg's article on 'Land Expropriation and Capitalist Penetration in Africa'.³¹ Luxemburg extends Marx's idea of accumulation from an internal dynamic to one that is ongoing and structurally dependent on external, non-capitalist environments. Primitive accumulation is not just the pre-history of capitalism but an immanent feature of capitalism's survival, inseparable from expropriation, colonisation, and imperialism.

From this perspective, there is no surprise that Fanon refuses to subscribe to the psychoanalytic unconscious that seeks to recover, behind the childhood of the individual, a picture of the phylogenetic childhood as equivalent to the 'development of the human race'.³² However, the psychiatrist not only exposes the racial stereotype as a means of colonial subjugation but also reveals it simultaneously as a symptom, a manifestation of a geosomatic unconscious expressed through bodily resistance to this form of exploitation. 'Is the colonized an idler?' Fanon asks. His answer:

The colonized's idleness is a protection, a measure of self-defence, foremost on the physiological level. Labour was conceived as forced labour in the colonies, and even if there is no whipping, the colonial situation itself is a whipping; that the colonized does nothing is normal, since labour, for him, leads to nothing ... The colonized who resists is right.³³

The colonised subject is not a worker, but a resource,

a ‘native’ whose ‘energy has not yet been claimed by the colonial society’.³⁴ In place of the psychoanalytic work of the unconscious emerges the reality of forced labour, which situates the relations between bodies and land, between labour conditions and their concrete somatisation. As Nancy Luxon notes, the phantasmic – envisioned in psychoanalysis as the structuring scenario that orders symptoms and repetitions – operates, in Fanon, as a relation structured by alienation, a notion theorised by institutional psychotherapy to which I will return. Fanon therefore abandons Freud’s premise that symptoms express internal conflicts, beginning instead from the observation that colonial conflict is overtly visible yet scotomised.³⁵ Crucially, Fanon situates this complex entanglement on the ‘physiological level’, where the colonial conditions of production encounter resistance in the process of their somatisation. In this way, he recovers the stereotype not only as a phantasmic projection of social alienation, but also as a symptom of both the violent colonial situation and the body’s genuine refusal of it.

The geo-somatic unconscious, or the symptom as cure

What Fanon rejects is not the unconscious per se, but its organisation as an interior economy detached from historically produced environments. Fanon’s non-dualistic psychosomatic causality is what I propose to call a geo-somatic unconscious. This notion extends beyond his approach to racial stereotypes or muscular dreams, applying more broadly to his understanding of how colonial environments are inscribed in bodily and psychic processes. Its logic bears on cases of ‘psychosomatic disorders’ in *The Wretched of the Earth* which Fanon considers as specific to the colonial situation. They are conditioned by what he describes in pervasive environmental terms, as a ‘pathology of the entire atmosphere in Algeria’.³⁶ This group of symptoms refers to systemic contraction and muscular stiffness:

Walking becomes contracted and turns into a shuffle. Passive bending of the lower limbs is practically impossible. No relaxation can be achieved ... the patient seems to be made in one piece ... constantly tense, on hold, between life and death. As one of them told us: ‘You see, I’m as stiff as a corpse’.³⁷

And Fanon notes: ‘It is irrelevant to add this is not a case of hysterical contraction’.³⁸ Whereas muscular dreams operate as dream-acts, translating a vital freedom to move and a bodily release, the causality of motor inhibition is marked by negativity and vagueness. Yet, here again, Fanon reads these symptoms literally, as somatic evidence of the bodies’ ‘reticence and refusal in the face of the colonial authorities’.³⁹

What is the logic behind this somatic resistance if it exceeds the psychoanalytic model of repression and its conflict matrix between the unconscious and the ego? Fanon unfolds the complexity of the disorder in question, whose manifestation is somatic while its determinism is psychic: it presents a way the organism can respond while adapting to the conflict, ‘the disorder being both a symptom and a cure’. In other words, the body produces the symptom using the ‘wrong, but nevertheless economic, channels.’ It appears as the organism’s unconscious choice – ‘the lesser evil in order to avoid a complete breakdown’.⁴⁰

The analysis of ‘a symptom and a cure’, as well as the notion of the organism that Fanon invokes here, recalls the work of the German-Jewish neurologist Kurt Goldstein – a crucial reference not only for Georges Canguilhem and Maurice Merleau-Ponty, but also for Tosquelles in his doctoral dissertation, later published as *Le vécu de la fin du monde dans la folie (The Lived Experience of the End of the World in Madness)*. In *Der Aufbau des Organismus (The Organism)*, based on Goldstein’s study of war-related brain injuries, recovery is never a return to a former state or to any pre-established norm, but rather the organism’s complex and creative effort to reinvent itself in confrontation with the environment. Far from being a mere deficit, the symptom is, for Goldstein, an ‘attempted solution’; recovery is a ‘new individual norm’.⁴¹ In accounting for the crisis brought about by the symptom Goldstein speaks of ‘catastrophic reactions’. He analyses these as ‘inevitable way stations’ in the process of self-actualisation – expressions, moreover, of the individual’s ‘inescapable participation in the general imperfections of the living world’.⁴²

For Tosquelles, Goldstein provides a foundation for understanding the creative potential of psychosis as an attempt at self-repair. He reads symptoms of schizophrenia as the ‘lived experience of the end of the world’ and, simultaneously, as an effort to reconstruct

a shattered world. For Tosquelles, they indicate that 'madness is a creation, not a form of passivity'.⁴³ Even though Fanon clearly mobilises a reading of the symptom as a process of self-repair, the colonial catastrophe in his analysis is far darker: a situation in which the 'bloody, pitiless atmosphere' and the generalisation of inhuman practices provide the ground for a 'veritable apocalypse'.⁴⁴

