



The Aesthetics of Decoloniality in Psychotherapy: Institutional Psychotherapy and Fanon's Ethico-Aesthetic Paradigm

A Estética da Descolonização em Psicoterapia: Psicoterapia Institucional e o Paradigma Ético-Estético de Fanon

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Abstract

This article will examine how colonialism and racism stratifies space, with particular focus on aesthetic production and the way in which an individual's freedom is dependent on the "ambience" of the space they occupy. The analysis will be grounded in Algerian colonial psychiatry and anti/de-colonial psychotherapy. Through an examination of Frantz Fanon's application of Institutional Psychotherapy in Blida-Joinville Hospital, this article will argue that Fanon's decolonial politics and his commitment to dis-alienation were reliant on the (re)construction of space within the hospital so as to increase what Félix Guattari would later refer to as the "coefficient of transversality". By implication, this article's argument intends to use Fanon's spatial approach to psychotherapy in order to elicit a reading of Institutional Psychotherapy en masse as having, at its heart, a focus on spatial and aesthetic production.

Key Words

Institutional psychotherapy. Fanon. Aesthetics. Crisis. Coloniality.

Resumo

Este artigo examinará como o colonialismo e o racismo estratificam o espaço, com foco especial na produção estética e na forma como a liberdade de um indivíduo depende do "ambiente" do espaço que ele ocupa. A análise será fundamentada na psiquiatria colonial argelina e na psicoterapia anti/de-colonial. Através de uma análise do trabalho de Frantz Fanon da Psicoterapia Institucional no Hospital Blida-Joinville, este artigo argumentará que a política decolonial de Fanon e seu compromisso com a desalienação dependeram da (re)construção do espaço dentro do hospital. Isso também se soma ao que mais tarde Félix Guattari chamaria de "coeficiente de transversalidade". Por implicação, o argumento deste artigo pretende utilizar a abordagem espacial de Fanon para psicoterapia, a fim de obter uma leitura da Psicoterapia Institucional em massa como tendo, em seu cerne, um foco na produção espacial e estética.

Palavras-chave

Psicoterapia institucional. Fanon. Estética. Crise. Colonialismo

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Introduction

In many ways, the 21st Century has been a time of crisis. We are living through an economic crisis, a crisis in mental health, a housing crisis, Brexit and the European crisis and, of course, a public health crisis. The 21st Century seems to be marked by a permanent crisis that is shattering the basis of modernity and the assumptions that support it. 'Crises no longer erupt, instead they permeate everything' so much so that the neoliberal epoch is one best understood as an omnipresent crisis (Faramelli, Hancock and White 2018: 2). No year stands out as more exemplary of our time of crisis than 2020. The global public health crisis caused by Covid-19 has exposed structural racial inequalities, ensuring that the pandemic will have ramifications far beyond biology.

The murder of George Floyd by the Minneapolis police ignited a crisis of race and racism that has been felt the world over. This crisis has shined a light on the coloniality¹ of our institutions and forced a conversation as to the ways in which "types" of people are able to occupy space. George Floyd's final hunting words, "I can't breathe", speak to the way in which racialised people are confined, literally suffocated, by racist systems. Indeed, systems of racism are enforced through carceral power that stratifies and controls space, impeding freedom to the point of literal suffocation. This is a production of an environment reliant on an aesthetics of enclosed disciplinary spaces, which create an ambience or atmosphere of penalty.

This article will examine how colonialism and racism stratifies space, with particular focus on aesthetic production and the way in which an individual's freedom is dependent on the "ambience" of the space they occupy. The analysis will be grounded in Algerian colonial psychiatry and anti/de-colonial psychotherapy. Through an examination of Frantz Fanon's application of Institutional Psychotherapy in Blida-Joinville Hospital, this article will argue that Fanon's decolonial politics and his commitment to dis-alienation were reliant on the (re)construction of space within the hospital so as to increase what Félix Guattari would later refer to as the "coefficient of transversality". By implication, this article's argument intends to use Fanon's spatial approach to psychotherapy in order to elicit a reading of Institutional Psychotherapy en masse as having, at its heart, a focus on spatial and aesthetic production. Finally, this article will conclude by commenting on the relevance Fanon's ethico-aesthetic practice has to contemporary anti-racist activism.

Crisis, race and the pathologized colonial subject

"Crisis" is a term that tends to be misunderstood and inappropriately used to signify a moment of potentially terminal breakdown in the social and/or psychic life. Crisis' etymology comes from the ancient Greek word κρίσις, *krisis*, the power to distinguish and judge, and from κρίνω, *krinō*, to choose or decide. In fact, "critique" originates from the same root word. In other words, far from meaning a potentially terminal breakdown in

1- The way in which colonial systems continue to structure inter-personal, social, political, cultural, economic, etc. relations

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social relations or of the psyche, crisis signifies a disruption that creates an affective “space”. This space allows critical analysis, which informs decisions. Ultimately, we can say that a crisis presents an opportunity for radical change. Thinking of crisis as creating space for critical reflection and judgement implies a consideration for the primacy of the affective experience of crisis. Phrased differently, crisis is always felt before it is understood.

