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“*Pour quoi pas Solanes?*” Retracing genealogies of critical psychiatry through the emergence of mass exile and displacement as mental pathologies

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Abstract

This article brings together contemporary works by Frantz Fanon and Catalan exile psychiatrist Josep Solanes to consider the simultaneous emergence at the end of WW2 of discourses articulating the plight of refugees and racialized people through the medium of psychiatric discourses focusing on socially-inflicted mental pathologies of exile and displacement. Emphasizing in particular their respective phenomenological approaches, it is argued that their trajectories can be attached to the same genealogy of radical psychiatry emerging in the Global North and then continuing into the Global South (Africa in the case of Fanon, Latin America in that of Solanes) where they were developed and made their impact.

Keywords

Josep Solanes, Frantz Fanon, phenomenological psychopathology, institutional psychotherapy, exile, migration

This article considers the simultaneous emergence at the end of WW2 of critical discourses which articulate the plight of contemporary social pariahs and non-beings – refugees/racialized people– through the medium of psychiatric discourses focusing on socially-inflicted mental pathologies of exile and displacement. To do so, it brings together for a comparative reading contemporary works by Frantz Fanon and Josep Solanes. Both had been actively involved in the fight against fascism and had direct personal experience of forced displacement and/or discrimination. Both were humanists whose psychiatric practice was intent on restoring the dignity of the patient and affirming the person. Fanon, of course, is a central intellectual figure in the definition of the colonial condition. Solanes, unknown to most, was a Catalan psychiatrist forced into exile in France in 1939 after the end of the Spanish Civil War, who then migrated to Venezuela in 1949. Around the time when Fanon was writing the seminal articles “L’expérience vécu du Noir” (1951)¹ and “Le ‘syndrome nord-africain’” (1952), Solanes published what I claim are pioneer texts on exile and displacement as mental pathologies, one in French in 1948, “Exil et troubles du temps-vécu”, the other in 1951 in Spanish, *La estructura espacio-temporal del mundo de los emigrados*. They culminated close to a decade of conferences,² and writings by Solanes on the pathologies suffered by refugees. His first articles on the topic came out in *Quaderns*

d'Estudis Polítics, Econòmics i Socials (1945a; 1945b; 1946), a Catalan journal of this refugee community living in southeast, of which Solanes himself was a member. The evidence gathered in the articles to support their arguments clearly came from observing and experiencing life as part of it. Furthermore, as a student of the Université de Toulouse-Le Mirail in the 1940s, Solanes wrote a PhD thesis on the topic entitled *Les noms de l'exile et l'espace de l'émigration. Étude anthropologique*.³

Contemporaneous as well with these works by Solanes and Fanon were philosophical, political, legal and ethical debates on the refugee condition that resulted in the aftermath of both World Wars. Salient amongst these is the position taken by Hannah Arendt in “The Decline of the Nation-State and the End of the Rights of Man”, a chapter of her book *The Origins of Totalitarianism* (1951), where she produces a devastating critical response to the inability and unwillingness of the political *statu quo* of First World nation-states to deal with the pressing reality of mass refugees. Despite the establishment of new frameworks of international law to protect them like the Universal Declaration of Human Rights in 1948 or the Geneva Convention on the Status of Refugees and Stateless Persons of 1951, the stateless person was left defenceless and deprived of identity:

the loss of citizenship deprived people not only of protection, but also of all clearly established, officially recognized identity, a fact for which their eternal feverish efforts to obtain at least birth certificates from the country that denationalize them was a very exact symbol. (Arendt, 1951: 287)

The United Nations was also concerned that mass exile and the refugee condition, along with other war catastrophes, would provoke mental pathologies (Garrabé and Gumpfer, 2018: 552). The institution had been founded in 1945, while its specialized branch focusing on health, the World Health Organization, was created in 1948. This political and diplomatic global context is indispensable to locate the contemporaneous medical insights that Solanes was making on mass exile. His diagnosis is the same as Arendt's (1951: 274-5, 293) when it comes to identifying the new political problem posed by the refugee: while exiles had existed from time immemorial, they used to constitute an exception. In the 20th C, exile had become the condition of masses, and with that a social problem: “le réfugié est l'exilé quand il pose des problèmes, quand, par sa présence encombrante, il devient un sujet de préoccupation social” (Solanes, 1948: 63). His contribution as a psychiatrist was to argue for the need, unmet at the time, to address the exile's predicament from a psychological point of view:

...le problème de l'exil n'est pas que sociologique, [...]il n'est que tangent à celui de l'immigration, et [...] l'aspect social qu'il revêt ne pourra être bien précisé et bien compris qu'après qu'on aura réussi à clarifier sa signification psychologique. (Solanes, 1948: 63)

While Arendt and Solanes focused their concerns on the stigmas posed on exiles and refugees, the pathologization in Europe of a related category of people was being articulated by the young Fanon, that of racialized colonial migrants in France. In “The Decline...” Arendt calls colonized subjects and state-less minorities “peoples without History” (1951: 271) who lack sovereignty and self-determination. More specifically, she equates the refugee to the black person, both declared guilty of being something

they cannot change because it is someone else's racist social construction based on the colour of their skin or their community of origin:

The "alien" is a frightening symbol of the fact of difference as such, of individuality as such, and indicates those realms in which man cannot change and cannot act and in which, therefore, he has a distinct tendency to destroy. If a Negro in a white community is considered a Negro and nothing else, he loses along with his right to equality that freedom of action which is specifically human; all his deeds are now explained as "necessary" consequences of some "Negro" qualities; he has become some specimen of an animal species, called man. Much the same thing happens to those who have lost all distinctive political qualities and have become human beings and nothing else. (1951: 301-2)

Fanon opens "L'expérience vécu..." precisely with evidence of the same kind of discrimination in his encounter with whites. The black person sees their individual complexity and uniqueness erased and replaced by just one inescapable trait, their dark skin: "'Sale nègre!' ou simplement: 'Tiens, un nègre!'" (1951: 657). Cherki (2006: 87) defines Fanon's argument in *Peau noire...* as an interrogation "into depersonalization of the colonized subject and that subject's inability to answer the question: "who am I".⁴ Indeed, writing soon after in "Le 'syndrome...'", Fanon accuses doctors in France of being unable to treat the person when the patient is of North-African origin because these patients are seen as nothing more than representatives of their entire community: "Aujourd'hui, le Nord-Africain qui se présente à une consultation supporte le poids mort de tous ses compatriotes." (1952: 241).

