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Disalienation and Structuralism Fanon with Lévi-Strauss

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ABSTRACT: Structural anthropology remains a hidden influence in Frantz Fanon's theory of the 'sociogenesis' of mental illness. This chapter outlines how Fanon's belief in the therapeutic capacity of 'socialization' critically absorbs Claude Lévi-Strauss's examination of the link between 'madness' and the symbolic structure of society. These innovations, Chamberlin argues, pushed Fanon to institute 'semi-hospitalization' as a radically dialectical method of treatment in his final role as a clinician at the Neuropsychiatric Day Centre in Tunis (1958–60).

KEYWORDS: Fanon, Frantz; Lévi-Strauss, Claude; Structuralism; Anthropology; Radical psychiatry

Disalienation and Structuralism

Fanon with Lévi-Strauss

CHRISTOPHER CHAMBERLIN

INTRODUCTION

Frantz Fanon accepted his first medical assignment to the Blida-Joinville Psychiatric Hospital in Algeria in 1954, which he headed as director for two tumultuous years until resigning in 1956. Upon arrival, Fanon quickly initiated a reorganization of the hospital in accordance with the tenets of ‘institutional psychiatry’, a reform movement and new approach to collective psychotherapy pioneered in the 1940s by Fanon’s supervisor and mentor, the French-Catalan communist and psychiatrist François Tosquelles.¹ Fanon’s initial reform effort was remarkable primarily for how quickly it fell apart, having had next to no beneficial effect on the Algerian patients (all of them men) under his care. Fanon blamed that failure not on institutional psychiatry per se, but on neglecting to properly correspond its practice to the totality of its social situation. Fanon explains:

It was necessary to try to grasp the North African social fact.
It was necessary to demand that ‘totality’ in which Mauss saw

1 Camille Robcis, *Disalienation: Politics, Philosophy, and Radical Psychiatry in Postwar France* (New York: Columbia University Press, 2021).

the guarantee of an authentic sociological study. A leap had to be performed, a transmutation of values to be achieved. Let's say it: it was essential to go from the biological level to the institutional one, from natural existence to cultural existence.²

The 'totality' of the 'social fact' cited here bears Marcel Mauss's unmistakable signature. This is the same notion that will be transformed by Claude Lévi-Strauss into the kernel of the structuralist method. In the method of its construction, Lévi-Strauss credited Mauss with drawing a highly serviceable equivalence between the *social* and *reality*, albeit one whose conceptual development he argues was prematurely interrupted. Lévi-Strauss thus comes to define social reality as the articulation, or the disjunctive synthesis, between each discontinuous dimension of human existence. The construction of a total social fact — or social structure — had to account for what Lévi-Strauss defined as the 'three dimensions' of social reality: (1) the symbolic or structural systems of a given society, (2) its history or transformations, and finally, (3) the psycho-physiological level. 'Only in individuals', writes Lévi-Strauss, 'can these three dimensions be brought together.'³

Fanon and his colleague Jacques Azoulay invoke this very tripartite schema when concluding the summary of their failure at Blida-Joinville:

The biological, the psychological and the sociological were separated only by an aberration of the mind. In fact, they were tied indistinctly together. It is for want of not having integrated the notion of Gestalt and the elements of contemporary anthropology into our daily practice that our failures were so harsh.⁴

An exploration of structuralism's role in Fanon's theory and practice, through which the method and transformations of his psychotherapy can be illuminated, thus seems to be overdue. This structuralist method

2 Frantz Fanon and Jacques Azoulay, 'Social Therapy in a Ward of Muslim Men: Methodological Difficulties', in Frantz Fanon, *Alienation and Freedom*, ed. by Jean Khalifa and Robert J. C. Young, trans. by Steve Corcoran (London: Bloomsbury, 2018), pp. 353–72 (p. 363).

3 Claude Lévi-Strauss, *Introduction to the Work of Marcel Mauss*, trans. by Felicity Baker (London: Routledge, 1950), p. 26.

4 Fanon and Azoulay, 'Social Therapy', p. 363.

— which is characterized by a conceptual reduction to certain irreducible filaments of the experience of the human as a ‘symbol-using’ species, and which for our purposes will be practically synonymous with the anthropology of Lévi-Strauss — shapes Fanon’s understanding of the relationship between mental illness and the cure, and further on, his understanding of the relationship between psychotherapy and politics. Owing no doubt to the occulted nature of its references in Fanon’s work (not to mention the long-running stigma that ‘structuralism’ bears as a supposedly superseded and politically moribund project), structural anthropology’s influence on Fanon’s thinking remains an unopened secret, and part of the intention of this chapter is to track the way that Fanon translates structuralist insights into the nature of human ‘sociality’ into a simultaneously therapeutic and political program. In this way I seek to contribute to far more developed mappings of the impact on Fanon’s work (and his reciprocal reworking and advancement) of the intellectual traditions of, for instance, radical psychiatry, existential phenomenology, and psychoanalysis.⁵

For Fanon, structuralism didn’t just improve psychoanalysis, it made it possible, just as his understanding of the interlinked notions of freedom and madness enabled him to transform structuralism into a praxis in which not only the psychic wellbeing of the individual, but the very renewal of social relations are at stake.

But the traffic of influence between anthropology and psychoanalysis was not simply unidirectional: as his privileging of the ‘psycho-physiological’ suggests, Lévi-Strauss embarked on his own account of what he variously describes as ‘mental illness’, ‘mental disturbance’, or ‘psychopathology’, all rough synonyms for what a long tradition of Western discourse calls ‘madness’. That effort did not just attempt to replace a medical model of mental illness with a social or anthropological (much less genealogical) one, but, more consequentially, and like Fanon in a different context, intended to eliminate an unjustifiable separation between physiological and mental explanations of psychopathological aetiology, between the

5 Cf. the aforementioned: Robcis, *Disalienation*; Lewis Gordon, *What Fanon Said: A Philosophical Introduction to his Life and Thought* (New York: Fordham University Press, 2015); David S. Marriott, *Lacan Noir: Lacan and Afro-pessimism* (New York: Palgrave Macmillan, 2021).

fate of the individual and that of collectives (and therefore between the disciplines of anthropology and psychoanalysis, as we will see shortly). While Mauss may have first systematized a link between these realms, Lévi-Strauss would derive new implications made possible by a theory of the symbolic function (as worked over from contemporaneous developments in modern linguistics) that was, at best, only rigorously intuited by Freud and Mauss in their time, but that was already a part of Fanon's wildly interdisciplinary outlook by the beginning of his work at the midcentury.

This chapter begins with a 'crash course' on Lévi-Strauss's understanding of the symbolic status of social life (and an abbreviated synthesis of the terminology he uses to describe it), particularly as it emerges out of the anthropologist's attempt to triangulate the causes of mental disturbance. Thereafter I will hint at some points of convergence between his theoretical principles and Fanon's radicalized psychoanalysis. 'Reduction', as both a method intrinsic to the dialectic and an object of theoretical deduction, is as essential to structuralism as it is a scientific precept in Fanon's simultaneously political and therapeutic program.