Fanon's approach to psychoanalysis, as Young highlights, was mediated by existentialism and phenomenology – in particular through figures such as Jean-Paul Sartre and Maurice Merleau-Ponty, whose lectures Fanon attended in Lyon. The latter's *La structure du comportement* – referencing Goldstein even in its title – sought to understand 'the relations of consciousness and nature: organic, psychological, or even social'.⁴⁵ According to Young, Merleau-Ponty's phenomenological account of consciousness, grounded in the body schema of the lived body, offered Fanon the most compelling framework for subjectively articulating experiences of racism.⁴⁶

Despite the importance of these intertextual references, my point about Fanon's geo-somatic unconscious concerns the dimension of praxis – one that runs through his thinking and in which his political, clinical, and institutional activities converge. On the one hand, Fanon displaces the universalist assumptions of the phenomenological norm by insisting on the racialised and historically specific conditions of Black embodiment under colonial violence – the 'racial epidermal schema'.⁴⁷ On the other, the publication of the psychiatric writings, *Alienation and Freedom*, made clear, as Nica Siegel has recently observed, that 'Fanon, much more than has been recognized, remained a clinical thinker throughout his life'.⁴⁸ Tosquelles describes him – intentionally anachronistically – as a practitioner of extensive psychiatry, an approach introduced in the 1930s by Tosquelles and his teacher, Cuban-Catalan psychiatrist Emili Mira i López at the Institute Pere Mata in Reus. Extensive psychiatry aimed to open psychiatry beyond its social, geographical and disciplinary confines, combining Gestalt psychology, psychoanalysis and Marxism – migrant knowledge brought to Catalonia by refugees fleeing Europe's fascisms.⁴⁹ A member of the POUM (*Partit Obrer d'Unificació Marxista*), an anti-Stalinist Marxist organisation active during the Second Republic and the Civil War, Tosquelles recalls that extensive psychiatry

was practised within decentralised geo-social units, or 'comarcas', fostering regional clinical autonomy and an anarcho-syndicalist experimental spirit:

The *comarca* is a small region, and we spoke of the '*comarcal*' organisation of psychiatry. The *comarca* was a geographical and sociological structure that had existed for a very long time; it was a particularly vital form in Catalonia, all the more so because, although the process of industrialisation was concentrated, as it were, in Barcelona, there was hardly a *comarca*, a rural region, that did not have one, two, or three factories.⁵⁰

Tosquelles thus parallels the social potential of extensive psychiatry with the agency of the industrial-agrarian culture of the *comarca*, both aiming to undo the segregationist and isolationist tendencies.

When Tosquelles arrived at Saint-Alban in 1940, the situated experience of the *Résistance* enabled him, together with Bonnafé, to transform extensive psychiatry into a geo-psychiatry. At the same time, *géo-psychiatrie* adapted a 'mountain tradition' of the region, shaped by the austere climate conditions of the Margeride plateau and introduced by Agnès Masson, an Italian socialist physician who headed the hospital between 1933 and 1936. It designated a form of 'migrant work' devoted to a milieu-oriented reconfiguration of the clinic: the hospital was no longer conceived as a closed space but as a node within a wider social, geographic and economic environment.

Saint-Alban was a leading site in France for research into work beyond the hospital: the work of disalienating the hospital system as such went hand in hand with work outside the hospital – through the development of outpatient consultations, the expansion of medico-pedagogical relations, and a kind of migrant work [*travail migrant*] that came to be called *geo-psychiatry*.⁵¹

Patients were encouraged to circulate beyond the hospital walls and to engage in exchanges with the surrounding region. From its inception during World War II – entangled with the clandestine antifascist activities and with the surrealist movement – the movement implemented media practices such as film, photography, and printing workshops, alongside self-organised patient clubs that managed therapeutic activities including ergotherapy and social therapy.



Figures 1 and 2: The geo-psychiatric inscription of Saint-Alban psychiatric hospital. Film stills from Hélène Alvarez Tosquelles and François Tosquelles, *Société lozérienne d'hygiène mentale* (Lozérien Society of Mental Hygiene), Institut Jean Vigo — Cinémathèque de Perpignan, 1954–57. Courtesy Michel Tosquelles.

For Tosquelles, geo-psychiatry not merely raised the question of recovery, but of ‘how to integrate madness into collective life (*la cité*)’. In his words, this meant ‘placing a sewing machine in a wheat field’.⁵² The transposition of the surrealist line by Comte de Lautréamont (‘the chance encounter of a sewing machine and an umbrella on an operating table’) onto the parallel drawn between the decentralised Catalan factory and the peripheral hospital of Saint-Alban does not simply allude to the possibility of an *improbable yet productive* encounter between madness and the social body. It suggests that the psychiatric institution itself can become a productive site of social life, capable of generating alternative

human geography.

At Saint-Alban and later at the Blida-Joinville psychiatric hospital in Algeria, where Fanon headed two wards between 1953 and 1956, these social and cultural practices served as tools for collectively reimagining the geography of the present. As Lucie Mercier analyses in detail, the experience of geo-psychiatry led to the legal implementation of ‘sector psychiatry’ in France in 1960 – a system of community-based mental healthcare in which psychiatric services were organised by geographic sectors.⁵³ Although highly contested among proponents of institutional psychotherapy for its administrative and political shortcomings, sector psychiatry aimed to allow patients to be treated in their living environments rather than in isolated asylums. ‘Azoulay’s work is quite instructive’, claims Tosquelles pointing to Fanon’s Algerian collaborator, ‘for understanding Fanon’s journey up to Blida and beyond: nothing more, nothing else than his commitment to sector psychiatry’.⁵⁴

Disalienation: the hypothesis of Saint-Alban

In her attentive reading of Fanon’s psychiatric writings, Nancy Luxon proposes to think his clinic through the phenomenology of ‘contact’ – an experience in which the psychiatric hospital becomes a site where ‘contact is at once social, material, and fantastical’.⁵⁵ My analysis offers to extend this framework through a Marxist lens, (re)thinking therapy as collective work and praxis. In Fanon’s own words, against the colonial alienation and objectification of labour power, ‘work [*travail*] must be recovered as a humanization of man’.⁵⁶ In what follows, I propose to read the practices of institutional psychotherapy – the social and ergotherapy, including collective production and circulation of film – through the prism of disalienation. How do these practices, informed by both Marxism and psychoanalysis, (re)inscribe the lived body, collectivity and geography at the core of unconscious processes? This genealogy provides an understanding of how Tosquelles and Fanon conceptualised the institution as an embodied site of the unconscious and its phantasmatic articulations.

