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Do Black Lives Matter in Psychoanalysis? Frantz Fanon as Our Most Disputatious Ancestor

Daniel J. Gaztambide, PsyD
Clinical Practice, The New School for Social Research

Each psychoanalytic tradition traces its lineage to an ancestor—Sigmund Freud as the "father" of psychoanalysis, Sandor Ferenczi as its once-lost "mother," or Jacques Lacan as the prodigal son calling for a "return to Freud." Drawing on these ancestors, a growing body of scholars has articulated psychoanalytic perspectives on race, class, sexuality, and gender in the consulting room and in society. These diverse authors—Black, White, and Brown—represent a "decolonial turn" in psychoanalysis that has yet to claim a primary ancestor, ambivalently inhabiting Freudian, Relational, and Lacanian theories as a "secure base." In a world under siege by anti-Blackness and COVID-19—pandemics restricting the capacity to breathe for indigenous, immigrant, poor, and Black people—a global voice roars through masks that *Black Lives Matter*. Trapped between thin blue lines, overlapping pandemics, and the limitations of institute and graduate school training, this article is an outburst claiming Frantz Fanon, the revolutionary Black psychiatrist, as ancestor to this movement. Inspired by Edward Said's insight that Fanon is Freud's "most disputatious heir," I will review his thinking as a decolonial psychoanalytic theorist through his classic works and his translated clinical papers. Tracing his psychoanalytic—specifically Lacanian and Ferenczian—influences, I will argue for Fanon's inclusion within the psychoanalytic canon and curriculum, and outline how his contributions are foundational to the decolonial turn. More urgently, I want to draw on Fanon to ask the following question: Do Black Lives Matter in psychoanalysis?

Keywords: Frantz Fanon, psychoanalysis, postcolonialism, psychotherapy, Black Lives Matter

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> The explosion will not happen today. It is too soon . . . or too late.
> —Frantz Fanon

Each psychoanalytic tradition traces its lineage to an ancestor—Sigmund Freud as the "father" of psychoanalysis, Sandor Ferenczi as its once-lost "mother," or Jacques Lacan as the prodigal son calling for a "return to Freud." Drawing on these ancestors, a growing body of scholars has articulated psychoanalytic perspectives on race, class, sexuality, and gender in the consulting room and in society (Gherovici, 2003; Giffney & Watson, 2017; Leary, 1997; Powell, 2020; Tummala-Narra, 2016; to name a few). These diverse authors—Black, White, and Brown—represent a "decolonial turn" that has yet to claim a primary ancestor, ambivalently inhabiting Freudian, Relational, and Lacanian theories as a "secure base." "I have no home," mentors and colleagues have said over the years across graduate school and institute training, voices in the wilderness within and outside psychoanalysis, orphans in havens rendered unsafe by Whiteness and anti-Blackness. An explosion suddenly rocks outside my window as I am writing. Is it tear gas again tonight, or fireworks?

At the beginning of the George Floyd protests, the answer was "yes." The world is under siege by anti-Blackness and COVID-19—twin pandemics restricting the capacity to breathe for indigenous, immigrant, poor, and Black people. Chanting "I can't breathe," a global voice roars through masks that *Black Lives Matter*. In the streets of Brooklyn, New York, my cry joins that roar. "Eric Garner!" "Tanisha Anderson!" "Gabriella Nevares!" "Breonna Taylor!" "George Floyd!" The cry of the wretched of the Earth, from New York to Cleveland to Sacramento to Minneapolis, from my native Puerto Rico to Palestine to Brazil to South Africa to Singapore to Algeria—I realize *we* are the explosion. Do graduate schools and institutes hear the rock outside their windows? Trapped between thin blue lines, overlapping pandemics, and the limitations of my training, this paper is an outburst (Aron, 2003) claiming Frantz Fanon, the revolutionary Black psychiatrist, as ancestor.

Inspired by Edward Said's insight that Fanon is Freud's "most disputatious heir," I will review his thinking as a decolonial psychoanalytic theorist through his classic works (Fanon 1952/2008; 1963; 1965), and his translated clinical papers (Fanon et al., 2018). Tracing his psychoanalytic—specifically Lacanian and Ferenczian—influences, I will argue for Fanon's inclusion within the psychoanalytic canon, and outline how his contributions are foundational to decolonial psychoanalytic thinking. More urgently, I draw on Fanon to ask the following question: Do Black Lives Matter in psychoanalysis? In raising that question this paper joins recent interventions calling for a "return to Fanon" as a *psychoanalytic therapist*, correcting the tendency to see him as an "incidental psychiatrist" with no clinical experience (Burman, 2016, p. 84, 2020; Cherki, 2006; Gibson & Beneduce, 2017, p. 4–5; Marriott, 2018; Turner, 2020). His relationship to psychoanalysis is complex, as he condemned its legacy of racism while using it to analyze anti-Blackness and the colonial situation (Gibson & Beneduce, 2017, p. 3), approaching psychoanalysis as both "ally and enemy" (cf. Tate, 1996).

