

The Decolonised Clinic: Fanon with Foucault

Anthony Faramelli

As noted in this collection's introduction, both political and therapeutic debates concerning the provision of mental healthcare are consistently posed in spatial terms.¹ And, as Laura Palmer noted,² the generally accepted thinking in this regard is centred on confinement.³ That is to say that the focus is on confining people deemed to be disruptive or threatening to society (deemed to be deviant) to hospital wards. Palmer goes on to note that the locus of modern psychiatry, 'is dispersed across a network of professionals, legal frameworks, policies and service providers' which responds to a neoliberal set of disciplinary technologies.⁴

This analysis is – rightly – building on the remarkable work of Michel Foucault. Foucault locates the synthesis of technologies of control, such as surveillance and confinement, in both medical and judicial practices. Simply put, medicine offered knowledge insofar as it had the ability to diagnose people who were considered to be non-productive and/or disruptive members of a community, but it lacked the power of confinement; conversely the judiciary had the power to confine people, but it lacked knowledge. As such, the psychiatric hospital and the asylum arose from the networked relationship of the judiciary and the medical establishment and it was this relationship,

¹ Edward Thornton, "The Quality of Therapeutic Space: An Introduction", this collection.

² Laura Palmer, "Fractal Heretopia and the Affective Space of Psychosis", this collection.

³ While Palmer is specifically examining Britain's National Health Service, this analysis can be expanded to include the hegemonic thinking throughout most of the world, especially Europe and North America.

⁴ Ibid.

played out in psychiatric discourse, that gave rise to a new subject to be controlled.⁵ Elaborating on the relationships, Foucault wrote that psychiatry formed as a network of spaces of internment, judicial spaces, disciplining conditions and procedures of social exclusion, and the norms of industrial labour and bourgeois morality; a whole network of relations between discursive spaces.⁶ Reading Foucault from this vantage point allows us to see that in a way his entire oeuvre is primarily concerned with demystifying, and thereby disempowering, heterotopic spaces of confinement. Indeed, Foucault began his book *The Birth of the Clinic* with the claim that it is a ‘book about space’.⁷

Foucault’s omnipresent preoccupation with space moved to the forefront of his work in 1967 when he gave a keynote address at an architectural conference in Paris entitled “Des Espace Autres” or “Of Other Spaces”.⁸ However, 1967 also marked another important point in Foucault’s life and career. In late September 1966 he took a position as Professor of Philosophy at the University of Tunis⁹ and in 1967, the Arab–Israeli Six Day War led to riots in the streets. While the outbreak of anti-Semitic violence that followed deeply upset Foucault, this event also served to politicise Foucault’s students, paving the way for their uprisings against the government in 1968, which Foucault supported in the face of severe government repression.¹⁰ Foucault’s experience of the events of 1968 in Tunisia focused his political need to think through the ‘necessity of myth, of a spirituality, the unbearable quality of certain situations produced by capitalism, colonialism, and neocolonialism’.¹¹ But what is markedly absent in Foucault’s oeuvre – which, given his thinking at the time on colonialism and neo-colonialism – is an engagement with another

⁵ Michel Foucault, *The Archaeology of Knowledge* (London and New York: Routledge, 2002), 48-49.

⁶ *Ibid.*, 197-198.

⁷ Michel Foucault, *The Birth of the Clinic* (London and New York: Routledge, 2003), ix.

⁸ For an elaboration of the content of this paper and Foucault’s concept of ‘heterotopias’ see Edward Thornton’s and Laura Palmer’s contributions in the collection.

⁹ David Macey, *Michel Foucault* (London: Reaktion, 2004), 76.

¹⁰ *Ibid.*, 81-83.

¹¹ Michel Foucault, *Power: Essential Works of Foucault 1954-1984* ed. James D. Faubion trans. Robert Hurley (London: Penguin, 2003), 280.

intellectual and political radical who had left Tunis just a few years before Foucault's arrival and whose influence – specifically in the areas of mental health and de-colonial politics – is still felt today, Frantz Fanon. While there is no direct evidence that Foucault was actively reading Fanon,¹² in many ways Fanon's clinical work foreshadowed Foucault's spatial approach to thought.