When Fanon arrives at Saint-Alban, he sees it as a place attentive ‘to the complexity of differences ... that bound together human beings’.⁵⁷ During his fif-

teen months at Saint-Alban, he was responsible for training caregivers in social therapy and work psychology. The therapeutic experiment of Saint-Alban, defined in 1952 by psychiatrist Georges Daumézon and his student Philippe Koechin as 'institutional psychotherapy', became, according to Tosquelles, 'a site of a hypothesis'.⁵⁸ The movement was marked by its refusal to abandon patients to die under conditions of scarcity and slow extermination.⁵⁹ According to Tosquelles, the hypothesis of Saint-Alban consisted in bringing together human beings, 'whether mad or not', so that they could 'draw from their own potential the mobile, articulable, and re-articulable substance of which they are constituted and molded, like anyone else, by history'.⁶⁰ In a way, *social thérapie*, which formed the core of this hypothesis, offered a continuation of Fanon's own sociogenic thinking – its *mise en pratique*.

The entangled practices of social therapy and ergotherapy, grounded in bodily activation and social exchange, underpin disalienation as process. Since 1945, the therapeutic collective of Saint-Alban theorised madness from a milieu-oriented perspective: 'the very meaning of the term "alienation" indeed defines madness, first and foremost, as a disturbance in the relationship between the self and the world'.⁶¹ Drawing on Gestalt theory and Goldstein's notion of the 'unity between organism and environment', it held that the patient cannot be studied outside their milieu and outside the idea they form of it. Insisting on the social constitution of the self as well as on the 'historical inscription' that shapes the relation between self and world, alienation was understood as a double estrangement: both a mental and a social alienation of the self from its 'participation in the environment'.⁶²



Figure 3. Figures 3-6: Stills from *Pour notre plaisir à tous*, an anonymous film featuring ergotherapy workshops at the Saint-Alban psychiatric hospital and scenes of everyday institutional life, c. 1960. Cinémathèque de Perpignan – Institut Jean Vigo.

Disalienation was, therefore, crucially a process – an open-ended endeavour rather than a result. It concerned not only the patients (*les aliénés*) or doctors (*les aliénistes*), but, in Tosquelle's terms, 'the total fact of madness: the sick person, the asylum, and the psychiatrist at once'.⁶³ In 'Psychopathology and Dialectical Materialism', a talk delivered at the ENS in Paris in 1947, he articulated the Marxist horizon of social therapy as a practice operating 'close to the patient's family and the milieu' to which they will return, while simultaneously aiming, 'on a general level ... in line with the political aims of Marxism, at the disalienation of the human being'.⁶⁴ As Kerstin Stake-meier has recently observed, with Tosquelle and Fanon, 'the political meaning of disalienation came to precede the psychiatric one', involving the making of what she calls a 'sociogenic communion'.⁶⁵

Introducing disalienation from this 'clearly anti-nosographic position' also meant rethinking the relation between the body, the environment, and the social.⁶⁶ Tosquelle who arrived in France after his passage through the Spanish Civil War and the Septfonds internment camp, considered the human as a 'pilgrim', 'the type that goes from one space to another':

When you walk around the world, what matters is not the head, but the feet! You have to know where to put your feet. They are the great readers of the world map, of geography.⁶⁷

According to the geo-psychiatric approach, therapy had to stimulate the 'kinesthetic factors' that 'position' the body – geographically and socially – through constant tonic muscular modifications, understood as expressions of what Tosquelle calls the 'first human right': the 'right



Figure 4. Figures 3-6: Stills from *Pour notre plaisir à tous*, an anonymous film featuring ergotherapy workshops at the Saint-Alban psychiatric hospital and scenes of everyday institutional life, c. 1960. Cinémathèque de Perpignan – Institut Jean Vigo.

to wander'.⁶⁸ The elementary right to migration, transition, and even vagabondage was opposed to colonial occupation of territory, as well as psychiatric exclusion from a milieu of living. It equally relates to an understanding of geo-psychiatry as a decolonial appropriation of the 'human geography', a notion itself deeply marked by the colonial geographical fantasies.⁶⁹

Tosquelles's commitment to the geo-kinetic agency of the body – preceding the psychic event – was influenced by the Cuban-Catalan doctor Emili Mira i López. A heterodox psychiatrist, Mira introduced Tosquelles not only to Lacan's work on paranoia but also to his own method of myokinetic psychodagnosis, which explored bodily motion and the kinetic function of muscle tone. Mira's myokinetic experiments conceived muscular movement and motor activity as preceding cognitive processes. Drawing on Gestalt theory (notably Kurt

Lewin), early movement psychology, and traditions such as graphology and expressive movement analysis, Mira conceptualises behaviour as a unity of mental attitude and muscular disposition. According to Mira, ergotherapy works by introducing new modes of movement that disrupt fixed muscular reactions, allowing for a parallel reconfiguration of the individual's mental disposition.⁷⁰ This insight into the agency of somatic and sensory dimensions enabled Tosquelles to consider bodily expressions as equal to, or even prior to, language. It led him to redefine the psychoanalytic notion of transference as a spatial, gestural, and relational process and to conceptualise phantasm as embodied – as *phantasme incarné*. This notion became central to the development of ergotherapy and social therapy at the hospital, which departed from an understanding of the unconscious inscribed within bodily practices.



