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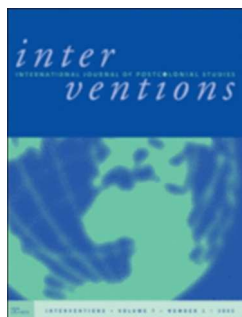
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**Fanon's Letter. Between Psychiatry and Anticolonial Commitment**

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**Fanon's Letter**

Between Psychiatry and Anticolonial Commitment

## ABSTRACT

*The name of Frantz Fanon has become a symbol of anticolonial militancy and the struggles of national emancipation against colonial rule. However, Fanon was also a psychiatrist, who never abandoned clinical practice even after resigning from his post in colonized Algeria in 1956. The co-existence, in Fanon, of medicine and political involvement represents one of the most productive and contradictory aspects of his life and work. Fanon was highly critical of colonial ethnopsychiatry but never abandoned his commitment to improving the condition of psychiatric patients. After his escape from Algeria, he wrote extensively for El Moudjahid, the journal of the anticolonial resistance, but also practised in the hospital of Charles Nicolle in Tunis. In this paper, I will propose a new assessment of the relation between psychiatry and politics by addressing Fanon's influence on Franco Basaglia, leader of the anti-institutional movement in Italian psychiatry in the 1960s and 1970s. Basaglia was deeply inspired by the example of Fanon and the contradictions he had to confront. Re-reading Fanon through the mirror of Italian anti-institutional psychiatry will define a new understanding of Fanon as committed intellectual. Indeed, this may suggest a new perspective on the function of intellectuals in contexts signed by the aftermath of colonial history, drawing on the example of two psychiatrists who never ceased to inhabit the borderline between the clinical and the critical, medicine and militancy, the necessity of cure and the exigency of freedom.*

**Keywords: Frantz Fanon, Franco Basaglia, anti-colonialism, history of psychiatry, intellectual commitment**

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4 “But when one of them becomes aware of the fact that despite the *universality of his work* it  
5 serves only *particular interests*, then his awareness of this contradiction – what Hegel called  
6 an ‘unhappy consciousness’ – is precisely what characterizes him as an intellectual” (Sartre  
7 1974: 287).  
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10 Today, the name of Frantz Fanon epitomizes the unfinished project of anticolonial liberation  
11 and the history of resistances against imperialism. His reflections on racism, violence, and the  
12 alienation of colonial rule have inspired decades of struggle and the emergence of what  
13 Henry Louis Gates has called “Critical Fanonism” (Gates 1991). In a recent article, Achille  
14 Mbembe remarks that Fanon’s last book, *The Wretched of the Earth*, has “achieved an almost  
15 biblical status” (2012: 19). However, not only was Fanon an anticolonial revolutionary;  
16 throughout his life, he was a committed psychiatrist. Indeed, it was as doctor that Fanon first  
17 lived and worked in Algeria, where he experienced first-hand the estrangement and  
18 oppression of the French colonial system. In 1956, the “Letter to the Resident Minister” he  
19 wrote in resignation from his post at the Blida mental hospital, near Algiers, signed his  
20 definitive separation from the colonial administration and his participation in the Algerian  
21 war. The relation between Fanon the revolutionary and Fanon the psychiatrist remains a most  
22 interesting and controversial question. “The major theoretical problem posed by Fanon’s  
23 account of the colonial personality concerns the nature of the relationship between politics  
24 and psychology,” writes Jock McCulloch in his landmark critical study (2002: 131). Indeed,  
25 it seems that a central question still needs to be properly assessed: what is the relation  
26 between psychiatry and politics in Fanon? How could this issue redefine the way Fanon’s  
27 legacy is understood and transmitted?  
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34 It could be argued that new perspectives on this question may be opened by considering  
35 the influence of Fanon on a key figure of the anti-institutional movement in European  
36 psychiatry: Italian psychiatrist Franco Basaglia (1924–1980). Since his first appointment as  
37 director of a mental hospital in North-East Italy, Basaglia struggled against the inhuman  
38 treatment of patients in asylums and promoted a reform that aimed to reconsider the social  
39 role of psychiatric institutions. Basaglia intended to change attitudes towards mental illness  
40 and wanted to ensure the respect of human and civil rights of the mentally ill, reconnecting  
41 them to local communities and the involvement of the public. Basaglia’s project was to  
42 challenge “a psychiatric ideology that is closed and permanently defined in its role of a  
43 dogmatic science that has been able merely to define the *otherness* and *incomprehensibility*  
44 of the object of its inquiry – which in actual practice has meant its social stigmatization”  
45 (Basaglia 1985: 42). In the words of Franca Ongaro Basaglia, this entailed “a change in  
46 attitudes towards difference and disability in any form” (1985: 9). Basaglia was deeply  
47 affected by the example of Fanon. He wrote a short, but extremely significant commentary on  
48 the meaning of Fanon’s letter of resignation. Still, the way in which Basaglia’s reflections on  
49 Fanon may change our perspective on the latter has not been fully taken into consideration.  
50 After a brief introduction to Fanon the psychiatrist, my essay will propose a contribution to  
51 Fanon criticism by constructing a dialogue with the life and writings of Basaglia. While these  
52 reflections will locate Fanon on the border between politics and medicine, my intervention  
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would also like to introduce the largely unknown name of Basaglia to an audience interested in post-colonial studies.