Daniel J. Gaztambide, PsyD https://orcid.org/0000-0002-9713-0631
Correspondence concerning this article should be addressed to Daniel J. Gaztambide, PsyD, Clinical Practice, The New School for Social Research, New York City, 80 5th Avenue, Room 607, New York, NY, United States. Email: gaztambd@newschool.edu

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Born in the Colony: Introductory Biographical Sketch

Frantz Omar Fanon was born in 1925 in Fort-de-France, Martinique, a West Indian colony and later department of France. In high school, he studied under the Negritude poet Aime Cesaire, who nurtured his thinking on Black identity, the colony, and humanity. At age 18, Fanon traded poems for bullets and a uniform, joining the fight against the Nazis in World War II out of a sense of solidarity with all people who are persecuted and dehumanized. His idealism gave way to the reality of racism, as human solidarity itself was denied to him when the very country he fought for treated him as non-human, whether in the trenches or in the streets. He realized that for Black life in an antiBlack world, the streets themselves are trenches.

After the war, Fanon traded his gun for a doctor's coat and a couch, studying phenomenology, psychoanalytic theory, and psychiatry at the University of Lyon in order to make sense of how racism "gets inside" the psyche, including his own. He started his residency at Saint Alban Hospital in 1951 under the supervision of the Marxist psychiatrist Francois de Tosquelles. De Tosquelles himself studied Marx, Freud, and Lacan in medical school with Emilio Mira y Lopez, and was analyzed by the Hungarian Sandor Eiminder, who introduced him to Ferenczi's work (see Gaztambide, 2019). A survivor of fascism in Spain and France, de Tosquelles helped Fanon understand how the sociopolitical "occupied" the psychic as an internal structure, requiring the disoccupation of both psyche and society. Informed by Ferenczi's writings on trauma, de Tosquelles developed an approach called institutional psychotherapy—which Fanon later dubbed "sociotherapy"—focusing on the cure of patient *and* doctor along with the surrounding social system, a theme consonant with Fanon's development as a clinician (Turner, 2020). Fanon would later take a post at the Blida-Joinville Hospital in Algeria in 1953, where he would put community psychoanalysis into practice.

Fanon's Psychoanalytic Project: Psyche, Society, and the Gaze of the Other

Fanon originally submitted *Black Skin, White Masks* (1952/2008) as his dissertation for medical school, a psychoanalytic phenomenology of his experience as a Black man in the shadow of colonialism—a work his advisors rejected as "too subjective" (Gibson & Beneduce, 2017, p. 37). In response, Fanon (1951, in Fanon et al., 2018) wrote a new study over 2 weeks, critiquing how the biomedical model's objectifying gaze negates the patient's humanity, proposing a relational and social understanding of mental illness (unless noted, Fanon references are available in Fanon et al., 2018). "The human being," Fanon (1951, in Fanon et al., 2018) writes, "ceases to be a phenomenon from the moment that he or she encounters the other's face. For the other reveals me to myself" (p. 219). Psychoanalysis for Fanon was a "science of the collective" (p. 219) shedding light on the relationship between self and world. When the self cannot find its place in relationship, it reacts either with compensatory feelings of superiority or inferiority, in the extremes feeling "unworthy of entering the category of the human" (p. 224). How the clinician's gaze evokes resistance and shame—to the point of the client feeling not-human—is central to Fanon's conception of "madness." Drawing on Lacan, Fanon argued the "mad" oscillate between impossible choices, "either he breaks the circle through outward violence or else he strikes a blow to himself" (p. 268). "Madness" is then a compromise formation involving a loss of freedom, and an act of resistance to restore freedom—the *jouissance* (pleasure unto pain) of madness before a mad world.

In what Fanon (1952/2008) called his "clinical study" (p. 14), *Black Skin, White Masks*, he examined how inequality is "epidermalized" (p. 4) in the Black body. He distinguished between Black *existence*, the individual world of intrapsychic and intersubjective experience, and anti-Black *ontology*, a more abstract register of political and socioeconomic structure. At the level of existence, Black people might internalize anti-Black beliefs as a negative self-image or resist them by asserting a positive Black identity, but at the level of ontology they are "overdetermined" by the Black body—"I am the slave not of the 'idea' that others have of me but of my own appearance" (p. 87). The White gaze "fixes" the Black body in an ontological "zone of non-being" outside the possibility of empathy or recognition, prefigured as a non-human lacking agency, capacity, and a mind—an ever present death where no "ontological resistance" is possible (p. 23; 83).

Consider the police murders of Atatiana Jefferson and Ahmaud Arbery: whether sitting at home or jogging outside, Black life has been subject to execution. Fanon goes further, showing how even the "inside" of one's own mind can be destroyed by shame and dissociation (see below). Ontological anti-Blackness functions as a primal scene for Fanon,where the child (and later adult) witnesses not parental coitus misrecognized as violence, but the actuality of violence repeatedly enacted on the Black body as a "thing." Consider the gratuitousness of online videos of Black people murdered by police, with George Floyd's murder as the digital afterlife of an 8 min and 46 s lynching. Black subjects develop compromise formations, defenses, and fantasies to make meaning of this meaningless scene and their existence within anti-Black ontology, with neurosis not as maladaptation to an "average expectable environment," but a survival strategy within psychotic conditions. White people—and non-Black people of color—by contrast, are offered fantasies of being built upon Black non-being (Marriott, 2018).

To illustrate how neurotic fantasy covers over the gap of meaning between ontology and existence, Fanon (1952/2008) analyzes Jean Veneuse, a Black Antillean man in Rene Maran's novel *Un Homme pareil aux autres*. Veneuse ended his courtship with a White woman out of fear their relationship cannot survive in an anti-Black world—as if stating a contingent proposition, "*If* I love her, *then* she will leave me for my Blackness," but "*If* I leave first, *then* I'll protect myself." Fanon interprets this contingency as symptomatic of Veneuse's psychic structure as an "abandonment-neurotic," his *existential* fear of loss and intimacy fused with the *ontological* structure of anti-Blackness to defend against, and confirm, his fears (p. 59). Fanon's model of conflict accounts for the diverse and personal ways Black people make meaning of an anti-Black world, while suggesting an alternative to the double binds that produce neurotic solutions. What, then, is an "analytic cure" when the provision of insight, a new object relationship, or "full speech" cannot stop bullets or a priori abjection? How can taking this ontology into account, and wrestling with the limits of repair and recognition make Black Lives Matter in psychoanalysis?

