The Right to Madness:
Les luttes contre la psychiatrie institutionnelle en Israël[1]

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I would like to thank the organization committee for bringing together people, ideas and good thinking dealing with the rich, multi-aspects of Fanon's philosophy.

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Frantz Fanon dealt with the psychic function of man in times of war, the clash between the West and Arab-Islam, and the role of violence within this reality. Thus his insights are relevant to the protracted war between Israel and the Palestinians.

Fanon did not relate directly to the Israeli-Palestinian conflict but his theoretical thinking and psycho-political-social concepts – written almost sixty years ago - are still relevant to the anti-colonial Palestinian struggle against Israeli occupation and oppression.

As Ella Shohat pointed out in her postface,[2] Fanon presents anti-colonialist thinking that precedes postcolonial thinking. Fanon was not known in Israeli academia and was not translated into Hebrew until 2004, Peau noire, masques blancs, and Les damnes de la terre in 2006. However, he was very well known among the Palestinians, especially among liberation fighters.

In this presentation I will limit the discussion to institutional Israeli psychiatry and its treatment of mentally ill Palestinian prisoners.

Introduction

The psychiatric establishment is an agent of social supervision, discipline, and control due, *inter alia*, to the part it plays in determining societal norms. Society has turned psychiatry into an authority with quasi-judicial powers, which has the ability: (1) to determine a person's fitness to stand trial; (2) to determine whether an individual's behavior is dangerous; (3) to enforce confinement in mental health institutions; and (4) to evaluate individuals' capabilities and intelligence. At the same time, psychiatry creates the rules informing its own position of power, a power that is both judicial and executive. These different social roles provide the psychiatric establishment, as well as individual psychiatrists, with significant powers that extend well beyond the professional medical definition of diagnosis and treatment of mental illnesses and disease.

Importantly, human rights are historically connected with the advent of psychiatry. The French physician Philippe Pinel was responsible for the release of mentally ill inmates

[1] This article is based on a chapter in the book: *From the Margins of Globalization*, edited by Neve Gordon, 2004, by Lexington Books.

[2] In the postface to the Hebrew edition of *The Wretched of the Earth, 2006*

from French jails[3]. The role of understanding mental illness, distinguishing it from criminal activity, and protecting the rights of the mentally ill, is today still part of psychiatry's function. Society has compelled psychiatry to be the arbiter that determines fitness to stand trial and fitness for imprisonment, and this responsibility gives rise to an additional duty: namely, upholding the rights of prisoners—the mentally ill in particular, and detainees in general. Human rights and their protection are therefore an integral and substantial component of psychiatry. The awareness or lack thereof of this function dictates, to a considerable extent, the use psychiatry makes of its own power.

The question of where psychiatry situates itself in relation to the state and the individual is a socio-political question that depends on the degree to which it is aware of its role as a protector of human rights. Simultaneously, however, psychiatry's location in the social sphere also stems from, and is subject to, the theoretical position which it adopts. According to classical theory, which has informed psychiatry from its inception, the *intra*personal is the principal dimension of the therapeutic relationship. During the last few decades of the 20th century, however, theoretical developments have stressed the significance of the *inter*personal dimension. From the perspective of classical psychiatry, the socio-political dimension—ie. the *super*personal—is considered outside the borders of psychiatry and therefore is not included within its discourse. Obviously, this theoretical position, which ignores the socio-political dimension, is, in itself, political. As we will see, the inclusion of the *super*personal dimension within psychiatric discourse is crucial for both increasing awareness of, and providing the necessary theoretical tools for dealing with human rights.

Fanon taught us, as Alice Cherki pointed out, a new theoretical insight into those factors of our subjective experience that include the body, the language and the 'otherness' that are vital for the construction of the therapeutic process, which is in itself a political one.[4]

In his view it is necessary to include the political sphere in psychological theory and praxis. This theoretical viewpoint, which I call the *super*personal, contradicts traditional psychoanalytic theory which views the individual psychology experience as detached from its political surroundings.

The relationship between patient and psychiatrist provides space not only for the individual or personal dimension, but also for both parties' socio-political backgrounds. Thus the psychiatrist must broaden her/his spectrum when looking inward – to examine in depth the motives, emotions, fears and prejudices which inform her/him personally and the rapport with the patient. This paper will underscore some of the dangers resulting from the exclusion of the *super*personal dimension from psychiatry, particularly those that entail the violation of human rights. I shall examine whether psychiatry employs its immense force to protect the human rights of the mentally ill and prisoners, or whether it uses it perversely by towing the establishment's line.