But my overarching aim in what follows, despite remaining mostly implicit, is to place on new footing one of the most controversial concepts in Fanon's oeuvre: *sociogenesis* (and his related development of a 'sociodiagnostic' method of analysis).⁶ This notion was designed by the French-Martinican psychiatrist to retheorize the cause of mental illness and to go 'beyond' the impasses presented by desocialized and depoliticized theories on psychopathology that have tried to answer the same question through the concepts of ontogenesis/phylogenesis (the dialectic between individual and species elaborated by the late Freud), organogenesis (the dialectic between the psyche and body elaborated by postwar French psychiatry), and psychogenesis (the dialectic between the real and imaginary elaborated by the early Lacan).

6 See for instance: Sylvia Wynter, "Towards the Sociogenic Principle: Fanon, Identity, the Puzzle of Conscious Experience, and What it is Like to Be "Black", in *National Identities and Sociopolitical Changes in Latin America*, ed. by Mercedes F. Durán-Cogan and Antonio Gómez-Moriana (London: Routledge, 2001), pp. 30–66; David Marriott, "Inventions of Existence: Sylvia Wynter, Frantz Fanon, Sociogeny, and "the Damned", *CR: The New Centennial Review*, 11 (2012), pp. 45–89.

The larger, second half of this paper therefore examines how Fanon offered, as an alternative that nevertheless manages to carry along an account of the various dialectical poles that precede it (individual, body, imaginary, and so on), a sociogenic hypothesis — one that pivots on locating mental illness in the dialectic between symbolic structure and history that is intrinsic to a notion of ‘the social’ as *pharmakon*, as both source (alienation) and solution (disalienation) to psychic suffering. I will specifically look at how this principle is put to work in the clinical practice he founded at the Neuropsychiatric Day Centre of Tunis at the end of his life, in the late 1950s and early 1960s.

Fanon’s dialectical style of reasoning is well established, being perhaps nowhere more impressively presented than in Ato Sekyi-Otu’s opus, *Fanon and the Dialectic of Experience*, a work that nevertheless suffers from a fatal flaw: that of refusing to acknowledge that Fanon had any serious interest in the ethics of psychoanalysis. In focussing so narrowly on Fanon’s method of ceaselessly disintegrating metaphysical truths or metalinguistic axioms through the solvent of the narrative of experience, Sekyi-Otu misses precisely how Fanon located the political and ethical valence of the symptom in the lived experience of the dialectic’s arrest.⁷ If, for Fredric Jameson, structuralism is not heterogenous to such a tradition of dialectical thinking but marked instead a breakthrough in which ‘dialectical thought was able to reinvent itself in our time’,⁸ then it remains to be seen how Fanon reinvented this breakthrough in his own time and place.

LÉVI-STRAUSS: REDUCTION OF THE SOCIAL TO REALITY

In his magisterial survey of the collected works of Marcel Mauss, Lévi-Strauss boils the essence of culture down to ‘a combination of symbolic systems headed by language, the matrimonial rules, the economic relations, art, science and religion’,⁹ to which he also adds its aesthetic forms and juridical systems. Despite the huge variety of their expression and their very different courses of historical development, these

7 Ato Sekyi-Otu, *Fanon’s Dialectic of Experience* (Cambridge, MA: Harvard University Press, 1996).

8 Fredric Jameson, *Valences of the Dialectic* (London: Verso, 2009), p. 17.

9 Lévi-Strauss, *Introduction*, p. 16.

systems are inherently symbolic, meaning that they organize customs and institutions that ‘unconsciously’ provide an interpretation of physical reality, social reality, and the immanent links between them. To the extent that it is symbolic — a concept introduced by Lévi-Strauss and not found in Mauss — the social determines collective reality. The function of the symbolic is to express to its members a specific image of the social world that prescribes certain patterns of behaviour and modes of relation. That the symbolic is total (in the sense of having no external boundary or ‘outside’) means that no dimension of social exchange is not symbolically organized. When Lévi-Strauss refers to the ‘social’, then, he is referring to a *general* characteristic of human existence that is irreducible to any *particular* culture, namely the formative power of the symbolic function: human collectives, unlike animals, are not organized around natural needs but are founded on — and constitutively denaturalized by — the unconscious rules and activities of symbolic exchange. A schematization of the various terms I will be elaborating here is sketched out in Figure 1 below.

But the symbolic systems that any one culture is composed of are themselves mutually incommensurable and thus irreducible to each other. This is due in the first instance to their historicity: a particular culture is not an abstract entity but always a ‘spatial-temporal given’¹⁰ with its own material history; each culture is and has been impacted through interactions or exchanges with symbolic forms from ‘adjacent’ societies. Various symbolic systems — their combination in any single place, if mapped out by an observer, constituting what Mauss would have called a ‘total social fact’ — therefore have a history defined by their transformations; and those transformations, insofar as they indicate mutations in social reality caused by contact from the ‘outside’, betoken a non-relationality between symbolic systems, revealing in turn a porosity or inconsistency ‘within’ the symbolic field that fates its inability to exhaust all the meanings of reality. After all, were any social reality complete and self-sufficient, outside contact with ‘foreign realities’ would be foreclosed *ab initio* and historically inconsequential. Social reality is not airtight but riddled with gaps. As Mauss similarly insisted, cultures are not stable but exist in a ‘state of perpetual

10 Ibid., p. 17.

aberration'¹¹ or a 'perpetual state of becoming'.¹² Put in a Lacanian vocabulary, one deeply influenced by Lévi-Strauss's equation between the symbolic and the Freudian unconscious, we could say that the record of cultures' constant transformation reveals how the symbolic bears within it an ontological discrepancy between 'the real' and the signifier, one that renders the real available for an expression that is always incommensurate to its sign.

We can provisionally conclude that the social, insofar as it always expresses itself symbolically, comprises an 'autonomous reality'.¹³ But reality — and this is crucial — is at the same time not reducible to the social. While social life is *totally* symbolic, insofar as it leaves no aspect of collective relations untouched, 'no society is ever wholly or completely symbolic'.¹⁴ Society cannot be reduced to the ensemble of social relations that it symbolically organizes. A social totality includes the symbolic and something more, a gap or excess in collective meaning produced by the ontological discrepancy between the real and the signifier.¹⁵ That which the symbolic cannot assimilate is precisely concrete or lived experience, or the 'psychic reality' of the subject, that is irreducible to social reality.

Lévi-Strauss's understanding of reality in fact emerges out of his early focus on the social roots of the lived experience of psychopathology (this alternative 'origin' of his research itinerary providing a parallax view from which to reassess the entire array of structural anthropology's concerns). Lévi-Strauss glosses mental disturbances as 'abnormal modes of behaviour' — statistically abnormal, that is, strictly from the perspective of symbolically institutionalized practices — that have been 'desocialised and in some way left to their own devices'.¹⁶ These symptoms are lived by the subject as a reality

11 Marcel Mauss, *A General Theory of Magic*, trans. by Robert Brain (New York: Routledge, 2001), p. 163.

12 Marcel Mauss, *Techniques, Technology and Civilisation*, ed. by Nathan Schlanger (New York: Berghahn Books, 2006), p. 142.

13 Lévi-Strauss, *Introduction*, p. 37.

14 *Ibid.*, p. 17.