What follows will be a spatial analysis of Fanon's clinical practice demonstrating how Fanon shared Foucault's critique of psychiatry. However, this paper will show how Fanon took his critique much further, encompassing the entirety of colonialism's domination of space. This analysis will also demonstrate how Fanon's therapeutic work resisted French colonialism's enclosure of space and opened up heterotopic sites of creativity and liberation, and in doing so, how Fanon's oeuvre continues to be operative as a focal point of resistance and creation.

Most contemporary readings of Fanon tend to focus on his work as a militant intellectual of anti-colonial and black liberation¹³ or else they attempt to 'Lacanize' his work in order to make it a better fit within the cannon of postcolonial theory.¹⁴ However, in order to have a more rich understanding of Fanon's work and his contemporary relevance, it is important to holistically read his political commitments and his work as a psychotherapist together. When this is done, it becomes clear that Fanon needs to be situated as a thinker of space. In fact François Tosquelles, the psychiatrist who supervised him during his residency at Saint-Alban Hospital, wrote that Fanon was first and foremost concerned with analysing space and how subjects occupy the space of a clinic.¹⁵ Tosquelles poetically wrote that Fanon embodied (*incarnait*) therapeutic space.¹⁶ This is an important note

¹² Indeed, it would be surprising to learn that Foucault was actively reading Fanon since his work was not well distributed in France at the time beyond his associations with Simone de Beauvoir and Sartre, both of whom were far more interested in his political writing than his clinical work. That Foucault probably was not actively engaging with Fanon is also reflected by the fact that their biographer, David Macey, did not note any connection or engagement between the two.

¹³ An illustrative example would be the Lewis Gordon's work on Fanon.

¹⁴ Here, and illustrative example is Homi Bhabha's engagement with Fanon.

¹⁵ François Tosquelles, "Frantz Fanon à Saint-Alban", *Sud/Nord* 22 (2007): 9-14.

¹⁶ *Ibid.*, 9.

because, while most people tend to emphasise Fanon's engagement with native cultures, his therapeutic practice first and foremost needs to be seen as creating open and de-colonial spaces. The primacy of the spatial in Fanon's clinical work allowed him to move his practice of social therapy (derived from the institutional psychotherapy movement in post-War France) beyond the confinement of clinics and hospitals and into broader society.

Fanon had his first clinical experience of colonial psychiatry while studying in Lyon, where he was called on to treat North African – principally Algerian – patients complaining of crippling physical pain, but who had no significant physiological problems. The pain was largely felt in the abdominal area, but it could not be localised to any one organ and as such it seemed to defy traditional medical wisdom. The patients who manifested these symptoms lived in the poor slums of rue Moncey and were subject to omnipresent forms of racism and repression that cast North Africans as subaltern. In fact, the doctors treating them addressed their North African patients in the casual *tu* verb form, as you would address a child, and would speak to them in *petit nègre*.¹⁷ Fanon concluded that although their symptoms seemed unclassifiable, nevertheless their suffering was real. Fanon termed this the 'North African Syndrome', a psychosomatic disorder affecting the North African population in France fostered by the lived experience of racism in poor slums.¹⁸

It was Fanon's experience with the North African Syndrome and his exposure to psychosomatic disorders¹⁹ that opened him up to institutional psychotherapy and his work at Saint-Alban hospital under François Tosquelles.²⁰ Tosquelles was a radical psychiatrist and

¹⁷ David Macey, *Frantz Fanon: A Biography* (London and New York: Verso, 2012), 141. *Petit nègre* was a form of pigeon-French that was used by the French in their colonies in Africa and the French Antilles. The use of this vernacular created a power-dynamic that situated people from the colonies as linguistically and intellectually inferior. Throughout his work, Fanon paid close attention to *petit nègre* as an integral aspect of colonial racism. Indeed, its very name (which can be loosely translated as 'little negro') carries a striking semiotic violence.