Race, Embodiment, and Identity

Fanon evidenced his debt to Lacan's "mirror phase" in understanding the violent misrecognition of his body as a soldier and later a medical student in Lyons. He remembered being called out by

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White people, even children, on the street, "Look, a Negro!" (1952/2008, p. 83). He enters a dissociative state, feeling nausea and vertigo before the abyss of anti-Blackness torn open between himself and the world. Walking on the streets of Lyons, his body was simply existing, but before the White gaze he "became" Black *qua* non-human, his bodily schema crumbling, replaced "by a racial epidermal schema" (p. 84). Filled with shame and self-contempt Fanon fights back, "to assert myself as a BLACK MAN" (p. 87, caps original).

Fanon theorizes on how the Black subject is interpellated or called into non-being through "the ideological production and structuring of–in this case a traumatized–subjectivity" (Burman, 2016, p. 81). The ontological zone within which Blackness is emplaced presents a gap that is submitted to or fought with, covered over with neurotic fantasies and yet the wound remains. Fanon (1952/2008) recalls the words of a wounded veteran: "Resign yourself to your color the way I got used to my stump; we're both victims" (p. 107). Fanon refuses this amputation until he begins to mourn a humanity that was never lost because, ontologically, he was barred from it to begin with. "I am a master and I am advised to adopt the humility of the cripple," Fanon writes, "I wanted to rise, but the disemboweled silence fell back upon me, its wings paralyzed . . . straddling Nothingness and Infinity, I began to weep" (p. 108). Fanon enacts—and in enacting, analyzes—a form of surrender before the abyss, within which he discovers a possibility between "Nothingness and Infinity." "The real *leap*," Fanon concludes, "consists in introducing invention into existence," (p. 229). Can psychoanalysis entertain Fanon's invention as a leap *without* faith, a risk taken without the expectation of survival?

Identification With the Oppressor, Splitting, and Anti-Blackness

Fanon saw aggression as inherent in the radical vulnerability of such a leap, but recognized that unregulated aggression could become destructive. The aggression the colonized feels in response to oppression can be turned inward toward the self, or outward toward the colonizer and other colonized peoples (cf. Freire, 1972), constituting an identification with either (a) the oppressor's degrading *view* of the oppressed as object, or (b) the oppressor's degrading *gaze*-as-subject, to become human and "assume the attitude of a master" (Fanon, 1952/2008, p. 171). To attain mastery, self-sufficiency, and the status of the oppressor, Blackness becomes a projection of what is "unwanted" in White and non-White alike, which returns as a paranoid "negrophobia" which threatens the body's coherence and sovereignty (p. 124). Fanon argues that when we find something "reprehensible" in ourselves, we try "to get rid of it, to ascribe its origin to someone else . . . [eliminating] a short circuit that threatens to destroy my equilibrium" (p. 147).

This projection unto Blackness of disorganizing unconscious affect is so powerful, that Fanon (1952/2008) remarks that in psychoanalytic treatment, "If a Negro comes up in the first session [in dreams or fantasy] . . . *he must be removed at once*" (p. 147, emphasis added). Fanon saw this as splitting between a "bright" and a "black" part of the self, making it "essential that the black, the dark, the Negro vanish from consciousness" lest the patient's ego be overwhelmed. For the White patient, this split maintains psychic sovereignty, while for the Black patient this leads to a desire to erase one's Blackness and pursue a Whiteness that can never be achieved, "Hence a Negro is forever in combat with his own image" (p. 150). But if "the Negro" as symbol emerges early in treatment, then disorganizing affect is rising in the transference *and in Fanon*, revealing his negrophobic enactment when he writes that, once removed, "the Negro will stay in his hole" (p. 147).

Through Fanon's (1952/2008) self-analysis in *Black Skin, White Masks* he recognizes the colonizer *within himself*, reflecting on how he oscillates between demanding (a) to be treated as human without reference to race, and (b) recognition of his Blackness to the exclusion of his full subjectivity. To terminate this double-bind, a neurotic conflict "fed on fantasies," he claims but one solution, "to rise above this absurd drama that others have staged round me, to reject the two terms that are equally unacceptable, and, through one human being, to reach out for the universal." When the Black subject *works through* the abyss of anti-Blackness, "something remarkable occurs" (p. 153). "Going under," as Fanon put it, into this sunken, "shitty place," (Powell, 2020) is to reject the binary choices before the racialized subject, and reach out for the universal *through* one's particularity, with desire *breaking through* as an act of violence that restores the humanity of oppressor and oppressed—an outburst making room to breathe.