Figure 5. Figures 3-6: Stills from *Pour notre plaisir à tous*, an anonymous film featuring ergotherapy workshops at the Saint-Alban psychiatric hospital and scenes of everyday institutional life, c. 1960. Cinémathèque de Perpignan – Institut Jean Vigo.

Tosquelle theorised this approach in the 1966 *Colloque de Bonneval* dedicated to the unconscious and organised by psychiatrist Henri Ey. It was attended not only by psychoanalysts and psychiatrists but also by philosophers, such as Merleau-Ponty, Paul Ricœur, Henri Lefebvre, and Jean Hyppolite. In his short contribution reacting to Merleau-Ponty and Ricœur's presentations, Tosquelle articulates a somatic notion of the unconscious. He admits the difficulty to formulate this 'yet essential' point which manifests in treatment of schizophrenic patients: it is a 'third term' intervening into the 'passage from phantasm to image.' This register, Tosquelle argues, has little to do with the play of meanings through which psychic life is woven:

This third term would always be what must be called, on the one hand, the process of maturation of the nervous

system; and, on the other hand, the bodily attitudes in which the phantasm structures and reiterates itself precisely through its failure.⁷¹

Shifting the psychoanalytic topology from a primarily linguistic and representational framework, Tosquelle introduces a somatic infrastructure of phantasm, not separated from but as part of the biological and motor processes. In other words, phantasm is embodied: it takes and loses shape within postural, motor, and sensory patterns that evolve alongside the development of the nervous system. The 'failure' or conflict of phantasm occurs not only symbolically, as repression, but also somatically – thus opening the psychoanalytic model to bodily practices and motor activity.



Figure 6. Figures 3-6: Stills from *Pour notre plaisir à tous*, an anonymous film featuring ergotherapy workshops at the Saint-Alban psychiatric hospital and scenes of everyday institutional life, c. 1960. Cinémathèque de Perpignan – Institut Jean Vigo.



Figures 7 and 8: 'The works produced by patients in the ergotherapy cooperatives are exhibited and sold in the city'. Film stills from Hélène Alvarez Tosquelles and François Tosquelles, *Société lozérienne d'hygiène mentale* (Lozérien Society of Mental Hygiene), Institut Jean Vigo — Cinémathèque de Perpignan, 1954–57. Courtesy Michel Tosquelles.

Tosquelles often invoked the German psychiatrist Hermann Simon when developing therapy based on bodily activation and work. Along with Lacan's dissertation on paranoia, Simon's *Aktivere Krankenbehandlung in der Irrenanstalt* (*More Active Patient Treatment in the Mental Asylum*, 1929) accompanied Tosquelles in 1939 over the Pyrenees during his flight from Franco's Spain. Together with Germaine Balvet, the book was translated into French during the Occupation and printed at Saint-Alban, alongside the clandestine press. While the founder of modern work therapy espoused ideas later adopted by

the Nazi regime, particularly those rooted in social Darwinism, for Tosquelles, work retained an immanent social meaning. The value produced in ergotherapy workshops was inseparable from the communal relations it generated and the emerging transformation of the living environment:

Tearing cloth, shredding paper, or even making confetti with severely impaired patients can, in itself, help make them feel more 'alive.' But this task can only take on meaning *urbi et orbi* (in the city and in the world) if, within the hospital and then ... elsewhere, there are 'festivities' where the confetti becomes something of value and is actually used.⁷²

In this way, the social life of the hospital – the production of the intrahospital newspaper *Trait-d'Union*, the organisation of parties and carnivals open to the outside world, and participation in local markets – was seen as a necessary extension of the collective ergotherapy workshops. It was part of a project of mental and social disalienation that sought to translate Marxism and Gestalt theory into institutional praxis, its making of sciogenic communion. This idea of disalienation exceeding the hospital and marked by social exchange was central to the definition of the institution. Tosquelles distinguished it from 'establishments' as places 'one settles in', mere sites 'prevented from being institutions':

An institution is a place of exchanges, with the possibility of exchanges with whatever presents itself; in an exaggerated way, one could say that it is a place where commerce – that is to say, exchanges – becomes possible. In another sense, there is no singularity, or process of singularization, except insofar as it emerges within a group, within an institution.⁷³

The mobility of relations – social, geographic, material – is key to the perpetual change of the institution. Later, implementing institutional practices in Blida-Joinville, Fanon highlighted the 'open, non-coercive character' of the ward, marked by 'life in movement'.⁷⁴ In the 1955 editorial of *Notre Journal* – the intra-hospital newspaper published by patients and staff – he confronts the question of the institution and the dangers of its vitiating:

Does not every attempt to give body to an institution risk taking directions that are fundamentally opposed to the open, fecund, global and nevertheless qualified character of the institution?

