

## **Decolonial Embodiment: Fanon, the Clinical Encounter, and the Colonial Wound**

Carolyn Ureña<sup>a\*</sup>

<sup>a</sup>*Princeton Writing Program, Princeton University. Corresponding Author-Email: [carolyn.urena@gmail.com](mailto:carolyn.urena@gmail.com)*

Disability studies and the medical humanities have recently garnered increasing attention from academics interested in challenging modern, biological understandings of health and illness that dehumanize and alienate people with disabilities and those who are ill. While these discourses have much to contribute to the understanding of human diversity, including the study of race and ethnicity, the risk of conflating illness, disability, and historical forms of systemic discrimination remains a point of concern. As a black Martinican, clinician, and philosopher, Frantz Fanon draws our attention to the importance of healing the physical, affective, and epistemological wounds of coloniality by attending to the social relations that produce them. Fanon exposes the limits of hegemonic epistemologies of the body, raising the question of what other kinds of knowledge about health and illness are likewise excluded by the coloniality of knowledge. Theorizing the clinic as an important location from which revolutionary thought can emerge, I provide a decolonial framework for understanding how a sustained encounter between critical race and disability studies can generate new conceptions of health and healing that requires thinking about a different kind of pain and suffering not captured by the current rubric but to which we, in the twenty-first century, must nevertheless attend.

**Keywords:** Frantz Fanon; Gloria Anzaldúa; decolonial healing; decolonial theory; disability studies; health humanities

### **Introduction**

Superiority? Inferiority?

Why not simply try to touch the other, feel the other, discover each other?

Was my freedom not given me to build the world of *you*, man?

At the end of this book we would like the reader to feel with us the open dimension of every consciousness.

My final prayer:

O my body, always make me a man who questions!

(Fanon 2008: 205-206)

In the final lines of his groundbreaking exploration of the psychological impact of French colonialism, *Black Skin, White Masks*, black Martinican psychiatrist and theorist Frantz Fanon (2008) briefly, but forcefully, turns away from the world of clinical diagnosis and offers a poignant call to remain an embodied, questioning subject in search of human connection. Momentarily setting aside concerns about the inferiority and superiority complexes he discusses throughout his text, he asks instead whether it is possible to focus our attention on touching, feeling, and discovering each other. In this turn toward the phenomenological, Fanon asks his readers ‘to feel’ with him ‘the open dimension of every consciousness’ before directing this call back to himself and to his own body, thereby recognizing embodiment as an essential source of knowledge for those in need of a guiding light in a world stricken by violence and alienation. By posing for readers the kinds of questions he deems most valuable, Fanon highlights the importance of nurturing relationships that are not rendered pathological by oppressive hierarchical systems of power premised on dehumanizing those he would later call *les damnés de la terre*, the wretched of the earth (2004).

As a clinician and philosopher who combined phenomenology, psychiatry, and psychoanalysis in his work, Fanon draws our attention to the importance of healing the physical, affective, and epistemological wounds of anti-black racism by attending to the social relations that produce them. To be clear, for Fanon (2008:xvi) *Black Skins, White Masks* is ‘a clinical study’ as evidenced not only by his analysis of ‘The So-Called Dependency Complex of the Colonized’ and ‘The Black Man and Psychopathology’, but also by his attempt to submit the work as his medical thesis. Yet, given the kinds of analyses Fanon performs in the text- discussions of Caribbean and U.S. literature and film alongside psychological studies- it is no surprise it was rejected for not conforming to the generic expectations of medicine. That Fanon’s work, which he understood as a contribution to medical knowledge, was rejected for exceeding the perceived boundaries of the discipline invites the question of what other kinds of knowledge about health and illness are likewise excluded from the conversation due to our current classification systems. By purposefully transgressing disciplinary boundaries, Fanon affirms the significance of looking beyond the traditional markers of pathology, to effectively explore the underlying traumas and wounds occasioned by the lived experience of coloniality. These wounds extend past the temporal limits of colonialism, for as Fanon (2004: 181) himself presciently wrote, ‘the war goes on. And for many years to come we shall be bandaging the countless and sometimes indelible wounds inflicted on our people by the colonialist onslaught’.

With this in mind, and as a contribution to decolonial studies and the health humanities, I address the lack of critical attention paid to how Fanon's clinical training and practice influence his theories on ethical interrelation, and how these in turn are essential to the nuanced, anti-hegemonic, and anti-racist study of health, illness, and disability. In what follows, I offer a reassessment of Fanon's medical writings to highlight the ways he used narrative case studies and ethnography to illuminate the imbrication of race, illness, and disability, a constellation that remains understudied in the current discourse on health and disease. By introducing a decolonial perspective to the study of illness and disability, I not only challenge the medical humanities and disability studies to consider the experience of race and the effects of colonialism, but also foreground questions of disability and illness within the fields of race theory and postcolonial studies, where they have until now received minimal scholarly attention. Throughout his work, Fanon demonstrates a deep appreciation for, and attention to storytelling, and Fanon's specific emphasis on narrative, I argue, allows him to develop what I call a theory of decolonial embodiment, which stresses the central role of the body as a boundless source of questions and suggests the possibility that critical race studies, disability studies, and the medical humanities can together generate new conceptions of health and healing that make central the invisible wounds of coloniality.