### Fanon's Apostrophe

Fanon's psychiatric formation was determined by his transitional experience at the hospital of Saint-Alban in the Lozere in France, under the mentorship of an almost legendary figure in the history of psychiatry: François Tosquelles (Macey 2012: 143-150). Fanon arrived in Saint-Alban in 1952, and it was there that he was initiated to Tosquelles's experiments in institutional psychotherapy. As Tosquelles and colleagues explained in a paper presented at the second international congress of group psychotherapy in Zurich in 1957, institutional therapeutics was based on both occupational and play therapy. It called into question the authoritative direction of the medical administration by encouraging the spontaneous and creative participation of the patients. The activities at Saint-Alban promoted the initiative of patients and were often playful, including music and theatre performance (Tosquelles et al. 1959: 242). It was Tosquelles's institutional therapeutics that Fanon attempted to realize when appointed at the Blida-Joinville hospital in Algeria in 1954 (Macey 2012: 225; Fanon 2011). The experiment Fanon introduced, however, resulted in a partial failure, of which Fanon attempted to make sense in a paper co-authored with his junior colleague Jacques Azoulay, "La Socialthérapie dans un service d'hommes musulmans: difficultés méthodologiques" ["Sociotherapy in a Service for Muslim Men: Methodological Difficulties"] (Fanon 2011: 104-122). Indeed, as McCulloch points out, Fanon and Azoulay found the reasons of the failure at Blida in the "official colonial policy of assimilation" and "the absence of research material on the Muslim" (McCulloch 1983: 108-113). In spite of the outcome of his experience at Blida, Fanon will continue to engage with Tosquelles's perspective throughout his life, reconsidering some of the principles of institutional therapy. Indeed, Roberto Beneduce observes that Fanon eventually distanced himself from Tosquelles by moving towards a kind of "community psychiatry," which aimed to re-connect psychiatric cure to the contradictions of society (Fanon 2011: 164).

Whereas Tosquelles's psychotherapy represents a most important reference point to understand Fanon's formative background, nevertheless it was in Algeria that Fanon encountered Antoine Porot's school of ethnopsychiatry, as well as the works of other colonial psychiatrists such as John Colin Carothers, who was active in East Africa. The involvement of psychiatry in the colonial project is still object of discussion among historians and anthropologists. Authors such as Megan Vaughan (1991), Jock McCulloch (1995) and Jonathan Sadowsky (1999) have demonstrated that any form of "great confinement" such as the one famously defined by Michel Foucault in *History of Madness* was not ideologically significant to the project of colonial rule. The relation between psychiatry and colonial history should be complicated through a more nuanced analysis of specific contexts rather than be based on generalizations. However, a reading of the work of Fanon may demonstrate that colonialism in Algeria was powerfully backed by knowledge concerning the colonized. Fanon's position as medical doctor enabled him to witness the intimate, psychological dimension of colonial violence, as well as the racism underlying the status of medicine in the colonies. "Beginning from an indictment of psychiatric racism, Fanon then found himself at

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3 odds with the discipline's most fundamental precepts, a conviction that guided his  
4 experiments with group therapy and outpatient treatment at Manouba and the Charles Nicolle  
5 hospital [in Tunis]," Richard Keller observes in his pivotal study on colonial psychiatry  
6 (Keller 2007: 171). Indeed, a first point that needs to be made is that colonial psychiatrists  
7 such as Porot and Carothers were concerned with the "primitive" mind of the colonized and  
8 with providing a biological explanation of subversive behaviour and suffering under colonial  
9 rule. As a matter of fact, Fanon denounced the colonial agenda underlying psychiatric  
10 knowledge in Algeria and the role of the therapist as an agent of repression, "who patrolled  
11 the boundaries between reason and unreason in the Manichaean world of the psyche, just as  
12 colonialism safeguarded the boundaries between European and native" (Keller 2007: 171).  
13 As Hanafy Youssef and Salah Fadl point out, Fanon's intertwining of the clinical and the  
14 political made him "a pioneer of radical psychiatry," who anticipated some of the themes of  
15 anti-institutional critique (Youssef and Fadl 1996: 530).

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17 In Fanon's "political" writing the racism of Porot's "Algiers school" was of primary  
18 concern. In "Colonial War and Mental Disorders," the last sections of the writings collected  
19 in Fanon's most important work, *The Wretched of the Earth*, Fanon draws on his experience  
20 in North Africa and deals with the "sociogenetic" cause of mental illness in the de-  
21 humanizing and repressive colonial system. Fanon denounced the link between psychic  
22 suffering and the violence of colonial domination. In the shocking gallery of clinical cases  
23 presented by Fanon, unspeakable violence on Algerians suspected of being part of the  
24 anticolonial resistance was a powerful reason of mental illness. Such an explanation of  
25 deviant behaviour strongly contrasted with the biological essentialism of Porot and the  
26 Algiers school. Indeed, in the last chapter of *Wretched of the Earth* Fanon explicitly discusses  
27 the perspectives of Porot and Carothers, expanding on his "Ethnopsychiatric Considerations"  
28 anonymously published in the journal *Consciencies Maghribines* in 1955 (Fanon 2011: 137-  
29 141). Fanon's aim was to challenge an overtly racist psychiatric perspective, which  
30 characterized the Algerian as an impulsive, non-rational being, less able than the European of  
31 logical reasoning and guided by instinctive behaviour because of an anatomical  
32 malformation, concerning the lack of cortical development. Fanon writes:

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41 In order to estimate the importance of this discovery of Professor Porot's, we should remember  
42 that the characteristic of the human species when compared to other vertebrates is that it is  
43 corticalized. The diencephalon is one of the most primitive parts of the brain and man is above all  
44 the vertebrate in which the cortex dominates. For Professor Porot, the life of the native of North  
45 Africa is dominated by diencephalic urges. It is as much as to say that in a way the native North  
46 African is deprived of a cortex. (Fanon 1961: 299).

