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A Statement of Conscience
Frantz Fanon’s *Le Syndrôme Nord-Africain*

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**Abstract:** In this article, the *North African Syndrome* will be read as a critique of institutional racism in general and racism in the French medical profession in particular. Beginning with the widespread belief (within the French medical profession of the 1950s) that the North African was a hypochondriac seeking to avoid work, Fanon illustrates how it was that the institutional racism within French society broke the North African immigrant into conforming to such stereotype—making his life such a hardship as to force all manner of psychosomatic illnesses upon him. The *North African Syndrome* will thus be shown to be of importance not only in foreshadowing the more widely known analyses of racism found in *Black Skin, White Masks*, but also as a statement of conscience by Fanon—as a concerned physician—regarding the racism within his own profession.

The article *Le Syndrôme Nord-Africain* (better known by its translated title *The “North African Syndrome”*) was written while Frantz Fanon was completing his residency in psychiatry at the Saint-Alban Hospital (near Mende, France).\(^1\) It represents, for us, Fanon’s initial approach to both psychotherapy and politics. Indeed we find Fanon, for the first time, posing the question of institutional racism. In asking his French readers whether they have “because of what” they have “done or failed to do, contributed to the impoverishment of human reality,”\(^2\) Fanon begins with a challenge to them on their complicity with the racist power relations in France: particularly the racism directed towards North Africans—which, even fifty years after the fact, remains a pressing issue. As well, Fanon also chose to address racism within his own profession. In doing so, he sought to invalidate the myth that racism was only the preserve of the ‘ignorant’—

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again, making it impossible for his readers to deny their own complicity with such everyday racism. Fanon thus begins by stating that, in observing the North African’s situation in France, one can distinctly notice how “a theory of inhumanity” would find its “laws and corollaries.”

The “inhumanity” Fanon was speaking of was the smug, self-satisfied, ‘inhumanity’ of the metropolitan French, the ‘modern, civilized, Europeans’ who failed to challenge their own preconceptions of the ‘other.’ Such “inhumanity,” however, was not merely that of individual racist, but also that of the racism supported and normalized within institutional practices, i.e., of institutional racism. In addressing this, Fanon therefore starts by questioning his French readers on their views of the North African:

All these men who are hungry … who are cold … who are afraid … All those men of whom we are afraid … those men we face, who ask us no questions, but to whom we put strange ones.

Who are they?

… those creatures starving for humanity who stand buttressed against the impalpable frontiers … of complete recognition?

… those creatures, who hide, who are hidden by social truth beneath the attributes bicot, bounioule, arabe, raton, sidi, mon z’amit.

Rather than speaking of the real North African, Fanon thus begins by speaking of (and thus problematizing) the North African his readers were most familiar with—the one constructed within the French cultural imaginary. Who indeed was suppressed beneath this construct? Fanon proceeds to answer by way of anecdote.

“This ‘Arab’ wanders into a clinic with a ‘belly-ache’ and the more he talks the ‘worse’ his ‘belly-aching’ gets …” 4 Such anecdote was a familiar one in the French medical profession during Fanon’s time—indeed, a source of amusement. Although tests would be performed—sometimes in good faith 5—there was still something “everyone knew” about the “Arab”: he was “a man-who-doesn’t-like-work.” 6 The “Arab” was just “belly-aching” in order to get out of going to work. “I’m not kidding you, that’s just the way they are …” 7 these doctors would say—going on to insist in the following manner that:

When cured of one illness, the Arab finds another; when the weather turns bad, they fill every ward in our “comfortable” hospitals; sad to say, but the Arab is “a liar, a malingerer, a sluggard, [and] a thief” 8.

Such prejudiced ideas invariably led to a practice known as “neo-Hippocratism.”

In Fanon’s terminology, “neo-Hippocratism” was the belief that the absence of physical symptoms proved the absence of illness. That such a belief is obviously false, and even incompetent in terms of medical practice, need not even be discussed—yet Fanon did not attribute this view to mere incompetence, but to the racist attitudes held by doctors who employed such belief in their practice. Unfortunately, this fact is often missed by critics who simply fail to read Fanon carefully. For example, one critic—Jock McCulloch—went so far as to state that:

4 NAS, 4-6.
5 NAS, 7-8.
6 NAS, 6.
8 NAS, 6-7.
Quite incorrectly Fanon explains that since there is no evidence of any lesion the physicians have no alternative but to conclude that the ‘illness’ has no objective reality…. (emphasis added)\(^9\)

