Decolonizing Trauma with Frantz Fanon

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Abstract

Recent scholarship across a range of disciplines has critically engaged with the concept of trauma, interrogating its role in political processes such as commemoration, post-conflict reconciliation, and identity formation. Together this scholarship has called for a rethinking of trauma in order to more accurately represent the social and political dynamics of the concept. However, whilst offering insights into the politics of trauma, this literature remains distant from the concept's original discipline – psychiatry. This article contends that Frantz Fanon, as a psychiatrist and political revolutionary, presents a unique viewpoint from which to problematize the relationship between psychiatry and politics as it continues to structure trauma (and trauma scholarship) in the present day.

Drawing on Fanon's sociogenic psychiatry, this article contends that both Fanon and contemporary approaches to trauma are constrained by an exclusive, Eurocentric psychiatry. Subsequently, it argues that a rethinking of trauma is insufficient. Rather, a decolonization of psychiatry is required. Three themes in Fanon's practice – the universal, morality, and gender – demonstrate the necessity of engaging with psychiatry's positionality within the contemporary sociogenic principle. Here, international political sociology provides for an analysis of trauma attentive to the relationship between society, health, and power.

Introduction

In the contemporary era, trauma has become closely aligned with the psychiatric diagnosis Post-Traumatic Stress Disorder (PTSD) developed in the aftermath of the Vietnam War (O'Brien, 1998, 5). The term has since proliferated, coming to be applied to experiences as broad as domestic violence, natural disasters, and traffic accidents (Summerfield, 2001). It has also come to play a role in political processes including transitional justice mechanisms, post-conflict reconciliation, and memory work (Bell, 2006; Fierke, 2015). However, despite the growing influence of PTSD and its accompanying narrative, within academic circles the concept of trauma remains highly contested (Caruth, 1995). In the medical field, several psychiatrists have argued that trauma should not be constructed in purely

medical terminology, but in language which reflects the social and environmental nature of traumatic experiences and their aftermath (Herman, 1992; Bracken, 1998; Summerfield, 1999). Beyond the medical field, a growing literature has explored the relationship between trauma and the social environment (see for example Caruth, 1995; Burstow, 2003; Edkins, 2003; Hutchison, 2016). Importantly, a number of studies from disciplines including feminist studies, International Relations, and International Political Economy have sought to interrogate how trauma interacts with power and the political, contributing to a critique of PTSD (Burstow, 2003; Edkins, 2003; Brassett and Clarke, 2012; Howell, 2012; Fierke, 2015). Unifying this broad literature is the identification of a problematic medicalization of contemporary trauma. Ultimately, they call for a rethinking of the concept.

Despite the emergence of this multi-disciplinary call, the literature remains limited by the structure it seeks to challenge. The psychiatric literature generally fails to connect the social and environmental aspects to the political. The socio-political literature is largely either conceptual (Burstow, 2003; Fierke, 2015; Agathangelou, 2019), or focused on specific events or phenomena, such as memorialization (Edkins, 2003), political and economic crises (Brassett and Clarke, 2012; Howell, 2012; Hutchison, 2016), and post-conflict interventions (Pupavac, 2001; Howell, 2012). This literature, moreover, omits much of the human dimension of trauma, concentrating most often on institutional trends. Thus, although calling for a rethinking of trauma, the continued focus on discrete events, often in relation to war and conflict, means that much of the scholarship perpetuates the same structure of trauma epitomized by the PTSD diagnosis. Moreover, there is little engagement with what a rethinking of trauma would mean in practice.

This article argues that Frantz Fanon, by his occupational and political standpoint, provides a bridge between psychiatry and the political, enabling a much-needed critical engagement with trauma that reflects both its psychiatric origins and its political effects. First and foremost a practicing psychiatrist, Fanon provides insights into the lived experience and practice of trauma absent from the current scholarship. A critical analysis of his work reveals that within an exclusive Eurocentric epistemology, trauma perpetuates colonial logics which silence the voices of marginal populations. Tracing this through Fanon's sociogenic psychiatry to the contemporary conception of trauma, this article argues that a 'rethinking' of trauma is insufficient to overcome the sociogenic principle which continues to structure it. Ultimately, Fanon's clinical practice suggests that the returning of mental suffering to the social and political sphere requires a larger process of decolonization. Three strands in his work emerge demonstrating the challenge of doing so – the universal, morality, and gender. They show, furthermore, that multiple questions regarding the role of psychiatry in contemporary

life remain to be fully addressed. Although never reaching a conclusion on the relationship between politics and psychiatry, Fanon provides an important point of departure for analyzing the political role of trauma in contemporary politics, and shines light on the challenges facing its decolonization.

International Political Sociology (IPS) provides for an analysis of trauma attentive to the relationship between society, health, and power. Looking beyond the literature which focuses on Fanon's violence (for example, Arendt, 1970; Améry, 2005; Frazer and Hutchings, 2008) or race (McCulloch, 1983; Gordon, 1996; Judy, 1996), this article contributes to and develops upon the small number of studies which directly address the connections Fanon made between politics and psychiatry (McCulloch, 1983; Bulhan, 1985; Gibson, 2003; Aching, 2013; Desai, 2014; Menozzi, 2015; Gibson and Beneduce, 2017). Fanon's psychiatric practice helps to reveal important dynamics about both the challenges he faced, and those that continue to haunt approaches to mental health in the present day. Indeed, it is through this practice that Fanon contributes to Howell's calls for a political sociology of health to help to "think about 'health' and medicine as complex, and not necessarily benevolent" particularly in relation to power (2012, 332). Within IPS, several scholars have recognized the necessity of examining health-related trends (Brassett and Clarke, 2012; Davies, 2012; Howell, 2012). Howell identifies seven areas in which psychiatry, psychology, and medicine have come to play a role in politics, and are in need of greater exploration (Howell, 2012). Fanon's sociogenic psychiatry provides an opportunity for such exploration and draws critical attention to the role of these disciplines in colonialism. The discussion, then, also builds upon the emerging IPS scholarship on colonial practices (Rojas, 2016; Ansems de Vries et al., 2017; Howell and Richter-Montpetit, 2019). Fanon's work contributes not only to the calls for serious engagement with "(feminist) Black and indigenous studies and postcolonial, decolonial, and critical race theory" (Howell and Richter-Montpetit, 2019, 14), but also substantiates the importance of recognizing the coloniality of the universal and modernity (Rojas, 2016, 372). As this article contends, the universal, along with morality and gender, plays a fundamental role in the current sociogenic principle which structures psychiatry.