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49 In addition, Fanon exposed the racism implicit in the vision of J.C. Carothers, who had a  
50 great reputation in psychiatric circles, and whose results show direct links with the colonial  
51 ideology of that time. Fanon pointed out that "Dr. Carothers' work was carried on in Central  
52 and East Africa, but his conclusions form a group with those of the North African school . . .  
53 In order to make his point clearer, Dr. Carothers establishes a lively comparison. He puts  
54 forward the idea that the normal African is a 'lobotomized European'" (Fanon 1961: 299).  
55 Fanon's critique of the racism of French ethnopsychiatry in the 1950s also emerges from  
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3 earlier writings, such as his 1952 paper on the “North-African Syndrome,” originally  
4 published in a special issue on “The North African proletariat” of the journal *Esprit*. It is now  
5 collected as opening essay of *Towards the African Revolution*. This essay is extremely  
6 important, not only because Fanon attacks the essentialism of French psychiatry toward  
7 North-African migrants, but also because Fanon raises some key issue that will be developed  
8 in later European critiques of the psychiatric institution. Indeed, a re-reading of Fanon’s  
9 psychiatric perspective may help us reconsider a key issue in Fanon criticism: what is the  
10 relation between Fanon the revolutionary and Fanon the psychiatrist? Is there a relation  
11 between what Fanon did as therapist and doctor, and his political involvement against  
12 colonialism?  
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16 This is a very important question because it can shed new light on the understanding of  
17 Fanon, not only in post-colonial studies, but also in the history of medicine. In fact, it is  
18 undeniable that Fanon criticized the Algiers school and that he resigned from his position in  
19 the Blida-Joinville hospital at the outbreak of the Algerian revolution. Yet, a deeper  
20 evaluation of the link between Fanon’s psychiatric and political stance remains to be  
21 undertaken. In an illuminating article titled “To Cure and to Free,” Françoise Vergès provides  
22 an overview on Fanon’s approach to psychiatry, the influence of Tosquelles, and the fact that  
23 for Fanon, psychiatry “could become an emancipatory therapy, a means among other means  
24 of political and social emancipation” (1996: 94). For Fanon, madness implied a loss of  
25 freedom and the alienation from one’s environment. Accordingly, psychiatry could be seen as  
26 a means for recovering freedom and the key to struggle against alienation and de-  
27 humanization. However, Vergès also points out a major problem in assessing Fanon’s project  
28 of a “decolonized psychiatry.” Whereas Fanon was able to emphasize the social, cultural and  
29 political conditions that determined alienation, an unsolvable tension remained in his work. It  
30 is the exact meaning of this unsolved contradiction that will acquire a new value through the  
31 dialogue with the writings of Franco Basaglia. Vergès describes the tension at work in Fanon  
32 in a very concise and effective way. She writes:  
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39 Fanon’s text produced a divided approach: one as a committed activist and another as professional  
40 psychiatrist . . . The psychiatrist, in his daily practice, was confronted by the possibility of *failure*  
41 in the cure, of the impossibility of a return to what was considered “consciousness” and freedom.  
42 The activist, engaged in a struggle whose goal was freedom and which demanded a quick  
43 resolution in order to save lives, could experience only impatience with the resistance of the  
44 psyche, with the length of time that a cure demanded. This tension between two practices, whose  
45 goals seemed similar, resulted in Fanon’s voluntaristic rhetoric, a form of rhetoric that was  
46 contradicted by his professional practice. (Vergès 1996: 95)  
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49 In the quoted passage, Vergès identifies a central problem in Fanon: in colonized Algeria,  
50 psychiatry did not really work and was unable to allow people to regain and reclaim their  
51 freedom. Hence, how to reconcile the duty of the therapist with the awareness that  
52 colonialism is an oppressive system? The “division” or “tension” that marks Fanon’s life and  
53 work has left some crucial questions unsettled. Whereas Fanon was able to challenge the  
54 neutrality of science and to show the political dimension of mental disorders, he never solved  
55 the question about his duty as therapist, the problem of how to tackle the suffering that was  
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3 not direct result of the violence of the colonial war. In other words, Fanon granted power to  
4 political struggle and linked politics and psychology. But he was inexorably led to a  
5 contradiction, a break between his work as psychiatrist and his engagement as activist.  
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7 In order to further explore this troubled relation between politics and psychology, I would  
8 like to engage with the 1952 essay on the North African syndrome. Fanon wrote “The North  
9 African Syndrome” before going to Algeria, at a time when he still practised in France,  
10 encountering Algerian patients in the slums of the rue Moncey in Lyon (Macey 2012: 141).  
11 Hence, it can be argued that this essay represents an early step towards a growing sensitivity  
12 to the social issues surrounding psychiatric cure. In this essay, Fanon advanced reflections  
13 that, as David Macey shows, favoured Fanon’s subsequent interest in Tosquelles’s  
14 institutional psychotherapy. The essay is structured around three main theses, which Fanon  
15 brings to the attention of other psychiatrists working in France. The paper ends and begins  