15 See especially: Shanna de la Torre, 'Madness and the Sensitive Anthropologist: Lévi-Strauss's New Structuralism', in de la Torre, *Sex for Structuralists: The Non-Oedipal Logics of Femininity and Psychosis* (New York: Palgrave Macmillan, 2018), pp. 39–59.

16 Lévi-Strauss, *Introduction*, p. 12.

Symbolic

- How human societies express social reality, unconsciously instituting shared meanings, collective relations, and modes of behaviour
- Composed of symbolic systems (economic, political, legal, kinship, religious, et al.)

Culture

- A 'spatio-temporal' given (i.e., an 'historicized' or particular configuration of symbolic systems)
- Mapping of the relations between symbolic systems yields a culture's 'structure' or 'total social fact'

History

- Cultural change; its condition of possibility is the incommensurability between symbolic systems; history is 'driven' by (a) outside contact from other cultures and/or (b) a breakdown of symptoms within a culture

Symptom (i.e., 'mental illness')

- The 'lived experience' of a psychic reality inassimilable to and 'desocialized' by social reality
 - Psychotic ('mad') symptom: delusion/hallucination (embodiment of incommensurability of symbolic systems)
 - Neurotic ('sane') symptom: discontent (imaginary reduction of incommensurability of symbolic systems)

Figure 1. Guiding terms for structural anthropology.

incommensurate or incommunicable to social reality. Nevertheless, Lévi-Strauss holds that the 'total [social] fact does not emerge as total simply by reintegrating the discontinuous aspects [i.e., the symbolic systems]. It must be embodied in an individual experience.'¹⁷ That is to say that the lived experience of the symptom embodies the 'truth' of the total social fact precisely at a site in which the integration of its symbolic systems into a whole is revealed to be impossible. If Freudian psychoanalysis dignified such a symptom (that of the hysteric or obsessive, for instance) as an unconscious perspective on the frustrations civilization imposes on the individual's drive satisfactions, for Lévi-Strauss, mental illness is furthermore desocialized *because* the symbolic cannot 'write' it into the very reality it attempts to constitute. And in contrast to the 'average' mental illness of the 'sane' individual, the 'severely mentally disturbed' have a special structural status, insofar as they enact a wholesale refusal of the translation of their lived experience to the symbolically instituted field of meaning.

[...] strictly speaking, the person whom we call sane is the one who is capable of alienating himself, since he consents to an existence in a world definable only by the self-other relationship. The saneness of the individual mind implies participation in social life, just as the refusal to enter into it (but most importantly, the refusal to do so in the ways that it imposes) corresponds to the onset of mental disturbance.¹⁸

An equivalence is drawn here between alienation, social participation, and 'sanity' — or what can also be called *neurosis* as the statistically 'normal' or 'average' state of subjectivity. It describes a state of incomplete symbolization, or an inability (or refusal) to reconcile one's lived experience with the (social and physical) reality expressed symbolically by culture. Neurosis is caused by that within the symbolic field that exceeds it: namely the real that the symbolic cannot fully capture, reconcile, or express. The 'sane' ultimately settle for an imaginary solution to this impasse in symbolic formalization — a 'self-other relation' bedeviled by frustration, aggression, and alienation. 'Discontent' is how Freud generally characterizes this symptom of the

17 Ibid., p. 26.

18 Ibid., p. 18.

neurotic in capitalist civilization.¹⁹ In contrast, ‘madness’ — or what can also be called *psychosis* — describes a condition lived by ‘individuals who find themselves placed “off system”, so to speak, or between two or more irreducible [symbolic] systems.’²⁰ Unlike the sane, the mad are *alienated from social alienation itself*, rejecting even an imaginary reduction of lived experience — of their suffering, their enjoyment, their *jouissance*. Unlike neurotics, who reconcile their refusal of social reality through the surplus enjoyment of their discontent, psychotics fully realize the ‘contradictions and gaps of the social structure’ by embodying them physiologically, mentally, and socially in a psychotic delusion/hallucination (the difference between those terms being now insignificant).

It follows that the ‘desocialization’ or suppression of psychosis — whether through ostracization or internment, medicalization or extermination, or more broadly, the institution of a system of norms that trivializes madness as a cultural externality, individual idiosyncrasy, or illusory social construct — is how a culture represses its own inherent instabilities, its own irreconcilable, non-whole-yet-more-than-symbolic nature, and is thus how a culture disavows its inability to satisfactorily inscribe any of the subjects that constitute it.

Here I want to move on to ‘The Effectiveness of Symbols’, an early 1949 essay by Lévi-Strauss that will be a critical reference point for Lacan’s return to Freud, and through it for Fanon’s engagement with Lacanian psychoanalysis. Its main importance for our purposes lies in the distinction it begins to make between ‘modern’ and ‘pre-modern’ cultures, and thus in how it understands the different status of (and forms of treating) mental illness as structural anthropology would understand it. In this essay, Lévi-Strauss explores the parallels and divergences between a ‘native’ shamanistic cure and the ‘modern’ psychoanalytic cure, both of which involve a manipulation of the symbolic function to effect a transformation in the ‘real’ of the patient.

Myth, as a symbolic system, is reducible in the structuralist definition to a narrative organization of language whose function is to

19 Sigmund Freud, *Civilization and its Discontents*, trans. by James Strachey (London: Hogarth Press, 1930).

20 Lévi-Strauss, *Introduction*, p. 18.

constitute social reality and render an image of the universe — its past, present, and future; its internal reason and external limits; and the place of the subject in relation to others within a meaningful social whole. Myths tell stories that give substance to lived experience by recognizing and resolving (in variously satisfactory or unsatisfactory way) the universal crises of subjectivity and the real contradictions of social relations. For his part, Lacan defines myth as it operates in neurosis as

a certain objectified representation of an epos or as a chronicle expressing in an imaginary way the fundamental relationships characteristic of a certain mode of being human at a specific period, if we understand it as the social manifestation — latent or patent, virtual or actual, full or void of meaning — of this mode of being.²¹

Lévi-Strauss, who provided Lacan the means to construct this formulation, situates the shamanistic and psychoanalytic cures at the interface between subject and myth. That is because mental illness emerges from this same interface, as the outcome of a traumatic incompatibility between the ‘mythical time’ of social reality and the temporality of lived experience.

The shaman of so-called primitive society, argues Lévi-Strauss, provides the sick a bridging language through which to incorporate a traumatically incommunicable experience into collective myth. This cure makes it possible to ‘undergo in an ordered and intelligible form a real experience that would otherwise be chaotic and inexpressible’, dialecticizing a conflict that previously had no meaning.²² In effect, psychic reality is thus resorbed into social reality. But psychoanalysis, insists Lévi-Strauss, operates in a paradigmatically distinct context. ‘The modern version of shamanistic technique called psychoanalysis thus derives its specific characteristics from the fact that in *industrial civilization* there is no longer any room for mythical time, except within

21 Jacques Lacan, ‘The Neurotic’s Individual Myth’, *Psychoanalytic Quarterly*, 48 (1974), pp. 405–25 (p. 408).

22 Claude Lévi-Strauss, ‘The Effectiveness of Symbols’, in Lévi-Strauss, *Structural Anthropology*, trans. by Claire Jacobson and Brooke Grundfest Schoepf (New York: Basic Books, 1963), pp. 186–205 (p. 193).

man himself'.²³ Whereas the shaman's patient 'believes in the myth and belongs to a society which believes in it',²⁴ making integration an effective cure, the neurotic of Western capitalism belongs to a society that no longer furnishes collective myths capable of imbuing lived experience with signifying consistency — an absence secured, I would add, by the ascendance of scientific knowledge, which objectifies an image of the universe *without* subjective meaning and its attendant cosmic purposes, and which for that reason neither solicits nor secures belief (we will soon further complicate this evaluation of myth's status in modernity).