While Fanon's pioneering contributions to a critique of racism are not centrally related to exile, it is during the seven years when he lives in France that he first articulates his theory of racism and the pathologies it creates. In the words of Taliani (2012: 285):

le moment où Frantz Fanon se révèle tout entier est celui de la migration.[...] Son interrogation initiale sur la formation du sujet colonial [...] les conditions de son émergence trouvent leurs racines [...] en France.

By his own account, it is in France where Fanon experiences racism for the first time as a migrant and member of a black minority (Taliani, 2012: 286 n.1). And it is in "L'expérience vécu...", written in France, first as part of his rejected PhD dissertation and then of *Peau noire...*, where Fanon argues that the stage for alienated confrontation with their identity for a black person –the shock of being interpellated as a dirty negro or pointed at for his blackness, in the "Tiens, un nègre" quote above– manifests itself outside of home (1951: 657). Moreover, the argument of "Le 'syndrome...'" is based on an observation of Algerian migrants in Lyon and Paris. While pointing to the racism underlining the French medical system's inability to properly treat migrant Algerian patients, Fanon acknowledges a connection between expatriation and illness (1952: 247).

That same pathologizing intersection of displacement and colonialism as revealing the colonality in the discourse and politics of European imperial powers has been explored in recent work on governmental and institutional debates to establish the aforementioned Universal Declaration of Human Rights in 1948 and the 1951 Refugee Convention. This research traces the until-recently neglected evidence of political and diplomatic struggles amongst the signatory countries over the definition of

who could be the subject of human rights –including as a displaced person–, with European states possessing overseas colonial territories manoeuvring so that full entitlement to human rights excluded their colonial subjects (Mayblin, 2017: esp. ch. 6; Abuya, Krause and Mayblin, 2021). Analogously and around the same years when this cynical manoeuvring was taking place, Fanon’s early work identified that same double standard in the French medical profession. While Algerian migrants had been French citizens from 1946, French doctors treating them questioned the wisdom of that decision (1952: 244). The evidence of their gross discrimination against these migrant colonial subjects showed, in Fanon’s analysis, in the doctors’ inability to understand that the cause of the ailments in Algerian patients was this very discrimination. In the same way as revealing the racism in those original Human Rights diplomatic discussions illuminates the coloniality of current asylum seeking politics, Fanon’s insights on the racism of the French medical profession in 1952 points ahead to the postcolonial condition soon to arrive, where the migrant becomes “le colonisé *au-delà* du colonialisme et *après* le colonialisme.” (Taliani, 2012: 289).

There is no denying that there will be a shift in Fanon’s focus on racism “from the politics of nationalism to the politics of narcissism” (Bhabha, 1999: 194). In other words, to a focus on how the colonizer shapes the constitution of the colonized’s unconscious and conscious idea of self both at home and abroad, resulting in always being devoid of identity, i.e., strangers in their own country. But it is significant to note that Fanon, as his identification of the colonial condition evolved, would hold on to the concept of foreignness –now not physical but political and psycho-social– which had structured his early ideas of the North-African syndrome. We find it used in his 1956 letter of resignation as *chef de service* at Blida-Joinville psychiatric hospital in Algeria. This is a significant document, marking the moment when Fanon abandons psychiatry as an instrument solely capable of providing an efficient intervention in social transformation to embrace a revolutionary approach in the fight against colonialism and for the liberation of the colonized:

Si la psychiatrie est la technique médicale qui se propose de permettre à l’homme de ne plus se sentir *étranger* à son environnement, je me dois d’affirmer que l’Arabe, aliéné permanent dans son pays, vit dans un état de dépersonnalisation absolue [...] La structure sociale existant en Algérie s’opposait à toute tentative de remettre l’individu à sa place. (2015a: 452, emphasis added)⁵

Moreover, his diagnosis of the pathologies of the colonized in Algeria⁶ –alienation and depersonalization– is the same he had put forth in 1952 to conclude that it was social isolation in France that drove the North-African’s ailments:

Menacé dans son appartenance à la cité, le Nord-Africain réunit toutes les conditions qui font un homme malade. Sans famille, sans amour, sans relations humaines, sans communion avec la collectivité, la première rencontre avec lui-même se fera sur un mode névrotique, sur un mode pathologique, il se sentira, vidé, sans vie, en corps à corps avec la mort, une mort en deçà de la mort, une mort dans la vie [...] Une mort quotidienne. (1952: 245)

In overlapping the pathologies of the migrant with the colonized conditions across these two writings, Fanon is revealing what they have in common under colonialism. The point that I am making here is that migration is a key catalizer in the development of Fanon’s more central political and medical interventions, namely his “sociodiagnostic

psychiatry” (Bhabha, 1999: 190), and his activist work as a thinker of revolution. In the early post-WW2 period, a critique of how migrants –himself included– were treated in France is indispensable to articulate his political thinking, as it is the case for Arendt and Solanes, each within their own logics and expertises.

As Fanon was describing the pathologies of alienation and depersonalization affecting North-African migrants, Solanes was diagnosing migrants’ ailments in similar terms. Like Fanon, who demanded from the medical profession that they study their patients in their context to provide a “diagnostic de situation” (1952: 243), i.e., one that goes beyond physiology and into conditions of social suffering to determine the causes of illness, Solanes condemns psychopathologists for not having paid professional attention to exile precisely for this reason, because this condition expands the limits of the medical discipline (1948: 64; 1951: 11). Moreover, Solanes’ consciousness of dealing with pathologies created by the devastating conditions of wars and their aftermaths is apparent in his acquaintance with recent bibliography on pathologies of captivity, i.e., related to the concentrationary experience. In “Exil...” (1948: 66) it is with the experience of the concentration camp prisoner that he is going to relate –though to differentiate them as well– that of the exile, an exploration he had started in his publications focusing on Catalan exiles (1945a; 1945b; 1946) and was now taken to a higher level of generalization.