Using Israel as a case study, in the following pages I explore some practical and theoretical aspects of these questions.

I. The Diagnostic Relationship in Prison—A Theoretical Perspective

In classical psychiatric language, the psychiatrist is the "subject." Consciously or otherwise, the psychiatrist brings his own view of reality to the diagnostic or therapeutic relationship.[5] This view of reality constitutes a large portion of the power and knowledge used in understanding the patient, the "object." In far too many cases,

[3] Philippe Pinel, *Traite medico-philosophique sur l'alienation mentale*, Paris, 1801.
[4] Alice Cherki, in the preface to the 2002 edition and in the Hebrew, p18, 2006 edition
[5] The masculine gender is used here because prisoners, guards and the psychiatrists involved in these cases are almost always men.

this causes the personality of the object, the prisoner, to be reduced so as to meet the needs of the psychiatrist; the object is reduced by the subject to just one aspect of all of his traits. The subject's (the psychiatrist's) blindness serves his subjectivity, and although he only sees a part of the object (the patient), he views it as the whole. The object is nothing more than a "criminal," an "Arab," a "terrorist," a "woman," a "mother." This view eliminates the object's individuality and transforms him into a mere representative of a stereotyped group characterized by the psychiatrist's prejudices.

Fanon offered us a social-political theory that creates a new psychoanalytic grammar: object (the occupied) takes the place of subject, and thus replaces the former Freudian object of colonialism grammar. The subject is now a social, political and national person. According to Fanon, we cannot separate patients' psychological problems from their cultural, social and historical background. By creating this new psychoanalytic grammar Fanon sabotages European narcissistic thinking.

Just as a surgeon works with a knife, a psychiatrist works with his personality. The psychiatrist-subject is required to be aware of his own subjectivity, to recognize that it is ever-present, and not to rely on classical theory which considers him an objective, neutral observer. Only then can the patient stand alongside the psychiatrist, rather than opposite him. Thus the prisoner-patient is no longer an object standing in opposition and generating feelings of enmity and combat.

In the aggressive, political game that the Israeli state is playing to silence and oppress the other, there is a constant danger that the psychiatrist will maintain a blind spot regarding his complicity in this process. This blind spot enables the psychiatrist to ignore his professional-ethical obligation as a physician and his role which is to protect the rights of any "other" whom the social order knowingly silences. Thus the psychiatrist acts as an agent for the authorities, unable to see that he is uncritically accepting the government's worldview and system of ideas. Moreover, in this state of partial blindness he sees himself as apolitical, and views anyone who does not identify with – or who objects to - the government's worldview as acting out of "political motives" which counter the "purity" of the psychiatric profession.

As is well known, psychiatrists have identified with government power throughout history. In Nazi Germany, the Soviet Union, Argentina, Chile, among others, psychiatry was employed as a tool by the authorities. It is essential in theory and practice that the Israeli psychiatrist recognize that s/he is located on the aggressive side within a concrete socio-cultural-political reality: healthy versus ill, Israeli versus Palestinian, free versus imprisoned, white collar versus convicted criminal - and frequently, wealthy and educated versus poor and uneducated—and (despite various changes and some progress) man versus woman.

II. Psychiatry as Arbiter of Fitness to Stand Trial

When mentally ill prisoners come from a different cultural and national group than their psychiatrist, the difference becomes a decisive factor in the diagnosis and treatment. What is the Israeli psychiatrist's position when the patient is a Palestinian—not only a foreigner, but the enemy? Is the psychiatrist aware of his subjective position, which perceives his patient, the object, as a "terrorist," i.e. as a threat to the society security? Such a view might be so encompassing as to conceal the patient's humanity. It can obscure the boundaries between the psychiatrist's professional judgment and his political beliefs, and this may occur without sufficient self-awareness of his/her own motivations.

III. Disregarding the Super-Personal Dimension: A Case Study

The youth Ali S., a resident of Yamoun village in the West Bank, was arrested and incarcerated at Farah prison near Nablus.

In the first two months following his incarceration, Ali did not undergo any kind of psychiatric evaluation or treatment. The person who finally noticed his dire mental state was a military judge who presided over a hearing regarding the extension of Ali's detention. Before granting an extension, the military judge ordered a psychiatric examination to determine whether Ali was fit to stand trial. It is important to note that it is very unusual for a military judge to request that a Palestinian prisoner be given a psychiatric examination on his own initiative. Following the judge's referral, a psychiatric opinion was provided by Dr. Yakov Avni, a senior Jewish-Israeli psychiatrist, and director of the psychiatric ward at Hadassah Hospital, Jerusalem.