Decolonial embodiment offers a global perspective on local injustice that accounts not only for the historical consequences of colonialism and coloniality, but also the very real and embodied suffering of those subjects who bear these wounds. Inhabiting this perspective invites the rejection of dualist thinking, in particular the false binaries of health/illness, mind/body, and body/world that form the heart of Western hegemonic thought and which serve to perpetuate Eurocentric notions of health and healing. In so doing, the study of decolonial embodiment draws our attention to the stigmatized, dehumanized body as an important source of devalued or otherwise overlooked knowledge regarding both coloniality and its effects, as well as strategies to dismantle it. In attending to the importance of the stories we tell, Fanon challenged master narratives of normativity that perpetuated the pathologization of human relationships and suggested new ways to relate to vulnerability and interdependence<sup>1</sup>. Attending to Fanon's ability to shift his perspective between that of the colonial medical professional and that of the colonized patient, enables me to produce a nuanced critique of medicine by modeling new ways to engage with texts about illness and disability in colonial and decolonial settings. This new approach requires thinking about a different kind of pain and suffering not captured by the biomedical model, but to which we, in the twenty-first century, must nevertheless attend.

While many have written about Fanon's contributions to postcolonial theory, few have taken seriously the way his clinical experiences informed his understanding of health, illness, and suffering within the colonial setting<sup>2</sup>. These experiences, I argue, enabled him to develop his theory of sociogeny, which draws our attention to the human-made social sphere's impact on the embodied subject, and links the self to society as a way to understand the kind of

transformation needed in order to heal the wounds inflicted by what Nelson Maldonado-Torres (2007:243) describes as the ‘long-standing patterns of power that emerged as a result of colonialism, but that define culture, labor, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations’. Defined in this way, coloniality remains co-constitutive of modernity, even into the present postcolonial era. As I argue, the invisible wounds of coloniality cannot be healed without radical changes in politics, in medical institutions, and in narratives about the full humanity of oppressed people. As such, undoing the oppressive systems that are the legacy of the colonial conquest of the Americas remains the ongoing and unfinished task of decoloniality. The first step, then, in shifting the balance of power away from the Eurocentric perspective and towards that of the marginalized and oppressed, including people with disabilities, is to expose this underside by working to recover and revalue its epistemological claims, in particular with regards to questions of being.

### **Fanon, Disability Studies, and the Medical Humanities**

As I have written elsewhere (see Ureña, 2017), central to the decolonial project is the identification of the structures that perpetuate oppression while also engaging in the affirmative project of promoting the revaluation of unrecognized subjective and embodied knowledge. Fanon’s theoretical contributions to the study of health and healing are therefore essential to the construction of a more just world. In this vein, to characterize coloniality as disabling is not to devalue the terms of disability studies. On the contrary, to recognize the ways in which structures of power continue to impose dehumanizing ideals upon its subjects illuminates a path toward coalition building between non-disabled people and people with disabilities, across race, gender, and culture, which is a shared goal of decolonial and disability theory.

Indeed, Fanon is not alone in seeking to create new knowledge by interrogating the terms against which bodies are judged to be whole or lacking. As the first full-length critical examination of literary and cultural representations of disability, Rosemarie Garland-Thomson’s *Extraordinary Bodies* (1997) sets the stage for the same concern within disability studies. Garland-Thomson repositions disability as a minority discourse rather than a medical one and emphasizes the importance of ‘[n]aming the figure of the normate’ as a:

...conceptual strategy that will allow us to press our analyses beyond the simple dichotomies of male/female, white/black, straight/gay, or able-bodied/disabled so that we can examine the subtle interrelations among social identities that are anchored to physical difference (1997:8).

By highlighting the social construction of disability, Garland-Thomson (1997:15) situates her

work as a disability theorist and literary critic in the realm of the political, and by aligning herself with disability activism, she seeks to highlight the ways in which cultural representations of disability actually challenge the individualist narrative that remains a core value in U.S. social discourse. Ultimately, Garland-Thomson's (1997:16) is a critique of 'ideologies of self-reliance, autonomy, progress, and work' and of the modern, capitalist subject itself.

Here it is important to note that social constructionist models of disability, in which bodily difference operates on a spectrum rather than a binary that defines impaired bodies as problems to be fixed, can pose particular challenges when discussing the topic of healing, which is often aligned with the notion of a cure within the biomedical model. This contrasts with a total erasure of past wounds the way that 'transformation' or 'cure' might. Instead, I argue that the concept of decolonial healing urges us to relentlessly underscore the ethical dimension of the necessarily ongoing practice of healing, a process which need not even be realized in order to remain a worthwhile venture. As Fanon's final prayer reminds us, the ultimate goal is to remain ever-questioning, never fully satisfied, and always attentive to the demands and inquiries generated by the body.

Significantly, Garland-Thomson (1997:22) acknowledges that 'although this constructionist perspective does the vital cultural work of destigmatizing the differences we call gender, race, or disability, the logic of constructionism threatens to erase the very social categories we analyze and claim as significant'. She goes on to note how 'the poststructuralist logic' has both the power to 'free marginalized people from the narrative of essential inadequacy, but at the same time it risks denying the particularity of their experiences' (1997:22-23). A decolonial perspective that values lived experience and narratives of identity can serve here as a failsafe against precisely this risk.