But that is simply not what Fanon said. In fact, Fanon wholeheartedly agreed with McCulloch that “the absence of a lesion would never be accepted by any competent physician, then or now, as proof of the absence of an illness.”\(^{10}\) He even went so far as to state that “neo-Hippocratism” was “An extremely dangerous flaw;” a practice yet to have “found favor in medical schools where pathology is taught,”\(^{11}\) and one which was not arrived at “experimentally, but merely on the basis of oral tradition.”\(^{12}\)

Moreover, says Fanon:

In the illustrious assemblies, in the international medical congresses, agreement has been reached as to the importance of the neurovegetative systems, the diencephalons, the endocrine glands, the psychosomatic links, the sympathalgias, but doctors continue to be taught that every symptom requires a lesion.\(^{13}\)

He even notes, in connection to their “neo-Hippocratism,” how such doctors would instruct their interns to speak condescendingly to the “Arabs” (addressing them as one would address children) in order “to put them at ease ….”\(^{14}\) Fanon thus was not endorsing “neo-Hippocratism” at all but, to the contrary, stating that the adherents to this “neo-Hippocratic” belief were no better than “witchdoctors” and indeed really “scum.”\(^{15}\) Their prejudices had necessarily led them to take the unprofessional view that every complaint by a North African was an “exaggeration” and that every “Arab” was an “Imaginary Invalid.”\(^{16}\)

Having correctly situated the social context of the aforementioned anecdote, Fanon then asked how to best analyze the behavior of the apocryphal “belly-aching-Arab” from within such context (assuming for the sake of argument that such behavior actually occurred). Thus he makes use of a diagnostic method provided by Dr. Heinrich Meng (as presented in a then-recently published article in the journal *Psyché*:)

One must not only find out which organ is attacked … One must try to find out … his ‘situation,’ that is to say, his relations to his associates, his occupations and preoccupations, his sexuality, his sense of security or of insecurity, the dangers that threaten him; and we may add also his evolution, the story of his life ….

Framing his analysis thus, Fanon decides to take each component of Meng’s “situational diagnostis” and apply them to the North African:

*His relations to his associates?* “What associates?” Fanon asks. The North African in France is a stranger, he’s alone, with him “There are no contacts” (if one is French) “… only bumps.”\(^{18}\)

*His occupations and preoccupations?* “His occupation is looking for work; his preoccupation is looking for work!” says Fanon. The North African is exploited immigrant labor—he has no “preoccupations” to speak of.\(^{19}\)


\(^{10}\) McCulloch, 86.

\(^{11}\) NAS, 7.

\(^{12}\) NAS, 10.

\(^{13}\) NAS, 8.

\(^{14}\) NAS, 9-10.

\(^{15}\) *Peau noire*, 33.

\(^{16}\) NAS, 8.

\(^{17}\) NAS, 10.

\(^{18}\) NAS, 10-11.
His sexuality? “Of course, he’s a rapist!” says a sarcastic Fanon—after which he proceeds to quote from a 1951 medical thesis written by a certain Léon Mugniery (and approved by the same medical faculty in which he was studying). Amongst other things, this work stated that the North African had a high propensity for “marrying prostitutes” because of “the powerful sexual appetite … characteristic of those hot-blooded southerners.” As well, paradoxically, the “Arab” was also “dangerously homosexual.” Yet, despite all of these vices, Mugniery warns against allowing North African women into France because of “a certain invasion by the Arab family ….” Instead, he proposes that brothels be opened for the “Arabs.” Above all, states Mugniery:

The granting of French citizenship, conferring equality of rights, seems to have been too hasty and based on sentimental and political reasons, rather than on the fact of the social and intellectual evolution of a race… still primitive its social, family and sanitary behavior…

To such blatantly racist statements, Fanon first responds with a nonchalant “Need I say more?” Then—and again, heavily inflected with sarcasm—he “reminds” Dr. Mugniery that:

... if the North Africans in France content themselves with prostitutes, it is because they find prostitutes here in the first place, and also do not find any Arab women (who might invade the nation) ...