‘Crisis’ also plays a key role in the etymology of psychopathology. A salient and, given his importance to the development of Institutional Psychotherapy, relevant example can be found in Lacan’s work on psychosis. For Lacan, psychosis must be triggered by the convergence of a social and mental crisis, which Lacan refers to as a ‘life crisis’, that always involves the unravelling of external (i.e. social) relationships (Lacan 1993: 17-18). This is what Lacan refers to as the psychogenesis of psychosis. Lacan’s focus on both the psyche and the social ‘amounts to a structural theory of crisis’, which immediately pulls Lacan’s work into the political field (Tomšič 2016: 161-162), making evident its application to both Fanon’s therapeutic work and his decolonial political commitments.

Perversely, however, psychopathology was strategically deployed by colonial France as a political mechanism to prevent crisis. That is to say that psychopathology was used to prevent judgments and to confine individuals to disciplinary spaces. This was made operable by the Ecole psychiatrique d’Alger, the Algiers Psychiatric School (referred to from here simply as the “Algiers School”). The Algiers School was developed under the direction of Antoine Porot at the Faculty of Medicine in Algiers and was inaugurated in 1938 at the Blida-Joinville Psychiatric Hospital, the same hospital where Fanon would later work. Beyond its role as the preeminent school of thought in French colonial psychiatry, the Algiers School played a specific and important role in French colonial domination. When commenting on the Algiers School and its founder, Richard Keller writes,

Like other ethnopsychiatrists, Porot’s obligation to treat the indigenous insane led him to question the mentality of “normal” Algerians, resulting in standard racist and paternalistic conclusions. Based on his observations of Algerian tirailleurs in the French army, Porot noted that the Algerian had no concern for the future and was intellectually childish, but with none of the child’s natural curiosity or other good traits. Moreover, the Muslim lunatic showed none of the “mobile and polymorphous, at times rich psychoplasticity of the civilized man and the European.” Porot reflects the tendencies of the British ethnopsychiatrists [...] who concluded that the native was “normally abnormal.” (Keller 2001: 314).

Conflating “normal and “pathological” minds in Algerians was, in fact, key to the colonial project. To pathologize an entire population is to effectively render them legally a child with an assumed pre-logical and primitive psyche (Macey 2012: 222-223), meaning that they lack a legal voice and the state is obliged to care for them, “care” being defined solely within carceral and pejorative terms. This was most explicit in the work

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of one of Porot's students, Don Côme Arrii, who wrote that Algerians were not only ordinarily pathological, but were also born criminals and argued that the French colonial project was a civilizing mission, needed to preserve public order from indigenous criminality (Ibid.: 315). This gave justification for the creation of a contained carceral atmosphere for the colonised native peoples, a penal colony.

The penal colony organises space to create an affective quality, an aesthetics that creates an ambience or atmosphere of penalty. This conditions the formation of subjectivity within the colony, rendering individuals both docile and economically "useful" (Foucault 1995: 250). Much like Arrii's argument that colonialism is a "civilising" mission, Foucault traces the origins of the prison to the birth of liberalism, where the prison came to be "naturally" understood as an "egalitarian" punishment, the 'penalty of civilized societies' (Ibid.: 232). The prison was based, on one hand, of a "juridico-economic" formation and a "technico-disciplinary" formation on the other. This double formation is intended to punish individuals through the deprivation of liberty and, through the punishment, achieve a technical civilizing transformation of the individual (Ibid.: 233). In other words, by depriving a people of liberty, the prison is intended to civilise individuals and make them economically productive members of society. Given this positivist understanding of the prison, it is no surprise that its birth coincided with the birth of psychology (Ibid.: 295), modern capitalism (Foucault 2019: 85 – 96) and shortly preceded the reformulation of French colonialism as a civilising mission.

This is not to say, of course, that the experience of the penal colony was equally distributed across the colonised state. For the French colonial project to function, space had to be stratified in a way that imprisoned indigenous populations, but not the settler colonialists. Fanon went into great detail describing the bifurcation of colonial space, these space's aesthetic qualities, its ambience, and the forms of violence these environments produced in the opening chapter of *The Wretched of the Earth*, "On Violence". It is worth quoting him at length,

The zone where the natives live is not complementary to the zone inhabited by the settlers. The two zones are opposed, but not in the service of a higher unity. Obedient to the rules of pure Aristotelian logic, they both follow the principle of reciprocal exclusivity. No conciliation is possible, for of the two terms, one is superfluous. The settlers' town is a strongly built town, all made of stone and steel. It is a brightly lit town; the streets are covered with asphalt, and the garbage cans swallow all the leavings, unseen, unknown and hardly thought about. The settler's feet are never visible, except perhaps in the sea; but there you're never close enough to see them. His feet are protected by strong shoes although the streets of his town are clean and even, with no holes or stones. The settler's town is a well-fed town, an easygoing town; its belly is always full of good things. The settlers' town is a town of white people, of foreigners.