This article proceeds in four sections. The first introduces the contemporary trauma debate and argues that Fanon's sociogenic psychiatry offers a unique challenge in calling for a more social understanding of the phenomenon. The second section draws on Fanon's clinical practice to discuss the political potential of trauma. It suggests that whilst Fanon's cases evoke a political voice, they similarly demonstrate the structuring power of psychiatry. The third section looks to his wider psychiatric practice which exposes the epistemological limits of psychiatry and its complicity in political oppression. This section proposes that Fanon's recognition of such complicity contributed to

his quest for decolonization. The quest continues, the article contends, as trauma remains within the same sociogenic principle, necessitating a decolonization of psychiatry. The final section of this article attends to the challenges that Fanon raises for such decolonization. Following three threads in his psychiatry, that of the universal, morality, and gender, the final section demonstrates the necessity of engaging with the positionality of psychiatry within the contemporary sociogenic principle in order to pursue its decolonization.

The Medicalization of Trauma

In the last three decades the term trauma has expanded into popular discourse, becoming closely aligned with the clinical diagnosis of Post-Traumatic Stress Disorder (PTSD) (Bracken and Petty, 1998; O'Brien, 1998). PTSD firmly locates trauma in the biological and cognitive structure of the human being, interpreting trauma as a defect in the individual's processing function (Bracken, 1998, 42). Through the medicalization and individualization of the experience, PTSD serves to decontextualize mental suffering. For this reason, the construction of trauma as synonymous with PTSD has been contested by a variety of scholars (Herman, 1992; Young, 1995; Summerfield, 2001). Likewise, analyzing its role in political processes, critical socio-political literature has challenged the medicalization of trauma (Burstow, 2003; Edkins, 2003; Howell, 2011; Fierke, 2015; Quiros and Berger, 2015). The arguments made by these scholars echo with remarkable clarity the thoughts espoused by Fanon almost half a century earlier. Indeed, as the following discussion reveals, Fanon's conceptualization of the interaction between the individual and the environment helps to demonstrate that the contemporary medicalization of trauma is inaccurate in missing a central component – the social context of the individual. For Fanon, the decontextualization of the individual masked the true agent of violence and injury - the colonial state - and thus only a sociogenic theory of suffering would suffice.

In 1980, trauma entered the biomedical vernacular as PTSD in the third edition of the Diagnostic Statistical Manual of Mental Disorders (DSM-III) published by the American Psychiatric Association, marking an important turning point in both the professional and popular approach to trauma (Summerfield, 1999).[2] Developed in response to Vietnam War veterans, PTSD was defined as an anxiety disorder composed of four criteria: a traumatic event; re-experiences of the event; numbing phenomena; and miscellaneous symptoms (Leys, 2000, 232). These miscellaneous symptoms could include sleep disturbance, memory impairment, and hyper-alertness (Jones and Wessely, 2005, 235). Medical terminology was assigned to explain the emotional response triggered by a traumatic event

[2] For detailed histories of trauma and PTSD, see Young (1995) and Fassin and Rechtman (2009).

– the event itself did not define PTSD but rather the cluster of symptoms which emerged subsequently (Friedman, 2011, 3). Those identified as suffering from symptoms would be subject to psychiatric assessment, a PTSD diagnosis, and finally a treatment program designed to integrate and "neutralize" the traumatic memory (Martz and Lindy, 2010, 42). From DSM-III, the medicalization of trauma as PTSD quickly expanded beyond a focus on veterans, entering public discourse in reference to experiences of domestic abuse, sexual abuse, traffic accidents, and humanitarian crises (Summerfield, 2001, 95). In the most recent DSM publication, DSM-5, eight criteria structure the diagnosis (Dziegielewski, 2015, 315). Whilst PTSD led to an important recognition of trauma in the popular domain, it also served to medicalize and pathologize the experience - firmly locating it within the "biopsychomedical realm" (Summerfield, 1999, 1451).

Paradoxically, the medicalization of trauma sparked critique from numerous psychiatrists. For these scholars and practitioners, PTSD propagates trauma as context-independent because it pays little to no attention to the environment around the patient (Bracken, 1998, 50; Summerfield, 1999, 1450; Nicolas et al., 2015). This, they argue, is problematic, as by its very definition trauma is the response to an "event that is outside the range of usual human experiences" (Jones and Wessely, 2005, 234). Indeed, PTSD itself is the response of individuals to an *external* event or events, so extraordinary that the brain cannot fully process it, leading to symptoms including sleep disorders, flashbacks and hyper-sensitivity (Martz and Lindy, 2010, 34). Rather than residing solely in the biopsychomedical realm of the individual, trauma thus has a distinct relationship with the external environment. Several further argue that the event-centric diagnosis is problematic for overlooking the impact of long-term social and political factors such as war and poverty (Summerfield, 1999; Nicolas et al., 2015). Trauma fundamentally, these psychiatrists argue, is a reactionary condition to the environment around the individual. Thus, they oppose the formulation of trauma as PTSD.

Recent scholarship beyond psychiatry, including in feminist studies and International Relations similarly challenge the medicalized and decontextualized conceptualization of trauma, analyzing the role it has come to play in political processes such as post-conflict transitions, community identity, and memory work (Caruth, 1995; Burstow, 2003; Bell, 2006; Hutchison, 2010; Fierke, 2015). This literature has sought to interrogate the concept and locate its function in contemporary politics. Edkins (2003), Fierke (2004; 2015), and Hutchison (2010; 2016) examine trauma's productive potential, albeit from different analytical standpoints. Working from a psychoanalytic perspective, Edkins theorizes trauma's role in commemorative processes (2003), whilst Fierke (2004; 2015) and Hutchison (2010; 2016) consider social and political mobilization in the aftermath of trauma more

broadly. In a recent symposium, several scholars highlight the bodily, racial, and representational politics of trauma (Agathangelou, 2019; Auchter, 2019; Meiches, 2019). Meanwhile, others examine the relationship between trauma and governance, particularly in military and post-conflict situations (Pupavac, 2001; Howell, 2011; 2012). Brassett and Clarke (2012) and Lerner (2019) scrutinize the framing of economic conditions in trauma language. Spanning several disciplines, this literature makes broadly similar arguments concerning the limits of PTSD and its implications for politics.