His answer traces an embodied idea of the institution: 'You have to place yourself at the heart of the institution and interrogate it'. The entangled social and material sensorium is what mediates the institution's therapeutic efficacy. Fanon's emphasis on the constant reactivation of the institution from within – as a social body, a 'movement' that fosters 'interminable and fruitful encounters' – points to the transmission of experience from Saint-Alban to Blida-Joinville.⁷⁵

Among the few texts that Tosquelles and Fanon conceived together are two papers presented in 1953 at *Congrès des médecins aliénistes et neurologues de France*. Both address the role of the institution in the context of electroconvulsive therapy. Alongside insulin shock and narcotherapy, electroshock was part of what the authors call 'annihilation treatment': a violent medical intervention intended to induce a reset of the personality, opening it to psychotherapeutic work.⁷⁶ A female patient's psychosomatic amnesia provoked by the treatment (including seventeen electroshocks and forty sessions of insulin shock therapy) is described in terms of an ontogenetic recapitulation: 'the very primitive situation of mother-child relations: spoon-feeding (*nourriture à la bouche*), hygiene care (*soins de propreté*), first words'.⁷⁷ This constitutive violence of the institution, exercised upon the body and simultaneously producing a new body for social therapy, remained embedded within the largely unquestioned medical authority of the psychiatrist. Articulated in terms of an ontogenetic primal scene, it could not avoid crystallising into a medical phantasm of its own. By staging psychic rebirth through extreme somatic intervention, the institution thus performs the opposite of its stated intention: it effaces the body's sedimented relations to history and material environment, treating it as a neutral surface – a *tabula rasa*.

In what follows, Tosquelles and Fanon describe the patient's development – from the infantile stage to a recovered adult – as occurring in stages. After the dissolution of shock therapy, reconstruction is carried out through the social, collective, and material infrastructure of the institution. Tosquelles and Fanon are explicit about the relation between hospital life and the unconscious phantasms which catalyse the reconstruction. This time it is the 'the real of the hospital' that helps to embody the phantasm:



Figure 9: The yearly 'Fête votive' (patronal feast) celebration at Saint-Alban, dedicated to the region's saint, invites the inhabitants of Lozère to join the hospital. Film still from Hélène Alvarez Tosquelles and François Tosquelles, *Société lozérienne d'hygiène mentale* (Lozerien Society of Mental Hygiene), Institut Jean Vigo – Cinémathèque de Perpignan, 1954–57. Courtesy Michel Tosquelles.

... what appears essential are the inter-human encounters and the practical activities in which the patient gets involved during the process of rediscovery of the self and the world [*redécouverte du moi et du monde*] – including naturally the fantasmatic stages that the milieu enables him (or her) to cling to. Now, these fantasies [*fantasmes*] have the same structure as psychoanalytic fantasies [*fantasmes analytiques*], but, as Daumézon so well put it in the field of institutional therapy, it is the real of the hospital that *incarnates*, supports and resolves them. The doctor and the material and human plasticity of the 'ward' must be adapted to these investments and must facilitate their

overcoming. This is why the organization of the life group in which the patient is placed must be ready to evolve in parallel with the 'reconstruction' of the patient's self and world.⁷⁸

The real of the hospital – through its social and material plasticity – can be understood here as the model par excellence of a social institution. Re-mediating movement, it becomes the place of the real phantasm as praxis. Disalienation marks here a collective, bodily, and milieu-oriented process involving the patients' participation in the environment. 'There is no individual praxis in Marx', writes Tosquelles. 'Praxis is in the first place an unconscious and collective work [*une oeuvre pas consciente et collective*].'⁷⁹ In its material plasticity, its collective setting, the institution incarnates unconscious phantasms, situating them within the transitions and mobilities of social exchange and their complex temporalities. Phantasm becomes embodied in praxis. It no longer testifies to an opposition between the illusions of the internal world and the reality principle, a relation to be interpreted by the analyst.⁸⁰ Nor is it a phylogenetically transmitted inheritance of the *Urfantasie*, but rather a collectively enacted process embedded in material relations.

Conclusion: the city as therapeutic milieu

When Fanon resigned from Blida in 1956, he reflected on how escalating colonial violence and the bloodshed surrounding the Algerian War of Independence had deepened alienation simultaneously across clinical, environmental and political dimensions. In his subsequent work at the Neuropsychiatric Day Centre in Tunis, Fanon critically reassessed the experience of social therapy within a closed institution. In a text co-authored with Charles Geronimi, he acknowledges that, in contrast to the immobilisation and coercion of the classical asylum, social therapy organised a 'neo-society' that allowed for an 'investment in an objectal world' constituted by the institution and its mobile relations. Yet even though social therapy 'wrests patients from their fantasies [*fantasmes*] and obliges them to confront reality on a new register', this register remains that of a 'pseudo-society': 'its strict spatial limitation, the restricted number of cogs and – why hide it – the lived experience of internment-imprisonment considerably limit the curative and dis-

alienating value of social therapy'.⁸¹ Against the constrained potential of the hospital-village instituted at Saint-Alban and reconfigured in Blida, set within the violent atmosphere of colonial Algeria, Fanon now proposes that 'the veritable social-therapeutic milieu is and remains concrete society itself', enabled by the conditions and rhythms of day hospitalisation.⁸²

Rethinking social therapy within the urban environment of Tunis and its political climate of post-independence state consolidation did not, however, entail a rupture with the materialist and geo-somatic coordinates of the unconscious, but rather their further experimental exploration. The idea of the *single* hospital institution is now reshaped through day hospitalisation and everyday confrontation with the social reality of the city – its *multiple* institutions, including public transport, the family home, and periodic gatherings at the café, mosque, or political cell.

Disalienation, defined by the collective of Saint-Alban as a processual opening onto the possibility of 'participation in the environment', is radicalised in Fanon's conception of the day hospital. Echoing Goldstein's notion of the catastrophic reaction, Fanon understands such participation as necessarily involving exposure to 'the violence of the conflict, the toxicity of reality'. Whereas internment neutralises conflict by converting it into a reified object – thus effecting a 'thingification of the conflict', and 'therefore of the patient' – day hospitalisation sustains and intensifies conflict at the existential level.⁸³ The symptom, no longer isolated or neutralised, remains entangled with a social and material environment and confronts the patient as a lived problem. The symptom becomes available for reflection through action and relation. Fanon marks this responsibilisation by aligning the day clinic with the temporal rhythms of labour: like an 'employee off work', the patient engages in recovery at the hospital and departs at the customary hours at which the workshop or factory closes.⁸⁴

On the one side, day hospital can be thought as re-conceptualisation of the geo-psychiatric care in terms of further re-locating curative potential not in the clinic as a bounded space, but in the patients' ongoing circulation through the social and urban environments. Day hospitalisation allows the city – its rhythms of labour, transport, neighbourhood encounters, and political and

familial spaces described by Fanon – to function as therapeutic milieus in which illness unfolds *in situ*, as a crisis of emplacement and relation rather than as an intrapsychic economy. On the other side, in Fanon's critique the psychoanalytic model of the unconscious is further unsettled through the geo-somatic coordinates of the city – the continuity of movement and exposure – revealing psychic conflict as materially inscribed in bodies moving in socially coded space, and allowing disalienation to process through the reworking of embodied relations to environment, infrastructure, and collective life.