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The town belonging to the colonized people, or at least the native town, the Negro village, the medina, the reservation, is a place of ill fame, peopled by men of evil repute. They are born there, it matters little where or how; they die there, it matters not where, nor how. It is a world without spaciousness; men live there on top of each other, and their huts are built one on top of the other. The native town is a hungry town, starved of bread, of meat, of shoes, of coal, of light. The native town is a crouching village, a town on its knees, a town wallowing in the mire (Fanon 1963: 38 – 39).

The racist colonial world is a world where the settler and native zones are heterotopic inversions of each other, mimicking the relationship between the town and the prison. Colonial spatial relations produce forms of racialised homogeneity that are embedded in daily spatial practices and infused in the bodily and affective representational spaces of the colonized even as they are strictly separated from the colonizer (Kipfer 2005: 711). Fanon goes on to argue that,

The originality of the colonial context is that economic reality, inequality, and the immense difference of ways of life never come to mask the human realities. [...] In the colonies the economic substructure is also a super-structure. The cause is the consequence; you are rich because you are white, you are white because you are rich (1963: 40).

This passage's critical reading, or "stretching", of Marxist analysis conjures a similar stretching of Hegel's dialectic in *Black Skin, White Masks* when Fanon notes that in the colonial world the Master does not want the Slave's recognition, the Master wants the Slave's labour and nothing more (2008: 172). This, however, begs the question: what happens if the racialised / colonised subject is unable to be a productive labourer due to mental health support needs? Returning to Foucault, recall his observation that the prison, the "psy" sciences and the asylum all came into being at a time which coincided with the advent of modern capitalism. We know from Foucault that this was, of course, not a coincidence. Rather, there is a direct relationship between capitalism's demand for cheap labour, the birth of psychiatry and the carceral power to remove from society individuals deemed to be unproductive. In other words, there is a direct relationship between madness, capital and labour (Foucault 2006b: Ch. 3).

An individual is understood to be more or less "antisocial", more or less "violent", more or less "mad" in relation to the institutional arrangement they inhabit (Fanon 1963: Ch. 1; Foucault 2006b: Ch. 3). It is, 'above all a question of results, as the character of the marginal was produced by the gesture of segregation itself. [...] In reality, this character is merely the result of the superimposed grids of exclusion' (Foucault 2006a: 79-80). That is to say that an individual is not in a psychiatric hospital because they are

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mentally ill. They are mentally ill because they are in a psychiatric hospital and, where it is explicitly stated or not, the reason for psychiatric confinement is likely due to unproductive labour output.

Subjectivity has a direct correlation to the deprivation of liberty, and the colonised / racialised psychiatric patient is therefore doubly excluded and confined. This doubling of exclusion and the deprivation of liberty has a perverse effect on the role of crisis in mental health discourses. If we accept Foucault's position that psychiatry's disciplinary power creates docile bodies, then the possibility of crisis is foreclosed insofar as the disciplinary apparatus does not allow for judgement or choice. The colonial / racialised psychiatric subject is held in a type of suspended animation, static in both space and time, deprived of crisis.

Institutional Psychotherapy, ambiance and the analysis of carceral space

The experience of existential crisis haunts Institutional Psychotherapy. Indeed, it can be argued that this movement was born out of the greatest European crises of the 20th Century, the Spanish Revolution and the Second World War. Institutional Psychotherapy's origin can be traced to 1939 in France at Saint-Alban Hospital with the work of Paul Balvet, François Tosquelles, and Lucien Bonnafé (Dosse: 2007, 41). During the Occupation, these doctors pioneered a form of "social-therapy" with the aim to resist both Nazi occupation as well as the asylum system, which they likened to a concentration camp. The work done at Saint-Alban not only succeeded in protecting its patients from Nazi death camps, but it also became a sanctuary for the Resistance. During this time those working at Saint-Alban formed the Société du Gévaudan. With the aim to:

'resist and create': to resist the policy of natural selection that was killing the mentally ill, to resist the Vichy regime that was propagating it, and to resist the broader tendencies of homogenization and segregation that characterise the treatment of the mentally ill; to create a therapeutic conviviality in the face of segregation, and with it, to create a new direction in psychiatry – a psychiatry that would be a living 'art of sympathy', not an alienation but an 'accompaniment' of the victim (Novello and Reggio: 2004, 32).

Claude Claverie further elaborated on this, writing that Saint-Alban's resistance to Nazi occupation and confinement is what transformed the hospital into a therapeutic community.