Where disability studies are rooted in disability rights activism, the medical humanities, on the other hand, have traditionally served to infuse medical education with instruction in the humanities, leading some to consider the field as limited in its ability to promote radical change. Due to the absence of the political activist component so central to disability studies, as Diane Price Herndl (2005) argues, the medical humanities seem at times more concerned with avoiding alienating the medical professionals to whom they must cater. According to Herndl (2005), this works against posing a true challenge to the discourse of normalcy imposed on human bodies by modern medicine<sup>3</sup>. Although such claims against the medical humanities run the risk of attempting to depict a relatively fragmented discipline with excessively broad strokes, the fact that the institutional concerns of some versions of the medical humanities have for the most part remained distanced from political activism, remains problematic. I argue that an interdisciplinary decolonial approach grounded in Fanon's racial phenomenology and attentive to moments that challenge the epistemological bases of coloniality, offers a valuable set of critical tools and concepts through which to

engage the challenge of redefining health and healing while avoiding the elision of difference.

### ***Fanon and the colonial clinic***

Although *Black Skin, White Masks* is well known for emphasizing the detrimental effects of French colonialism on the black subject, attending to the book's emphasis on embodied and affective suffering, illuminates Fanon's development of a theory of decolonial embodiment. Engaging directly with European psychoanalytic and philosophical theory from the perspectives of the colonial black subjects, Fanon (2008:89) suggests that in order to overcome the damaging, dehumanizing effects of colonial society, he must both understand and fight against the dominant narrative of racism that he has internalized and which casts him as an 'object among other objects'.

Fanon exposes the toxicity of the colonialist narrative in order to draw attention to the need to rewrite it by offering a new narrative of experience and developing a decolonial epistemology of the black body. In the chapter 'The Lived Experience of the Black Man', Fanon comes up against the limits to his subjectivity imposed on him when a white child calls out 'Look! A *nègre!*' - a term with a particular colonial background and which, as Lewis Gordon (2015:22) illuminates, 'means 'Negro' and 'nigger' depending on the context'. Given the particular colonial context of the word '*nègre*', which is often lost in the translation to 'Negro', I have kept the French word. In this way, Fanon's embodied experiences as a clinician, psychiatrist, and black Martinican endow him with an especially valuable subject position from which to expose the limits of hegemonic epistemologies of the body that devalue perspectives of people of color. For Fanon, the clinic itself is the space from which he cultivates his revolutionary thought, including his sociogenic theory.

Fanon's sociogenic analysis, which links the self to society, builds on his practice of critically analyzing- that is, writing and reading- clinical case narratives, and his critical analysis in turn informs his approach to health and healing. Writing as a physician treating patients in French-occupied Algeria, Fanon (1965:48) describes an 'enormous wound' ('*cette énorme plaie*') that remains unseen and unfelt by the colonial powers even though they are the very cause of it. In a letter to an unnamed French doctor who is leaving Algeria to return to France, which he wrote before resigning from his post as head of the psychiatric hospital at Blida-Joinville, Fanon bitterly confronts his former friend, exposing the latter's indifference to the suffering of the colonized.

Published posthumously, it is unclear whether Fanon ever actually sent his 'Letter to a Frenchman', which straddles the line between poetry and prose<sup>4</sup>. While it garners little more than a passing mention in most scholarly studies of Fanon, it remains significant and worthy

of special attention for a few reasons. First, the strikingly literary quality of the letter serves to expose Fanon's concern with healing in a way that is representative of his larger project of rehumanizing the medical encounter. Second, it demonstrates Fanon's great insight into French occupation as a wound, while highlighting his colleague's inability to see the same. For Fanon, this lack of vision leads to a silence that is ultimately deadly, and his emphasis on the recurring questions that emerge from the colonial situation represents an ever-present concern with investigating, analyzing, and exposing the wounding nature of coloniality.

As Fanon makes clear in both this letter and elsewhere, the European doctor in the colonized territory is himself necessarily an extension of colonialism. For Fanon, this is true whether the doctor is a white European (as are Fanon's colleagues) or an official representative of the European colonial power (as is Fanon). 'In the colonies', Fanon writes, 'the doctor is an integral part of colonization, of domination, of exploitation' (1965:134). In the case of Algeria, not only were French doctors landowners and therefore settlers 'economically interested in the maintenance of colonial oppression' (1965: 134); the expected doctor-patient confidentiality and trust was thwarted at every turn. For the Algerian to accept colonial medicine would be to tacitly accept the 'superiority' of Western medicine and thereby sanction the occupation. Given that French doctors were obligated by law to report any and all suspicious injuries to the colonial authorities, their role in healing remained superficial at best. As Fanon (1965:140) summarizes, 'Science depoliticized, science in the service of man is often non-existent in the colonies'.

In the letter, Fanon (1964: 47) recounts how the friend laughingly explains that he and his wife must leave Algeria due to the deteriorating political situation, which the Frenchman tellingly represents by alluding to the brutal sexual violence that is sure to come. When Fanon (1964:47) asks him what he will say when the people back home ask about Algeria, he sees in the Frenchman's laughter his 'essential ignorance of [Algeria] and its ways'. 'Perhaps you will leave', Fanon (1964: 47-48) writes:

but tell me, when you are asked, 'What is going on in Algeria?' what will you answer? When your brothers ask you: 'What has happened in Algeria?' what will you answer them?

More precisely, when people will want to know why you left this country, what will you do to stifle the shame that already burdens you?

The shame of not having understood, of not having wanted to understand what has happened around you every day.