Elena Vogman is Principal Investigator of the research project 'Madness, Media, Milieus: Reconfiguring the Humanities in Postwar Europe' at Bauhaus-Universität Weimar.

Notes

1. Frantz Fanon, *The Wretched of the Earth*, trans. Richard Philcox (New York: Grove Press, 2004), 16.
2. Palestinian psychiatrist Samah Jabr discusses patients living in the West Bank who manifest disordered eating as a form of somatisation and as a response to the broadcast suffering of the population in Gaza, emphasising the distinction between classical eating disorders – typically rooted in disturbances of body image – and eating disturbances arising from the witnessing and anticipation of genocidal starvation. Samah Jabr, interview, *OnePath Podcast*, 13 August 2024, <https://www.youtube.com/watch?v=T5yksqluwL4>
3. Fanon, *The Wretched of the Earth*, 182.
4. Fanon, *The Wretched of the Earth*, 182.
5. Fanon, *Black Skin, White Masks*, trans. Charles Lam Markmann (London: Pluto Press, 2008), 79.
6. Fanon, *The Wretched of the Earth*, 19.
7. Fanon, *The Wretched of the Earth*, 3.
8. See the analysis of this entanglement in what Fanon calls the 'agony of culture' and 'deculturation' in Stefania Pandolfo, *Knot of the Soul: Madness, Psychoanalysis, Islam* (Chicago: University of Chicago Press, 2018), 8–13.
9. Matt Fyfche, *The Foundations of the Unconscious* (Cambridge: Cambridge University Press, 2012), 286–87.
10. Olexii Kuchanskyi's notion of 'geosomatic community' has informed my analysis. See Olexii Kuchanskyi, 'Digital Leviathan and His Nuclear Tail: Notes on Body and the Earth in the State of War', *e-flux Notes*, 30 May 2024. I also thank Saniya Taher, Felix Meyer and Christopher Chamberlin for generous exchanges on this topic.
11. In this text, I translate the French *phantasme* as 'phantasm' rather than using the more common English term 'fantasy'. Freud's *Phantasie* was rendered in French as *phantasme* or *fantasme*. The 1961 meetings of the GTPSI (*Groupe de travail de psychothérapie et de sociothérapie institutionnelles*) were dedicated to the relations between phantasm and the institution and functioned as a laboratory for the theory of institutional psychotherapy, a movement discussed in the following pages. During the November 1961 session, participants – including Tosquelles, Félix Guattari, Ginette Michaud, Hélène Chaigneau and Jean Oury – debated Susan Isaacs's distinction between *fantasme* spelled with an 'f' and with 'ph': according to Isaacs, *fantasme* refers to a conscious manifestation, while *phantasme* designates its unconscious modality. The discussion centred on the notion of 'group phantasm', as well as on the role of the body and politics in its articulation. See *Fantasme et institution. Actes du GTPSI*, vol. 4 (Paris: Éditions d'une, 2015).
12. I thank Kerstin Stakemeier and Devin Fore for their generous intellectual engagement. See also 'Fantasies of the People', a conference organised by both in March 2025.
13. Frantz Fanon and Jacques Azoulay, 'Social Therapy in a Ward of Muslim Men: Methodological Difficulties', in *Alienation and Freedom*, trans. Steven Corcoran, ed. Robert J. C. Young and Jean Khalfa (London: Bloomsbury, 2018), 354.
14. Francesc Tosquelles, 'Que faut-il entendre par psychothérapie institutionnelle?', in *Soigner les institutions*, ed. Joana Masó (Paris: L'Arachnéen, 2021), 264.
15. Frantz Fanon, 'Editorial', 14 April 1955, *Notre Journal*, second year, no. 17, repr. in *Alienation and Freedom*, 334.
16. Fanon, *Black Skin, White Masks*, 116.
17. Fanon, *Black Skin, White Masks*, 117.
18. Fanon, *Black Skin, White Masks*, 3.
19. Robert J. C. Young, 'La psychanalyse de Frantz Fanon', in *Psychanalyse du reste du monde: géo-histoire d'une subversion*, ed. Livio Boni and Sophie Mendelsohn (Paris: La Découverte, 2023), 269.
20. Georges Politzer, 'Les fondements de la psychologie', *Revue de psychologie concrète*, no. 1 (1928), 5. See also references to Politzer in François Tosquelles, 'Psychopathology and Dialectical Materialism', trans. Steven Corcoran, in *Psychotherapy and Materialism: Essays by François Tosquelles and Jean Oury*, ed. Marlon Miguel and Elena Vogman, *Cultural Inquiry*, 31 (Berlin: ICI Berlin Press, 2024), 73. See also Lucie Mercier's analysis of Marxism and institutional psychotherapy in this issue.
21. Pierre Naville, *Psychologie, Marxisme, Matérialisme*, quoted in Fanon, *Black Skin, White Masks*, 78–79.
22. The book was translated into English as *Prospero and Caliban: The Psychology of Colonization*, trans. Pamela Powesland (London: Methuen, 1956).