¹⁸ *Ibid.*, 141-142.

¹⁹ In his article "North-African Syndrome", Fanon credits his understanding of psychosomatic disorders to a paper written by Dr Stern in the journal *Psyché*.

²⁰ *Ibid.*, 142.

Marxist from Catalonia. During the Spanish Civil War Tosquelles was an active member of the *Partido Obrero de Unificación Marxista* (Worker's Party of Marxist Unification) and served as the head of the Republican Army's psychiatric services until he was forced to flee Spain for France in 1939.²¹ Tosquelles had already developed a reputation as the 'Red psychiatrist'²² and in 1940 Paul Balvet recruited him to join the team at Saint-Alban Hospital,²³ where the hospital was also active in aiding the Resistance.²⁴

It was at Saint-Alban that Tosquelles developed what came to be known as 'institutional psychotherapy', a therapeutic system which states that for an institution to work in a therapeutic manner it must first have a critique of itself as an institution. The founding notion of institutional psychotherapy stated that:

the hospital itself was a Gestalt, or a set of elements and 'articulated spaces' with a life of its own, and [...] it was impossible to separate the individuals who inhabit those spaces and acted on one another within them.²⁵

This formed the basis of what the *Société du Gévaudan* (Gévaudan Society: a working group at Saint-Alban hospital formed by Paul Balvet, Lucien Bonnafé, André Chaurand and François Tosquelles) termed 'geopsychiatry' the interaction of therapeutic groups with one another, with their social and physical environments and with external communities.²⁶

In forming networks of relationship between multiple heterogeneous spaces, geopsychiatry is the concrete praxis of what Foucault would later term heterotopias. Geopsychiatry established spaces of counter-sites, where the members of the subject-groups

²¹ Ibid., 144-145.

²² Francois Dosse, *Gilles Deleuze and Félix Guattari: Intersecting Lives* (New York: Columbia University Press, 2010), 41.

²³ Macey, *Frantz Fanon: A Biography*, 145.

²⁴ Ibid., 146-147.

²⁵ Ibid., 144. My emphasis

²⁶ Dosse, *Gilles Deleuze and Félix Guattari: Intersecting Lives*, 42.

were able to encounter one another and fluidly flow between the ‘real’ spaces beyond the hospital or clinics and the ‘heterotopic’ therapeutic spaces. The movement means that, ‘all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted. Places of this kind are outside of all places, even though it may be possible to indicate their location in reality’.²⁷

Institutional psychotherapy was very much a form of resistance to the enclosed and alienating spaces created by the asylum system, the origins of which were analysed by Foucault. *Madness and Civilization* charts the establishment of the *Hôpital Général* in seventeenth-century France and the resulting ‘great confinement’ of those deemed to be mentally ill, fulfilling its role as an instrument of social order, rather than a medical facility.²⁸ These spaces of confinement persisted until the nineteenth-century when the maverick philanthropist Pinel ‘liberated the insane’ at Bicêtre, with the mythology surrounding this event stating that he personally removed the patients’ chains.²⁹ However, Foucault also notes that far from ‘liberating’ the patients, asylums functioned to segregate them from society and punished their non-productivity by inducing a (pseudo-religious) sense of moral guilt for not being able to work.³⁰ The asylum’s spatial organisation also

[organized the patient’s] guilt; it organized it for the madman as a consciousness of himself, and as a non-reciprocal relation to the keeper; it organized it for the man of reason as an awareness of the Other, a therapeutic intervention in the madman’s existence. In other words, by this guilt the madman became an object of punishment always vulnerable to himself and to the Other; and [...] the madman was returned to his awareness of himself as a free and responsible subject, and consequently to reason.³¹

²⁷ Foucault, Michel, “Of Other Spaces”, *Diacritics* 16 (Spring 1986): 23-24.

²⁸ Michel Foucault, *Madness and Civilization* (London and New York: Routledge, 2008), 36-37.