16 with references to “human reality” characteristic of Fanon’s engaged humanism. The  
17 conclusion of the essay accentuates this “humanist” vision, by emphatically addressing the  
18 reader with a repeated apostrophe, in uppercase: “if YOU do not want the man who is before  
19 you, how can I believe the man that is perhaps in you?” (Fanon 1967: 16). In contrast with  
20 other writings by Fanon such as the very conclusion of *The Wretched of the Earth*, however,  
21 the reader, the “YOU” of the essay on the North African syndrome is not simply “man,” but  
22 is clearly qualified: Fanon is explicitly addressing the colleague – the doctor, the psychiatrist  
23 – among the audience of the journal *Esprit*. Indeed, Fanon’s essay develops three theses that  
24 have directly to do with the medical institution: the first and third theses concern the  
25 complexity of the behaviour of the North African migrant. Fanon explains that this patient  
26 will be vague in describing symptoms, and will even confuse the doctor with a non-  
27 compliant, evasive response to the cure. For this reason, Fanon establishes the necessity of a  
28 “situational diagnosis” able to perceive the social condition of the North African migrant  
29 worker: uprooted, often traumatized and marginalized. In a way that resonates with the last  
30 pages of his later writings on colonial war and mental disorders, Fanon attacks the racism of  
31 French psychiatry and its stereotyped explanation of the suffering of the migrant. However,  
32 the most important passage of Fanon’s paper, in my view, emerges in what is presented as  
33 second thesis and in the abrupt shift in writing style at the conclusion. It is in these passages  
34 that the “tension” that Françoise Vergès so eloquently defines may reveal its productivity.  
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36 Fanon’s second thesis, in “The North African Syndrome,” is provided in italics in the  
37 following definition: “*the attitude of the medical personnel is very often an a priori attitude.*  
38 *The North African does not come with a substratum common to his race, but on a foundation*  
39 *built by the European. In other words, the North African, spontaneously, by the very fact of*  
40 *appearing on the scene, enters into a pre-existing framework”* (Fanon 1967: 7 italics in  
41 original). The “second thesis” could appear quite insignificant; perhaps, not even the most  
42 original part of the essay. However, it is the place where the “tension” between psychiatry  
43 and politics may acquire a new value and be seen in a different way. If the real experience of  
44 distress of the North African worker is labelled by the “pre-existing framework” of the  
45 hospital as incomprehensible, then, what should the doctor do? How can the suffering of the  
46 patient be addressed if medicine remains trapped in the “a priori” attitude of the personnel?  
47 Should the doctor carry on with his therapeutic act, or isn’t the very existence of such  
48 medical framework the problem at issue? The second thesis is the place where social  
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3 oppression is presented as a main question within medicine itself. Yet, the possibility of cure  
4 is caught in a sort of unsolvable impasse: either the problem is about the limits of medicine,  
5 or it lies in the exclusions operated in society. In his reading of the essay, Jock McCulloch  
6 concludes that “Fanon is drawn into creating a tension between his concept of illness and the  
7 way in which he defines the relationship between medicine and political oppression” (2002:  
8 88). However, in contrast with McCulloch’s remark that Fanon is led to “medicalize a  
9 problem he defines as being essentially social and political” (88), the meaning of the  
10 “tension” inherent to Fanon’s position should not be explained away. Indeed, it may be  
11 rephrased in the following question: if, in contexts of social struggle and oppression, to  
12 “cure” means to subject elusive bodies to the power of a de-humanizing system, then, how  
13 can medicine become a tool of social liberation? How to re-connect cure and freedom?  
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17 Fanon’s anger is directed at those “medical personnel” who failed to see the patient as  
18 human being, rather than a mute body expressing symptoms. Accordingly, one of the main  
19 points of “The North African Syndrome” is what Basaglia will later call the “bracketing of  
20 the illness”: Fanon wanted to demonstrate the violence of medical knowledge in its power to  
21 label people according to pre-given classifications and formulae, rather than taking care of  
22 patients as human beings. However, the re-humanization of the patient and the questioning of  
23 nosological categories are but first steps in Fanon’s argument. A further step is the  
24 recognition of the complicity of the medical staff and the institution, the “framework,” with  
25 broader systems of social oppression. For this reason, the last sections of Fanon’s essay  
26 relinquish the detached, third-person style proper to scientific publications, and shift to a  
27 direct appeal to the reader, who may be qualified as a colleague. A real change occurs when,  
28 after listing misunderstandings and prejudice, deeply affecting the relation between European  
29 doctor and North African patient, Fanon apostrophizes the reader, involves the addressee  
30 directly in the stakes of his reflection:  
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37 But that’s just it, it *is* our fault. It so happens that the fault is YOUR fault. Men come and go along  
38 a corridor you have built for them, where you have provided no bench on which they can rest,  
39 where you have crystallized a lot of scarecrows that viciously smack them in the face, and hurt  
40 their cheeks, their chests, their hearts.