Both the critical psychiatry literature and the socio-political literature directly challenge the apolitical conceptualization of trauma, codified in the PTSD diagnosis. Together, the critiques amount to calling for a rethinking of trauma accounting for its social and political implications. However, in remaining either largely conceptual or focused on limited events or crises, this literature fails to indicate precisely what type of rethinking is required, or how to go about it. Moreover, whilst both spheres of the literature relate to each other, there is a lack of deeper engagement with the interconnections between them. As such this scholarship falls victim to that which it seeks to overcome, the separation of psychiatry and politics; of the medical and the political.

A sociogenic theory

Fanon's relevance to the trauma debate emerges here, from his "sociogenic" or "sociogenetic" theory; a theory which recognizes the significance of the relationship between the individual and their environment (Bulhan, 1985, 204; Wynter, 2001; 2003; Aching, 2013; Menozzi, 2015). Examining the lived experience of "being black", in *Black Skin, White Masks* Fanon theorizes that "alongside phylogeny and ontology, there is also sociogeny" (1967a, xv). In this work he develops that the "neurotic structure of the individual" stems "on the one hand from the environment and on the other from the entirely personal way this individual reacts to these influences" (1967a, 62). Fanon critiques Octave Mannoni's psychoanalysis of seven dreams of the Malagasy, concluding that "Freud's discoveries are of no use whatsoever" (1967a, 84). This is because, he argues, "the dreams and psychosis of an individual depends on the conditions in which he lives" (1967a, 86). They are thus derivatives of the reality of colonialism (Ibid). Fanon notes that although whilst within his consulting room he approaches the dreams of a patient as "an unconscious desire", when away he sees the need for action "with respect to the real source of the conflict i.e. the social structure" (1967a, 79-80). For Wynter, *Black Skin, White Masks* is exceptional in its use of sociogeny, and demonstrates that the subjective experience cannot be captured by the natural sciences but is "culturally and thereby socio-situationally determined" (Wynter, 2001, 36). Whereas Wynter focuses largely on Fanon's earlier work, this article contends that it is within the context of Fanon's practice –as documented in *The Wretched of the Earth* and his psychiatric papers – that the political

implications of psychiatry and the medicalization of the individual come to the fore. And it is here that Fanon confirms beyond the theoretical, that psychiatry *itself* is political.

In *The Wretched of the Earth,* Fanon centralizes the relationship between the individual and environment*,* epitomized by his elucidation of the Manichean colonial world, "a world cut in two" (1963, 29). Fanon denounces the Manichean world as one which not only starves the native "of bread, of meat, of shoes, of coal, of light" but also brings "violence into the home and into the mind of the native" (1963, 30; 29). Significantly, Fanon's account includes not only physical violence and insecurity, but the psychological impact of colonialism. He describes the "the language of pure force" with which the colonial environment penetrates the colonized, having "ceaselessly drummed the rhythm for the destruction of native social forms" (1963, 29; 31). As a result, the colonized lives "in a state of permanent tension", demonstrating "behaviour patterns of avoidance" and "sensitive emotionalism" (1963, 41; 41; 44). In the final substantive chapter, Fanon documents his treatment of both the oppressed and oppressor for a variety of mental disorders during his time as *chef de service* (director) at Blida-Joinville psychiatric hospital (1963). Through cases of "reactionary psychoses", Fanon affirms the relationship between the colonial environment, violence, and mental health – developing his sociogenic theory from *Black Skin, White Masks.* Applying the language of his profession, Fanon documents the process through which the colonial structure alters the native (1963). In its alteration of the psyche of the native, Fanon argues that the colonial structure ultimately breeds revolutionary violence (1963).

Fanon's account of the Manichean world of the colony serves as a violent example of his sociogeny, and one which draws affinities with a phenomenological approach to life and violence (Mbembe, 2012; Desai, 2014). For Mbembe, colonial violence is phenomenal in violating both the psychic and affective domains, reaching the "innermost areas of subjectivity" (2012, 22). It is through the lived experience that the trauma of colonialism is revealed on its multiple planes – "the imagination, the body, colonial relationships, cultural materials, and geopolitical power dynamics" (Desai, 2014, 64). At this phenomenological level Fanon draws beyond both politics and psychiatry, to speak to the *political* – that which is beyond the routine of politics, and instead characterizes the ongoing constitutive process of the real, to draw on Edkins (Edkins, 2003, xiii). His concern is with not only the policies of the colony, but how the native population is constructed and controlled - not as human, but as "those hordes of vital statistics, those hysterical masses, those faces bereft of all humanity, those distended bodies" (1963, 33). Beyond the separate towns, barracks, and police stations, Fanon speaks directly to the political – the ongoing construction of the natives and their society as "evil", "corrosive" and "diseased" (1963, 32). It is the Manichean *political* of colonialism,

seeping into the mind of the native, and the settler too, which is responsible for not only violence, but also the mental suffering of the Algerians. For Fanon it is this "Manichean psychology" which explains the actions of the colonized; their violent dreams, expressive dance, and acts of violence (Bulhan, 1985, 142). And for this reason, there can be no dissociation between colonialism and the individual trauma it causes (Aching, 2013, 23). Fanon reflects on colonial Algeria to contend that rather than the mind of the colonized being flawed or diseased, mental suffering is a directly environmental – and a distinctly political – responsibility. Central here, and what Fanon provides for the current trauma scholarship, is attention to the lived experience.

Beyond his political works, Fanon's psychiatric publications provide crucial further material for analyzing the relationship between politics and psychiatry through lived experience – both that of Fanon as a psychiatrist, and of his patients. Despite the centrality of his profession to both his political activities and life experience, these papers have been largely overlooked by scholarship.[3] Here, Fanon affords a bridge between politics and psychiatry, so often missing in contemporary scholarship in relation to trauma, linking society, health, and power. His psychiatry not only speaks directly to the politics of trauma, but ultimately reveals the danger of the Eurocentric universalism underpinning modern psychiatry. Fanon enables analysis to go beyond that which has so far been achieved in contemporary trauma scholarship, directly addressing the complicity of psychiatry itself in political oppression.

Colonial War and Mental Disorders

Countering the medicalized construction of trauma epitomized by PTSD, several socio-political scholars have explored the explicitly political implications of trauma in the contemporary period. In particular, a number argue that trauma itself carries a form of political agency (Burstow, 2003; Edkins 2003; Hutchison, 2010; Fierke, 2015). Fanon's psychiatry, this section contends, explicates the possibility of trauma to bestow political agency. In the final chapter of *The Wretched of the Earth* Fanon's clinical cases blur the line between victim and perpetrator, between colonized and colonizer, revealing a political voice which challenges the Manichean colonial system. However, his cases simultaneously expose the limits of trauma and contemporary trauma scholarship – remaining within an exclusive epistemology which eventalizes experience. Moving beyond, Fanon's psychiatric publications demonstrate the need for more than a rethinking of trauma but a radical decolonization of psychiatry.