During the Occupation the French underwent the individual and collective experience of a "great confinement". The word "liberation" therefore had a very profound resonance, and its echoes shook the

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walls of the asylum (to use a heroic metaphor, the liberation of the asylum was an extension of the liberation of the country) (Claverie in Macey: 2012, 147).

Following the War, two junior doctors, Jean Oury and Frantz Fanon, as well as, slightly later on, a young student intern named Félix Guattari came to Saint-Alban and worked with Tosquelles to transform the social-therapy they developed during the War into Institutional Psychotherapy. Institutional Psychotherapy is not so much a coherent practice as it is a movement of politically committed mental health practitioners (Aprill Forthcoming). The evolving approach they utilise is designed as a resistance to the enclosed and alienating spaces created by the “concentration camp” asylum system and societies that engender this form of segregation. It constructs a heterotopic inversion of society, opening counter-spaces, which work to disalienate and de-personalise patients (Tosquelles 2007: 12). Institutional Psychotherapy is fundamentally based on the idea that the hospital is a microcosm of society and the hospital is ill (Oury 2004: 36). Therefore, to cure their patients they had to first “cure” the hospital (Ibid.).

The treatment for the hospital is carried out through the construction of space. Not geometrical or architectural space, but, “[...] something that puts an architectonic of relations into place, of different roles, different functions and different people. It’s a question of being able to locate the site within which something happens and what happens’ (Ibid.: 40). This entails an emphasis on the daily life of the hospital and the ‘importance of the ambience in any psychotherapeutic process’ (Oury 2003: 157, my translation). Building off of the work of Merleau-Ponty, who was an important influence on both Oury and Fanon, Oury defines ambience as the experience of environments in everyday life (Ibid.). This means that space is fundamentally understood as the ‘universal power’ connecting bodies and things (Merleau-Ponty 2012: 254). All knowledge is established and dependent on our perception of the space we inhabit (Ibid.: 225), meaning that the environment facilitates bodily actions and social interactions, creating habits through stable perceptual associations that anticipate responses from the world (Ibid.: 256, 261). The ambience or atmosphere² created by space forms a relationship between beings and the world and a shared understanding of the world (Chaperot 2014: 193).

The analytical focus on the everyday is what undergirds Institutional Psychotherapy and informed Fanon’s approach to both politics and mental health. As Stefan Kipfer correctly argues, ‘Fanon analysed everyday racism as an alienating spatial relation, treated colonialization as spatial organization, and viewed decolonization in part as a form of reappropriating and transforming spatial relations in the colonial city and through the construction of nationwide sociospatial alliances’ (Kipfer 2005: 701). Indeed, throughout “On Violence” Fanon analyses how the aesthetic production of colonial zones creates an atmosphere that is imbued with violence and penalty that serves to, ‘create around the exploited person an atmosphere of submission and of inhibition which

2- The terms “atmosphere” and “ambience” are used interchangeably. Oury used ambience in his writing and Fanon atmosphere, however in both the terms are used to describe the way in which an environment affects bodily actions and social interactions.

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lightens the task of policing considerably' (Fanon 1963: 38). This disciplinary power has a carceral effect, sealing bodies into subaltern positions (Fanon in Kipfer 2005: 708).

This is perhaps most explicit in the chapter "The So-Called Dependency Complex of Colonized Peoples" from *Black Skin White Masks*. In this chapter Fanon argues that the formation of inferiority complexes in colonized peoples exists as a reaction to the lived reality of the alienating experience of racism and colonialism (Fanon 2008: 74). Psychosis, Fanon argues, among colonized people is the norm because the racist drama is 'played out in the open'. The person of colour is not able to internalise it in their unconscious, 'everything is conscious' (Ibid.: 129). In other words, mental illness is caused by alienation from the world and a loss of existential freedom (Faramelli 2017: 127). Phrased differently, mental illness is a pathology of liberty (Bulhan 1985: 247; Macey 2012: 320). The "cure" can be nothing less than the radical transformation of society itself.

Institutional Psychotherapy in Blida-Joinville and Fanon's Ethico-Aesthetic Paradigm

Fanon had his first clinical experience of colonial psychiatry while studying in Lyon where he was called on to treat North African – principally Algerian – patients complaining of crippling physical pain, but who had no significant physiological problems. The patients who manifested these symptoms lived in the poor slums of rue Moncey where they were subjected to constant racism and repression. Fanon concluded that although there was no physiological reason for their symptoms, their suffering was nevertheless real. Fanon termed this the "North African Syndrome," a psychosomatic disorder affecting the North African population in France, fostered by the everyday experiences of racism in poor slums (Macey 2012: 141-142).