While operating at the same interface between the subject and myth, psychoanalysis inverts the shamanistic cure: it is not integration into a collective myth that is its goal, but the elaboration and abolition of an individual myth through a transference with the Other — specifically the Other of the analyst, who incarnates the signifier as a meaningless cause of desire. If the pre-modern cure integrates the symptom through signification, the modern cure reduces the meaning of an individual myth in order to construct a symptom, or produce new signifiers, that bring the subject into a novel relation to social reality.

In a lively 1963 exchange with Paul Ricœur and several sceptics in his circle that was reproduced in *The New Left Review*, Lévi-Strauss was interrogated about structuralism's programme and ambitions, where the question of his anthropology's propinquity to psychoanalysis and hermeneutics stood as a central issue. In marking a distance between them, Lévi-Strauss attempts to clarify that structuralism shares with contemporary hermeneutics (and the psychoanalysis to which both fields are indebted) an interest in the process of the generation of meaning, but that unlike Ricœur's program, he does not pursue a search for a 'meaning of meaning' because meaning as such arises by his count out of the play and combination of signifiers that are themselves, when isolated from each other, insignificant: 'meaning is always reducible', because 'behind all meaning there is non-meaning, while the reverse is not the case'.²⁵ It is here that Lévi-Strauss surveys the modesty of his enterprise, indicating that the ethnographer shares with

23 Lévi-Strauss, 'Effectiveness', p. 200.

24 Ibid., p. 192.

25 Claude Lévi-Strauss, 'A Confrontation', *New Left Review*, 62 (1970), pp. 57–74 (p. 64).

psychoanalysis only one of its aims: to elaborate the properties and limits of the human mind on the basis of a critique of the production of meaning. Structuralism repeats the Freudian discovery, distinguishing itself only in its scale: 'the ethnologist does the same thing for collective ensembles that the psycho-analyst does for individuals.'²⁶ In response to a follow up question from one of his interlocutors, who inquires whether structuralism would then attempt to constitute a 'collective psychoanalysis', Lévi-Strauss hesitates, noting that the second aspect of psychoanalysis — its elaboration and implementation of a theory of the cure — is one which 'he has left completely alone.'²⁷ Does Lévi-Strauss abandon this aspect of psychoanalysis for a lack of time and interest or out of a real limit to any anthropological undertaking? Of course, if we consider the example above, the ethnographer testifies only to the effectivity of the use of symbols in the shamanistic and psychoanalytic healing processes, and does not herself participate in its facilitation, with anthropology limiting itself to the scientific task of *explaining* the cure — particularly the social conditions of its potency — wherever it finds it in operation. If Lévi-Strauss thus casts structuralism as psychoanalysis' handmaiden in the human sciences, this nevertheless raises the question of whether a similar scaling of the theory and practice of treatment is possible, regardless of the profession, existent or not, that would take the responsibility for discharging it. In any event, we can see here that structuralism avowedly interprets the world to mark out the very limits of its interpretation, but it does not try to change it.

But another matter we have begun to thematize seems to be closely related to this one and deserves further attention, provoked by the fact that Lévi-Strauss primarily limited the object of his study to non-Western cultures, particularly their mythical systems. This self-recusal he outlines, albeit without justification, through an historical hypothesis: for Lévi-Strauss, modern societies have replaced myths with politics or political ideology. He cites the French Revolution as a prime example in European culture, even its paradigm.²⁸ If such polit-

26 Ibid., p. 71.

27 Ibid.

28 Claude Lévi-Strauss, 'The Structural Study of Myth', in Lévi-Strauss, *Structural Anthropology*, pp. 206–31 (p. 209).

ical ideologies supplement, on a collective rather than individual level, science's evisceration of subjective meaning on a cosmological level by giving narrative substance of a national or racial nature to the otherwise contingent and traumatic events of contemporary experience (now irreducibly coloured by the uneven development of capitalist culture on whose wings that same science rose), politics' distance from 'primitive' myths would solely be a matter of scale. To put it otherwise, the difference between myth and politics is historical and not structural, insofar as the political ideology of Nazism, to give yet another one of Lévi-Strauss's examples, is no different than any historical interpretation of its significance, since each of these hermeneutic 'disciplines', which each in their own way seek to establish one or several final meanings of history, are for Lévi-Strauss themselves 'variants of that mythology', and those in turn, he adds, perhaps only permutations of Biblical mythology.²⁹ But since modern politics, unlike the Bible, does not provide a total ideology — it being incapable of providing anything more than an incomplete image of the universe (notwithstanding various historical exceptions to this rule, both progressive and reactionary) — then we can see how the individual myth (which also 'historicizes' memories, the past of childhood, and the like) described by psychoanalysis comes to supplement an ideologically incomplete modern politics alongside which it historically arises. The gap or irreducibility between these two scales of mythical reality (i.e., individual and political) would then reaffirm, now in a new place, what we previously established above: that no culture is wholly symbolic.

This brings us back to Fanon's first failed reform effort at Blida-Joinville, where these two themes are conjoined in the problem of grounding a 'collective psychoanalysis' in the psychiatric hospital and of formulating a cure that must operate upon both individual myths (as expressed in symptoms) and collective myths (as expressed in culture and politics), and all of that in a setting and for a mixed patient population — in colonial North Africa — that embody an active and ongoing clash between 'modern' and 'traditional' cultural systems. This problematic is condensed, again, in this question: why did the European women under his care benefit from his therapeutic reforms and the

29 Lévi-Strauss, 'A Confrontation', p. 68.

Algerian men languish?³⁰ The answer provided by Fanon has by now been well summarized,³¹ and without rehearsing the finer details of the principles underlying Fanon's social therapy (which we will do later), it must be noted that Fanon and the institutional psychiatry movement, in addition to utilizing traditional psychoanalysis and group therapy, assigned a vital therapeutic value to symbolic activity in the broadest sense of the term, which it was hoped would serve as 'a veritable social cement' among the patients and hospital staff.³² Recreational and occupational activities — the establishment of a hospital journal and weaving workshops, the celebration of national holidays and the organization of patient-run planning committees, the screening of movies and even the playing of hide-and-seek, all of it conducted in French — were designed, as Fanon and his co-author admitted, to evoke the interest and participation of those familiar with these referents and mainstays of French (and to a different degree European) cultural life, and were for that very same reason absolutely foreign to Algerian (and to a different degree North African) cultural life. This meant that for the latter, the symbolic activity or 'unconscious' of the hospital remained insignificant, its narrative structure and temporality alien to their lived experience (including that of their mental illness), and thus incapable of soliciting their desire.