[3] Exceptions include Gibson and Beneduce (2017) and a recent collection which includes translations of Fanon's papers into English (Fanon et al., 2018).

In the final substantive chapter of *The Wretched of the Earth*, Fanon documents a number of "reactionary psychoses" – clinical cases of the impairment of mental health following an event (1963, 202). Recorded during his time at Blida-Joinville psychiatric hospital, the cases expose the colonial structure as "a fertile purveyor for psychiatric hospitals" (1967, 200), and the Algerian war as a further "favourable breeding ground for mental disorders" (1963, 201). These cases, Fanon clarifies, are not intended as "scientific work" or for "arguments over semiology, nosology or therapeutics" (1963, 201). Rather, they are crucial evidence of the lived experience and political implications of colonial Algeria. Continuing the fatalistic tone of the preceding chapters, Fanon explains that for these cases "the events giving rise to the disorder are chiefly the bloodthirsty and pitiless atmosphere, the generalization of inhuman practices and the firm impression that people have of being caught up in a veritable Apocalypse" (Fanon, 1963, 202). It is difficult to imagine a more virulent and political denunciation of the colonial environment for its impact on the individual.

The cases include both victims and perpetrators of violence in war-torn Algeria. They substantiate Fanon's earlier argument that through colonialism both the native and the settler are psychologically changed, that "both the black man, slave to his inferiority, and the white man, slave to his superiority, behave along neurotic lines" (1967a, 42). Fanon includes his accounts of an Algerian survivor of mass murder experiencing homicidal impulses (1963, 208), a soldier suffering from "anxiety psychosis", and two Algerian boys convicted of the murder of a French boy (Fanon, 1963, 210; 217). He documents the symptoms of insomnia, flashbacks and nightmares, anxiety, and bouts of violence (1963, 208-17). In each, Fanon describes the experience of the patient – of the massacre experienced, the murder committed – connecting the event to the symptoms. Significantly, he also includes the cases of a Frenchman who continues to hear the screams of his torture victims, a policeman experiencing "fits of madness" causing him to attack his family, and a young Frenchwoman suffering from anxiety following the injury of her father, a French civil servant (Fanon, 1963, 215; 222). Importantly, as reactions to external events and in their symptoms, these cases can be interpreted as anticipating contemporary understandings of trauma (Hudis, 2015, 66).

Through these cases, Fanon persuasively illustrates the political potential of trauma. Substantiating his sociogenic theory, the cases of victims and perpetrators confirm that the symptoms depend not on the individual, but on the colonial environment. In this sense, Fanon demonstrates more fervently the argument he made in *Black Skin, White Masks* that "if there is a flaw, it lies not in the "soul" of the individual, but in his environment" (1967a, 188). The cases remove the mask of the colonizer, showing that he "is both the organizer and the victim of a system that has choked him and reduced him to silence" (1963, 32). Symptoms including insomnia, anxiety, and violence appear

across cases of both Algerian and French patients (1963). Fanon thus provides a damning revelation of the "world cut in two" (1963, 29). The Algerian and French patients side by side effectively blur the lines of the Manichean world whilst simultaneously demonstrating its responsibility in the production of mental suffering. In doing so, these cases of "reactionary psychoses" suggest that mental suffering has power beyond purely reflecting its environment, but it also speaks back, it has a political voice: the young Frenchwoman refuses the support of the authorities, explaining, "I don't want their money. It is the price of the blood spilt by my father" (1963, 223); the Algerian boy accused of murder asks Fanon directly – "And did they arrest a single Frenchman for all those Algerians who were killed?" (1963, 219). Even the most resistant of patients, the French policeman, "knew perfectly well that his disorders were directly caused by the kind of activity that went on inside the rooms where interrogations were carried out" (1963, 216). Fanon's patients, through their trauma, have a clear political voice.

Whilst critical contemporary scholars have argued that trauma holds political potential, they also propose that simultaneously, the medicalization of trauma serves to depoliticize it (Pupavac, 2001; Burstow, 2003; Edkins, 2003; Howell, 2007; 2011). A medicalized trauma discourse, they contend, curtails the ability of individuals to define their experience and to speak to their broader environment (Burstow, 2003; Howell, 2007). Turning individuals into victims serves to politically "neutralize" the trauma, as was experienced by veterans in the aftermath of the Vietnam War (Winter, 2006, 71). Scholars have analyzed this trend in post-conflict environments (Pupavac, 2001), detention (Howell, 2011), and in crises (Brassett and Clarke, 2012). The process of pathologization, medicalization and depoliticization serves the ultimate purpose of psychiatric practice; the rehabilitation and reintegration of individuals back into the environment from which they came (Edkins, 2003, 190; Howell, 2011). Reintegrating these individuals then, the concept of trauma does not challenge the political but instead can be productive of the ongoing political structure and sovereign power (Edkins, 2006, 102). What this literature omits, however, is what this means for the practice and lived experience of trauma.

Despite suggesting political critique of the colonial environment, ultimately Fanon's clinical cases reveal the inherent limitation of psychiatry to integrate individual suffering into the political realm. Whilst substantively supporting Fanon's critique of colonial Algeria, the cases are inherently structured by the "alien intrusion" of psychiatry (Bulhan, 1985, 64). The cases are presented in an empirical and positivist fashion; classified into groups, each is documented through the medicalized procedure of symptoms, diagnosis, and treatment (1963, 202). Fanon gives prominence "to the event which has given rise to the disorder" thus conforming to the psychiatric trend of focusing on

singular events and reactions (1963, 201). Despite reflecting the violence of colonial Algeria, Fanon does not elucidate on the broader context for each individual. Indeed, delineating the individual cases ignores their common environment of origin. He fails to include any detailed assessment of the causal links between their social and political experiences and type of psychosis that they exhibit, only in some cases giving "mention" to previous history (1963, 201). Where Fanon does present cases considered to have arisen from the atmosphere of war more generally, they continue to be categorized and encased within medical terminology such as "symptoms" and "pathology" (1963, 217). For the most part, Fanon documents an improvement of each patient, inferring a return to normal life within the colonial setting. Despite his contention that the cases are not intended as scientific work, McCulloch notes that in using psychiatric discourse Fanon comes to medicalize problems which he earlier claimed to be social and environmental in nature (1983, 88). Even the physical structure of the chapter, broken into sections and subsections departs from Fanon's theoretical commitment to a continuous theory of politics and psychiatry (Bergner, 1999). Ultimately, through the medicalized language and structure, the political potential of these voices of trauma remains limited.