²⁹ *Ibid.*, 230.

³⁰ *Ibid.*, 230-234.

³¹ *Ibid.*, 234-235.

This double movement of seeing themselves through the lens of guilt and reason disciplines patients in the asylum to view their subjectivities as inherently inferior to both their keepers and to the general public, creating what Félix Guattari would later term a 'subjected-group', a group disciplined and controlled by heterogeneous social forces.³²

Institutional psychotherapy approaches therapeutic work with a critical reading of asylums that is congruent with Foucault's writing on the subject, and seeks to openly resist the reproduction of subjected-groups. The open and fluid spaces that institutional psychotherapy and geopsychiatry creates radically resist hegemonic psychiatric practices and the asylum's ordering of space. This focus on the reordering and opening up of space constitutes institutional psychotherapy's creative practice, the creation of therapeutic heterotopias where the hierarchical divisions between doctors, nurses and patients is collapsed in the practical day-to-day operation of the clinic. This creative re-organisation radically challenges Foucault's totalising reading of clinical spaces as enclosed zones of discipline. Claude Claverie further elaborated on institutional psychotherapy's emphasis on spatiality, writing that Saint-Alban's resistance to Nazi occupation and confinement is what transformed the hospital into a therapeutic community:

During the Occupation the French underwent the individual and collective experience of a 'great confinement'. The word 'liberation' therefore had a very profound resonance, and its echoes shook the walls of the asylum (to use a heroic metaphor, the liberation of the asylum was an extension of the liberation of the country).³³

³² See Félix Guattari, *Psychoanalysis and Transversality* (New York: Semiotext(e)/Foreign Agents and MIT Press, 2015), 64-68.

³³ Claverie in Macey, *Frantz Fanon: A Biography*, 147.

In this way institutional psychotherapy was formed as a heterotopic inversion, a counter-space, of the Nazi concentration-camp world and this spatial action was further applied as a counter-space in resistance to traditional forms of psychotherapy that seek to isolate and confine the patient, by opening up space in order to disalienate and de-personalise patients.³⁴

Shortly after his training at Saint-Alban, Fanon took a post in Algeria at the Blida-Joinville Psychiatric Hospital in 1953. We know from an article detailing institutional psychotherapy in practice co-authored with Tosquelles that Fanon was eagerly putting into practice this radical approach to mental health at his new appointment. The perversity of the confined spaces of French colonialism following their ‘liberation’ from Nazi occupation was a critique that Fanon implicitly brought with him to Algeria, writing that

Under the German occupation the French remained men; under the French occupation, the Germans remained men. In Algeria there is not simply the domination but the decision to the letter not to occupy anything more than the sum total of the land. The Algerians, the veiled women, the palm trees and the camels make up the landscape, the *natural* background to the human presence of the French.³⁵

While Foucault argued that psychiatry is a punitive judicial-medical system designed to confine and isolate individuals who threaten the public order, for Fanon the entirety of colonialism was in essence a meta-system encompassing medical, governmental, legal and cultural apparatuses that were all designed to enclose space for the purpose of created disciplined colonial subjects. This distinction is drawn into sharp focus by looking at who can be confined. Foucault notes that madness represents a minority status, or in other words, madness is considered to be a form of childhood.³⁶ As such, the ‘madman’ is alienated from his or her civil status and given a judicial status of

³⁴ Tosquelles, François, “Frantz Fanon à Saint-Alban”, *Sud/Nord* 22 (2007): 12.

³⁵ Frantz Fanon, *The Wretched of the Earth* (London: Penguin Classics, 2003), 250.