23. Fanon, *Black Skin, White Masks*, 77.

24. Fanon, *Black Skin, White Masks*, 79.

25. Freud writes that 'dreaming is on the whole an example of regression to the dreamer's earliest condition, a revival of his childhood, of the instinctual impulses which dominated it and of the methods of expression which were then available to him. Behind this childhood of the individual we are promised a picture of a phylogenetic childhood – a picture of the development of the human race, of which the individual's development is in fact an abbreviated recapitulation influenced by the chance circumstances of life'. Sigmund Freud, *The Interpretation of Dreams*, trans. and ed. James Strachey (London: Hogarth Press, 1955), 550.

26. Vicky Lebeau, 'Psychopolitics: Frantz Fanon's *Black Skin, White Masks*', in *Psycho-politics and Cultural Desires*, ed. Jan Campbell and Janet Harbord (London: UCL Press, 1998), 107–17; David Marriott, *Whither Fanon? Studies in the Blackness of Being* (Stanford, CA: Stanford University Press, 2018) 24.

27. Marriott, *Whither Fanon?*, 161.

28. Fanon's marginalia in Carl Gustav Jung, *L'Homme à la découverte de son âme. Structure et fonctionnement de l'inconscient* (Paris: Éditions du Mont-Blanc, 1940), 92. Fanon, *Alienation and Freedom*, 739–740.

29. Fanon's marginalia in Jung, *L'Homme à la découverte de son âme*, Fanon, *Alienation and Freedom*, 739.

30. Frantz Fanon, 'The Meeting between Society and Psychiatry', in *Alienation and Freedom*, 529.

31. Fanon, 'The Meeting between Society and Psychiatry', 529. Rosa Luxemburg, 'L'expropriation des terres et la pénétration capitaliste en Afrique', *Présence africaine* 13 (1952).

32. Freud, *Interpretation of Dreams*, 550.

33. Fanon, 'The Meeting between Society and Psychiatry', 530.

34. Fanon, 'The Meeting between Society and Psychiatry', 530.

35. Nancy Luxon, 'Fanon's Psychiatric Hospital as a Way-station to Freedom', *Theory, Culture & Society* 38:5 (2021), 11.

36. Fanon, *The Wretched of the Earth*, 216. Fanon notes that the notion of 'psychosomatic' appears idealist when used to address the cortico-visceral process at work – a notion first formulated in the context of Soviet reflexology by Pavlov and Bekhterev.

37. Fanon, *The Wretched of the Earth*, 218–219.

38. Fanon, *The Wretched of the Earth*, 219.

39. Fanon, *The Wretched of the Earth*, 217.

40. Fanon, *The Wretched of the Earth*, 217.

41. Kurt Goldstein, *The Organism* (New York: Zone Books, 1995), 334. Goldstein also offers a critique of Freud's theory of culture on the basis of his notion of the milieu: 'But in no way could one claim that this "ordered" world, which culture represents, is the product of anxiety, the result of the desire to avoid anxiety, as Freud conceives culture as the sublimation of repressed drives. This would mean a complete misapprehension of the creative trend of human nature and would at the same time leave completely unintelligible why the world was formed in these specific patterns ... This tendency toward actualisation is primal; but it can effect itself only by conflicting with, and struggling against, the opposing forces of the environment. This never happens without shock and anxiety', 239.

42. Goldstein, *The Organism*, 392. See also Stefanos Geroulanos and Todd Meyers, *The Human Body in the Age of Catastrophe: Brittleness, Integration, Science, and the Great War* (University of Chicago Press, 2018); Matteo Pasquinelli and Elena Vogman, 'Catastrophe and Schizophrenia: Curing the Institution in a War-Shattered World', in *Fragments of Repair*, eds. Kader Attia, Maria Hlavajova and Wietske Maas (Prinsenbeek: Jap Sam Books, 2025), 179–98.

43. Francesc Tosquelles, *Le vécu de la fin du monde dans la folie. Le témoignage de Gérard de Nerval* (Grenoble: Jérôme Millon, 2012), 98; the discussion of Goldstein's 'catastrophic reaction': 94–96. Sinan Richards, 'Triggering the End of the Colonial World: Tosquelles and Fanon', *Journal of Humanistic Psychology*, 4 November 2025, doi:10.1177/00221678251384544.

44. Fanon, *The Wretched of the Earth*, 183. See also Sibertin-Blanc G., 'Décolonisation du sujet et résistance du symptôme Clinique et politique dans Les Damnés de la terre', *Cahiers Philosophiques* 138:3 (2014), 47–66.

45. Maurice Merleau-Ponty, *The Structure of Behaviour*, trans. Alden L. Fisher (Boston: Beacon Press, 1963), 3. Merleau-Ponty engages extensively with Goldstein's *The Organism*, translated into French in 1952 as *La structure de l'organisme*, showing how pathological cases disclose the normative structure of behaviour and the organism's capacity for reconfiguration.

46. Young, 'La psychanalyse de Frantz Fanon', 249.

47. Fanon, *Black Skin, White Masks*, 84.

48. Nica Siegel, 'Fanon's clinic: revolutionary therapeutics and the politics of exhaustion', *Polity* 55:1 (2023): 7–33.

49. François Tosquelles, 'A politics of madness' (1989), *Parapraxis* 4 (2024): 137–50.

50. Lucien Bonnafé, François Tosquelles et al., 'Saint-Alban', *Recherches* 17: *Histoire de la psychiatrie de secteur ou le secteur impossible?* (1975): 80–95, 86.