The final chapter of *The Wretched of the Earth* is a testament to the challenge of bridging the divide between the individualistic medical discourse of trauma and the political. Considering this chapter, both Fanon and the contemporary trauma scholarship face a similar challenge. Whilst critiquing the apolitical medicalization of suffering, when moving beyond the conceptual, they both remain decontextualized. For Fanon the presentation of individual cases limits their connection to his political argument, and although the trauma literature recognizes the danger of the eventalization of trauma, the majority continues to focus on specific conflicts and crises. As Bulhan recognizes, Fanon's "contention that madness is the result of a sociohistorical predicament, but his reliance on medical means of diagnosis and treatment, poses fundamental problems unexplored by him and his contemporaries" (1985, 252). The remainder of this article seeks to address such problems.

Psychiatry and the Political

Fanon's clinical practice, however, extended beyond *The Wretched of the Earth*. His psychiatric papers surpass the event-based approach to suffering, revealing the impact of an exclusive sociogeny and epistemology. This, he demonstrates, requires more than a rethinking of trauma, but a decolonization of psychiatry. This section argues that Fanon's recognition of the constraints of psychiatry contributed to his quest for a total decolonization of society. The quest continues, the article contends, as trauma remains trapped within the same framework, necessitating a decolonization of mental suffering.

Whilst the cases in 'Colonial War and Mental Disorders' conform to traditional event-based psychiatry; Fanon's clinical papers provide insight into the sociogeny of psychiatry and its colonial implications. Originally published in 1952, in "The North African Syndrome" Fanon reflects upon the experiences of North Africans living in France who present with vague pains and symptoms (1967b, 4). For Fanon, the cause of the pain is clear - "threatened in his affectivity, threatened in his social activity, threatened in his membership in the community - the North African combines all the conditions that make a sick man" (1967b, 13). However, speaking outside of "the rules of the game" – European medicine and psychiatry - the North African's suffering is written-off and he "becomes a simulator, a liar, a malingerer" (1967b, 7). Like *Black Skin, White Masks,* Fanon's reflections demonstrate a direct link between environment and individual beyond the discrete event, but daily life more broadly. Here, however, he specifically addresses the medical establishment, critiquing French doctors for treating the North African as a "pseudo-invalid like every Arab" (1967b, 14; 9). Fanon speaks directly to the epistemology and positionality of the medical field. His sociogenic psychiatry highlights the connection between the North African's sociopolitical experience and his pain which European psychiatry fails to address. Fanon demonstrates, prior to his relocation to Algeria, the limits of European medicine, and suggestive of its role in a racist, colonial society.

During his time in Algeria and Tunisia Fanon published several psychiatric articles further explicating the connection between psychiatry and colonialism (Gibson and Beneduce, 2017; Fanon et al., 2018). In a paper co-authored with Jacques Azoulay, Fanon documents the application and subsequent failure of Western-style social therapy in a male, Muslim ward at Blida-Joinville (Gibson and Beneduce, 2017, 135; Fanon et al., 2018, 353). Reflecting on the process, the authors suggest two explanations for their failure. The first rests on the position of the psychiatrist. Within the colonial environment, Fanon and his colleague recognize, the psychiatrist adopts the colonial policy of assimilation (Ibid, 362). Considering the traditional familial, living, and working conditions in Algeria, Fanon and his coauthor identify the irrelevance of the social therapy activities introduced. [4] In a system imposing Western culture, the Muslim male is effectively dislocated (Fanon et al., 2018, 363). Moreover, unable to communicate in Arabic, they reflect that their use of an interpreter was highly problematic given that Algerians would otherwise only encounter interpreters through the colonial administration or justice system (Fanon et al., 2018, 367). The resultant lack of trust fundamentally impaired the therapeutic process (Ibid.). In his account of the Algerian war, *A Dying Colonialism,* Fanon details a similar discord – lack of trust, inconsistency, and friction between the medical profession and the general population - for to the Algerians, "the doctor always appears as a

[4] This included ward meetings, celebrations, recreational evenings such as cinema, and the publication of a journal (Fanon et al., 2018, 354-357).

link in the colonial network" (1965; 131). The positionality of the psychiatrist, Fanon recognizes, severely curtails therapeutic practice.

The role of psychiatry within colonial oppression results not simply from practice, but from the epistemological foundations of the discipline. This becomes apparent in the second explanation that Fanon and Azoulay give for their failure; "those who preceded us in trying to divulge the North African psychiatric fact remained somewhat too focused on motor, neurovegetative, and so on" (in Fanon et al., 2018, 363). Here the authors indirectly refer to the dominant school of psychiatry in North Africa at the time, the Algiers school led by Professor Antoine Porot. In a separate paper and in the final pages of *The Wretched of the Earth,* Fanon directly critiques Porot's biological theory of the North African, based on the structure and function of the brain (1963). For Porot, the main characteristics of the North African, including criminality, obstinacy, and immaturity, were the result of biological primitivism – "more precisely, a diencephalic dominance" (1963, 243; 2018, 407). Similarly, British psychiatrist J.C. Carothers likened Africans to the lobotomized European (1963, 244). Together, these psychiatrists explained the North African as a biologically determined "thing" (Fanon, 1963, 245). This psychiatry effectively removed the North African from their context, dividing culture and nature in a way consistent with the logic of colonialism (Rojas, 2016). Such divide endorsed the belief that colonialism "is not racism nor paternalism, but quite simply a scientific appreciation of the biologically limited possibilities of the native" (1963, 244). Fanon argues, then, that it is not only that European psychiatry is culturally irrelevant in Algeria, but the discipline itself serves racism and colonialism. The very epistemology of psychiatry, its biological basis, inherently obscures the cultural and societal causes of suffering. It masks the sociogenic nature of trauma.

The complicity of psychiatry in colonialism sheds light on Fanon's pursuit of decolonization. In a series of lectures delivered in 1959, Fanon asserted that "society asks the psychiatrist to render the patient able to reintegrate into society. The psychiatrist is the auxiliary of the police" (2018, 517). From this perspective, psychiatry was complicit in the illness of society, seeking to reintegrate patients into colonial society, the very cause of mental disorder. To cure the torturer was to return him to his role; to cure the Algerian was to return him to a murderous colonial system. Fanon resigned from his position at Blida-Joinville in 1956, and in his letter to the Resident Minister stated:

> "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" (Fanon et al., 2018, 434).