Violence, Aggression, and Transformation

The topic of violence, aggression, and revolution has drawn the most ire in Fanon's work, the resonance with psychoanalytic theories on the creative and transformative aspects of aggression notwithstanding (Swartz, 2019). In *The Wretched of the Earth*, Fanon (1963) argued that decolonization requires "a murderous and decisive confrontation" (p. 3) which restores to the colonized a sense of agency, of having an effect on their existence by reinventing it. He did not idealize violence and aggression, however, noting that they are reciprocal reactions to the violence of the oppressor—it is cyclical and systemic—and can lead to atrocities against other vulnerable people (p. 15). Violence is thus a symptom of racial, political, and economic relationships (Burman, 2020; Cherki, 2006). Following Fanon, Freire (1972) argued that aggression can be "an act of love . . . can initiate love . . . grounded in the desire to pursue the right to be human" (p. 45). The violence of the oppressed "take away the oppressor's power to dominate and suppress, [restoring] the humanity they had lost in the exercise of oppression" (p. 45), demanding the oppressor "risk an act of love" through radical vulnerability.

Violence here is both a symptom and a potentially "restorative and vital force," (Burman, 2020). As Fanon's teacher Aime Cesaire famously wrote, "Even the most peaceful form of decolonization *is always the result of a rupture*" (emphasis added). We should read this with a political *and* a clinical lens to theorize how processing ruptures in treatment can create reflective spaces for decolonizing minds and systems. I say "processing," because for Fanon repair is both a potential and an impossibility—as I will detail below. To phrase this aporia as a question—can psychoanalysis make room for Black anger and pain, without premature attempts at repair that restrict the capacity to breathe? Can a five hundred year rupture be witnessed without being covered over? In that light, Fanon's clinical papers represent his attempt to make breathing in the clinic possible.

Fanon's Decolonial Approach to Psychoanalytic Therapy

Fanon's clinical writings (Fanon et al., 2018) were written collaborations with interns he trained during his tenure at the Blida-Joinville Hospital from 1953 to 1956 in the early years of

the Algerian Revolution, among them Charles Geronimi, Slimane Asselah, and Alice Cherki (Robcis, 2020). Cherki (2006) recalled how Fanon saw the psychiatric unit as an opportunity to reimagine the tools he learned from de Tosquelles, and to develop community psychoanalysis within colonial conditions. "He wanted to shake up the system," Cherki wrote, "to give the patients a voice" (p. 23). Fanon's (1959, in Fanon et al., 2018) sociotherapy-informed day program drew on "the psychoanalytic method" in five to six times a week psychotherapy, alongside ongoing supervision with unit staff aimed at restructuring their relationships with patients (pp. 493–494).

Fanon (1959) saw the day hospital as a neo-society where the patient could "repeat the neurotic attitudes" that led to conflict in day to day life (p. 475). He quickly observed that the repetition of the patient's conflicts evoked "acute problems" among staff, who "adopted certain habits in which a repressive attitude was prevalent" (pp. 476–477). Fanon provided supervision to help staff work through their countertransference and resolve these enactments. Cherki (in Gibson & Beneduce, 2017) described how nurses were changed by Fanon's consultation, "they stopped being repressive guards, and became instead active agents in their relationship with the alienated person" (p. xii). Fanon believed that clinicians *and* the social context needed to be cured alongside the patient, showing great tenderness toward staff despite his strong character. A nurse shared how Fanon once "caught her red handed" eating on the job. Fearing his reprisal, he instead reassured her she had done nothing wrong and encouraged her to share her food with her patient. Nursing staff reminisced after retirement how Fanon "would like us to help one another for the welfare of the patients" (Cherki, 2006, p. 70). With difficult patients, his refrain was to "[r]emain open . . . remain honest, be sincere," exuding a Ferenczian sensibility (ibid.).

These enactments mirrored tensions in Algerian society, as the antagonism between colonizer and colonized structured the inherent asymmetry in the therapist–patient relationship. A rigid treatment setting makes the patient feel that "he must give up the fight," and submit to the doctor, as "the struggle has become unequal and that he requires, literally, tutelage and protection" (Fanon & Geronimi, 1959, p. 497, in Fanon et al., 2018). Echoing Fanon's previous work, Fanon and Geronimi (1959) reprised how mental illness is "a veritable pathology of freedom" (p. 497), yet in treating it the therapist may come to be experienced as a malignant figure to be resisted, thus "it is not surprising that the patient feels free only in his opposition to the doctor" (p. 497).

Because relational and political trauma "tears to shreds the synthetic unity of the person" (Fanon & Geronimi, 1959, p. 501), Fanon (1959) emphasized creating psychic safety within unsafe conditions, maintaining a sense of continuity in the patient's consciousness, with treatment "oriented toward awareness, verbalization, explanation and strengthening the ego" (p. 493). Fanon's emphasis on ego strength reflects his concern with the deteriorating effect traumatic therapeutic relationships can have, resulting in "*phantasms of bodily fragmentation or the crumbling of the ego*" (Fanon & Geronimi, 1959, p. 503, emphasis added), calling back to the fragmentation of the Black body before the White gaze (Fanon et al., 2018, footnote 11, p. 503). Fanon and Geronimi (1959) here cite Klein and Ferenczi in stressing "the care for one's own body as a mechanism for avoiding anxiety." Involuntary internment, bodily restriction, or a subjugating therapeutic relationship invalidates the patient's reality and bodily coherence, leading "in traumatizing fashion on the path of regression, danger and anguish" (p. 503). Note the equation between hospitalization/domination, trauma/bodily fragmentation, and *regression*.