41 Where they find no room

42 Where you leave them no room

43 Where there is absolutely no room for them

44 And you dare tell me it doesn’t concern you!

45 That it’s no fault of yours! (Fanon 1967: 14).  
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48 How should we approach this shift from scientific prose to an almost poetic appeal to the  
49 reader? What should we make of Fanon’s apostrophe, at the intersection of psychiatry and  
50 politics?  
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52 In my view, it is in passages such as the above-mentioned one that the “tension” or  
53 rupture between Fanon the psychiatrist and Fanon the activist becomes productive. Fanon  
54 wrote the essay on the North African syndrome four years before joining the Algerian  
55 revolution. This is, not yet, the essay of an active anticolonial militant. On the contrary,  
56 Fanon’s reflections on the North African syndrome are the place where we can see Fanon at  
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3 the beginning of his career in the medical establishment. In the apostrophe to the reader,  
4 Fanon is introducing a “political” element. Fanon’s apostrophe in the essay on “The North  
5 African Syndrome” is the place where the link between psychology and politics is presented  
6 as an appeal to the responsibility of the psychiatrist. This is a call that has been taken up in  
7 the writings of Franco Basaglia.  
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### 10 **Basaglia: The “Unhappy Consciousness” of Psychiatry**

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13 Recent developments in Italian ethnopsychiatry are testimony to the enduring influence of  
14 Fanon on the history of medicine in Italy, as shown by the recent Italian edition of Fanon’s  
15 writings on psychiatry, edited and introduced by Roberto Beneduce (Fanon 2011). Indeed,  
16 some of the questions raised by Fanon have found a response, since the 1960s and 1970s, in  
17 Italian anti-institutional psychiatry. Basaglia was appointed director of the mental hospital in  
18 Gorizia, North-East Italy, in 1961. Since his arrival there, Basaglia initiated a life-long  
19 struggle against the violence of the psychiatric institution, which culminated in the  
20 promulgation of the renowned Law 180 in 1978, two years before he passed away. Among  
21 other regulations, Law 180 prohibits the construction of new mental hospitals and aims to  
22 overcome the existing ones. The project underlying the reform was never fully realized and  
23 led, as Franca Ongaro Basaglia affirms (1985), to an “aborted” psychiatric reform. However,  
24 the law is still in force in Italy today, and the process of closure of the asylums was  
25 concluded in 1998. Law 180 was the result of 15 years of struggle and debate to ensure the  
26 respect of the rights of mentally ill patients and challenge their exclusion and stigmatization.  
27 At the crossroads between politics and psychiatry, the struggle against de-humanizing  
28 practices in the asylum was partly carried on through “Psichiatria Democratica,” a movement  
29 founded by Basaglia in 1971, and its affiliation to the Communist and Radical parties.  
30 Basaglia played a significant role in the oppositional intellectual culture of Italy in the 1960s  
31 and 1970s and contributed to the movements of de-institutionalization that were at work in  
32 Europe at that time. However, in spite of many affiliations and connections, Franco Basaglia  
33 had a singular intellectual journey. He remained somehow independent from any pre-given  
34 political ideology throughout his life. His legacy is still controversial in Italy, and, as Alvize  
35 Sforza Tarabochia shows in a recent essay (2011), the philosophical richness of Basaglia’s  
36 thought yet to be fully explored.  
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44 The name of Fanon appears more than once in the collective volume that made Basaglia  
45 famous in Italy in 1968, *L’Istituzione Negata* [*The Negated Institution*]. This book includes a  
46 collection of essays, documents and interviews that present the experience of Basaglia and his  
47 team in Gorizia in the 1960s. The volume became immediately popular and was widely  
48 discussed during the protests and movements of the spring 1968 in Italy. Basaglia was invited  
49 by students to debate his approach and the questions raised by his struggle to close the  
50 asylum and find new ways of dealing with mental illness. The second edition of *L’Istituzione*  
51 *Negata*, published in 1968 a few months after the first release, included additional essays by  
52 Basaglia. One of them is very significant in the context of assessing the influence of Fanon  
53 on Italian radical culture: “Il Problema della Gestione” [“The Problem of Management”]. An  
54 editorial note at the beginning of the essay explains that the text was the result of everyday  
55 informal discussions with the staff at Gorizia. Rather than an academic article, this essay  
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3 should hence be read as intervention in a lively atmosphere of discussion that characterized  
4 the experience of Basaglia in 1968.