Fanon's sociogenic psychiatry, his belief that the traumatic suffering of individuals resulted from their environment and his recognition of the complicity of psychiatry in colonial oppression, necessitated a "complete calling into question of the colonial situation" (1963, 28). Viewed from this perspective, Fanon did not advocate violence for violence's sake, but for the need to overhaul an oppressive system which he saw as the root of all mental disorder and trauma (Vergés, 1996; Bulhan, 1985, 139; Gibson, 2003, 115). Relating specifically to his socio-historical context, Fanon was not an "apostle" of violence, but was instead seeking to heal the Algerian nation. To do so required the decolonization of society.

Recognizing the limits of trauma and psychiatry to challenge politics, scholars have called, in various ways, for a rethinking of the concept (Summerfield, 1999; Burstow, 2003; Edkins, 2003; Fierke, 2015; Brassett and Clarke, 2012). For Fanon, an ethnocentric psychiatry functioned within a violent colonialism; in the contemporary period a similarly ethnocentric psychiatry structures trauma. Thus, it is not only necessary to demedicalize suffering, but to decolonize a Eurocentric psychiatry which allows for the continued depoliticization of the oppressed and the violated. As a re-reading of Fanon opens new avenues in the contemporary trauma debate, so too the trauma debate proposes an alternative interpretation of Fanon – his resolution to violence to overcome the disciplining power of psychiatry, complicit in the colonial system. As the following section continues, a simple rethinking of trauma is not enough, and to truly emancipate the experience, a decolonization cognizant of the many contradictions within psychiatry and trauma is necessary due to the exclusive sociogenic principle. In Fanon, the challenges of the universal, morality, and gender speak to the difficulty of decolonization, and the necessity for contemporary scholarship to grapple with the reality of transforming the experience.

Decolonizing trauma

Engagement with Fanon's clinical practice raises questions for the trauma debate which have thus far been absent from scholarship. Reading Fanon beyond the event-based conceptualization of trauma, his psychiatry points towards the need for more than a rethinking of trauma, but a radical decolonization of psychiatry. The final section of this article returns to Fanon's sociogeny, to reveal the limitations and opportunities for addressing trauma which emerge from his work. It follows that, to borrow from Wynter, despite Fanon's recognition of an ethnocentric epistemology, his psychiatric practice remained within a contemporary sociogenic principal that is biocentric and politically limited. Tracing three strands in his work, the universal, morality, and gender, Fanon's sociogeny highlights important challenges to the decolonization of psychiatry. It demonstrates the need for

contemporary scholarship to engage more deeply with what such a decolonization would entail, with an eye to the complex interactions of politics and psychiatry.

The universal

Fanon's works, both his political and psychiatric contributions, raise important questions regarding the role of the universal in trauma and psychiatry. This emerges through recognition of Fanon's time and place. Within contemporary socio-political trauma scholarship, there is a notable lack of historicity, with most accounts tracing the evolution of trauma to 1980. However, the historical tenets of trauma are much more complicated (Young, 1995; Fassin and Rechtman, 2009). Whilst it is beyond the scope of this article to recall the full history of trauma, paying attention to Fanon's practice in its historical moment reveals challenges relating to the politics of trauma that have been overlooked by the contemporary scholarship. In doing so, a return to Fanon's psychiatry serves to illuminate the centrality of universalism to psychiatry which continues to shape trauma today.

Often considered a watershed moment in the history of trauma, PTSD was not a new discovery, but rather a continuation of the social and historical construction of mental disorder solidified by a specific scientific epistemology (Young, 1995, 4; Summerfield, 2001, 95). Whilst DSM-III marked a turning point in codifying the suffering of veterans, the experiences themselves were not new. Soldiers were described as suffering from "combat fatigue" during the American civil war and from "shell shock" during World War I. It was only in the aftermath of the Vietnam War that the common symptoms including violent dreams, flashbacks, and depression, become standardized in a "real diagnosis" (Herman, 1992, 28). Historically, moreover, trauma was not a uniquely military experience, but originally applied to victims of railway accidents (Young, 1995). According to Young, trauma "originates in the scientific and clinical discourses of the nineteenth century; before that time, there is unhappiness, despair, and disturbing recollections, but no traumatic memory, in the sense that we know it today" (1995, 141). Locating the social and historical construction of PTSD shows that contemporary trauma is firmly located in the European and American experience, produced by Eurocentric psychiatry (Bulhan, 1985; Bracken, 1998; Marsella, 2010).

At the heart of this Eurocentric psychiatry is an individualism which emerged as a legacy of the European enlightenment principles of reason, positivism, and causality (Bulhan, 1985; Bracken, 1998; Summerfield, 1999). In the biomedical sciences, this led to the individual as the basic unit of study (Summerfield, 1999, 1453). In psychiatry, individualism subsequently led to the development of cognitivism, which prioritized the specific biological schemata of the brain (Bracken, 1998, 43). Paying primary attention to the specifics of the brain impacted not only diagnosis, but also shaped

treatment – conserving it to the internal transformation of the individual (Bracken, 1998). Paradoxically, whilst individualism confined the unit of study to the single human being, the commitment of cognitivism to the biology of the brain led to the assumption of universalism (Bulhan, 1985; Bracken, 1998). From its historical foundation, this universal psychiatry which continues to structure psychiatry today is thoroughly Eurocentric.

Fanon's engagement with the universal principle of psychiatry raises important questions regarding the decolonization of trauma. In their anthropological study, Fassin and Rechtman perceive a historical contradiction between the universal model and colonial psychiatry:

> "On the one hand, in France, the universalist model of the French mental health system and the dominant psychopathological paradigm rejected a priori any idea of ethnic or cultural singularity…on the other hand, in the colonial empire a policy and practice of psychiatry had developed that were strongly marked by cultural and racist prejudices" (2009, 229).

The universal model, they continue, is fundamentally "colour-blind" and therefore directly contrasts colonial psychiatry such as practiced by Professor Porot (Fassin and Rechtman, 2009, 229-230). Fanon's insight implies that there was not so neat a separation. Indeed, he argues that it was in the use of European biology that Porot and his colleagues developed their psychiatry of the North African. He offers that the flaw of colonial psychiatry is not that it is culturally specific but that it is based on a European, universalist model which serves colonial racism (1963). Here, Fanon illustrates the centrality of universalism in the colonial project (Rojas, 2016). Moreover, he suggests that which is otherwise obscured by the history of psychiatry, that both the universal and colonial approaches are founded within the same sociogenic principle. Using Wynter's construction, contemporary psychiatry developed from an epistemology founded in the sociogenic principal of Man as secular, Western and biocentric (2003).