If Fanon coins the North-African Syndrome, Solanes ponders if a “syndrome d’exil” merits consideration (1948: 76-7). He structures his diagnosis around the axis of time and space, and how, in the exile’s experience of reality, both become distorted. The exile’s feelings of emptiness and intrusion result from a perception of the surrounding space as shapeless, void and without importance “*qui ne compte pas*” (1948: 66, emphasis in the original), while at the same time as asfixiating, generating “apretujamiento y confusión” (1951: 10), an experience comparable to that of the North-African migrant not being given a space in France (Fanon, 1952: 246). Simultaneously, with respect to time, the present is lived as motionless and monstrously dilated, like “un seul jour, un aujourd’hui monstrueux” (Solanes 1948: 68), evidence of an anomaly in the exile’s experience of time that Solanes names “refracted time”, i.e., perceived, like in the optical effect, as if the long-term future –“le temps du retour”– and the immediate past –“le temps du départ” from the state that expelled them (1948: 75) were contiguous, when in fact they are not. The North-African, on the other hand, cannot incorporate the past when conveying the roots of his pain: “On dirait qu’il lui coûte de retourner là où il n’est plus. Le passé, pour lui, est un passé cuisant.” (Fanon, 1952: 238). For Solanes’ exile, the void left by the collapse [*faillite*] (1948: 76) of time is occupied by a “false time” where “toute perspective est faussée et toute succession insignificative” (1948: 75), creating a distorted experience of the present because “Ce n’est donc plus la vie personnelle qui se soumet à la vie du monde [...] C’est, au contraire, la vie personnelle [...] qui deviant le maître et frappe de nullité tout changement qui l’ignore” (1948: 67). This puts the exile in a state of hypersensitivity which “un rien trouble et rend nuageux” (1948: 75), leading to misinterpreting reality: “ve[n] establecerse nexos para el sujeto carecientes de motivo entre lo exterior y la personalidad” (1951: 12), and to paranoid attitudes: “todo acontecer resulta en él referible a una fatalidad implacable; el destino se manifiesta en signos cuya cifra el exilado cree poder y deber alcanzar...” (1951: 12). Alienation and depersonalization, also described by Fanon for the migrant, make the exile reject as an intruder devouring

him the self who carries on living and performing the petty daily functions that keep one alive: “[the exile] n’est plus lui-même, l’homme qu’il était et qu’il veut encore être, [...] mais un homme nouveau, un étranger. On échappe à l’usure du temps, mais c’est aux prix de l’aliénation. [...] on vient à se rendre compte de la naissance de cet intrus dévorant.” (Solanes, 1948: 73). This can come to the point of feeling dead, also discussed in Fanon, and alluded to in Solanes when he speaks of “la punition, la mort civile” (1948: 65) as defining the experience of exile, and when he uses the medical term of Cotard syndrome (1951: 20). All of these spatial and temporal dissociations, asserts Solanes, respond and give specific content to a structure of delirium (1951: 20), bringing the exile condition symptomatically close to psychosis and schizophrenia (1948: 77).

Fanon and Solanes’ diagnoses reveal the influence of a phenomenological approach postulating the embodied self as experiencing itself in relation to everything, with a pre-rational “background feeling of practical belonging” (Ratcliffe, 2008: 216). Pathology emerges, phenomenological psychiatric approaches would argue, when there is an alteration of this structure of experience and the background of the world is absent. This will manifest itself as “distortions and diminutions of a sense of reality and of belonging to a world” (Ratcliffe, 2008: 3). This loss of existence takes the dissociative form that Solanes connects to delirium and schizophrenia and Fanon to the experience of depersonalization and alienation from one’s own body and humanity. In its putting experience at the centre, the phenomenologically-informed treatment of mental illness becomes not exclusively a matter of tackling a series of elementary instincts and mental structures that are supposedly universal (psychoanalysis) or solely the result of a physical lesion that can be treated pharmacologically or surgically (neurology, cognitive neuroscience). Instead, it treats mental illness as produced in the drama of the historical experience (Reggio, 2005: 93), and requiring from the psychiatrist to take into consideration the patient’s entire life experience, Husserl’s *Lebenswelt* (lifeworld). As Gibson and Beneduce (2017: 42) put it in relation to Fanon’s early articulations of madness contemporary to his North-African syndrome writing, “normality is acting within history and alienation is the suspension of the existential link to time; thus, madness means removing oneself from history and renouncing action within it.”

When writing about the history of 20th C critical psychiatry, Zahavi and Loidolt (2022: 73) assert that: “one of the distinctive contributions of the phenomenological approach is its focus on how power structures manifest themselves on the concrete level of the lived body and self-experience...”⁷ This political genealogy cristalizes from the early 20th C in a critical move away from neuropsychiatry, i.e., from the restriction in the aetiology and treatment of mental illnesses to the biological realm. Examples of it are Fanon (Gibson and Beneduce, 2017: 31-62) and Solanes’ assessments of the suffering inflicted on their objects of study under conditions of social inequality and victimization. For the work of Fanon, as it has been well documented and studied (Bentouhami, 2014; Cherki, 2000; Macey, 1999; Gibson and Beneduce, 2017), the influence of Merleau-Ponty, whose classes Fanon attended while studying medicine at the Université de Lyon, is very important, but also that of Lacan’s thesis and early work (Gibson and Beneduce, 2017: 37-48) and, via Lacan, of Jaspers (Zahavi and Loidolt, 2022: 67; Gibson and Beneduce 2017: 46). Beneduce (2014: 155) refers to the early work of Fanon as being a “phenomenology of oppression”. For Solanes, made receptive to mental health’s social dimension during his formative years in Catalonia, the crucial