Fanon's experience with the North African Syndrome and his exposure to psychosomatic disorders acted as a primer for his time at Saint-Alban Hospital with Tosquelles and Oury and the birth of Institutional Psychotherapy (Ibid.: 142). When Fanon arrived at Blida-Joinville Psychiatric Hospital in 1953, the perversity of the confined spaces of French colonialism following France's "liberation" from Nazi occupation was not lost on him, writing that,

Under the German occupation the French remained men; under the French occupation, the Germans remained men. In Algeria there is not simply the domination but the decision to the letter not to occupy anything more than the sum total of the land. The Algerians, the veiled women, the palm trees and the camels make up the landscape, the natural background to the human presence of the French (Fanon (1963) 2003: 250)

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Blida was known as Algeria's "capital of madness", and telling someone that he should be "in Blida with the madmen" was a conventional way of ending an argument (Macey 2000: 212). Blida-Joinville's aesthetics and spatial design were carceral; the hospital was surrounded by a high perimeter wall and supervised gate that made it "looked sinister" from the outside. However, once past the gate the hospital was a relatively 'pleasant environment of a large park with sports facilities and gardens where tree-lined avenues and paths linked the two-storey buildings' (Ibid.: 215).

Fanon arrived to a hospital that was criminally overcrowded. Blida-Joinville was built to house a maximum capacity of 1,200 patients. However, in 1953 it had 2,200 patients (Fanon et. al in Fanon 2018: 396-397). When describing how the overcrowding impacted the hospital's ability to care for patients, Fanon and his co-authors wrote that,

As the wards cannot be extended, even the smallest spaces were soon used up. And the massive overcrowding of units became such that the planned regulation capacity nearly doubled everywhere: a tuberculosis ward designed for thirty-two patients hosts seventy-four. A ward of 'agitated patients' planned for forty-four contains one hundred and six. A ward planned to host eighty difficult patients contains one hundred and sixty-five, etc. Moreover, the hospital, which at the time of building was planned for 971 patients, currently has more than 2,000. Nearly all the refectories, bathrooms, etc., have been transformed into dormitories and, further, some of the refectories no longer prove adequate.

What hope can there be to perform therapeutic activity in a ward of one hundred and seventy beds? For fourteen years, the doctors have been asking the administration to build workshops, day rooms. The chapel, built twenty years ago, is not only used for worship (a priest comes once a month): it has also been transformed into an ergotherapy workshop, into a classroom for the orderlies, into a film theatre, etc. Similarly, the mosque is also used as a basket and wickerwork workshop; in addition, a mufti comes to lead prayer here twice a month.

In the wards, many patients (those who do not attend ergotherapy) have no other choice: they are thrown out into the courtyard after breakfast; there is no day room. Patients have few options for sitting down, unless on the ground, and the sun in Algeria is very harsh in the summertime (Ibid.: 399).

The issue of overcrowding was further exacerbated by the serious problems with discharging patients, particularly Muslims. 'This problem, already made difficult owing to some realities of a geographical order, becomes almost insurmountable in the absence of any policy for local mental care and assistance' (Ibid.: 401).

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Fanon was one of four *medecins-chefs*, along with Dr Ramee, a student of Porot's, as well as doctors Lacaton, Micucci and Dequeber, who were 'metropolitans' and more sympathetic to Fanon's politics (Macey 2000: 216). The wards at Blida-Joinville were segregated along ethnic lines, and Fanon had almost 200 patients under his care: 165 European women and 22 male Muslim patients (Ibid.:227). Some of his patients were self-referred, however the majority had been committed to the hospital by either their families or the authorities (Ibid.). The work of the Algiers School formed the 'doctrinal basis' for psychotherapy in Blida and Fanon noted that the attitude of doctors and nurses alike was based on a priori racist attitudes (Ibid.: 226). Nevertheless, Fanon set out to,

Introduce the methods he had learned at Saint-Alban. He initiated the first experiment in social therapy or institutional psychotherapy to have been attempted in North Africa, and it was watched with a mixture of hostility and amusement by a staff accustomed to thinking in terms of the "Algiers school" paradigm. No attempt was made to stop Fanon. As a *medecin-chef* he enjoyed a considerable degree of autonomy and he answered to the Government General and not to a professor of psychology at the University of Algiers. High-ranking civil servants in Algiers had little interest in what went on behind the walls of a hospital in Blida (Ibid.: 227-228).

Fanon began implementing the Institutional Psychotherapy approach with the European women, establishing a weekly patient journal, a weekly staff-patient meeting that doubled as a social event, a film club and a record club – with the patients writing reviews and responses to film and music in the ward journal –, collectively celebrating holidays – the first such celebration being Christmas in 1953, which, in turn, inspired weekly social events for celebration (Ibid.: 228; Fanon and Azoulay in Fanon 2018: 353-357). The establishment of patient social clubs in the hospital is a keystone of Institutional Psychotherapy. The purpose of which is to establish a "double power" within the hospital in order to treat the hospital and the collective (Oury 2004: 36; Querrien 2019: 87-93).