Without comprehending and integrating the North African total social fact — its myths, kinship structure, and other symbolic systems that give personal and collective significance to the temporality of lived experience — social therapy will have no therapeutic value. It is not a matter of assimilating the patient (whether French or North African) to their 'native' cultural milieu, but of instituting activities that articulate and reshuffle its constituent symbolic elements, whatever they are, so as to provide a space for the patient to manipulate, recombine, and live them differently. The hospital's symbolic activity must

30 While a sexual difference conspicuously coincides with the divergent fates of his European and North African patients, Fanon, unlike in his other writings in which sexual identity becomes relevant, does not indicate that gender is a factor in the specific nature of the ineffectiveness of his initial treatment.

31 Nigel C. Gibson and Roberto Beneduce, 'Further Steps toward a Critical Ethnopsychiatry Sociotherapy: Its Strengths and Weaknesses', in Gibson and Beneduce, *Frantz Fanon, Psychiatry and Politics* (London: Rowman & Littlefield, 2017), pp. 131–64.

32 Fanon and Azoulay, 'Social Therapy', p. 360.

incorporate a certain ethnopsychanalytic orientation still missing at Blida-Joinville so that the symptom, which both speaks and is meaningless precisely within the specific cultural context of its emergence, has the symbolic scaffolding required to begin a chain reaction of mutual transformations between the personal (symptom) and collective (culture).

Now, hospital staff quickly corrected this mistake at Blida-Joinville, but the rapidly changing historical circumstances that led Fanon to submit his resignation in 1956 would also catalyse Fanon to tackle theoretically and clinically harder problems, precisely those that pertain to the question of the relationship between mental health and the political. In his resignation letter, we get a sense of the direness of the situation and the enormity of this task:

If psychiatry is the medical technique that sets out to enable individuals no longer to be foreign to their environment, I owe it to myself to state that the Arab, permanently alienated in his own country, lives in a state of absolute depersonalization.

[...]

The function of a social structure is to set up institutions that are traversed by a concern for humankind. A society that forces its members into desperate solutions is a non-viable society, a society that needs replacing.³³

Fanon's and his patients' experience of a particular non-viable society — unique to the colonial situation but by no means limited to this time and place in Algeria — creates an epistemological vantage that affords new insights into the universal structure of *all* societies. This will require radicalizing the project of a collective psychoanalysis, one that will henceforward be impossible to divorce from a program for society's political transformation.

FANON: REDUCTION OF THE SOCIAL TO THE DIALECTIC

Lévi-Strauss's reading of the psychoanalytic cure as a modern anti-assimilationist device, which we just saw was a formulation that was both derived from and gestative of his structuralist research, reverberates throughout Fanon's therapeutic approach. As stated before,

33 Frantz Fanon, 'Letter to the Resident Minister', in Fanon, *Alienation and Freedom*, pp. 433–36 (pp. 434–35).

institutional psychiatry makes disalienation its objective, a notion of healing that first and foremost rejects the asylum system and its carceral objective of treating the mentally ill as a danger who must be segregated from society and themselves. At the same time institutional psychiatry does not strive to adapt the patient to social reality as such an adaptation is impossible, and the disavowal of that fact the well-spring of mental illness. Mental illness, states Fanon, afflicts 'precisely those who do not manage to neutralize or distance the existence of the surrounding world'.³⁴ Such an illness will be all the more dire when the surrounding world — its public life, social bonds, and the institutions that guarantee them — is in a state of active disintegration. In any event, these conceptions of illness and disalienation rely on a notion of the symbolic nature of society that Fanon inherited and reworked from the human sciences.

In a sense, what Fanon advocates under the name of 'social therapy' is redundant: socialization is already therapeutic, and psychotherapy only the institutionalization of the social as its own end. The social is what Fanon, like Mauss and Lévi-Strauss, and to a critical extent Durkheim before them, will designate as the warp and woof of reality: not in any empiricist sense as 'that which is', but as one that is structured through the symbolic and the relations it mediates. Fanon simultaneously reduces the structural dynamics of social reality to the dialectic, that unceasing movement of the negative that he snapshots in various ways through its forms of appearance: as a fundamental tension, conflict, or capacity for transformation within the symbolic, whether frozen or in vivo. 'To be socializable', writes Fanon, 'is to be able to maintain a constant tension between ego and society',³⁵ a tension that the dialectic spans into a relation at every scale of existence, and in which the subject is born and develops in its fundamental alienation. Social existence is for Fanon, as with Lévi-Strauss, an experience of productive alienation. That is not in the least because the unconscious — comprising what Lévi-Strauss calls the 'fundamental

34 Frantz Fanon and Slimane Asselah, 'The Phenomenon of Agitation in the Psychiatric Milieu: General Considerations, Psychopathological Meaning', in Fanon, *Alienation and Freedom*, pp. 437–48 (p. 444).

35 Frantz Fanon, 'The Meeting Between Society and Psychiatry', in Fanon, *Alienation and Freedom*, pp. 511–30 (p. 521).

phenomena of mental life [...] that condition it and determine its most general forms' and acting as 'the mediating term between self and other'³⁶ — marks a definitive limit to both relationality and shared experience.

While Fanon's citations of structuralism and structural anthropology remain far sparser than those we find pointing in his work to psychoanalysis, psychiatry, and phenomenology, Jean Khalifa and Robert Young have inventoried the French-Martinican doctor's bibliography to reconstruct several essential referents, none of which may be more illustrative of Fanon's tacit understanding than a passage from Mauss that they suggest italicizes Fanon's grasp of the 'living' (i.e., dialectical) aspect of socialization and his strong aversion to any scientific project that would submit it to the 'corpse' of metaphysical abstraction. It is here, in a passage Khalifa and Young extract from the *Essay on the Gift*, that Mauss summarizes the object of the 'total social fact' that he insists the theorist must construct against any armchair taxonomization of cultural features.

We have looked at societies in their dynamic or physiological state. We have not studied them as if they were motionless, in a static state, or as if they were corpses. Even less have we decomposed and dissected them, producing rules of law, myths, values, and prices. It is by considering the whole entity that we could perceive what is essential, the way everything moves, the living aspect, the fleeting moment when society, or men, become sentimentally aware of themselves and of their situation in relation to others.³⁷

One of the possible definitions of ideology is this spontaneous experience of social life in a dehistoricized state. Alternatively, we may designate 'norms', or the self-justifying representation of a society, as the flaw of immediate experience that structuralism amends through its construction of models of the unconscious, the very same ones — at this point under the name of the 'social fact' — that Fanon admitted he had failed to incorporate into the planning and execution of his clinical program at Blida-Joinville. '[S]ome kind of model [of society],

36 Lévi-Strauss, *Introduction*, p. 35.

37 Marcel Mauss, *The Gift: The Form and Reason for Exchange in Archaic Societies*, trans. by W. D. Halls (London: Routledge, 1990), p. 102.

standing as a screen to hide it, will exist in the collective consciousness,' writes Lévi-Strauss. 'For conscious models, which are usually known as "norms", are by definition very poor ones, since they are not intended to explain the phenomena but to perpetuate them.'³⁸ Structuralism is a highway that leads from justification (conscious models) to explanation (models of the unconscious), but for Fanon, going beyond the human sciences, the latter can only be a pitstop on a journey that makes disalienation its endpoint.