encounter with phenomenology was mediated by Eugène Minkowski, a Jewish refugee himself of Russian/Polish origin, and the father of phenomenological psychiatry along with his friend Ludwig Binswanger.⁸ Minkowski's approach to hallucination and psychosis as the expression of an altered structure of mental life would be key for Solanes' articulation of the exile pathology. Solanes worked with him in the psychiatric hospital of Sainte Anne after WW2 and dedicated "Exil..." to him.⁹ In this article as well as in "La estructura..." we can observe how Solanes moves away from a biologically-based interpretation of exile pathologies. Indeed, in "Exil..." Solanes defines, to then reject, approaches to the study of exile's lived experience that see emotions as expressions of instincts (1948: 65). This includes a rejection of psychoanalysis, to the extent that it interprets exile as a given instinct without studying it (1948: 64), as a "fuite devant le père, une punition recherché, un succédané de la mort" (1948: 65). However, while this is not acknowledged explicitly, it is from the ideas that he had espoused on the topic in his earlier articles on exile (1945a; 1945b; 1946) that his phenomenological approach is more importantly shifting. Those works had proposed the biologically-based argument that the alteration of the species' gregarious instinct is the key to explain the exile's disorder (Balibrea, 2023: 380-389). Instead, "Exil..." renounces any quest to unmask instincts or biological automatisms to focus on the exile's situation as the expression of vital attitudes to understand:

...nous nous demanderons, en face des sentiments que le proscrit exprime, quels sont ceux qui le mieux peuvent nous faire saisir les caractères du monde qu'il habite. Il nous intéressera de chercher la manière où sont vécus le temps et l'espace quand on se sent rejeté hors du groupe social à travers lequel l'un et l'autre étaient jusqu'alors éprouvés. (1948: 65)

It is Minkowski who provides Solanes with the phenomenological framework to explain the pathologies of exile in terms of crisis of time and space mentioned above and in the previous quote.¹⁰ Three years after the publication of "Exil...", "La estructura...", reinforces this influence from its very title,¹¹ while organising its argument around the concept of structure of experience, and the alteration of its spatio-temporal axes, to explain the ailments of exile. Having recently migrated to Venezuela, Solanes wrote to his fellow Catalan republican exile, the philosopher Josep Ferrater Mora, that he had intended to return to France to attend the first Psychiatry World Congress in Paris in 1950 organised by Minkowski, but had postponed the trip to 1951 (Solanes, 1950). His intention was to conduct at the Université de Toulouse the *soutenance* (viva) of his aforementioned thesis, *Le noms de l'exil...*, a phenomenological approach to exile. We know that the plan was not to be, as the viva would not take place until 1980. In this doctoral work, as in *Los nombres del exilio* (1993; 2016) that reelaborated it to turn it into a book, Minkowski's influence on Solanes remains intact.¹²

Phenomenology allowed Fanon and Solanes to make an innovative, critical link in their medical work between mental and social suffering, one that reached beyond the strictly medical and into social and political interventions. Given the importance of spatio-temporal coordinates to the phenomenological theorization of experience as the root of mental pathologies, it is not surprising that their formulations emerge in the first instance around questions of physical displacement, more so in late 1940s France, at a time when both were exiles/migrants there and the presence of refugees and colonial migrants was so important. While Taliani argues that his years in France estimate

Fanon intellectually and politically as a “réactif dans une solution chimique” (2012: 286), that impact is no less momentous for Solanes and leading him to produce pioneer work as well, which, nonetheless, remains for the most part ignored. At the end of their otherwise excellent article showing phenomenology as instrumental in the radical politicization of psychiatry in the 20th C, Zahavi and Loidolt (2022: 73) propose as directions for future research and practice, to reengage with Fanon’s tradition and extend it “to help address mental health issues related to migration or refuge.” It turns out Solanes was writing and working along these lines of future research yet to be tackled at the same time as, and even a bit before Fanon. Accounting for the work of Solanes will allow us to address obvious knowledge gaps and, in so doing, to make the convergence of displacement and critical phenomenology in the treatment of mental pathologies a more complex one in the history of psychiatry.

So far my argument has presented Fanon and Solanes as two parallel figures simultaneously but separately producing pioneer psychiatric work around the exile/migrant condition, brought together in a shared geopolitical context by their politically conscious use of a phenomenological approach. This argument takes a turn now to reveal that their two trajectories intersect and to propose that both insert themselves in a common transnational genealogy of radical psychiatry which, having emerged in the Global North, would after WW2 continue into the Global South, Africa in the case of Fanon, Latin America in that of Solanes.

The work of Ana Antić (2021a) has recently traced the trajectory of First World, Cold War psychiatry into Africa and Asia at the outset of decolonising processes. She argues that the transcontinental expansion of transcultural and ethnopsychiatric approaches in the treatment of mental illnesses stems –with all its limits and contradictions– from a hegemonic discourse of tolerance which, at the end of WW2, was ready to accept the limits of psychiatric universalism and the need for diversity in mental health. While accepting the importance of this genealogy, it is my argument that Fanon’s and Solanes’ trajectories prove that other lines of influence, equally an outcome of WW2, but coming from contact with radical practices produced in conditions of marginality, were at play in the displacement of psychiatric discourses and practices from Europe to the Global South. The nature of Fanon’s radical psychiatric work in Africa outside the spread of Cold War transcultural psychiatry¹³ has been studied and continues to be reassessed (Antić, 2021b: 378; 2022: 31), but its possible inscription within an already-existing radical psychiatric tradition produced in precarious and transient conditions by exile antifascist figures such as Josep Solanes that Fanon contributed to extend deserves further exploration.

Solanes trained as a psychiatrist in Tarragona in the late 1920s at a time when Spain was starting to become part of a European network of intellectual and artistic exchanges. He was taught by the eminent Emili Mira, a medical doctor well acquainted with the latest developments in the field of psychiatry: psychoanalysis, phenomenology, pedagogy and physiology, as well as new clinical treatments of war neuroses developed during WW1. Barcelona was called in Catalan in the early 1930s the “petita [small] Viena”, due to the presence of refugee psychiatrists such as Sándor Eiminder, Paul-Louis Landsberg, Alfred Strauss, Ferenc Oliver Brachfeld or Werner Wolff, who had fled Nazism in Hungary and Germany. This northeast-southwest