51. Bonnafé, Tosquelles et al., 'Saint-Alban', 89.

52. Bonnafé, Tosquelles et al., 'Saint-Alban', 87. See the book accompanying the exhibition *Francesc Tosquelles*.

Like a Sewing Machine in a Wheat Field, shown at Les Abattoirs in Toulouse, the Centre de Cultura Contemporània de Barcelona and the Museo Nacional Centro de Arte Reina Sofía in Madrid: *La Déconniatrie: art, exil et psychiatrie autour de François Tosquelles*, ed. Carles Guerra and Joana Masó (Paris: Arcadia, 2021).

53. See Mercier in this issue of *Radical Philosophy*; Elena Vogman, 'Geo-psychiatry: media and the ecologies of madness', *Grey Room* 97 (2024): 76–117.

54. Francesc Tosquelles, 'Frantz Fanon at Saint Alban', trans. Giovanni Menegalle, *Radical Philosophy* 220 (Winter 2026). First published as Tosquelles, 'Frantz Fanon à Saint Alban', *Sud/Nord* 22 (2007), 9–14, 11.

55. Luxon, 'Fanon's psychiatric hospital as a waystation to freedom', 3. See also Camille Robcis, *Disalienation: politics, philosophy, and radical psychiatry in postwar France* (Chicago: University of Chicago Press, 2021), 11–12.

56. Fanon, 'The Meeting between Society and Psychiatry', 530. Translation slightly modified, E.V.

57. François Tosquelles, 'Frantz Fanon et la psychothérapie institutionnelle', *Sud/Nord: folies et cultures*, 22 (2008): 72.

58. Georges Daumézon and Philippe Koechlin, 'La psychothérapie institutionnelle française aujourd'hui', *Anais portugueses de psiquiatria* 4, 4 (1952): 271–312; Tosquelles, 'Frantz Fanon à Saint-Alban', 11.

59. On the so-called 'extermination douce' see Max Lafont, *L'extermination douce: la cause des fous*, 40 000 malades mentaux morts de faim dans les hôpitaux de Vichy (Bordeaux: Éditions du Bord de l'eau, 2000); Isabelle von Buetzingsloewen, *L'hécatombe des fous: la famine dans les hôpitaux psychiatriques français sous l'Occupation* (Paris: Flammarion, 2009).

60. Tosquelles, 'Frantz Fanon à Saint-Alban', 11.

61. Lucien Bonnafé et al., 'Valeur de la théorie de la forme en psychiatrie: la dialectique du moi et du monde et l'événement morbide', *Société médico-psychologique* (1945), 280.

62. Bonnafé et al., 'Valeur de la théorie de la forme en Psychiatrie', 280.

63. Tosquelles, 'Psychopathology and dialectical materialism', in *Psychotherapy and materialism: essays by François Tosquelles and Jean Oury*, eds. Marlon Miguel and Elena Vogman, *Cultural Inquiry* 31 (Berlin: ICI Berlin Press, 2024), 71.

64. Tosquelles, 'Psychopathology and dialectical materialism', 74.

65. Kerstin Stakemeier, '(Dis)Alienating. Implicating. Aesthetics in Love', *The Nordic Journal of Aesthetics* 70 (2025), 37–54, 46.

66. Bonnafé et al., 'Valeur de la théorie de la forme en

Psychiatrie', 282.

67. Tosquelles, 'A politics of madness', 147. Originally a filmed conversation from 1989 with François Pain, Danielle Silvadon and Jean-Claude Polack. See also the interpretation of this filmed sequence, set against a psychoanalytic reading, by Elisabeth von Samsonow and Jean-Claude Polack in Angela Melitopoulos and Maurizio Lazarato, *Déconnage*, video installation, 62 min. (2011).

68. Tosquelles, 'A Politics of Madness', 148. Translation modified, E.V.

69. On the relation between human geography and geo-psychiatry, see Elena Vogman, 'Geo-psychiatry', 76–117.

70. Emili Mira i López, *Psychiatry in war* (New York: W. W. Norton, 1943).

71. Tosquelles, 'Intervention au débat', in *L'inconscient. VIe colloque de Bonneval*, ed. Henri Ey (Paris: Desclée de Brouwer, 1966), 154. See also the chapter 'An autumn in Bonneval' in Elisabeth Roudinesco, *Jacques Lacan & Co.: a history of psychoanalysis in France, 1925–1985*, trans. Jeffrey Mehlman (Chicago: University of Chicago Press, 1990), 307–18.

72. Tosquelles, *Le travail thérapeutique à l'hôpital psychiatrique* (Paris: Editions du scarabée, 1966), 61.

73. Bonnafé, Tosquelles et al., 'Saint-Alban', 90.

74. Fanon, *Alienation and Freedom*, 340.

75. Fanon, 'Editorial', 334.

76. François Tosquelles and Frantz Fanon, 'On some cases treated with the Bini method', in *Alienation and Freedom*, 290. Electroshock and insulin shock therapies were used throughout the diverse sites of institutional – from Saint-Alban and Blida-Joinville to La Borde clinic in Cour-Cheverny founded by Jean Oury in 1953.

77. Fanon and Tosquelles, 'On some cases treated with the Bini method', 289.

78. Tosquelles and Fanon, 'Indications of electroconvulsive therapy within institutional therapies', in *Alienation and Freedom*, 294. Translation slightly modified, E.V.

79. Tosquelles, 'Désir et institution', *Recherches* 8, no. 11 (1973): 16.

80. See the definition of fantasy/phantasy in Jean Laplanche and J.-B. Pontalis, *The language of psychoanalysis* (London: Karnac Books, 1973), 314–15.

81. Frantz Fanon and Charles Geronimi, 'Day hospitalization in psychiatry: Value and limits. Part two: doctrinal considerations' in *Alienation and Freedom*, 499–500.

82. Fanon and Geronimi, 'Day hospitalization in psychiatry', 500.

83. Fanon and Geronimi, 'Day hospitalization in psychiatry', 504.

84. Fanon and Geronimi, 'Day hospitalization in psychiatry', 500.