As if in response, Fanon (1964:53) provides an answer in the aforementioned letter of resignation: 'What is the status of Algeria? A systematized de-humanization'. This lack of desire to understand, is representative of the colonial administration's attitude toward the colonized, and the remainder of his 'Letter to a Frenchman' serves as a powerful denunciation

of this attitude and the silence it produces:

For eight years you have been in the country.  
And no part of this enormous wound has held you back in any way.  
And no part of this enormous wound has pushed you in any way.  
You have been free to discover yourself at last such as you really are. (1964:48)

The repetition in this passage- the first of many such instances of anaphora throughout the letter- serves to emphasize not only how clearly injurious the French presence has been in Algeria, but also the magnitude of his friend's oversight. That is, because Fanon does not provide further explanation for the etiology of the wound, the letter's audience must conclude that 'this enormous wound' refers to the as yet unnamed, and unspoken events that happen and have happened in Algeria. These events should be clear to the letter's addressee- who is a stand-in for the entire colonial presence in Algeria as well as its supporters- yet they remain elusive because of his unwillingness to confront his own complicity in producing that wound. To be sure, Fanon (1964:48) later offers a powerful and piercing list of the events that have remained invisible to those in colonial power, 'For there is not a European who is not revolted, indignant, alarmed at everything, except at the fate to which the Arab is subjected'. In a powerful burst of anger and emotion, Fanon (1964:49) demonstrates the evident control of language and rhetoric he displays throughout the letter:

I want my voice to be harsh, I don't want it to be beautiful, I don't want it to be pure, I don't want it to have all dimensions.  
I want it to be torn through and through, I don't want it to be enticing, for I am speaking of man and his refusal, of the day-to-day rottenness of man, of his dreadful failure.  
I want you to tell.

Fanon's desire to break the silence of the wound, urges him to protest this indifference and ultimately to resign his position as chief doctor because of the contradiction inherent in his work as a healer and his work as an extension of the colonial administration<sup>5</sup>.

While in the 'Letter to a Frenchman' Fanon speaks of silence, in 'The "North African Syndrome"', he turns his attention to the 'pain without lesion', in other words, the invisible wounds of coloniality (1964:7). In this article, which he wrote and published as a medical student in 1952, Fanon (1964:8) passionately rails against the impossibility of genuine communication between Algerian patients living in France and the French doctors who are unable and unwilling to make sense of their 'pain without lesion' because it fails to conform to the 'rules of the game. Especially the rule, known to be inflexible, which says: any symptom presupposes a lesion'<sup>6</sup>. In this scenario, which Fanon (1964:7) describes in a way that foreshadows Foucault's later observations in both *Discipline and Punish: The Birth of*

*the Prison* (1991) and *The Birth of the Clinic* (1996), the doctor ‘will find the *patient* at fault—an indocile, undisciplined patient’ because, as Fanon argues, ‘*the attitude of medical personnel is very often an a priori attitude....[T]he North African, spontaneously, by the very fact of appearing on the scene, enters into a pre-existing framework*’ (italics in original). This pre-existing framework is representative of a hegemonic epistemology of the body, what Fanon (1964:3) characterizes quite simply as ‘medical thinking’, and which ‘proceeds from the symptom to the lesion’ but remains incapable of considering the possibility that the injury may not visibly mark the body in the expected ways, even as the pain itself is experienced *in* the body. From this perspective, this indifference, what Fanon calls a ‘theory of inhumanity’, is already ‘finding its laws and corollaries’, for:

In the face of this pain without lesion, this illness distributed in and over the whole body [of the North African], this continuous suffering, the easiest attitude, to which one comes more or less rapidly, is the negation of any morbidity. When you come down to it, the North African is a simulator, a liar, a malingerer, a sluggard, a thief. (1964:7)

In short, it is easier for those in power to ignore the diseased state of the colonized, to mislabel him a malingerer, and to overlook the prevalence of the colonial wound than to acknowledge their own complicity in creating this suffering<sup>7</sup>. And while his colleagues insist that notwithstanding all of the problems faced by the North Africans in France ‘you can’t say it’s our fault’, Fanon (1964: 14) insists, ‘But that’s just it, it *is* our fault. It so happens that the fault is YOUR fault’ (emphasis in original). This assertion, which emphasizes his understanding of the doctor as a colonial agent, reverberates throughout Fanon’s work. As he alternates between the first (‘our’) and second person possessive (‘your’), we can read Fanon acknowledging his ambivalent position as both inside and outside of the colonial medical establishment.

When the North African’s wounds are not addressed, he does not give up, but instead, according to Fanon (1964:5), ‘He proceeds on the assumption that in order to get satisfaction he has to knock at every door and he knocks. He knocks persistently. Gently. Naïvely. Furiously’. But his persistence leads only to a wall of miscommunication:

He knocks. The door is opened. The door is always opened. And he tells about *his pain*. Which becomes increasingly his own. He now talks about it volubly. He takes hold of it in space and puts it before the doctor’s nose. He takes it, touches it with his ten fingers, develops it, exposes it. It grows as one watches it. He gathers it over the whole surface of his body and after fifteen minutes of gestured explanations the interpreter (appropriately baffling) translates for us: he says he has a belly-ache. (1964: 5, italics in original)

Here, it is Fanon that ‘takes hold’ of the pain of the colonized and places it before his readers as he develops and exposes the reality of that suffering, and in so doing demonstrates the tremendous rift that impedes genuine communication- and thereby healing- from taking place. In this way, the translator’s abridged interpretation of the ‘voluble’ description offered by the patient, reproduces the silence against which Fanon writes in his letter to the Frenchman. As such, the attention to, and critique of narratives that govern human relation- both the ones we tell ourselves and the ones we tell each other- come to form the backbone of Fanon’s healing practice.