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6 In “Il problema della Gestione” the reader can find a long quotation from Fanon’s letter  
7 of resignation from the Blida hospital in 1956. Indeed, Fanon’s text became famous after its  
8 introduction in *Towards the African Revolution*. It contains a vivid description of the reasons  
9 underlying Fanon’s decision and the “tension” between psychiatry and politics. In the letter to  
10 the Resident Minister of Algeria, Fanon wrote a powerful, condensed analysis of his  
11 experience in the colonial territories:  
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15       Madness is one of the means man has of losing his freedom. And I can say, on the basis of what I  
16 have been able to observe from this point of vantage, that the degree of alienation of the  
17 inhabitants of this country appears to me frightening. If psychiatry is the medical technique that  
18 aims to enable man no longer to be a stranger to his environment, I owe it to myself to affirm that  
19 the Arab, permanently an alien in his own country, lives in a state of absolute depersonalization.  
20 What is the status of Algeria? A systematized de-humanization. (Fanon 1967: 53)  
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23 As Luigi Attenasio (2005) observes in an excellent essay on Fanon and Basaglia, this letter  
24 provided a “trace” and a model for Basaglia’s subsequent resignation from Gorizia in 1972.  
25 However, the similitude between Fanon and Basaglia noted by Attenasio could be expanded  
26 by a rethinking of the “tension” inhabiting Fanon’s engagement. For Basaglia, Fanon  
27 understood that the relation between doctor and patient, in the same way as the relation  
28 between powerful and powerless, was always an institutional relationship, a role determined  
29 by the system (the institutional system, but also the social system – in the case of Fanon,  
30 French colonial rule in Algeria; in Italy, class society dominated by the bourgeoisie). Hence,  
31 any kind of therapy, which was “successful” within the rules and strictures defined by the  
32 institution, resulted in adequacy and acceptance of the system. According to Basaglia, Fanon  
33 grasped the problem inherent in any politicized psychiatry: in a society where there is no  
34 freedom, to cure is not to free, but to restore the patient to the discipline, to comply with  
35 oppression. In the violence of colonized Algeria, psychiatric cure could not lead to freedom.  
36 The only solution was armed struggle. At the outbreak of the Algerian war, Fanon seemingly  
37 betrayed his social mandate as therapist by becoming part of the revolt. In contrast, the  
38 committed psychiatrist in Italy had no revolution that he could choose. The Italian doctor had  
39 only one option: to inhabit the contradiction, to continuously negate the institution where he  
40 was placed, to never settle the break between cure and freedom. For Basaglia, the psychiatrist  
41 needed to be aware of his complicity with the social system, and try to undo this complicity  
42 from within, continuously dismantling the institution in which he worked.  
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45 The conclusion of “Il Problema della Gestione” marks an important difference between  
46 Fanon and Basaglia. Whereas both were confronted by a deep contradiction between political  
47 stance and clinical practice, they reacted differently: Fanon chose the Algerian revolution;  
48 Basaglia remained within the institution, trying to “negate” it from the inside. This is the way  
49 in which interpreters such as Cristiana Giordano, in her intriguing essay on Italian  
50 ethnopsychiatry, have understood the relation between Fanon and Basaglia. Giordano makes  
51 this point explicit:  
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3 Basaglia's idea was to work within the conundrum of the system in order to address the  
4 contradictions of an institution that he fundamentally rejected. The constant process of undoing  
5 psychiatry from within differed from Fanon's engagement in the revolution. Basaglia thought that  
6 a revolution from within the institution could discard the very assumptions underlying its  
7 existence. He called this project "*l'utopia della realtà*" (the utopia of reality). For Fanon, on the  
8 other hand, revolution required the radical rupture and negation of the mental institution, by  
9 stepping outside of it, which he did by resigning from his position as a clinical psychiatrist in the  
10 hospital in Algiers (Giordano 2011: 234).  
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14 This interpretation of the difference between Fanon and Basaglia accords with Basaglia's  
15 own conclusion, at the end of "Il Problema della Gestione." A solution such as that adopted  
16 by Fanon would have implied a "sociogenetic" understanding of "alienation" and  
17 "depersonalization," where it was the colonial system that deprived people of their freedom  
18 and sanity. As Maria Grazia Giannichedda emphasizes in her introduction to *L'Utopia della*  
19 *Realtà*, for Basaglia the "sociogenetic" explanation was untenable, because it assumed as a  
20 given what was indeed to be explained: the question of mental illness. According to Basaglia,  
21 things were much more complicated, in that the body of the patient was caught in  
22 contradictions and tensions that could not be reduced to a unique underlying "cause" or  
23 factor. The relation between Fanon and Basaglia should not conceal important differences.  
24 However, in Basaglia's account of Fanon's career, there is a part that is missing, and that  
25 would complicate our understanding of Fanon's commitment, as well as his link to Italian  
26 anti-institutional psychiatry. Basaglia did not mention that Fanon did not abandon psychiatry  
27 after resigning from Blida-Joinville and choosing the revolution. In Basaglia's account of  
28 Fanon's career, there is no indication that in 1957, Fanon returned to psychiatry in Tunis, as  
29 his biographer David Macey makes clear, and as Basaglia's colleague Giovanni Jervis also  
30 remarked in an essay on Fanon titled "Fanon e la Soggettività" [Fanon and Subjectivity]  
31 (Jervis 1977: 84-90). Jervis observes that Fanon's writings did not engage in a substantial  
32 analysis of psychiatry and did not thoroughly develop, on a theoretical level, Fanon's project  
33 of a "non-oppressive" clinical practice, alternative to the violence of European psychiatry.  
34 Fanon, however, deeply understood the complex relation between colonial domination and  
35 psychological suffering (Jervis 1977: 86). Actually, in 1957-1958, Fanon lectured on  
36 psychiatry and practised in the clinic La Manouba and the hospital Charles Nicolle in Tunis,  
37 where he introduced important innovations, such as a day hospital (Fanon 2011: 152-173).  
38 Basaglia thought Fanon could "choose the revolution" and that, in so doing, Fanon simply  
39 "solved" the contradiction of a committed psychiatry from without. In reality, similarities  
40 between Fanon and Basaglia are more pronounced than Basaglia himself could imagine.  
41 Psychiatry and anti-colonialism were caught in tensions that, in spite of differences, may  
42 resonate with the issues encountered by Basaglia in a European class society.  
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46 Fanon and Basaglia were caught in the contradiction between social duty, as doctors, and  
47 social responsibility, as committed intellectuals. Both recognized the problem of  
48 "institutional neurosis," the role of institutions in provoking and worsening the suffering of  
49 the patient. Both negated and, at the same time, inhabited the institution. Basaglia's account  
50 of Fanon well elucidates the unsolved tension between cure and freedom, but apparently  
51 Basaglia did not know that Fanon returned to psychiatry after Blida. Furthermore, already in  
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3 his 1952 paper on the North African syndrome, Fanon revealed his concern with the  
4 responsibility of the therapist and questioned the role of the institutional framework.

5 How can this affect our understanding of Fanon? Is it still possible to affirm that Fanon  
6 had to step outside the institution to address political matters, as Giordano remarks, or, as  
7 Vergès points out, that Fanon was caught in a “voluntaristic rhetoric” and that he could not  
8 reconcile cure and freedom? Can the reference to Basaglia introduce a new perspective in the  
9 assessment of psychiatry and politics in Fanon? A comparison between Fanon and Basaglia  
10 may suggest that both of them insisted on a specific point, which is well explained by  
11 Basaglia in “Il Problema della Gestione” and other essays now collected in his book *L’Utopia  
12 della Realtà*: the borderline between the clinical and the political is the place where the  
13 responsibility of the doctor is at issue. While there may be disagreements between Fanon and  
14 Basaglia concerning causes of mental illness and therapeutic approaches, the figure of Fanon  
15 helped Basaglia understand that what was at stake was not simply the relation between  
16 institution and society, but also the problem of the psychiatrist as intellectual.