Additionally, Fanon set up ergotherapy and occupational therapy, both of which were well attended and elicited positive responses from the patients (Fanon and Azoulay in Fanon 2018: 356). This was a quick success, with Fanon writing that,

So, from the very first months, we felt a rapid and fecund coming together as a group in our ward of European women: the very atmosphere of the ward had changed, and we were able to return all the restraint equipment without needing to fear any major difficulties. Not only had asylum life become less distressing for many, but the rhythm of discharges had already markedly increased (Ibid.: 357).

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The goal was to affect the hospital by creating new institutions within it in order to, 'transform the abstract and impersonal multitude into a coherent group driven by collective preoccupations' (Ibid.: 358). These practices constitute what Félix Guattari would later refer to as "ethico-aesthetic", creative life practices – such as art, psychoanalyse, philosophy, etc. – that resist the colonisation of life to the facticity of biology and its essentialising assumptions. It is an ethics of life that encounters life in the 'newness of its forms, rather than seeking to secure the future against the throes of change' (Hynes 2013: 1930). The ethico-aesthetic seeks to create institutional conditions in which an individual's psyche is 'connected to a range of expressive and practical registers in direct contract with social life and the outside world' (Guattari 1995: 99). In large part this practice is a reconceptualization of space and, nodding towards Lacan's influence, a fluidity of a space's signification. It is worth quoting an example of this Guattari gives us at length,

Consider, for example, the institutional sub-ensemble that constitutes the kitchen at La Borde Clinic. It combines highly heterogeneous social, subjective and functional dimensions. This Territory can close in on itself, become the site of stereotyped attitudes and behaviour, where everyone mechanically carries out their little refrain. But it can also come to life, trigger an existential agglomeration, a drive machine [...]. The kitchen then becomes a little opera scene: in it people talk, dance and play with all kinds of instruments, with water and fire, dough and dustbins, relations of prestige and submission. As a place for the preparation of food, it is the centre of exchange of material and indicative Fluxes and prestations of every kind. But this metabolism of Flux will only have transferential significance on the condition that the whole apparatus functions effectively as a structure which welcomes the preverbal components of the psychotic patients. This resource of ambience, of contextual subjectivity, is itself indexed to the degree of openness (coefficient of transversality) of this institutional sub-ensemble to the rest of the institution. The semiotisation of a fantasm [...] therefore depends on external operators. The proper functioning of the kitchen from this point of view is inseparable from its articulation with the other partial nuclei of subjectivation in the institution (the menu committee, the daily activities information sheet, the pastry workshop, greenhouse, garden, the bar, sports activities, the meeting between the cooks and a doctor with respect to the patients they are working with...) The psychotic who approaches an institutional sub-ensemble, like the kitchen, therefore traverses a well-worked zone of enunciation which can sometimes be closed in on itself and subjected to roles and functions, or find itself in direct contact with Universes of alterity which help the psy-

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chotic out of his existential entrapment. It is less by way of voluntary decision than by induction of an unconscious collective assemblage that the psychotic is led to take the initiative, to accept responsibility (Ibid.: 69-70 my emphasis).

In this lengthy quote, Guattari describes the kitchen at La Borde as being part of an apparatus where external aesthetic practices within the institution are folded into the signification of the kitchen, creating an “ambience” that allows for a greater degree of openness to therapeutic encounters, which Guattari refers to as the “coefficient of transversality”. In other words, to “treat” the institution to rid it of “concentratory structures” in order to make it a place of healing requires aesthetic practices that create an ambience that would facilitate a greater coefficient of transversality, or a greater openness to chance therapeutic encounters (Oury 2003: 158-159).

Returning to Fanon's work at Blida-Joinville Hospital, in the article “Social therapy in a ward of Muslim men: Methodological difficulties” Fanon, with Jacques Azoulay, write that while Institutional Psychotherapy yielded great success with European women, the Muslim men in Fanon's charge did not respond to it. They note that this is because the practice of creating new institutions must be preceded with an analysis and understanding of the indigenous society (Fanon and Azoulay in Fanon 2018: 362). ‘Socio-therapy would only be possible to the extent that social morphology and forms of sociability were taken into consideration’ (Ibid.: 364). They corrected their course by establishing activities and creating spaces that were culturally familiar to the Muslim men. The most successful programmes were arguably ergotherapy (specifically gardening), the establishment of a Moorish café where patients could play dominos and converse with each other in a space that was decorated with their own paintings and both European and traditional North African furnishings, and periodical meetings around a traditional storyteller (Ibid.: 370-371; Macey 2012: 233). These practices instituted a form of sociality that generated the same collective double power as created by the social clubs in the European women's' ward.