### ***Anzaldúa and the colonial wound***

These experiences in the clinic provided Fanon with the foundation from which to develop the theoretical framework of sociogenesis, which links the self to society as a way to understand the kind of transformation needed to heal these wounds. Significantly, Fanon’s interest in healing the wounds of coloniality is part of an important and ongoing conversation taking place within decolonial theory about the production of new knowledge founded in the body, beginning with the work of Chicana feminist theorist Gloria Anzaldúa. While Fanon remains the focus of this paper, Anzaldúa’s engagement with what she calls the colonial wound helps to illuminate the particular kind of healing in which Fanon is interested.

The colonial wound, which can be understood as the epistemic rupture enacted by the European encounter in the Americas, and which resulted in the devaluing of non-European- that is, indigenous and Afro-descendant- forms of embodied knowledge, is one of the most significant and ongoing effects of coloniality. This understanding of the colonial wound is not meant to elevate epistemic wounds over and against those created by other forms of violence, but rather to highlight how significant wounds remain invisible to the naked eye. As a concept that encompasses both the literal and metaphorical, the past and the present, the colonial wound is an embodied, affective, and epistemological injury that functions as a central concept in decolonial thought<sup>8</sup>. In Anzaldúa’s work, the colonial wound is one of several formulations of the liminal, in-between space from which new knowledge emerges, and I hone in on this term in particular because of its clear reference to the consequences of colonialism, as well as its semantic resonance with questions of health and healing.

Theorizing the geo-political border between the U.S. and Mexico as a ‘1,950 mile-long open wound’, Anzaldúa (1987:24-25) blends poetry and prose to describe ‘The U.S.-Mexican border’ as ‘*una herida abierta*’, an open wound, ‘where the Third World grates against the first and bleeds’, never able to close or fully heal but which leads to the development of *la facultad*, a new way of understanding and engaging with the world. This decolonial reevaluation of knowledge produced ‘from below’ comes from the perspective of the

marginalized, from the other, what Anzaldúa (1987:25) called ‘*los atravesados*’, a term that connotes incoherence and a mixed, non-binary existence, as well as those whom Fanon named *les damnés de la terre*. In line with disability studies’ concern with examining the limits of normalcy, then, Anzaldúa theorizes where and how those rendered ‘abnormal’, broadly defined, live, feel, and exist. In this way, she provides categories and approaches to decolonizing knowledge in an effort to promote the healing of the ‘human’ that is so often lost in the humanities by reframing her fractured existence as a source of power and knowledge, thereby encouraging a sense of self-coherence that combats feelings of rejection and worthlessness. Where the decolonial project has consistently sought to reintroduce marginalized perspectives across the axes of race, gender, and socioeconomic class, I suggest the inclusion of illness and disability to further complicate the embodiment of these figures. Doing so, allows new questions to emerge by broadening the definition of the ‘body’ proposing these lines of inquiry. Grounding the production of knowledge in this more capacious understanding of embodied experience is thus essential to fully considering what it means to be human.

### ***Fanon’s sociogenic approach to healing***

In his theoretical work, Fanon’s efforts to heal are simultaneous with his resistance to coloniality, which he performs by reinventing the genre of the clinical case study and by producing revolutionary revisions of Eurocentric medical practice and philosophy, both of which evince his interest in transforming structures of knowledge. Fanon’s choice to use rhetorical and narrative techniques in his case studies, as well as his focus on the subjects of coloniality, distinguish his work from that of the colleagues he describes in ‘The “North African Syndrome”’, who remain unable to think outside of their Eurocentric definition of illness. In this way, Fanon’s essay emerges from the perspective of one attuned to the suffering of the wretched of the earth.

In *Black Skin, White Masks*, Fanon (2008:92) insists on the value of his subjective experience when he writes in response to being called a *nègre*:

I transported myself on that particular day far, very far, from my self, and gave myself up as an object...Yet this reconsideration of myself, this thematization, was not my idea. I wanted simply to be a man among men. I would have liked to enter our world young and sleek, a world we could build together.

The relationship to his body he wishes to have comes up against the body he is presented with by the colonial gaze, and this discrepancy results in the psychological damage wrought by colonialism, which insists on pitting white against black.

Fanon strives for interrelation, but the white gaze denies him the opportunity to build a new world with the rest of its inhabitants, and this occurs primarily due to the irrational nature of racism, which masquerades as reason. Using the language of medicine and science, Fanon (2008: 95) describes his dissection by the white gaze: 'I am *fixed*. Once their microtomes are sharpened, the Whites objectively cut sections of my reality. I have been betrayed. I sense, I see in this white gaze that it's the arrival not of a new man, but of a new type of man, a new species. A [*nègre*], in fact!' Here Fanon is dismayed to find that the trappings of microscopy, the very tools he learned to use as a doctor in training, serve to express the absurd 'rationality' used to justify racist attitudes against him<sup>9</sup>. In effect, he is betrayed by the very system that promised his ascent: in contrast to British colonialism, French colonialism perpetuated an assimilationist ideology, whereby colonized subjects were encouraged to learn 'proper French' and gain a colonial education *in order to* attain their humanity. However, as Fanon himself experienced, no amount of education or professional development would ever erase the fact of his blackness.