Facing interpersonal and social rupture in treatment, Fanon and Geronimi (1959) ask, "is not the question that the illness supports one about the foundation of being qua subject? *Who am I, ultimately?*" (p. 503). For Fanon, psychoanalytic treatment is a space where the relationship between a) ontology as the social structure of being, and b) the subject's existence—"Who am I within that structure? Am I human?"—can be questioned, a process that must include the patient's "multi-relational reality" (p. 504). Fanon engages in comparative psychoanalysis here, integrating Lacan and Ferenczi's ideas on desire, relationship, the body, and trauma. But earlier I noted his concern with the "image of the negro" coming up "too early" in the transference as a sign of regression to be avoided. Fanon (1959, p. 493) also argued that regression as transference neurosis should be "especially atypical." His emphasis on ego-strength is intuitive given his focus on severe mental illness and trauma, but his assumptions about the "image of the negro" would be challenged by his clinical work. At the same time, there is evidence Fanon paid close attention to enactments around power and empathy, including anti-Blackness in the consulting room.

For example, Fanon (1952/2008) reflected on how he enacted the way White people "talked down" to him as a "feeble-minded" Black man during a session with a 73-year-old patient with dementia. He was "suddenly aware of the collapse of the *antennae* with which I touch and through which I am touched," recognizing he was talking down to her as if *she* was "feeble-minded," revealing "the stigmata of a dereliction in my relations with other people" (p. 22). Anti-Black ontology structures Black experience, even the relationship between a Black doctor and his patient. Awareness of his unconscious reactions to patients was important to Fanon (1959), as they helped him intervene "to activate a counter-transference dynamism" (p. 493).

What did this mean? In his paper with Geronimi (Fanon & Geronimi, 1959), they wrote that in psychoanalytic treatment "we practice *appeasement*, we foster fantasy reconstruction and, as a rule, adopt an active attitude in Ferenczi's sense" (pp. 506–507, my emphasis). Gibson & Beneduce (2017) point to Ferenczi's influence on the need for *nachgiebigkeit*, or "indulgence," which refers to a "willingness to give to the other." Activating a "counter-transference dynamism" then refers to the therapist's empathic responsiveness to the patient's need, taking responsibility for lapses in empathy, and an openness to be radically vulnerable and *willing* to *give*, despite perhaps, their own fears and resistance. This reflects how Fanon was "captivated" by Ferenczi's writings on trauma, becoming a collector of his books in French, always "on the lookout for people who could translate Ferenczi's other works" (Cherki, 2006, p. 118). A world built on anti-Blackness might, like in the case of Jean Veneuse, lead to the avoidance of relationship as a way of protecting the self from that world. It seems Fanon discovered that "taking a leap" by being "willing to give" to the other, *despite* that world, made room for a new kind of freedom—*the freedom to give something valued to someone who is valued.*

Agitation, Aggression, and the Therapeutic Space

How the "confusion of tongues" betwen patient and therapist binds the freedom of both was of concern for Fanon. In a paper on restriction and patient agitation, Fanon & Asselah (1957, in Fanon et al., 2018) argued that "provocations with a strongly aggressive

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charge" were not "wilful [sic] malice" on part of the patient, but "responses to a type of concentration-camp structure" (p. 439). When a therapeutic context becomes rigid, sadistic, "and has castrative aspects," patients may become agitated, regress, and hallucinate (p. 440). "Clinical services," and one might add, clinicians, "have a tendency to reject agitated patients without taking note of the *reciprocal foundation* that exists between each of the sides. It thus appears within a human framework–the clinical service itself" (p. 444, emphasis added). Invalidating responses that fail to take the clinician's and the system's contribution into account "provoke, or at least precipitate, and deepen the regression" (p. 443). If decolonial violence is a symptom of the colony, then so is the patient's agitation a symptom of the therapeutic relationship—an attempt to enliven a fossilized relationship, a society even, in order to make room to breathe.

Here again, the other's gaze in defining self-experience is paramount, part of a mutually constitutive intersubjective process: "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" (Fanon & Asselah, 1957, p. 445). Who am I? Why am I this way? Who has power? The patient who "does not know" the unconscious reason for their rage, and the therapist who is "supposed to know" (to evoke Fanon's use of Lacan) both descend into madness. When the madman who "knows" collides with the madman who "does not know," the confusion of tongues ends with the patient forcibly restrained in an isolation unit, rejected, cast out. "In actual fact," Fanon & Asselah write, "the agitated individual at once does and does not know what he is doing . . . but he is trying to find out" (p. 447). In this sense, the patient's aggression "*tests* the service's degree of resistance, simultaneously probing its plasticity and its solidity" (p. 440, emphasis added).

The patient's testing of the therapist is an epistemophilic act *expressing their desire to know who they are, and if they and the therapist are human*. If the therapist tunes into that desire, joins them in seeking the knowledge of their unconscious (as well as their own), and is moved, "cured" by it perhaps, they can become a "helpful other (*autrui*)" who is grounding and present (Fanon & Asselah, 1957, p. 442). The therapeutic relationship becomes a new experience "as that which 'understands at last', and not as that which amputates, that which castrates" (p. 439). Notice the parallels between an amputating world and an amputating therapeutic relationship, the ontology of one structuring the experience of the other. But does the experience of being "understood at last" within a murderous encounter, per Fanon and Ferenczi, itself repair an anti-Black world? How does Fanon think about therapeutic action in the context of anti-Blackness?