³⁶ Foucault, *Madness and Civilization*, 239.

minor so that they could be confined and ‘educated’.³⁷ Conversely, psychiatric medicine, specifically the Algiers School, psychopathologised the entire Algerian population, claiming that they have a child-like pre-logical and primitive psyche.³⁸ The entire population then are deemed to be minors. Indeed, while lacking a spatial element, the chapter “The So-Called Dependency Complex of Colonised Peoples” from *Black Skin, White Masks* explicitly engages with the claim that colonised peoples are inherently child-like and dependant, arguing that the formation of inferiority complexes in colonised peoples exists only because they live in a society that makes feeling inferior due to their racialised identity.³⁹

The Algiers School provided the doctrinal basis for the psychiatric work being done at Blida-Joinville.⁴⁰ The hospital was an old religious establishment that, under the conditions of the 1838 law, was contracted to the colonial Algerian government for treatment of the mentally ill.⁴¹ The 1838 law consecrated psychiatry as a specialised medical discipline and gave it the power of compulsory hospitalisation, the forced confinement, of the ‘insane’, those whose ‘mental derangement’ was deemed likely to jeopardise public order and safety.⁴² Like most hospitals at the time, Blida-Joinville was surrounded by a high perimeter wall and visitors to the hospital had to pass through a supervised front gate, however once inside the grounds the hospital had a, ‘pleasant environment of a large park with sports facilities and gardens where tree-lined avenues and paths linked two-story buildings’.⁴³ The hospital had a patient capacity of 700-971, but possibly housed as many as 2000 patients when Fanon arrived in 1953, and the wards were separated along ethnic lines.⁴⁴ Before 1953 the doctors who ran the hospital maintained limited contact with the patients. So little that any doctor contact with the patients post-

³⁷ Ibid., 239-240.

³⁸ Macey, *Frantz Fanon: A Biography*, 222-223.

³⁹ Frantz Fanon, *Black Skin, White Masks* (Sidmouth: Pluto Press, 2008), 74.

⁴⁰ Macey, *Frantz Fanon: A Biography*, 224.

⁴¹ Ibid., 205.

⁴² Michel Foucault, *Abnormal* (London and New York: Verso, 2003), 140-141.

⁴³ Macey, *Frantz Fanon: A Biography*, 213.

⁴⁴ Hussein Abdilahi Bulhan, *Frantz Fanon and the Psychology of Oppression* (New York: Plenum Press, 1985), 214; Macey, *Frantz Fanon: A Biography*, 213 and 225.

admission was only, ‘a matter of surveillance rather than therapy’, leaving the patients, ‘largely to their own devices’.⁴⁵ Beyond that, accounts of the way in which patients were treated vary widely. Hussein Abdilahi Bulhan writes that the patients were kept in chains and that Fanon quite literally unchained them.⁴⁶ Conversely, David Macey writes that accounts of Fanon unchaining inmates are the stuff of myth. Macey cites Jacques Azoulay— a psychiatrist who worked closely with and was a friend of Fanon — who denied that anyone was ever held by chains, and Fanon himself never mentions chains in his writings.⁴⁷

In many ways the space of Blida-Joinville, with its racial and ethnic segregation, inequalities and indifference to the Muslim patients, represented a microcosm of Algerian society at the time.⁴⁸ Like all colonial towns, Blida had a ‘dual identity’: a well-designed European zone that resembled the south of France; and a chaotic Arab area that was often referred to as ‘nigger town’.⁴⁹ This was a Manichaean world that was literally divided into two distinct spaces that are separated by an insurmountable distance.⁵⁰ Working within this Manichaean space, Fanon and Azoulay immediately began to institute institutional psychotherapy techniques at Blida. They began on the ward for European women patients, organising social activities and occupational therapies like knitting and dressmaking in order to re-order the social architecture to involve isolated patients in collective activities.⁵¹ Fanon’s experience with institutional psychotherapy with the European women was widely successful precisely because they managed to transform the space into fully European space: the female patients began producing a newspaper which dealt with themes common in French culture; the film and musical events organised were all based on French culture; and the occupational therapies offered all reinforced French gender-types. The most telling act which transformed the hospital into a European space occurred during

⁴⁵ Macey, *Frantz Fanon: A Biography*, 224.

⁴⁶ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 215.

⁴⁷ Macey, *Frantz Fanon: A Biography*, 225.

⁴⁸ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 218.