displacement trajectory of psychiatric knowledge found fertile ground in Catalonia, turning it into an unanticipated European forefront for the study and treatment of mental illnesses. An excellent example of this was the psychiatric hospital Institut Pere Mata in Tarragona, whose *psiquiatria d'extensió*, inspired by the work of Hermann Simon on more active therapies for the mentally ill within asylums,¹⁴ paved the way for a new conceptualization of mental illness treatments that inserted the patient socially into the district (*comarca*) through a network of local facilities, instituting practices that would become widespread across the Western world after WW2. Their aim was to create horizontal spaces –including doctors and nurses, none of whom wore a uniform–, where negotiation and reconciliation with the social could take place for the patient, where their creativity and desire could be restored. The Institut was led by Mira, with Solanes and his friend Francesc Tosquelles (about whom more below) amongst a promising cohort starting work there as junior doctors in 1932.¹⁵ Taking a look at Solanes' publications of the period gives us an idea of the innovative impulse to the discipline that he was involved in as part of a broader project to modernize Catalonia and Spain, and of how willing had the young Solanes been to take on roles of responsibility, both at the Institut and on publication ventures.¹⁶ During the Spanish Civil War, all three of them worked as doctors on the Republican side, fighting against fascism. When the war was lost in 1939, they went into exile in France, extending in this way, once again due to fascism, the trajectory of displacement that had forced Hungarian, Austrian and German colleagues to Catalonia a few years before.

These psychiatrists came from Catalonia very well prepared professionally, including bringing with them the experience acquired on the war front, but also politically and ideologically by their fight against fascism. All of which would become immediately useful and relevant as they moved from one war to the other. Garrabé and Gumpfer (2018) argue that the extreme circumstances of WW2 and occupation that made their patients even more vulnerable to external enemy forces,¹⁷ turned doing things differently and creatively, while implementing structural transformations, a matter of survival for anti-fascist, resistant psychiatrists such as Maurice Dide, Eugène Minkowski, Henry Ey, Julián de Ajuriaguerra, Gaston Ferdière, Lucien Bonnafé or Jean Oury. Put at the forefront of treatment, intervention and reflection on psychological pathologies caused by extreme historical conditions, they developed a “psycho-bio-social” model (Garrabé and Gamper, 2018: 552) based on the conviction that, to cure the mentally ill, social structures and mental institutions needed as well to be “cured” by becoming schools of freedom and disalienation. Mental illnesses, as Ey put it, were “pathologies de la liberté”, and the role of the psychiatrist, in Ferdière's words, was that of sustaining, promoting, and defending the humanity in the patient, as well as their autonomy and creativeness, even if they could never return to the outside (Vernet 2021: 2). Catalan psychiatrists like Francesc Tosquelles and Josep Solanes had early access in exile to this network of professionals and would contribute decisively to their task. The critical understanding of the profession and the social status of the mentally ill as non-persons they had brought with them, their commitment to change it would only grow in this new context (Solanes 1947: 447). These exile outcasts, paradoxically, were in a privileged position to become the architects and catalysers of decisive

advancements in psychiatry (Balibrea, 2021). In other words, their displacement became a condition for long-lasting knowledge production.

After the war, Garrabé and Gumpfer tell us, these antifascist psychiatrists' "réflexion[s] sur les modalités des soins à donner aux malades mentaux" would continue in France, so that "[c]hacune de ces expériences novatrices se déclinerait après la guerre au pluriel car empreintes de créativité et d'inattendu selon le lieu où elles sont entreprises" (2018: 549), resulting in durable transformations. Be that as it may, there is reason to explore these reflective practices and different "declinations" in psychiatric treatment beyond France. First of all, all accounts of this postwar shift in the discipline include central reference to transformations made possible at one asylum in particular, Saint Alban, led by Francesc Tosquelles:

A la Libération, la reconstitution du champ psychiatrique s'effectuera à partir d'une synthèse des acquis du mouvement d'hygiène mentale, de l'expérience de psychothérapie institutionnelle de Saint-Alban, et des rapports de force politiques issus de la Résistance. (Wojciechowski, 1997 Vol 2: 246)¹⁸

Working at this asylum since 1940 and throughout the war, Tosquelles' work epitomizes the aforementioned innovative experimentation and radical politicization of psychiatry. His signature concept, the institutional psychotherapy,¹⁹ advancing the knowledge learned while at the Institut Pere Mata, purported a restructured asylum and therapy to offer a non-authoritarian and non-hierarchical social structure to heal and disalienate psychotic, fractured psyches. A microcosmos of society, an open mental institution would be "real enough to enable relation, while porous enough to social reality that it could avoid the autonomy (auto-nomos: to be a law unto itself) of psychosis" (Siegel, 2023: 14, 23). Interdisciplinary approaches were indispensable: "neurological, unconscious, familial, and social factors constantly interacted in the construction of the self. This is why psychiatry needed to remain open to literature, philosophy, anthropology, art, and social and political theory and to draw from the various tools that these disciplines offered." (Robcis, 2021: 9).²⁰

Tosquelles' work succeeded in activating and extending the most advanced ideas on psychiatry that himself, Solanes and the group of Catalan psychiatrists had brought from Catalonia (Garcia Siso, 1992: 61; Oury, 1978: 44-5). To that extent, it is evidence that a central element in this genealogy of radical psychiatric practices developed during wartime did not originate in France. This is acknowledged by Jean Oury, close collaborator of Tosquelles and at the forefront of establishing these practices in France after the war:

C'était ça le creuset de Saint-Alban. Il y avait déjà toute l'articulation de ce qu'écrivait Lacan, sa thèse, très importante à Saint-Alban. C'est à Saint-Alban qu'a été traduit Hermann Simon, etc. Et puis tout l'apport de la psychiatrie espagnole avec Mira y Lopez [sic], et toute la phénoménologie. Avant 1936 à Barcelone, il y avait déjà des réfugiés allemands, et en particulier un type très important pour la phénoménologie, Lansberg [sic], qui est mort en camp de concentration en 44...(1978: 38)

The *creuset* [crucible] of Saint Alban that Oury talks about incorporates and channels a trajectory of radical practices that had crossed the border into France with the Catalan psychiatrists at the end of the Spanish Civil War. This genealogy does not present Spain as an origin either, but rather as another *creuset*, a productive nodal point in a longer trajectory that had displaced to Catalonia the knowledges (Simon's book,

phenomenology, psychoanalysis) and lives of German and Hungarian leftist and Jewish refugees mentioned above. Ultimately, the case of Tosquelles lends itself nicely to a re-nationalization as French of the trajectory of radical psychiatry because he remained in Saint Alban until the 1960s, changing his name to François and becoming one of the most influential voices in 20th C French radical psychiatry (Masó and Guerra, 2022; Robcis, 2021; Reggio, 2005), inspiring, even when there were fundamental disagreements between them, the work of antipsychiatry from the 1960s.²¹ This suits Wojciechowski, Garrabé and Gumpfer because what they have in mind when they discuss the branching out into different directions and articulations of the experimental practices implemented during WW2 is a French context.²² The cases of Solanes and Fanon make such containment impossible.