Through his clinical practice Fanon demonstrates the necessity of decolonizing psychiatry to allow for recognition of the role of society and culture in the mental wellbeing of individuals. Nonetheless, the violence of colonial racism warns against any psychiatry which serves racial and cultural difference. The challenge then is what new kind of psychiatry is possible. What can the decolonization of psychiatry (and trauma) hope to produce? Should there be one concept of trauma or many? These questions remain unaddressed by the scholarship which calls for a rethinking of trauma but rarely interrogates the complexities of such a call. Locating Fanon in his historical and professional environment reinforces his call for decolonization, including of psychiatry, dismantling the sociogenic and epistemological structures which oppress. Fanon's positionality also raises two further issues: morality and gender.

Morality

Fanon's clinical practice similarly illuminates the challenge of morality, one which remains largely unaddressed in contemporary literature.[5] He does so through his clinical cases and reflections on the positionality of psychiatry more generally. In their seminal text, Fassin and Rechtman make a crucial argument regarding the place of morality in trauma (2009). Along with other scholars, they highlight the moral neutrality of the PTSD diagnosis (Young, 1995; Summerfield, 2001; Colvin, 2008; Fassin and Rechtman, 2009). Focused entirely on what happens 'post' trauma, PTSD places no emphasis on the event itself, nor where responsibility lies. In this sense, trauma is associated with a diagnosis which removes morality from its purview; it refuses to refer to, or be involved with, judgement on the event. For Fanon, psychiatry not only masks the true perpetrator, but also serves it. His ruminations provide deeper insights into the role of morality in trauma, as Gibson and Beneduce demonstrate (2017). In doing so, Fanon shows that there is work to be done on the relationship between morality and trauma and what this means for the decolonization of psychiatry.

In their recent work, Gibson and Beneduce propose that two of Fanon's clinical cases in the final chapter of *The Wretched of the Earth* reveal the role of morality in mental suffering (2017). The first case details a policeman who confesses to the torture of Algerian prisoners, and is later relieved of his symptoms after withdrawing from violence and relocating to France (Fanon, 1963, 214). The second describes a policeman seeking help for violent outbursts against his family. The patient, Fanon notes, refuses sick leave, continues his role as colonial torturer, and is unable to receive effective treatment (1963, 216). Gibson and Beneduce contend that the difference in outcome between the two cases indicates that Fanon valorized morality and responsibility in trauma and healing (2017). Where the first patient recognizes his responsibility in torture and removes himself, the latter shows little concern and indeed justifies torture by arguing that "there *is* a war" (Fanon, 1963, 216). Whilst their argument requires further elucidation than is provided, Gibson and Beneduce conclude that in connecting suffering to the issues of morality and responsibility, Fanon raises "the very issues that are often expunged by contemporary biological and cognitivist models of trauma, such as those epitomized by PTSD" (2017, 234). The authors make a crucial link between morality, PTSD, and epistemology. Fanon makes a similar link, critiquing colonial psychiatry less for its individual diagnoses, but for the structure and political utility of its epistemology. Psychiatry not only served but empirically validated the racist, colonial assumption that "the North African is criminal; his predatory instinct is well known; his intense aggressivity is visible to the naked eye" (1963, 241). The morality of psychiatry does not solely concern the individual, but the ability of the

[5] Exceptions include Fierke (2015) and Colvin (2008).

discipline to reify racist power structures. Psychiatry enables for, as Fanon recognizes, “an arresting condensation of racism with scientific pretensions” (2018, 405). It is in his epistemological critique that Fanon speaks most directly to the challenge of morality and trauma in the contemporary period; the morality of psychiatry emerges from the system of power that it serves.

Despite his virulent critique of colonial psychiatry, Fanon ultimately remained within the same sociogeny and epistemology which continues to structure trauma. For this, a decolonization of psychiatry is ultimately necessary. However, the question remains, what role does morality play? Can morals be separated from mental suffering? The colonial state, Fanon’s work argues, must be held accountable. Does this necessitate an entire de-medicalization of psychiatry? Such questions remain to be answered by contemporary trauma scholarship and reiterates that the challenge of trauma lies far beyond the eventalized conception which continues to dominate but lies more fundamentally in psychiatry’s position within the sociogenic principal.

Gender

The gendered nature of Fanon’s psychiatric practice similarly exposes his situatedness within a highly Eurocentric, biocentric epistemology and raises challenges for the decolonization of trauma and psychiatry. This becomes apparent when identifying the role of women, particularly black women, in his work. Ultimately, Fanon’s interaction with women goes beyond a demonstration of the existence of a white, male, biocentric sociogeny, and illuminates the role of the Other in modernity. This section demonstrates that the question of gender in Fanon raises challenges for the decolonization of psychiatry and demonstrates the necessity of engaging with the intersectional hierarchies which structure the discipline.

Fanon’s limited engagement with women, particularly women of color, has long been recognized and critiqued by feminist scholarship (Bergner, 1995; McClintock, 1995; hooks, 1996). Much of this work focuses on *Black Skin, White Masks* (for example, Bergner, 1995) however Fanon’s clinical reflections provide further insight into gender and trauma. Returning to *The Wretched of the Earth*, Fanon includes only one female patient – a young Frenchwoman demonstrating “neurotic attitude” following the death of her father (1963, 222). In her account, the patient details daily life in Algeria, including her witnessing of torture (Ibid.) Moreover, she speaks very politically, proclaiming her disgust with the French army, and her intention that “if I were an Algerian girl, I’d be in the Maquis” (1963, 223). Nonetheless, Fanon quickly directs his clinical investigations “towards her relations with her father” (1963, 222). Despite her politics and experience, treatment concerns only her position in relation to the male, her father. Fanon thus denies her agency; supporting McClintock’s argument

that female agency in Fanon is only in mediated, domestic relation to man; "the possibility of a distinctive feminist agency is never broached" (1995, 266). Moreover, as a white Frenchwoman, the case raises the crucial question of intersectionality.