This experience is often read as Fanon either adapting a cultural relativistic approach to Institutional Psychotherapy or else as Fanon developing a more egalitarian, humanistic, form of ethno-psychiatry (see Macey 2012: 232). However, these readings fail to fully consider the role culture plays in both settler colonialism and decolonial resistance. David Macey notes that colonial authorities and hospital administrators were scarred of the Muslim men being able to use gardening tools, having a Moorish café and of storytellers and initially resistant Fanon's attempts to introduce these into the daily life of the hospital (Ibid.: 233). The settler colonialists' fear of indigenous culture is, in fact, key to understanding Fanon's ethico-aesthetic paradigm. As Fanon would later argue (Fanon 1963: “On National Culture” and Fanon 1965: “Algeria Unveiled”), controlling culture was key to the French colonial project. That is to say that an integral aspect of colonial domination, and, indeed, one of the aspects perhaps most present in contemporary institutions' coloniality, was the eradication of indigenous culture and

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replacing it with Francophone culture. As such, the development of a national culture that is fiercely indigenous forms the basis for anti-colonial resistance.

Ethico-aesthetic practice is fundamentally resistant to carceral power. This is because, in its simplest terms, the ethico-aesthetic is deployed to create a maximum amount of freedom. Not just freedom of movement, which is obviously important, but, above all else, a subjective, internal freedom that allows individuals to be open to chance therapeutic encounters (Oury 2003: 159). Through these chance encounters the problem of the *Mitsein*, of being together, is resolved by the formation of a collective (Ibid.; Guattari 1995: 70). The relationship between the collect – understood as encompassing intersubjectivity, (micro)social processes and elements of the social imaginary; an assemblage of individuals that formulates its own projects, speaks and is heard, and puts itself at risk in pursuing its own ends and taking responsibility for them (Genosko 2002: 9) – cannot be overstated. Collective work opens up a constellation or a grouping of heterogeneous factors into the social or group matrix, allowing for a liberty of speech and the 'continual analysis of and resistance to massive social alienation and its hierarchy' (Oury 2004: 37). These encounters – between doctors and patients, but also between nurses and other patients – breaks down the schematic relationship of care-giver/care-receiver into heterogeneous dimensions of psychiatric knowledge, sociality and an ambience that apprehends existential differences (Guattari 1995: 70). This opens an ambience of communication, disrupting individualising and alienating processes while allowing for a collective production of subjectivity *sui generis* (Ibid.: 6).

What Fanon and Azoulay realised through their initial failure instituting Institutional Psychotherapy in the ward of Muslim men was that, despite their intent, by organising European activities they were inadvertently reproducing French colonial violence. Therefore, the patients' resistance to the therapeutic interventions should also be read as political resistance. In Lacanian psychoanalysis, when the analysand opposes suggestion from the analyst they are not resisting the analyst themselves, but rather resisting the erasure of their desire. As such, resistance conveys the desire to maintain the subject's desire (Wortham 2017: x), creating a form of resistance that is operative at both the unconscious and political levels (Faramelli, forthcoming). The Muslim men's desire in this case was to resist the imposition of European settler culture and to retain their own culture (Fanon and Azoulay in Fanon 2018: 362). In order to work with the patients' desire to achieve therapeutic outcomes, Fanon was forced to establish new institutions within the establishment of the hospital.

It is important to briefly clarify the difference between an establishment (*établissement*) and institution. The establishment is, 'a structure that is plunged into global society, and which relates to state criteria: it must answer to a large quantity of necessary administrative conditions; whereas institutions are something that can develop inside the establishment: they are quasi-infinite in number and variety' (Oury 1980: xx my translation). This understanding of institution necessitates an attentiveness to micro-politics and power relations (Goffey 2016: 39). That is to say, by approaching psychotherapy, or any other creative practice, with a focus on institutions forces the questions, "Who produces the institution?" Who articulates its

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sub-groups?" and "Is there a way to modify this production?" (Ibid.: 40). Institutions are a malleable set of relations, a sort of "modelling clay", that we can worked to generate a higher degree of transversality throughout the larger establishment (Ibid.: 45). As such, the institutions Fanon created, such as the Moorish café, created new forms of sociality and a change in the overall atmosphere of the hospital beyond the ward of Muslim men. In other words, by creating new institutions that affirmed Algerian culture, Fanon instituted a larger process of purging the hospitals structures of coloniality, effectively decolonising Blida-Joinville Hospital.

Why Institutional Psychotherapy, Why Now

Above and beyond all else, Fanon was a thinker of environments. He was primarily concerned with analysing the ambience different spaces produce, understanding how subjects occupy the space of a clinic and thinking through the larger questions of power relations different environments engender. Indeed, Tosquelles commented that Fanon embodied (incarnait) therapeutic space (Tosquelles 2007: 9). The power relations Fanon engaged with are, 'certainly biopolitical, but also involve the transformation of the earth. The object of power in this case is both life and land, and resistance involves both' (Clare 2013: 62).