An Israeli prison that sends a Palestinian detainee for a psychiatric opinion to an Israeli-Zionist psychiatrist appointed by the authorities is creating a space of 'partial sovereignty'[6] in which the sovereignty of psychiatric science is suspended by the psychiatric science itself. The psychiatrist will act under psychiatric 'emergency regulations' which create its own diagnosis and ignore the canonical diagnosis that govern the psychiatrist's original scientific space.

What follows is an analysis of Avni's psychiatric examination.

"The above, 17 years old, born in Israel" -

Avni employed Israeli medical jargon, transferring it, as it were, to a very different society and culture. In doing so he effectively colonized Palestinian society. What did the doctor mean when he wrote "Israel," when referring to a person born and living in the West Bank?

"Did not respond before the Judge, giving the latter the impression that he was mentally unsound. The request for an arrest warrant details hostile activities during demonstrations, writing PLO slogans and placing road blocks throughout the past year. Was arrested, and according to the Police, he 'confessed'. His investigation is not yet complete, was sentenced to 47 days imprisonment."

It is important to pay attention to the charges for which Ali was arrested and the way the security forces apprehended him. My experience suggests that in many cases security forces turn up at a Palestinian home late at night with a list of names in hand. This list is obtained from a Palestinian youth in the village, who had been arrested previously, interrogated and tortured; the youth simply gives the interrogators whatever name comes to his head. The interrogators use the list as clear proof of the guilt of other youths. And indeed, the charges are usually general; they do not note the place and time of the event for which the person was arrested, and lack specific and detailed descriptions.

"…**hostile activities during demonstrations, writing PLO slogans and placing road blocks during the past year."**

The Israeli psychiatrist sees the Palestinian detainee as an agent of violence**,** in Walter Benjamin's terms he is an agent of 'pure violence'[7] which is the violence of the oppressed who resides outside the sovereign Israeli law and the legitimate, state-based violence.

When an Israeli psychiatrist examines a Palestinian prisoner his emotional starting point is of an emergency situation and only in the second place, if at all, the

[6] Yehuda Shenhav, *Theory and Critic*, Hebrew, p213, 2006

[7] Benjamin W., [1921] 1978. *Reflections*, "Critique of Violence" New York: Schocken Books, pp. 277-300.

psychiatrist will see in the Palestinian prisoner a regular psychiatric patient. Many times the second place does not exist.

"…**the youth confessed**,"

Dr. Avni, what is the meaning here of "confessed"? Did Ali confess to the charges brought against him before suffering the psychotic attack? Did he confess to them while he was psychotic, while he was unable to understand what was being said to him? Was his psychotic state a result of the interrogation, which is a euphemism for the word "torture"? Did Avni check what Ali's mental state was at the time of his "confession"? No, he did not.

"Past history: Unknown. In his records it is written that there are no medical problems. The patient is not providing any information. Upon examination: Theatrical effect… he is of clear consciousness. There is no evidence of disturbance in his perceptions. He does not disclose his thoughts. He supposedly is not aware of time, place or of himself. In summary … based on this examination, it seems to me that Ali S. is an imposter, and is not mentally ill. In my opinion, he is fit to stand trial."

"The patient is not providing any information" -

That is to say, the patient is not talking. Why isn't he talking? Might it be because he refuses to talk? Or perhaps he was so deeply entrenched in his own internal psychotic world that he had lost contact with reality and was unable to communicate?

"Upon examination" -

From the medical opinion one is led to believe that there was some kind of theatrical show; at least that is how Avni understood it. There is an "entrance," the show begins, the show ends, and afterwards the youth goes back to sit in the corridor in complete silence. And indeed, the following sentence says: **"When he enters, he begins to act theatrically. He tries to pour water into a pocket where he has stuck flowers, to eat toothpaste, etc."** I wonder how Ali obtained toothpaste in a psychiatrist's examination room. Could he really have brought toothpaste and flowers from prison as theatrical accessories for the examination? What state were the flowers in, having traveled all the way from Farah Prison near Nablus to Hadassah Hospital in Jerusalem? Do flowers grow in Farah jail? And what did the psychiatrist mean by "etc"? The psychiatrist would have done better to detail what Ali was actually doing in the examination room, and whether the eating of the toothpaste and the watering of the flowers actually took place during the examination, or whether those were stories that he heard from Ali's wardens, acts which he did not see with his own eyes in the examination room.