In a recent collection of Fanon's psychiatric papers, only one is dedicated to women of color – an exploration of the sociology of Muslim women (Fanon et al., 2018, 427). In this paper, Fanon and a colleague report on their use of a psychiatric test on Muslim women at Blida-Joinville (Ibid, 428). Concordant with Fanon's other clinical findings, the authors conclude that the test is irrelevant to the life of Muslim women because of the Western environment in which it was designed. Nonetheless, their analysis suggests that the experiences of Muslim women are only intelligible in relation to those of European women. They explain, "With the European woman, perception is fulfilled totally and immediately…By contrast, the Muslim woman adopts a radically different attitude" (2018, 428-29). In contrasting the experiences of European and Muslim women, Fanon reifies the division between the colony and Other, a division crucial to colonialism (Rojas, 2016). Furthermore, he substantiates the positionality of his psychiatry within the contemporary sociogenic principle – one that is white, male and biocentric (Wynter, 2001). As McClintock argues, the intersection of gender, race, and class are crucial to imperialism and Western modernity (1995). Despite Fanon's struggle, his practice remained within these intersectional hierarchies of the Western sociogenic principle. It is important to note that at Blida-Joinville, Fanon's practiced on only two wards – one of Algerian men and one of white women (Fanon et al, 2018, 349). The institutionalization of a psychiatry which disavowed the experiences of women of color thus impacted in his ability to engage with them. This does not exculpate Fanon's work from its sorely gendered lens. It does, however, serve to show the permeation of a highly Westernized sociogeny.

Contemporary trauma scholarship has thus far left unexplored the gendered dynamics which, according to feminist scholarship, underpin trauma (Gilfus, 1999, 1251; Quiros and Berger, 2015, 150). Eurocentric psychiatry, these scholars argue, is premised on the experiences of white, middle-class males (Bulhan, 1985, 65). By focusing on singular exceptional events, psychiatry and the diagnosis of trauma serve to obscure the social, political and cultural contexts which give rise to violence against women (Gilfus, 1999). As Quiros and Berger note, psychiatry "fails to recognize the social conditions that traumatize on a daily basis the working class, women, people of color, the LGBTQ community, immigrants, and those with disabilities" (2015, 150; see also Brown, 1995). Moreover, the symptoms of trauma are separated from the social structures which produce them, thus erasing the source of suffering (Gilfus, 1999; Burstow, 2003). Agathangelou has recently called for attention to the raciality underpinning conversations of affect and trauma (2019). The

intersectionality here is crucial. As PTSD came to epitomize the biological and cognitive epistemology of modern psychiatry, it served not only to remove the suffering of individuals from reflecting on social and political circumstances, it silenced the suffering of oppressed populations in their entirety. Interrogating Fanon's clinical practice with regards to gender raises crucial points regarding the position of psychiatry within the current sociogenic principal. In particular, it demonstrates that the implications of psychiatry and trauma is not universal, but is fundamentally implicated by intersectionality of race, gender, socioeconomic status, ability and more.

Whilst contemporary trauma scholarship continues to analyze and critique trauma, it does so in a way which obscures the inherent hierarchies and sociogenic principle within which trauma functions. Despite calling for a rethinking of the concept, it has failed to address the complexity of such a call. Analyzing Fanon as a psychiatrist shows that there is a need for much more than a rethinking of trauma, but a decolonization of psychiatry. The contemporary sociogenic principle, the accompanying Eurocentric epistemology and biologized psychiatry continue to inherently structure trauma. Fanon himself functioned within this sociogeny, and the challenges of the universal, morality, and gender remain to be addressed. An engagement with these three challenges demonstrates that decolonization necessitates a deep consideration of trauma's historical, epistemological and sociogenic connections.

Conclusion

Fanon was a highly complex figure who cannot be reduced to his profession alone (Omar, 2009, 264). However, this article has shown that a direct engagement with Fanon's psychiatry raises not only debates concerning his theorization of colonialism but lends crucial insight into the role of trauma and psychiatry in contemporary politics. Whilst scholarship increasingly recognizes the limitations of trauma to speak to politics, the concept remains within a medicalized epistemology. Analysis of Fanon's clinical practice reveals the complicity of Eurocentric psychiatry with political oppression. As Colvin has argued, psychiatry's inability to address sources of trauma "is not a simple oversight or failure of the scientific imagination; it reflects the fact that conventional psychiatry is politically more disposed to recognize and legitimate some kinds of problems and not others" (Colvin, 2008, 230). Contained within the Western sociogenic principle, psychiatry continues to silence the political voices suffering. This necessitates more than a rethinking, but a radical decolonization. Such a conclusion, however, is accompanied by the formidable challenge of negotiating a move which resists simple resolution. Fanon's resort to violence is a testament to this.

The decolonization of psychiatry requires critical attention and dedicated scholarship. From Fanon's work, three themes emerge - the universal, morality, and gender - revealing the complexity of psychiatry's role in society and structures of power. Fanon, ultimately, was unable to dismantle these structures, but recognizing this is not to undermine his theory, or his immeasurable impact on scholarship and thought. Rather it is to allow for a fuller engagement with his work which means, in the words of Gates, "not to elevate him above his localities of discourse as a transcultural, transhistorical Global Theorist, nor simply to cast him into battle, but to recognize him as a battlefield in him" (1991, 470). For Wynter, Fanon stands as a crucial genesis of sociogeny, nonetheless she similarly recognizes that there remains an urgent need for a new science (2001, 59). Fanon's own awareness of this can be read in his final call for his comrades to "work out new concepts, and try to set afoot a new man" (1963, 316). Revisiting his final chapter and paying attention to his practice reveals Fanon's positionality, caught between a traditional Eurocentric psychiatry and a highly political theorization of colonialism and violence. Recognizing this is crucial for engaging with his amorphous influence on contemporary scholarship, and indeed, for recognizing the challenges of the universal, morality, and gender.

This article indicates several avenues for further study. First, within Fanonian scholarship, there is the need for greater engagement with Fanon's psychiatry, analyzing what it might say beyond in relation to his theory of violence. The recent translation and publication of Fanon's clinical papers provide the means for doing so (Fanon et al., 2018). Second, Fanon shows that contemporary trauma scholarship must pay greater attention to the lived experience of suffering, because it is here that trauma is first experienced, and it is here that the reality of violence is most brutally revealed. Finally, and most importantly, further attention must be paid to what a decolonization of psychiatry and trauma would mean. This article has demonstrated that questions relating to the universal, morality, and gender remain unaddressed by the literature, and are intimately related to structures of power. It is vital for further questions to be asked in order to liberate the voices of suffering.

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