⁴⁹ Macey, *Frantz Fanon: A Biography*, 211.

⁵⁰ Fanon, *The Wretched of the Earth*, 39.

⁵¹ Macey, *Frantz Fanon: A Biography*, 226-227.

Christmas 1953 when a Christmas tree was brought into the ward for the celebrations, had a decorated nativity crib and people gathered together to sing carols.⁵² This effectively re-organised the space into a communal French society, fully inverting the sterile, cold, and isolating space of the hospital.

Fanon and Azoulay's attempt to use institutional psychotherapy with the Arab men was an initial failure. Beyond the language barrier (Fanon did not speak Arabic when he was given the post at Blida-Joinville and had to speak through an interpreter), their attempts to organise meetings, celebrations, and occupational therapy all fell flat. Fanon assessed that the reason for their failure was because they were 'attempting to create certain institutions, but we forgot that any attempt to do so has to be preceded by a tenacious, concrete and real investigation into the organic bases of the native society'.⁵³ In other words, they were trying to enclose the Arab patients into a space that they did not culturally understand. This affectively created a double alienation: the Arab patients were alienated from their civil status as adults and then alienated from their cultural spaces. Treating the Arab patients required a radical ethnocentric reversion of their practice. 'Fanon henceforth "humbled himself" to the native culture and, rather than be arrogant or indifferent, became "timid and attentive". This Antillean who from birth was a hostage to European culture, history and conceit had to make a remarkable "leap" in *time, geography, and values* for a homecoming to the shores and cultures of Africa'.⁵⁴ This 'leap in time, geography and values' established cultural spaces such as a Moorish café and occupational therapy was moved outside in the space traditionally occupied by men in Algerian society.⁵⁵

Writing in clear phenomenological terms, Fanon stated that it is necessary to engage with the world as it is constructed through culture and tradition because

⁵² Ibid., 226.

⁵³ Frantz Fanon in Macey, *Frantz Fanon: A Biography*, 229.

⁵⁴ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 217. Emphasis in original.

⁵⁵ Macey, *Frantz Fanon: A Biography*, 230-231.

The imaginary life cannot be isolated from the real life; the concrete and the objective world constantly feed, permit, legitimate and found the imaginary. The imaginary consciousness is obviously unreal, but it feeds on the concrete world. The imagination and the imaginary are possible only to the extent that the real world belongs to us.⁵⁶

What Fanon was beginning to articulate was the relationship between the real world with its limitations and prejudices and its inverse image, a heterotopic world of possibility. For Fanon, the way in which these worlds bleed into each other forms the basis for his radical anti-colonial form of psychotherapy, adjusting the society to fit the individual.

Fanon's clinical reforms constituted a direct challenge to the prevailing colonial framework, the Algiers School, and the larger French psychiatric establishment.⁵⁷ Blida-Joinville's space as a counter-site became radically more political through the hospital's role aiding the FLN during the war. The transformation of the hospital to a refuge for the FLN fighters and Fanon's treatment of both the FLN and the French troops during the war are well documented, as such elaborating on that aspect of Fanon's practice is beyond the scope of this paper. However, the role that Blida-Joinville played during the war brings it uncannily close to the space of Saint-Alban. This is not to merely compare the histories of the two hospitals, but to assert that in the same way that Tosquelles transformed the space of Saint-Alban into a liberated space, or a space of liberation, so too did Blida-Joinville become a heterotopic space in its resistance to the confinement of colonialism.

Fanon's work at Blida-Joinville took institutional psychotherapy's basic program and displaced its inherent Eurocentrism by introducing a more nuanced and critical reading of race and culture. However it was in Tunisia that Fanon fully developed his therapeutic method. This new turn in Fanon's work

⁵⁶ Frantz Fanon in Macey, *Frantz Fanon: A Biography*, 233.