"Does not say a word, but sometimes answers with "I don't know" gestures ... Does not know where he is, what day it is, how old he is" -

These are standard questions at the beginning of psychiatric examination. It is strange, then, that Avni writes, later on, **"clear consciousness**. **No evidence of disturbance in his perceptions."** I am wondering how it is possible to bear witness to lack of disturbance in perception when the patient does not say a word. To readers who are not psychiatrists, I'll add that it is impossible to discuss disturbances of thought when the patient does not speak.

"He does not disclose his thoughts" -

When a person doesn't speak, it can be taken for granted that he does not disclose his thoughts. But this sentence was written by a psychiatrist and is not as straightforward as it appears. In psychiatric language, the fact that a person doesn't disclose his thoughts suggests the patient is willfully refusing to disclose his thoughts because he is an imposter or paranoid. In other words, it is an "incriminating" sentence.

"…based on this examination, it seems to me that Ali S. is an imposter, and is not mentally ill. In my opinion, he is fit to stand trial."

It seems Avni was in no doubt that he was facing an imposter, who was most likely a "terrorist" who for the last year had been involved in a variety of hostile acts. The person facing him was not a psychotic patient, undergoing his first psychotic attack at 17 years of age.

What does the doctor mean by "imposter"? This diagnosis, when correct, is appropriate in cases where the patient reveals signs of lucidity, sophistication, design and awareness of location, time and reality. None of these signs appear when the patient is psychotic. Therefore, when a psychotic person is misdiagnosed as an imposter, there is a reversal of roles: imposters act a part when they wish to receive compensation or improve their living conditions. In this case, it is the psychiatrist who wishes to gain something – but what? He wants to appease the authorities by not letting a "dangerous" Palestinian "terrorist" evade prison. Above all, the psychiatrist maintains his blind spot, and doesn't bother himself with troubling questions.

The problem is not whether one takes sides (since people do so all the time) but from *not seeing* one is taking sides. The question is to what extent are we aware that we, psychiatrists, like everyone else, are subjective and political.

The patient's political "crimes" as spelled out by the prosecution—and not his mental state—often determine the psychiatric diagnosis. Rather than diagnosing the prisoner, the psychiatrist, wittingly or unwittingly, *tries* him.

In Ali's case, which is just one of many, the psychiatrist's tribalism (racism, vengeance and fear) or his colonialist mindset, leads him to introduce a level of sophistication: a mentally ill Palestinian terrorist will be diagnosed as an imposter, so that his illness will not protect him from being incarcerated. The objective is clear: the patient/prisoner will not be freed from a military prison and admitted to a psychiatric hospital, and he will continue to be considered a national threat.

I have described Ali S.'s case in some detail not because it is exceptional. On the contrary, I know of several similar cases and I presume there are many others.

In the appeal to the IMA (Israeli Medical Association), PHR-I and I personally, discussed the theoretical principle and moral significance of the way Jewish-Israeli psychiatrists have been systematically improperly diagnosed mentally ill Palestinians as imposters and manipulators. As a result, I argue, mentally ill Palestinians are incarcerated in solitary confinement, there, in isolation, they frequently smear excrement around their cell and smash their heads against the walls.

The fact that Israel's supreme medical authority (IMA) refused to discuss these issues is a reflection of the socio-political needs of many individual psychiatrists and the organization that unites them. The Israeli-Zionist socio-political need to see Palestinians as the enemy, as terrorists, and as dangerous, may be considered part of a hegemonic worldview which is so powerful that it does not permit a mentally ill Palestinian any deviation from the preconceived image, not even in cases of insanity. The same need to view all Palestinians as identical cannot allow any exception; so even an insane Palestinian is denied his right to madness - the madness that is supposed to exempt him from the discourse that describes him as a "dangerous enemy."

The IMA must use its professional and ethical powers to remedy the situation and protect the patient's rights. Failure to do so mean it is using its immense powers perversely. If it does not introduce ethical regulations as well as appropriate training, it fails to fulfill its obligations towards medical ethics and human rights.

Fanon, the psychiatrist, introduces the concept of learning *from* the patient, not *about* him. The occupied patient testifies to the social situation, and it is vital to listen to him. Failure in this regard leads to the violation of patient rights and to the perverse use of psychiatric power.