Decolonial Psychoanalysis as a Risk of Freedom

In *A Dying Colonialism*, Fanon (1965) argued that the therapeutic relationship as a space of "generalized trust" is an impossibility within colonial structures. For the colonized, entering a hospital or a therapist's office is akin to trespassing the domain "of the whites, of strangers, of the conqueror" (p. 125). Fanon writes that clinicians need "to analyze, patiently and lucidly, each one of the reactions of the colonized, and every time we do not understand, *we must tell ourselves that we are at the heart of the drama*—that of the impossibility of finding a meeting ground in any colonial situation" (p. 125, emphasis added). One is struck again by the echoes of Ferenczi's thinking (Gibson & Beneduce, 2017). Repair and restoring trust in the therapist were possible if they are open to the patient's mistrust and willing to sit with the impossibility of "meeting as equals" within a colonial anti-Black society. In a way, to be open to exploring the presence of anti-Black ontology in the very air of the consulting room. "The patient," Fanon once explained to Cherki and her internship cohort, "is able to perceive the doctor's attitude, and a proper welcome can lay the ground for the prospect of recovery" (Cherki, 2006, p. 71). She notes, with some humor, that despite Fanon's demanding demeanor as a supervisor, he "also knew how to be compassionate and wait things out, to bide his time and address the patient when the right moment presented itself" (p. 117). Repair for Fanon is not a preordained process—it could be ongoing and lacking a final denouement. Empathy is not contingent on the realization of repair.

Inequality distorts "the ability to be oneself, of establishing and maintaining a 'contact'" with another (Fanon, 1965, p. 126). The patient becomes withdrawn. The colonizing therapist interprets this as their being "not verbal" or "psychologically minded," becoming a technician whose task is to change the behavior of a mindless thing. For the patient, the end of the session is an escape in which "the integrity of his body is preserved" (pp. 127–128). Such enactments reflect an ontological reality—for colonized people psychotherapy does not offer a "flowering or a development of an essential productiveness." Echoing Lacan's critique of ego psychology, Fanon condemns attempts to "cure" the colonized by adapting them to a colonial situation which might be an "average expectable environment" for Whiteness, but for Blackness represents "a permanent struggle against an omnipresent death" (p. 128). Empathy cannot repair ontology.

And yet, Fanon maintained that in psychoanalysis the master/slave relationship "is radically broken . . . the doctor-patient encounter forever remains an encounter between two freedoms. That condition is necessary for all therapy," (Fanon & Geronimi, 1959, p. 497). When a patient suffers from an identification with Whiteness, "His psychic structure is in danger of disintegration. What has to be done is to save him from this and, little by little, to rid him of this unconscious desire" (Fanon, 1952/2008, p. 100). Fanon's call to action is clinical and political, "*As a psychoanalyst*, I should help my patient to become *conscious* of his unconscious and abandon his attempts at a hallucinatory whitening," (p. 100, emphasis added). Desire is then freed "to choose action (or passivity) with respect to the real source of the conflict—that is, toward the social structures" (p. 100). This suggests a different reading of what "cure" entails. Not an insight, a repair, or a freed speech, but the freedom to choose action.

What psychoanalysis offers for Fanon is not exclusively the arrival at a "positive" or "affirming" identity, or a more secure attachment, but an explosion, a leap introducing invention into existence through an-other who is willing to *not survive* a murderous encounter. Does Fanon not echo Ferenczi's dictum that murder eventually enters the therapeutic relationship? In approaching the other I value with a willingness to give, not knowing if they will kiss me or kill me, I risk being free of the fear of death. Fanon's final prayer points to this vision, "O' my body, make of me always a man who questions!" (1952/2008, p. 181), questions that induce vertigo, challenging therapist and patient to let go, leap into the abyss, and become transformed.

Fanon's Clinical Work During the Algerian Revolution

In the mid-1950s Fanon met with patients five times a week, expressing to Cherki (2006) that after the Algerian revolution,

"I'd like to have the time to go into analysis" (cited in p. 118). Cherki reports on his clinical work based on unpublished notes recorded by his secretary Marie-Jeanne Manuellan. Cherki—who later became a psychoanalyst—was taken by Fanon's "tremendous intuition about the unconscious and a great erudition in psychoanalytic theory," struck by the "boldness" of his interpretations. She saw his ability to work with signifiers as "no less amazing in a person who never underwent analysis" (p. 2). But she also recognized Fanon's ambivalence around regression and the transference (cf. Gibson & Beneduce, 2017, footnote 21, p. 56).

Cherki (2006, p. 121) discussed Fanon's technique in his treatment of a young man, noting the influence of Freud's "Rat Man," as well as Ferenczi, "whom Fanon often spoke of." Although he was adept at helping the patient work through the resistance and put feelings into words, "the idea of transference makes him extremely uncomfortable . . . he finds the idea of his centrality burdensome." The transference emerged in the patient's associations and dreams, alluding to his Negro therapist well past "the early sessions." Fanon initially resists the transference, "I cannot be your father, I am your doctor," redirecting the patient to turn away from him and focus on childhood memories. With time, Fanon notices the deepening regression and the emergence of patient's wish for closeness. He learns to leap, "give in and 'make do,'" allowing the patient's wish to be put into words and heard, "I would have liked you to be my father." "The young man . . . made incredible progress," Cherki writes, "As did Fanon." Fanon grew more comfortable with an interactive, vulnerable stance open to the emergence of "great tyrannical figures" in the transference and transforming them "through the intervention of a third voice"—his own.