Translating this notion of structure into practice motivates Fanon's transformation of the psychiatric ward into a 'neo-society' in which patients would be able to repeat or enact certain conflicts or 'neurotic attitudes' that lie at the root of their afflictions.³⁹ Now, these conflicts are, at least initially, repressed, mortified, inhibited in their expression, or otherwise sublimated in the service of productive activity — across familial, industrial, educational, political, and other disciplinary institutions that had consolidated in Europe and, to a very different and uneven extent, in its colonial satellites by the mid-twentieth century. Mental illness is in this understanding caused, sustained, and nurtured *through* the disciplinary repression of conflict, not by the conflicts themselves. A notion of the Fanonian subject of the unconscious emerges here: 'the conflict is the patient', where conflict, this experience of the incommensurability of and maladaptation to the symbolic, is precisely 'one of the most essential elements in the genesis of a personality'.⁴⁰ Where such conflict is foreclosed the illness is objectified and the subject fades. The cure does not lie in its resolution but in the activation and working-over of this conflict. To understand his therapeutic method, we must therefore grasp Fanon's understanding of mental illness: the mode of illness will indicate the mode of the cure. The ambivalent capacities of the social, its interpretation adopted and adapted from French anthropology and radical psychiatry, holds the key to both.

38 Claude Lévi-Strauss, 'Social Structure', in Lévi-Strauss, *Structural Anthropology*, pp. 277–323 (p. 281).

39 Frantz Fanon, 'Day Hospitalization in Psychiatry: Value and Limits', in Fanon, *Alienation and Freedom*, pp. 473–94 (p. 475).

40 Frantz Fanon, 'Day Hospitalization in Psychiatry: Value and Limits, Part Two — Doctrinal Considerations', in Fanon, *Alienation and Freedom*, pp. 495–510 (p. 504).

Fanon was clear concerning the insufficiency of a mechanistic understanding of causality for ascertaining the aetiology of mental disturbances: symptoms, he contends, cannot be determined by endogenous (organic or biochemical) or by exogenous (social or historical) factors, nor even by some combination thereof (in the Lacanian theory of psychogenesis, for instance), but must be examined as the outcome of a dialectic that has been rendered inoperative: that 'tension' or negativity between the self and other, between the body and history, both structured by the hallmark of social life, the 'uninterrupted dialectic of the subject and world'.⁴¹ Mental disturbances follow a breakdown in relationality and arise when the possibility of their mediation is suppressed. The symptom, in turn, emerges as a displacement of this impasse, standing as both a memorialization of the repression of the dialectic and a 'privatization' of its conflict that restricts the orbit of its movement to a closed loop between the patient and a symptom that the dominant postwar psychiatric ideology impugns as a sickness beyond the patient's control (i.e., divorced from subjective intention) for which they (whether as an individual or so-called race) are nevertheless also held morally culpable.

To illustrate this notion of the arrested dialectic of the symptom, take Fanon's explanation of 'hallucination' and its transformation, in punitive hospital psychiatric settings, into the clinical phenomenon of 'agitation'. Hallucination begins as a regression to an earlier, oral stage of relationality.⁴² It responds to the dissolution of the spatial and temporal coordinates that grant a given 'reality' its consistency (a dissolution triggered especially by war, torture, and other catastrophes). 'Systems of reference' always structure social reality; there are always 'lines of force that order culture'.⁴³ Both of these Fanonian idioms are conceptions that Alice Cherki suggests we translate into the structuralist notion of the symbolic in its function as a 'third element' that mediates between subject and world.⁴⁴ Under 'normal' circumstances

41 Ibid.

42 Fanon and Asselah, 'The Phenomenon of Agitation', p. 441.

43 Frantz Fanon, 'Racism and Culture', in Fanon, *Toward the African Revolution: Political Essays*, trans. by Haakon Chevalier (New York: Grove Press, 1967), pp. 29–44 (p. 33).

44 Alice Cherki, *Frantz Fanon: A Portrait*, trans. by Nadia Benabid (Ithaca, NY: Cornell University Press, 2006), p. 216.

these references and lines of force conflict with each other, leaving holes in reality that create spaces for the subject to invest with personal meanings; but colonial violence and racism, especially, lead to a radical disintegration of reality, eliminating even those productive gaps of meaning. In desperation, the patient replaces this non-viable reality with the 'pseudo world' of their own private hallucination ('pseudo' not in the sense of being fake or inauthentic, but as a desocialized image of social reality). Stripped of their 'natural' sociality — with its alienating powers of symbolization and mediation — the subject depends on a hallucination that crystallizes 'the apparent significance of his troubles', infusing them with 'new relations and meanings'.⁴⁵ Delusion, as Fanon describes it in his doctoral thesis, thus 'becomes the intentional equivalent of an insufficiently socialized, aggressive drive'.⁴⁶ What reality renders inexpressible returns in the speech of the symptom as an epistemological rupture with the social.

A simple opposition between cure and illness already loses its cogency: the 'individual's' psychopathology emerges as a cure to an 'outside' disintegration of social reality. The symptom is neither some aberration of a social norm nor some purely intrapsychic defect but a reaction to the Other. The asylum not only misrecognizes the dialectical nature of the symptom but redoubles its mystification, reinforcing a reification initiated in the social milieu. It is the meaningful character of the hallucination, then, — the fact that it speaks, has meaning, and functions as a compensation to the symbolic that has lost its living aspect — that dominant psychiatry silences by isolating the patient from others, cutting them off from the dialectic of speech, and refusing to recognize the symptom's status as a veritable 'modality of existence, a type of actualization, an expressive style'.⁴⁷ The hallucinatory symptom, as a final defence against subjective disintegration, is thereby transformed from a lived illness into a dead state of 'agitation', the latter a sickness strictly native to the psychiatric context. In denying

45 Fanon and Asselah, 'The Phenomenon of Agitation', p. 443.

46 Frantz Fanon, 'Mental Alterations, Character Modifications, Psychic Disorders and Intellectual Deficit in Spinocerebellar Heredodegeneration: A Case of Friedreich's Ataxia with Delusions of Possession', in Fanon, *Alienation and Freedom*, pp. 203–76 (p. 266).

47 Fanon and Asselah, 'The Phenomenon of Agitation', p. 447.

the patient's 'pseudo-reality', the psychiatric hospital denies the defect in 'reality' to which that hallucination responds. This 'opens the way to phantasms of bodily fragmentation or the crumbling of the ego'.⁴⁸ The punitive hospital effectively perfects the illness, objectifies it and makes it chronic, alienating the subject from their social alienation. 'Asylum putrefaction': this is what Fanon called this induced psychosis that plagues the psychiatric institution. Where the repression of conflict triggers the patient's mental disturbance, an iatrogenic factor reifies — thingifies, dehistoricizes, personifies — it into an absolute pathology.