Fanon pushed the limits of the European psychoanalytic, phenomenological, and medical traditions, and demonstrated their inability to fully articulate the experience of black colonized subjects. Before Fanon (2008:xv), Freud had 'demanded that the individual factor be taken into account in psychoanalysis [... and had] replaced the phylogenetic theory by an ontogenetic approach'. But through a radical revision of European psychology, Fanon (2008: xv) asserts that 'the alienation of the black man is not an individual question. Alongside phylogeny and ontogeny, there is also sociogeny'. That is, beyond considerations at the level of the species or family (phylogeny) or of the individual (ontogeny), there is the impact of the human-made social sphere on the individual subject. This is a significant contribution because, as Fanon makes clear, the colonial situation pathologizes the family relationship in far-reaching ways that are not usefully explored through analysis of the individual family, which would still imply that the suffering of a particular black subject is due to his own family's dynamic. Rather, one must look to the social sphere in order to fully grasp the extent of the damage and its true genesis. Once found, Fanon (2008: xv), who views sociogeny as a contribution to medical knowledge, asks rhetorically, 'What is the prognosis? Society, unlike biochemical processes, does not escape human influence. Man is what brings society into being. The prognosis is in the hands of those who are prepared to shake the worm-eaten foundations of the edifice'. In other words, only a radical reinvention of the social sphere can lead to true healing.

The sociogenic serves to deepen a decolonial epistemology of the body concerned with the multiple sources of suffering, which in turn can illuminate the path toward healing, a primary concern of the medical sciences. As Fanon (2008: 90) continues, 'ontology does not allow us to understand the being of the black man, since it ignores the lived experience. For not only must the black man be black; he must be black in relation to the white man'. This approach

marks one of Fanon's most significant contributions to the study of health, illness, and coloniality, by redefining what constitutes medical knowledge.

Fanon's experience of the colonial wound ultimately pushes him to become a producer of decolonial knowledge. In the final lines of the text Fanon (2008:206) cries out, 'O my body, always make me a man who questions!' This prayer to remain an embodied subject who can engage with the world through an epistemology based in the body highlights Fanon's desire to create new knowledge founded in embodied, subjective, lived experience, a perspective that is central to a theory of decolonial embodiment that has the potential to change not only the socially constructed ways in which we discuss race and identity, but also clinical encounters.

### *A Fanonian epistemology of the body: disability and identity beyond essentialism*

Contemporary theorists of disability and the medical humanities join Fanon in his desire to rehabilitate the clinical encounter. While a number of theorists acknowledge Fanon as a potentially productive interlocutor, they tend toward emphasizing his insights into the lived experience of the black man rather than engaging and challenging his phenomenological and theoretical contributions, thereby rendering their engagement with his work troublingly incomplete. As such, one of the primary interventions of my work is to correct the tendency in theory to look to black experience as evidence to be interpreted, rather than building on the interpretive work that comes from 'below', to emphasize the knowledge produced by marginalized subjects. For instance, I argue that Fanon's decolonial thinking can inform contemporary disability theory by emphasizing the significance of narratives of identity that acknowledge the ongoing effects of coloniality, in particular through his theory of sociogeny.

Turning to Fanon in this context is essential, not least because he foreshadows contemporary efforts to refuse binary distinctions between mind and body, insisting instead that bodily suffering can become a source of epistemological change. Indeed, as alluded to before, his position as one in possession of the medical and scientific knowledge of an institutional insider who nevertheless remains other, allows him to produce his own theory of decolonial embodiment. This theory broadens our perspective to include that of the medical establishment (a position frequently antagonized within disability studies) as well as that of the patient. Fanon's emphasis on lived experience highlights the epistemological relevance of considering the role of individual as well as socially-constructed identities in understanding the nature of wounding, and sheds light on new ways of understanding health and healing. In short, one must account for an individual's embodied experiences in light of her or his race, gender, and ability.

Given his attention to social construction, however, it is perhaps unsurprising that Fanon is

frequently deployed in support of critiques *against* identity politics. One particularly egregious example of misappropriating Fanon for the purposes of disability theory, comes from Lennard Davis's contribution to the 2013 edition of *The Disability Studies Reader*, of which he is editor. Here, Davis (2013:266) announces 'the end of identity politics', arguing that 'disability can be seen as the postmodern subject position'. In so doing, he coins the term 'dismodernism', a seeming amalgam of disability and postmodernism. For Davis (2013:267), a 'dismodernist mode' of subjectivity is not 'organized around wounded identities; rather all humans are seen as wounded. Wounds are not the result of oppression, but rather the other way around'. What Davis seems to be saying in this rather confusing statement, is that keeping the particularity of the wound in view is what keeps people oppressed, for as he (2013:275) goes on to write, 'the dismodernist subject', which he proposes as a position applicable to all, 'is in fact disabled, only completed by technology and by interventions'. In short, acknowledging our shared woundedness and dependence on technologies to extend the scope of our abilities will lead to the empowerment of all, whereas focusing on the individual experiences of social injury will distract from this larger goal.

For Davis, drawing attention to the wound is counterproductive, and the implication is that the specificity of the wound to each politicized group, results in an emphasis on difference rather than on the common experience of the pain of being human. While he (2013:265) acknowledges the risk of 'undoing a way of knowing' by 'reexam[in]g the identity of disability...without flinching, without hesitating' as he proposes we should do, this threat remains worth the risk for him, so long as we build consensus around dismantling the admittedly hegemonic construct of normalcy. The problem, however, is that although there are a number of oppressed groups that have been designated 'abnormal' to various degrees, a failure to acknowledge the human-made social contexts in which those injustices happen- in other words, a failure to engage in sociogenic analysis- will more than likely lead to an equivalent failure to properly conceive of and implement effective reparative measures that prioritize subaltern perspectives. The risk is that we will continue to strive toward uncritical conceptions of 'access' and 'inclusion' premised on neoliberal notions of diversity and multiculturalism, which fail to account for embodied knowledge or effect radical change.