⁵⁷ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 218.

occurred in 1959 when he began to work at the Hôpital Charles-Nicolle, a general hospital in Tunis with a neuropsychiatric ward attached. Drawing on the lessons learned from Saint-Alban and Blida, Fanon began to transform Charles-Nicolle into Africa's first psychiatric day clinic.⁵⁸ First and foremost, the physical space of the day centre needed to be changed in order to literally open up the therapeutic practice:

The first task was to transform the building itself. Handles were fitted to the doors so that they could be opened from the inside. The bars were removed from the windows and the straightjackets and other physical restraints were taken away. Patients were employed to knock down the walls of the old isolation units, which resembled punishment cells rather than hospital rooms. The entire building was repainted to make it look less forbidding.⁵⁹

In an article published at this time (although written while he was still at Blida) Fanon adopted a position that was openly critical of Tosquelles, having arrived at the conclusion that aggression, like most other forms of psychopathology, is formed out of reciprocal relations, meaning that much of the aggression exhibited by patients in hospitals was often provoked by their confinement. As such the confinement and social isolation of hospitals and clinics, even Saint-Alban, provoked more psychopathology in the patients.⁶⁰ Fanon's solution to this was an open form of psychiatric management that would: (1) eliminate the punitive aspect of incarceration in hospitals, and (2) provide a more efficient form of psychiatric treatment by (3) keeping the patients in close contact with their community.⁶¹

This turn represented a radical modification of institutional psychotherapy, which created 'neo-societies' within the clinic. These neo-societies were an important advance insofar as they counteracted

⁵⁸ Macey, *Frantz Fanon: A Biography*, 315.

⁵⁹ *Ibid.*, 318.

⁶⁰ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 241-242.

⁶¹ *Ibid.*, 242-243.

the regressive tendencies of patients and established new social contracts.⁶² However, Fanon observed that:

It must always be remembered that with institutional therapy we create frozen institutions, strict and rigid rules, schemes which rapidly become stereotypical. In the neo-society, there is no innovation, no creative dynamism, no newness. [...] That is why we believe today that the true milieu of sociotherapy is concrete society itself.⁶³

This is because, they argued, mental illness arises out of a form of alienation from the world and a loss of existential freedom; in other words mental illness is a pathology of liberty.⁶⁴ The innovation of the day centre then was to provide the maximum amount of freedom, of space and movement, to the patient in order to aid them in being more conscious (*conscienciser*) of their conflicts and establish a new relationship with the world.⁶⁵

Fanon's revolutionary contributions to psychotherapy and post-colonial political practices dramatically re-orientated our engagement with space. When considering his therapeutic practice alongside his cultural politics, which sought to de-colonise society and cultural spaces as well as de-centre and open up political structures,⁶⁶ what begins to emerge is a coherent spatial approach to de-colonisation that functions at the level of the individual and of the collective psyche. This approach can be conceptualised as geo-social therapy, a therapeutic practice that encompasses social, cultural and physical spaces. Fanon's work radically de-centres psychotherapy's Eurocentrism through encounters with minoritarian subjects, making it an inherently de-colonial therapeutic practice. While Bulhan argues

⁶² Ibid., 247.

⁶³ Fanon and Geronimi in Bulhan, *Frantz Fanon and the Psychology of Oppression*, 248.

⁶⁴ Bulhan, *Frantz Fanon and the Psychology of Oppression*, 247; Macey, *Frantz Fanon: A Biography*, 320.

⁶⁵ Macey, *Frantz Fanon: A Biography*, 320.

⁶⁶ See "The Pitfalls of National Consciousness" and "On National Culture" in Frantz Fanon, *The Wretched of the Earth*.

that this represented a definitive break with Tosquelles and institutional psychotherapy more generally,⁶⁷ geo-social therapy is better viewed as institutional psychotherapy's de-colonisation and its liberation from confined clinics and hospitals. Fanon's legacy is perhaps most acutely felt as an *analyste*, a critical object through which analysis can take place. In other words, his most important contribution to contemporary therapeutic and political practices is to give us the tools to continually resist enclosed spaces of discipline and to create new and open spaces of liberation.

⁶⁷ Bulhan, *Franz Fanon and the Psychology of Oppression*, 241.