Despite strongly qualifying the social field as the soil of psychopathology — whether described under the heading of 'sociogenesis' in *Black Skin, White Masks* at the beginning of his writings⁴⁹ or in his later clinical lectures as 'social psychopathology' — Fanon also insists on its irreplaceability as a therapeutic medium: 'the veritable social-therapeutic milieu is and remains concrete society itself'.⁵⁰ How to account for this double character of the social, its pathogenic and therapeutic potentiality?

In his radicalization of institutional psychotherapy, borne out of his later work at the Neuropsychiatric Day Centre of Tunis (CNPJ) at the Charles Nicolle Hospital (1958–60), Fanon outlines his theoretical and political justification for transforming the institution into an artifice capable of facilitating the spontaneously therapeutic — dialectical, conflictual, living — dimension of the social. The need to create, under artificial conditions, what is otherwise affirmed as a datum of human nature can only be understood as a response to an historical and political outcome: the living or symbolic nature of social life, and in turn the sociality of subjectivity, is not reliably or consistently nurtured in modern disciplinary societies (and does not fare well under any sign of capitalist culture), and even more, enters an unprecedented state of decomposition in the colonial situation and the antiblack racism with which it conjugates.

48 Fanon, 'Day Hospitalization, Part Two', p. 503.

49 Frantz Fanon, *Black Skin, White Masks*, trans. by Charles Lam Markmann, forewords by Ziauddin Sardar and Homi K. Bhabha (London: Pluto Press, 2008), p. 4.

50 *Ibid.*, p. 500.

In reality the nations that undertake a colonial war have no concern for the confrontation of cultures. War is a gigantic business and every approach must be governed by this datum. The enslavement, in the strictest sense, of the native population is the prime necessity.

For this its systems of reference have to be broken. Expropriation, spoliation, raids, objective murder, are matched by the sacking of cultural patterns, or at least condition such sacking. The social panorama is destructured; values are flaunted, crushed, emptied.

The lines of force, having crumbled, no longer give direction. In their stead a new system of values is imposed, not proposed but affirmed, by the heavy weight of cannons and sabers.⁵¹

There is no confrontation of cultures, no conflict of meanings between the realities of disparate symbolic systems, when it is the very unconscious 'third terms' or 'lines of force' themselves — those empty signifiers whose combinations produce meanings and demarcate its limits — that are eviscerated in the total transposition that replaces wholesale 'native' culture with a European one. Perhaps more accurately (or maybe as just the flip side of this phenomenon), all 'native' signifiers become empty ones, turned into hieroglyphs of a dead language that no longer constellate any significance but collectively refer to a void of meaning.

Hallucination — or any symptom for that matter — is re-understood in this context as the sign of the faltering of the social field. But for that reason, it also emerges for Fanon as the most promising lever to press in the service of its renewal. Instead of eliminating the hallucination or eradicating conflict, the goal of disalienation becomes that of dialectizing the symptom: to facilitate its 'style' or 'modality of existence', indexical of an individual and collective crisis, through various means of symbolic mediation, including by investing in the curative capacities of art, work, writing, and collaborative processes of creative expression, all of which require taking responsibility for one's desire vis-à-vis others.

Fanon's aim is thus to socialize — first within the institution but then, ultimately, beyond it (see below) — a conflict that has been

51 Fanon, 'Racism and Culture', p. 32.

desocialized or ‘placed off system’ (as Lévi-Strauss put it). The goal, we might say, is to resocialize a symptom that society has privatized. Fanon therefore reimagined the psychiatric hospital as a place for preserving the therapeutic powers of socialization within the very society that was seeking to suppress it.

DISALIENATION: REDUCTION OF THE DIALECTIC TO THE POLITICAL

At this point, Fanon’s understanding of mental illness looks very much like a theory of the ‘social symptom’ — in which one’s seemingly most intimate suffering marks only the ‘point of emergence of the truth of social relations.’⁵² The symptom is political. Fanon’s understanding of the cure likewise anticipates a Lacanian ethical orientation, one that directs the treatment to enable the subject to assume the cause of their desire in a field alien to their person, in the social Other.⁵³ Disalienation requires the subject to take responsibility for the truth of social relations: to expand the symptom beyond its stagnating self-reference and to create a space of mediation between the subject and its extimate (i.e., both inside and outside) cause.

If the hospital setting forms a knot of social relations, of ambiguous encounters, then agitation loses its resonance as an entity, as irresponsible behaviour, as something incomprehensible. From a dialectical viewpoint, agitation then enters into the primordial cycle of the reflecting-reflected mirror: you give to me, I receive, I assimilate, I transform, I render to you.⁵⁴

Social therapy starts by reaching down into the riveted dialectic of the mirror — in those frustrated imaginary relations that the eradication of symbolic references has turned into a cul-de-sac of destructive agitation — but only to immediately go beyond it. New signs must be introduced to curve its tunnel of reflections into a progressive architecture. Through participation in the hospital’s collective activities, patients invent ‘lines of force’ that structure a new reality beyond the

52 Slavoj Žižek, *The Sublime Object of Ideology* (London: Verso, 1989), p. 22.

53 See Calum Neill, *Lacanian Ethics and the Assumption of Subjectivity* (New York: Palgrave Macmillan, 2011).

54 Fanon and Asselah, ‘The Phenomenon of Agitation’, p. 444.

play of projections. Articulating the symptom to its social truth, rather than immersing the subject in the time and space of actually existing society, returns to the social field the very disruptive supplement it has effaced.

A final but essential aspect that Fanon's final clinical experiment at Tunis demonstrates is how his new social therapy required inventing something we might call an 'open and closed institution' that, in mimicking the dialectical movement of the unconscious, subverts the 'enclosure' model of disciplinary institutions (and asylums in particular) without therefore producing that 'open' model definitive of systems in a society of continuous control (management, training, surveillance, etc.) that was, at the time, yet to come.⁵⁵ The day hospital at the Charles-Nicoll hospital was an attempt to put the political and theoretical principles of a 'late Fanon' into practice. It consummates his break with the 'neo-society' of the Tosquellean hospital, insofar as the latter, according to Fanon, hamstringing the therapeutic potential of 'concrete society itself' by retaining for itself the power to prevent patients from leaving the hospital, to prohibit their voluntary discharge. While Tosquelles's reforms of the hospital space — breaking from its disciplinary measures, segregationist practices, and hierarchical relations — had empirically therapeutic effects, this attempt at erecting a neo-society always fell short of realizing the cure. So Fanon:

It is necessary, however, to acknowledge that with [Tosquelles's] institutional-therapy [sic], we create fixed institutions, strict and rigid settings, and schemas that are rapidly stereotyped. In the neo-society, there are no inventions; there is no creative, innovative dynamic. There is no veritable shake-up, no crises. The institution remains that 'corpse-like cement' of which Mauss speaks.⁵⁶

Mortification, fixity, mummification, rigidity, stereotypy, cementation, tetanization, ankylosis, reification, corpsing: these are the metaphors Fanon deploys here and across his oeuvre to designate those moments in which the dialectic is arrested, those failures of socialization that