The prestige of Saint Alban attracted Fanon to it. Having defended his dissertation at the U. de Lyon in November of 1951 (Khalifa, 2015b: 53), he arrived in Saint-Alban to work as an intern in April of 1952 and would stay until June of 1953, when he moved to Algeria to direct the Hôpital Psychiatrique de Blida-Joinville. By 1952 Fanon was already well acquainted with psychoanalysis –including Lacan’s thesis– and phenomenology while, having just published *Peau Noire...* and “Le ‘syndrome...’”, along with having written his doctoral dissertation, he was well on the path to articulate his “sociodiagnostic psychiatry”. Still, Tosquelles and Saint Alban, as it has been pointed and studied (Cherki, 2006; Macey, 1999; Robcis, 2021; Siegel, 2022), were major political and clinical influences. According to Cherki (2006: 21), it was institutional psychotherapy that had a lasting impact on Fanon because “it allowed for the perusal of mental illness in all its registers by highlighting the nodes between the somatic and the mental and the historical and the structural.” Even more relevant for my argument, Robcis (2021: 13) ponders the possibility of calling Fanon “the strictest interpreter of institutional psychotherapy who was forced to revise the Saint-Alban lessons –to “deterritorialize” them– for the colonial context of Blida” and sees ground in this argument for a rewriting of the history of Western psychiatry.

As far as Solanes is concerned, his insights on the exile condition studied in this article, like the work developed by Tosquelles in Saint-Alban, constitute examples of wartime knowledges being expanded and advanced. Analogously to Fanon, his migration to Venezuela carries these knowledges further outside of Europe into the Latin American Global South in a trajectory that remains insufficiently explored.

For what we know of his work in Venezuela, Solanes persevered in the approaches to psychiatry learned in Catalonia and extended while in exile in France: occupational therapy (along with ergotherapy and labortherapy, these are different terms to refer to what in the French context came to be known as institutional psychotherapy), mental hygiene, phenomenology.²³ Similarly to Fanon a few years later, Solanes left France in 1949 on a foreign government job invitation, in his case the Venezuelan Ministerio de Sanidad (Sanz, 1995) to direct, first the Colonia Psiquiátrica de Anare and, from 1953, that of Bárbula in Valencia, a new, state of the art mental institution with multiple access to activities for patients from farming and livestock breeding, to theatre, church and carnival parties (Fato, 2014: 682; Rojas Malpica, De la Portilla Geadá and Sedek León, 2005: 37; Téllez Carrasco, 2005: 52-3). He was one amongst many Spanish exile doctors recruited by a Venezuelan state in the middle of a modernization process. His contribution to Venezuelan psychiatry would be transformational, both through his clinical work and in establishing the discipline and teaching new generations of

psychiatric doctors and nurses, stimulating in this way cross-fertilization between practice, theory and training. Indeed, Solanes was instrumental in the founding of new faculties and departments connected to the Bárbula hospital (Rojas Malpica and Portilla Geada, 2008: 18). We know that Tosquelles and Solanes kept in contact, with their respective approaches to psychiatric therapy remaining similar. He created and directed in Bárbula the Servicio de Terapia Ocupacional and taught on the subject at the adjacent Carabobo university (Téllez Carrasco, 2005: 47, 50), a subject on which Solanes was an esteemed expert. In his history of institutional psychotherapy published in 1967, Tosquelles quotes from Solanes²⁴ when having to state its fundamental tenet as a clinical approach: it is not to be incorporated as an addition to services already offered by the hospital and to be carried out by specialized staff. It requires, instead, from the entire hospital to embrace it as the very tissue binding together the institution (Tosquelles 2009: 83, 112),²⁵ to be conceived as an all-encompassing network distributed throughout the institution, accepted and implemented by both medical personnel and patients (Tosquelles 2009: 112).²⁶ Tosquelles attended and participated as President of the French Society of Institutional Psychotherapy in the II Congreso Venezolano de Psiquiatría y Neurología held in Valencia on 11-15 January 1967 of which Solanes was the executive president (Téllez Carrasco, 1974: 189). In 1968, Solanes promoted at Bárbula the creation of a Taller Libre de Terapia por el Arte, the first of its kind in the country (Téllez Carrasco, 2005: 50-1: 140). Along the same lines of promoting creativeness in mental patients as a form of therapy, he founded the magazine *Nanacinder: Vocero de la Colonia Psiquiátrica de Bárbula*, a periodical devoted to art and literature produced by patients in the Colonia which was published continuously from 1954 to 1962 (Balibrea, 2024). The idea was very similar to that initiated by Tosquelles in 1950 in Saint-Alban with the much better-known publication *Trait d'union* and Fanon in Blida with *Notre Journal*.