Although Fanon’s statement “because they find prostitutes here in the first place” may be regarded as more than a little sexist by today’s standards (and even a little more than insulting as well), notice that all of the women in Mugniery’s thesis were literally either whores (whom the “Arabs” ‘shared’ with “their friends”) or a foreign “pestilence” to be contained by anti-immigrant legislation. Although expressed in the terminology of his generation, Fanon’s point was that it was hypocritical for the French to condemn the North African as “inherently immoral” (based on their seeing of prostitutes) when North African women were excluded from France because of their supposed “threat” to the “French Nation.” That such exclusion was racially motivated has been amply documented in many places—amongst them, Michel Foucault’s famous 1975-76 Collège de France lectures. Fanon, however, was aware of these things as early as 1952 and uses the views of Dr. Mugniery to further underscore the depth of institutionalized racism towards North Africans. In doing so, he thus shifts the question from that of the “Arab’s sexuality” to that of state racism in France. Implicitly Fanon asks “If someone like Léon Mugniery could be awarded a doctorate in medicine from the University of Lyon, is it any wonder that prejudice against the “Arab” is still tolerated?”

Regarding the North African’s sense of security or of insecurity, Fanon emphatically states that “He most certainly has none—he’s a second-class citizen (with ‘rights’ in name only)” And what of The dangers that threaten the North African? “He’s threatened on all fronts” says Fanon “without family, love, relations with others, or iden-

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19 NAS, 11.
20 Ibid.
21 NAS, 12.
22 Ibid.
23 NAS, 11.
25 Society, 258-261.
26 NAS, 12-13.
ility in a social sense” he’s reduced to a broken, pathetic, man who arrives at the doctor’s office, his voice cracking in despair, saying “Doctor, I’m going to die.”

Thus the life-story of this North African in France was a living death which, again, would render even the strongest persons into the pathetic, broken, men the racist doctors referred to in their supposedly amusing anecdotes. This North African seeking attention at the clinic, through “exaggerating” his behavior (again, if he actually did such), was neither “mentally ill” nor pathological in any sense. Instead, he was merely doing what any other man would do in a similar situation: demanding desperately to be heard.

One is struck, in Fanon’s “situational diagnosis,” by its almost uncanny resemblance to Ordinary Language Analysis (as well as to similar “Continental” approaches, e.g., in Roland Barthes’ Lover’s Discourse)—particularly in terms of Fanon’s reference to the everyday usage of terms, and the literature surrounding such, in order to deconstruct fictitious ideas associated with them. However, unlike the philosophical approaches of J. L. Austin or Roland Barthes, Fanon emphasized not so much the words themselves and their usage as the social contexts implied by their being used. Hence, using Meng’s “situational diagnosis,” he sought to assess the context or “situation” that would obtain for the person designated as an “Arab” in France. Combining the diagnostic questions with widely recognized “facts” about the “Arab,” Fanon finely takes apart the “Arab” of the French cultural imaginary—relentlessly pursuing the question of who this “Arab” was, until it narrows down to two main axes: the racist construct of the “Arab” in that cultural imaginary and the real, institutional, forces (precisely in the form of the state racism referred to by Foucault) that combined to “break” real North African into conforming to the stereotypes imposed upon them by the French. Thus Fanon states that the racist institutions of French society had created the broken men that the racist doctors all laughed at:

Men come and go along a corridor you have built for them, where you have provided no bench upon which they can rest, where you have crystallized … scarecrows that viciously smack them in the face …

Where they find no room

where you leave them no room

where there is absolutely no room for them

and you dare tell me … that it’s no fault of yours.

Placing the discussion of the “Arab” in its proper context, Fanon compellingly unmasked the hypocrisy of French society’s view of the “Arab”—without even sparing his own profession.

While serving in North Africa during World War II, Fanon was “astonished to learn that the North Africans despised men of color” and could not fathom “the reason for this hostility.” Some ten years later, with “The ‘North African Syndrome,’” Fanon had come to realize the depths of the North Africans’ subjugation by France. The North Africans, too, were racialized colonial subjects who—like his fellow Martini-
cans—displayed the psychological effects of colonization precisely by despising the other. Yet Fanon decided to be proactive in addressing such racism. Realizing his role (as a medical professional) in either perpetuating the current state of affairs or working to eliminate it “from the bottom up,” Fanon chose the latter alternative: in fact, had no choice but to.

Even at this early stage in his career, while still completing his residency, it was becoming quite apparent to Fanon that he could no longer stand by while other people were being subjected to injustices on a daily basis (regardless of who they were.) Therefore he embarked on a more thorough, systematic, analysis of the psychological (and social) effects of racism and white supremacy upon the colonial subject. This work would be a narrowly focused clinical study of middle-class Martinicans, employing a psychoanalytic methodology, and would come to be known to us as Black Skin, White Masks.