17 Fanon’s example helped Basaglia redefine a question that was central in the experience  
18 in Gorizia during the 1960s and that concerned him primarily not only as psychiatrist but also  
19 as committed writer. In a paper titled “Institutions of Violence,” Basaglia described Italian  
20 society as a rigidly Manichaean space, based on violence, exclusion and a firm division of  
21 labour, where different kind of medical and educational institutions played a major role: “The  
22 main characteristic of these institutions is the clear division between those with power and  
23 those without it” (1987: 61). According to Basaglia, the very labelling of a person as  
24 “mentally ill,” the nosological classification, represented a form of power that stripped the  
25 oppressed of freedom and interpreted any resistance to cure as symptom of the illness: “The  
26 *therapeutic act* means preventing the patient from becoming conscious of being excluded . . .  
27 here it is a body that is only *presumed* to be ill and that is objectified a priori” (1987: 62-63).  
28 For this reason the asylum, as place of confinement and exercise of power, needed to be seen  
29 as the crucial target of a political intervention aimed at contesting social inequality and  
30 exclusion. Basaglia’s partial disagreement with other kinds of institutional psychotherapy,  
31 such as those that were gaining prominence in Britain during the 1960s, emerged on the  
32 occasion of Basaglia’s paper “La distruzione dell’ospedale psichiatrico come luogo di  
33 istituzionalizzazione,” [“The Destruction of the Asylum as Place of Institutionalization”]  
34 presented at the First International Congress of Social Psychiatry held in London in 1964.  
35 Indeed, Basaglia thought that the asylum needed to be closed, and that the bond between  
36 patients and society, inside and outside, needed to be re-established. A transformation of  
37 society’s attitude towards “madness” would have resulted in a change of society as a whole.  
38 In Basaglia’s project, however, the closure of the asylum, an “open door” policy, and the  
39 restitution of freedom to the patient through work and the gathering of patients in what were  
40 called “*assemblee*” were but the first steps. After a first, negative or “countertransfere[n]tial”  
41 moment, de-institutionalization should have gained a more explicit consciousness of its  
42 political dimension.

43 What was at stake, in other words, was not only to redefine psychiatry, but to make an  
44 intervention in society. In the first moment, Basaglia intended to detach science from social  
45 oppression. The second, more difficult, step would have implied a radical rethinking of the  
46 possibility of having an alternative science, a revolutionary or at least non-oppressive science.  
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3 In “What is Psychiatry?” an essay translated in English in 1985, Basaglia took inspiration  
4 from Sartre, especially Sartre’s essay “What is Literature?” to address the situation of  
5 psychiatry and outline his views on commitment. Basaglia underlined the intimate link  
6 between mental illness and loss of freedom, and remarked that the struggle had to be  
7 “conducted on both a scientific and a political level at the same time” (1985: 49). He insisted  
8 that the patient was not only someone with psychopathological problems, but also someone  
9 excluded and stigmatized by society. He wrote: “Our reality is resting on a profoundly  
10 contradictory foundation, and the patient’s conquest of freedom must coincide with the  
11 conquest of freedom by the ‘whole community’” (49-50). The aim of Basaglia’s anti-  
12 institutional project was to undermine “both the ideology of the hospital as a mechanism that  
13 cures, as a therapeutic fantasy, and as a place without contradictions, and the ideology of a  
14 society that, by denying its own contradictions, would like to be seen as a sane society” (51).  
15 If science, as known and practiced before Basaglia and Fanon, was irremediably linked to the  
16 bourgeoisie and the colonial system, is it possible to envisage a form of knowledge de-linked  
17 from the exercise of power? How can a critique internal to psychiatry transform society as a  
18 whole? This is a problem that neither Fanon nor Basaglia completely settled, but which,  
19 unequivocally, concerned them throughout their careers. This problem is the knot joining  
20 psychiatry and politics in Basaglia and Fanon. Whereas they were independent intellectual  
21 figures who developed their own philosophical and political journey, Basaglia’s reference to  
22 Jean-Paul Sartre –who deeply, yet also problematically, influenced Fanon – may shed light  
23 on the tensions, contradictions and negotiations at work between psychiatry and politics.

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25 In an interview titled “A Friend of the People,” now collected in English translation in  
26 *Between Existentialism and Marxism*, Sartre mentions the name of “Gorizia” as example of a  
27 redefinition of intellectual labour after 1968. Basaglia greatly admired Sartre’s philosophy,  
28 which was at the basis of Basaglia’s concept of “freedom” and of his engagement as  
29 intellectual. Nevertheless, it is really surprising to find Sartre himself mentioning – without  
30 acknowledging his name – Basaglia as example of intellectual who understood the mutations  
31 that the practice of political engagement was experiencing at that time. In response to  
32 questions about the changing nature and role of intellectuals in the 1960s, Sartre remarks that  
33 those in Gorizia understood very well something that French “traditional” intellectuals had  
34 missed. What Basaglia grasped was a fundamental contradiction or impasse in the relation  
35 between knowledge and commitment. In fact, traditional intellectuals had understood a first  
36 concept: knowledge had been used at the service of oppression and domination, and now it  
37 needed to be freed, in order to side with the oppressed. However, Basaglia went a step  
38 beyond French intellectuals because he understood a second, extremely difficult and  
39 important phenomenon: probably “knowledge,” as it is, cannot have a role in struggles of  
40 emancipation because, in its very neutrality and objectivity, is determined by class interests.  
41 The critique of society, in other words, needs to be accompanied by a second form of  
42 critique, this time directed at intellectuals. According to Sartre, intellectuals needed to  
43 question themselves, their identity as intellectuals, the very foundations of their knowledge  
44 and their status, if they wanted to contribute to the change of society. Sartre puts all this in the  
45 language of his philosophy: technicians of practical knowledge should question the (false)  
46 universality of knowledge and become conscious of their situation, responding to the  
47 “concrete universal” incarnated by the immediate life of the masses (Sartre 1974: 294).