55 See Gilles Deleuze, 'Postscript on the Societies of Control', *October* 59, trans. by Martin Joughin (1992), pp. 3-7.

56 Fanon, 'Day Hospitalization, Part Two', p. 499.

he blames in this instance on the elimination of the patient's radical freedom to leave the hospital, to meet and refuse the doctor on a plane of unqualified equality. Even more importantly, the abrogation of the subject's final freedom prevents the patient from participating in *and transforming* social life outside of the psychiatric system, from engaging the daily rhythms and trivial exchanges of family, work, and cultural life, where they can create something new in the field of relations. When and only when this freedom is restored, then

The patient no longer experiences his possible discharge as the product of the doctor's benevolence. The *a minima* master/slave, prisoner/gaoler dialectic created in internment, or in the threat thereof, is radically broken. In the setting of the day hospital, the doctor-patient encounter forever remains an encounter between two freedoms.⁵⁷

If we can describe as *temporal* the dialectical movement that is catalysed through various symbolic activities that introduce a dynamic, lived quality to the experience of illness within the hospital, Fanon seems to establish, through the institutional ethics of what he calls 'semi-hospitalization', a supplementary and crucial *spatial dialectic* — namely, that between the hospital and society itself — that ultimately reconnects the therapeutic space to concrete society and its interleaved institutions. Together, this makes possible, for the first time, an unencumbered dialectic between the temporal and spatial coordinates of embodied experience that Tosquelles's closed institution forecloses through its amputation of the subject's freedom to refuse treatment (and by implication, their freedom to assume full responsibility for their subjectivity).

It is precisely in restoring this freedom that the hospital bears political implications that go beyond its healing effects, or more accurately, that inscribes the political within the marrow of its therapeutic program: the psychiatric hospital is henceforward designed to relate to, or establish a dialectical conduit between, its artificial instantiation of the lived, dynamic, dialectical dimension of the symbolic and the actually existing society in which that diachronic dimension of reality has been (politically and imaginarily) effaced in favour of an ideological

⁵⁷ Ibid., p. 497.

affirmation of its synchronicity. This dialectical conduit is achieved not between some sort of alliance among various institutions, but through the mediating function of the *nomadic patient* who is free to travel between them, who recovers their living illness in the hospital and transfers the conflict of their symptom, in a further step in its dialectical rehabilitation, into the very social field that had disarticulated it. Nancy Luxon figures this final transformation of the Fanonian hospital as its reconstruction into a ‘waystation’ — a ‘buffer zone’ or ‘transient support’ — between a colonized world as it actually exists (i.e., in its disturbances and disintegrations of reality that both fertilize and disavow psychopathology) and a decolonized conjuncture that is yet to come (i.e., where those psychopathologies can be assumed as lived realities and articulated into something new).⁵⁸ No longer is the ‘social’ simply instrumentalized (or synthetically restored) to mediate the relationship between patient and their symptom in the closed space of the wards, but the hospital itself becomes a *heterotopia* with a centrifugal force that scatters a conflict first revived in the subject into the very spaces that had previously maligned its symptomatic condensation into a private illness. Only through this final, disjunctive connection between the hospital and its cultural context can the former, as a space of mediation between the dialectic and its negation, reintroduce into a colonized terrain the temporality of an antagonism that the latter has flattened. The reformed hospital therefore creates an unprecedented social space, a radically transferential milieu — between self and symptom, patient and other, and ultimately, among social institutions themselves.

Even beyond its mere ‘implications’ for politics, this conceptualization of the radical psychiatric hospital has its own, immanent conception of the *political* that seems to me to be vigorously opposed to what might otherwise be called *politics*,⁵⁹ to the extent that the latter encompasses, and also inevitably leads to, the stagnated slave/master dialectic, of which the doctor/patient is just a version — and which is always the symptom of an institutional putrefaction, of a desocial-

58 Nancy Luxon, ‘Fanon’s Psychiatric Hospital as a Waystation to Freedom’, *Theory, Culture & Society*, 38 (2021), pp. 93–113.

59 For one formulation of this distinction see: Mladen Dolar, ‘Freud and the Political’, *Unbound*, 4 (2008), pp. 15–29.

ization, of a restriction of the dialectic that pivots on the banning of the radical freedom to act on another scene. Translated into a social context, such a radical freedom travels under the sign of revolution or a revolutionary struggle, in which the battle of the master/slave dialectic may be its first, but never its final, moment. Could this notion of the dislocative force of the political be related to a maxim that regularly appears in Fanon's texts, one in which it is asserted that the symptomatic fixations of madness constitute a 'veritable pathology of freedom'? Borrowed from the French psychiatrist Henri Ey, who himself inherited it from the German writer Günther Anders (in an essay later recited in Deleuze's *Logic of Sense*), this phrase denotes madness not as a utopian escape from the strictures of reason nor a universal human condition that needs to be recovered but a restriction of emancipatory action to the inertia of an imaginary opposition — the limitation of revolt, in other words, to a fight against a figment of fantasy, most immediately a master (authority, doctor, the enemy) that reproduces the social tie of this 'unhappy couple' and cultivates an identity encumbered by resentment and the inhibitions of slave morality, all of which contributes to a type of 'subversion [of authority] that serves the cause of oppression', as Jean Khalifa has put it.⁶⁰ 'Madness', as restated by Fanon in his 1956 letter of resignation, 'is one of the ways that humans have of losing their freedom.'⁶¹ Against the sacrifice of freedom to an endless opposition, the new Fanonian psychiatric institution, once divested of its powers of control and retention, would make possible, or enable the subject to assume full responsibility for, their radical freedom to act, to effect a dislocation of the social link and the economy of values that reduce the subject to an identity: a freedom that would finally be fully conducive to the movement of the dialectic that does not stop in the encounter between the subject and symptom, in some confrontation between patient and the doctor or others in the ward, but that would ceaselessly socialize (and thus self-subjectivize) itself, all of which entails the disintegration of previous social ties and the institutions that invest their imaginary positions and relations.

60 Jean Khalifa, 'A Theory of Subversion that Could Not Also Serve the Cause of Oppression?', *Interventions*, 23 (2021), pp. 417–31.

61 Fanon, 'Letter', p. 434.

Here, at last, the terms of the psychopathological seem to be perfectly reversible into those of the sociopolitical, in which it is colonized society itself that appears to rely on the creation of its own 'pseudo world', its own hallucinatory reality, to maintain its ideological consistency, a hallucination that, in standing in for the actual disintegration of the social field that it replaces while blocking any progressive development of conflict that could achieve an authentic reality of dialectical relations, reifies extant bonds of association into immutable identities and imaginary relations (both personal and political). The 'patient' of such a colonized society must therefore ingest the *disintegrative* pill of the negative force of the political before the *integrative* chemistry of politics can begin. It is not the job of the psychiatric hospital to establish this work or determine the outcome of any politics to come, but to safeguard an ethical space in which a political act would be possible.

Christopher Chamberlin, 'Disalienation and Structuralism: Fanon with Lévi-Strauss', in *The Case for Reduction*, ed. by Christoph F. E. Holzhey and Jakob Schillinger, *Cultural Inquiry*, 25 (Berlin: ICI Berlin Press, 2022), pp. 61–89 <https://doi.org/10.37050/ci-25_04>

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