Fanon showed a "willingness to give" his patient the experience of exploring his fantasies of fatherly care, which allowed a moment of tenderness between them (Koziej, 2019). He may have recognized it was his resistance to being valued in the transference which disturbed the patient's consciousness, deepening regression through an unmet need, and not the emergence of an "obscenity." The "Negro" did not "need to be removed" but allowed to be a subject of love. Perhaps this is what Fanon realized as he wept in the abyss between Nothingness and Infinity, wrote of the "impossibility of finding a meeting ground" within a colonial situation, yet defined psychotherapy as "an encounter between two freedoms." When he declared "Today I believe in the possibility of love" (1952/2008, p. 28), he did not mean love per se, *but its possibility within impossible conditions*—possibility without the contingency of certainty, a leap without faith, an outburst of invention without arrival, yet taken across the gap because Fanon valued his patient, and valued his freedom. Think of psychoanalysis as an explosion that creates space for the "oxygen which creates and shapes a new humanity" (Fanon, 1965, p. 181).

Freedom Beyond Death

"You are going to follow me during my rounds, listening and noting everything I say." Marie-Jeanne Manuellan was caught off guard by Fanon's request. She was a social worker and the only French White woman at the Blida-Joinville Hospital's psychiatric unit during the Algerian revolution. But also, incredibly put off by the psychiatrist's rough exterior—"I've come across a sadist," she later told her husband. Manuellan accompanied Fanon as his "tape recorder" during interviews with refugees, freedom fighters, and military police—their symptoms a testimony to the violence of war and colonialism. For 3 years Manuellan assisted Fanon in writing his books, collecting his thoughts, and expressing his voice as their families became close over dinner parties and Sundays at the beach.

Incensed by psychiatry's complicity with the French army's use of torture, Fanon resigned his post in 1956 and joined the Algerian revolution, trading the poetry of interpretations for bullets once again, gun running while providing psychotherapy to traumatized freedom fighters and war victims (Marriott, 2018). Fanon revisited his wish to enter psychoanalysis after the war, advising Manuellan to do the same and resume her studies in psychology. "Fanon had made me free," she expressed on her return to France (Aubenas, 2017). He had recommended an analyst, a referral she hesitated accepting. She sensed he wished to enter analysis vicariously through her, which she found odd as he was to start his own analysis soon. One morning in 1961, Fanon rang the bell of her home. He was diagnosed with leukemia, but was "going to fight it." "How?" she asked in shock. Fanon pointed to his head with humor, "With my brain." However, after a tragic year-long fight with the disease he passed away at age 36. Honoring their friendship, Manuellan entered psychoanalysis for the two of them. Upon meeting her analyst she broke down crying, her tears revealing the emergence in the first session of the man who made her free, her speech putting transference into words: "I thought that you would be Black."

Fanon's Contributions to Psychoanalysis

By distinguishing between existence and ontology, Fanon opened up space to think about the intrapsychic and interpersonal in the context of the sociopolitical—the social "third" not as irruption from outside, not solely as an internalization, but as ontology that structures the consulting room itself. His comparative psychoanalysis allows a nuance to be drawn between the repair of interpersonal ruptures at the level of existence and the 500 year rupture of anti-Black colonial capitalism which cannot be repaired in psychotherapy, only put into words. Repair at the level of existence represents a *possibility* of recognition already punctured by the *impossibility* of anti-Blackness at the level of ontology. The latter requires intervention off the couch and into the streets.

While provisions of corrective experiences, insight, full speech, or mentalizing might be mutative for all patients, including Black patients, it is assumed that once the "provision" is made nothing else is needed for the environment is always already average and expectable. But if the White *qua* human subject's "average expectable environment" is the Black subject's "omnipresent death"—the latter grounding the former—then our thinking on therapeutic action must be turned upside down. To the extent psychoanalysis privileges reflection over action, the hope of repair and survival as preordained over the despair of omnipresent rupture and death, we become unable to mentalize politically about anti-Blackness. We might stress and even demand, for example, that Black people "be hopeful" despite hopeless conditions, or that they *must* give us an opportunity for repair, *must* accept our repair, *must* believe things are getting better, *must* be "fair and balanced" and "see the other side," turning the depressive position and "the third" into a cudgel to discipline Black people's affect. The anxiety that accompanies sitting with the experience of anti-Blackness might lead us to emotionally (and politically) abandon Black people to protect ourselves from the vertigo, nausea, and shame Fanon spoke of. We become complicit in political dissociation—practicing and developing theory "as if" Black life *does not matter*.

Fanon's "leap of invention" provides a necessary reframe of therapeutic action. What if what analysis offers is the permission

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to have an outburst that risks everything without the assurance of insight or survival? To not only say what comes to mind, but do what comes to body? To free associations and free embodiment? Remember Jean Veneuse's neurotic structure, "*If* I love, *then* I'll be abandoned." Fanon's goal is not to replace a schema of neurotic pessimism and self-denial with neurotic optimism and self-affirmation, "*If* I love, *then* I'll be loved." The leap is more precisely stated as "*I love*." For Black people in particular, "*I love despite anti-Blackness*." No "*If*, *Then*," but the drive to love followed by its object, *you*. To leap without faith or a safe landing, open to falling into the abyss without a safety net, to love irrespective of whether *you* kiss or kill. If death is omnipresent there is no contingent difference between "*If* I leap outside" or "*If* I stay at home," for the *then* is always already death. Contingency has no meaning, and ontological death is immaterial—only Black *Drive* Matters, given permission to "go ahead" and leap into existence (cf. Hook, 2020; "Go ahead" was inspired Evan Malater's Afropessimism reading group).