Despite Davis's more recent suspicion regarding identity politics, however, much of his earlier work in disability theory echoes some of the key precepts of decolonial theory, especially with regard to the impact of hegemonic social ideologies upon the individual body. Referring to the normate subject in his book *Enforcing Normalcy*, Davis (1995:1) argues that a 'concept with such a univalent stranglehold on meaning must contain within it a *dark side of power*, control and fear. The aim...is to look into this *dark side*, to rend the veil from the apparently obvious object: the disabled person' (emphasis added). Indeed, what Davis calls the 'hegemony of normalcy' can be taken a step further if it is brought into conversation with Walter Dignolo's (2011) emphasis on modernity/coloniality. As Davis (1995:49) elaborates, '[o]ne of the tasks for a developing consciousness of disability issues is the attempt, then, to

reverse the hegemony of the normal and to institute alternative ways of thinking about the abnormal'. In a strikingly similar passage, after presenting coloniality as the darker side of modernity, Mignolo (2011:10) asserts that 'Decolonial thinking and options (i.e., thinking decolonially) are nothing more than a relentless analytic effort to understand, in order to overcome, the logic of coloniality underneath the rhetoric of modernity'. Therefore, returning to the question of identity, whereas Davis has come to regard an emphasis on the subjective experience of woundedness as a negative aspect of his conception of identity politics, decolonial thinking acknowledges that many subjective wounds are inflicted at a structural level, thereby drawing our attention to the interrelatedness of the body and the world, the self and society. There are not simply *claims* of victimhood (or 'self-victimization'), as Davis would have it, but rather, real people suffering from real oppression that must be addressed.

Not all disability theorists agree that all narratives of identity distract from the work of overcoming oppressive social systems. Tobin Siebers's (2013) contribution to the *Reader* offers a thoughtful counterargument to Davis's understanding of the wound by infusing disability theory with the concerns of intersectionality by way of a postpositivist realist perspective. In the face of theorists like Davis who claim that 'identity politics cannot be justified because it is linked to pain and suffering', Siebers (2013:283) argues that '[i]dentities, narratives, and experiences based on disability have the status of theory because they represent locations and forms of embodiment from which the dominant ideologies of society become visible and open to criticism'. To grant experience the 'status of theory', means to look beyond biographical surface readings, and instead approach these narratives of lived experience as containing knowledge that can be used to understand the world in new ways. Indeed, in a move very much aligned with decolonial theory, Siebers (2013:286) underlines a key flaw in the notion that identity politics thrives on 'self-victimization', arguing instead that '[i]dentity politics do not preserve the persecuted identities created by oppressors because the knowledge claims adhering in the new identities are completely different from those embraced by the persecuting groups'. As Siebers (2013:286) continues, '[o]pponents of identity politics...are wrong because they do not accept that pain and suffering may sometimes be resources for the epistemological insights of minority identity'. Similarly, decolonial theory asserts the epistemological value of knowledge produced by the *damnés* of the world. Siebers (2013:287) acknowledges that '[w]ounds received in physical attacks may pale against the suffering experienced in the idea that one is being attacked because one is unjustly thought inferior—and yet suffering may have theoretical value for the person in pain'. Decolonial theory extends this position by asserting that knowledge derived from the colonial wound has epistemological value that reaches well beyond the wounded. Indeed, 'Minority identities acquire the ability to make epistemological claims about the society in which they hold liminal positions, owing precisely to their liminality' (2013:284). In sum, 'By suggesting that suffering is theory-laden' Siebers (2013:283) aims 'to track how and why minority identity', in particular disability, 'makes epistemological claims about society'.

What is more, Siebers's proposed theory of complex embodiment bears echoes of Fanon's sociogeny, thereby suggesting that attending to Fanon's engagement with decolonial embodiment will prove fruitful in the kind of coalition building across difference that both Siebers and Davis hope to achieve. Siebers's theory of complex embodiment (2013:290) 'views the economy between social representations and the body not as unidirectional as in the social model, or nonexistent as in the medical model, but as reciprocal. Complex embodiment theorizes the body and its representations as mutually transformative'. Similarly, as Africana philosopher Lewis Gordon (2015:2) explains, sociogeny serves as 'a form of existential phenomenological social analysis that recognizes both the impact of the social world on the emergence of meaning and human identities and how individual situations relate to the development and preservation of social and political institutions'. The influence between self and society, in other words, moves in both directions. Notably, Fanon himself embodies a rejection of the doctor/patient dichotomy; he is able to see from both positions. This perspective, from which sociogeny emerges, is essential to a theory and practice of decolonial embodiment that encourages a global, interdisciplinary approach to healing the colonial wound by acknowledging how subjective knowledge derived from that wound can be a source of epistemological transformation.

Fanon demonstrates with his narratives—both personal anecdotes and case studies—the significance of the stories produced by those whose bodies have been historically excluded from the realm of thought and reason. These narratives of decolonial embodiment also serve to challenge hegemonic notions of self and society and offer a new vision and epistemology of the body. It remains necessary to engage in the larger critique of Western modernity that decoloniality pursues. However, it is precisely within the relatively smaller scale events such as autobiographical, fictional, and ethnographic writing about illness and disability that we can see the disruption of binary thinking at work in surprising ways. Examining these narratives through the sociogenic approach is where the decolonizing work is done, producing the kind of knowledge needed to transform modern conceptions of health and healing.