It must have been in Saint Alban and through Tosquelles that Fanon heard about Solanes when the latter had already migrated to Venezuela. Himself already in Algeria, Fanon mentions Solanes on a letter dated in January 1956 to Maurice Despinoy (2015a: 437), his supervisor in Saint Alban (Khalifa, 2015b: 54-55). In this text, Fanon proposes to Despinoy, who had moved to work in Martinique, to work together on a presentation to the International Psychiatry Conference in 1957 on what he calls “le problème” (2015a: 436). Central to it is a definition of schizophrenia, as his suggestion that first should be to “déterminer, délimiter nosographiquement notre propos” (2015a: 436) consists on a list of authors and approaches to the illness. Last on this list we encounter the expression “pourquoi pas Solanes” (2015a: 437) reproduced in the title of this article, along with two names, Schneider and Mayer-Gross, all phenomenological psychopathologists. Now, what exactly by Solanes on schizophrenia was Fanon interested in reading? We can only speculate. On schizophrenia, Solanes had published only one co-authored article very soon after arriving in Venezuela (Solanes, Alonso and Sanz Castillo, 1950), dealing precisely with the difficulty that Fanon also mentions in his letter to pin down a medical definition of the illness: is schizophrenia an illness in itself or rather a series of manifestations that differently originated mental illnesses can take in the patient? Acknowledging their inability to answer that question, the authors offer a classification of schizophrenia according to their varieties and types (1950: 154). There is no mention of the social dimension in the development of this mental illness, but there is no proof either that it can be reduced to

neurological or physical causes. We know that Fanon was particularly interested in Despinoy's experiments with lithium salts and the treatment of psychosis, i.e., with comma-induced treatments in psychotic patients, which includes schizophrenics (Khalifa, 2018a: 298). While in Saint Alban, Fanon's publications, with Tosquelles and Despinoy amongst others, had all been concerned with electroshocks (Khalifa, 2015b: 62-63) and their use as part of an institutional psychotherapy approach to allow the patient to wipe the slate clean of their phobias and pathologies. After the induced comma, the patient ought to be accompanied to reconstruct their personality in different, non pathological terms, a process necessitating the support of the entire institution. These were practices widely implemented by Fanon in Blida-Joinville and Tunis (Khalifa, 2018b: 210). Equally interested in electroshocks was Solanes who, in 1955, around the same time when Fanon, Tosquelles and Despinoy were writing on the topic of electroconvulsive therapy, published in Venezuela an article introducing new promising technology to administer electroshocks, insisting on how they were particularly effective with schizophrenic patients (Solanes and Araújo, 1955). While these coincidences speak of common interests, we have no proof that Fanon could read Spanish. That leaves discussions with Tosquelles and others of Solanes' work and "Exil..." as the most likely publication by Solanes that Fanon could have read.²⁷ Here, as in "La estructura..." Solanes points to coincidences between the pathologies of exiles and those of schizophrenics within a phenomenological line of argumentation very similar to that of Fanon as already argued.

As per Fanon, there is, to my knowledge, no more evidence in his work of having read or cited Solanes. Even more, Fanon will not write any more medical psychiatric articles centered on schizophrenia.²⁸ It is clear that Fanon had been moving in the direction of connecting schizophrenia to his sociodiagnostic psychiatry from his PhD thesis (Khalifa 2015b: 67), a process that his move to Algeria would only intensify, as attested by his unpublished papers. In the letter where Solanes is mentioned, Fanon speaks of an article he says to have written on delirium in Arab mental patients that he thinks will separate schizophrenia from the influence of ethnopsychiatry (2015a: 436). Given this explicit connection it is clear that Fanon must have seen in Solanes' work and in the study of schizophrenia a valid contribution to his project of debunking the racism in ethnopsychiatry.

The tentative connections drawn here speak of the need to further explore the network of relations within the Global South that took forward across continents a trajectory of critical psychiatry that found in exile and displacement the conditions to produce innovative insights into the treatment of the mentally ill. While such a trajectory has attracted much deserved attention singled out in Fanon, the potential impact of Solanes' phenomenological psychiatry in Venezuela and Latin America during the Cold War remains untackled. Mobilizing it can help widening a focus that has tended to gravitate around psychoanalysis; the political use of medicine under authoritarian rule (Ramos, 2020), and the epochal moment of 1968 as the start of radical political critiques of received psychiatric paradigms advocating disalienation and decolonization of the Latin American mind. To this, the study of Solanes offers a different chronology, geography and radical approach to the history of Latin American psychiatry.

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¹ The article came out in May of 1951 in the journal *Esprit*, and in 1952 as chapter five of Fanon’s first book, *Peau noire, masques blancs*. I will be quoting from this text using the article version.

² Solanes organised in 1945 a series of public talks on the psychiatric problems caused by exile at the Centre d’Études Toulouse-Barcelona (Guerra, 2003: 259).

³The work was almost concluded by the time he migrated to Venezuela, in 1949, but he would not return to France to pass his viva until 1980. For more on this work, see Balibrea 2021 and 2023. It is worth mentioning that psychiatrist Gaston Ferdière (1978: 132), who offered Solanes his first job as an intern at the Rodez psychiatric hospital he directed in 1944, called Solanes’ thesis on the psychology of migration *éblouissante* [dazzling].

⁴ In Gordon’s words (2015: 69): “Since racism is a denial to an Other attributes of the self and even those of another self—in other words, even of being an *Other*—the resulting schema is one of location *below*, in the zone of nonbeing.”

⁵ In English: “If psychiatry is the medical technique that sets out to enable individuals no longer to be foreign to their environment, I owe it to myself to state that the Arab, permanently alienated in his own country, lives in a state of absolute depersonalization.[...] The extant social structure in Algeria stood opposed to any attempt to put the individual back in his or her place.” (2018a: 444)

⁶ As Gordon (2015: 77) puts it: “the conclusion of what it means to attempt living in a society that militates against one’s humanity comes to the fore: Death. The North-African syndrome is about a living death.”

⁷ Fuchs (2010) and Tamelinini and Peres Messas (2017) also attest to the recent positive reassessment of phenomenology as a valuable approach to psychiatric treatment.

⁸ It is significant to point out that phenomenology had, from the 1920s, been one of the innovative approaches to psychiatry that the Catalan group led by Solanes’ mentor Emili Mira had been influenced by, particularly through the figure of Binswanger. The Swiss had been invited to conferences, translated into Spanish by Mira, and there were patient exchanges with Binswanger’s Bellevue sanatorium in Kreuzlingen. It is therefore very possible that Solanes was acquainted with phenomenology before going into exile, but its imprint is not visible in his work until once he left Catalonia. For the influence of phenomenology and existential analysis in 20th C Spanish psychiatry: (Novella, 2023: 55-81).

⁹ There is also evidence of Fanon having read and being influenced by Minkowski. There are articles by Minkowski annotated by Fanon in his library (Khalifa, 2015a: 742).