This has clinical, diagnostic, and political implications. Fanon articulated the ontology of anti-Blackness and distinguished it from the Black subject's existential attempt to make meaning of their experience, including the experience of meaningless violence. Anxiety, rage, depression, optimism, and pessimism can be understood as different psychic positions before the primal scene of anti-Black violence, attempts to achieve mastery through fantasies of contingency ("if/then"). Clinically, exploring the experience of an omnipresent death makes room for Black desire to breathe, an outburst liberated from contingency through an invitation to leap into a noncontingent existence *within* a noncontingent world. In this way, Fanon foreshadowed developments in contemporary psychoanalysis—in his treatment of racial particularity versus human universality, he showed how these binaries represent "two terms that are equally unacceptable," requiring a leap out of the impasse, a theme resonant with Aron's (2003) review of Mitchell's definition of outbursts as "a reaction that conveys [feeling] trapped by binary options that both seemed unacceptable" (p. 283). In synthesizing Ferenczi and Lacan, Fanon developed contributions commensurate with contemporary Freudian, Lacanian, and Relational perspectives, while innovating them within clinical and political contexts.

Fanon's radical vulnerability exposes us to the risk and possibility of what he calls the "end of the world." Like his thinking on violence, this idea evokes anxiety when put into words. A better world is *possible*, not preordained for that would foreclose its possibility. What if clinicians—Black, White, and Brown—let go of *this* world, risked a leap outside the session, and made political action part of therapeutic action? Working through the anxiety of this unknown would lead precisely to the recognition that death does not matter, *Black Lives Matter*.

Conclusion: Ghosts Into Ancestors

Universities have ways of granting honorary degrees. If community makes the analyst, could psychoanalytic institutes and organizations confer posthumous status as an analyst? You could say Fanon was not technically a psychoanalyst—but you would be wrong; Manuellan's transference was right. He *was* a psychoanalyst, among our most visionary. For those of us orphaned between institutes and theoretical schools, Fanon is the stone that the builders refused. I write this with feelings of loss from discovering him outside the curriculum, longing for the years lost without his work, and anger at being deprived of a home without borders.

Fanon haunts a time when psychoanalysis and Black and other people of color could be more allies than enemies, a ghost we must welcome as our most disputatious ancestor. What would it mean to teach Fanon in core courses alongside Freud, Ferenczi, and Lacan instead of being relegated to a "diversity" course? To teach his descendants, from Paulo Freire to Lewis Gordon and David Marriot, as core readings in psychoanalytic training? To see anti-Blackness not as a "special issue" in our journals in the aftermath of Black death, but as bedrock for psychoanalytic reflection and action? To create space where Black and other candidates of color candidates can breathe? To restore psychoanalysis as a revolutionary and communal practice? To see treating clients and marching for Black Lives as equivalent psychoanalytic interventions? If political action is not part of therapeutic action, we risk complicity in psychoanalytic *inaction*.

An explosion rocks near my body—flashbangs or teargas? Dazed, my ears ring but I can breathe. In the chaos my bookbag spills all over the street, including my copy of *The Wretched of the Earth*. "The cops are arresting people!" I hear with panic. I grab everything and run to the beat of screams and explosions. I almost trip on a sidewalk as I duck behind a corner to catch my breath. Other protesters had the same idea, trying to regroup. I start putting things back in my bag when another activist, a young Black woman, noticed my book. "Pretty good time to read Fanon," she says. "*Always* a good time to read Fanon," I reply. "You're a psychologist?" she points to the "Peace-Love-Psychology" mask I was wearing. "I'm off the clock." She laughs, "Me too. Nurse. Took a few psych courses in college, didn't stick with it." "How come?" "Cause even the rat was white!" I laugh, "Facts!" She quirks an eyebrow, "Fanon quit his job and traded the couch for a revolution. What are *you* doing?" Flashing lights and police sirens cut our chat short, and we go our separate ways. She was right—have an outburst, risk invention, be an explosion, let the ghost taste blood and become an ancestor. We should earn the right to be *Fanon's* disputatious heirs.

摘要

每一个精神分析传统都追溯到祖先的血统——西格蒙德・弗洛伊德是精神分析的”父亲”，桑多・费伦齐是曾经失去的”母亲”，雅克・拉康是回头的浪子，呼吁”回到弗洛伊德”。越来越多的学者利用这些祖先，在咨询室和社会上阐明了对种族、阶级、性和性别的精神分析观点。这些不同的作者——黑人、白人和棕色人种——代表了精神分析的”非殖民化转折”，它还没有声称一个主要祖先，矛盾地将弗洛伊德学派、关系学派和拉康派的理论作为一个”安全的基础”。在一个被反黑人和COVID-19所包围的世界里——大流行限制了土著、移民、穷人和黑人的呼吸能力——一个全球的声音通过“黑人的命也是命”的面具咆哮着。本文夹在细蓝线、重叠的流行病以及学院和研究生院培训的局限性之间，是一个爆发，它声称具有革命性的黑人精神病学家Frantz Fanon是这场运动的祖先。受到Edward Said所称Fanon是弗洛伊德“最好争辩的继承人”的见解的启发，我将通过他的经典著作《黑皮肤、白面具与地球的悲惨》以及他翻译的临床论文来回顾他作为非殖民化精神分析理论家的想法。追踪他的精神分析的——特别是拉康和费伦齐的——影响，我主张将Fanon纳入精神分析的书目和课程，并概述他的贡献是如何为非殖民化转变奠定基础的。更紧迫的是，我想利用Fanon来问以下问题：在精神分析中黑人的命也是命吗？

关键词：Frantz Fanon，精神分析，后殖民理论，心理治疗，黑人的命也是命

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