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3 According to Sartre, this awareness entailed a sort of “unhappy consciousness” caught in  
4 tensions and contradictions that could not be reconciled: in the case of Basaglia, the  
5 contradiction was between psychiatric work and political commitment against an oppressive  
6 society of which psychiatry was a part. In a conversation between Sartre and Basaglia,  
7 translated in English in Basaglia’s volume *Psychiatry Inside Out*, Basaglia summarizes what  
8 is at issue:  
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12 In our reality, for us to create a science along with the people who will use it is already utopian,  
13 even if I understand that my way of using the term isn’t philosophically correct. I don’t mean  
14 detaching myself from reality, but trying to answer people’s real needs, the needs that science  
15 claims it is dedicated to fulfilling. (Basaglia 1987: 175)  
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18 In their introduction to *Psychiatry Inside Out*, Anne Lovell and Nancy Scheper-Hughes  
19 demonstrate that, in contrast with Sartre’s distaste for Basaglia’s use of the term “utopia,”  
20 Basaglia’s work “was utopian precisely because he was willing to open up new possibilities  
21 that broke sharply with the existing order, with Western conceptions of how psychiatry  
22 should be practised and illness defined, and with the social, economic, and political purposes  
23 served by the psychiatric system” (1987: 3). What is important to note is that Basaglia  
24 reflected on his role of intellectual, by engaging in conversation with Jean-Paul Sartre, but  
25 also, radically, by engaging with the example of Frantz Fanon and the tension between  
26 medical knowledge and political practice that he posed. Indeed, the impossibility to “create a  
27 science along with the people” under colonial rule was, precisely, the question that led Fanon  
28 to choose the revolution and, according to Basaglia, give up a social mandate too deeply  
29 entangled in colonial oppression.  
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### 34 **Conclusion**

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37 In an intriguing essay, Azzedine Haddour (2005) remarks that Fanon’s political view  
38 remained close to the legacy of Sartre, in spite of the uneasy relationship between the two.  
39 This connection may emerge very clearly through the Italian link with Basaglia. It was by  
40 reflecting on his role of psychiatrist and the relation between madness and freedom in the  
41 colonial context that Fanon refused his social mandate as “technician of practical knowledge”  
42 and devoted himself to the struggle, re-connecting his practice to the concrete reality of the  
43 colonized. However, Fanon never abandoned his role as therapist and his commitment to  
44 improving the condition of his patients. He opened one of the first day-hospitals in the  
45 African continent and continued to work with his colleague Charles Geronimi to enhance  
46 their understanding of the needs of the people in North Africa – their patients and comrades  
47 in the struggle against imperialism. His influence on Franco Basaglia, however, adds a further  
48 dimension to the way in which the “tension” between Fanon the therapist and Fanon the  
49 revolutionary is understood today. Indeed, the problem that Basaglia grasped from the  
50 example of Fanon is that there is no way of evading the contradiction between science and  
51 politics. The point, however, is for the professional technician to become a committed  
52 intellectual, by making the contradiction the site of a real social change, a “real utopia”  
53 whereby psychiatric knowledge can be substantially redefined and become a tool of liberation  
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at the service of the oppressed. In spite of differences in language and context, Basaglia and Fanon shared a common project pointing towards a re-connection of psychiatry to the life of the people, aiming at the constitution of an alternative, non-oppressive system of cure.

In “Medicine and Colonialism,” an essay collected in 1959 in *A Dying Colonialism*, Fanon analyses the issues facing the Algerian medical doctor practising in a colonized country. After sketching a portrayal of the “native doctor” during the anticolonial unrest, Fanon shows that the solution to the impasse is not resolved by escaping from it – either abandoning medicine, devoting entirely to anticolonial militancy, or by keeping to the medical profession, detached from any political involvement. Instead, Fanon thought that the doctor should adopt medicine in a way that may be useful to the struggles of the colonized, engaging in “revolutionary solidarity.” Whereas before the struggle the doctor appeared “as a link in the colonialist network” (131), during the struggle the position of medicine changes radically: “These medications which were taken for granted before the struggle for liberation, were transformed into weapons” (140-141). Medicine becomes a real battleground, whereby the access to the cure assumes a crucial role in the outcome of the struggle. By placing medicine alongside the concrete existence of a people in revolt, Fanon questioned the figure of the therapist within the society or system of which s/he is part. As remarked in “Medicine and Colonialism”:

The Algerian doctor, the native doctor who, as we have seen, was looked upon before the national combat as an ambassador of the occupier, was reintegrated into the group. Sleeping on the ground with the men and women of the *mechtas*, living the drama of the people, the Algerian doctor became part of the Algerian body. There was no longer that reticence, so constant during the period of unchallenged oppression. He was no longer “the” doctor, but “our” doctor, “our” technician. (142)

Fanon’s influence on Basaglia, in conclusion, can demonstrate how the problem of the social positioning of the therapist triggered a more profound meditation on the relation between knowledge and politics, cure and freedom, duty and responsibility. This is a point that is still open and that may concern the very idea of political engagement in a neo-colonial world.

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