### ***A Fanonian approach to health and healing***

A Fanonian approach thus challenges us to consider the ways in which discussions about health and healing cannot be separated from a social discourse that links the meaning of these concepts to particular racialized populations. While the health humanities have become something of a laboratory for humanists interested in exploring the intersection of the arts and sciences, the field has remained limited in its ability to fully articulate the imbrication of health, illness, ableism, and the legacies of racism and colonialism.

What is needed is a theoretical apparatus that directly confronts the biomedical model of

disease and disability that emphasizes the binary construction of health and illness that promotes the sharp opposition between normal and abnormal and that does not account for the in-between and invisible. A theory of decolonial embodiment provides a more nuanced perspective by challenging this kind of dualist thinking. The binaries at the center of Western hegemonic thought not only predate modern medicine; they are rooted in the colonial conquest of the Americas. Working within a decolonial framework encourages a rethinking of the binaries that form the backbone of Western hegemonic thought and which function as significant obstacles to healing the colonial wound and to ethical human interrelation.

### **Acknowledgements**

I wish to thank Ann Jurecic, Nelson Maldonado-Torres, Susan Martin-Márquez, and Michelle Stephens for their encouragement and guidance in the development of this project. Thanks also to the anonymous reviewers for their helpful feedback.

### **Notes**

<sup>1</sup>In *Black Skin, White Masks*, Fanon devotes two chapters, ‘The Woman of Color and the White Man’ and ‘The Man of Color and the White Woman’, to analyzing the challenges to interracial love occasioned by colonialism.

<sup>2</sup>One notable exception is Bulhan (1985), who explores Fanon’s contributions to psychiatry

<sup>3</sup>For more on the perceived antagonism between the medical humanities and disability studies, see Herndl (2005).

<sup>4</sup>As biographer David Macey (2012: 273) notes, it remains unclear whether Fanon sent the letter or whether it was a note to himself.

<sup>5</sup>For more on the colonial doctor as an extension of colonialism, see Fanon (1965).

<sup>6</sup>‘The “North African Syndrome”’ was first published in *L’Esprit* in February 1952, the same year as *Peau noire, masques blancs*.

<sup>7</sup>As Pitts (2015:279) notes, this *a priori* attitude bears out in clinical encounters today, as ‘current empirical research...suggests that health care providers routinely offer different treatment regimens to patients exhibiting identical symptomatology but whose visible identities differ only by race and gender’.

<sup>8</sup>In contrast to what Tuck and Yang (2012:1) argue is the problematic ‘metaphorization of decolonization’, Anzaldúa’s consciousness raising work serves a critical first, but not final, step in the decolonization process.

<sup>9</sup>Microtomes are especially sharp blades used to cut tissue samples, called ‘sections’, for view and analysis under a microscope.

## References

- Anzaldúa, G. (1987). *Borderlands / La Frontera: The New Mestiza*. San Francisco: Aunt Lute Books.
- Bulhan, H. A. (1985). *Frantz Fanon and the Psychology of Oppression*. New York: Plenum Press.
- Davis, L. (2013). The End of Identity Politics: On Disability as an Unstable Category. In L. Davis (ed.). *The Disability Studies Reader* (pp. 263-277). New York: Routledge.
- Davis, L. (1995). *Enforcing Normalcy: Disability, Deafness, and the Body*. New York: Verso.
- Fanon, F. (2008). *Black Skin, White Masks*. New York: Grove Press.
- Fanon, F. (1964). Letter to a Frenchman. In *Toward the African Revolution* (pp. 47-51). New York: Grove Press.
- Fanon, F. (1964). Letter to the Resident Minister (1956). In *Toward the African Revolution* (pp. 52-54). New York: Grove Press.
- Fanon, F. (1965). Medicine and Colonialism. In *A Dying Colonialism* (pp. 121-145). New York: Grove Press.
- Fanon, F. (1964). The 'North African Syndrome'. In *Toward the African Revolution* (pp. 3-16). New York: Grove Press.
- Fanon, F. (2004). *The Wretched of the Earth*. New York: Grove Press.
- Foucault, M. (1991). *Discipline and Punish: The Birth of the Prison*. London: Penguin
- Foucault, M. (1996). *The Birth of the Clinic: An Archaeology of Medical Perception*. London: Vintage
- Garland-Thomson, R. (1997). *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press.
- Gordon, L. (2015). *What Fanon Said: A Philosophical Introduction to His Life and Thought*. New York: Fordham University Press.
- Herndl, D. P. (2005). Disease versus Disability: The Medical Humanities and Disability Studies. *PMLA*, 120(2), 593-598.
- Macey, D. (2012). *Frantz Fanon: A Biography*. New York: Verso.
- Maldonado-Torres, N. (2007). On the Coloniality of Being: Contributions to the Development of a Concept. *Cultural Studies*, 21(2), 240-270.
- Mignolo, W. (2011). *The Darker Side of Western Modernity: Global Futures, Decolonial Options*. Durham: Duke University Press.
- Pitts, A.J. (2015) White Supremacy, Mass Incarceration, and Clinical Medicine: A Critical Analysis of U.S. Correctional Healthcare. *Radical Philosophy Review*, 18(2), 267-285
- Siebers, T. (2013). Disability and the Theory of Complex Embodiment—For Identity Politics in a New Register. In L. Davis (ed.). *The Disability Studies Reader* (pp. 278-297). New York: Routledge.
- Tuck, E. and Yang, K.W. (2012). Decolonization is not a Metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40.
- Ureña, C. (2017). Loving from Below: Of (De)colonial Love and Other Demons. *Hypatia: A*

*Journal of Feminist Philosophy*, 32(1), 86-102.

---

---