With this in mind, we see that his practice of creating new institutions designed to "heal" the establishment was not limited to his therapeutic practice, but also extended to his political writings. This is perhaps most evident in "The Pitfalls of National Consciousness" from *The Wretched of the Earth*. In this chapter, Fanon, foreshadowing what today is referred to as racial capitalism, analyses how the coloniality of a nation's economy perpetuates neo-colonial Manichean structures of race, racial antagonisms and racism (Fanon 1963: 159). This can only be subverted, Fanon argues, by the rapid transition from a national consciousness that is framed by Western colonial thought, to a decolonialised political and social consciousness (Ibid.: 203). In order to achieve this Fanon again looks to spatial practice, arguing that there must be 'decentralization in the extreme' (Ibid.:198) through the reallocation and distribution of administrative institutions, established in rural areas and towns outside of the capital city (Ibid.: 185-186). By doing this Fanon argues that the post-colonial African state will create a transversal power dynamic that will ensure governance and administrative power is also decentralised and distributed throughout the population (Ibid.:198).

Throughout "The Pitfalls of National Consciousness" Fanon is explicitly translating the clinical techniques of Institutional Psychotherapy into a schema for post-colonial development in order to formulate a psychosocially informed approach to decolonising social and governmental institutions. Through the creation of new institutions in the post-colonial state Fanon theorises that there would be an increase in the coefficient of transversality, creating an ambience of openness that can "heal" the state in the same way that the practices of Institutional Psychotherapy heal the hospital. This is perhaps most explicit in his discussion on the role the party

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plays in relation to the post-colonial state when Fanon argues the party must be independent from the government and without a leader in order to ensure a true double power in enacted (Fanon 1963: 184-186).

Returning to the understanding of crisis given above, we can think alongside of Deleuze and Guattari and conceptualise crisis as a deterritorialization, an event that constitutes a rupture to the social order and creates a space for judgment. However, the question then becomes: where will this "line of flight" land? We know from Deleuze and Guattari that deterritorializations are not in and of themselves liberating. They may result in destructive authoritarian, even fascist, formations (Deleuze and Guattari 2003: 192-200; Deleuze and Guattari 2005: 150).

The convergence of crises that has marked 2020 have created an affective space where social and political change are not only possible, but unavoidable. However, what that change will be is as yet undetermined. This is the reason as to why it is important to revisit Fanon during this moment of crisis. Throughout his oeuvre, Fanon articulates an ethics of life that is not reducible to mere biolife. Rather, Fanon views life as collectively formed in relation to an environment (Clare 2013). In "The North-African Syndrome" Fanon analyses at length how the ambience created by colonial racism isolates North Africans living in France from both social contacts as well as from their environment (Fanon 1967: 10). This results in a kind of living death where the future is foreclosed (Ibid.: 13). By contrast, for Fanon "life" is understood as the capacity to generate action and, as such, has a future orientation (Ibid.: 63-64). Furthermore, as Fanon details in his description of the collective drive to build a bridge, life is something that is collectively produced in and with an atmosphere the allows for openness to chance encounters (Fanon 1963: 141).

This is what Fanon has to offer current anti-racist activism. A framework that is able to analyse the psychosocial structure of institutions and formulate a programme for the creation of new institutions. Importantly, this work is already happening. An important example can be seen in the growing calls to "defund the police". Beyond the tagline, the movement to radically restructure policing and reallocate funding to community services will also radically disrupt the atmosphere of penalty that constitutes the living reality for many people of colour. As Homi Bhabha reminds us, "the state of emergency is also always a state of emergence" (Bhabha in Fanon 2008: xxiv emphasis in original), and reading Fanon today provides the analytic tools to creative new transversal institutions.

"The struggle against colonial oppression changes not only the direction of Western history, but challenges its historicist "idea" of time as a progressive, ordered whole" (Ibid.). When a creative practice, a 'performance that produces an unfamiliar mode of enunciation; a collective event redefines the space of subjective possibilities' confronts people with its newness, it speaks to a form of life yet to come (Hynes 2013: 1940). This produces a temporality specific to ethico-aesthetic paradigms where the future becomes folded into the present. As Bhabha notes in his forward to the 1986 edition of *Black Skin, White Masks*, this is what is at stake in Fanon, the emergence of a new form of life (Bhabha in Fanon 2008: xxi-xxxvi). The creative anti-racist practices that have been born out of the contemporary crises now have the potential to formulate a new ethico-aesthetic paradigm, a new openness and freedom.

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I am an academic whose approach is interdisciplinary in nature. I work in the areas between media, social theory, cultural studies, psychosocial studies, science and technology studies and politics. Much of my scholarship focuses on Institutional Analysis, schizoanalysis and the work done by Frantz Fanon, Félix Guattari, François Tosquelles, and Jean Oury. My work also intersects with issues concerning zapatismo, decolonisation, aesthetics, political theory, and indigenous resistance.

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