¹⁰ Key here are ideas of the reduction of vital space, encroached by the presence of a dark space, which Minkowski applied to the study of alienation in his *Le temps vécu* published in 1933: “El desterrado vive

de modo homólogo al de los sujetos por este autor [Minkowski] estudiados: en un espacio doble que las consideraciones sobre posibles trastornos perceptivos no pueden definir exhaustivamente [...] [they are instead] la expresión de aquella “modificación profunda de la forma de la vida mental” indicada por Minkowski.” (1951: 14). Solanes’ ideas on the distortions of time past and future mentioned above in the exile’s lived experience are credited as well to the same book by Minkowski (1951: 16-8; 1948: 75-6). More on Minkowski’s phenomenological approach in Urfer (2001) and Xu Xianjun (2017).

¹¹ Indeed, “La estructura espacio-temporal del mundo de los emigrados”, reproduces “Structure spatio-temporelle des troubles mentaux”, the title of the second part (Livre II) of Minkowski’s seminal book *Le temps vécu: Études phénoménologiques et psychopathologiques*, published in 1933, the part dedicated to mental pathologies. Lacan (1935-1936: 426) credited Minkowski with introducing in this book a concept that would prove fundamental to the development of methodologies in psychology and psychiatry and in his own thinking, that of structure, i.e., the notion that the different manifestations in a patient’s mental disorder were part of a unity of signification.

¹² In 2016, the book was reprinted with a different title, *En tierra ajena. Exilio y literatura desde la “Odisea” hasta “Molloy”*. In this article I quote from this edition as it is the one currently available but refer to the book by the title given by the author himself in its original edition. On evidence of Minkowski’s influence in the book see, for example, pp. 154, 198.

¹³ A distance well conveyed in the term Beneduce coins to define Fanon’s approach: critical ethnopsychiatry (2014:155).

¹⁴ The book, *Activere Krankenbehandlung in der Irrenanstalt* (1929), was brought to the attention of Catalan psychiatrists in the 1920s by one of them, Ramon Sarró, who had come acquainted to it, as well as Freud, during a research stay in Vienna. Tosquelles took it with him to France where he was the first in translating it with André Chaurand as *Une thérapeutique plus active à l’hôpital* (Robcis, 2021: 21). On Simon see Walter (2002)

¹⁵ Along with the three already mentioned, it included (not a comprehensive list) Salvador Vilaseca i Anguera, Jaume Sauret Guasch and Joaquín Alier Gómez, all of whom would later migrate to Venezuela like Solanes.

¹⁶ Solanes was part of the editorial committee of *Revista Catalana de Psiquiatria i Neurologia* and of the directory board of the Societat Catalana de Psiquiatria i Neurologia publishing the journal. It included contributions on new approaches and medicines to mental health, psychoanalysis, new treatments like occupational therapy, and a cross-disciplinary approach with pedagogy, pediatrics and philosophy.

¹⁷ The Pétain government of occupied France, in agreement with Nazi eugenic approaches, considered those in mental asylums as enemies and evidence of a degenerate population that did not deserve to live, and actively sought to eliminate them by preventing food getting to asylums. It is calculated that 40,000 people died as a result (Lafont, 1987; Durand, 1988). Some asylums were able to organize themselves to prevent the famine in a task that was as much humanitarian as it was medical. Amongst these were Saint Alban, directed by Francesc Tosquelles, and Rodez, directed by Gaston Ferdière and where Solanes went to work in 1944. Between 1942 and 1944, Solanes had worked in the Larade colony for Spanish and Jewish refugee children.

¹⁸ While this might be the case, things need to be put into perspective. Lucien Bonnafé, an important contributor to these innovations from the war years, would say in 1965 that “institutional psychotherapy remained marginal in most psychiatric centers in France” (quoted in Robcis, 2021: 123)

¹⁹ According to Reggio (2005: 6, 20), the term institutional psychotherapy was coined by Georges Daumézon in an essay written in 1952 and entitled “La psychothérapie institutionnelle française”.

²⁰ His approach borrowed from Marxism, psychoanalysis –especially Lacan– phenomenology, and the work of Hermann Simon. Robcis (2021: 16) emphasizes Marxism and Lacanian psychoanalysis as Tosquelles’ main influences but I agree with Reggio (2005: 181) that phenomenology is equally central. This is clear in Jean Oury’s memory of Tosquelles saying that “On ne peut soigner quelqu’un si on ne tient pas compte de son travail, de son enfance, de sa situation matérielle.” (Dosse, 2007: 58)

²¹ Confrontation between followers of institutional psychotherapy and anti-psychiatry –particularly as incarnated in Foucault’s *Histoire de la folie* and the work of Bataglia and Laing, exploded in 1969. The disagreements stemmed from anti-psychiatry’s criminalization of all hospitals and practitioners as oppressors, and the celebration of psychosis as a rebellion against norms (in Robcis 2021: 123-8).

²² Also nationalized as French in Reggio (2005: 6, 20) and Robcis (2021: 1-2, 15, 157), though there is much more self-reflection about this point in her work (2021: 13, 147).

²³ For a more in-depth account of Solanes’ career in France and Venezuela, see my forthcoming XXXX.

²⁴ Tosquelles does not give the reference from where he is quoting, only dates it in 1958. The source is Solanes (1958: 20)

²⁵ The metaphor of the tissue to define the nature of occupational therapy in mental institutions comes from Solanes, who also uses that of the hormonal system, in charge of the development and metabolism of the body, and of coordinating the whole.

²⁶ In this book Tosquelles recognizes as well the influence of Mira in dealing from an institutional psychotherapy approach with patients that resist treatment through boredom or fatigue. (2009: 119)

²⁷²⁷ He must have known the journal, *L'Hygiène mentale*, as there are issues of it in his library (Khalifa 2015a: 781, 798), albeit from the mid 1950s.

²⁸ His article “The phenomenon of agitation in the psychiatric milieu: General considerations, psychopathological meaning” written with Slimane Asselah one year after the letter to Despinoy in January 1957, having left Blida, mentioned schizophrenia in the context of criticising how isolation, the institution and confinement worsen patients’ illnesses and agitation. (2018b: 451)